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I am submitting herewith a dissertation written by Alice G. Raymond entitled "Development of a Standardized Nursing Curriculum for the Alabama Community College System: a Critical Case Study." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Nursing.

Marian W. Roman, PhD, RN
Major Professor

We have read this dissertation
and recommend its acceptance:

Joanne Hall, PhD, FAAN
_____

Carole Myers, PhD, APRN
_____

Ralph Brockett, PhD
_____

Accepted for the Council:

Carolyn R. Hodges
Vice Provost and
Dean of the Graduate School

(Original signatures are on file with official student records.)

Development of a Standardized Nursing Curriculum for the Alabama Community College System: a Critical Case Study

A Dissertation
Presented for the
Doctor of Philosophy
Degree
The University of Tennessee, Knoxville

Alice G. Raymond
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ABSTRACT

The purpose of this case study was to describe how the Alabama Community College System (ACCS) standardized their nursing curriculum. A single research question was the focus of the study: “How did the ACCS develop its standardized nursing curriculum?” The sub questions were, “who were the key players in the process?”, “Who had the positions of power and dominance, and who did not?”, “Who were included and who were excluded in the process?”, “What were the reasons for inclusion and exclusion?”, and “What were the contextual elements that influenced the development of the curriculum?”

Data from multiple sources were gathered. Key players in the curriculum development process were interviewed. Measures to ensure rigor, reliability and validity included those methods recommended by Yin (2003). Reliability was enhanced by using a case study protocol and audit trail. Construct validity was determined by triangulating data sources and member checks. Internal validity was enhanced by pattern matching with extant theories. External validity was established by verifying to see if the case study supported the theoretical framework.

The data collected was aggregated in categories (Stake, 1995), and further categorized into time-ordered displays. Content analysis (Merriam, 1998) of the data revealed emergent themes. The data was subjected to pattern-matching (Yin, 2003) with extant theories. The themes were compared to Foucault’s (1977) theories of knowledge and power. A timeline was created, story lines revealed the following themes inherent in the curriculum development process: *speed and stealth*, *uncertainty*, *lack of power*, *lack of knowledge* and *lack of choice.*

The participants’ group dynamics matched with Tuckman’s (1965) group development stages of Forming, Storming, Norming and Performing. Comparison to a published curriculum development process model (Iwasiw, Goldenberg & Andrusyszyn, 2005) revealed that the actual curriculum development began with little preparation – the first eight stages in the model were bypassed. The program philosophy was created after the content was developed, and did not mesh with the curriculum. Power and knowledge relationships shifted from the administration to the faculty. Unanticipated gains included networking, sharing ideas and best practices. Weaknesses included admission criteria, loss of individuality, high student attrition, and issues with content allocation.

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CHAPTER I

INTRODUCTION TO THE STUDY

Introduction

In November 2003, the presidents of the 22 community colleges, 4 technical colleges, and 1 two-year University that comprised the Alabama Community College System (ACCS) received a memorandum from the Chancellor Dr. Roy Johnson, stating that all the nursing programs would follow a standardized curriculum effective fall semester of 2005. The new standardized associate degree (ADN) and practical nursing (PN) curricula were attached to the memo. This disclosure created widening ripples of uncertainty in the nursing educators in the ACCS who had no prior knowledge or hint of such change in the wind. In the wake of this announcement, nursing educators from nursing schools within the Alabama College System were invited to participate in developing the content of the courses in the new curriculum. College presidents within the system hastened to get representation for their nursing faculty in the committees formed for each course. Over 550 nurse educators participated in intense work sessions during which the content for each course was mapped according to the National Council Licensing Examination (NCLEX) test plan for registered nurses and practical nurses. With the implementation deadline of fall semester of 2005 looming ahead, faculty of twenty four practical nursing programs and twenty one associate degree nursing programs immersed themselves in developing the curriculum. The aim of this study is to describe the process of standardizing a nursing curriculum implemented by all nursing programs in the ACCS.

In this chapter, the purpose of the study, the research question, delimitations and limitations of the study, significance and focus of the study, and the theoretical

framework will be recounted. The chapter will conclude with comments on the significance and focus of the study. The appendices contain the case study protocol, tables, figures, and some of the communications related to standardization of the nursing curriculum of the ACCS.

Statement of the Problem

There is very little research on sub-baccalaureate nursing education, even though nurses with sub-baccalaureate educational preparation form more than half of the nursing workforce. There are over three million registered nurses and one million licensed practical nurses in the United States. According to the 2006 Nurse Licensure and NCLEX examination Statistics published by the National Council of State Boards of Nursing (2006), 69,200 of the 110,713 US-educated candidates who took the NCLEX-RN examination (62.5%) were graduates from associate degree and diploma nursing programs. Most of the nursing graduates completed their program of study in a two-year college.

Community colleges offer education to non-traditional students – students with jobs, families to support, students who are culturally diverse and economically disadvantaged. The nursing programs offered by community colleges offer the non-traditional students an opportunity to gain a college education and enter the workforce: an opportunity that was only available to the upper middle class and the wealthy.

Nursing programs in the community college system operate within the philosophy of the community college movement, making their programs more accessible to non-traditional learners. To avert the crisis of the nursing shortage, efforts to increase enrollment in nursing programs have been implemented. Ironically, the high standards set by practice regulations, licensure exam pass rates, and other regulatory agencies

outside the academia pose a dilemma for nursing programs, forcing them to create stringent admission criteria and often arduous progression policies (Gallagher, Bomba & Crane, 2001). The high standards set by the above agencies reflect the effort to improve safety and provide optimal nursing care to the health care recipients. This creates a paradox – while the effort to enroll more students into the nursing programs increase, the progression policies, designed to produce a graduate that can provide high quality care to the health care consumers, often prevent many of these students from completing the program and realizing their dreams. Nursing education programs wrestle with the dilemma of balancing safety for patients with improving success rates for nursing students, both in practice and on the licensure examination.

A Standardized Nursing Curriculum, a curriculum that would be adopted by most of the associate degree and all of the practical nursing programs throughout an entire state, is a meaningful phenomenon to study. Alabama is the only state implementing one common statewide curriculum in all its public two-year institutions. The descriptive information alone will be revelatory, because access to a phenomenon of these dimensions does not happen very often (Yin, 2003). Additional information that will be pursued include the motivating factors behind standardizing of the nursing curriculum, the key players and their roles, and the motivating and impeding factors behind the development of this curriculum.

Research Aims

The aim of the study was to provide a rich and in-depth description about how the curriculum of practical nursing and associate degree nursing programs of the ACCS was standardized. The study examined the antecedents, the motivating factors and the contextual elements that made the standardization possible in a relatively short period of

time by interviewing the key players in the scheme, and by examining records and documents related to this event.

Research Question

A single research question formed the basis of the case study: How was the Alabama Community College System's Standardized Nursing Curriculum developed?

The following sub questions were developed as well: (a) who were the key players in developing the curriculum? (b) Who had the positions of power and dominance, and who did not? (c) Who were included and who were excluded from the planning and envisioning process? (d) What were the reasons for inclusion and exclusion? (e) What were the contextual elements that influenced the development of the curriculum? (f) Who benefits from this standardization, how, and at what cost? The last question was eliminated from the study as the data revealed that this question could only be answered after the curriculum had been implemented and graduation, licensure, retention, and employment trends could be determined.

Delimitations and Limitations

Delimitations

A case study is a research design that studies a bounded phenomenon of interest. Delimitations are boundaries that are set to narrow and define the scope of the phenomenon or case that is studied. It is not possible to tell the whole story. The case study design uses multiple sources of data to provide a detailed in-depth picture of the phenomenon and its context. The case studied is Alabama's Standardized Nursing Curriculum (SNC). The case is a bounded system, bound by time and place (Creswell, 1998). The time boundary is the time from genesis of the vision of the SNC to its

implementation. The place boundary is the ACCS, which is administered by the Department of Postsecondary Education (DPE). The delimitations set are as follows: the study focused on the process of standardizing the nursing curriculum – from the development of the idea, developing the philosophy and mission, developing the courses and semester plan, identifying the general education requirements, and standardizing the admission and progression policies. Interviews with key players are limited to the nursing and non-nursing leaders within the Alabama Community College System who had an active role in developing the Standardized Nursing Curriculum.

Limitations

The study is a case study of the evolution of Alabama's standardized nursing curriculum. Lessons learned from this process may have some generalizable aspects, but as will be seen, the situation and contextual elements may not lend themselves to replication.

Significance and Focus of this Case Study

Curriculum change is a complex process that utilizes a vast amount of time, energy, and resources. Faculty of postsecondary institutions are playing an increasingly significant role in curriculum development (Hubball & Gold, 2007). Hubball and Gold further state that issues of mobility between colleges, transferability of credits, and increasing competition in recruiting students have prompted many institutions of higher learning to revamp their curricula to suit the needs of the current generation of students. Curricula are also driven by standards set by accrediting bodies of institutions of higher education like Southern Association of Schools and Colleges (SACS), and by agencies to protect the consumers like the State Boards of Nursing. Other factors like reduced teaching resources, higher faculty-student ratios, increasing demand for alternate

methods of instructional delivery like distance education and online courses, and an increased industry demand for job skills have made it imperative for educational institutions to make drastic changes in their curricula (Hill, 2007).

There is an increasing demand by employers for technical personnel with a high degree of skill. A curriculum which focuses on job skills, and provide training for industry with laboratory and apprenticeship experiences will decrease the time (and resources) spent by employers on on-the-job training, which makes such educational programs in high demand. Community Colleges that offer career and technical education are funded by agencies like the Carl D. Perkins Act (2007). The above factors are strong motivators for curricular change.

The Alabama Community College System standardized its practical nursing and associate degree nursing curricula. The ACCS developed a three-semester PN and five-semester ADN curriculum that every nursing program within the system would implement – there would be no customizing the courses or sequencing of courses to suit individual program or student population needs. The time from the creation of the curriculum to the implementation, was just under two years. Virtually all the members of the nursing faculty within the ACCS were involved in this endeavor. Studying the process of this major curriculum development will enhance the body of knowledge of nursing education in the community college level. Students in sub-baccalaureate nursing programs are seldom studied, though they are responsible for a large percentage of the nursing workforce. This phenomenon was viewed through the lens of a critical theory perspective. The process of this major curriculum change was studied from its vision to its implementation.

Theoretical Framework: Critical Theory

Critical theory is oriented toward change by critiquing society as a whole. Rasmussen (1996) claimed that critical theory can achieve transformation of thought through a "process of self-reflection in history" (p.12). This emancipation of society through critical reflection would result in a radical social transformation. Historically, this theoretical orientation has its origins in the works of Kant, Hegel and Marx. Horkheimer first coined the term "Critical Theory" in an essay he wrote in 1937 (Horkheimer, 1975) in the Institute for Social Research in Frankfurt, which would later be known as the "Frankfurt School." Horkheimer describes critical theory as both reflective and transformational; an alliance of theory and praxis. Critical theory underwent many transformations since Horkheimer first coined that term. A significant transformation of critical theory happened when enlightenment was seen not as a sign of emancipation, but as a form of dominance over others. This revolutionary concept was indicated in the book "Dialectic of Enlightenment," authored by Horkheimer and Adorno (1976) during World War II and their "exile" to California. The authors claimed that what people wanted to learn from nature was how to use that knowledge of nature to dominate or hold power over nature and individuals, thereby equating power and knowledge.

Foucault: Knowledge and Power

Michel Foucault (1926–1984), the noted French philosopher and historian, was chair of History of Systems of Thought at the prestigious Collège de France. Foucault's affiliation is stated to be poststructuralist (Bradbury-Jones, Sambrook & Irvine, 2008; Cheek & Porter, 1997; Henderson, 1994). Foucault had written and lectured extensively on the history of social institutions like psychiatry, medicine, education and the prison system. He died before he could complete his work on human sexuality – he had

published the first two of four volumes on that subject. While Foucault never claimed affiliation to critical theorists, his work on power, discourse, knowledge and truth complements critical theory (Henderson, 1994). The interplay of power and knowledge inherent in this study makes Foucault's work an appropriate theoretical framework for this study.

Knowledge and Power

Foucault (1995) views knowledge and power as interdependent, but diverges from Horkheimer and Adorno's thesis on power and knowledge in some noteworthy facets. Critical theorists have spoken of power as something that was possessed by individuals in positions of authority, and was wielded as an organ of repression (Rasmussen, 1996; Habermas, 1984). Foucault (1977) differs from other critical theorists in that he postulates that power is "neither given nor exchanged, nor recovered, but rather exercised, and only exists in action" (p. 89). Power exists in and emanates from every human being, and power is increased by knowledge and vice versa. Power is also held by the people on whom others exert power, and that those who submit to power can exert *their* power by resisting power. Foucault states that "the exercise of power itself creates and causes to emerge new objects of knowledge and accumulates new bodies of information" (p. 51).

Discourses and Power

Power does not belong only to those with authority, but it permeates every layer of society. Power is present in individuals as well as in populations (Perron, Fluet & Holmes, 2005). Networks of power can be created and exerted over each and every person. According to Foucault, knowledge formed in discourses is governed by boundaries like rules, limits, exclusions, and decisions. In his view, discourses are not

merely the *effect* of power; rather, power relations seemed immersed within discourses. He believed that, while there were no dominant or marginal forms of discourse, some discourses were more dominant than others. Examples of dominant discourses include those discourses that have an established institutional basis, such as knowledge in law, medicine, or in the organization of family and work. These dominant discourses may be called régimes of truth that determine what would be considered important, relevant, and true knowledge (Manias & Steele, 2000).

Surveillance and Capillary Power

In medieval times, power was exerted over people in the form of punishment for wrongdoing (Foucault, 1977). Eventually, it was realized that a more economic and efficient method of exerting power over individuals and groups would be through surveillance. Surveillance was a form of exerting power at its "capillary form of existence" (p.39), just as the capillary network perfuses every cell in the body. In its capillary existence, power inserts itself into a person's thoughts, actions and all aspects of their everyday life. Foucault's background in medicine and psychology (he was the son of a surgeon, was a licensed psychologist, and suffered from clinical depression) emerges in the metaphors that he utilizes. Surveillance is exerted over a person by manipulating this capillary power. Through surveillance, more knowledge is gained about individuals and groups; this knowledge lends itself to more power that can be exerted over those people.

Power and Truth

Power is employed to exploit bodies so that they can be converted to a productive workforce (Foucault, 1977). The relationship of power and truth, according to Foucault, is that they are one entity: "truth isn't outside power, or lacking in power"

(Foucault, 1977, p. 131). Foucault describes truth not as something someone possesses, but a force, rather as something that emanates from everything.

These included medical, legal, educational, political and spiritual networks. These networks exert power over individuals, groups, communities, and eventually populations. Knowledge was disseminated from these networks of power; knowledge that is disseminated from such power networks is deemed truth. For example, an individual can only practice nursing if he or she is permitted to do so by the network of power called the state board of nursing, by their power to grant a license to practice nursing. The knowledge called nursing that this individual gains can only be "true" knowledge if it is disseminated through an accredited educational institution that has the power to validate the veracity of that knowledge. The "true" knowledge that this nurse obtains can only be practiced in limited settings that are dictated by networks of power. Power as a force, energy, and its relationship to knowledge is a good fit for a case study of a mandated change in a system.

Political Economy of Truth

Foucault identified five important traits of the political economy of truth (Foucault, 1977, p.131). The first trait of truth is that it exists in the form of scientific discourse, and the institutions which produce this discourse. The second trait of truth is that it is influenced by economical and political incitement. The third trait of truth is that it is the "object of immense diffusion and consumption" (p.131-132). The fourth trait of truth is that it is produced under the almost exclusive control of a few great political and economic apparatuses e.g. universities, army, media, writing. The fifth trait of truth is that it is subject to political debates, social confrontations and ideological struggles.

Completion of truth requires a relationship between the teller of the truth and the listener. In other words, truth can only said to be truthful if it is validated, established or confirmed by a listener who has more power or authority (Ceci, 2004).

> Each society has its régime of truth, it's "general politics" of truth: that is, the types of discourse it accepts and makes function as true; the mechanisms and instances which enables one to distinguish true and false statements; the means by which each is sanctioned; the techniques and procedures accorded value in the acquisition of truth; the status of those charged with saying what counts as true. (Foucault, 1977, p. 131)

Conclusion

Many nursing scholars have integrated Foucault's theory of power, knowledge, truth and surveillance as the theoretical framework underpinning their work (Aléx & Hammarström, 2008; Perron, Fluet & Holmes, 2005; Roberts, 2005; Ceci, 2003). Most of the nursing scholars were based in Canada; the fact that Canadian nurses are fluent in French and English could facilitate the synthesis of Foucault's ideology without the "loss in translation." The published articles that utilized Foucault's theoretical perspectives focused on the repressive versus productive aspects of power, surveillance as a technique of perfusing power at the capillary level, and power relations between nurses and patients, and nurses and physicians/surgeons, and between the nursing discipline and other health disciplines.

Power relations exist in persons of every walk of life, and groups exert power in many directions. Power and knowledge played a pivotal role in shaping the manner in which the standardized nursing curriculum was developed. Examining the events that led to standardizing the nursing curriculum through a theoretical framework of power and

knowledge will shed light on the power relationships that were evident and how they exerted themselves in the structural and functional components of this case study.

CHAPTER II

LITERATURE REVIEW

Introduction

The research question for this study was, “How did the standardized nursing curriculum of the Alabama Community College System (ACCS) develop?” This chapter presents the search and review of literature pertaining to the research question. The first section deals with information regarding the state of sub-baccalaureate education in the United States. The second section reviews the literature regarding curriculum development and topics related to curriculum development.

Sub-Baccalaureate Education

According to the National Center for Educational Statistics (NCES), an impressive 6.2 million students enrolled in community colleges in 2006-07, which accounted for thirty five percent of all college students enrolled that year (Provasnik & Planty, 2008). Community and technical colleges offer careers at the sub-baccalaureate level to about 300,000 students in Alabama each year, according to the statistics posted in the Alabama Community College System (ACCS) website (2008). All of the public two-year colleges in Alabama are within the ACCS. The ACCS underwent a major curriculum change beginning 2003. The work still continues – in September 2008, more than 33 career and technical educational programs within the ACCS had completely revised their curricula to facilitate better articulation between their secondary education (K-12) and four-year university counterparts.

The curriculum change was in response to the Carl D. Perkins Act of 1998, which provides funding totaling 2.8 billon dollars to develop vocational education in secondary

and sub-baccalaureate postsecondary institutions. A glimpse into the history of community college education and the stakeholders and funding agencies of the community college will provide the background and setting for the case study.

Perspectives on Community Colleges

Sub-baccalaureate degree programs, and institutions that offer two-year degrees, have been in existence in the United States since the beginning of the twentieth century. The sub-baccalaureate degrees offered by two-year institutions include associate degrees, certificates, and diplomas. The community college movement gained momentum after World War II, when many soldiers gained a college education through the Truman Bill, popularly known as the GI bill. Junior colleges were first called Community Colleges in the 1947 report of the President's Commission on Higher Education. The report suggested that the name "Community College" be applied to institutions that are designed to serve the community's needs (Wattenbarger & Witt, 1995).

A community college is usually defined as a regionally accredited post-secondary institution that offers an associate degree as its highest degree (Vaughan, 2006; Cohen & Brawer, 1996), although some community colleges like Athens State University offer upper division courses that lead to a baccalaureate degree. Community colleges generally serve the community that they are located in. Most community college students are commuter students – many community colleges do not have residential facilities. The non-commuter student population is increasing, however, with globalization of industry and ease of travel (Vaughan, 2006). Community colleges now enroll students from outside their community, out of state as well as international students. The graduates of community colleges primarily work in the local communities

that these institutions serve, though community colleges are beginning to serve a global market now.

The mission of community colleges is to serve and vitalize the community where it is located. The community colleges provide vocational and technical training, continuing education, and other educational enrichment opportunities to the community. Community colleges also provide access to non-traditional students like older students, students with dependents, and students who have financial constraints (Provasnik & Planty, 2008). Programs offered by community colleges provide the non traditional students an opportunity to gain a college education and enter the workforce, something that was mainly available to the upper middle class and the wealthy (Tagliareni, Mengel & Speakman, 1999).

The NCES published data of college students enrolled in the year 2003-2004 (Provasnik & Planty, 2008). The findings revealed that 48% of students enrolling in college for the first time enrolled in a two-year institution. Of all the students who enrolled in community colleges, only slightly more than half (54%) were nineteen years or younger. A higher percentage of older students enrolled in community colleges compared to four-year colleges. Community colleges admitted a larger percentage of married students and single parents. Of students enrolled in community colleges 26% were in the lowest income level, while 20% students enrolled in public and private not-for-profit four-year institutions were in the lowest income level.

Community colleges offer the citizens of the United States of America a means of gaining job skills at a much more reasonable cost than a four-year university. The annual tuition charged by community colleges, on average, is less than one half of the average annual tuition and fees of public 4-year colleges and universities, and one tenth those at private 4-year colleges and universities (Provasnik & Planty, 2008, p. iii). The annual

tuition and fees of the ACCS is about one-half of the tuition and fees charged by Alabama's public 4-year colleges and universities (ACCS, 2008).

Community colleges offer middle-income and low-income persons a means to obtain higher education. The education gained significantly improves their earning capacity, and therefore improves their standard of living. The increase in earning capacity is through educational programs that are career oriented. The relationship between education and earnings are well-documented. Research conducted for the National Assessment of Vocational Education (NAVE) of the US Department of Education highlights the economic gains of postsecondary sub-baccalaureate education. Bailey, Kienzl, & Marcotte (2004) researched the effects of two-year degree on economic outcomes in people with sub-baccalaureate college degrees. Nearly 97% of men and 85% of women who complete 2-year degrees are currently employed. Even persons who enroll in postsecondary sub-baccalaureate programs without earning a degree earn significantly higher wages than individuals with a high school diploma (Bailey, Kienzl, & Marcotte, 2007, p.7). The researchers also found that economic returns were higher by 37% in the younger persons who gained an occupational sub-baccalaureate degree, while the economic returns were negligible in an older graduate who gained an occupational degree. This supports the importance of an occupational degree on lifetime earning potential. Racial and gender earnings differences are interesting. Black men with associate degrees earn about 35% less than white men with similar degrees, regardless of the type of degrees. However, this is not the case with women. The earnings of Black and Hispanic women are not significantly different from Caucasian women with similar degrees, which indicate that a sub-baccalaureate education can reduce the income disparity between women of diverse race and ethnicity.

The National Assessment of Vocational Education (NAVE) was assigned the responsibility of assessing the status of vocational education, and the impact of the Carl D. Perkins III Act of 1998 on vocational education. NAVE is mandated by the United States Congress, and assists the federal government in making decisions regarding funding of career and technical education at the secondary and post secondary level.

The NAVE report (2004) revealed some noteworthy findings: students who enroll in vocational or occupational programs in postsecondary institutions are more diverse than traditional postsecondary students, their reasons for enrolling are more diverse, and most of the students who enroll in occupational education programs secure jobs, regardless of whether they complete a degree or not. The findings of the NAVE report emphasize the significant role sub-baccalaureate education plays in the economic status of Americans.

The findings of the NAVE report (2004), provided Congress valuable data to base their decisions regarding allocation of funding to education. Funding for vocational education, which is now called career and technical education, has a long history of support from the federal government. The earliest activity generated by the federal government was a commission to study national aid to vocational education, by President Woodrow Wilson in 1914.

Funding Sources: Carl D. Perkins Career and Technical Education Act

A significant legislation supporting Vocational Education was orchestrated by one of the strongest proponents of vocational education – Congressman Carl D. Perkins (KY). The Vocational Education Act of 1963, evolved into the Carl D. Perkins Vocational Act of 1984, the Carl D. Perkins Vocational and Applied Technology Education Act of

1990, the Carl D. Perkins Vocation and Technical Education Act of 1998, and most recently the Carl D. Perkins Career and Technical Education Act (2006).

The Vocational and Technical Act, commonly referred to as the Carl D. Perkins Act or Perkins III, increased the funding to career technical education programs, which meant more federal funds for community colleges that provided technical education to its students. One of the pieces written into the legislation was an ease of articulation between secondary and postsecondary programs. The ACCS had attempted many curriculum change initiatives to facilitate articulation; it would become a reality in 2003 under the leadership of Roy Johnson.

The U.S. Department of Education set aside approximately 1.29 billion dollars for the Perkins 2006 appropriations (Carl D. Perkins Act, 2006). Each state acquires a piece of this pie based on a formula (Occupational and Vocational Education [OVAE], 2008). Some of the funds go to secondary education programs and the rest go to postsecondary Career and Technical Education (CTE) programs. In addition to funding CTE programs, Perkins funds are used to serve educational needs for rural populations, and to prepare individuals for nontraditional employment. Nontraditional employment is defined as fields in which one gender accounts for less than 25% of those employed in that field of work. Males enrolled in nursing programs, females enrolled in welding or electronics programs would be examples for nontraditional employment. In other words, postsecondary institutions would receive additional Perkins dollars for the number of students enrolled from rural areas, and for the number of students enrolled in non-traditional educational programs.

Postsecondary institutions are also required to measure student placement in high-wage, high-skill or high-demand occupations. Technical skill proficiency needs to be assessed in students, and the technical skills proficiency needs to align with industry

standards. Connections between secondary and postsecondary CTE programs are also emphasized, with special emphasis on articulation between secondary and postsecondary CTE programs, and curricula facilitating a smooth transition to university education. The Perkins legislation also focuses on recruitment and retention of qualified CTE instructors. The Perkins funds can be utilized to finance initial CTE certification for teachers.

CTE programs funded by Perkins also are subject to assessment with a focus on special populations like single parents, displaced home-makers, and nontraditional occupations, to name a few. Specifically stated is the development of *articulation agreements between secondary and postsecondary CTE programs*, support of student leadership organizations, development of new CTE programs and initiatives including distance learning. Also included are programs for school dropouts to complete their high school education, assist CTE students with job placement, and enhancing career guidance and academic counseling programs.

Impact of Perkins Act on Alabama

The Perkins 2006 legislation emphasizes the importance of secondary-level career and technical education (CTE) programs articulating with postsecondary CTE programs, and offering a smooth transition to baccalaureate programs. The Alabama Community College System (ACCS) is in the process of standardizing its CTE program curricula. Standardization of CTE curricula will facilitate transparent articulation agreements with comparable secondary CTE program curricula. Standardizing curricula of ACCS programs will also facilitate the smooth transfer of students to baccalaureate programs.

Community College Nursing Education: History and Status

According to the 2006 Nurse Licensee Volume and NCLEX Statistics published by the National Council of State Boards of Nursing (2008), a large number of registered nurses are graduates of community colleges. In 2006, 58.96% of the first time candidates who passed the NCLEX-RN examination were associate degree nursing graduates. Graduates from community college nursing programs comprise of more than half of the nursing workforce.

The history of community college nursing education reveals that it was purposefully created by nursing leaders in response to a nursing shortage experienced during the Second World War (Haase, 1990). The associate degree nursing programs were developed through research rather than by "historical accident" – the only nursing education program to do so (Montag, 1980). These programs burgeoned into the most prolific nursing education system in the nation.

The original conception of the associate degree nursing program was to prepare nurses who could perform technical nursing functions and be eligible for a registered nurse (RN) license (Fabayo, 1980). The associate degrees in nursing would be offered in junior or community colleges, thus moving them away from the stranglehold of hospital diploma programs, and into an educational institution. The plan for educating these "Nursing Technicians" was detailed in Mildred Montag's (1950) landmark dissertation. The underlying philosophy of associate degree nursing programs was that there could be two levels of nursing: professional and technical. The technical level would require two years of preparation, and they would be supervised by the professional level nurse, who had a baccalaureate or greater preparation. Montag's recommendation that would generate the greatest criticism was that there should be

"one licensure for nurses – one that sets the minimum which is required for the safety of the public (Montag, 1950, p.82)."

Montag's original conception of the associate degree nursing education was that it would be a terminal degree for Nursing Technicians. A quarter of a century after the inception of the associate degree nursing programs, Montag bemoaned the fact that associate degree nurses are no longer called nursing technicians, and that few nurse leaders acknowledge the difference between professional and technical nurses. Montag was never in favor of associate degree nurses bridging to a baccalaureate program, because she felt that doing so would be a disservice to both programs (Montag, 1980). But the American philosophy of equality of opportunity, access to education, and upward social mobility by way of education could not be denied to associate degree and practical nursing graduates. The movement toward career mobility gained momentum in the 1960's (Haase, 1990).

Rationale for Curriculum Design: Articulation and Career Mobility

Many states have statewide articulation agreements between practical nursing, associate degree nursing and baccalaureate nursing programs. Implementing a statewide common nursing curriculum seems to be unique to the state of Alabama thus far. One of the stated rationales for standardizing the curriculum for nursing programs in the Alabama Community College System was for ease of articulation between licensed practical nursing (LPN) and associate degree nursing (ADN) programs.

LPNs and RNs may come from a marginalized group or be marginalized on the basis of their educational preparation or salary earned. Hall (1999) describes exteriority, a property of marginalization, as a condition of being outside the reach of the protections and resources of society. A marginalized individual or group may seek relief from

exteriority by attempting to enter the world of the dominant culture. The exteriorized LPN or ADN may seek to enter the world of the "dominant culture" of nursing by furthering their education. *Articulation* is the process by which an accelerated educational program will "bridge" the graduate from a PN or ADN program to a higher degree, either PN-to-ADN or ADN-to-BSN.

Articulation: Historical Perspectives in Nursing

The need to have some sort of upward mobility for non-baccalaureate prepared nurses had been felt for a long time. In many cases, the employing agencies motivated educational institutions to develop mobility or articulation programs. This idea also gained tremendous popularity during nursing shortages. The idea of advancing practical nurses by further education has been in existence for many decades. Harris (1972) described the need felt for rewarding the licensed practical nurse by introducing a LPN-to-RN articulation program. Until then, licensed practical nurses enrolling in associate degree programs did not receive any credit for their practical nurse training.

Perlich, Hopkin, Kalunian, LeGault, and Fried, (1988) detailed a staffing situation in a hospital in Arizona where registered nurse (RN) positions were needed while there were more licensed practical nurses (LPN's) than needed. The hospital collaborated with a local junior college to start an LPN to RN articulation program to fill their vacant registered nurse slots without laying off their licensed practical nurses. Harris, Kiernan and Magliocco (1992) illustrated how a collaboration of nurses, administrators and educators in Louisiana generated an upward mobility program for their licensed practical nurses, whereby the LPNs were provided with a RN Career Ladder Program (RNCLP) – LPN to ADN or LPN to BSN mobility program. Hammond, Davis, Marlin, and Montgomery (1995) described an accelerated mobility program in Virginia using an

educational support model for licensed practical nurses to complete a baccalaureate degree in nursing. Murdock, McMorrow, LaCoursiere, and Scriven (2000) clarified the rationale for and the process of developing a web-based LPN to RN transition program for the state of Connecticut. Brady and Horton (2002) elaborated on the way one technical college in South Carolina responded to the challenge of mobility education by using a multiple entry, multiple exit program that would train nursing assistants, practical and associate degree nurses. Bennet, Bremner and Sowell (2003) portrayed the development of a curriculum model that offered an accelerated baccalaureate degree in nursing to candidates who hold a baccalaureate degree in other fields.

Ramsey, Merriman, Blowers, Grooms, and Sullivan (2004) related the story of the Tennessee Center for Nursing's community project to address the state's nursing shortage by developing a state-wide master plan for licensed practical nurses to obtain a baccalaureate and master's degrees in nursing with minimum barriers. The project was a joint partnership with East Tennessee State University, Tennessee Center for Nursing, various health care facilities, and the Robert Wood Johnson Foundation. A 6-year plan was developed for licensed practical nurses to complete their BSN while continuing to work. Financial sponsoring was provided by their employers. The plan was in its second year at the time the article was published, and had exceeded the recruitment goals (estimated enrollment of 20 versus an actual enrollment of 30) and retention goals (estimated retention rate of 60% versus an actual retention rate of 93%).

Statewide Articulation

In an article discussing the politics of statewide articulation programs, Rapson (2000) outlines some of the roadblocks to educational mobility for nurses. The major issues identified were time limits on transfer of courses, restrictive prerequisites, difficult

challenge exams, changing graduation requirements, duplication of coursework and unnecessary financial obligations. The advantages cited by Rapson include increasing access to higher education to all nurses, increasing number of nursing graduates with higher degrees, and production of a system for educational mobility that is economical and equitable. Program graduates of articulation programs do as well as "generic" undergraduate students in achievement exams and National Council Licensing Examinations (NCLEX).

