Building a Baccalaureate Community Nursing Curriculum Using a Participatory Evaluation Approach

Barbara J. Olinzock, EdD, RN; Barbara J. Kruger, PhD, MPH, RN; Sharon T. Wilburn, PhD; Kenneth T. Wilburn, PhD; Connie Roush, PhD, RN

The University of North Florida School of Nursing used a participatory approach to develop a community-based and community-focused curriculum that engaged students, faculty, and community stakeholders. This Home-base Model evolved over 6 years, building inductively using a continuous quality improvement process. We describe the formative evaluation process, the strategies used to engage the key stakeholders, and identify the benefits leading to the sustainability of the Home-base Model. A plan for external evaluation is in progress, building on existing stakeholder involvement and focusing on outcomes. The development of the Home-base Model is offered as an exemplar of how a participatory approach can build community nursing curricula that are consistent with community-driven agendas. Key words: community nursing, community participatory evaluation, continuous quality improvement, program evaluation, service-learning

The University of North Florida School of Nursing developed a community-based and community-focused curriculum model using a participatory approach over a period of 6 years. This Home-base Model provides students with a continuous clinical experience in one geographic location or agency (referred to as a home-base) over their time in the nursing program. Six home-bases, each composed of multiple community partners, 2 to 3 faculty members, and 48 students, participated in longitudinal service-learning projects. Students begin their home-base experience in the first semester of the nursing program, concluding with a capstone project in their final semester and investing a total of 145 hours in their home-base community. In all, 300 nursing students, 14 faculty members, and 50 health and social service agencies in the region work together to address community concerns and educate health professionals. This innovative curriculum has evolved as the result of the continuous quality improvement (CQI) efforts of students, faculty, and community partners.

The significance of this participatory evaluation approach is that it focuses on empowering and engaging stakeholders, consistent with the principles of community building and partnership development. Empowerment and engagement were accomplished through a formative process that inductively derived structure, process, and outcome indicators as they emerge over time from students, faculty, and community partners. Although patience and time were required to continuously engage all stakeholders, these actions ensured ownership and relevance of the program among all
participants. The development of the Home-base Model is offered as an exemplar of a participatory evaluation approach that builds community nursing curricula, consistent with community-focused agendas that value stakeholder involvement.

BACKGROUND

A variety of methods, tools, and foci are described in the literature on ways to assess student learning and evaluate outcomes of community-based curricula. Evaluation approaches include competency-based assessment of learning activities; analysis of student reflective journals; project-developed instruments; use of standardized tools to measure critical thinking, cultural competency, civic engagement; attitudes; and use of exit interviews. A few student evaluation designs included formative and summative mixed-method approaches, but only 2 incorporated the perspectives of students and community stakeholders. However, it is significant that no evaluation designs currently in the research literature focused on the integration of multiple perspectives consisting of student, faculty, and community stakeholders.

ENGAGING PARTNERS IN THE EVALUATION

As with any evaluation study designed to address the needs of a wide range of stakeholders, the context for the evaluation had a significant impact on the evaluation process. Although most university-based nursing programs are closely aligned with traditional academic programs, community-based nursing education has increasingly employed service learning as pedagogy to enhance student education. Service learning engages students in learning activities that simultaneously benefit community stakeholders (eg, agency, clients, and neighborhood residents) and is predicated on a coordinated and balanced partnership between the academic campus and the community. Consequently, the design for the evaluation component of the Home-base Model reflects an interactive partnership among 4 groups: students, academic nursing faculty, community partners, and an interdisciplinary evaluation team.

Guiding Framework

The Home-base Model evolved using continuous evaluation as a method for program development by inductively building from the ground up. This approach differs from some of the older top-down and expert-driven curriculum models. The 1939 Shewhart cycle of plan, do, check, and act popularized by Deming was used to guide the initial evaluation process and curriculum refinements in conjunction with CQI principles. These principles of fostering leadership development, optimizing team work, providing training and education, and ensuring inclusiveness for all stakeholders were consciously applied to the development process. Continuous quality improvement principles allowing experimentation and risk taking with the accompanying possibility of failure were also critical to empowerment and investment. The emphasis on capturing all stakeholder perspectives became a critical element in the initial evaluation design.

