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Transforming Nursing Education: A Conceptual Overview of Curriculum Redesign Models

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Abstract: The landscape of healthcare is continually evolving, necessitating corresponding transformations in nursing education to prepare graduates capable of meeting complex clinical demands. Redesigning undergraduate nursing curricula is pivotal to ensure that new nurses possess the competencies required for contemporary practice. This paper provides a comprehensive overview of current frameworks employed in the redesign of nursing undergraduate curricula, focusing on competency-based education models, the integration of simulation-based learning, and the incorporation of person/family-centered care approaches.

1. Introduction

The call for a comprehensive redesign of undergraduate nursing curricula arises from a persistent mismatch between academic instruction and the practical realities encountered in clinical settings. For decades, concerns have been raised that traditional nursing education models—often grounded in teacher-centered instruction, discipline-based content silos, and inflexible structures—have not adequately prepared graduates for the increasingly complex, interdisciplinary, and technology-driven healthcare systems in which they must operate [1, 2].

This gap has significant implications. New graduate nurses frequently report feeling unprepared for real-world clinical challenges, including managing patient complexity, engaging in interprofessional communication, navigating ethical dilemmas, and applying evidence-based interventions [3]. In response, academic institutions and accrediting bodies are prioritizing curricular transformation to ensure that nursing graduates can meet current and future healthcare demands.

Recent years have witnessed a global shift toward competency-based education (CBE) in nursing, emphasizing not only what students know, but what they can do with that knowledge in practice [4]. CBE frameworks promote measurable learning outcomes, flexibility in instructional design, and student progression based on the demonstration of core competencies rather than time spent in class [5]. These competencies typically include clinical judgment, communication, population health, professionalism, person-centered care, and systems thinking—skills essential to high-quality care in 21st-century health systems.

In addition to CBE, curriculum reform efforts increasingly incorporate simulation-based learning,

which has been shown to improve clinical reasoning, confidence, and patient safety outcomes [6]. Simulated learning environments allow students to apply theoretical knowledge in realistic scenarios, receive immediate feedback, and develop critical soft skills such as collaboration, empathy, and situational awareness.

Moreover, person- and family-centered care has emerged as a pedagogical cornerstone in curriculum reform, reflecting broader healthcare trends that prioritize individualized, compassionate care. Frameworks that center the human experience promote cultural humility, therapeutic relationships, and shared decision-making—competencies that are essential to addressing health disparities and fostering equity in nursing practice [7, 8].

The urgency of curriculum redesign was further underscored by the COVID-19 pandemic, which exposed vulnerabilities in both healthcare delivery and nursing education. Disruptions to clinical placements, rapid shifts to virtual learning, and growing moral distress among frontline workers all highlighted the need for flexible, resilient, and forward-thinking educational structures [9].

In this context, multiple frameworks have emerged to guide the restructuring of nursing curricula. These include the AACN's The Essentials: Core Competencies for Professional Nursing Education [4], the National League for Nursing's (NLN) Vision for Transforming Nursing Education [10], and international competency standards from the World Health Organization [11]. Together, they provide a roadmap for developing curricula that are competency-driven, patient-centered, and adaptable to global health challenges.

2. Competency-Based Education Frameworks

Competency-based education (CBE) has emerged as a central paradigm in nursing curriculum redesign. The American Association of Colleges of Nursing introduced "The Essentials: Core Competencies for Professional Nursing Education," delineating the requisite competencies for nursing graduates. These competencies encompass domains such as clinical judgment, evidence-based practice, and interprofessional collaboration. The adoption of CBE frameworks aims to produce graduates who are not only knowledgeable but also proficient in applying their skills in diverse clinical settings.

2.1 Implementation of CBE: The Program (Re) Design Model

The Program (Re) Design (PRD) model offers a structured, faculty-led, data-informed approach to curriculum revision, aligning educational programs with updated competency frameworks like The Essentials. This model comprises eight semi-structured steps that facilitate systematic reimagining and redesigning of curricula to be more cohesive and learner-centered. By employing the PRD model, institutions can ensure that their curricula are responsive to the evolving demands of healthcare and effectively prepare students for real-world challenges.

3. Integration of Simulation-Based Learning

Simulation-based learning has become an integral component of modern nursing education, providing students with realistic, hands-on experiences in a controlled environment. Frameworks such as the one developed by Salifu et al [12] emphasize a student-centered approach, incorporating simulation-focused pedagogy throughout the nursing curriculum. This approach aims to enhance critical thinking, communication skills, and clinical competence by immersing students in lifelike scenarios that mimic real-world clinical situations.

3.1 Best Practice Frameworks for Simulation Integration

Hall and Tori [13] proposed a best practice framework for simulation integration, synthesizing existing guidelines to optimize the use of simulation in nursing education. Key components of this framework include:

Curriculum Integration: Strategically embedding simulation activities within the curriculum to complement theoretical learning.

Simulation Design: Developing authentic scenarios with appropriate fidelity and complexity to challenge students' problem-solving abilities.

Debriefing: Conducting reflective sessions post-simulation to facilitate learning and critical analysis of performance.

Implementing such frameworks ensures that simulation-based learning is effectively utilized to enhance student preparedness for clinical practice.

4. Person/Family-Centered Care Frameworks

Incorporating person and family-centered care into nursing curricula underscores the importance of holistic, individualized patient care. The Nursing Educational Framework (NEF) exemplifies this approach by integrating core elements of a humanistic, relationship-based curriculum. The NEF emphasizes developing, using, translating, and evaluating nursing knowledge while enhancing person/family-centeredness. This framework guides educators in structuring curricula that prioritize the human experience in healthcare, fostering compassionate and patient-focused practitioners.