Rapson (2000) postulates that the reason articulation programs are not very common in spite of all these advantages inherent in articulation programs is due to myths prevalent in nurse educators. She named these myths about articulation "Sacred Cow Beliefs." Some of the sacred cow beliefs identified were threats to the uniqueness of the participating nursing programs, loss of accreditation, and that articulation programs would lead to the demise of baccalaureate nursing programs. Rapson concludes that the decision to articulate and grant credit to courses is more a political than an academic issue, based on the biases of the nursing faculty who are unsure of the validity of articulation programs.

Statewide Articulation: Connecticut

Statewide articulation programs for nurses to enhance upward mobility make sense in more ways than one. The nurses who had financial constraints could begin practice after a relatively short period of time, and later pursue higher education. Many initiatives to promote articulation and to make articulation less of a hardship have been attempted. The process of developing a statewide articulation program is a change of great magnitude. Young (1996) examined Connecticut's process of developing a statewide articulation program through the framework of Lewin's Change Theory (Lewin

& Gold, 1999; Schein, 1996). Young used the unfreezing, change and refreezing [sic] process of change to describe the articulation development process. Young stated that a highly significant factor that promoted the unfreezing process was the acute nursing shortage prevalent during the period of the articulation development. Young postulates that the shortage acted as a paradigm shift (Kuhn, 1970), which propelled the unfreezing process further. The success of other statewide articulation programs, notably Maryland's, also served to assuage some of the fears of the unknown, and facilitate the change process (Young, 1996). The refreezing portion of the curriculum involved validation of the curriculum. In fact, 100% of the nursing programs in Connecticut participated in the RN-BSN articulation program within one year of implementing, and a majority of nursing programs participated in the LPN-ADN articulation program.

Statewide Articulation: Iowa

McClelland et al. (1997) described the process of development of a statewide RN-BSN articulation program. Just like in Connecticut, the Iowa Board of Nursing played a significant role in the statewide articulation process. The Iowa Board of Nursing and the nurse leaders formulated a committee, gave the committee the task of developing a statewide articulation plan for RN-BSN articulation in two years. The focus was on RN-BSN program, and not the PN-ADN, because Iowa had been articulating their PN-ADN programs for a long time prior to this project.

Possible Consequences of Articulation

Articulation programs can pose a different dilemma – as nurses move upward in strata, the lower strata will experience a shortage as well. One of the goals of Alabama's standardized RN-PN curriculum was to provide practical nurse graduates a smooth,

seamless articulation from the PN level to the RN level. As the LPNs articulate and move into the RN program, this could create an upsurge in the LPN workforce shortage.

According to the Health Resources and Services Administration (HRSA) report on the supply, demand and use of licensed practical nurses (Seago, Spetz, Chapman, Dyer & Grumbach, 2004), LPN and RN students essentially come from the same applicant pool. According to the authors, increasing LPN enrollment to increase the "skill mix" of the RN-LPN workforce as a cheap and quick alternative to alleviate the nursing shortage will not work:

> Based on data related to gender, age, marital status, and ethnicity, it appears that LPNs and RNs come from essentially the same pool of potential workers. Therefore, the long-term RN shortage is unlikely be solved with an influx of LPNs, because increased recruitment of students into LPN programs will likely offset recruitment into RN programs. (Seago et al., 2004, p. 6)

Education Issues – Predictors of Student Success

When the nursing curriculum of the Alabama Community College System was standardized, the admission criteria for the practical and associate nursing were also standardized. The goal of nursing education programs is to produce graduates who exhibit entry-level competencies for practice of nursing. The most significant method to assess competency is the National Council Licensing Examination (NCLEX). The literature that examined predictors of NCLEX success was reviewed. Most of the articles focused on licensure success of registered nursing students (14 articles); fewer articles were reports of studies conducted on predicting practical nursing success (3 articles). The studies largely report the following pre-admission criteria as predictors for NCLEX success: higher level reading comprehension (Woodham & Taube, 1986; Freidemann &

Valentine, 1988; Lengacher & Keller, 1990; McClelland, Yang & Glick, 1992; and Waterhouse, Carroll & Beeman, 1993), a grade of B or better in science courses, especially Anatomy and Physiology (Waterhouse, Carroll & Beeman, 1993; Briscoe & Anema, 1999; Lamm & McDaniel, 2000; and Ostrye, 2001), and nursing entrance examination scores (Briscoe & Anema, 1999; Ostrye, 2001; and Gallagher, Bomba & Crane, 2001).

The predictors to NCLEX success within the program were a grade of B or better in nursing courses, no failures and/or withdrawals, and progressing through the program without any breaks (Waterhouse, Carroll & Beeman, 1993; Briscoe & Anema, 1999; Lamm & McDaniel, 2000; and Ostrye, 2001; and Jeffreys, 2006). The predictors for NCLEX success had a high utility value for many reasons. With the faculty shortage restricting admission to nursing programs, it makes more sense to admit students who have the best chance of successfully completing the program. Admitting more qualified candidates also ensure that the consumers of health care has access to higher quality nursing care. Many state boards of nursing impose passing standards for nursing programs to maintain their approval status. For example, the Alabama Board of Nursing (2007) mandates that nursing programs maintain an 80% pass rate for first time licensure examinees and the Tennessee board of Nursing (2007) mandates an 85% pass rate for first time licensure examinees.

Diversity and Nursing Workforce

The nursing student population is predominantly white and female. The population of registered nurses is predominantly Caucasian (Biviano, Fritz, Spencer & Dall, 2004; Seago & Spetz, 2005). The “number of ethnic minority nurses is 12% compared to the need of 43%” (Siantz, 2001, para. 2). Ethnic minority nursing students

have a higher attrition rate from nursing programs and a lower passing rate in the licensing examination. Ethnic minority nursing students generally come from economically disadvantaged backgrounds, tend to have dependent children (Myers, Keat, Pelkman & French, 1997), and take longer to complete their nursing education than Caucasian nursing students (Seago & Spetz, 2005). Progression policies that are very stringent also place constraints on the non-traditional minority student in completing the program (Safian-Rush & Belock, 1988; Jeffreys, 2006). The attrition is highest and the NCLEX pass rate is lowest, in the African American student population. According to Seago and Spetz (p.560-561) the reasons may include poor high school preparation in science and math courses, and cultural bias in multiple choice questions. As the patient population of the United States increase in diversity, our nursing workforce should mirror that diversity. Curricula that address issues of lowering attrition rates and increasing NCLEX pass rates in ethnic minorities should be the focus of nurse educators throughout the country.

Approximately 42% of students enter community colleges with below-college-level reading, writing or numeric skills (Perin, 2006), and require developmental or remedial English and math courses. Most of the students who require developmental courses are ethnic minority students. Nursing is a popular career choice for many community college aspirants, especially minority students. But the high standards set by practice regulations, and licensure exam pass rates, poses a dilemma for nursing programs, forcing them to create stringent admission criteria and often arduous progression policies. These policies are a two-edged sword – they help maintain the high standards of nursing designed to protect the consumers of health care, while creating barriers for the marginalized students.

Nursing has long been a career choice for women. Women previously had limited access to professions dominated by males. This has changed, and the broader career choices that are available today have fewer women choosing nursing as a career. The guiding philosophy of community colleges is to admit students who are nontraditional, such as first generation college students. Unfortunately the studies of NCLEX predictors do not shed light on how to assist these students to succeed in becoming a nurse. Most of the studies gave very pertinent suggestions on tailoring admission criteria to select the ideal nurse aspirant, but had few suggestions on ensuring that the selected applicant would indeed successfully complete the nursing program. The outcome of graduates who fail the licensing examination has also initiated research. The national NCLEX-RN pass rate in 2006 for first-time US-educated candidates was 88.1%. That means that nearly 12% of the candidates who had invested time, money and other resources in completing nursing programs were unable to obtain licensure when they tested the first time.

The NCLEX Delay Pass Rate study (NCSBN, 2007) revealed that candidates who take the examination within three weeks after program completion have the greatest rate of passing (90.1% for RN and 90.4% for LPN candidates). The pass rate of candidates who retest ranges from 60.8% to 39.2%, depending upon how long they wait to retake. Nursing programs throughout the nation have attempted to maximize their graduates' chances of success in licensure by making their admission and progression policies stricter (Spurlock, 2006). When the standardized curriculum was implemented in Alabama, the admission and progression policies were also standardized.

Dependence on Testing

Similar to programs and initiatives in every walk of education, testing and assessment have dominated the method of program evaluation in the field of nursing education. Evidence of readiness for practice for nursing graduates is determined by a nationally standardized licensure examination. The approval process of nursing education programs depend upon first-time passing rates of their graduates in the said licensing examinations. The admission of students into nursing programs is restrictive in order to admit only a person who has a reasonable chance of being successfully licensed in their first attempt. The curricula of nursing programs are mapped based on the licensing examination test plan. High-stakes accountability can have detrimental effects on the education, as expressed by Gunzehauser (2006): "...Teachers find themselves compromising their educational visions, engaging in practices like "teaching to the test," constricting their curriculum, devoting their precious resources to test preparation materials, and drilling students on practice tests" (p. 244).

According to Gunzenhauser, when teachers and schools are faced with the dilemma of teaching to the test, they fall into a default philosophy of education which is "nonreflective and nondialogical," where "external constraints determine the purpose and value of education (p.245). In this article, Gunzenhauser took a critical look at test-dependence using Foucault's analysis of normalization and high-stakes accountability. Foucault describes examination as one of the most powerful tools of normalization. The normalization shifts the power of the educator to the capillary level – the power over the student is exerted from within themselves, perfusing their bodies, to the point where power is exerted through self-surveillance. The use of accountability has its benefits, in that it generates a national standard that all nursing programs can be held to. The

standards provide a high quality of healthcare services to the public. However, high-stakes testing also exerts an excessive amount of repressive power over students.

Testing and Desperation

The dependence on passing the licensing examination in the first attempt also causes desperation in nursing students and faculty. Nursing programs have to maintain a high pass rate in the licensure examination to maintain their approval status. The faculty therefore are under pressure to ensure that the students are "test-ready" when they graduate, imposing restrictive progression policies in the program. Hall (2004) describes desperation in nursing education as "a condition without hope, feeling less than a full person, and seeing few options" (p. 147). Hall states that some of the factors that cause desperation in nursing students include lack of diversity in the student population, generational differences between students and an aging faculty, and restrictive progression policies that can delay progression, or even cause a student to "fail out" of the program. Hall calls for a paradigm shift in the way education is delivered in the nursing programs today.

Curriculum Development

Curriculum development often takes place for many reasons. Programs revamp curricula to meet employment and industry standards, or to attract students into their programs, or when there are advances in their professional field that warrant a change in curricula. A well-designed curriculum will have very little disparity between education and practice. Nursing curricula, when developed, must take into account the advances in the field of health care, both current and future as this is necessary so graduates will be equipped to respond to changes in the healthcare environment (Yura, 1986).

Tanner (2007) urged nursing educators to conduct curriculum innovations on "significant, paradigm shift-type changes" (p.51). In her editorial, Tanner urges nursing educators to dramatically rethink the teaching-learning continuum in the context of globalization and change in health care, and not be compelled to "cover content." Organizing content into conceptual frameworks, and teaching some subject matter in depth rather than covering superficially a large amount of subject matter will facilitate pattern identification and apply those patterns in new situations.

Concept-based curriculum as a solution to content saturation in nursing curriculum was proposed by Giddens and Brady (2007). They explain the evolution of content saturation as the result of the information explosion, changes in healthcare delivery, a teacher-centered pedagogy, and concerns of employers about the preparedness of graduates to practice (p. 66). Concept based curriculum design begins with identification and definition of concepts, which will be the result of exhaustive discussions between the faculty. After the concepts are defined, they are organized into general categories. The categories are then examined and the faculty makes the decisions regarding sequencing the concepts through the curriculum. A major paradigm shift for educators is the use of exemplar content: while there is a vast amount of content within a concept, the content that best represents the concept is selected and explored in depth. The in-depth exploration will help the learner identify similarities and apply those concepts into the rest of the content. The authors also stress the importance in choosing and limiting the exemplar content, to avoid the pitfalls of content saturation. The standardized nursing curriculum that was implemented in all the public two-year colleges in Alabama unfortunately did not explore using a concept-based curriculum, a lost opportunity for the ACCS.

Curriculum Development Models

In a classic article on curriculum development in nursing, Yura (1986) stated that curriculum development in nursing consists of six steps, namely *development of the philosophy, setting of program objectives, statement of terminal behaviors, definition of a theoretical or conceptual framework, statement of expected level outcomes*, and *statement of expected course outcomes*. Yura also stresses the importance of time – sufficient time needs to be set aside for the curriculum development process.

Iwasiw, Goldenberg and Andrusyscyn (2005) propose a curriculum development process model for nursing education. The twelve-step model details the curriculum development process from the initial visioning and planning stages, through the implementation stages. The twelve steps to curriculum development include *determining the need for change, gaining support for the change, organizing for curriculum development, gathering data, establishing a philosophy, formulating curriculum goals, designing the curriculum, designing the courses, implementing the curriculum, refining the curriculum* and *evaluating the curriculum*. The authors detail each step of the process, gives scenarios as examples, and stress faculty development programs in each stage. Also stressed is the importance of maintaining records of the process.

In a proposed curriculum development model, Wolf (2007) envisioned curriculum development as a continuous process, cycling through *curriculum visioning*; *curriculum development*; and *curriculum alignment, coordination and development*. Wolf gives detailed descriptions of each of the stages. The hallmark of each stage is that each phase is evidence-based: data is gathered and analyzed and the progress of each stage is based on the findings of the analyzed data. The model's strength is in its evidence-based support of each phase. The weakness of the model is in the lack of a systematic evaluation of the curriculum after it is implemented.

All 3 models stress the importance of planning, faculty preparation and detailed discussion of the philosophical basis of the curriculum undergoing revision. Time is another important element that all three models stress – they estimate three to four years from the inception to the implementation of the revised curriculum. Record keeping is another important aspect stressed by the models, as the curriculum development or revision is an important part of the institutional history. The involvement of key stakeholders including business and industry partners and students are also stressed in the models.

Curriculum Development Process

Development of a curriculum requires input from faculty, administrators, students, employers, and other stakeholders. In a case study conducted on curriculum development in a Library and Information Science program, Wallace (2002) explained the development and process of a curriculum development project. The curriculum development project was initiated by forming a committee consisting of faculty, students, and various stakeholders in library science. The curriculum design process began with a data collection and analysis. Sources of data included literature review, surveys, focus groups, individual interviews, and site visits. The curriculum design process materialized in 3 phases – defining the curriculum project, design solutions, and present solutions. The entire project took 9 months to complete, which the author attributes to the "committee's industry expertise, clear thinking, and ability to make decisions (p.287)." The author mentions qualitative analysis of the data gathered, but did not clarify which data were analyzed qualitatively. Content analysis and coding were mentioned, but the results of the content analysis and coding were not presented in the article.

McCallum (2008) described a curriculum development project to integrate public health goals into the physical therapy curriculum. The community needs assessment portion of the curriculum development project was conducted as a qualitative case study and was conducted in three community health care clinics that serve medically underserved populations. The participants included the health care providers and patient participants. The participants were interviewed, and records were collected and analyzed. The needs assessment identified the health care, socio-cultural and economic challenges experienced by the patients of the clinics. McCallum utilized the analyzed data to form the curricular goals of entry-level physical therapy students who practiced in the clinics.

The process of developing a curriculum or revising an existing curriculum can be strengthened considerably by the systematic collection and analysis of data that identifies the need for the curricular change. Another key element was the involvement of the stakeholders in the process, including students.

Curriculum Design

Heinrich, Karner, Gaglione, & Lambert (2002) detailed the use of a matrix to validate curriculum integrity in baccalaureate nursing courses. A curriculum matrix is a method of laying out the curriculum which clarifies the concepts in the course and details how the concepts are implemented within the course. The use of a matrix is beneficial when complex concepts need to be presented in subject matter. The main concept is listed (usually a broad concept namely “Nursing”); sub concepts are listed in the subsequent rows. The first column is the sub-concept; columns elaborating the sub-concepts (example “caring,” “critical thinking,”) are placed. Each row will detail the components of one sub-concept. Details listed include the theoretical framework for

explicating the sub-concept, literature researched on the theoretical framework, and learning activities for each sub-concept.

Remarkable in its absence in the matrix were objectives and outcomes. The authors state that the process of developing the curriculum matrix took approximately one calendar year. The authors also state that they met with resistance from the faculty due to the time-intensive and labor-intensive nature of the process. But once the faculty understood the process, the motivation increased, and the matrix was also shared with other disciplines in the university for use in curriculum development and curriculum evaluation. Some benefits stated related to the matrix included the fact that it was clearly understandable especially for new faculty. The curriculum matrix was also effectively used during program evaluation. The authors state that the matrix was beneficial in identifying and tracking goals that were not met, and was a valuable tool in identifying where the improvements needed to be made.

Response to Curricular Change

Changing or revising curricula is a time-consuming, often tedious process. The impact of the development or change of curricula is mostly felt by the faculty, as they experience the process of major change. In a grounded theory study, Knight (1998) explored the lived experiences of nursing faculty going through the process of major organizational upheaval and curriculum change. The location was a College of Health in England, and the study spanned the experiences of faculty over a two year period. The nature of the change seemed to be a policy change at the national level called Project 2000. A brief description of Project 2000 would have helped understand the context of the article better. Themes that emerged were “group identity” and “disequilibrium.” Knight identified two categories of response to change among the faculty – “movers” and

"waiters." The "movers" adapted better and quicker to the changes than the "waiters" and the "movers" redefined their roles and identified with the innovations more than the "waiters." Knight also stated that the faculty went through the grieving process during the curriculum change. Faculty will experience change and resistance to change during a curriculum change. Faculty development activities will facilitate a smoother transition and reduce resistance to curricular change.

Conclusion: Rationale for Studying Curriculum Change

Sub-baccalaureate nursing education programs supply a significant number of nurses into the health care workforce. By 2020, the demand for registered nurses will be almost double the supply of registered nurses (Biviano, Fritz, Spencer & Dall, 2004). Community colleges produce about 50,000 LPNs and over 57,000 RNs each year into the workforce (NCSBN, 2008). Community colleges play a key role in alleviating the nursing shortage, and will continue to do so. Curricular changes in nursing education must be geared toward attracting a more diverse population into nursing to match the cultural diversity of the population of the United States.

Foucault (1995) stated that the history of education is the history of the exercise of power over students. Foucault's views on the history of education resonates with educators, as evidenced by the articles published (Butin, 2006; Llamas, 2006; Walton, 2005; Anderson & Grinberg,1988) with a Foucaultian affiliation. All the public two-year colleges in the ACCS adopted a standardized nursing curriculum, in which the LPN program articulates directly into the RN program. The process was initiated by the administration of the ACCS, with little input from the faculty who implement the curriculum, and no input from the students who are impacted by this curriculum. A critical

examination of the development of this curriculum will shed light on the influence of repressive and productive power and knowledge that pervaded the process.

CHAPTER III

DESIGN AND METHODOLOGY

Introduction

The research question was, “How was the Alabama Community College System’s Standardized Nursing Curriculum developed?” A single-case explanatory case study design was used to examine and describe how the Alabama Community College System’s practical nursing and associate degree curriculum was standardized. An explanatory case study is a case study that seeks answers to “how” and “why” questions about a phenomenon (Yin, 2003). This case study also fits the criterion for a “revelatory case.” Yin subsequently describes a revelatory case as a phenomenon that has been “previously inaccessible to scientific investigation” (p. 42). A curriculum change adopted by all the nursing education programs within a state’s public two-year college system fits the definition of a revelatory case, and as such revealed a wealth of descriptive data that had not been available before. This chapter provides a detailed description of the design and methodology employed in studying this phenomenon.

Rationale for Qualitative Design

My philosophical basis for choosing a qualitative design is as follows: I believe that reality is subjective and that different individuals will have different perspectives of a single event, all of which will lead to the whole story. I believe that my active involvement in the process will lend richness and depth of detail to the study, and not contaminate the findings. I believe that to be able to describe the phenomenon or to “tell the story” in its fullness, with an abundance of expression and inductive analysis, I need to be immersed in the phenomenon that I study. According to Creswell (2003), the qualitative researcher systematically reflects on how his or her personal biography shapes the

study, and acknowledges the researcher's "biases, values and interests" (p. 182). A qualitative approach was the only approach that would comprehensively address this research question.

Curriculum development, the phenomenon studied was a process that resulted in a major organizational upheaval, with far-reaching consequences. The genesis and implementation of a nursing curriculum adopted by 26 colleges throughout the state was a major undertaking. The main focus of qualitative inquiry is meaning in context (Merriam, 1998). Studying the process of developing a curriculum adopted by all the public two-year colleges of one state, cannot be achieved by a uni-dimensional, controlled, method. "How" and "why" questions posed within this research framework could only be addressed by using a case study design (Yin, 2003, p.6).

Case Study Design

A case study is an intensive analysis and description of a unit or phenomenon bound by space and time (Hancock & Algozzine, 2006). Case studies are both a process and a product: Yin (2003) describes the *scope* of case study research, which is the "process" aspect of case study: "A case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident" (p. 13). The case study as a *product* is defined by Merriam (1998) as "an intensive, holistic description and analysis of a single entity, phenomenon, or social unit (p. xiii)." A qualitative case study design would answer the "how" and "why" questions about a phenomenon, which in turn would provide a meaningful, multifaceted and multidimensional pattern to complete the picture. Such a picture that is pieced together to interpret a complex phenomenon is called *interpretive bricolage* (Denzin & Lincoln, 2003). The case study design is particularly

relevant in examining and describing the phenomenon of curricular change. Indeed, a case study design would be the design of choice that would provide a comprehensive insight into the development of this phenomenon and its contextual elements. Initially, the study was formulated with an exploratory design, but as the data collection commenced, the questions raised were “how” and “why” questions, and the research moved to an explanatory design.

Defining the case

A case is a bounded system and can be an event, a person, a phenomenon or a social unit that has specific boundaries (Creswell, 1998; Stake, 1995; & Yin, 2003). The boundaries can be temporal, such as a specific event that spans a certain period of time, or structural as in an entity or social unit in a specific location. Boundaries can also be established by the researcher conducting the case study. A case is not an event or phenomenon that has happened in the “dead past;” but rather an event or unit that has living people who were involved in the phenomenon, and are available to be interviewed as a source of data.

A single-case explanatory case study design was used to examine and describe how the Alabama Community College System’s practical nursing and associate degree curriculum was integrated and standardized. The temporal boundary was the period between the creation of the draft for the nursing curriculum, until its implementation. This is an approximately 2-year period between October 2003 and August 2005. The place boundary was the Alabama Community College System. The people studied were the individuals who had a role in standardizing the curriculum.

Design Specifics

Sources of Data

The case study design uses multiple sources of data to provide a detailed in-depth picture of the phenomenon and its context. Data for case studies are gathered typically from six different sources – interviews, documents, archival records, direct observations, participant-observations, and physical artifacts (Yin, 2003). Triangulating various sources of data increases the depth, dimensions, and richness of data, and also validates the veracity of the collected data. For this case study interviews, documents, and archival records were utilized.

Interviews

A memorandum issued by the chancellor of the ACCS revealed a committee of ten members who formed the ad hoc “Nursing Education Advisory Committee” (NEAC). The participants interviewed included the members of the NEAC, some faculty and staff members who were not part of the NEAC, and Dr. Allen, Director of Health Programs of the ACCS. The committee was headed by Dr. Allen, the newly appointed Director of Health Programs. The members of the committee consisted of six nursing program directors, two nursing instructors, one Student Services and Instructional Design expert, and the former Chancellor’s wife. The members of the NEAC, and their positions and titles at the time of selection, is listed in Appendix F.

Selection of Study Participants

The process of standardizing the nursing curriculum took place in two phases. The first phase was with the draft of the curriculum and the selection and placement of the general education courses. This process was extremely exclusive – only ten

members were selected to draft the curriculum. The selection of general education courses was done by individuals hand-picked by the chancellor of the ACCS. Several nursing leaders had volunteered to participate, they were denied inclusion. The second phase began with content development for the curriculum. The second phase was inclusive – the entire nursing faculty were invited to participate in the rest of the curriculum development activities.

Dr. Allen, the Director of Health Programs, and eight of the ten members of the Nursing Education Advisory Committee (NEAC) agreed to be interviewed. Three additional ACCS employees who were not on the NEAC were also interviewed. One of the employees was a curriculum expert who did the plans of instruction, syllabi and lesson plans for all the ACCS curricula that were standardized; the other two were program directors of ADN and LPN programs who were not part of the first phase, but actively participated in the second phase.

Documents and Archival Records

Documents gathered for this case study included memoranda sent by the Chancellor regarding the nursing curriculum, meeting agendas and minutes, notes and emails concerning the development of the nursing curriculum. The minutes of the Alabama State Board of Education meetings were also examined to verify the accuracy of information received. Archival records included personal notes and written comments made by the participants involved in the development of the curriculum. Newspaper and other media releases, court and judicial reports, and research reports by government agencies also were sources of data.

Process of Data Collection

Case Study Protocol

The first step in the data collection process was to develop a case study protocol. A case study protocol is an invaluable tool for a beginning case study researcher as it guides the researcher through the process of data collection. Yin (2003) offers the following suggestions for a case study protocol. A case study protocol should include an overview of the case study project, field procedures, and case study questions. Case study questions are the specific questions that the researcher must bear in mind while collecting data. This is not to be confused with the survey or interview questions that the researcher asks the participants. Case study questions are posed to the researcher, and serve as a reminder about the type of data and the rationale for collection of the data. Two levels of case study questions were documented in the case study protocol. Level-one questions were the actual questions posed to interviewees, and are the most specific and focused. Level-two questions were the questions present in the researcher's mind that would be answered when the interviews were analyzed. My case study protocol (Appendix A) outlined an overview of the case study, detailed the process of data collection, the sources of data, questions for the interviewees, case study questions that I would ask myself in the process of gathering and reporting the data, and outlined the analytic strategy for the case.

Entrée and Approval

Prior to interviews, I contacted the Chancellor of the Alabama Community College System (ACCS) requesting permission to interview employees of the System and to review records. My being an employee of the ACCS gave me entrée into the setting. Two serendipitous events set the data collection process off to a good start.

During a visit to another nursing program, the director of that program gave me a copy of the original memorandum sent by the chancellor which had the names of the Nursing Education Advisory Committee (NEAC), who were charged with drafting the nursing curriculum. The very next day, a chance meeting with the chancellor of the ACCS when he visited my school resulted in expediting the approval process – within a few days, I received permission to interview ACCS employees and to review records related to standardizing the nursing curriculum (Appendix B). Armed with the letter of permission, I began identifying and contacting the key players in this process.

I contacted the members of the NEAC created by Chancellor Johnson to formulate the curriculum. Allen, the Director of Health Programs for ACCS headed the team of 10 members listed in the memo (Appendix C). I also contacted some of the key players who were not included in the initial development process. Inclusion of some of the individuals who were not a part of the NEAC was relevant as they could provide an "outsider" perspective. I was able to interview Dr. Allen and eight out of the ten members of the original curriculum committee. One of the two who was not interviewed had time constraints, and the other member, the wife of the former chancellor, was not available to be interviewed.

Interview Logistics

Interviews were conducted over a five-month period starting December 2007 and ending April 2008. Initial contact was made to all the interviewees by email. I attached the introduction to the study letter and a sample consent form and requested a date and time for an interview, at a location that they would choose. In the meantime, I also requested the participants to give me any records in the form of memos, notes, photographs, or any thing that they had that pertained to the curriculum development.

Although given a choice of location, all the ACCS employees chose to be interviewed in their offices or a conference room adjacent to their office; one retired employee chose the coffee shop of a local bookstore as the location for the interview. The fact that all the ACCS employees chose to be interviewed fairly openly and in their offices indicated that they did not fear repercussions from the interviews. The letter of permission from the chancellor's office provided no small measure of reassurance to the participants.

The interviews conducted were audio taped using a digital recorder as the primary recorder. In addition, I used a second digital recorder as a back-up recorder and a micro-cassette recorder as a second back-up in case the other two malfunctioned. Both digital recorders were turned on for each interview. In order to establish a timeline and verify dates, I carried calendars from 2000 to 2008 with me. I carried copies of the consent forms, copies of the introduction to the study letters, and copies of the letter of permission from the Chancellor's office. I wore a name tag to indentify myself to the interviewees.

Data Collection Process

Being a nursing program chairperson of a college within the ACCS, I was acquainted with all the interviewees, but introduced myself as a doctoral student and explained the purpose of the interview. I gave the participants a copy of the Chancellor's permission for the study, the introduction to the study letter and color-coded copies of the consent form and gave them an opportunity to read it. I also offered explanations or clarifications as needed. Most of the participants needed clarification, or indeed reassurance, regarding confidentiality (see paragraph on protection of human subjects for further information regarding confidentiality). After the consent forms were read and signed, I collected any records that they had for me and put them in my data collection

satchel. Then I turned the recorders on and began the interview. When the interview was completed, many participants invited me to “sit and visit a bit,” before I left. I recorded my field notes in my car before I left the location.

Each interview began with an explanation of the purpose of the interview. The initial interview question was for the participant to describe how and when the participant first heard about standardizing the nursing curriculum. The interviews were largely unstructured; however, the conversation was guided based on the following broad interview questions: (a) how did the idea develop? (b) What were the motivators for it to develop, who stands to gain, and how? (c) What was the time frame involved in the development of the idea? (d) What was the process of developing the SNC? (e) Who was included in the decision making process? (f) Who made the decision to include the person(s)? (g) What were the criteria used to select the persons?

The direction the interview took was largely determined by the person who was interviewed: the interviewee spoke at length on what was most important to her/him regarding the phenomenon. This resulted in a rich and “thick” description of the phenomenon, laced with the unique perspective of each participant. Qualitative research is essentially research of words (Miles & Huberman, 1994). Open-ended interviewing techniques yielded data rich in participant perspective and individual experiences. Data gathered from the interviews also validated the timeline and story line of the phenomenon, when triangulated with the documents and records.

Evolution of the Study Focus

The initial focus of the researcher was on how the Standardized Nursing Curriculum (SNC) was formulated. However, the interviewees took a different trajectory in their reminiscing, choosing to talk about their perspectives about the curriculum, and

its strengths and weaknesses. In the initial interviews, participants talked about the advantages touted in the memoranda issued when the committee were given their charge, and the fact that those advantages never came into fruition. This facet was added to the subsequent interviews, as this seemed to be a significant aspect of developing the SNC. This feature is characteristic of qualitative case studies – the case is defined and redefined, and the researcher follows where the data leads her. (Wolcott, 1994; & Merriam, 1998).

The audio taped interviews were converted into digital audio files. The digital audio files were copied and transcribed into text files. The transcriptionists had previously signed confidentiality agreement statements (Appendix D). The transcriptionist emailed the transcribed text and returned the CD to me. The transcriptionist also deleted all of the text and audio files from their computers. The transcript was then printed and a paper copy was mailed to the participant with a cover letter (Appendix E) and a reply-paid envelope.

Field Notes

Field notes were audio taped immediately after each interview. Field notes included the researcher's impressions, observations made during the interviews and the conversations the researcher had before the recorder was turned on and after the recorder was turned off. The field notes were saved in the researcher's personal computer in the form of audio files.

Methods to Ensure Rigor, Reliability, Validity

The intent of all research is to produce valid and reliable data through ethical means (Merriam, 1998). There are extensive, carefully thought-out and highly specialized methods of assessing the rigor of quantitative data. But the analysis of

quantitative data is through the analysis of numbers; the analysis of qualitative data is through the analysis of words (Patton, 2004). This process requires reconsideration of the assessment and assumptions regarding rigor. But this does not mean that qualitative data do not lend themselves to rigor. Sandelowski (1993) states that rigor in qualitative research is "less about adherence to the letter of rules and procedures than it is about fidelity to the spirit of qualitative work" (p.2). The strength of a qualitative case study can be enhanced by assessing for reliability and validity. The methods used to ensure rigor for my study are based on Yin's (2003) criteria for judging reliability and validity in case study research.