Engaging Student Stakeholders

Students participated in a series of open-ended interviews and focus groups each semester and were asked to describe their community-learning experiences and their reactions. A faculty committee used these responses to continuously refine the structure and process of the Home-base Model. Using a qualitative analysis of these interactions, themes and trends over time served as the foundation for the development of the program’s first formal objective-based instrument. This initial instrument, an exit survey, consisted of semi-structured and open-ended questions. Each iteration of the annual survey provided both quantitative and qualitative data that allowed for survey revision and program improvement feedback to faculty. Student learning outcomes emerged from this annual student feedback. Selected student-identified outcomes of the curriculum implementation are listed in Table 1.
comparison of the first year (2002) to the most recent year (2006) demonstrating changes and improvement for these indicators.

Student recommendations for program improvement initially addressed the need for structure, organization, faculty direction, and connection of community learning activities to curriculum objectives. As those needs were addressed, subsequent recommendations focused on the quality of the experience rather than on the structure. Students wanted to exercise more choices among community placements and to work with their peers from across semesters. By the fourth year of the curriculum implementation, all students were continuously involved in the same home-base throughout their time in the nursing program. Students expressed that their community experience “opened my eyes” and “broadened my horizons” as they entered places that were “outside my comfort zone.” In keeping with these themes, they described getting past fears of new and different places and misconceptions about the community. Students indicated that they could reflect on their own background and “shed underlying prejudices I never knew I had.” As a result of this change, students felt that they were able to become “nonjudgmental” and develop empathy and compassion for residents in their home-bases. By going into residents’ homes and hearing their stories, one student stated that she was able to “gain insight into their everyday life and the challenges they face.”

Other students used similar language to indicate that they learned to think of people and families in context and that this is important to their future nursing practice regardless of the practice setting. Some students indicated that they developed “people skills” and learned to negotiate in a nonjudgmental fashion and to be flexible when plans changed. Over and over, students stated that they were able to “make a difference” in the health of the individuals in their community home-base.

Student survey questions were revised to specifically explore skills, competencies, and attitudes, whereas open-ended questions probed for stories related to making a difference, seeing the bigger picture, partnering with the community and the relevance of the service-learning opportunity for future nursing practice. Analysis of these data from exiting nursing seniors is currently being used to develop outcome assessment measures that will be applied as student cohorts progress through the curriculum.

### Engaging Faculty Stakeholders

One of the first impacts of student evaluation findings was the establishment of a School of Nursing standing committee of the home-base faculty leaders. The committee has been instrumental in fostering the development of the Home-base Model through problem solving, planning, reflectively discussing, continuously refining, and ensuring quality. Through shared

---

**Table 1. Comparison of selected student outcome indicators, 2002 and 2006**

<table>
<thead>
<tr>
<th>Emerging Student Outcomes</th>
<th>2002, %</th>
<th>2006, %</th>
<th>▲ Change, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>See the “big picture”</td>
<td>...a</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td>Value different roles for nurses</td>
<td>...a</td>
<td>85</td>
<td></td>
</tr>
<tr>
<td>Learn about community resources</td>
<td>74</td>
<td>81</td>
<td>7</td>
</tr>
<tr>
<td>Gain comfort in new situations</td>
<td>67</td>
<td>80</td>
<td>13</td>
</tr>
<tr>
<td>Appreciate diversity</td>
<td>56</td>
<td>80</td>
<td>24</td>
</tr>
<tr>
<td>Contribute to community</td>
<td>74</td>
<td>78</td>
<td>4</td>
</tr>
<tr>
<td>Practice communication skills</td>
<td>65</td>
<td>78</td>
<td>15</td>
</tr>
<tr>
<td>Practice teaching skills</td>
<td>45</td>
<td>70</td>
<td>27</td>
</tr>
<tr>
<td>Interdisciplinary opportunities</td>
<td>49</td>
<td>70</td>
<td>66</td>
</tr>
<tr>
<td>Feel connected to community</td>
<td>...a</td>
<td>66</td>
<td></td>
</tr>
<tr>
<td>Gain confidence</td>
<td>...a</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>Learn to advocate</td>
<td>30</td>
<td>57</td>
<td>27</td>
</tr>
</tbody>
</table>

Columns represent different student cohorts, with 58% to 71% responding.