To further strengthen this section, it is recommended to include relevant empirical studies or theoretical literature that demonstrate the effectiveness of person/family-centered care frameworks in nursing education. For instance, research examining learning outcomes, patient satisfaction, or student competencies resulting from curricula that incorporate person-centered principles can provide robust support for the framework's value. If such references are available—such as peer-reviewed articles, systematic reviews, or educational policy documents—they should be cited accordingly to reinforce the argument and establish a stronger academic foundation for the integration of this approach into undergraduate nursing education.

5. Conceptual Frameworks in Undergraduate Nursing Curricula

Conceptual frameworks serve as foundational organizing structures that provide coherence, consistency, and philosophical direction to nursing curricula. They are not merely theoretical tools, but strategic guides that inform every aspect of educational design—from learning outcomes and content selection to teaching methods and assessment strategies. By offering a unified vision of nursing as a discipline and profession, conceptual frameworks ensure that curricular elements are systematically integrated rather than fragmented or duplicative [14].

These frameworks assist educators in identifying the core knowledge, values, and skills essential for nursing practice, while also reflecting broader social, ethical, and cultural dimensions of healthcare. For instance, a framework grounded in holistic nursing may emphasize person-centered care, healing environments, and reflective practice, whereas one based on systems theory may prioritize complexity science, interdisciplinary collaboration, and adaptive leadership. The selected framework not only shapes what is taught, but how it is taught—impacting pedagogical strategies, student-teacher relationships, and the use of simulation or clinical experiences [15].

Moreover, conceptual frameworks play a vital role in aligning nursing programs with accreditation standards and professional competencies. Many accrediting bodies, such as the American Association of Colleges of Nursing, encourage institutions to adopt clear theoretical

foundations that support their mission, promote scholarly inquiry, and prepare graduates for evidence-based, ethical, and person-centered practice [4]. In this regard, conceptual frameworks also serve as a bridge between academic learning and clinical application, helping students integrate theoretical knowledge with practical skills in real-world contexts.

In an era of rapid technological change, health inequities, and shifting population health needs, the use of robust conceptual frameworks ensures that nursing education remains relevant and adaptable. They enable curriculum designers to remain anchored in core professional values while innovating in response to global health trends, such as telehealth, mental health integration, chronic disease management, and community-based care. In short, a well-chosen conceptual framework provides both structure and flexibility, supporting the continuous improvement of nursing education in alignment with evolving healthcare challenges.

6. Conclusion

Redesigning undergraduate nursing curricula is a complex but essential endeavor to prepare graduates for the multifaceted challenges of modern healthcare. Frameworks focusing on competency-based education, simulation integration, and person/family-centered care provide structured approaches to curriculum development. By adopting these frameworks, nursing education programs can cultivate practitioners who are clinically competent, critical thinkers, and compassionate caregivers, ultimately enhancing patient outcomes and advancing the nursing profession.

References

[1] Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). Educating Nurses: A Call for Radical Transformation. Jossey-Bass.

[2] Frenk, J., Chen, L., Bhutta, Z. A., Cohen, J., Crisp, N., Evans, T., & Zurayk, H. (2010). Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. The Lancet, 376(9756), 1923–1958.

[3] Kavanagh, J. M., & Sharpnack, P. A. (2021). Crisis in competency: A defining moment in nursing education. Nurse Education Today, 100, 104859.

[4] AACN (American Association of Colleges of Nursing). (2021). The Essentials: Core Competencies for Professional Nursing Education. Washington, DC: AACN.

[5] Frank, J. R., Snell, L. S., Cate, O. T., Holmboe, E. S., Carraccio, C., Swing, S. R., & Harris, P. (2010). Competency-based medical education: theory to practice. Medical Teacher, 32(8), 638–645.

[6] Hayden, J. K., Smiley, R. A., Alexander, M., Kardong-Edgren, S., & Jeffries, P. R. (2014). The NCSBN National Simulation Study: A longitudinal, randomized, controlled study replacing clinical hours with simulation in prelicensure nursing education. Journal of Nursing Regulation, 5(2), S1–S64.

[7] Grant, S. M., & Johnson, B. H. (2019). Advancing the practice of patient-and family-centered care: the central role of nursing leadership. Nurse Leader, 17(4), 325-330.

[8] Rosa, W. E., Ferrell, B. R., & Wiencek, C. (2020). Increasing nursing education capacity through integration of palliative care competencies. Journal of Professional Nursing, 36(6), 552–557. https://doi.org/10.1016/j.profnurs.2020.09.008

[9] Morin, K. H. (2021). Nursing education after COVID-19: Same or different? Journal of Clinical Nursing, 30(7–8), e1–e3. https://doi.org/10.1111/jocn.15751

[10] NLN (National League for Nursing). (2016). Achieving Diversity and Meaningful Inclusion in Nursing Education: A Living Document from the National League for Nursing.

[11] World Health Organization. (2022). Global Competency Standards for Nurses and Midwives.

[12] Salifu, D. A., Christmals, C. D., & Reitsma, G. M. (2022). Frameworks for the design, implementation, and evaluation of Simulation-Based nursing education: A Scoping review. Nursing & Health Sciences, 24(3), 545-563.

[13] Hall, K., & Tori, K. (2017). Best practice recommendations for debriefing in simulation-based education for Australian undergraduate nursing students: An integrative review. Clinical Simulation in Nursing, 13(1), 39-50.

[14] McEwen, M., & Wills, E. M. (2019). Theoretical Basis for Nursing (5th ed.). Wolters Kluwer.

[15] Butts, J. B., & Rich, K. L. (2021). Philosophies and Theories for Advanced Nursing Practice (4th ed.). Jones & Bartlett Learning.