Bias and Ideology

In qualitative research, the investigator is the research instrument. The researcher can never realistically achieve true objectivity: in fact, in qualitative research, subjectivity is freely acknowledged and sometimes exploited. The research questions that I posed for this study reflected my values, beliefs and assumptions. However, a research project still needs to be credible, trustworthy, dependable, and confirmable (Yin, 2003).

With subjectivity comes bias. Polit and Beck (2004) state that "decisions about research design and research approaches are not value-free," and that research questions may be "ideologically driven" (p. 246). I was aware that I would be viewing the project as an insider as well as an outsider. I was an insider because I was an employee of the ACCS and actively participated in the content development aspect of the curriculum development process. I was also an outsider as I was not a part of the Nursing Education Advisory Committee (NEAC) and was not involved or even aware of, the initial drafting of the nursing curriculum.

The dilemma of personal ideologies and biases were discussed by the researcher with the dissertation committee, and measures for maintaining rigor in this intensely personal and engrossing project were identified. After the first interview, the interview transcript including my comments and field notes was sent to the chairperson of my dissertation committee. My chairperson analyzed the transcripts and my comments, and identified the biases that were evident in my comments. I read the critique regarding my field notes, and in the context of the critique, re-read the transcript. The subsequent data, collected after emergent realization of my bias, was approached with more objectivity. To ensure continuing rigor, all the interview transcripts which included my comments were read by the dissertation chairperson and assessed for bias. The transcripts were also sent to another member of the dissertation committee with expertise in case study design, for critiquing. On receiving the committee member's feedback, the transcripts were re-read in the context of the comments made, and by this iterative process, I was able to identify my biases and approach the data analysis with more objectivity.

Reliability

Yin (2003) states that the "goal of reliability us to minimize errors and biases in a study" (p. 37). Yin suggests using the following to enhance reliability of case study research: developing a case study protocol and developing a case study database. The case study database should be detailed enough that if an auditor were to follow the researcher's case study protocol and conduct the *same case study*, the auditor should arrive at the same findings. The case study protocol is a significant method of ensuring reliability for the research. The protocol serves as a guide for data collection for the

investigator. It keeps the researcher focused on the subject of the case study, and helps anticipate problems. The protocol also offers guidelines for the case study report.

A case study protocol (Appendix A) detailing the data collection steps was created prior to collecting data. The case study protocol, combined with recorded data, provided an audit trail that enhanced the reliability of the data. Field procedures in the protocol described in detail the tasks involved in gathering data, including how to gain access to key organizations and interviewees, materials needed while gathering data, interviewing and taking field notes, procedures to get assistance from case study experts if needed, and developing a schedule, including a timeline, for data collection. Field procedures also included provisions for unanticipated events, for example an interviewee refusing the interview, or equipment breaking down.

A case study database, when created, will enhance the reliability of the study by providing an audit trail. For this study, a case study database was created. All the interviews and field notes were recorded. Copies of all documents and records that were availed for this research study are available with the researcher.

Validity

Validity in case study research can be enhanced by using three methods: Construct Validity, Internal Validity and External Validity. Construct validity, which is most challenging in case studies can be enhanced by careful attention to data collection techniques. Internal validity in case study research can be enhanced by proper analysis and interpretation of case study data. External validity generally refers to the extent the research findings can be generalized. In a qualitative single-case case study, the test of external validity is if the findings can be transferrable to similar process, and theoretically generalized.

Construct Validity

The construct validity of the data collected can be enhanced by using multiple sources of data. This triangulation of data sources will increase the veracity of information gathered from the multiple sources. In this case study, the process of how the nursing curriculum was standardized was examined. The data included participant interviews, which were verified by official memoranda issued by the ACCS, copies of minutes of meetings, copies of emails, and personal notes made by the participants. All of these sources of data were triangulated to form a chain of evidence. All data could be verified since records were maintained, either as hard copies or electronically. I conducted member checks by sending the transcribed interviews to the participants ("members") and inviting them to comment and suggest changes. Three participants responded with minor grammatical changes and changes in some dates and times. Interpretation remains my own at this point.

Internal Validity

Internal validity can be maintained and enhanced in a single-case explanatory design by meticulous analysis of the case study data. One of the methods of enhancing internal validity is by a process called "pattern matching" (Yin, 2003). Post-hoc pattern matching was also performed for specific findings in the data. For example, in this case study, the NEAC was an ad-hoc committee created and given the task of creating a curriculum for nursing, and they were given 3 days to achieve that task. To analyze the dynamics of how the NEAC evolved as a group, a group dynamics theory was utilized, and the process of group development in the committee was compared to see if it fit the theory of development of small groups. The curriculum development process was also

compared to published curriculum development processes to determine how the actual process compared to the theoretical process.

External Validity

External validity will be established if the findings of my case support the theory that frames it. The theoretical framework for this study was critically oriented, and based on Foucault's theory of Power and Knowledge (Foucault, 1977). The analyzed data was compared to the theory of Power and Knowledge for congruence with the theory. This technique will enhance the external validity of qualitative case studies, and is also referred to as analytical generalization.

Protection of Human Subjects

A significant source of data for this study was gathered through interviews of study participants. The individuals who participated in this study were past or present Alabama Community College System (ACCS) employees. Potential risks for participants who may express opinions that are critical of the Standardized Nursing Curriculum, which may potentially jeopardize their careers, were made clear to prior to the interview, and was also stated in the informed consent form (Appendix D). The researcher was also placed at a similar risk, being an employee of the ACCS herself. However, confidentiality and the letter of approval from the chancellor provided some safeguard. The participants' choosing their offices as the venue for the interview demonstrated their comfort level with being interviewed.

Informed Consent

Signed informed consent (Appendix E) was secured from all participants, and all participants were assured of confidentiality. The consent form gave a brief overview of

the purpose of the study, outlined the risks and benefits involved in participating, and gave the contact information of the researcher, the dissertation chairperson and the University Compliance Office. The form also gave the participants the option to reveal or not reveal their identity.

Confidentiality

Because of their public visibility and involvement in a state education department, all the ACCS employees (past or present) who participated in the research were asked to be identified to the researcher to verify their interface and role with the system. Only the researcher knew the names of the respondents, with only one record linking names to ID numbers. The subject of confidentiality versus anonymity had been discussed by the researcher and some members of the dissertation committee. The persons being interviewed were past or present state government officials. According to the Code of Federal Regulations (2005) Title 45, part 46 Protection of Human Subjects (page 2), paragraph (b) (3): "Research involving the use of … interview procedures, or observation of public behavior that is *not exempt* under paragraph (b)(2) of this section, if: (i) The human subjects are *elected or appointed public officials or candidates for public office*" [emphasis added]. Two separate informed consent forms were created, one for state government employees, and one for non-employees. The University IRB of the however, recommended that a single consent form be used, as anonymity could not be guaranteed, while confidentiality could. A single informed consent form was subsequently used.

Out of the 12 total participants, 7 chose not to reveal their identities, and five chose to reveal their identities. However, since the size of the Nursing Education Advisory Committee is small, the participants could potentially be identified by the

process of elimination. Therefore, the researcher made the decision to not to reveal the identities of any of the nursing faculty when citing and quoting their interview transcripts. The retired Director of Health Programs and the Assistant Director of Career and Technical Education had chosen to reveal their names in their informed consent statements; their identities were revealed in this study.

Minimal Risk

Participation was voluntary, with no consequences for those who chose to not participate in the study or withdraw from the study. Verbal and written explanation of the study was provided prior to obtaining necessary consent and a copy of the explanation and appropriate consents were given to participants along with researcher contact information (Appendix E). No other protection measures were required.

Storage of Data

The transcribed interviews were converted into digital audio files identified by ID numbers only and saved in a password-protected location in my personal computer. The interview was then erased from the recorders. Each audio file was also saved onto a CD and stored in a locked cabinet in the researcher's home which was accessible only to the researcher. The transcribed text file was read and all names of the participants were replaced with ID numbers. The transcribed texts were then printed and mailed to the participants for editing, with a cover letter (Appendix G). Once the edited transcript was received, the changes were made on the text files. The original document with the edits was stored in a locked file cabinet for three years in the researcher's study, accessible only to the researcher.

Consent forms are stored in a locked file cabinet in the office of the College of Nursing for three years. Copies of the consent form would be stored in the researcher's

study in a locked file cabinet for three years following the end of the study. Audio files will be stored with the researcher in password-protected computer audio files for 10 years, and all audio files will be removed from hard drives or other storage devices before disposal of such equipment. While participants' exact words were used in reporting of findings, the names, location and other potentially identifiable information related to state employee informants and others who chose not to be identified were not revealed, but were attributed to a general category typology such as "a participant." The letter stated that if I did not receive the transcript with edits within 10 days, I would assume that the interview did not require any edits. Of the 12 transcripts that were mailed, only three were returned with edits. The edits were largely minor grammatical edits. One participant changed some names and dates after verification with her personal notes.

Data Analysis

Introduction

In qualitative research, data collection and analysis occurs concurrent and ongoing. The case study protocol was created prior to data collection, and the protocol included analytical strategies as well. The interview questions were modified based on responses to earlier questions and questions that were generated by the data. The researcher is the primary instrument for analysis of qualitative data (Denzin & Lincoln, 2003; Merriam, 1998; & Stake, 1995). The analytical techniques utilized in this case and a description of the analytical methods follows in the subsequent paragraphs.

Data Reduction

The first step was to describe the data. A major challenge was the vast amount of data, which is generally so in qualitative research. A significant dilemma in analysis was deciding which data were relevant to the case studied; excluding data that were not relevant to the case study was accomplished with extreme reluctance. The reduction and "winnowing" (Wolcott, 1994) of data was among the most difficult processes. The data was first displayed in a chronology of events (Appendix J). Two separate story lines emerged from the data – the story lines were then described and authenticated with quotes from the transcribed interviews and from the documents and records. The description and analysis flowed and overlapped each other, so they were not separated. Patterns emerged when the chronologically categorized data was viewed again.

The next phase in analysis was the interpretation of data. The analyzed data was further re-examined, and the emergent themes were compared to the theoretical framework. The group processes that emerged from the data were compared to group dynamics and group behavior theories for small and large groups, for fit to those theories. The curriculum development process was compared and contrasted to a published curriculum development process.

Transformation of Data

Wolcott (1994) describes the process of analysis of qualitative data as "Transformation of Data." Wolcott identifies three ways of transforming qualitative data – *Description*, *Analysis* and *Interpretation.* The analyzed and transformed data were classified using the methods expounded by Wolcott in the next chapter. There are no specific boundaries between description, analysis and interpretation of data – the analysis flows from the description, the interpretation flows from the description and

analysis, and often, the description will be the analysis and interpretation also. The description, analysis and interpretation therefore will have some cross flow and some overlapping of information.

Analytical Techniques

The analytical techniques used on the data gathered for this case study include the following techniques: Categorical Aggregation (Stake, 1995), Time-ordered Displays (Miles & Huberman, 1994), Content Analysis (Patton, 2002; Stake, 1995; Merriam, 1995.), and Pattern Matching (Yin, 2003). The subsequent paragraphs detail each technique that was used in transforming the case study data. It is important to stress that these are analytical techniques; the researcher is the primary instrument of analysis, since the researcher describes, analyzes and interprets the data using these techniques.

Categorical Aggregation

Categorical Aggregation is a method of reducing and collapsing qualitative data (Stake, 1995). The data collected is scrutinized repeatedly until categories emerge; the data is then clustered under each category. The interview transcripts were read repeatedly. Key phrases were highlighted in each of the transcripts with my comments on each highlighted phrase or concept. The highlighted transcripts were also read by the dissertation chair and one other member of the committee. When their comments were received, the transcripts were re-read and the words were analyzed in the context of the committee's comments. The highlighted phrases were read yet again, and categorized under headings. The phrases were written on post-it notes, and stuck on the walls of my study. The post-it notes were then arranged into clusters, and re-arranged until meaningful categories were created. The initial clustered categories included "emotional reactions," "verbalizations of NEAC," "the chancellor's charge," "response to chancellor's

charge," "admission criteria," "spousal roles," "stated gains," and "unanticipated gains." The category "verbalization of NEAC" was further sub-categorized based on the committee's evolution from the first day to the third day of the 3-day meeting.

Time-Ordered Displays

Ordering data chronologically or clustering data by time and sequence will help link sequences of events in chronological order and identify patterns of "what led to what, and when" (Miles & Huberman, 1994). This technique was used to create a timeline of events for the development of the nursing curriculum. Patterns emerged from this chronology that was linked to the chancellor's career trajectory and the changing leadership in the ACCS.

Content Analysis: Themes

Content analysis was the method employed to identify themes and name the themes. Content analysis is the reduction of "text" data or words, to a matrix of codes (Ryan & Bernard, 2003). The first interview was read repeatedly and categorized into codes. The codes were further categorized into a matrix of broader headings, and through this iterative process, themes emerged. The emerging themes and patterns were further refined by validating with other data sources like documents and records. The process was repeated with each subsequent interview, and as new themes emerged, they were added to the matrix as well. The analytical findings of the researcher were also refined by discussing the findings with the dissertation chairperson and committee members who possessed expertise in case study research.

Pattern Matching

Another technique used was pattern matching. Yin (2003) describes pattern-matching logic as one of the "most desirable techniques" of analysis in case study research. In pattern matching, the empirically determined patterns that emerge from the data are matched to a predicted pattern, for example a theory of group development. The strength of the findings is enhanced by a good match between the empirically determined and predicted pattern. The theoretical framework underpinning this study was Foucault's critically oriented theory of Power and Knowledge. As the data was analyzed further, the stages of development of the NEAC as a cohesive group were matched with a theory of small group development; the participation behavior in the curriculum development process was matched with Reactance Theory; and the empirically determined curriculum development process was matched with a predicted curriculum development process.

Conclusion

The data for the case study was gathered using multiple sources of data. Triangulating sources of data resulted in making the data multifaceted, which the researcher as a *bricoleur,* pieced together to make the pattern or story as complete as possible (Denzin & Lincoln, 2003). The research study was assessed for validity and reliability. The researcher as the primary instrument of analysis carefully examined her ideology and biases to safeguard from obscuring the veracity of the findings.

CHAPTER IV

FINDINGS: THE STORY

To at least come together and devise a plan. Not to obviously come up with a statewide curriculum in three days, but at least come together and develop a plan that all the schools could sort of build a skeleton on...(Interview # 9, 2008, lines 136-138)

The research question was, “How did the Alabama Community College System standardize its RN-PN curriculum?” The analysis in a case study consists of making a detailed description of the case in its context or setting, including establishing a chronology or “time line,” developing a story line, and detailing the background or the context. This chapter will present the description and analysis of the data; the interpretive findings will be presented in chapter 5.

The story of the development of the curriculum that emerged through analysis of data was different from what was preconceived. But before the story unfolds, a brief description of the Alabama Community College System and its key players will help set the stage for this process.

The Alabama Community College System

The Alabama Community College System consists of the state’s two-year colleges and Athens State University, Alabama’s only two-year “upper-division” university which offers upper division courses towards various baccalaureate degrees. The Department of Postsecondary Education, the governing body of the Alabama Community College System, was established as a separate department in 1982 by Act No. 82-486 by the Alabama Legislature. The administrative authority of the Department of Postsecondary Education is the Alabama State Board of Education, presided by the

Governor of Alabama. The Alabama College System changed its name to the “Alabama Community College System” (ACCS) in January 2008. The System will be referred to as Alabama Community College System (ACCS) throughout this dissertation. Throughout this dissertation, the phrase “Postsecondary Education” refers to education beyond high school and below the baccalaureate level.

Dramatis Personae

The key players of the ACCS presented are those who were instrumental in standardizing the curricula during 2003 – 2004 years. Appendix F gives a brief description of the key players and their job titles within the ACCS during the standardization of the curricula. Appendix G illustrates the organizational chart of the System. The job title and positions listed in the table are as of 2003, during the standardization of the nursing curriculum. Some of the job titles, employment statuses and positions have changed since then.

Timeline

The time line was established based on the reflections and recollections of the participants, and verified with documents like memoranda, emails, and meeting minutes. Records like personal notes made by participants were also used to verify dates and times. The next few paragraphs offer a brief description of the chronological sequence of events that led to standardization of the nursing curriculum. A table summarizing the time line is presented in Appendix J. The description is a result of the analysis of the gathered data after it was subjected to an intense scrutiny. The narrative is not in exact chronological order; rather the narration is driven by the data, and by the internal logic of the events (Wolcott, 1994). To gain a better understanding of the curriculum revision, we

must go back in time to the previous curriculum revision that took place about 3 years earlier.

Prologue – the Common Course Directory

In 1999, the ACCS converted its academic calendar from quarters to semesters. The conversion of quarters to semesters resulted in a major curriculum revision, which resulted in purging the system of many redundant and duplicated courses. But after 1999, faculty continued requesting additions of courses to the directory, and as a result the directory continued to grow “like the Constitution” (Allen, 2008, line 109). In 2003, when the nursing curriculum was being standardized, there were several combinations of duplicated courses that could be offered for associate degree and practical nursing programs, including several choices of general education classes, electives, and prerequisites.

Many of the members of the nursing faculty were involved in the curriculum revision activities, or had heard horror stories of the stress that those participants went through: “I remember... the department chair at that time, how aggravation was a part of her life at that particular time... she stayed stressed out all the time...” (Interview # 5, 2008, lines 353-355). The previous curriculum revision was implemented in 1999. Most of the educators had barely recovered from the fatigue of the process of curricular revision, and were beginning to get acclimated to the current curriculum. Another curriculum change of major proportions was viewed by the nursing faculty with marked disfavor:

> And it would have been nice if we weren't reinventing the wheel five years into reinventing the wheel. Because we just went to semesters in ‘98 with a brand new curriculum, and we were just beginning to get trended data on that

curriculum, when all of the sudden we were faced with a new curriculum. (Interview # 12, 2008, lines 596-599)

The Beginning

Standardization of curricula for the ACCS began in January 2003. The initiative was envisioned by Johnson, the chancellor of the ACCS, and spearheaded by Matthew Hughes, who was at that time the Director of Career and Technical Education for the Department of Postsecondary Education. Hughes consulted with and formed a contract with an outside agency to begin the process. Laton, who was instrumental collaborating with the nursing faculty in developing the course content for the nursing curriculum, was one of the consultants. By the end of the year, a Curriculum and Instruction Unit (CIU) was created as separate department under the Career and Technical Education Department. Laton and two other consultants were offered, and accepted jobs in the Department of Postsecondary Education.

The Standardizing of curricula began in areas of study described as high-skill, high-demand and high-wage career technical programs, such as automotive, computer, electrical and electronic technology programs. In May 2003, Allen, the newly hired Director of Health Programs was charged with developing a standardized nursing curriculum. Under the guidance of the chancellor, Allen formed an ad-hoc committee called the Nursing Education Advisory Committee (NEAC). The NEAC consisted of experts chosen by Dr. Allen representing 7 of the 28 colleges in the Alabama Community College System (Appendix H), and in October 2003, the committee drafted a standardized associate degree and practical nursing curriculum.

In the next phase of curriculum development, Dr. Allen collaborated with Laton, the curriculum expert consultant, and formulated a plan for developing the content for

the nursing curriculum. Content development for the nursing curriculum took place in two steps: in January 2004 and April 2004. The admission criteria were standardized in June 2004 and the philosophy and conceptual framework was developed in January 2005. The curriculum was piloted in August 2004, and implemented by all the nursing programs within the ACCS beginning August 2005.

Standardizing the Nursing Curriculum: A Two-Act Drama

The time-ordered display of data revealed that the events unfolded in two separate Acts. The first Act was the process of formulating the draft of the curriculum and selection and placement of the general education courses that were a part of the curriculum. There were fewer players in this Act, but the process was fraught with emotions and tensions. The second Act involved the allocation and refinement of the content for the curriculum, standardizing the admission criteria, formulating the philosophy, and piloting the program. The second Act had considerably more players, and was laden with intense passions as well. Two separate story lines emerged from the time-ordered display of the data as well – the story of the administration, the players who orchestrated the curriculum development, and the story of the committees that developed the curriculum. The events as they unfold will be narrated from the perspective of these story lines.

Act One: The Dreaded Draft

Dr. Gay Allen came to the Alabama Community College System (ACCS) in May 2003, when she was appointed as Director of Health Programs. Allen had been employed by the state of Alabama as the Director of the School Health Programs for the state's K-12 system. When she was appointed Director of Health Programs, she was

also appointed Acting Dean of the Health Sciences Division for Southern Union State Community College, whose Dean had retired.

Initial Reaction: "You could have sucked the air right out of the room..."

Allen recalls meeting with the Chancellor Dr. Roy Johnson about a week after she started in her new position. The Chancellor promptly gave her the task of standardizing the nursing curriculum for the entire state. This was Allen's response to the Chancellor's charge:

> I started to work for the two-year college system in 2003, and had only been on board about a week when the Chancellor... asked me to come to his office. And so I went in and we chatted about some of the things I would be doing, some of the things that he wanted me to be involved in. And the first thing he said that we had to tackle was to standardize the curriculum for all our nursing programs, and you probably could have sucked the air right out of the room because I was like, "Oh no," cause it seemed like such as massive undertaking. There were 41 programs, I believe, if my memory serves me correct. And he said that... we shouldn't have 41 different versions... for a person to become a nurse. (Allen, 2008, lines 5-13)

Johnson also outlined the rationale for standardizing the nursing curriculum. Some of the outcomes expected from standardizing the nursing curriculum included facilitating upward mobility for licensed practical nurses (LPN) and registered nurses (RN). He wanted the curriculum to facilitate LPNs to transition to RN, and for RN graduates to transition to baccalaureate programs. Another goal expressed by Johnson was facilitate transfer of courses from college to college, in the case that a student needs to transfer schools:

> [In] May of 2003... [the Chancellor] shared his ideas, and that he expected that to be done as soon as possible, and that would be the first thing on our plate. ... he wanted one philosophy with shared objectives. He wanted to have, not only the curriculum to be standardized, but the admissions process to be standardized. He wanted to have transparent articulation agreements between colleges should a student have to move. He wanted the courses to be continually improved and revised as necessary to meet the needs of healthcare industry. (Allen, 2008, lines 25-31)

Allen describes her reaction to the chancellor's charge: "I remember walking out of his office and sort of taking a deep breath, and going, "What have I gotten myself into," because it seemed so huge. It was just a huge task..." (Allen, 2008, lines 16-18).

Not a "Kumbaya Love Fest..."

Allen was well aware that bringing a group of opinionated, passionate, committed and extremely vocal nurse leaders from across the state to standardize a nursing curriculum would be a monumental task. She described having a "brainstorm with herself" about how to get such a massive undertaking launched. She had an insight into the reactions of the faculty of the nursing programs: "...I knew that anytime you start tinkering with people's curriculum you are going to be stepping on toes, and its not going to be, you know, Kumbaya love fest, its just going to be a mess..." (Allen, 2008, lines 18-20)

The Chosen Ones: The Secret Committee

Rumors about a curriculum change were beginning to circulate among the nursing faculty of the ACCS. It came from some of the nursing program directors who had attended an Alabama Board of Nursing Summit in the early part of 2003. The

rumors were confirmed during the meeting of the Alabama Council for Associate and Professional Nursing Educators Panel (ACAPNEP) on October 2003. ACAPNEP is an organization of all nursing educators of registered nursing programs at the baccalaureate and sub-baccalaureate levels for the state of Alabama. ACAPNEP meets twice every year in Montgomery, Alabama. At the ACAPNEP meeting, some of the nursing program directors acknowledged to having being invited to serve in an advisory committee to change the curriculum. ACAPNEP had two separate councils – one for associate degree nursing and the other for baccalaureate nursing. The members of the associate degree nursing council solicited their chairperson to request representation in this committee. The chairperson of the Associate Degree Nursing Council requested a seat in the committee to represent the ACAPNEP, but was denied entrée into the committee. The committee was then believed to be a "secret committee," (interview # 5, 2008, line 16) and speculations about the curriculum development activities began.

A memorandum dated 9/16/03 (Appendix C) was sent to the presidents of the colleges of the members of the Nursing Education Advisory Committee (NEAC). The memo requested the college presidents to grant specific employees release time to travel to Montgomery, Alabama to participate in a three-day meeting to formulate a standardized nursing curriculum for the system. Some had heard rumors about forming the NEAC while for the others, the memo was the first intimation. "I don't think any of us had any idea when we got this letter what we were getting into or what it would actually involve" (Interview # 7, 2008, lines 14-15). Another participant stated, "We just got brought in, and we were told, looked in the eye and said this is what you are going to do, [It] wasn't something we wanted to do, wasn't something we volunteered to do" (Interview # 4, 2008, lines 172-182). Yet another participant stated:

> I received a letter from Dr. Allen at Postsecondary sometime in early October that said I had been appointed to a standardized curriculum committee for nursing, and that we would be meeting toward the end of October over this three-day period. And I did not really understand what that meant. (Interview # 5, 2008, lines 5-8)

The newly chosen members of the NEAC were conscious of the fact that they were selected out of forty-one nursing programs in the state. They were equally sensitive to the fact that there were several well-qualified nursing leaders who were not chosen to be on this committee.

Seeking a Reason for Being Chosen: Why me?

Many of the members of the NEAC speculated on how they were chosen. The memorandum sent to the college presidents merely listed the members of the committee; it did not give a rationale for selecting the members. When asked, the participants speculated about the reasons they were selected: “I always thought that's the way I happened to be on the committee, that [my college president] recommended me” (Interview # 12, 2008, lines 24-25).

> ... People were selected for that particular committee was based on some recommendations ... about track records of programs. Problems that programs had... and the successes after those problems, because if you stay in this business long enough you are going to go… in a valley, and peak and go back in a valley ... And I think I had been in a series of those situations where, I had been in a valley, I knew how to put steps into place to make things work, to bring a program up to where it needs to be. And I believe that's how my name came up. (Interview # 6, 2008, lines 23-30)

I think maybe that was because Dr. Johnson had been president here, and Allen was here, and. [Our school] was one of the biggest, I think... I don't know how the selection process was made. (Interview # 7, 2008, lines 159-162)

...My experience... And the fact that we were doing... learning styles and student success, technology ...those experiences could help in the curriculum development and bring a little different perspective to it... from that aspect. (Interview # 8, 2008, lines 30-33)

...honestly, the reason... why they had so many people [from my school], is because we at the time, we were doing a one plus one curriculum. ...I know we did catch a lot of flak, for lack of a better term, about having so many people on the committee from here. Other comments were made by other schools and other faculty members ... wanting to know why we were... the chosen ones... (Interview # 9, 2008, lines 42-55)

...how I felt about it was, the way it was presented... was that there were ...nursing programs in the system who were not doing as well on state boards... There were other schools who seemed to consistently have better scores on the NCLEX exams. ... the purpose was to get these [successful] programs... to look at what were we doing... and kind of do some brainstorming... (Interview # 10, 2008, lines 14-20)

In her interview, Allen revealed that she had traveled and visited other schools, studied National Council Licensing Examination (NCLEX) results, and attempted to

identify the leaders of the system. Convenience and geographic location of the schools also played an important role in selecting the participants. None of the speculations from the NEAC about the reason for being chosen included geographic location.

> ...we knew we couldn't start with all 41 around the table, and we knew that it would not be popular to only invite a small portion to start the process. We knew we would catch some grief over that, and we did. ...the plan was just to get some of those leaders around. ...another thing, we were trying to get people who could come in very easily for day meetings without the expense of a lot of per diem to colleges. (Allen, 2008, lines 68-74)

The following schools were represented, from north to south: Calhoun Community College, Gadsden State Community College, Bevill State Community College, Shelton State Community College, Southern Union State Community College, Reid State Technical College, and Alabama Southern Community College. Appendix K illustrates the geographic areas from which the NEAC members were selected. There was one representative from each school with the exception of one school, there were 4 members representing that school in the NEAC. Johnson had been president of that community college prior to his appointment as chancellor of the ACCS. On being asked, Allen offered her reason for selecting 4 representatives from the chancellor's former school:

> Mostly convenience... [I was appointed] to serve as the interim dean at Southern Union... I was commuting back and forth from Montgomery to Southern Union several times a week, as well as still maintaining those responsibilities in the Montgomery office to be the Director of Health Programs. So based on that commute back and forth, I knew some of the leaders in the Southern Union

> college, and started involving them in the process. So, it was more convenience, rather than anything else. (Allen, 2008, lines 62-68)

It may have been convenience, but the seeming over-representation from one school, which also happened to be the chancellor's former school, had a powerful impact on the rest of the NEAC: "I heard, and this may be a negative thing, but I'd heard that there were some comments that there were so many [of Johnson's school] folks there" (Interview # 7, 2008, lines 159-162). Other comments included:

> I do think that one school was over-represented, and that was [Johnson's school]. Because, like I said, you had two chairs, and you had a counselor person who don't have, I hadn't never seen her in none of our nursing meetings before. And then when I understood she was introduced as Dr. Johnson's wife, I went well! – you know. So yeah, I really felt like there was over-representation from one particular entity. (Interview # 6, 2008, lines 88-92)

> And I will have to say, one of my first thoughts was why are there so many people from [Johnson's school] here. ...I just thought why are there ...one [representative each] from the other schools but there were several people from [Johnson's school]... I just remembered that being one of my thoughts. (Interview # 10, 2008, lines 62-66)

> I felt like there were... four from ... Dr. Johnson's home school. And I felt like he knew them better than he knew the others, and he just basically picked many of them to be on the committee because of familiarity with them. (Interview # 11, 2008, lines 22-25)

An undercurrent of hostility (perceived or real) was felt by the faculty representing the chancellor's school as well:

> ...the reason [my school] was hit kind of heavy on the committee, why they had so many people, is because we at the time, we were doing a one plus one curriculum... Where the PNs would just simply stay in track if they chose to or come back one more year for. So, we were a little bit... We were doing an integrated curriculum... because I know we did catch a lot of flak, for lack of a better term, about having so many people on the committee from here. Other comments were made by other schools and other faculty members about us that, you know, wanting to know why we were on the, the chosen ones, if you want to say it that way. (Interview # 9, 2008, lines 42-54)

> I remember thinking that it was going to be a stressful day. And I felt like we were already thought of in a negative way by the other committee members because once we kind of walk in as a group, and I felt like they thought we were there to take over, and make the state do what [my school] did. And that was not the case. But I think that's how we were perceived. We were coming in, and we were going to show them how to do it. (Interview # 9, 2008, lines 92-96)

The Ones Not Chosen: "We Actively Hurt their Feelings..."

The nursing leaders were aware that just as mystifying as their reason for being chosen, was the reason others were not chosen. There were other leaders within the system who were as qualified as they were who were excluded from this committee. They knew that there would be negative feelings about that. "...we actively hurt the feelings of the schools who were not involved..." (Interview # 9, 2008, lines 308-309).

> When you look at the expertise in the system, there's a lot of expertise... And so why did these ten people get selected and not [any] other ten people? I don't know... if Dr. Roy Johnson, the chancellor at that time, had a reason to his madness. (Interview # 8, 2008, lines 302-309)

> ...the biggest problem was what was happening with everybody else that wasn't in those meetings... they were hearing bits and pieces of things and they were feeling left out, rightly so. And they were feeling like... their opinions weren't being represented, because how could they be, they weren't there! (Interview # 5, 2008, lines 161-168)

It was with mixed emotions that the members of the NEAC packed their suitcases to set out for what would be an unusual three days and two nights of their professional lives.

Act 1, Scene I – October 20, 2003

Dramatis Personae

A meticulous review of records including meeting notes from the participants, the printed agenda to the meeting, memos, emails and other records related to this meeting was conducted. The printed meeting agenda revealed the following were present in addition to the members of the NEAC and Allen (see table 1) – Roy Johnson, Chancellor of the Alabama Community College System (ACCS); Jim Lowe, Vice Chancellor of ACCS; Penny Arnett of Arnett Development Corporation (a standardized nursing assessment and testing agency); and Susan Morrison from Health Education Systems Inc. (HESI), also a nursing and allied health assessment agency. Interestingly, none of the faculty interviewed mentioned the presence of the testing and assessment agency representatives. Attendance rosters were not available, but the members of the NEAC

recalled that Martha Holloway, School Nurse Consultant for the Alabama department of Education was present, as was Genell Lee, Executive Director of the Alabama Board of Nursing, and Bob Lockwood, Director of Research and Institutional Performance for the Department of Postsecondary Education and Allen's husband. Personal notes made by the members of the committee corroborated the attendees.

The Task

Interviewees recounted the surroundings as the entered the meeting room. There was an oblong table set in the meeting room, and there were place cards with the names of the committee placed around the tables, designating the seating.