*a Student write-in responses added to annual survey for subsequent years.
governance, decisions about program structure and process are made by consensus and involve all faculty. This involvement was critical, as a handful of faculty could not sustain this innovative program and shared ownership required shared authority. Consequently, changes occurred gradually.

Faculty members who were interested and new to the home-base concept were courted, oriented, mentored, and paired with experienced home-base faculty working with existing community projects. Students even became faculty recruiters because they were involved from across the curriculum; they would bring their home-base experiences and use them as examples in their courses. Faculty members with specialization in adult health, mental health, pediatrics, women’s health, primary care, and community/public health became invested in their home-bases, thereby ensuring sustainability of the model. This investment by nursing faculty across specialty areas is unique.

Engaging Community Stakeholders

Community partners consistently communicated their need to establish meaningful relationships with students and faculty and to be a part of the educational experience. Home-base faculty teams and community partners met twice each semester to reflect and generate ideas. Individual home-base teams conducted self-assessments of their working relationship and targeted areas needing improvement. Community partners were enrolled as instructors in online courses via course management software or to facilitate communication with faculty and students. Community stakeholder involvement in student learning and curriculum refinement resulted in requested annual retreats to share about service learning, partnership development, and participatory evaluation design.

Stakeholder Benefits

The Home-base Model, unique for its emphasis on continuity in the community, emerged as the result of this initial internal evaluation. Improvements and ideas were generated among stakeholders for solutions to stresses and challenges. A hallmark of the participatory evaluation approach was the sharing of information among and between all partners. Results from interviews, focus groups, and surveys were posted on Web sites, distributed as PowerPoint presentations, and served as topics of discussions in the academic classes and in meetings with the community partners. The validation of evaluation processes is not necessarily in the generation of descriptive numbers and significant statistics but rather in corrective feedback and review by the evaluation team and the community participants.

The inclusion of all parties in the evaluation process, coupled with a high level of respect for contributions from each person, created a flow of unrestrained ideas that resulted in creative solutions. The evolution of the Home-base Model was an innovative solution that emerged in response to the need for structure and connectedness. Strategies for engaging nursing students and faculty also emerged. For example, an orientation program was initiated and implemented by senior students to assist new nursing students who were beginning their service-learning experience in the community.

Over time, the ownership, loyalty, and commitment of home-base teams became evident in the ongoing analysis of evaluation information. Home-base teams began to assume their own unique personality. Teams expressed their appreciation for both the autonomy to experiment with innovative approaches and the flexibility to make changes in keeping with the unique character and culture of the neighborhoods and agencies in which they were situated. Each home-base team evaluated its own need for improvement and initiated actions to incorporate change. Consequently, preliminary evaluation results indicated that all partners experienced significant satisfaction in their commitment to the sustainability of home-base activities.

MOVING TO AN EXTERNAL EVALUATION

Research supports including external evaluators as a means to provide objectivity, thereby bringing greater credibility to the
In the past year, a lead group of community nursing faculty met to review prior formative evaluation results, to refine the student survey, and to recruit expert external professional evaluators. Interdisciplinary evaluation specialists from the University Department of Public Health and from the College of Education and Human Services agreed to lead the external evaluation. The combined internal and external evaluation team reached a consensus to adopt a community-based evaluation approach grounded in Scriven’s\textsuperscript{2} goal-free model. Evaluation goals chosen by the team were also supported by other evaluators:

*For us, a community-based evaluation approach refers to a philosophy of inquiry that encourages active participation in the evaluation process from all involved communities. Community-based evaluation can accommodate a wide range of methods, from conventional quantitative to critical methodology, while allowing for variation in the nature of action and participation of involved communities.*\textsuperscript{29(p351)}