> ...when we walked into the president's conference room at Postsecondary ...there was assigned seating. There were name plaques around the chairs around, the room was fixed, [and] the tables were fixed in a rectangle. And there were other people in the meeting that were not nursing. (Interview # 5 2008, lines 30-33)

Records reveal that the first day's agenda was pretty tight – the meeting was scheduled from 9:00 a.m. until 5:00 p.m. with a one-hour working lunch. The meeting began with Dr. Lowe, a Vice-Chancellor doing the "welcome and introduction" of Dr. Johnson, the Chancellor of ACCS. Only then was the NEAC introduced to the Chancellor's vision, and the Chancellor's charge – they must draft an associate degree and practical nursing curriculum with a shopping list of requirements and restrictions, by the end of the three-day meeting: "this was the goal as I had ...written in my minutes: to develop a seamless and standardized, quality curriculum for nursing education" (Interview # 4, 2008, lines 89-90).

The "Ponderables"

Still reeling from the magnitude of the task ahead of them, the committee had barely time to assimilate their thoughts, when Allen and her husband Bob Lockwood, did a PowerPoint presentation titled "Nursing Education in the Alabama College System: the State of the State" (PowerPoint presentation, 2003). In this presentation, Allen outlined her vision and provided the committee "ponderables" or food for thought for the rest of the day. In her slides, she laid out rules for brainstorming, and the following "Ponderables" – "can the LPN and RN programs be seamless?"; "Could the first year of the RN program be the LPN program?"; "Could we move to a System Accreditation?"; and added a reminder about Gestalt – "the whole is greater than the sum of the parts." The major elements that were to be woven into the curriculum was also presented to the committee – a 5-semester registered nursing curriculum and a 3-semester practical nursing curriculum with no prerequisite courses.

Place Cards, Coffee and Chocolate: Setting the Stage

Allen realized that the group would be forced to come together and collaborate to draft a curriculum in a matter of days. A great deal of planning and fine-tuning went into orchestrating the initial 3-day meeting:

> ...we wanted to make sure that the group that was called together understood that it was [the Chancellor's] vision... we expected there to be some discontent, if you will. So, by having it where he would be there and close by, in the morning he came in and said this is what were going to do, this our vision, this is what I expect you to do; and in the afternoon, he would come back in and say okay, so what's the progress, what have you done. And so there was an accountability

element there for him to be involved, and seeing that, the group started to work... (Allen, 2008, lines 93-99)

The Chancellor's aura of authority and his commanding personality, coupled by his daily presence in the committee, drove home the seriousness of the task to the members of the committee. Added to this, the presence of seemingly a large contingent from the Chancellor's former school, and the presence of the Chancellor's wife on the committee, all had very powerful effects on the committee members. There was a definite flavor of paranoia in the participants' response to the presence of the Chancellor's wife:

> There was a lot of dynamics going on there, yeah. It was like every word someone said they would set and record, And those people from Postsecondary and [Johnson's school], Mrs. Johnson, you know [he Chancellor's wife], Allen and then Bob ...were kind of taking note of what everybody was saying.... You know, I just feel like [Mrs. Johnson] was his eyes and ears, and got a feel for everybody, and was reporting back to him what was going on, and what the dynamics were related to the meeting... (Interview # 6, 2008, lines 294-303)

> And I don't really know why she was put on that committee other than she was married to Dr. Johnson, and maybe she was there to be his ears and eyes... (Interview # 9, 2008, lines 65-67)

> And another thing is by having her in there, people couldn't make very many critical remarks about Dr. Johnson... She was sort of the, you know, unspoken authority role, I think, in that room to maybe keep everybody on their best behavior. (Interview # 9, 2008, lines 83-89)

> I didn't know that she was the chancellor's wife, the former chancellor's wife. I didn't know that until someone told me sometime during the meeting that she was the chancellor's wife and I thought oh, I wonder if she's here to take notes as far as who said what and that sort of thing... And I do remember that... I wondered why there were so many people from [Johnson's school]. And it kind of seemed strange knowing that Dr. Johnson had been the president at [that school]... they had so many more representatives there than the rest of us. And then when I found out that she... was his wife and it was like, why is there ... an advisor when none of the rest of us have anybody to represent our schools who advise the students? (Interview # 10, 2008, lines 316-328)

Committee members interviewed recalled assigned seating with place cards and Postsecondary Department employees strategically placed around the room to (according to the participants) keep an eye on them, and take notes on who were the team players and who were the dissenters.

> I felt like people were placed in the room to look at how we reacted, and to look at how on-board we were with the task. And were we a dissenter, or were we somebody who would roll up our sleeves and do the work. ... that's what I felt like people were in the room for, the extra people. (Interview # 5, 2008, lines 73-76)

> ...there was an atmosphere to me that you better. That you, you know, that somebody's watching you, and I mean, I don't know, nothing was ever said that this is going to affect your job down the road, but I just had that sense. (Interview # 5, 2008, lines 152-155)

The place cards effectively served to break up any cliques that could form, as members could only sit where their name cards were placed. Coffee was provided, so was plenty of chocolate, and diet sodas with caffeine.

> They had lots of chocolate. They made sure they had these bowls of chocolate, which we ate a lot of, cause it was stressful, it was very stressful, even though the committee I think worked really well together. (Interview # 5, 2008, lines 55-60)

> I remember on the tables were lots of chocolate, bowls of chocolate for happy thoughts. Happy thoughts, good production, endorphins, all that good stuff. (Interview # 7, 2008, lines 171-173)

The stage was set, the players had been prepared for their role, and the curtain was about to rise on the scene.

The Chancellor's Directive: "Either you will do it, or I will..."

The committee members provide vivid descriptions of the uncertainty they experienced as they prepared for the meeting, the stress level of each participant when the Chancellor's charge was revealed, and the feelings of helplessness and loss of control when they realized that they had very little choice in the matter. The task that the committee had been chosen to do was made very clear by the Chancellor, who set the tone for the meeting:

> ...basically what happened was Dr. Johnson came in and he laid out the ground work. ...he said we are going to do a standardized curriculum in the state of Alabama, and this is the committee that is going to do it. And some people started to ask some questions and he just said, you know*, 'I will tell you, if you*

> *don't do it, I will do it for you.' And I don't think that you want to be in that position, so he said, 'I am giving you the task to do it.' And he said, ... 'this committee is going to work, and I am going to come in, and I'm going to check and see what you have done'...* (Interview # 5, 2008, lines 38-44).

This recollection was shared by several other participants, who were subjected to the full force of Johnson's personality:

> I guess the statement that kind of hit home to me, it was he said *either you will do it or I will. ...*And I was sitting there thinking I'm glad we're here to work on it. And you know... it wasn't said in a joking way, it was said in a very serious, either you do this or I'll do it for you....part of my reaction was I'm glad, I'm glad I'm here to work on it, and it is something that we can participate in, instead of it being done for us. But... the way he said it, I... felt threatened that we needed to do this... and unless we got his approval... it wasn't going to fly. (Interview # 10, 2008, lines 117-125)

> ...he did come in and sort of give a charge to Allen and all of us, that we would do a statewide curriculum, and if our committee could not do it, he would bring in an outside person who could get it done... If we could not get this done, then, basically, our schools wouldn't have no voice, an outside person would come in, and dictate what our schools would do... [he issued it like a] statement of fact. And it was... I mean, a lot of times that was the way he spoke. It was very direct and, and it didn't leave room for discussion at the end. (Interview # 9, lines 108-119)

> I was angry, because as a profession... nursing, in general, is a women's profession. And... a lot of times, people feel that they can tell us what to do, how to act, what to think, and that everybody else knows better than we, what we need to do for ourselves. And so, all of those feelings... came up, and yes, I was angry. I felt small… All of the experience and knowledge across the state... is evident because of our success rate, and most of the programs were okay... And we have some very talented, wonderful people... who consistently had worked very hard to get their programs where they were. So yeah, I was angry. (Interview # 6, 2008, lines 168-176)

Not everyone had similar perceptions, however. Some of the participants interviewed experienced the Chancellor's charisma more than his authoritarianism:

> ...he was, is such a visionary, and he totally wants the best for the student. And again, he was there to thank us for being a part of that and to ensure, assure us that it would be a benefit to the students again. ... He came in the first day to give that vision, and I think he was there the second or third day to say hello, to start us off. (Interview # 7, 2008, lines 294-298)

> I think everybody felt kind of privileged to have him be so interested. That's, that was my impression, was that he's really interested in this, this is the first time we've ever had anybody show this much interest in, in our profession. I really think it was kind of an uplifting thing for him to have the interest, because he was so personable, he's really... charismatic, and he kind of made you feel like what you were doing was worth something. So, there was no resentment that I felt. ...I just felt kind of privileged that he really took the time... and it was almost like he

> could remember everybody by their name, and I just remember being impressed by that, because he met you one time, he remembered you the next time when he saw you or he'd speak to you. (Interview # 4, 2008, lines 304-314)

The First Task: "A draft that we could live with"

Following the Chancellor's astonishing announcement, Allen supplied the details and objectives for the first day. The NEAC had to draft a model for a standardized associate degree and practical nursing curriculum. The curriculum had to be no more than 5 semesters in length – the Chancellor was adamant about that. There were to be no prerequisite courses. This would enable a high-school graduate to enroll in a nursing program without any prior college courses.

> I remember [DrJohnson] saying... there was a lot of high school students that we were missing out on because ... they weren't accepted into our nursing programs because they didn't have those college credits that they needed up front like those prerequisites that I'd mentioned. And ...therefore, they were going into four year programs, and you know where they would start and do their academics and then go into their nursing programs. (Interview # 10, 2008, lines 144-9)

> ...his exact words were, he's wanting a standardized curriculum that would include having high school people to access it immediately after they get out of high school that following fall. And that either you can get on this ship or you can get off it...you can have a voice in this decision, or we will make the decisions for you. Those were basically his words, and if I'm lying, I'm flying. (Interview # 6, 2008, Lines 85-9)

The committee approached this task with some trepidation, as they knew that most of the associate degree nursing programs had prerequisite courses, elective courses and was 6 semesters in length. They knew that presenting this abbreviated curriculum to the nursing faculty within the system would kindle a great deal of indignation. The first day was spent brainstorming and attempting to fathom how to get started on their project. Allen recalls the first day being mainly spent in getting acquainted, and discussions of program strengths and challenges:

> I remember us going around the room talking about why we went into nursing, and what we loved about nursing, and what we wish we could to change about nursing. Everyone described their own program and what they thought made it a good program. ...So, there was a lot of time to really, "Oh tell me more about your programs," "Tell me what's going on there," "Why is it working," "Oh, that's a great idea." You know, that kind of thing went on for the first day... more sharing, trying to distinguish how we were more alike than we were different. (Allen, 2008, lines 147-153)

The NEAC members, reeling under the impact of the chancellor's charge, and the manner by which it was delivered to them, had a different take on that fateful first day:

> So I had to also fight with my better judgment because I'm going to be trying to do something I've never had any experience with and that I didn't necessarily believe that would be the better way of teaching. Because what we were doing was working. (Interview # 5, lines 150-152)

> The first day it was awful because, especially with a couple of the people on the committee are very, very vocal. And they basically thought we were taking their program away from them. (Interview # 9, 2008, lines 153-155)

...a nursing a program is based on... philosophical beliefs about nursing and education, and nursing education. And so to find a group of... nurse educators to come to the table, and even adopt the same philosophical principles, was a journey that I knew would be very difficult and painful at times. (Interview # 12, 2008, lines 30-33)

...it was stressful because the whole first day was basically where do we start. How do you even start this project.(Interview # 5, 2008, lines 49-50)

...a lot of this time was spent, I think, getting to know each other, and getting to feel safe in saying what you thought. (Interview # 10, 2008, lines 161-163)

We had some issues of territoriality. We all thought what we were doing was better than what the other schools were doing. (Interview # 4, 2008, lines 256-258)

...we are passionate about things. Thank the good Lord I don't remember any two people being passionate [about] the same thing on opposite trajectories! (Interview # 8, 2008, lines 168-176)

...everyone participated. As I remember because as I said we were very opinionated, and it's amazing, looking back, that we were able to come up with... [a curriculum] in three days... (Interview # 12, 2008, lines 242-245)

> The first day was the hardest... I actually have sat on other committees, and when you come together ...you come together as individuals, with your own needs and wants. And you always are going to look out for those. ...just [as] parents look out for their children, faculty members look out for their students... But I think the first day was stressful, and then when we saw that this was going to happen... from the chancellor, didn't really matter what we thought about it. ...all of us wanted the best for our students, and so we decided that once that this charge was given from the chancellor ...we decided how it was going to happen and that we were going to have a part in it. ... [Because] it was going to happen anyway. And so, as all good faculty do, we want to protect the students and their learning outcomes. (Interview # 8, 2008, lines 155-168)

> I think what Dr. Allen... had probably had the vision to see... strong-willed people to start with, because... everybody would speak up, and it probably took us meeting together several, several times before we started really kind of seeing eye to eye and respecting each other's viewpoints and differences. So, there was some, there was some tense moments, [sic] especially in that first [day]. (Interview # 4, 2008, lines 265-269)

Allen admitted that the membership to this elite committee was limited. But she was also quick to point out that input from all the nursing programs of the ACCS was employed in drafting the curriculum:

> ...not every college was represented here, but every course, every program from every college was looked at and compared. And we had paper [charts] all around the room saying, this is how [name of school] looks... trying to detect who's doing

> something really neat, who's doing something we don't understand. (Allen, 2008, lines 188-192)

Act 1, Scene II: October 21, 2003

Reality Hits – The Second Day

By the second day, the committee had resigned themselves to the fact that they had only some limited choices, and they set about the task of making the best of this situation. Johnson's presence was still very much felt by the committee:

> The second day, you know, we tried to break things down and really look at things, but everyday the format was basically the same. Dr. Johnson would come in and go around the table everyday... it was not just come in and say what have you all accomplished and let whoever wanted to speak, speak. He went around and he called your name and you had to go around and say exactly what you did and what your perception was of it... (Interview # 5, 2008, lines 61-69)

The committee also began to collaborate, becoming a more cohesive group with shared goals:

> I think that afternoon we started really doing some of the more serious work, and we quit the spinning and debating. And because every time we would debate this just doesn't seem like it would work, somebody would always say, but you know, we've been told that we have to do this and if we don't do it... he will do it. And we all knew that that was not where we wanted to be. For a non-nursing person to just give a curriculum, say this is what you have, we love nursing enough and we felt like we knew a little more than someone outside knew to do that. So, we

> just decided to you know, buckle down and work and do the best we could. (Interview # 5, 2008, lines 212-219)

> So I had to also fight, with my better judgment because I'm going to be trying to do something... that I didn't necessarily believe that would be the better way of teaching. Because what we were doing was working. (Interview # 6, 2008, lines 150-152)

They were provided spreadsheets of all the nursing courses listed in the common course directory of the ACCS. The spreadsheet, probably generated by Bob Lockwood's Research and Institutional Effectiveness Division, listed all the nursing courses and the nursing programs that used each course. General education courses like English, mathematics, computer science, science courses, human anatomy and physiology, and CPR and first aid were also in the spread sheet. The committee pored over these lists and started debating on how to create a framework for an associate degree nursing program that could not be more than five semesters long, had to have the LPN program as its first year, and could not have any prerequisites. This seemed to be a daunting task, at the very least.

Piecing the Puzzle

After the initial brainstorming, the nursing courses required for completion of the programs were laid out. It was like piecing together a puzzle to make a comprehensible picture. The committee decided on the following sequence of courses for the 5 semesters: Fundamentals of Nursing, Health Assessment, and Introduction to Pharmacology would be offered in the first semester. Adult Nursing, and Maternal and Child Nursing would be offered in the second semester. The practical nursing students

would complete the third semester with Adult-Child Nursing, Psychosocial Nursing and Role Transition for the Practical Nurse. The associate degree nursing students would be offered Nursing Through the Lifespan I in the third semester, Nursing Through the Lifespan II in the in the fourth semester, and Nursing Through the Lifespan III and Role Transition for the Registered Nurse in the fifth semester. The committee then settled down to tackle the task of weaving the general education requirements for the two programs into the 5 semesters.

> We knew that we were limited on hours, we couldn't put medical terminology, nutrition, basic nursing, and all those things in there that we had ... So, that was a draft of what we thought we could live with... (Interview # 4, 2008, lines 189-193)

"One Band, One Sound, One System"

On the evening of the second day, Allen and her husband Bob Lockwood invited members of the NEAC to her house for pizza and a movie. The movie was "Drumline." In a more casual and relaxed manner, Allen hoped to garner more support and cooperation from the team. "...there was kind of a little buzzword, "one band, one sound, one system" (Interview # 4, 2008, lines 92-100).

> ...everybody came over to my house that was on this committee, and we watched... the movie [Drumline]... and we ordered pizza, and had a little bit of retreat kind of gathering. And the movie, the theme of that movie is, you know, we're are all better together, and we become one sound. And that's what our theme became really, with the college system curriculum, was we're going to be one band, one sound. (Allen, 2008, lines 288-292)

Allen stated that “everybody” came to her house that evening and watched the movie. The members of the NEAC describe the dinner-and-a-movie evening spent at Allen’s residence:

> ...the second night we were there, Allen and Bob invited the group to come to their home to watch the movie "Drumline," which was kind of a theme that she told us about from the very beginning. It's a movie about a ... band in Atlanta, and how you couldn't be the star of the team, you had to... be a member of the team... So, that second night they invited us to their house for pizza and movie. ... We wanted to just go to dinner, and just go back to our room and rest. But, we felt bad, because ... we thought nobody was being social, and they were trying to open their home to us. And so, we went over there, [the 3 of us], and we had pizza and watched the movie, and we had a wonderful time. They were gracious hosts, and it was relaxed, there was no talk of business, it was pizza and a movie. And we really enjoyed it and the movie was good. ...They were in their shorts, and it was relaxed. (Interview # 5, 2008, lines 92-127)

> *Drumline* is a movie about a football team, specifically about the band, and a hotdog member of the band wanting to be out on his own and a drummer and this. But it was about working in unison to achieve the better good. ...she showed that movie and that was the theme of us getting on one accord. But she had that at her house and had food. (Interview # 7, 2008, lines 328-332)

> And they invited us over for pizza, and to look at that movie [Drumline], and to help enlist people’s commitment to the process. ... It was a get-you-on-board, and you can get the other people on board, kind of thing. And yes, Allen and Bob

> said that y'all have got to help us convince the rest of the people, you know, that this will work. And I think ... Allen was saying the chancellor is my boss, and I have to do what the chancellor asks me to do. And she said, pretty much, that I don't have the experience and knowledge, but you guys do, so I'm going to rely on you guys to help me get this chore done... (Interview # 6, 2008, lines 657-664)

Cooperation was forthcoming. The group realized that they would have to work together and have a draft of a standardized curriculum ready by the end of the third day. The band was beginning to sound harmonious; “one sound” was beginning to emerge.

Act 1, Scene III: October 22, 2003

By the third day, the committee had come together as a group and began focusing their considerable experience and expertise on this task. There was no room for “spinning and debating,” and indeed no time to waste either. The draft had to be ready by the end of the day – if it were not ready, well, none of the committee members wanted to contemplate the consequences. “They chose... to make it happen, rather than to let it happen” (Interview # 8, 2008, lines 267-268).

> ...[when I realized] we were going to have to do this thing, I tried to give input and be relevant to the process. And so I began to step up to the plate, and try to infuse what I could, knowing my population, in listening to what some of the other chairs were saying... (Interview # 6, 2008, lines 324-326)

> We all said our piece, whatever that piece was. Mine was a little different probably, because I wasn't in it for the same kind of reasons. Once you let us say our piece, then our own profession as nurses knows that we've got an outcome to reach. And so, we decided that outcome needed to be reached. And so, that's

where the stress level got put away. And we said okay, this is what we're going to do, let's figure out how to do it. (Interview # 8, 2008, March 13B, lines 179-184)

I think by the third day we had kind of given up some of that and decided we had to work as a team. We had to accomplish this, and what could we do to make it where everyone could live with it. So, I think the third day, it was finally more of a team coming together. And people realized they had to give up some things, you know. We had to negotiate. ...And give up some of the things, and you know, in order to accomplish the ultimate bigger goal. (Interview # 9, 2008, lines 167-171)

The first two semesters of the associate degree registered nursing program would be the first two semesters of the practical nursing program as well. Credit hours were assigned with federal financial aid considerations in mind. General education courses were determined, and credit hours and their semester placement were determined. By the end of the third grueling day, the framework of the curriculum was established. It was not an ideal curriculum, it was not a perfect curriculum, but the committee was sure that it was the best that could exist given the restrictions placed on them. The committee was now ready to present the framework of the new curriculum to the faculty –with some foreboding, however.

... we [sat] around and [thought] why us? ...why did we get to do this ...because some of the decisions that were made... going from six semesters into five, it was like, oh my goodness, nobody's going to like this... (Interview # 10, 2008, lines 178-181)

The committee accomplished their first task: after three days of laboring, the initial draft of the curriculum had been delivered.

In the Wings: General Education Courses

Round Pegs in Square Holes

The next task for the curriculum was almost as daunting as the first. The general education courses required for the practical nursing and the associate degree nursing programs had to be placed in appropriate semesters. The unrewarding task of trying to fit the general education courses into a curriculum that had already been reduced to bare bones was a challenge that Allen was uneasy about. As the required courses were laid on the table next to the draft of the curriculum, Allen realized that the task of weaving in the courses without warping the fabric of the curriculum would be impossible – like trying to fit round pegs into square holes. This task required collaboration with Dr. Alicia Taylor, Director of Academic Affairs, and her team of math, science and English faculty. Also, Allen had to finally yield to the insistent demands of the nursing faculty who were excluded from the NEAC. Some of the members of the nursing faculty who expressed vociferous protests were admitted to some of the meetings, but with restrictions. One such faculty recalls one of the meetings:

> ...we were told that we could come to the meeting, but we could not have a speaking part. That we would be allowed to hear the discussions at the table, but that we would not be allowed to participate. So I did go to the meeting, and with several other people, we sat around the room, up against the wall, while the committee sat at the table. Discussing how the new curriculum was going to be. And basically, at that time, we were talking, we, excuse me let correct that, *they* were talking about the academic courses, not the nursing courses. This was original discussion about what co-requisites were going to be. And it's very difficult for me, as long as I've been in nursing education, not to contribute. So I

had to really sit on my hands and try to keep my mouth shut, although ... at one point, they asked us some questions that we responded to. (Interview # 11, 2008, lines 73-84)

The "Lesser Math" Prevails

The appropriate mathematics course to be included in the curriculum was another roadblock – the committee felt that the registered nursing (RN) students needed a higher level math, namely intermediate College Algebra (MTH 100), while the licensed practical nursing (LPN) students needed only the lower level Mathematical Applications (MTH 116). Since the curriculum and the admission criteria were to be standardized, both programs would have to have the same mathematics course. The committee eventually decided to use the lower level math as the math requirement for the nursing curriculum. Very few members were happy with the decision; but all agreed that this was the only solution that would be fair to both programs.

Vanquishing the "Hidden Prerequisite"

It seemed that a nursing curriculum free of prerequisites would settle an old score for Johnson regarding a biology course. Records revealed an interesting piece of information – a letter written by Johnson in 2001 when Johnson was president of Southern Union State Community College. In a letter dated 1/17/01 from Johnson to Dr. Fred Gainous, who was the Chancellor of the ACCS in 2001, Johnson stated that a course titled Introduction to Biology (BIO 103) was a "hidden prerequisite" within the system, and that this "impacted the program of study for students in terminal *health science programs*" [emphasis added]. In the letter, Johnson urged Gainous to "render a decision to remove BIO 103 as a prerequisite at the earliest possible date," preferably before the fall 2001 semester. It was clear that Johnson had a long-standing greivance

with that Biology course. The records did not reveal any evidence of a resolution, though Gainous did respond in writing to Johnson promising a response to his complaint within 2 weeks. Gainous' response was not available, but the course had remained as a prerequisite.

Gathering the Ammunition: Forming the Committee

In a memo dated November 4, 2003, Johnson mentions working with the academic side of the system to "determine if BIO 103 should or should not remain a prerequisite for the other biology courses required for health sciences." A committee hand-picked by the Chancellor was formulated in December 2003 to consider removing BIO 103 as a prerequisite. According to Allen's notes, Johnson instructed Dr. Alicia Taylor, Director of Academic Affairs of ACCS to pull together a committee of 8 to 10 people, which should consist of science instructors and 2 to 3 nursing faculty members. He said that they needed to "meet ASAP to permit the nursing curriculum committee to go forward with work" (Allen's notes, December 2003).

"Testing Out" of BIO 103

Records searched revealed that Allen had contacted Health Education Systems, Incorporated (HESI) in March 2004 about creating a challenge examination that would "test students out" of BIO 103. HESI was an assessment company that specialized in developing standardized tests for health sciences programs and has now merged with Elsevier Inc., a publishing giant. The contract to create a biology test was formulated on 3/24/04 and signed by Johnson in April 2004. The challenge exam to test out of BIO 103 was sent to some biology faculty for their feedback.

Emails from outraged biology instructors critiquing the test, and a letter from a biology faculty requesting that BIO 103 stay as a prerequisite, were also discovered in

the records. The communications from biology instructors reveal the fight put up by these individuals to keep this course as a prerequisite. The highly prolific nursing programs in the colleges were responsible for the viability of many of the mathematics, English, humanities and natural sciences programs within the system: due to long waiting lists, the nursing program aspirants enrolled in the general education courses, including biology, while waiting to get into the nursing program. The elimination of prerequisites from the standardized nursing curriculum removed students from BIO 103.

The Backwards Curriculum

The selection of and placement of the rest of the general education requirements in the curriculum faced similar dilemmas: minimum requirement for associate degree nursing versus what could also fit the LPN curriculum. The two Human Anatomy and Physiology courses, formerly prerequisites for the associate degree nursing programs, now had to be a part of the nursing curriculum. Since the first and second anatomy and physiology courses had to be taken in sequence, they had to be placed within the first and second semesters. This meant that a person entering the nursing program with no college courses prior to nursing, would take the second anatomy and physiology course with adult nursing and maternal-child nursing classes. The students would be learning about diseases and disorders before completing normal anatomy and physiology, which would be contrary to the learning principles of progressing from basic to complex concepts.

The Human Growth and Development course could not be placed before the third semester as this course had been required for the associate degree students only. This meant that the associate degree nursing students would complete their Child Nursing course, earmarked for the second semester of the curriculum, before the human

growth and development course, which should logically precede the Child Nursing course. Again, the committee did not have a choice; they made the best decision given the choices they had. Faced with the chancellor's charge, the committee had no choice but to place these courses in this decidedly awry sequence.

Act 2 – The Floodgates Open

"You have a hundred and fifty nurses on my campus – this is a dangerous thing. You realize there might be a killing here before this is all done." Of course, he was kidding, but it was quite an inflamed group. (Allen, 2008, lines 327-9)

It was now time to present the curriculum to the nursing faculty of the Alabama Community College System. Allen focused her energies to forming subcommittees to flesh out the curriculum. Their task would be to develop the content for each course based on the National Council Licensing Examination (NCLEX) test plan. Since Laton was the process expert for the content development stage of curriculum development, Allen met with Laton on several occasions and discussed the logistics of the content development process. Eight subcommittees were formed, chaired by some of the original members of the NEAC (Appendix X, Chancellor's memo 1/8/2004).

Act 2, Scene I: Content Development – "Doors Opened Wide"

The course content development would take place in two large meetings in January 2004 – the first one in Opelika, Alabama and the second in Sumiton, Alabama. Each meeting would last three days. All the college presidents in the system were notified by the Chancellor to appoint members for these sub-committees. College presidents sent names for the committees; most colleges sent all the members of their respective nursing faculty to attend the subcommittee meetings. Sign in sheets of subcommittee meetings revealed more than three hundred members of nursing faculty

attended these meetings. This would be the beginning Laton's interactions with the members of the nursing faculty of the ACCS.

The members of the nursing faculty, who were by now aware that the curriculum was being crafted by an exclusive committee, were increasingly vocal about their displeasure in being excluded from this process. Allen decided to invite the nursing faculty of the entire system to participate in developing the content for each course.

> There were people who were saying, "Why wasn't I there?" And so what we eventually did was just open the door wide... and tell people, "Come on in..." Once we got the general idea out there, then we opened the door; people could come in, and could make comments, could add to the discussion, even though they weren't on this original group. So, eventually, all colleges were around the table, but not at the beginning. (Allen, 2008, lines 84-88)

Enter Dave Laton – "Process Expert"

Dave Laton had been employed in the ACCS since 2004. He and some others were contracted as consultants by ACCS to develop standardized curricula in specific disciplines related to career and technical education (Laton, 2007, lines 6-10). Laton recalls two purposes for the contract: to provide a smooth and seamless articulation between secondary and postsecondary educational programs, and to standardize the postsecondary curricula to facilitate articulation. Providing a smooth and seamless articulation between career technical programs in secondary education and post-secondary education (Laton, 2007, lines 24-26) would be congruent with the Carl Perkins Career and Technical Education Improvement Act (1998), and therefore qualified for funding through the Perkins Act. Laton had already gone through "growing pains" with curriculum development activities for some programs earlier, so he had a fair

idea of what would work and what would not (Laton, 2007, lines 109-110). He described his expertise as the *process* expertise and the nurse educators' expertise as the *content* expertise (Laton, 2007, line 116).

Course Development – a Stormy Beginning

The subcommittees met in late January 2004 and began the course content development activities. The activities included filling in course content based on the National Council Licensing Examination (NCLEX) test plan. Laton's role was to develop Plans of Instruction (POI), and lesson plans for each of the courses that were tackled by the panels. The nursing faculty in the panels would determine content for each course, and Laton would assist with developing a content outline, developing modules for the content allocation, and creating objectives for the modules. After the course objectives were formulated, the nurse educators determined what level of Knowledge, Skills and Abilities (KSA) were needed for the students for each module. Laton would organize these and create a draft POI, which the sub-committees would review and revise if necessary.

"Unbounded Intensity"

The content development activities began at Southern Union State Community College, the institution where Johnson served as president prior to his appointment as chancellor. The visiting nursing faculty were awed by the gleaming, state of the art health sciences building which had recently been completed, with (the faculty surmised) no expense spared. The content development session commenced with a general meeting, where the objectives and responsibilities of the subcommittee was made clear. The Chancellor, predictably, commenced the meeting by making his charge to the nursing faculty. Like with the NEAC, the nursing faculty felt the full force of the

chancellor's authoritarian communication style. Angst was rampant in the content development meetings. Allen had to work hard to keep the group focused and to reduce the mounting tensions.

> I had to use my parent voice, and tell people that they could, you know, either work with us or go home. Because it was, you know, we were going to do it. It had been decided we were going to do it, and we just needed to figure out the best way to do it. But we couldn't just stand there and stomp our feet, and say, "I'm not doing it, I'm not changing." That wasn't doing anyone any good. (Allen, 2008, lines 317-321)

Laton recalled the tactic that Allen had to use to keep the group focused:

> ...we talked to them about, "here is what the curriculum is all about," and there was some serious resistance. In fact Allen had to get little bit… "Drill Sergeant." She basically said that the Chancellor was directing this, it would happen in spite of them, and they either got on board or… and that kinda shook them up a bit... And we needed to do it. (Laton, 2007, lines 116-120)

The second round of sub-committee meetings was even more inflamed. The tensions mounted to the point there were several outbursts from the members. Allen recalls the meeting at Bevill State Community College as filled with "unbounded intensity."

> We talked about "Remember Bevill" and *unbounded intensity*, because I remember the president [of the College] at the time pulling me aside and saying, "You have a hundred and fifty nurses on my campus, this is a dangerous thing. You realize there might be a killing here before this is all done." Of course, he was kidding, but it was quite an inflamed group. (Allen, 2008, lines 326-329)

And then, further along: “We stormed a lot in the beginning. We stormed—everybody. I had people slam doors, leave meetings, raise their voices in the middle of the meetings. Tears, bunch of folks crying, it's like tantrums” (Allen, 2008, lines 360-362).

A major problem that Allen expressed with the large group meetings was communication. She also mentions attempts to sabotage the endeavor.

> Communication was a big issue. It didn't seem to matter how careful we tried to be about communicating, there were always these myths, and rumors, and assumptions; and sometimes you just really couldn't track down where it was coming from—some myth or assumption. And then sometimes you could. And there were actual, real campaigns to try to do away with the whole idea... Some people would be very honest in their comments to you about what they liked and didn't like, and what they would like to see changed; and other people would just nod and say, "Yeah, that's great," and then go out and try to sabotage everything you touched. Not to sound paranoid or anything, but it was a rough ride. (Allen, 2008, lines 334-338; 352-355)

Laton met with a great deal of resistance from the nurse educators, who perceived him as an outsider attempting to tell them how to teach their courses.

> There was a lot of opposition that someone, who was not a nurse, was going to be guiding this curriculum process.... we weren't asking him to develop the content; we had subject matter experts, who are nurses, doing that. But there was a lot of opposition just because we had a non-nurse involved in the process. (Allen, 2008, Lines 313-316)

> I think there were some people, me included, thinking now, what does this guy know about nursing, what's he doing here in these meetings. (Interview # 10, Lines 672-674)

Laton and two other curriculum specialists were working on standardizing curricula for different programs at that time. The vocal, opinionated, passionate and sometimes hostile nursing faculty had by then achieved notoriety, and the curriculum experts, with the exception of Laton, tried to avoid them.

> I would be talking with other disciplines and I would say I had a meeting with nurses today and they would say “poor guy” and I would say I am enjoying this, this is tremendous, I really look forward to meeting with the nurses. (Laton, 2007, lines104-107)

The intensity of emotions expressed by the nurse educators at these meetings had a powerful effect on Laton – he described those meetings as “a mistake,” not because of the resistance from the faculty, but because it involved too many people. He suggested that a core group of 20 to 25 people meet to refine the curriculum and “help guide the process” (Laton, 2007, lines 125; 135-139).

> But we recognized from that meeting that the best way to do this was not to have large scale meetings ...we didn’t want to necessarily exclude anybody... anybody could attend the meetings... [but we wanted a] relatively small core group of about 20-25 people that would work, [that] would be there to attend the meetings and help guide the process. (Laton, 2007, lines 120-124)

Interestingly, he had changes in his view of large numbers of participants later, when he states:

> “...because everybody was involved, it did get to the point where we could have large meetings, didn’t have too much problems. Because we could do that, now

everybody owns it. It's not something that Laton created over here. It was theirs." (Laton, 2007, lines 635-638)

Act 2, Scene II – The Lakeside Retreat

After the intensely emotional meetings at Opelika and Sumiton, Allen decided not to have the next session at a college campus. She set the location of the next meeting at a lakeside state park in Northern Alabama. The Park had cabins for rent, and the participants would immerse themselves in their tasks without distractions of their respective campuses. Two tracks of activities took place at the state park cabins that spring – refining the course content and creating plans of instructions, and crafting standardized admission criteria for the practical nursing and associate degree nursing programs. The curriculum developers rented cabins and immersed themselves in their tasks. The members of the NEAC divided their responsibilities between facilitating the course content refinement and crafting the admission criteria.

The Birth of the "Extranet"

An important development that resulted after this meeting was the creation of an "extranet" within the Alabama Community College System website. Employees of the ACCS could log in with a user identification and a password, and look up the status of curriculum development in their respective program areas. The information presented in the extranet included curricula that were in the development process, plans of instruction, lesson plans, some meeting minutes, and curriculum and instruction-related information for faculty. This was the first such system-wide communication system that the ACCS used for curriculum development activities. The extranet was yet another indication that the administration was relinquishing power and accountability of the curriculum development to the faculty.

Act 2, Scene III: Admission Standards – More Frustration

The admission criteria was even more taxing than any previous activity, as there were legal concerns that had to be handled concurrently, which the members found frustrating.

> ...it seems like for days we met at Guntersville State Park and we went round and round about how to select students, and what would be the admission criteria and what type of point system. Postsecondary would be consulted, like on the telephone, find out, do we have an ACT crosswalk with COMPASS, a lot of back and forth with the legal folks... (Interview # 1, 2007, lines 76-80)

The committee eventually decided on separate admission standards for the licensed practical nursing and associate degree programs. Standardizing the admission criteria caused some unease among some college presidents. Some felt that the criteria were too restrictive and would foil their attempts to boost the enrollment in their colleges; others with more stringent policies did not want to water down their program.

> ...those admission policies ... that was another pretentious thing with some [college] presidents as well. Some wanted an open door policy, and didn't really seem to care if half of [the students] dropped out after six weeks. And others were very protective of their admissions policies, what they were requiring. So, that probably caused as much angst ...among ...stakeholders as the curriculum itself. (Allen, 2008, lines 484-489)

The admission policies were created and presented to the chancellor for approval, and the new admission criteria were introduced to the nursing programs on August 2, 2004 (Appendix C).

Course Content Refining: The Large Group that Could (and Did)

Laton of course was involved in refining course content and refining Plans of Instructions (POI's) for the courses, and developing standardized lesson plans and syllabi for each course. Laton described the Lakeside Retreat as very intense and enjoyable. The retreat seemed to have been the turning point for the nurse educators, who grew to respect Laton's skills in curriculum building. Laton describes a typical day at the resort with the nursing faculty:

> We would start that morning by 7:30, we would get together and have coffee and a quick breakfast and kind of talk about the activities for that day and we would go until we were just mentally exhausted... late in the afternoon...we would break people into different groups of specialty areas or interest areas and they would go off into that cabin and work and they would come back together as a committee and report to the core group – myself, Dr. Allen and several others. And we would take what the others had developed electronically. I would format it for them. And once the day was over, my day started. (chuckles) because I had to do all that inputting and documenting and making copies for all of them. (Laton, 2007, lines 604-612)

Laton was impressed with how focused and dedicated the nurse educators were towards meeting their goals. He described the intensity and commitment of the educators at the retreat:

> One thing for sure nurses have is work ethic. They... will get it done. And so, that was a strength... And because everybody was involved, it did get to the point where we could have large meetings, didn't have too much problems. Because we could do that, now everybody owns it. It's not something that Laton created over here. It was theirs. And in fact we changed our model a little bit because of

input from the [nursing] faculty... so it was good for us as well, well we learned some things. (Laton, 2007, lines 631-639)

Act 2, Scene IV – Developing the Philosophy (Finally)

Developing a philosophy and a conceptual framework is the beginning phase of nursing curriculum development (Iwasiw, Goldenberg, & Andrusyszyn, 2005; Yura, 1986). Allen had surprising little to say about it. The first evidence of discussing philosophy is the initial meeting Allen had with the chancellor. Allen recalled that "he went over with me that he wanted one philosophy with shared objectives" (Allen, 2008, lines 26-27). The next mention of a philosophy for the curriculum was at the first day of the three-day NEAC meeting. The philosophical discussions were implicit, and guided the process of developing the framework, but it was not overtly discussed. Any discussions regarding philosophy were diverted and the focus of the group was brought back to formulating the framework of the curriculum. When asked about the philosophy, Allen skated over it lightly, saying, "[In] the initial meetings, philosophy was certainly discussed, but it was not neatly packaged. And so, we brought people back together to tidy that up" (Allen, 2008, lines 481-483). That was all Allen had to say about the philosophy of the standardized nursing curriculum of the ACCS. In fact, there were two meetings, one at Hanceville and one at Montgomery which met to discuss and formulate the system philosophy. The other members of the NEAC did have something to say about forming the philosophy.

April 2004 – The First Try

The initial meeting to formulate a philosophy (long overdue), was in April 2004, long after the curriculum framework had been finalized. Several colleges had their accreditation surveys looming ahead within a few short months. It was imperative that a

philosophy and theoretical framework, shelved and forgotten in the heat of producing a curriculum demanded by the Chancellor, be finalized now. The nursing faculty speculated about the philosophy coming so late in the process:

> ...let's just get the curriculum first, and we can write the philosophy later. That was Allen. Because ...she was [a] school nurse. She had not been in academia... And so, the other part of that ...whose philosophy... How are we going to pull this thing together? ...Which was a daunting task... everybody had a different way of looking at philosophy. And so it was like ...we're not tackling that right now, let's just get the curriculum done and we'll go back and write a philosophy. (Interview # 6, 2008, lines 419-426)

Records searched revealed that the NEAC met at Wallace State Community College for two days in Hanceville, Alabama in April 2004. A meeting agenda seven items which included content refining of several courses, examination of board of nursing criteria, examining prerequisite and co-requisite courses, looking at the admission criteria of all colleges, and the last item on the agenda, “discussion of college philosophy common components.” All the programs were asked to email their theoretical framework and philosophy. Volunteers were recruited to formulate a philosophy committee that would examine all the program philosophies and create an ACCS nursing programs philosophy. The committee created a composite philosophy that was gleaned from all the program philosophies within the system. The interviewees overwhelmingly stated that they were not happy with the philosophy; an opinion shared, according to them, by their accreditation surveyors.

> ...we began to look at every philosophy. That was April 6 and 7, 2004, at Hanceville**...** we took the philosophy, every school was to submit their philosophy, their conceptual framework, their program objectives, we were then

> going to abstract commonalities among every philosophy and come up with a system philosophy and that took awhile. [That the philosophy came after the curriculum] had been discussed. ...we developed the philosophy later... (Interview # 1, 2007, lines 56-67)

> ...[all the nursing programs] have some of the same philosophies, but no, it did not go from the curriculum development like you do mission of the Alabama College System, mission of your different schools, and how does your philosophy for this curriculum fit into those overall things. Which actually in the end result... it was difficult to write some of the NLN self-studies, because the philosophy was developed afterward, later. And I think it was just, they forgot. ...So, I just think people forgot. (Interview # 8, 2008, lines 434-441)

January 2005 – The Philosophy Surfaces

After the first committee, records searched did not reveal any meetings until January 2005. There was no recollection of subsequent meetings from the NEAC either. The next evidence of activity concerning the formulation of the philosophy was in January 2005, when the philosophy and conceptual framework appeared in the Alabama Community College System extranet. Allen had envisioned a diagram of an umbrella with the philosophy written on the segments, with rain drops cascading from the umbrella representing the conceptual framework. The researcher recalls in the subsequent meetings that most of the participants in the curriculum refining process were quite disenchanted with the enigmatic Umbrella Model. The committee pieced together a statement that they felt would fit the curriculum (and the umbrella). The exhausted and drained nursing faculty had expended a significant amount of psychic

energy into developing course content, admission and progression criteria; that may have been why few persons, including the creators, were comfortable with the philosophy that was synthesized.

The synthesis of the philosophy and theoretical framework marked the final milestone in developing the standardized nursing curriculum for the ACCS. The nursing curriculum and the admission standards were ready to be piloted.

Act 2, Scene V: The Pilot – A Diverse Project

The next task was to pilot the newly designed curriculum and admission policy. The newly designed curriculum and the newly crafted admission criteria were ready to be piloted. Allen's original plan was to pilot the curriculum on one nursing program only, but eventually, six nursing programs were selected to pilot the standardized nursing curriculum with its newly crafted policies.

> ...we were going to just have one school to pilot, And, of course, I would've easily picked Southern Union, because I was working as the dean there. So I could, you know, that would have been an easy one for me to watch over. But the funny thing happened is that they started sprouting up from everywhere—people wanting to pilot. And so we had more people volunteering... So we ended up with several, six or so, I think, [who] wanted to pilot. (Allen, 2007, lines 505-510)

Two schools were beginning an LPN program that fall 2004; so they began the LPN program with the new curriculum. The other schools piloted the curriculum in existing AD and LPN programs. Not all schools did the pilot the same way. For example, one nursing program admitted only their AD students using the admission criteria; they admitted their LPN students on a first come, first served basis, as they had before. (Personal communication, Peek, 2004). The six schools selected to pilot started their

pilot program in August 2004. The implementation of the new curriculum was August 2005. There would not be enough time to analyze the data into meaningful findings before the implementation date.

> I know there is an advantage to doing pilot studies from all my research based courses... I know that has merit. I think we probably had some input from [the pilot] colleges that we probably used and was beneficial, but I don't know that it had much weight. Because I think we were going to move forward with it irregardless [sic] of their results. And I think that is kind of what happened. (Interview # 4, 2008, lines 527-531)

With no clear-cut instructions, and no real hope that the findings would be of use to anyone before the implementation of the curriculum, the six schools began piloting the new nursing curriculum.

Gains of the Curriculum – Dreams and Reality

And I think that might be what sold it. We won't have to do a self-study, we'll provide information to the central storehouse, to the heavens in Montgomery and they'll write the [accreditation] self-study. (Interview # 1, 2007, lines 290-292)

System-wide Accreditation – The Thwarted Dream:

One of the advantages of standardizing the nursing curricula as cited by the chancellor was a single system-wide accreditation. This advantage was enthusiastically endorsed by many of the nursing faculty.

> ...one of the things ...that really got me on board, and that I said I'm willing to put my energy and time in this and work as hard as I can. ... we were having our [accreditation] visit, our site visit in February 2004. So I had been deeply in the trenches on my self-study, and you know, I saw such merit to that, that we could work together... I had visited with somebody from Indiana, ...they had a state-

> wide curriculum. And she was from... Ivy [Tech] school... she was from that group. ... And they had done a state-wide accreditation visit. ...And I thought this is so good because we're all working so hard to reinvent the wheel every time we have accreditation. And it [made] a lot of sense [if] we could do that together. So that I was really on board with that. (Interview # 5, 2008, lines 310-323)

> And I think that might be what sold it. We won't have to do a self-study, we'll provide information to the central storehouse, to the heavens in Montgomery and they'll write the [accreditation] self-study. (Interview # 1, 2007, lines 290-292)

Unfortunately, this dream remained unfulfilled. Shortly after the curriculum pilot was initiated, Allen set out to New York to meet with the director of the National League for Nursing Accrediting Commission. The director was unable to keep her appointment with Allen, and Allen met with her assistant, who had very little preparation for the meeting.

> So I went to New York, had an appointment with the director [of the National League for Nursing Accrediting Division (NLNAC)]. Unfortunately her daughter or someone had a baby the same day I was there or something, and she was not able to meet me. I had to meet one of her assistants and I met with her for about an hour and I realized she had no concept of what I was talking about – none. She did not even have a full list of who was accredited in Alabama and she showed very little interest in what we were trying to do. So pretty much, I just kind of shut up and got the heck out of there and came back to the group and said you know, I'm not sure this is going to work, unless we can get a better relationship going with the director and I guess the best thing for us to do now is to pursue individual accreditation... (Allen, 2008, lines 608-617)

The thwarted dream of system-wide accreditation was frustrating for Allen, as she had spent a great deal of time and effort toward fulfilling that goal. Allen did not pursue the subject of statewide accreditation any further, which gave rise to some speculation from the nursing faculty: "...at that point, you know, maybe she knew she wasn't going to be there much longer. So, it might have been a battle that she didn't want to face" (Interview # 6, 2008, lines 373-374).

> I went to an NLNAC forum right about this time, because we were getting ready to come up for re-accreditation for the AD program and I'm working on initial accreditation for the PN program. ... although there are a couple of states that have statewide accreditation, I did not pick up any sense of real enthusiasm for Alabama doing that. And one of the reasons she gave me is because... We still have a system of deans and directors who are in charge of, and charged with implementing their own programs, through their own faculty. Even though [we] all supposedly have the same [curriculum], we have individual programs. And she said to me that until Alabama had a single dean, more or less, at the top, who was responsible with a tree of people to which you answer... That unless or until Alabama put in place a system like that, then it would never truly be something that they would consider doing a statewide accreditation. (Interview # 11, 2008, lines 441-464)

Other feedback about the curriculum that many of the nursing faculty shared was the lack of individuality, and that there was no room for customizing the curriculum to suit different student populations. The absence of elective courses also was a point of contention for some of the faculty.

> It is too confining. And we've had to deal with that, and we've had to find a way around that, uh because, if I knew a student that's already had the two

anatomies, the math, and the English, then the three nursing courses in first level does not give them enough hours for PELL grant. (Interview # 4, 2008, lines 374-377)

...what I liked the least was giving up some of the things that we had found to be so tried and true... We live in a very low socio-economic area. Lot of our applicants don't have a real strong background in education. They're very marginal. So we contend with an applicant pool that does not come into our program with a 3.5 GPA from high school, or from another college. The... admission policies were are actually stronger than what we had before, but the progression policies are much more lenient. (Interview # 4, 2008, lines 473-479)

...the thing I like least about this curriculum is that we have lost that individual control of doing what's necessary for our population. (Interview # 4, 2008, lines 497-498)

...we used to have electives that we could put them in and so now we're feeding other divisions, putting them in Infection Control, an EMS course, or Medical Terminology, something, ...which isn't a bad thing. But the nursing curriculum is tough and it's hard for them to take chemistry and work around other high level academics. When - if we had some other electives, it would be good. (Interview, # 1, 2007, lines 252-256)

I remember some of the committee... members making comments that they needed some electives for the students to have that's under the degree plan. So, that... they would be eligible to take those, but as I remember, we would always

> go back to Dr. Johnson's statement... he wanted this [to be] a one-year curriculum [for LPN students], nothing more. And it was always... left just hanging that he did not want to add anything extra to that curriculum. He wanted it very defined, very to-the-point, and I think probably the committee members realized that down the road it probably could be an issue. But we would always be pulled back by Dr. Allen to that initial vision of his, that it's a one-year curriculum: get them in, get them out, get them out there in the workforce, because we have a nursing shortage. (Interview # 4, 2008, lines 392-400)

Allen expressed her opinion of electives in the sub-baccalaureate nursing curriculum:

> ...[for] the practical nursing, or the associate degree nurse, no I don't think there is room for electives. Nursing is becoming more and more and more high-tech, more and more knowledge is necessary, more competencies are necessary. And we can't keep adding things into the curriculum without taking something out. So, electives, while nice, there's just not room for it in that concentrated effort to become a nurse and be able to be successful on NCLEX, and more importantly, be successful in taking care of patients. ...You want to feel comfortable when you walk into a hospital, and you see a nurse taking care of you or your family, that you have confidence that they graduated and know what they are doing, and have your best intentions at heart. And that two-year period, or one-year, ...you don't have time to take Spanish, or English, or German, or advanced calculus, or, you know, philosophy. That's for later, when you get that bachelors degree. That's just my philosophy. That's my opinion. (Allen, 2008, lines 565-576)

The admission criteria also was a point of dissatisfaction:

> ...the admission process is a problem. We know that. ...that their transcripts follow them for life is crazy. We know that hurts some students who ...in their

youth they were not a good student, and that 0.8 [GPA] ...on a transcript knocks them out as an adult learner from even applying to nursing. And I hear those stories everyday, I'm a single mom, my GPA, you know, now is 3.8 ...you know I've worked so hard, and I can't even apply because of something in my past. That's just wrong, and ...we've known that since the very first pilot. And we have been saying please change it, there is a committee working on it, but it's not changed at this point, and that's not right. (Interview # 5, 2008, lines 529-536)

I think it's good to have standard admission. But, I think we need to realize it doesn't necessarily, is not one size fits all. Because when you have these smaller, especially rural colleges, they may need a little more flexibility than the bigger schools do, you know. In order to keep a big student pool of applicants. I think that's the only thing, and. I know they are looking at putting back some sort of admission test, which, you know, is fine. ...The one problem we've had is with our PNs being a completely different criteria than our RN students. And they sit in on first two maybe first and second semester with them, they don't understand why they can't just ...switch over [to the RN program]. And they don't understand that they were not admitted on the same criteria as these other students. That's not ADN students and no, they can't just ...jump tracks. So that has been an issue for us. (Interview # 9, 2008, lines 464-475)

The two years that Allen spent as Director of Health Programs for the department of Postsecondary Education were tumultuous. Allen reminisces about the parts that she liked the least and the best about this whole endeavor:

That fall was a very difficult time. I was new in the position. People didn't know me. They didn't know what I trying to do. They didn't trust me. It was a pretty

> tough, almost two years. I don't know if there was any one part. I kind of aged about 10 years in the two-year process. It was, there were good moments. There were moments when people would look up from, you know, working on something and say, "Oh, wow this is really coming together, this is great." And those were very rewarding. But then, there were always those calls from people, either presidents or some of the academic side of the, non-nursing folks calling and complaining about general eds. Or, students calling. They'd heard there is going to be a new curriculum, and they wanted to make sure they would pass the board. You know, it's like, okay, do you really think that we would create something that would prevent you from passing the board? I mean, really now. You think our intentions are *that* bad? (Allen, 2008, lines 492-502)

The success of the endeavor was due to the strength and power of the chancellor, Allen freely admits.

> It was one of the most enjoyable things I had ever tried to do in my career. If the chancellor hadn't demanded that I do it, I... would have never tried to pull that off. I think the reason that it went as far as it did—it was no secret that he was a very powerful... people didn't want to cross him. And because of that authority figure, and that power in the state, that's the reason I think that this whole process moved like it did. If he hadn't done that, we'd still be discussing it... For me personally, I enjoyed the whole process of seeing something, seeing a group come together and join resources together. And try to create something together that was, that was going to be helpful to students. I found it very rewarding. It was exhausting, but it was rewarding I am really glad I had the opportunity to be involved in it. Met lots of great people. (Allen, 2008, lines 543-552)

Standardizing the curricula resulted in certain unanticipated benefits for the faculty when networking with their peers regarding best teaching practices:

> The faculty benefits tremendously from it – actually there was a dynamic that happened that... I was thrilled to see. When we started to bring in faculty and they started getting into it, there was a tremendous amount of cross-flow between faculty members about best practices and it wasn't anything that we set out to do – it just happened naturally. There was tremendous amount of sharing back and forth and the faculty group developed not only in their professional knowledge, and also as faculty members. We begin using these curriculum development activities as almost instructional systems – training, like in-service training. We're talking about the possibility of being able to offer continuing education units out of our organization. We [believe]… our curriculum development activities should count for CEU's [continuing education units] because they get into the art and science of instructing, and there is the benefit of that. (Allen, 2008, lines 236-246)

This benefit has been echoed by all the study participants who were interviewed.

> I think it was wonderful. ...I just feel grateful that I was allowed to be a part of it. It was hard work. It took me away from here an awful, awful lot. Uh, it made my workload here heavier because I'd have to work twice as hard on the days that I was here. ...I'm just grateful that I was part of the process, because I not only learned a lot in doing it, I feel like that my input was valuable. I even got to share the results of my dissertation with the committee and some of our admission criteria standards were based on some of the results that I had gotten when I did my dissertation. (Interview # 4, 2008, lines 406-412)

...the networking and getting to meet... all the deans and directors of the nursing program, and for a large part meeting most of the nursing faculty, because we worked so close together on those committees and sub-committees. ...there's a lot of smart people around this state that are nurses. And I think we have learned to pull from each other, support each other, bounce off of each other ideas. So, I don't even know if you can measure the benefits that we've all... gained from the process that we went through... I think probably the reason the 1999 curriculum didn't have the punch that this one did is because they failed to go to those lengths of networking together. Staying together in the same motels, or going up to... {the] Lake... like we did several times... or down to Gulf Shores. And I mean, we just got a chance to know each other, to respect each other, to value each other's differences... for the most part, we found we were more similar than different. And... now I feel like we're a big family, instead of everybody fighting for who's the best nursing program in the state. (Interview # 4, 2008, lines 444-457)

I love meeting people across the state. ...I developed some great relationships, and a lot of respect for ...people across the state. I love that part of it. I loved hearing, [from] schools all over the state, how we really are different. And standardization is good up to some point, but we all have different needs. I... probably didn't recognize that before. The rural place has different needs than an urban place, and the size of the school makes a difference in the resources. ...I learned a lot about that, and that was a real benefit. I learned a lot about Postsecondary. ...I did some things... I've been to an ACHE [Alabama Council for Higher Education] meeting, I've been to a {Alabama State] Board of Education meeting, and I've learned a lot... Some of it I wish I didn't know [smiles]. ...So,

there was a lot of positive that came out of this. ...I don't know that it was done for the right reasons, but there were some positive things that came out of it. (Interview # 5, 2008, lines 622-633)

...the opportunity to get together, again, to discuss common problems, you know that you are not the only person out there with, and actually learning from others about ...how they dealt with this. Just the sharing ...the programs and the faculties within the program ...because I know that we have been [doing] the system wide sharing... They're sharing PowerPoints or they're sharing ideas. [Networking] has been a great benefit. And so for that, ... I think that was a great outcome. (Interview # 12, 2008, lines 500-514)

Well, I often receive calls from other schools and they will say, where is this content now, and I will look, it's... sharing of teaching... [another school] will call and say you know, my students really did terrible on this exam, would you mind sharing with me the test that you used for this? So, you can put your head together and share some resources ...and that would be an advantage. (Interview # 1, 2007, lines 222-227)

The curriculum development activities were intense immersive activities that brought nurse educators from all over the state, and had them work closely together for periods of time that spanned five years, and the activities are still ongoing. The nurse educators found that the problems that they encountered, the issues that they dealt with on a day-to-day basis were not unique, but shared by a surprising number of their peers throughout the state. Laton also stated that the business and industry partners benefited

from a statewide standardized curriculum for community college career and technical programs:

> Obviously, the people out there in the business and industry are going to benefit because they are receiving students that possessing the knowledge the skills they need to do be successful on the job. So it's across-the-board win. (Laton, 2007, lines 246-248)

Laton was justifiably proud of his accomplishments – his efforts at standardizing the Alabama Community College System's curricula was brought to the attention of a national audience in a career and technical education conference in Washington DC:

> I was at a conference in Washington DC a year ago February, and they were talking about the new Perkins law... And the [National] Director of Career Technical programs was standing up there... And she said, "Right now there are two states that are doing statewide articulations and standardized curriculum – New York and Alabama." And then she paused, and she said, "You guys needs to see what Alabama is doing." Never said a word about New York – and I am sitting there and thinking, "Oh man!"... I had a lot of folks giving me business cards and emails and even asking for my card and we have been able to share a lot. So even the new Perkins legislation recognized this process... so at the end of the year whenever we turn in our Perkins report… articulation agreements are one of the reportable items and faculty involvement in the process – all that sorts of things are items we have to account for... (Laton, 2007, lines 297-309)

Laton also acknowledges that the push to standardize the curricula for the community colleges in Alabama would not have been so successful if the Chancellor of the ACCS had not supported this:

> I do know that he was very much the power behind the [standardized curriculum initiative]... I don't think we would have been successful had we not been able to say, "This is a Chancellor-driven initiative."...we did that initially. But because again the faculty's professionalism in recognizing the need for this, it took on a life of its own. Now we don't have to pull that hammer out any longer (chuckles). (Laton, 2007, lines 536-541)

Conclusion

The timeline of the process of standardizing the nursing curriculum of ACCS evidences the process beginning and progressing at a breakneck speed. The rationale for standardizing the curriculum was not made clear to the people who would be most impacted by this change, and that made the faculty, a major stakeholder in this endeavor, a reluctant participant in the process. The initial part of the process was handled with a lack of insight and sensitivity into the depth of feeling that faculty have toward their curricula. The "band with one sound," initially discordant, became harmonious. That the curriculum was successfully implemented is a tribute to the same faculty's desire to make the best of a situation that was forced onto them and to make it work for the students they serve.

CHAPTER V

INTERPRETATION

...We were very vocal, we were very vocal group. We sometimes raised our voices, but respecting one another, and knew it was going to be okay to do that... we had a big group of very strong-willed people. ...but we could walk away at the end of the meeting and still go out and talk and try to convince the others that we were right. (Interview # 12, 2008, lines 119-123)

Introduction

The associate degree nursing and practical nursing programs of the Alabama Community College System (ACCS) standardized their curricula, implementing a common curriculum for all the nursing programs within the system. This substantial undertaking was achieved in a relatively short period of time. This chapter presents the multifaceted story that emerged from synthesizing the data.

Interpretation of data differs from description and analysis in several ways. Wolcott (1994) describes interpretation as addressing "processual questions of meanings and context" (p. 12). In this chapter, the analyzed data is re-examined, and emergent themes are identified and interpreted in the context of the theoretical framework. The findings are then presented through the lens of a critical theory perspective with emphasis on a Foucaultian perspective of *Power* and *Knowledge* (Foucault, 1980), although the data always drove the analysis.

Themes Identified

The themes emerged were of *Speed and Stealth; Power; Compromise;* and *Unanticipated Gains*. The group dynamics during the meetings of both the first the second phase as described in the respondents' own words, implied a specific group dynamics process as recognized by the participants. Themes that emerged from the

participant's views expressed during the interviews lent themselves to examination through the lens of Foucault's Power and Knowledge paradigm. Finally, the curriculum development process that evolved is compared to a formal curriculum development model for congruence and divergence.

Speed and Stealth: Speed

From this data analysis, one is struck by the seemingly hurried nature of the process. Roy Johnson was appointed Chancellor of the Alabama Community College System (ACCS) in July 2002 (Alabama State Board of Education [ASBE] minutes, 2002-2008); the standardization of curricula began in January 2003; five months later. Allen assumed the role of Director of Health Programs in May 2003; the curriculum development for nursing was initiated within a week after she was hired. The timeline for standardization of the nursing curriculum (Appendix J), from vision to reality, happened at an accelerated pace, which is in keeping with the nature of Johnson's leadership style. The seemingly rushed nature of the curriculum development process also left the participants with little time to assimilate the changes, and indeed, the enormity of the consequences of the changes. This breakneck pace resulted in increased stress levels among the faculty.

Speed and Stealth: Stealth

The second feature of this curriculum change is the apparently clandestine nature of the curriculum development initiative throughout the ACCS, perceived by the faculty, both in the nursing programs and in other programs within the system subjected to curricular change. System-wide curriculum development initiatives were set in motion whilst the faculty from the different disciplines was largely ignorant of the endeavor. Seemingly, only the disciplines going through curricular change knew about this initiative

– the curriculum development endeavor was marked by this double layer of secrecy. Many of the members of the nursing faculty were not aware that standardizing the curriculum was occurring in nursing, and in other disciplines. This is evident in the interview transcripts – participants believed that the standardized curriculum development began with the nursing programs: "[The chancellor] was going to carry the standardization all the way through all of the programs in the two-year college system, and we were ...one of the first" (Interview # 5, 2008, lines 118-119).

The curriculum standardization activity was well under way in twelve other disciplines when nursing began its standardization. The faculty who developed the curriculum was not given a clear rationale for revamping a curriculum that had just been implemented 4 years ago: "If we had had a rationale... there would have probably been ... more cooperation" (Interview # 11, 2008, line 252).

Theme of Uncertainty

Uncertainty was evident throughout the process, and emerged in the interviews from both the administration and the nursing faculty. There are levels of uncertainty evident in the process ranging from the selection of the committee through each stage of the process. Uncertainty experienced during the standardization of the nursing curriculum was fostered by a perceived lack of information, lack of choice, and lack of power.

On Being Chosen

The faculty did not know how the members of the NEAC were selected; they attempted to generate reasons for being selected. One of the members thought that it was her background in curriculum design that was the strength for which she was

chosen (interview # 8, 2008, line 22-24). Many members were of the opinion that they were selected based of the strength of the nursing programs they were responsible for.

> ...there were... nursing programs in the system, who were not doing as well on state boards... There were other schools who seemed to consistently have better scores on the NCLEX exams ... the purpose was to get these programs who had been fairly successful to gather, and to look at what were we doing....[and pull together] the best practices. (Interview # 10, 2008, lines 14-24)

> I think I had been in a series of those situations where, I had been in a valley, I knew how to put steps into place to make things work, to bring a program up to where it needs to be. And I believe that's how my name came up. (Interview # 6, 2008, lines 28-30)

I questioned Allen on how the committee was selected. Allen initially stated that she had done some extensive research to identify leaders of the state:

> ...we had several conversations, studied NCLEX scores ...tried to determine from the data that we had, who our leaders were in the system, who was doing a really good job of producing graduates that could go to work and could pass the [licensure examination]... And so, those people were identified as our core group. (Allen, 2008, lines 48-52)

Interestingly, she later states that geographic location, i.e. proximity to Montgomery, Alabama was an additional reason for selecting members: “...we were trying to get people who could come in very easily for day meetings without the expense of a lot of per diem to colleges...” (Allen, 2008, lines 72-74).

In the absence of a clear and definite knowledge of why the committee was selected, there were many assumptions made regarding criteria for selection. I doubt

that any of the members selected or not selected, would have even begun to suppose that such a simple concept of geographical proximity to the Department of Postsecondary Education was a criterion for selection into the committee.

On Not Being Chosen

The NEAC, well aware that the ACCS consisted of very capable nursing educators did not know why they were selected and others were not.