The interdisciplinary evaluation team worked with faculty, community partners, and students—our 3 representative groups—to apply a “theory of change” approach to define outcomes and processes that are intended to affect those outcomes.\textsuperscript{30} This approach involved developing a priori hypotheses about how components of the Home-base Model were to be implemented and, once implemented, how they were expected to result in improved outcomes for both the students and community partners. Next, the evaluation team attempted to carefully document the extent to which the implementation and outcomes occurred. By bringing data to bear on each process, activity, assumption, and outcome specified in the theory, the evaluation team began to test the plausibility of the links proposed in the theory of change.

**DISCUSSION**

With progress comes the need for further evaluation and improvements. As the Home-base Model has expanded, so have the challenges identified by partners. Key informant interviews, focus groups, satisfaction surveys, and other formative evaluation procedures are in place. These procedures will be joined by a curriculum/standard alignment activity to ensure that the community-valued ideas are firmly imbedded in the academic curriculum. Initial, midpoint and exit outcome evaluation appraisals will be conducted to assess program fidelity and ensure that the various student groups are being equally served by the program.

The role of the community partners in the evaluation protocol will include participation in the development of site- and/or agency-specific evaluation and feedback tools. Their participation will better ensure that student needs are being met and will support the ability to gather measures of the community-based nursing program’s impact on the agencies themselves and on those individuals they serve. Expansion of the role of the partnerships can have a significant impact on the overall program because most of the community partners have built dissemination strategies into their overall operational design. Therefore, valid evaluative feedback is easily translated into a program of action.

Six years into the collaborative process of program planning, development, implementation, and evaluation, we realize many benefits from the adoption of a goal-free, community-based participatory evaluation methodology. The influence of using a goal-free evaluation strategy, inclusive of all stakeholders, is resulting in a more dynamic and responsive community-based nursing curriculum. Some of the most critical outcomes to this evaluation approach include the following:

- Development of new faculty partnerships and avenues for practice and scholarship has been developed; others have been greatly expanded.
- Students were invested, shared ownership, felt that they contributed, and challenged faculty to ensure sustainability of their community projects.
- Students’ perception of nursing was expanded beyond the clinical setting to...
value health promotion and embrace the client in a family context.

- The Home-base Model has garnered community-wide recognition for the School of Nursing and established the university as a leader in service-learning and community partnerships.

Although all community-based participatory evaluations seek to actively involve the community, the approaches subsumed under this model will differ greatly. Thus far, our evaluation approach has been formative rather than summative, and it is theoretically grounded in a goal-free evaluation model using a CQI cycle. Regardless of the purpose and strategy of a community-based participatory evaluation effort, we believe that the key principles for the success of community-based evaluations such as those by Fetterman will hold true: (a) there must be a development of trust between the evaluation team and the stakeholders and between the program staff and the community, (b) a recognition of the importance of the knowledge and personal experience of all stakeholders is paramount, and (c) there must be joint development of the evaluation agenda. This evaluation approach is also consistent with the principles for community partnership development as defined by the Community-Campus Partnerships for Health.

CONCLUSION

The development of the Home-base Model, an innovative community-based and community-focused curriculum, using a community participatory goal-free evaluation approach guided by CQI has invested students, faculty, community, and administrative stakeholders. The process has had a synergic effect on all participants, with significant benefits and formative outcomes noted. Embarking on a participatory approach to evaluation can be a daunting undertaking given the demands of the academic milieu. The community-based participatory approach, besides being consistent with what we teach in community classes, allowed the curriculum to gradually unfold and emerge. The Home-base Model, a continuous student clinical experience in one community over time, moves us beyond semester-bound clinical projects and helps build community capacity as well as relevant learning opportunities for students. The sustainability of this curriculum has been enhanced through actively engaging stakeholders in this formative evaluation process. This model is also progressing to the collaborative determination and measurement of outcomes that should continue to support effectiveness, sustainability, and transportability of this model for other academic programs.

REFERENCES