> I was surprised because, indeed, there are so many wonderful educators in this state that have been in nursing education a long time, that could have been easily asked to do that. (Interview # 6; 2008; Lines 35-37)

> ... [I don't know] why... these names [were] on this committee and not [some] other ten. When you look at the expertise in the system, there's a lot of expertise... And so why did these ten people get selected and not the other ten people. ...I don't know... if Dr. Roy Johnson, the chancellor at that time, had a reason to his madness. (Interview # 8, 2008, lines 302-309)

This dearth of knowledge led to circulation of rumors, and suspicion. When members of the committee stated that they had no prior knowledge that they were selected to revise the curriculum, this information was treated with skepticism. "...they had gotten their appointments by letter, and a lot of them *profess* [emphasis added] not to know how it all came about" (Interview #11, 2008, lines 15-16). The committee on the other hand did not think they were withholding knowledge regarding their selection process. It was almost as though they did not want to be perceived to be in a position of greater knowledge, and therefore greater power than their peers.

> ...people just felt like they weren't being represented. And there was a secret committee doing the work. And from my perspective on the committee, and I think it was probably others too, the committee never felt like there was any secret to it. We just got brought in, and we were told, looked in the eye and said this is what you are going to do... (Interview # 5, 2008, lines 173-176)

The theme of uncertainty emerged was a result of lack of knowledge. Knowledge and power are so closely fused as to be virtually inseparable from each other. The lack of knowledge could be construed as a method of exerting power by limiting knowledge.

Theme of Power

The theme of power emerges woven throughout the process of the curriculum change. Foucault's perspective on the dual nature of power includes not only the repressive, but also the productive nature of power.

> What makes power hold good, what makes it accepted, is simply the fact that it doesn't only weigh on us as a force that says no, but that it traverses and produces things... forms knowledge, produces discourse. [Power] needs to be considered a productive network which runs through the whole social body, much more than as a negative instance whose function is repression" (Foucault, 1977, p. 61).

Evident in the narratives of the study participants is the repressive as well as the productive aspects of power. Foucault identified the close link between power and knowledge. The exercise of power results in the emergence of new knowledge, and knowledge constantly "induces the effect of power" (Foucault, 1977, p. 52).

Repressive Power

A committee consisting of 10 nursing faculty and administrators were given a charge to develop a standardized nursing curriculum in 3 days. Most of the members of the committee first heard about the undertaking after a memo sent to their college presidents a few weeks before the meeting. Foucault (1977) asserts that power when exercised creates knowledge. If the exercising of power creates knowledge, then the lack of power is a context for a dearth of knowledge. Knowledge and the withholding of it have been used as a tool for exerting power and authority on persons over time. Withholding knowledge provokes feelings of uncertainty and perpetuates lack of power.

Lack of Knowledge

The rationale for revising a curriculum that underwent a major overhaul three years prior to the new curricular change, was not made clear to the nursing faculty. The faculty felt powerless on being compelled to revise a curriculum without knowing why they needed to revise it.

> ...the sense of it was we were being told how to teach nursing, and nobody knew how to teach nursing better than we did. ...we might have different ways [of teaching nursing], they were all valid ways to teach. And so, here all of a sudden were people who weren't nurses, and certainly weren't nurse educators, telling us how to do this. (Interview # 11, 2008, lines 253-257)

The committee did not have a clear expectation of what their tasks were for the three-day meeting and as a result of that, felt their lack of power and subsequent lack of knowledge keenly. “I don't think any of us had any idea when we got this letter what we were getting into or what it would actually involve” (Interview # 7, 2008, lines 14-15).

> We just got brought in, and we were told, looked in the eye and said this is what you are going to do, wasn't something we wanted to do, wasn't something we volunteered to do. (Interview # 4, 2008, lines 172-182)

> I received a letter from Dr. Allen at Postsecondary sometime in early October that said I had been appointed to a standardized curriculum committee for nursing, and that we would be meeting toward the end of October over this three-day period. And I did not really understand what that meant. (Interview # 5, 2008, lines 5-8)

The lack of power to make significant decisions was also felt by the faculty, who felt thwarted, seemingly at every decision that they made:

> It was hard to make a lot of decisions because we would always have [that] barrier. Well we've got to consult with postsecondary, we've got to go back and see if we can do this, if this is discrimination against someone or legally can we do this. (Interview # 1, 2007, lines 86-89)

> I just think a lot of our failure to progress is because of things in Montgomery. And we would meet and [the Director of Health Programs] would say, "well I've got to take it back to [the legal department], and see if we can do this." And we would vote on things. And we would think, ok, we'll get the stamp of approval. We would come back and we would begin to advise students... And then, I had a student call... the Board of Education and then it went to the Chancellor ... because ... [the student said that] we just keep changing the rules. We would think things were ok, and this is what we decided, and we were just waiting for it to run through an office and say this is good, and so, all of this is just in vain. And

so that's what's frustrating. And then you come back and wear it out again. (Interview # 1, 2007, lines 350-362)

...we had policies they were just so vague and the interpretation ... it's too may steps, it's too much data to try to interpret by all these heads in Alabama. And we're setting ourselves up for errors in interpretation. And like I said, if you don't come to the meetings, no telling what you're doing out there. (Interview # 1, 2007, lines 364-369)

The above statements express the frustration experienced by the participants regarding their lack of power. There was more evidence of lack of power in the lack of choice in developing the curriculum.

Lack of choice

The committee was confined by the elimination of prerequisite courses, and having to fit a curriculum into five semesters instead of six. The committee was given a charge – "you will do it or else." This left the committee with no choice. They had no options on certain aspects of the curriculum: they had no choice of the time they had to come up with a framework; they had no choice of the duration of the programs; they had no choice over setting electives. The first year of the associate degree nursing program had to be the practical nursing program; they had no choice in that either. The lack of choices presented to the committee served to further oppress the committee, but paradoxically also to energize them to cooperate toward meeting this goal.

[Dr. Johnson] said we are going to do a standardized curriculum in the state of Alabama, and this is the committee that is going to do it. And some people started to ask some questions and he just said ... I will tell you, if you don't do it, I

will do it for you. And I don't think that you want to be in that position, ... I am giving you the task to do it ... this committee is going to work, and I am going to come in, and I'm going to check and see what you have done. So... for that three-day meeting, he came in [twice a day]... and went around and asked us individually, ... what we had accomplished, and what we had done and what our participation was. (Interview # 5, 2008, lines 38-48)

I felt very strongly and very clearly there was an agenda... And that particular day the chancellor made that agenda very, very clear. ...his exact words were, he's wanting a standardized curriculum that would include having high school people to access it immediately after they get out of high school that following fall. And that either you can get on this ship or you can get off ... you can have a voice in this decision, or we will make the decisions for you. Those were ... his words, and if I'm lying, I'm flying. (Interview # 6, 2008, lines 78-85)

...the statement that kind of hit home to me ... he said either you will do it or I will. And I was thinking I'm glad we're here to work on it. And ... it wasn't said in a joking way, it was said in a very serious [way], either you do this or I'll do it for you. (Interview # 10, 2008, lines 109-120)

...the way he said it, I kind of felt threatened that we needed to do this and maybe, and unless we got his approval, it wasn't going to, it wasn't going to fly. (Interview # 10, 2008, lines 123-125)

I felt at first ... we're going to talk about this thing and we'll have input. But then when Dr. Johnson came in and ... said get on the ship or get off, my whole

> thinking process changed and I thought well, he just wants somebody down here to, and I'm being very honest, to stamp whatever agenda they have already prepared. And he really was not looking for objective input. (Interview # 6, 2008, lines 161-166)

> [The Chancellor] gave a charge to Allen and all of us, that we would do a statewide curriculum, and if our committee could not do it, he would bring in an outside person who could get it done... then, basically, our schools wouldn't have no voice, an outside person would ... dictate what our schools would do... [It was] a statement of fact. And it was... very direct, and it didn't leave room for discussion at the end. (Interview # 9, 2008, lines 108-119)

The lack of knowledge and perceived lack of power was also, ironically, felt by the administration. The administration did not know and did not have access to what the faculty reactions were to the curriculum development. This lack of knowledge and therefore lack of power was manifest in conjecture and suspicion on the part of the administration.

> ...we wanted to make sure that the group that was called together understood that it was *his* vision this happened ...we expected there to be some discontent, if you will. So, by having it where he would be there and close by, in the morning he came in and said this is what were going to do, this our vision, this is what I expect you to do; and in the afternoon, he would come back in and say okay, so what's the progress, what have you done. And so there was an accountability element there for him to be involved and seeing that group start to work. (Allen, 2008, lines 93-99)

"The exercise of power perpetually creates knowledge and conversely, knowledge constantly induces the effect of power" (Foucault, 1977, p.52). According to Foucault, knowledge and power are interdependent, and will always be so, in any situation. The lack of knowledge results in lack of power, a lack of power also inhibits the acquisition of knowledge. In an effort to balance power on their side, the NEAC attempted to gain knowledge about the process and the motives of the persons exercising power. In the absence of authenticated knowledge, the committee resorted to creating knowledge through speculation, which led to paranoia.

Power, Surveillance and Suspicion: "they were watching us and taking notes"

The administrators felt that the faculty viewed them with suspicion; the faculty felt that there were clandestine activities performed that deliberately excluded the faculty from the process. Placing people under surveillance is an "efficient and profitable" form of exercising power (Foucault, 1977, p. 38). Surveillance or the perception of surveillance resulted in suspicion experienced by both the administrators and the faculty during the process of curriculum development. The strategic placement of key individuals on the committee, structuring and orchestrating the knowledge to maintain control over the process of curriculum development was all measures taken to maintain power. This draw of power related to surveillance was perceived by the NEAC – the three-day meeting had additional participants, which gave rise to speculation and suspicion:

> I felt like people were placed in the room to look at how we reacted, and to look at how on-board we were with the task. And were we a dissenter, or were we somebody who would roll up our sleeves and do the work. ...that's what I felt like people were in the room for, the extra people. (Interview # 5, 2008, lines 73-76)

> ... there was an atmosphere to me that you better. That ...somebody's watching you... nothing was ever said that this is going to affect your job down the road, but I just had that sense. (Interview # 5, 2008, lines 152-155)

Surveillance of a different variety was also utilized by Allen to maintain control of the group, although in a different way:

> ...we wanted to make sure that, that the group that was called together understood that it was his vision this happen ...we expected there to be some discontent... So, by having it where he would be there and close by, in the morning he came in and said this is what were going to do, this our vision, this is what I expect you to do; and in the afternoon, he would come back in and say okay, so what's the progress, what have you done. And so there was an accountability element there for him to be involved and seeing that group start to work. (Allen, 2008, lines 93-99)

The lack of knowledge regarding motives generated suspicion which was not limited to the nursing faculty. The administration also exhibited suspicion, and a fear that the curriculum development endeavor would be sabotaged by dissident faculty. In her interview, Allen mentions myths, rumors and assumptions –

> It didn't seem to matter how careful we tried to be about communicating, there were always these myths, and rumors, and assumptions; and sometimes you just really couldn't track down where it was coming from—some myth or assumption. And then sometimes you could. And there were actual, real campaigns to try to do away with the whole idea. (Allen, 2008, lines 334-338)

Some of the suspicion expressed by the nursing faculty was centered on the presence of spouses of the key players of the curriculum development initiative. The

Chancellor's wife was a member of the committee; Allen's husband participated in the meeting, though most members had positive comments regarding his role in the process. It is interesting to note that none of the members of the committee felt that it was unusual for Allen's husband (Bob Lockwood) to participate in the curriculum development initiative. Of course, Lockwood was the Director of Research and Institutional Performance at Postsecondary, and a served on the Alabama Board of Nursing as a consumer member. Even so, one wonders if this spousal presence would seem anomalous in a male-dominated profession, or when the key player would be male.

Spousal Involvement – "she was his eyes and ears..."

The involvement of Allen's husband was noticed, but did not generate much discord. Of the participants who mentioned Lockwood (interviews #1, 4, 5, 6, and 10) only one person found it significant that he were present; many expressed that he had positive contributions to make.

There were however, raised eyebrows regarding the presence of Linda Johnson, the Chancellor's wife, who was a member of the NEAC. Some of the participants acknowledged that she had significant contributions to make:

> I think her role in that committee was to look at it from the transferability ... Other people may feel differently ...because she is Dr. Roy Johnson's wife. You know, she could have been on there as, I mean, there could have been lots of things. But she gave good input as to when you are developing this curriculum, [about the] "STARS" guideline, which is actually [an articulation] contract with the four-year [university] system... It's a legally binding contract with the four-year

institution. They have to accept our credit. She was also on the ...statewide articulation committee. (Interview # 8, 2008, lines 333-350)

Most of the participants were unsure of what her job title was – the conjectures ranged from executive vice president of her school to advisor, counselor (incorrect) and secretary (correct).

> There was a lot of dynamics going on there, yeah. It was like every word someone said *they* [emphasis added] would set and record, And those people from Postsecondary and Southern Union, Mrs. Johnson, ... [the Chancellor's wife], Allen and then Bob [Allen's husband and postsecondary employee], and those people from Postsecondary, were kind of taking note of what everybody was saying.... I just feel like Mrs. Johnson was his eyes and ears, and got a feel for everybody, and was reporting back to him what was going on, and what the dynamics were related to the meeting you know. (Interview # 6, 2008, lines 294-303)

> And I don't really know why she was put on that committee other than she was married to Dr. Johnson, and maybe she was there to be his ears and eyes... (Interview, 2008, lines 65-67)

> And another thing is by having her in there, people couldn't make very many critical remarks about Dr. Johnson... She was sort of the, you know, unspoken authority role, I think, in that room to maybe keep everybody on their best behavior. (Interview # 9, 2008, lines 83-89)

> I didn't know that she was the chancellor's wife, the former chancellor's wife. I didn't know that until someone told me sometime during the meeting that she was the chancellor's wife and I thought oh, I wonder if she's here to take notes as far as who said what... (Interview # 10, 2008, lines 316-319)

The surveillance-related suspicion was further intensified by the representation in the committee from one college, which also happened to be the Chancellor's former employer. Johnson had been president of that particular community college before his appointment as chancellor of the ACCS. Johnson's former college had four representatives; the other colleges had one representative each.

> I do think that one school was over-represented, and that was Southern Union. ...you had two chairs, and you had a counselor person ...I hadn't never [sic] seen her in none of our nursing meetings before. And then when I understood she was introduced as Dr. Johnson's wife, I went well! ...So yeah, I really felt like there was over-representation from one particular entity. (Interview # 6, 2008, lines 88-92)

> ...one of my first thoughts was, why are there so many people from Southern Union here? ...I just thought why are there just, ...one from the other schools but there were several people from Southern Union... (Interview # 10, 2008, lines 62-66)

> ...there were... four from ... Dr. Johnson's home school. And I felt like he knew them better than he knew the others, and he just basically picked many of them to be on the committee because of familiarity with them. (Interview # 11, 2008, lines 22-25)

I wondered why there were so many people from Southern Union. And it kind of seemed strange knowing that Dr. Johnson had been the president at Southern Union that... they had so many more representatives there than the rest of us. And then when I found out that she... was his wife and it was like, why is there ... an advisor when none of the rest of us have anybody to represent our schools who advise the students? (Interview # 10, 2008, lines 323-328)

The representatives from Johnson's former school also felt the "vibes" from the rest of the committee:

...the reason Southern Union was hit kind of heavy on the committee... is because we [were] ...doing a one plus one curriculum... Where the PNs would just simply stay in track if they chose to or come back one more year for. ...We were doing an integrated curriculum... because I know we did catch a lot of flak, for lack of a better term, about having so many people on the committee from here. Other comments were made by other schools and other faculty members about us ... wanting to know why we were ...the chosen ones... (Interview # 9, 2008, lines 42-54)

...I felt like we were already thought of in a negative way by the other committee members because once we kind of walk in as a group, ...they thought we were there to take over, and make the state do what Southern Union did. ...I think that's how we were perceived. We were coming in, and we were going to show them how to do it. (Interview 9, 2008, lines 92-96)

The suspicion voiced by the committee members regarding the over-representation from the Chancellor's former school was inevitable considering the

clandestine nature of the curriculum development process, as perceived by the committee and the rest of the nursing faculty. On being asked about the reason for so many persons from one college representing the committee, Allen explained her decision to me:

> ...not only did [the Chancellor] give me this task of standardizing the curriculum as soon as possible, he also appointed me to serve as the interim dean at Southern Union-- in my spare time. So, I was commuting back and forth from Montgomery to Southern Union several times a week... So based on that commute back and forth, I knew some of the leaders in the Southern Union college, and started involving them in the process. So, it was more convenience, rather than anything else. (Allen, 2008, lines 62-68)

The conjecture and speculation regarding the reason for so many members representing the Chancellors school were extensive; the actual reason for selection was much more mundane – geographic proximity, “mostly convenience.”

Capillary Power and Shift of Power

Foucault (1977) stated that power exists in, and is exercised by all individuals. He describes a mechanism of power that exists in a “capillary form” (p. 39). In this capillary form, power inserts itself into every action that a person takes, in every discourse, and in their everyday existence. The exertion of, or exercise of power is multidirectional, and *the balance of power shifts based on the shift of knowledge.* The members of the nursing faculty experienced powerlessness when they began the process of developing the nursing curriculum, but subtly and surely, the power shifted. The lack of knowledge and power were very evident in the initial content development meetings in January 2004. The turning point was during the Lakeside Retreat later that

year. This shift in power appears to have occurred at the capillary level when more faculty became involved, and were provided with more space, literally and figuratively, for “circulation.”

Productive Power

The Lakeside Retreat: the Faculty Reclaims their Curriculum

The large, unwieldy, and often antagonistic groups that were the hallmark of the January meetings somehow underwent a transformation to a cohesive, functioning, effective, and high-performance group who were able to set aside their individual differences and realize Allen’s vision that they were “more alike than different.” The transformation was not a dramatic change; rather it was a subtle and understated. It began with the involvement and subsequent attachment to the curriculum which the faculty had created from ground up. As the faculty became more involved in the curriculum development and refinement process, they regained the power through greater knowledge of the content development, the flesh on the bones of the course names and numbers. One of the study participants articulated this clearly:

> ...these ten people [in the Nursing Education Advisory Committee] didn't develop the curriculum. ...what I mean is when it got down, they developed the course numbers and the names. And what went in them was developed by a lot of people throughout the state ... So, in other words, it wasn't like these ten people went down and said okay these are the content areas in all of these courses. Other people were brought in. Those numbers were put together by this committee, and those names were put together by this committee and the beginning talking about content. But the actual final product is not a product of

only these ten members. It's a product of a lot of other people throughout the state. (Interview # 8, 2008, lines 553-567)

Freeing of Knowledge: Further Shift of Power

Another milestone that marked the shift of power was the creation of the extranet. The extranet made available knowledge regarding curriculum development to all the employees. This freeing of knowledge also subtly shifted the power to the faculty. Knowledge regarding the curriculum development process was freely available to all who sought it, and this enhanced the sense of ownership of the curriculum for the faculty. The stealth and secrecy of the First Act was ended as the faculty regained control of their curriculum.

Theme of Compromise: Making the Best of the Situation

...this charge was given from the chancellor; it was something that he wanted to make sure happened, then we decided how it was going to happen, and that we were going to have a part in it. ...if we didn't have a part in it, then it was going to happen anyway. And so, as all good faculty do, we want to protect the students and their learning outcomes. (Interview # 8, 2008, lines 155-168)

Moving from Cooperation to Collaboration

The members of the NEAC were faced with a massive undertaking in a short period of time, with many restrictions. Initially, there was a great deal of frustration, tension and anger toward the process and the situation that they had been placed in. But as the work session progressed, the group meshed together, initially in a forced cooperation, but later in a positive, purposeful collaboration, to perform the task of drafting a standardized nursing curriculum. Collaboration is a shared and synchronous effort of individuals or groups working together, while cooperation is completion of tasks aimed toward a common goal (Arcidiacono, 2007). According to Arcidiacono, individuals

or groups engaging in collaboration engage in similar tasks, share common knowledge and expertise, have similar status and work toward mutually set goals. Those engaging in cooperative tasks tend to engage in different actions, have diverse expertise, may have asymmetric status, and work toward a common goal that is usually assigned to them. The NEAC and later the nursing faculty initially cooperated to achieve a goal that was set by the chancellor of the ACCS. But as the endeavor progressed, it evolved into a collaborative synchronous activity with shared knowledge and expertise.

Webster's Dictionary (Cayne, 1990) defines compromise as "a method of reaching agreement in a dispute, by which each side surrenders something that it wants" (p.201). The nursing faculty compromised on autonomy and ownership over their curriculum, in order to fulfill the goals set with the restrictions placed by the chancellor. The emotions experienced by the committee when faced with the need to compromise are expressed with poignancy:

> ...by the end of the day, after all those angry feelings came about, I was still angry. And that's the truth. By the end of the day ...I began to become resigned to the fact that I'm not making the decisions, and so if I wanted to have any input and try to keep it in the middle of the road, then I needed to try, put my thinking cap on... (Interview # 6, 2008, lines 34-38)

> I think that afternoon we ...quit the spinning and debating. And because every time we would debate this just doesn't seem like it would work, somebody would always say, but you know, we've been told that we have to do this and if we don't do it... he will do it. And we all knew that that was not where we wanted to be. For a non-nursing person to just give a curriculum, say this is what you have, we love nursing enough and we felt like we knew a little more than someone outside

knew to do that. So, we just decided to you know, buckle down and work and do the best we could. (Interview # 5, 2008, lines 212-219)

I think by the third day we had kind of given up some of that and decided we had to work as a team. We had to accomplish this, and what could we do to make it where everyone could live with it. So, I think the third day, it was finally more of a team coming together. And people realized they had to give up some things, you know. We had to negotiate. ...And give up some of the things, and you know, in order to accomplish the ultimate bigger goal. (Interview # 9, 2008, lines 167-171)

Compromise was achieved, and the group came together with a curriculum which may not have pleased everyone, but would at least be a "draft that we could live with (Interview # 4, 2008, line 193)."

Group dynamics – Evolution of the Group

One of the emergent concepts from reading the interview transcripts was how the committee and later the larger group evolved. Several faculty members used the terms "storming" and "norming" as they referred to how they evolved and transformed as a cohesive group. Initially, the members of the committee were slightly wary of one another, were unsure of their individual agendas, and were barely getting acquainted. Initially, none of the members of the committee were willing to compromise; believing that to lose what they held dear to their hearts would take away the integrity of their respective programs.

As in the formation of any group that comes together for a specific task, the NEAC underwent a process of evolution, beginning with getting acquainted and eventually bonding and working together to achieve a common goal. The process of

evolution and maturation of the NEAC will be examined using a theory of group dynamics alluded to by the respondents themselves: Forming, Storming, Norming, and Performing (Tuckman, 1965).

The first stage in group development according to Tuckman is “Forming,” where the group orients with each other, tests boundaries, and establishes a dependency relationship with a leader. The second stage, called “Storming,” is characterized by polarization of the group, generally around interpersonal issues, and may result in resistance to carrying out the group task. In the third stage, called “Norming,” the group relinquishes their conflict and begins to develop cohesiveness. They sometimes regroup, and may develop new roles and standards. The fourth stage is called “Performing,” in which the group relates well to each other, and uses their enhanced interpersonal relationships to channel their energies into completing the task. Tuckman later added a fifth stage, “transforming.” The nursing faculty did not achieve the “transforming” stage during the boundaries of the case study. Tuckman did not give an estimate of the time it took to move through these stages of group development.

Forming and Storming

The Nursing Education Advisory Committee (NEAC) had exactly three days to go through the group development stages, and accomplish their tasks. The members of the committee that were interviewed recall the first day of the meeting as spent in getting to know each other, sizing each other up, and laying some ground rules for working together. “...a lot of this time was spent, I think, getting to know each other, and getting to feel safe in saying what you thought” (Interview # 10, 2008, lines 161-163); “We had some issues of territoriality. We all thought what we were doing was better than what the other schools were doing” (Interview # 4, 2008, lines 256-258); “...it was stressful

because the whole first day was basically where do we start. How do you even start this project" (Interview # 5, 2008, lines 49-50).

And also,

> ...a nursing a program is based on, as NLNAC criteria had taught us, on philosophical beliefs about nursing and education, and nursing education. And so to find a group of... nurse educators to come to the table, and even adopt the same philosophical principles, was a journey that I knew would be very difficult and painful at times. (Interview # 12, 2008, lines 30-33)

> The first day it was awful because, especially with a couple of the people on the committee are very, very vocal. And they basically thought we were taking their program away from them. (Interview # 9, 2008, lines 153-155)

> ...everyone participated. As I remember because as I said we were very opinionated, and it's amazing, looking back, that we were able to come up with... [a curriculum] in three days... (Interview # 12, 2008, lines 242-245)

> The first day was the hardest... I actually have sat on other committees, and when you come together, ...you come together as individuals, with your own needs and wants. And you always are going to look out for those. ...just [as] parents look out for their children, faculty members look out for their students... But I think the first day was stressful, and then when we saw that this was going to happen... from the chancellor, didn't really matter what we thought about it. ...I mean, it was one of those times that... when you're in Rome you do as the Romans do... And all of us wanted the best for our students, and so we decided

> that once that this charge was given from the chancellor, ...then we decided how it was going to happen and that we were going to have a part in it. ...if we didn't have a part in it, then it was going to happen anyway. And so, as all good faculty do, we want to protect the students and their learning outcomes. (Interview # 8, 2008, lines 155-168)

The second stage is identified as “Storming.” In storming, the group reacts emotionally to the task on hand, experiences feelings of resistance and makes sure those feelings are expressed. This happened on the first and second day of the meeting.

> I think what Dr. Allen... had probably had the vision to see... strong-willed people to start with, because... everybody would speak up, and it probably took us meeting together several, several times before we started really kind of seeing eye to eye and respecting each other's viewpoints and differences. So, there was some, there was some tense moments, especially in that first week. (Interview # 4, 2008, lines 265-269)

> So I had to also fight, with my better judgment because I'm going to be trying to do something I've never had any experience with and that I didn't necessarily believe that would be the better way of teaching. Because what we were doing was working. (Interview # 5, lines 150-152)

Norming and Performing

The next two stages of group development are the “Norming” and “Performing” stages. In the “Norming” stage, the group members begin to develop cohesion and begin to relate to each other. In the “Performing” stage, they begin to work together to meet their common goals. The NEAC experienced the last two stages of group development

on the third and last day of the meeting. “They [the NEAC] chose to ...make it happen, rather than to let it happen” (Interview # 8, 2008, lines 267-268).

> I think that afternoon we started really doing some of the more serious work, and we quit the spinning and debating. And because every time we would debate this just doesn't seem like it would work, somebody would always say, but you know, we've been told that we have to do this and if we don't do it he does—he will do it. And we all knew that that was not where we wanted to be, for a non-nursing person to just give a curriculum, say this is what you have, we love nursing enough and we felt like we knew a little more than someone outside knew to do that. So, we just decided to you know, buckle down and work and do the best we could. (Interview # 5, 2008, lines 212-219)

> ...[when I realized] we were going to have to do this thing, I tried to give input and be relevant to the process. And so I began to step up to the plate, and try to infuse what I could, knowing my population, in listening to what some of the other chairs were saying... (Interview # 6, 2008, lines 324-326)

> We all said our piece, whatever that piece was. Mine was a little different probably, because I wasn't in it for the same kind of reasons. Once you let us say our piece, then our own profession as nurses knows that we've got an outcome to reach. And so, we decided that outcome needed to be reached. And so, that's where the stress level got put away. And we said okay, this is what we're going to do, let's figure out how to do it. (Interview # 8, 2008, lines 179-184)

> I think by the third day we had kind of given up some of that and decided we had to work as a team. We had to accomplish this, and what could we do to make it where everyone could live with it. So, I think the third day, it was finally more of a team coming together. And people realized they had to give up some things, you know. We had to negotiate. ...And give up some of the things, and you know, in order to accomplish the ultimate bigger goal. (Interview # 9, 2008, lines 167-171)

It is clear that the group did go through the group development phases even though the time was restricted. There simply wasn't enough time to form or storm – they were under pressure to perform, and therefore, they did that with minimal storming. Some of the members of the NEAC knew each other from other committees related to the ACCS, and through networks established as nurse educators. The relatively short time to complete the forming and storming stages may account for this prior acquaintance. The lack of choice, and the deadline looming ahead, made the group come together and work toward their goal in a relatively short period of time.

Group Development

Tuckman's group development sequences theory was primarily used to predict dynamics of small groups. When the doors were opened wide to admit all the members of the nursing faculty into the curriculum development process, the group grew to about 300 members. The larger group came together in three to four work sessions that were two to three days each. The larger group evolved through the forming-storming-norming-performing as well. The storming part was particularly spectacular, as recalled by some of the interviewees:

> We stormed a lot in the beginning. We stormed—everybody. I had people slam doors, leave meetings, raise their voices in the middle of the meetings. Tears, bunch of folks crying, it's like tantrums. (Allen, 2008, lines 360-362)

> ...we had to have facilitators in each room to keep the group focused and to keep tensions down because there was a lot of resentment, folks didn't want to give up what they had. Even the pilot schools, even the committee had to put their own biases aside because we felt like we had good programs, a good curriculum and why give up something that we knew that worked. (Interview # 1, 2007, lines 41-45)

Authoritarianism versus Capillary Power – Power in Large Groups

Controlling the emotions in this large group, and keeping the group focused was an ongoing challenge. On the first day of the first work session held at Opelika, Alabama, Roy Johnson, the Chancellor of the Alabama Community College System addressed the participants and let them know in no uncertain terms, that "we had to buy into it ... we were told... that you would no longer be needed if you're not interested in this..." (Interview # 1, 2007, lines 47-49). While this authoritarian edict did not subdue the group completely, it did motivate the group to focus their energies into developing the content in the courses.

The authoritarian personality style was first identified by Adorno, Frenkel-Brunswick, Levinson, and Sanford in 1950 in their notorious and extremely criticized work (Martin, 2001). The authoritarian personality type are theorized to possess the following characteristics: *conventionalism* or adherence to socially accepted norms, *authoritarian submission* or a tendency to follow socially accepted authorities, and

authoritarian aggression or aggression against persons who do not follow socially accepted norms. Authoritarianism had been described as an important factor fundamental to prejudice, social discrimination and other social evils (Martin, 2001; Kessler & Cohrs, 2008). In a bold look at authoritarianism, examining its adaptive features, Kessler and Cohrs postulated that authoritarianism fosters cooperation in large groups and thereby facilitates achievement of group goals. Rules within large groups are adhered to by setting norms, rewarding compliance to norms, and punishing deviation from norms. Johnson's presence served to subdue the group temporarily; later, the group continued to storm and perform. Johnson's communication and leadership style was predominantly authoritarian. The power wielded by an authoritative leader is generally repressive. As the curriculum development progressed, and the chancellor's presence was less evident, the capillary power (Foucault, 1977) of the nursing faculty took over.

"Forbidden Fruit" Theories

Analysis of the gathered data revealed another interesting characteristic noted in the group participation in curriculum development. In the initial meetings, entrée was restricted to a selected few. When the entrée was restricted, several members of the nursing faculty clamored to be a part of the group. Their request for participation was either denied, or acquiesced with severe limitations imposed:

> ...we were told that we could come to the meeting but we could not have a speaking part. That we would be allowed to hear the discussions at the table, but that we would not be allowed to participate. So I did go to the meeting, and with several other people, we sat around the room, up against the wall, while the committee sat at the table ... So I had to really sit on my hands and try to keep

my mouth shut, although they ... at one point ...asked us some questions that we responded to. (Interview # 11, 2008, lines 73-77; 82-84)

Later, when the process was opened to all members of the nursing faculty, there was an initial upsurge in participation, followed by a marked decline in interest in participation. A search of literature (literally, a “Google” search with “forbidden fruit theory” as the search phrase) revealed two theories that fit this phenomenon: Reactance Theory (Brehm, 1972) and Commodity Theory (Bushman & Stack, 1996).

Reactance Theory

Reactance theory (Bushman & Stack, 1996; Tennen, Rohrbaugh, Press,& White, 1981; Brehm, 1972) is based on the principle that when a person’s freedom to engage in a particular behavior is threatened or taken away, the individual develops an increased pressure to reestablish the lost freedom. This increased pressure to perform the denied behavior is called “psychological reactance.” Psychologists use this theory to describe adolescent behavior when rules are imposed on them. An often cited example is the use of warning labels on movies or television programs. The greater the attempts to suppress a freedom, the greater the psychological reactance; when the restrictions in behavior are removed, reactance will decrease and the individuals are no longer motivated to indulge in that behavior.

Commodity Theory

Commodity theory (Bushman & Stack, 1996) is based on the premise that any commodity that is perceived as unavailable or not readily available will be valued more than a commodity that is freely available. A commodity is anything that is of value to a person, and can be transferred from person to person. Commodities can be tangible goods, like food or gasoline, and also symbolic stimuli like permission to watch television

programs or movies, admittance to clubs and organizations, or permission to participate in meetings. The exclusion of many into the Nursing Education Advisory Committee increased the value of the inclusion into the curriculum development process considerably. The inclusion of all into the subsequent activities decreased the value of the commodity, and interest in participation waned.

Reactance Theory and Commodity Theory highlight the behavior of groups when their freedom is limited or their access to a commodity (in this case, knowledge) is limited. Denial of access to something that a person or group feels they should have access to leads to a feeling of exteriority (Hall, 1999), which makes the individual or group feel powerless. In an attempt to regain power, they attempt to gain access to the denied commodity, which in this case was knowledge regarding the curriculum development initiative.

The curriculum development activities occurred in four phases, with varying degrees of inclusiveness and exclusiveness of groups. Figure 1 illustrates the group participation and inclusiveness of the group in each phase. The premise of forbidden fruit theories seems to be validated in this case. The “First Act” in the drama was characterized by limited entrée, which increased the participants’ motivation to be a part of the process. When the entrée was less restrictive, the participation in the curriculum development process surged and crested. As the process continued, and the entrée was freely available, the pressures of teaching loads and day-to-day routines made participation in the curriculum development activities a hardship, and participation became less attractive, and therefore began to wane.

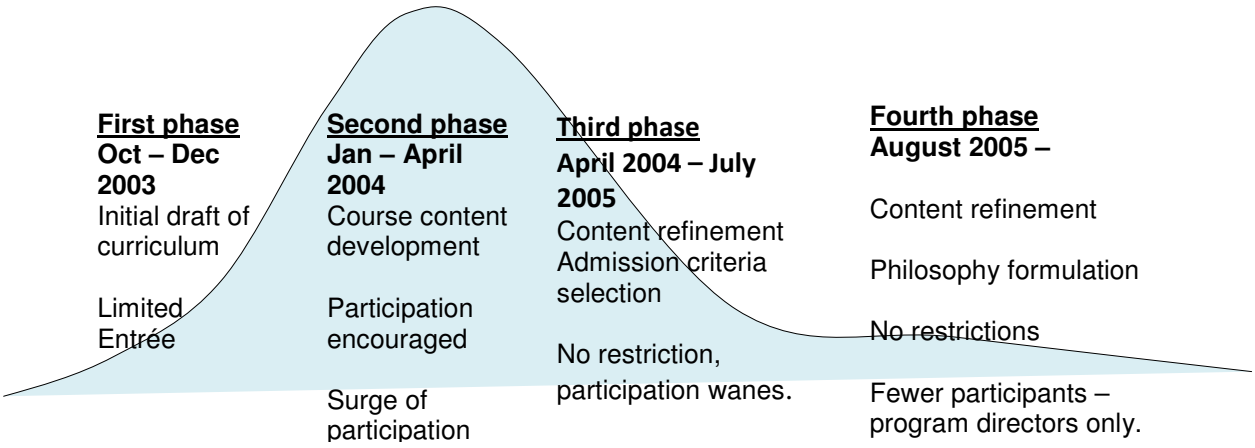


Figure 1. Group Participation in Curriculum Development Activities.

Opinions about the Curriculum: the Good, the Bad and the In-between

...it's kind of like herding cats... (Interview #11, 2008, line 555)

Most of the participants interviewed gave their opinions about the curriculum, frequently without being asked. This was not originally a sub-question for the case study, but the participants felt compelled to speak about the curriculum, and express their feedback and critique about the curriculum that they had worked so hard to formulate. A case study is designed to proceed in the direction of the data; therefore a brief discussion of the participants' observations and reactions to the Standardized Nursing Curriculum is included.

Strengths

I think that it's a good curriculum, but I don't know that it's any better than what we had. (Interview # 11, lines 288-289)

The strengths of the curriculum were harder to garner from the data collected than the weaknesses, both from the interviews and from the records. For the most part, the participants expressed the desire to keep the curriculum because the alternative was too horrendous to contemplate. As one participant stated, "...a lot of work has gone into it. And most of us don't want to come up and ...redo any stuff..." (Interview # 9, 2008, lines 650-652). Another participant summed up the new curriculum in a manner that represented the opinions of the majority:

> I've heard colleagues that really like it. I've heard colleagues that really hate it. I'm generally not a fence-straddler most of the time, I have a firm opinion one way or the other. I guess I would edge toward saying that the curriculum is okay, but it needs some polishing. I think it's more okay than not okay. (Interview # 11, 2008, lines 434-437)

A strength surfaced during the networking and interacting that was necessitated by the curriculum development was the bonding and closeness experienced by the nursing faculty. Friendships were forged, and resources were shared. For example, one of the faculty members in a nursing program passed away after a battle with cancer in the middle of a semester. A neighboring program volunteered their faculty to cover the coursework until the school found a replacement for the person that they lost. This level involvement would not have happened before the curriculum development process. Every participant interviewed stated that they gained a tremendous amount of unanticipated but extremely welcome camaraderie and solidarity.

> ...we have learned to pull from each other, support each other, bounce [ideas] off of each other... So, I don't even know if you can measure the benefits that we've all... gained from the process that we went through... I think probably the reason the 1999 curriculum didn't have the punch that this one did is because they failed to go to those lengths of networking together. (Interview # 4, 2008, lines 447-452)

> ...the opportunity to get together... to discuss common problems, you know that you are not the only person out there ...actually learning from others ... Just the sharing I think, ...brought us not only the individuals, but ...the programs and the faculties within the program... [Networking] has been a great benefit... I think that was a great outcome. (Interview # 12, 2008, lines 500-514)

> ...there was a dynamic that happened that I was thrilled to see ...there was a tremendous ...cross-flow between faculty members about best practices, and it wasn't anything that we set out to do – it just happened naturally. There was tremendous ...sharing back and forth and the faculty group developed not only in

> their professional knowledge, [but] also as faculty members. We began using these curriculum development activities as almost instructional systems ...like in-service training. (Laton, 2007, lines 208-213)

The networking continued even after the meetings became less frequent. It was not uncommon for program directors to contact each other by phone or email and ask for advice regarding program issues. Members of the faculty were also willing to share resources and best practices with each other.

> Well, I often receive calls from other schools and they will say, where is this content now, and I will look, so it's ...sharing of teaching... [another school] will call and say you know, my students really did terrible on this exam, would you mind sharing with me the test that you used for this? So, you can put your head together and share some resources, you know, and that would be an advantage. (Interview # 1, 2007, lines 222-227)

The Alabama Community College System truly felt like a system rather than a collection of individual colleges after the curriculum development experience.

Weaknesses

"I feel that our statewide common curriculum is losing its commonality... (Interview # 1, 2007, lines 165-166)

There were several criticisms directed at the standardized nursing curriculum. The participants hastened to state that while there were several things that were right with the curriculum, there were several drawbacks as well. The loss of individuality was bemoaned by several nursing faculty, and that was almost universally the criticism leveled at the curriculum.

Admission Criteria

Much of the problems stemmed from the admission criteria: 8 of the 12 participants interviewed expressed dissatisfaction with the admission criteria.

> It is too confining. And we've had to deal with that, and we've had to find a way around that ...if I knew a student that's already had the two anatomies, the math, and the English, then the three nursing courses in first level does not give them enough hours for Pell grant. (Interview # 4, 2008, lines 374-377)

The students who enroll in nursing are very often recipients of federal financial aid (the Pell Grant). To glean the maximum benefit of their grant, the students have to enroll in a minimum of 12 credit hours. If the student has already completed their general education courses, they will not have 12 credit hours of course work in the first semester. This may mean the award of grant monies which will not fully fund their tuition. Many of the students enrolling in two-year institutions do not have the funds to finance all or even part of their tuition. They have to rely on federal funding to finance their tuition and even their living expenses. In educational institutions in rural or poverty-stricken areas, a significant number of students who enroll in colleges do so with financial aid. The college administrators and instructors are sensitive to this issue, and they design their curricula to support their financially and educationally disadvantaged students. The standardized curriculum with its standardized admission and progression policies made it difficult for these institutions to attract and retain students:

> ...what I liked the least was giving up some of the things that we had found to be so tried and true... We live in a very low socio-economic area. Lot of our applicants don't have a real strong background in education. They're very marginal. ...the... admission policies were actually stronger than what we had

> before, but the progression policies are much more lenient. (Interview # 4, 2008, lines 473-479)

The more stringent admission policies eliminated a large number of the college's applicant pool; the more lenient progression policies let marginal students graduate, and fail their licensing examination, which compromised the integrity of the nursing program. "...the thing I like least about this curriculum is that we have lost that individual control of doing what's necessary for our population" (Interview # 4, 2008, lines 497-498).

One criticism was about the Grade Point Average (GPA) requirement. The admission criteria stated a mimimum 2.5 cumulative GPA. This meant that a student who had done poorly due to maturational issues twenty years ago, and failed six courses and therefore had a low GPA, could never be admitted into the nursing program.

> ...the admission process is a problem. ...that their transcripts follow them for life is crazy. We know that hurts some students who, in their youth they were not a good student, and that 0.8 [GPA in their] transcript ...knocks them out as an adult learner from even applying to nursing. And I hear those stories everyday, I'm a single mom, my GPA ...now is 3.8 and ...I've worked so hard, and I can't even apply because of something in my past. That's just wrong, and the fact [is], we've known that since the very first pilot. And we have been saying please change it, there is a committee working on it, but it's not changed at this point, and that's not right. (Interview # 5, 2008, lines 529-536)

The first two semesters for the practical nursing and associate degree programs are identical. Paradoxically, the admission criteria for selection into the practical nursing program are different from the criteria for selection to the associate degree program. For example, the associate degree nursing programs rank applicants based on their grades in college or high school level courses in biology and human anatomy and physiology,

while the practical nursing applicants are ranked based on their grades in college or high school level math and English scores. Nursing schools within the ACCS that have both practical nursing and associate degree programs enroll both groups of students in the same classes. The dilemma arises when a practical nursing student, after successfully completing the first two semesters of the standardized, integrated curriculum applies for a transfer to the associate degree nursing curriculum. Nursing faculty are unsure of how to handle this situation as student may have met the eligibility criteria for the practical nursing, but not the associate degree program.

> I think it's good to have standard admission. But, I think we need to realize it doesn't necessarily, is not one size fits all. ...The one problem we've had is with our [practical nursing students] being [admitted with] a completely different [admission] criteria than our [associate degree] students. And they sit in on first two maybe first and second semester with them, they don't understand why... [when] there's an opening in the RN program, can I just switch over. And they don't understand that they were not admitted on the same criteria as these other students. That's not ADN students and no, they can't just ...jump tracks. So that has been an issue for us. (Interview # 9, 2008, lines 464-475)

Issues with allocation of course content to the different courses were another issue that is ongoing and a cause of frustration with many faculty members.

> There still issues with content. And we look at, we know to go to the Postsecondary Web site and look at regularly, because it changes regularly. Sometimes you know, couple of times a week. And that can be aggravating when you're trying to get your syllabus ready for the next semester and you've already printed it, and some things have changed. So what we just try, we try to look at it up to a certain point, and then print our syllabus. And then, we try to adjust the

content ...if there something's that's changed... But we still find that there's a few things left out. (Interview # 6, 2008, lines 426-432)

After the curriculum was piloted, the members of the faculty were invited to meet regularly to revise and refine the course content. There was a marked lack of participation of the nursing faculty from this time onwards, in mo small measure because of the time taken away from classes and clinical supervision to attend the meetings. The program chairpersons continued to attend, and the revisions continued. The attendance of the participants was also erratic, and as a result, the absentees would have to be reoriented to what was discussed and finalized at a previous meeting.

> ...getting agreement to the content in each course, and making sure that we had all the content in every course... that was the most challenging, because it was tedious. And at that time, everybody was invited to come do it. ...And there would be people that came to one meeting that had never come to anything else, so they didn't understand what was going on, and ...it would take forever... to catch them up, and they would be asking all the same questions that had already been answered ...it would take forever. So we didn't move very quickly. But that was an important part of the process for everybody to feel like they did have input. But it really slowed the process down. (Interview # 5, 2008, lines 398-408)

Practical Nursing Marginalized: "It's killing our LPNs..."

One other criticism leveled at the curriculum was that it had a very detrimental effect on the practical nursing students. The interviewees were guarded when divulging retention rates, but disclosed that their practical nursing retention rates ranged from 35% to 21%. Of course, the first-time licensing examination pass rates were high. As one participant stated, "Our retention scores are in the crapper, but our board scores have

gone up, we're really pleased with our board scores" (Interview # 11, 2008, lines 325-327).

The lack of elective courses was also felt to be a weakness of the new curriculum: "...we used to have electives ...[but] now we're feeding other divisions, putting them in Infection Control, an EMS course, or, Medical Terminology... if we had some other electives, it would be good" (Interview # 1, 2007, lines 252-256).

The participants recall attempting to negotiate electives into the curriculum. They were brought back to focus on Johnson's vision of the curriculum:

> I remember some of the committee... members making comments that they needed some electives... but as I remember, we would always go back to Dr. Johnson's statement... he wanted this [to be] a one-year curriculum [for LPN students], nothing more. ...He wanted it very defined, very to-the-point, and I think probably the committee members realized that down the road it probably could be an issue. But we would always be pulled back by Dr. Allen to that initial vision of his, that it's a one-year curriculum: get them in, get them out, get them out there in the workforce, because we have a nursing shortage. (Interview # 4, 2008, lines 392-400)

Other criticisms leveled at the curriculum included reduction in clinical time, reduction of theory hours, lack of evaluation of the pilot programs, and implementing changes or "tweaking" the curriculum before the pilot programs could be evaluated.

Another shortcoming was the lack of a systematic method of recording the process. One person bemoaned the fact that "...we're operating off memory. We never had minutes. And I asked several times, why don't we have minutes" (Interview # 11, 2008, lines 535-536).

Curriculum Development – Theory and Reality

Curriculum development is an intense and systematic activity that uses a great deal of time, labor, energy, and resources (Goldenberg, Andrusyszyn, & Iwasiw, 2004). The success of curriculum development requires the commitment of all of its key stakeholders. Reviewing the literature revealed many models for curriculum development. One curriculum development model was compared to the process of developing the standardized nursing curriculum for similarities and differences. The curriculum development model chosen is the model of the curriculum development process in nursing education detailed by Iwasiw, Goldenberg, and Andrusyszyn (2005). The authors describe the process of curriculum development in nursing education as an iterative process that contains philosophical statements and goals, has courses and course content in sequential order, and includes an evaluation process integrated in the curriculum.

Steps in Curriculum Development

The steps in curriculum development process in nursing education are outlined by Iwasiw et al. (2005) as (1) determining the need for change, (2) Gaining support, (3) Organizing from curriculum change, (4) plan and implement faculty development, (5) gather data about internal and external contextual factors, (6) agree on philosophical approaches, (7) determine curriculum development directions and outcomes, (8) formulate curriculum goals (9) design the curriculum, (10) design courses (11) plan evaluation and (12) plan implementation (p.3-5). While the process is laid out in a linear fashion, the authors stress the fact that the curriculum development process is cyclical, overlapping and interactive, are characterized by iterative decisions and are shaped by a wide variety of factors including personal interests, political timeliness, and contextual

realities (p. 3). The development process of the standardized nursing curriculum for the ACCS will be compared for congruence to the published nursing education curriculum change process in Table 1 in the subsequent pages. The first eight stages involve preparation for the curriculum; steps nine through twelve are the actual curriculum development process.

Table 1: Comparison of Alabama's SNC with a Nursing Education Curriculum Development Model.

Curriculum Development Stages (Model)	Curriculum Development Stages (SNC)
Stage 1: Determining the need for curriculum change	Stage 1: Determining the need for curriculum change
Generated by faculty in response to "threat" to goal of turning out a productive and efficient nursing graduate who will make significant contributions to the health care field.	Generated by administration to promote funding of career and technical education programs
Stage 2: Garner support for curriculum change	Stage 2: Garner support for curriculum change
Curriculum development need developed and presented by the nursing faculty. Recruiting support includes contat and garnering support of faculty, administrators, healthcare providers, students, advisory board, and other stakeholders.	Need generated by the chancellor Initial meeting of the NEAC included stakeholders like the Alabama Board of Nursing and the Alabama Public Health Department. Support for developing a standardized curriculum was not solicited from the faculty, it was mandated.
Stage 3: Organizing for curriculum change	Stage 3: Organizing for curriculum change
Selecting a curriculum committee Deciding on and organizing a committee structure Formulating sub-committees for philosophy development, data collection, etc. Selecting a curriculum leader Deciding on a method of decision making (e.g. vote) and mutual communication (e.g. webpage) Establish a timeline (model predicts three years) Using a critical path or similar chart to plot the timeline for developing the nursing curriculum Record keeping – meeting minutes, emails, dated copies of documents developed.	Curriculum committee (NEAC) formed by chancellor and Director of Health Programs of ACCS No subcommittees formed initially, later subcommittees formed for content development, and much later, for philosophy development NEAC crafted a curriculum to fit particulars laid down by the chancellor Fall 2005 deadline set for implementation of the curriculum Record keeping intermittent, not organized
Stage 4: Plan and implement faculty development	Stage 4: Plan and implement faculty development
Faculty development sessions to acquaint faculty with an overview of process, and iterative nature of process Resistance to change expected from faculty, work sessions with faculty on change theories Strategies to overcome faculty resistance to be implemented	No faculty development regarding the process of curriculum development for NEAC Orientation to the process provided to faculty on the day content development began Experienced faculty had experienced curriculum development three years ago Major faculty resistance to curriculum change Strategy to overcome resistance was authoritarian suppression by chancellor

Table 1, continued

Stage 5: Gather data about internal and external contextual factors	Stage 5: Gather data about internal and external contextual factors
Collect data of external contextual factors like demographic trends, culture, health care reforms, external funding sources, globalization of economy, or sociopolitical climate Collect data of internal contextual factors including institutional history, mission, objectives, organizational culture, financial resources, student demographics, and physical resources to support teaching and learning	External contextual factors like Perkins III funding requirements played an important role in shaping the curriculum Internal politics also significant in shaping curriculum development process, and nature of changes made in the nursing curriculum Few efforts to gather and analyze data about standardization of nursing curricula in other states Study participants report Kansas and Ivy Tech have system-wide accreditation of their nursing programs About researching curricula in other states: "just off the top of my head, it seemed like we started from scratch, to tell you the truth" (Interview # 10, 2008, lines 259-260)
Stage 6: Agree on philosophical approaches	Stage 6: Agree on philosophical approaches
The precursor of the curriculum development process Extensive scrutiny of existing philosophies of program and faculty, regarding nursing, teaching and learning, health, human beings, and the world we live in	Not considered at this stage Done after curriculum design and content development stages (after stages 9 and 10)
Stage 7: Determine curriculum development direction and outcomes	Stage 7: Determine curriculum development direction and outcomes
Determine type of program (associate degree, baccalaureate, etc.) Delivery options (traditional classroom, online, distance learning) Determine the overall organization of the curriculum	ACCS nursing curriculum was designed for high school graduates to enter without prior college courses Curriculum designed to articulate PN to ADN Alternate delivery options like distance learning and online options mentioned initially but not addressed in the curriculum development process. Curriculum matrix with course names, sequencing and general education courses designed by NEAC. Matrix was subsequently compared to NCLEX test plan for congruence
Stage 8: Formulate curriculum goals	Stage 8: Formulate curriculum goals
Curriculum goals should reflect: Outcomes of the curriculum Broad capabilities of the successful program graduate	Curriculum goals explored in the three-day NEAC meeting Allen: "We talked most of those three days about what do we want our graduates to know and be able to do at the end of their degree program" (Allen, 2007, lines 112-114) No formal written curriculum goals

Table 1, continued

Stage 9: Design the curriculum	Stage 9: Design the curriculum
Nuts and bolts of curriculum design	Curriculum designed in three days Course numbers and sequence determined, general education requirements established, draft of curriculum created. Formal curriculum development process probably began with this step, documentation of process begins to exist from this stage onwards
Stage 10: Design courses	Stage 10: Design courses
Set Course objectives and outcomes Content mapping, learning outcomes Strategies for assessing learning outcomes	Content development activities – detailed, all-inclusive participation Deliberative and systematic process Curriculum design expert consulted Plans of instruction, lesson plans and course syllabi created with help from expert Knowledge, skills and abilities (KSA) indicators created for objectives
Stage 11: Plan evaluation of curriculum	Stage 11: Plan evaluation of curriculum
Outline plan for evaluating effectiveness of curriculum, use external and internal indicators External indicators – reaffirmation of accreditation, continued program approval. Formative and summative evaluation, identifying strengths and weaknesses.	No formal curriculum evaluation plan. De Facto evaluation: Programs scheduled for accreditation were accredited All programs maintained approval status through Alabama Board of Nursing.
Stage 12: Plan implementation of curriculum	Stage 12: Plan implementation of curriculum
Inform students, health care agencies, and other stakeholders Arrangements for financial resources, library resources, and technological support for students and faculty. Inform approval and accreditation agencies prior to implementation.	Curriculum piloted one year before implementation Approval accreditation agencies were informed Financial aid officers worked toward smooth transition related to federal other funding Healthcare agencies apprised of change in curriculum by individual educational programs Accreditation as a system was attempted, but not achieved.

Final Thoughts on the Process

The curriculum development process for the nursing curricula of the ACCS was not congruent with published curriculum development process models. There was very little evidence of planning and forecasting. There were few signs of systematic data collection, analysis and synthesis prior to the process. Student involvement in curriculum development was marked in its absence, as were the involvement of healthcare agencies, who are major stakeholders in the curriculum. The philosophy was developed after the framework of the curriculum was developed. Comparison of the twelve-stage curriculum development model revealed that stage 9 (designing the curriculum), stage 10 (designing the courses), and stage 12 (planning implementation of the curriculum) evidenced congruence with the published theoretical model for curriculum development.

Lessons Learned

Fluctuating Power Lines

There is much that has been learned from studying the process of developing a standardized nursing curriculum for the ACCS. Intricately woven into the story of the development process of the nursing curriculum are the themes of power and knowledge and the manipulation of knowledge to exert power on others. Power exists in every individual, and it appeared from study of this process that the power, though in the hands of the administration at the beginning of the process, shifted toward the faculty as they reclaimed their curriculum. Knowledge about the process was guarded carefully and disseminated selectively, and the concentration of power was therefore tilted in the administrators' favor. When the knowledge regarding the process shifted to the possession of the faculty, a resultant shift in power was seen as well.

Cooperation versus Collaboration

The nursing curriculum was successfully launched in all the nursing programs within the ACCS. The nursing programs in all the public two-year colleges in the state of Alabama follow the same nursing curriculum. Since its implementation, the ACCS nursing faculty have also drafted and implemented an LPN-RN mobility curriculum; an online version of the mobility curriculum is being piloted at this time. The curriculum development process, which began as a limited-access, exclusive process, transitioned through a period of forced cooperation, and finally blossomed into a cohesive, purposeful collaboration which accounts for much of the success of this endeavor.

Dissemination of Knowledge

One of the most important lessons learned from studying this process is the importance of communication. Lack of communication about the reasons for the curriculum change led to a lot of initial resistance from the faculty. The relationship between the system-wide curricular change, not only in nursing, but in all career and technical programs were not known to many of the program leaders and faculty. Knowledge of this relationship may have enhanced cooperation from the faculty and smoothed the process considerably. The creation of the extranet, with communication of updates in the curriculum change process, facilitated the dissemination of knowledge, and facilitated cooperation and eventual collaboration between faculty.

The sequestering of the faculty in the content development process, especially during the Lakeside Retreat, had an unexpected consequence – the faculty developed a connection with each other that survives and thrives to this day. The Alabama Community College System evolved from a collection of individual colleges to a system

of shared resources. Every one of the study participants expressed an enduring satisfaction about this bonding.

Repressive Power – the Disenfranchised Student

A change in curriculum is engineered towards producing a successful graduate (Yura, 1986, Iwasiw, Goldenberg & Andrusyszyn, 2005). A curriculum with no prerequisites eases the entry of a student into nursing programs, but does this really benefit the student? High school graduates may not be adequately prepared for nursing without a college level Biology course. A student who enters the nursing program in the spring semester, with no prerequisites will be taking three nursing courses, a math course and their first human anatomy course with a total of 14 credit hours for that semester. In the summer term that follows, that student, if wishful to enroll full-time, will take an adult nursing course, a maternal child nursing course, an English course, and their second human anatomy course, with a total of 19 credit hours to be completed in a 10-week summer term. This student will be struggling to integrate concepts of disease processes before completing a course on the normal structure and function of the body. Nursing programs implementing the SNC throughout Alabama have reported that attrition is highest in the second semester of the nursing programs. Most students in nursing programs in the ACCS are on federal financial aid and therefore on a full time track to get the full benefit of their financial aid.

LPN-RN Role Confusion

The RN and LPN students are admitted under different admission criteria, but they take the same courses in the first and second semester. The different admission criteria create problems with transfer of students who wish to move from the LPN to the RN track, as they may not have met the RN admission criteria. The instructors who

teach theory classes are faced with the dilemma of addressing to the RN and LPN standards of practice and roles in the classes in the first two semesters. In clinical practice, the dilemma becomes even more marked, as the students in the second level classes who are in the RN track will have to practice to RN roles and responsibilities, while LPN students who are in the same course and clinical group of the seamless standardized curriculum, will have a different set of clinical “do’s and don’t’s”. This creates uncertainty in the nursing faculty who supervise the students’ clinical experience. Separating the class and clinical groups will solve the pragmatic difficulty of differentiating the RN and LPN roles, but contradicts the philosophy underpinning the seamless, standardized nature of RN-PN curriculum. If the first and second semester courses for the RN and LPN students are identical, why should the students be separated? Can they be separated? Can different course content and concepts be addressed in the same course? This is the predicament inherent in the curriculum that the nursing faculty wrestles with on a daily basis.

Final Thoughts

The process of developing a Standardized Nursing Curriculum for the Alabama Community College System had strengths and weaknesses, just like any other curriculum development initiative. The major strength of the standardized nursing curriculum is the experience, commitment, and expertise of the faculty who formulated and designed the curriculum, and the enduring network of shared ideas and best practices. Since the curriculum is standardized and not subject to individuality, it can be evaluated, and the findings generalized to the whole state.

Some of the weaknesses of the process include the timing of the stages. Sufficient time was not budgeted to create a philosophical and theoretical framework,

and this created a framework that was choppy and a curriculum that did not mesh well with its philosophical and theoretical tenets. A nursing theory did not guide the curriculum framework, although many programs used nursing theories to develop their individual program philosophies. The pilot programs were not given set guidelines for implementation. One pilot school implemented the curriculum for its RN and LPN program, but only implemented the admission criteria for its RN program. Some of the schools that piloted this curriculum did so as they were seeking accreditation or re-accreditation for their programs, and it was logical to get accredited into the new curriculum. This made it very stressful to the program directors, but also shed some insights into what the accrediting body's expectations for the curriculum were.

There was some evidence of examining other states that had a common state-wide curriculum. Kansas was one of the states mentioned by the members of the NEAC. However, the researcher could not identify a systematic process that was in place for examining the curricula of other states, or an effort to create a Strength, Weakness, Opportunities, and Threats (SWOT) listing that would have provided some evidence-based findings. The developers of the curriculum were given a charge and almost no time to do it. If sufficient time could be spent on thinking things through, and if all the programs had input into the curriculum formation process from the beginning, the process would have been very different, I believe.

Was the curriculum development process successful? I do not think that is an appropriate question to ask. The question needs to be, "How did the Standardized Nursing Curriculum become successful?" The success of the curriculum should not measured by the manner it was developed, so much as the manner in which the nursing educators of Alabama took ownership of the curriculum and made it a success.

Epilogue: Where are they now?

Roy Johnson's Epilogue: "Guilty, your honor..." (Opelika-Auburn News, 3/31/08)

Johnson, possessing a strong, energetic, narcissistic, and politically motivated persona, was a visionary who wanted to "put Alabama on the map." He achieved that goal, albeit not the way he anticipated it to happen. Too many deals that he struck with stakeholders went sour, and too many promises that he could not keep, largely led to his downfall. Rumors began circulating about corrupt dealings by Johnson with various stakeholders. There were allegations of his children being offered employment contracts and salaries without actually being required to work. On July 11, 2006, the state board of education unanimously passed a resolution to terminate Johnson's contract as the chancellor of the Alabama Community College System (ASBE, 2008). On January 24, 2008 Johnson agreed to plead guilty to 15 counts of bribery, money laundering, conspiracy, obstruction of justice and corruption (US District Court, 2008). In return for his guilty plea and cooperation with the investigation, the court agreed not to prosecute his family. The court ordered him to pay back more than eighteen million dollars and seized one of his residences, his home in Opelika, Alabama. In the midst of his many shortcomings, standardizing the curricula for the Alabama Community College System stands out as one of his accomplishments. Johnson's saga is an exemplar of the repressive as well as the productive nature of power as described by Foucault (1977). The productive nature of his power led to many accomplishments but the repressive nature of his power resulted in his downfall.

Gay Allen's Epilogue

Allen assumed the position of Director of Health Programs of the ACCS in May 2003. She came into this position when the system was riding the crest of the wave of a

very powerful and charismatic Chancellor. She left the ACCS in March 2005, before the new curriculum that she orchestrated could be implemented. She took the position of Director of Research at the newly formed Center for Nursing of the Alabama Board of Nursing, and remained in that position for about one year before she retired. She is enjoying her retirement with her husband, traveling in their recreational vehicle. Allen was a remarkable woman, a vibrant, vivacious and extremely capable person whose charm sheathed strength and determination. She overcame a great deal of resistance, gained the trust of her colleagues in education to accomplish a task of no small proportion with flair and confidence, drawing on the strength of the nursing faculty of the ACCS.

Dave Laton's Epilogue

Laton started out as a consultant, but now works for the ACCS as Assistant Director of Career and Technical Education. Laton's commitment and love for his work is evident in the enthusiasm he puts into his work. Laton definitely was a key player in standardizing the nursing curriculum. He was one of the key players in standardizing all the curricula for the ACCS. As a curriculum specialist, he had the knowledge and expertise in the mechanics of curriculum construction that the nursing faculty lacked. As a result of his expertise, the nursing curriculum became a structurally sound product, with well-laid out objectives, and carefully thought out Knowledge, Skills and Abilities (KSA) indicators for meeting each learning objective. Standardizing curricula for the nursing programs of the ACCS was not an easy task for the curriculum specialist. Laton met with resistance from the nursing faculty; however the relationship solidified into one of mutual respect for each others' skill and expertise in their respective areas, which continues to this day, as the faculty and Laton continue refining the curriculum.

Limitations and Recommendations for Further Research

The case study describing how Alabama standardized its nursing curriculum explored the process of how this massive project embarked. There are many facets of the curriculum that need to be studied. This case study examined the process through the lens of critical theory. Examining this process through different theoretical perspectives like organizational change theory, feminist theory, or complexity theory, will reveal other dimensions of the process.

Other possible research questions include:

Do the admission and the progression policies of Alabama's standardized nursing curriculum (SNC) predict student success?

What is the impact of the SNC on the retention and progression of practical nursing and associate degree nursing programs?

What is the impact of the SNC on student diversity?

What is the impact of the SNC on development of the nursing workforce in Alabama?

What is the impact of the SNC on faculty satisfaction/dissatisfaction?

How does the SNC of Alabama compare to curricula of other states that have standardized their curricula?

What is the impact of standardization on accreditation? How do the accrediting agencies view this standardization?

Conclusion

The timeline of the process of standardizing the nursing curriculum of ACCS evidences the process beginning and progressing at a breakneck speed. The rationale for standardizing the curriculum was not made clear to the people who would be most impacted by this change, and that made the faculty, a major stakeholder in this

endeavor, a reluctant participant in the process. The initial part of the process was handled with a lack of insight into the depth of feeling that faculty have toward their curricula. The power and knowledge that was extant in the process was revealed to be dynamic in nature, oscillating between the administration and the faculty. Once the faculty assumed knowledge and power, the curriculum development process gained momentum as the nursing faculty continues the iterative process of refining the curriculum. The curriculum development process exemplifies Foucault's hypothesis on the nature of power as a productive network that overcame its repressive effects.

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APPENDICES

Appendix A: Case Study Protocol

Case Study Protocol for Alabama's Standardized Nursing Curriculum

Overview of the Case Study

The purpose of this case study is to describe the process of development of a standardized registered nursing and practical nursing curriculum formulated by the Alabama Community College System. In describing this phenomenon, I seek the answers to the following research questions:

1. How did Alabama's Standardized Nursing Curriculum develop and transition from vision to reality?

Sub Questions

a. Who were the key players in developing the curriculum?
b. Who had the positions of power and dominance, and who did not? Who were included and who were excluded from the planning and envisioning process?
c. What were the reasons for inclusion and exclusion?
d. What were the contextual elements that influenced the development of the curriculum?
e. Who benefits from this standardization? How? At what cost?

Field procedures

This case study will rely on multiple sources of data. Triangulating from multiple sources of data will facilitate the development of "converging lines of inquiry" (Yin, 2003). This convergence will make the findings of the case study more credible and accurate.

First Stage:

Procedure	Research question focus
Documentary research – review public records: Minutes of meetings and other public records of Alabama's State Board of Education.	Q 1
Meeting minutes of meetings of the Alabama College System.	Sub questions a, b, d
Other documents that come up as a result of the above review.	Sub questions a, b, d

Second Stage – Site Visits and Interviews

- Mail letters to key players requesting interviews
- Mail letters to nursing chairs of pilot schools requesting interview
- Schedule interviews. No more than one interview per day. Record the interviews, audiotape field notes immediately after the interview.
- After each interview, modify; refine questions to be asked, if needed.
- Seek other sources of information that may be revealed during the interviews.

Sites to be visited:

Site to visit	Contact person(s)	Preparation prior to visit	Research Questions Focus
Postsecondary department	Director of: Health programs, Career-Technical, Secondary Ed	Have SNC in hand. The state's demographics of nsg student populations, IPEDS data	Q 1, 2 Sub question 5
Home/venue of choice	Retired Director of Nursing of ACS	SNC.	Q 1, sub questions a,c,d. Focus on the idea and how it developed.
Pilot schools	Nsg directors	Data from previous interviews, doc review	B,d,e
Schools that were excluded, and were upset about it	Nsg directors		Sub questions b,c, d.

Interview Questions

1. How did the idea develop?
2. What were the motivators for it to develop? Who stands to gain, and how?
3. What was the time frame involved in the development of the idea?
4. What was the process of developing the SNC?
5. Who was included in the decision making process?
6. Who made the decision to include the person(s)?
7. What were the criteria used to select the persons?

What to do IF:

Interviewee refuses while being interviewed – stop, erase the interview from tape, assure them of confidentiality, thank them for their time, leave.

Tape does not work – carry three tape players. Carry pack of batteries. Change batteries after each interview; change after 1 hour of taping.

Case Study Questions – Time and Story Line – Stages

Stage I – Inception

How and where did the idea start?

What was the main motivator for the SNC?

What were the collaborative efforts that were needed to begin this?

What was the planning process? Who set it in motion?

Describe in detail the phases in development of the SNC

Stage II – Philosophy Development

Formulation of the philosophy and objectives of the curriculum, deciding on courses and credit hour allocation, formulation of the admission criteria.

Who was involved in phase one?

Who wasn't and why?

How did they feel about being included/excluded?

Stage III – Content Allocation

Content allocation to each course, content mapping according to the NCLEX test plan, setting course objectives.

Who was selected to develop this?

What were the inclusion criteria?

Who made the decisions on who would be selected?

What were the educators' thoughts and feelings about the second phase?

Stage IV – Pilot

The schools who piloted the program.

Who selected the schools who would pilot the program?

Did all pilot programs follow the SNC from admission criteria to graduation? If no, how did they differ and why?

What were the problems they faced? How did they deal with the problems? Why?

Stage V – Evaluation of the Pilot

How does it fit with the philosophy and mission of community colleges/ACS?

How does the curriculum fit with the philosophy and mission of the nursing programs?

How is it affecting first-time licensure rates of schools?

Outline of Case Study Report

Timeline for the curriculum

Story lines - Stories of the NEAC, Laton's story and the story of the administrators.

Strategy for Data Analysis

Content analysis to identify themes, establish chronological sequences

Examine fit of themes to Foucault's Power, Knowledge and Truth

Examine group development of NEAC for fit to group dynamics theory/group participation

Compare curriculum development process to textbook process.

ALABAMA DEPARTMENT OF POSTSECONDARY EDUCATION

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August 29, 2007

Ms. Alice Raymond
Drake State Technical College
3421 Meridian Street North
Huntsville, Alabama 35811

Dear Ms. Raymond:

I am in receipt of your letter regarding your case study of the *Development of a Standardized Nursing Curriculum for the Alabama College System.* Your request to interview key personnel and review documentation associated with the standardization of the nursing curriculum is approved. I believe this is a worthwhile endeavor and wish you much success.

Please contact Dr. Laura Steadman at 256-486-8676 to coordinate a time convenient to review documents and interview personnel. I look forward to reviewing your findings when you are finished. Thank you.

Sincerely,

Susan Y. Price, Vice Chancellor
Instructional and Student Services

/tj

Bradley R. Byrne, Chancellor Post Office Box 302130 Montgomery, Alabama 36130-2130 (334) 242-2900 Fax (334) 242-2888
401 Adams Avenue Montgomery, Alabama 36104-4340 Internet Address: http://www.acs.cc.al.us

MEMORANDUM 2003-ISS-214

Date: September 16, 2003

To: Selected Presidents, The Alabama College System

From: Roy W. Johnson, Chancellor

Re: Nursing Curriculum Advisory Committee

It is my goal to standardize the nursing curriculum for our nursing education programs in The Alabama College System. We have many quality programs in our system, but I believe that a standardized and seamless curriculum will provide optimum opportunities for success for students and faculty. I have asked Dr. Gay Allen, Director of Health Programs, to lead a committee of college representatives in designing the framework for this seamless curriculum.

Therefore, I am requesting that the following individuals be granted release time and travel to work with Dr. Allen and other committee members to complete this important assignment. The first meeting will be held October 20-22, 2003 in Montgomery. The three-day meeting will be held in the second floor Presidents' Conference Room of the Alabama Center for Commerce. The meeting will begin at 9:00 a.m. on Monday, October 20, 2003 and will end by 3:00 p.m. on October 22, 2003.

Ms. Jan Peek, Calhoun Community College
Ms. Connie Meloun. Gadsden State Community College
Dr. Shirley Brackin, Reid State Technical College
Ms. Gladys Hill, Shelton State Community College
Ms. Lynn Harris, Southern Union State Community College
Ms. Elaine McGhee, Southern Union State Community College
Ms. Rhonda Davis, Southern Union State Community College
Ms. Linda Johnson, Southern Union State Community College
Ms. Alice Roberts, Bevill State Community College
Dr. Linda North, Alabama Southern Community College

Thank you for your cooperation and assistance in helping us develop the best nursing education program for The Alabama College System.

RWJ/GA/tj

DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT
11/4/03 9:24 AM

PROPOSED STANDARD PRACTICAL NURSE CURRICULUM

First Term

Course	Theory	Lab	Clinical	Credit	Contact
Fundamentals NUR 110	3	2	1	6	12
Body Structure LPN 113 or BIO 202	4			4	4
MTH 116 or Higher Level	3			3	3
Pharmacology NUR 241		1		1	3
Health Assessment NUR 131		1		1	3
Term Total	10	4	1	15	25

Second Term

Course	Theory	Lab	Clinical	Credit	Contact
English 101	3			3	3
Adult Nursing I NUR 251 {to be 201}	4		2	6	10
OB/Peds NUR (?)	4		1	5	7
Term Total	11		3	14	20

Third Term

Course	Theory	Lab	Clinical	Credit	Contact
Adult Nursing II {NUR ?} see LPN 142/152	5		3	8	14
Mental Health NUR (?) see 278	2		1	3	5
Role Transition NUR (?) (see LPN 145)	2	1		3	5
Term Total	9	1	4	14	24

Program Totals

Credit Hours: **43 Hours**
Contact Hours: **1035 Hours (69X15wks.)**

DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT
11/4/03 9:24 AM

PROPOSED STANDARD ASSOCIATE DEGREE NURSE CURRICULUM

First Term

Course	Theory	Lab	Clinical	Credit	Contact
Fundamentals NUR 110	3	2	1	6	12
BIO 202	3	1		4	5
MTH 116 or Higher Level	3			3	3
Pharmacology NUR 241		1		1	3
Health Assessment NUR 131		1		1	3
Term Total	9	5	1	15	26

Second Term

Course	Theory	Lab	Clinical	Credit	Contact
Adult Nursing I NUR 251 {to be 201}	4		2	6	10
English 101	3			3	3
OB/Peds NUR (?)	4		1	5	7
BIO 201	3	1		4	5
Term Total	14	1	3	18	25

Third Term

Course	Theory	Lab	Clinical	Credit	Contact
Advanced Nursing Practice I NUR (?)	3		2	5	9
Psychology PSY 200	3			3	3
Microbiology BIO 220	2	2		4	6
Term Total	8	2	2	12	18

Fourth Term

Course	Theory	Lab	Clinical	Credit	Contact
Advanced Pharmacology NUR 242	1	1		2	4
Advanced Nursing Practice II NUR (?)	2	1	4	7	17
Computers in Nursing NUR 204	1			1	1
Human Growth and Dev PSY 210	3			3	3
Term Total	7	2	4	13	25

Fifth Term

Course	Theory	Lab	Clinical	Credit	Contact
Advanced Nursing Practice III NUR (?)	4		2	6	10
Humanities Elective	3			3	3
Transitions NUR 291 (Preceptor 5:1)	2	1	2	5	15
Term Totals	9	1	4	14	28

Program Totals:

Total Credit Hours: 72 Hours
General Education: 27 Hours (37.5%)
Nursing Hours: 45 Hours (62.5%)

ALABAMA DEPARTMENT OF POSTSECONDARY EDUCATION

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MEMORANDUM 2004-ISS-007

Date: January 8, 2004

To: Presidents, The Alabama College System

From: Roy W. Johnson, Chancellor

RE: Nursing Education Curriculum Subcommittees

After receiving feedback on the proposed curriculum for associate and practical nurse programs, we are ready to proceed with developing the content outlines for individual courses. Subcommittees will be charged with this important task. Most colleges with nursing programs have volunteered nursing educators with specific content knowledge and expertise to complete this work.

I request that individuals from your college who have been selected for these subcommittees be granted release time and travel to work with Dr. Gay Allen to complete this important assignment. If you have questions relating to the nursing education curriculum meetings or if you would like to add additional representatives to the subcommittees from your college, please contact Ms. Trish Jones at (334) 242-2948 or tjones@acs.cc.al.us.

The first panel of subcommittees will meet January 22-24, 2004 in Opelika on the Southern Union State Community College campus. The subcommittees will meet in the Health Sciences Building. The meetings will begin at 9:00 a.m. on Thursday, January 22, 2004 and will end by noon on Saturday, January 24, 2004.

The second panel of subcommittees will meet January 29-31, 2004 in Sumiton on the Bevill State Community College campus. The subcommittees will meet in the Health Sciences Building. The meeting will begin at 9:00 a.m. on Thursday, January 29, 2004 and will end by noon on Saturday, January 31, 2004.

I thank you for your cooperation and assistance in helping us develop the best nursing education program for The Alabama College System.

RWJ/GA/tj

cc: Members of Nursing Education Advisory Committee
Nursing Education Program Directors

FAXED
1-8-04 tj

Roy W. Johnson, Chancellor Post Office Box 302130 Montgomery, Alabama 36130-2130 (334) 242-2900 Fax (334) 242-2888

401 Adams Avenue Montgomery, Alabama 36104-4340 Internet Address: http://www.acs.cc.al.us

file

ALABAMA DEPARTMENT OF POSTSECONDARY EDUCATION

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MEMORANDUM 2004-ISS-195

Date: August 3, 2004

To: Presidents, The Alabama College System

From: Roy W. Johnson, Chancellor

RE: Standardized Curriculum for Nursing Education Programs

The Department of Postsecondary Education, in conjunction with faculty and nursing practice representatives, continues the process of upgrading and standardizing the nursing education program. Course upgrades are necessary for programs to reflect current professional practice needs. The upgrade process will result in courses built on professional-validated competencies. Competencies and associated student performance objectives are included in a plan of instruction (POI) for each course.

To date, over 300 nursing faculty members have worked with our curriculum instruction unit staff to develop POIs, syllabi, and lesson plans for the first year of courses. Our goal is to have all nursing courses developed by January 2005. All work can be accessed through the Department of Postsecondary Education Extranet.

By fall semester 2005, we expect all of our colleges to begin implementing the new courses for new admissions. At that point, the course directory for these programs will be comprised entirely of the upgraded competency-based courses. We will delete the old courses at that time. These changes require new course numbers, titles, and revised descriptions; however, the focus of the programs will remain the same. Enclosed is a copy of the new courses and their new assigned course number.

Standardizing the nursing program will provide substantial benefits for students, colleges, and communities including:

- System-wide professional development.
- A college-wide system of course assessment.
- Shared resources and expertise through a "one system, one program" philosophy.
- Ease in collection of valid and reliable data.
- System-wide development of technology-assisted instruction.

Also enclosed are the suggested admission/selection criteria for nursing programs. We encourage all stakeholders to help us make the standardized program a reality. Thank you for your support of this important endeavor. If you have any questions, please contact Dr. Gay Allen at (334) 242-2960.

RWJ/GA/tj

Enclosures

cc: Instructional Officers
Nursing Education Program Directors

Roy W. Johnson, Chancellor Post Office Box 302130 Montgomery, Alabama 36130-2130 (334) 242-2900 Fax (334) 242-2888

401 Adams Avenue Montgomery, Alabama 36104-4340 Internet Address: http://www.acs.cc.al.us

Appendix D: Introduction to the Study Letter

DEVELOPMENT OF A STANDARDIZED NURSING CURRICULUM FOR THE ALABAMA COLLEGE SYSTEM: A CASE STUDY
INTRODUCTION TO THE STUDY LETTER

I am Alice Raymond, a doctoral student at the University of Tennessee-Knoxville College of Nursing. I am conducting a case study about the development of the Alabama College System's Standardized Nursing Curriculum as research for a dissertation.

You are invited to participate in a study that will describe the development of Alabama's Standardized Nursing Curriculum from its inception to its implementation. The purpose of this study is to tell the story of how the Standardized Nursing Curriculum evolved.

You will be asked to participate in a 60 to 90 minute audio-taped interview at a time and place of your choice. You will be asked to share your thoughts, perspectives and insights into how this phenomenon developed.

Your recorded interview will be transcribed verbatim. You will be afforded all the protections mandated by the federal government and the University of Tennessee Institutional Review Board, as specified in the Consent Form which will be presented to you before I do your interview. I appreciate you taking the time to consider participating in this study.

Investigator:

Alice Raymond MSN CRRN – Doctoral Candidate

The University of Tennessee-Knoxville

College of Nursing

1200 Volunteer Boulevard

Knoxville, TN 37996-4180

Phone: (865) 974-5196

araymon1@utk.edu

Faculty Advisor:

Dr. Marian Roman, Ph.D, APRN-BC

Assistant Professor

The University of Tennessee-Knoxville

College of Nursing

1200 Volunteer Boulevard

Knoxville, TN 37996-4180

Phone: (865) 974-5196

email: mroman@utk.edu

If you have questions about your rights as a participant, contact The University of Tennessee, Knoxville, Compliance Section of the Office of Research at (865) 974-3466, or write them at 404 Andy Holt Tower, The University of Tennessee, Knoxville, 37996.

I will follow-up with you in the next ten days. If you agree to being interviewed, I will schedule an appointment at a time convenient to you.

Appendix E: Informed Consent Form

DEVELOPMENT OF A STANDARDIZED NURSING CURRICULUM FOR THE ALABAMA COLLEGE SYSTEM: A CASE STUDY
INFORMED CONSENT STATEMENT: STUDY PARTICIPANTS

I am Alice Raymond, a doctoral student at the University of Tennessee, Knoxville College of Nursing. You are invited to participate in a study about how the Alabama College System developed a Standardized Nursing Curriculum for its associate degree and practical nursing programs.

The study will provide a rich and in-depth look into the process of developing a nursing curriculum that was implemented in 24 practical nursing programs and 21 associate degree nursing programs in the state of Alabama.

As the principal investigator of the study, I will be conducting the interviews. The interviews will be about 90 minutes. You will be asked to share your thoughts, insights and perspectives on how the standardized nursing curriculum developed, from its inception to its implementation. Other questions may follow based on the information that you share with me. The interview will be audio-taped so I can use your exact words. In addition to you, I will be interviewing other key players involved in developing the curriculum. There may be potential risks for participants who may express opinions that are critical of the Standardized Nursing Curriculum, which may potentially jeopardize their careers.

Unless you specify below, none of the comments will ever be identified by your name; all information about your identity will be protected.

Your name will not appear on the tape or the typed transcript. The information in the study records will be kept confidential. The audio-taped interviews will be converted to audio files and stored in a computer. The audio files will be stored in password-protected files, accessible only to me. All interviews will be transcribed verbatim to allow for analysis of perspectives and experiences. The transcribed text will be saved in a computer as a text file. All files stored in the computer will be password protected, and accessible only to me. The transcriber(s) will sign a statement of confidentiality. Paper copies of the transcribed interviews will be stored in a locked file cabinet in the researcher's home and is accessible only to the researcher.

You will be given the opportunity to review a transcript of the interview and to make changes. I may contact you after the interview to make sure I understood your comments and thoughts. Information obtained from this study may be combined with other information for future projects related to the Standardized Nursing Curriculum.

I would / would not consider my name being attached to my comments in a document after contact with Mrs. Raymond. _____ (signature)
As a volunteer in this study, you will not be paid for your time and effort in participating in this study. There are minimal risks to participating in this study. The benefits are that the results of the study will contribute to the knowledge of elements involved in a curriculum change that was implemented by the two-year college system of an entire state.

Participant initials _____

CONSENT FORM (continued)

You are free to answer or not answer any questions. Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at anytime without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed your data will be destroyed.

CONTACT INFORMATION
If you have questions at any time about the study or the procedures, you may contact me at the contact information given below:

Investigator:
Alice Raymond
University of Tennessee - Knoxville
College of Nursing, 1200 Volunteer Blvd
Knoxville, TN
865-974-5196
Email: araymon1@utk.edu

Faculty Advisor:
Marian Roman, Ph.D, APRN-BC
University of Tennessee - Knoxville
College of Nursing, 1200 Volunteer Blvd
Knoxville, TN
865-974-5196
mroman@utk.edu

If you have questions about your rights as a participant, contact the Office of Research Compliance Officer, University of Tennessee, Knoxville, at (865) 974-3466.

CONSENT
I have read the above information. I have received a copy of this form. I agree to participate in this study.
Participant's Printed Name: _____

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

I agree to be available to Alice Raymond, the principal investigator (researcher) for follow-up contact for up to two years after the project is completed.

_____ Participant signature

Appendix F: Transcriptionists' Confidentiality Agreement

DEVELOPMENT OF A STANDARDIZED NURSING CURRICULUM FOR THE ALABAMA COLLEGE SYSTEM: A CASE STUDY

Transcriptionist's Confidentiality Agreement

I am Alice Raymond, and I am a doctoral candidate at the College of Nursing of the University of Tennessee in Knoxville. As Principal Investigator of my research project, I am interviewing persons involved in standardizing the nursing curriculum for the Alabama College System as part of data collection for my dissertation.

You have agreed to transcribe the interviews that I have audio taped. The information that you will be transcribing is confidential, and should be revealed to no one except the Principal Investigator (Alice Raymond). I will be giving you the audio recordings in a CD. After transcribing, you will return the transcribed word document and CD to me, and delete the word documents. You will delete all recordings or documentation of the transcribed interview(s).

If you have any questions about the study or the procedures, please contact the PI.

If you have any questions about your rights, please contact the Compliance Section of the Office of Research, University of Tennessee, Knoxville, 404 Andy Holt Tower, Knoxville, TN 37996, (865)974-3466.
Contact Information:
Alice Raymond
Doctoral Candidate, University of Tennessee – Knoxville
1200 Volunteer Blvd
Knoxville, TN 37966-4180
Home: (256) 883-1049; cell: (256) 683-0857
Email: alicethekkayam@yahoo.com

I have read the above information and agree to provide transcription services for this study. The study has been explained to me, and I have been given an opportunity to ask questions. I understand that I may ask further questions at any time. I agree to maintain all information related to the study confidential, disclosing information only to the PI and others directly involved in the study. I have received a copy of this confidentiality agreement.

Name (Print): _____

Signature: _____ Date:

Investigator's Signature: _____ Date:

APPENDIX G: Cover Letter

COVER LETTER TO STUDY PARTICIPANTS

Date

Dear Study Participant [Name],

Thank you for taking the time out of your busy schedule to participate in the research study, “The Development of a Standardized Nursing Curriculum for the Alabama College System: a Case Study.” Your interview has revealed a wealth of information that will greatly enhance this study.

Your interview has been transcribed, and I am enclosing a copy of the transcribed interview. If you wish to do so, you may read the transcript and make edits as needed. If you have edits, please mail the corrected copy to me within 10 days of receipt of this letter. I have enclosed a self-addressed and stamped envelope for your convenience. If I do not receive an edited copy within 14 days of mailing this letter, I will assume that you do not wish to edit the transcribed interview.

If you had indicated in your consent form that you wish your identity to remain confidential, no information in the transcript that might reveal your identity will be direct quoted in my dissertation.

If you have any questions, please do not hesitate to contact me.

Thank you,

Sincerely,

Alice Raymond
2013 Wrenwood Dr SE
Huntsville AL 35803
Home: (256) 883-1049
Cell: (256) 683-0857
alicethekkayam@yahoo.com (home); alice.raymond@drakestate.edu (work)

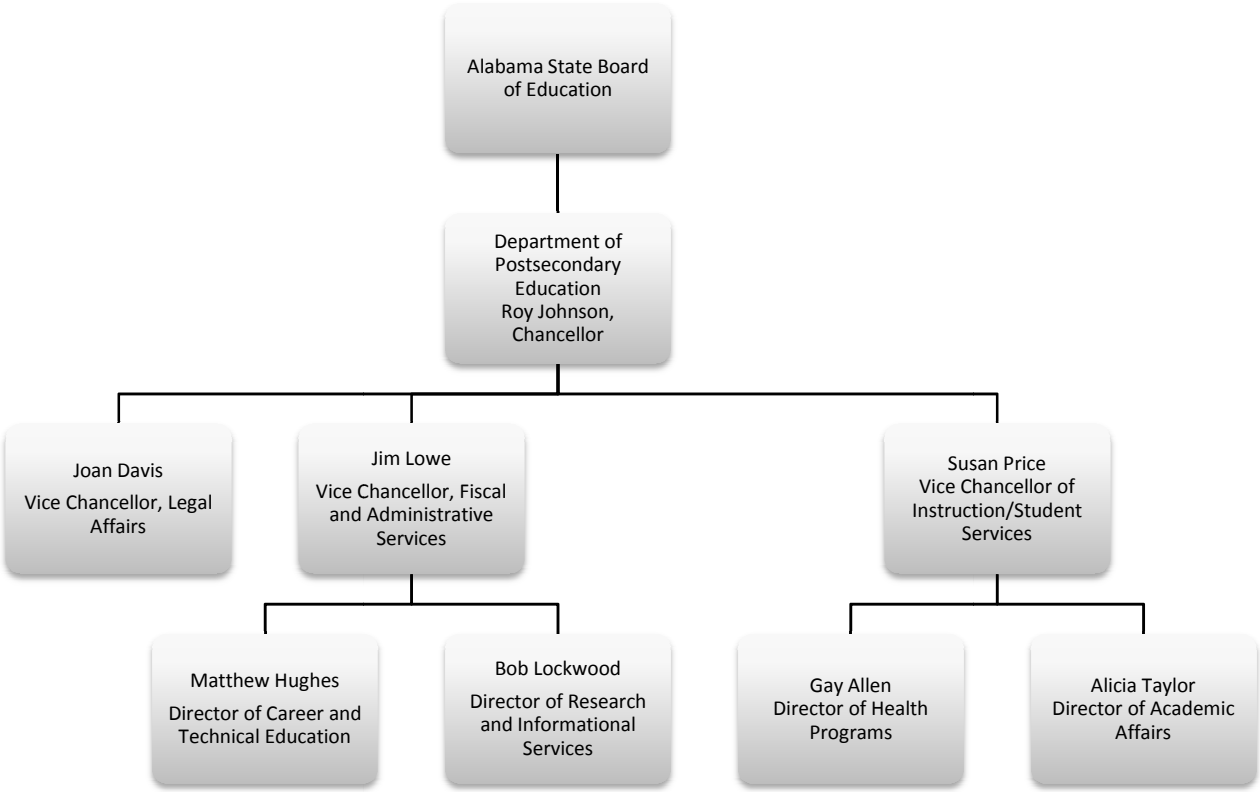
Appendix H: Profile of Nursing Education Advisory Committee

Profile of the Nursing Education Advisory Committee (NEAC) formed on 9/16/08. Three participants who were not in the NEAC were also interviewed.

Name	Job Title
Gay Allen	Director of Health Programs, Alabama Community College System, Department of Postsecondary Education
Jan Peek	Nursing Program Chairperson, Calhoun Community College
Connie Meloun	Associate Dean, Health Sciences Division, Gadsden State Community College
Shirley Brackin	Nursing Program Chairperson, Reid State Technical College
Gladys Hill	Associate Dean, Health Sciences Division, Shelton State Community College
Lynn Harris	Nursing Program Chair, Southern Union State Community College
Elaine McGhee	Nursing Instructor, Southern Union State Community College
Rhonda Davis	Nursing Instructor, Southern Union State Community College
Linda Johnson	Executive Assistant to the President, Southern Union State Community College; wife of Dr. Roy Johnson, Chancellor of the Alabama Community College System
Alice Roberts	Health Sciences Division Chair, Bevill State Community College
Linda North	Associate Dean for Academic Affairs for Instructional Design, Alabama Southern Community College
Also present, Ex Officio:	
Bob Lockwood	Director of Research and Institutional Performance, Department of Postsecondary Education; Consumer Member for the Alabama Board of Nursing; husband of Allen
Jim Lowe	Vice Chancellor of Fiscal affairs, Department of Postsecondary Education
Genell Lee	Executive Director, Alabama Board of Nursing
Martha Holloway	School Nurse Consultant, Department of Education
David Thomason	Director of Public Health
Penny Arnett	President, Arnett Development Corporation
Susan Morrison	Representative of Health Education Systems, Inc. (HESI)

Appendix I: Organizational Chart of ACCS

Organizational Chart of ACCS



Organization Chart of the Administration of the Alabama Community College System, circa October 2003. This chart illustrates the positions of key players of the Development of the Standardized Nursing Curriculum.

Appendix J: Timeline

Timeline of the Standardized Nursing Curriculum for the Alabama Community College System

Date	Event
July 1, 2002	Roy Johnson appointed as Chancellor of Alabama Community College System.
January 2nd 2003	DPE contracts with Knowledge Management Solutions (KMS) to standardize curricula for Career and Technical education programs.
May 2003	Gay Allen hired as Director of Health Programs and interim Director of Southern Union State Community College. One week after she took the job – informed by chancellor that curriculum had to be standardized.
September 16, 2003	Memo from Chancellor appointing the Nursing Education Advisory Committee (NEAC) to standardize nursing curriculum
October 2003	Alabama Council of Administrators of Professional Nursing Education Programs (ACAPNEP) meeting – the rest of the nursing faculty in the system hears about the NEAC. ACAPNEP's associate degree nursing programs chairperson requests to be in the curriculum committee; request denied.
October 20-22 2003	Committee met and formulated the initial draft of the standardized Associate Degree Nursing – Practical Nursing (AD/PN) curriculum
November 2003	Memo from chancellor with initial draft of the curriculum attached; also listing benefits of curriculum.
December 17, 2003	Subcommittee for removing BIO 103 as a prerequisite for Biology courses met
December 2003	KMS met with Dr. Allen (Director of Health Programs) to explore standardizing curriculum. At this point, it was about formulating plans of instruction, course content for each course, and about lesson plans, syllabi, etc.
January 22-24, 2004	Initiate a formal curriculum development activity. Faculty from all schools met in Opelika, AL for 3 days and fleshed out the course content in the curriculum.
February 2004	3-day meeting at Sumiton, AL – continuation of course content development activity.
March 23-24 2004	Course development and refining – met at Postsecondary meeting room in Montgomery, Alabama.
April 6-7 04	Meeting at Wallace Hanceville – review of all program philosophies, conceptual frameworks and program objectives.
June 2004	Retreat at Guntersville State Park. Cabins assigned – course content matched with test plan. First draft of the admission criteria formulated.
June 2004	Extranet created in the Department of Postsecondary Education website so standardized curriculum information could be disseminated. All DPE employees would have a sign in and password so they could log in and access the curricular information.
August 2004	Six schools pilot the new curriculum on their registered nursing (RN) and practical nursing (PN) programs.

October 2004	Refining admission criteria and course content
November 2004	Nursing forum created in the annual Alabama College Association (ACA) conference.
January 21, 2005	Philosophy and theoretical framework of nursing programs posted on the ACCS extranet.
March 2005	Allen retires and assumes position in the Alabama Board of Nursing; Laura Steadman is appointed Director of Health Programs
February 2005 – July 2006	Nursing program directors meet almost every other month to refine the course content, admission and progression criteria.
August 2005	New curriculum is implemented in all nursing programs within the ACCS.
January 2006	NUR 101 (Body structure and function, option for PN students in lieu of Human Anatomy and Physiology courses) could not be offered in LPN programs any more – Alabama Board of Nursing revised their education program policy to state that LPN students needed an anatomy class with a laboratory component beginning January 2006.
July 6, 2006	Philosophy Ad Hoc meeting
July 11, 2006	Roy Johnson terminated from position as Chancellor of ACCS by a unanimous vote by the Alabama State Board of Education. Investigations into extensive corruption allegations in the ACCS begin.
July 17-18, 2006	Refining admission criteria and course content
August 2006 – March 2007	Moratorium because of changes in leadership in ACCS
March 15, 2007	Meeting at Calhoun Community College to refine the admission and progression criteria and refine NUR 102, 105, and 107 courses.
January 2008	Laura Steadman resigns; Linda Cater appointed Director of Health Programs for Postsecondary Education.

Appendix K: Map of Institutions within the ACCS



Map of Alabama showing the educational institutions within the Alabama Community College System. The stars represent the number of representatives from each institution that was selected to serve on the Nursing Education Advisory Committee.

VITA

Alice Raymond is a nurse with over twenty years of experience in nursing education. She completed her baccalaureate nursing degree in 1984 from the All India Institute of Medical Sciences in New Delhi, India, and her master's degree in Obstetric, Gynecologic and Neonatal Nursing in 1990 from the SNDT Women's University in Bombay, India. She has practiced as a midwife, midwifery instructor, and oncology nurse. Alice's experience as a nursing educator in India includes teaching in baccalaureate nursing programs, diploma nursing programs, and Female Health Worker programs in India.

Alice's nursing experience in the United States began in 1992. She has worked as a rehabilitation nurse, charge nurse, and Director of Education in an inpatient rehabilitation hospital. Alice has a certification in Rehabilitation Nursing (CRRN). Alice has an ongoing and enduring interest in nursing education, and has served as an item writer for the National Council of State Boards of Nursing (NCSBN), writing questions for the National Council Licensing Examination for Practical Nursing (NCLEX-PN). Alice is currently a member of the Sigma Theta Tau – Gamma Chi Chapter, Southern Nursing Research Society (SNRS), and the Alabama Council of Practical Nursing Educators (ACOPNE).

Alice Raymond has been the chairperson of the Health Sciences Technology Division of J.F. Drake State Technical College in Huntsville, Alabama since August 2000. In 2003, Alice was the recipient of the Chancellor's Award for Outstanding Technical Faculty of the year. Alice was also the recipient of the Outstanding Technical Faculty of Drake State Technical College for the American Education Week in 2004, and

nominated for Technical Faculty of the Year 2004 for the Alabama Technical Educators Association (ATEA).