



Contents lists available at ScienceDirect

Teaching and Learning in Nursing

journal homepage: www.jtln.orgUsing the CIPP Model to Assess Nursing Education Program Quality and Merit^{1,2}Megan Lippe^{*,3}, Patricia Carter⁴

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ARTICLE INFO

Article history:

Accepted 14 September 2017

Available online xxxxx

Keywords:

Nursing education
Program evaluation
End-of-life care

ABSTRACT

Nursing programs must maintain a high-quality curriculum that graduates exemplary nurses. Systematic evaluation of key components of nursing education is required. Stufflebeam's Context, Input, Process, and Product model allows for evaluation of the quality and merit of end-of-life care education within a nursing program. Data analysis identified missing content, program strengths, and curricular redundancies within the program. When used appropriately, Stufflebeam's model serves as a valuable guide for in-depth curriculum evaluation.

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Practicing in a system focused on safety, quality, outcomes, and evidence-based practices, particularly subsequent to the formation of the Affordable Care Act (Assistant Secretary for Public Affairs, 2013), nurses are accountable for the care they provide to every patient. In a similar manner, nursing education programs are held to high standards by university/college administration, accrediting bodies, state boards of nursing, community health care agencies, and the public. In a culture of accountability, nursing educators and administrators must demonstrate their program's quality and adherence to accreditation expectations. To accomplish this ongoing requirement, academic nursing programs engage in multiple evaluation efforts, such as analyzing licensure pass rates, verifying coverage of all requisite essential elements and accreditation standards within coursework, and assessing faculty expertise (Billings & Halstead, 2015; Commission on Collegiate Nursing Education, 2013). While these self-check measures provide accountability evidence for select aspects of a program, they preclude educators and administrators from making broader determinations of the program's overall quality and outcomes.

In addition to the need to provide accountability evidence, nurse educators are challenged to address an ever-increasing list of content areas within their prelicensure programs to ensure that students are adequately prepared to care for patients upon entering professional practice. National accreditation bodies, state boards of nursing, and the licensure examination requirements dictate the content that must be taught. One content area that must be taught in preparation for the licensure examination is the palliative and end-of-life (EOL) care (National Council of State Boards of Nursing, 2015), which focus on caring for patients with life-limiting illnesses (National Consensus Project for Quality Palliative Care, 2013). However, education in this area is lacking. Recently, the American Nurses Association (ANA) found that prelicensure EOL care education is insufficient, citing "lack of preparatory education and exposure to palliative care principles within the nursing curriculum, lack of palliative nursing clinical practicum experiences, and lack of professional mentoring" (2017, p. 10). In order to address this deficiency in education, nursing education programs must carefully assess their curricula to identify and address gaps in EOL education. This article will describe the utilization of a theoretical model to guide a detailed, comprehensive assessment of a nursing education program (henceforth program) to determine its strengths, weaknesses, and accountability to key stakeholders with regard to EOL education.

Introduction

The context, input, process, product (CIPP) evaluation model (Stufflebeam et al., 1971) provides a theoretical framework that can guide the determination of a program's overall quality and merit.

¹ Conflicts of interest: None.² This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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The CIPP model requires the consideration of multiple aspects of a program, including input from representative stakeholders, to conduct a comprehensive assessment. These aspects are assessed via four main evaluations (context, input, process, and product), which collectively provide data to assess the overall program. Although the CIPP model has been utilized for large-scale analyses of health care systems (Farley & Battles, 2009; Kahn et al., 2014), its comprehensive format has great utility for educators and administrators on a smaller, program-specific scale.

The CIPP model is both flexible and prescriptive when utilized to assess program quality. According to Stufflebeam et al. (1971), evaluations are conducted from one of two orientations: (a) improvement/formative-oriented evaluations performed at program completion to guide the creation of a new program or improve an existing program or (b) accountability/summative-oriented evaluations conducted during program implementation to determine adherence to the intended program outline. Once evaluators have determined their orientation, they begin a more prescriptive approach to program evaluation by identifying components for each of the four main evaluations in the CIPP model.

A detailed assessment of the program begins with a context evaluation, within which program needs, problems, assets, and opportunities are evaluated (Stufflebeam, 2000, 2003). Much of this information is obtained from stakeholders, including accreditation bodies, program administration, the community, and students and faculty within the program. Any appropriate means of data collection can be utilized, such as checklists, advisory panels, or town hall meetings. (Stufflebeam, 2000, 2003), as long as the information obtained is reliable and credible. Summarized context evaluation data are shared with stakeholders for their interpretation.

The overall evaluation orientation drives the implementation of the input evaluation and allows for comparison of existing programs. From a comparison to best practice standards, educators develop new programs or identify changes needed to the current program. Depending on the purpose of the input evaluation, data regarding budget, work plans, political barriers, legal constraints, review of best practice standards/extant literature, and resource availability should be considered (Stufflebeam, 2003). Stakeholders utilize input evaluation data to make decisions regarding subsequent program implementation.

In the process evaluation, the fidelity of program implementation to the expectations and work plan are compared to identify improvements or modifications. Frequently, process evaluations utilize an evaluator (either someone within the program or an objective outside party) to systematically obtain and evaluate implementation data to share with stakeholders.

The final evaluation conducted within the CIPP model focuses on products/outcomes of the program. Data for this evaluation are obtained from criterion-referenced tests, objective tests, or performance assessments (Stufflebeam, 2003). Stakeholders interpret the product evaluation data based upon previously identified expectations. As a result, they form judgments regarding program success or failure and make critical decisions, such as continuing, modifying, or terminating the program.

Background/Literature

The utility of the CIPP model for evaluating health care and education programs has already been established. Current evidence demonstrates that, depending on the research questions asked, the entire CIPP model or just a few components can effectively guide program evaluation. Two large studies used the CIPP model to evaluate Agency for Healthcare Research Quality patient safety initiatives (Farley & Battles, 2009) and a health care organization's reduction program for hospital-acquired infections (Kahn et al., 2014). Other

identified studies used the full CIPP model with smaller data sets to evaluate medical education programs (Al-Khathami, 2012; Steinert, Cruess, Cruess, & Snell, 2005), nursing education initiatives and programs (Daniels & Khanyile, 2013; Singh, 2004), hospital-based programs (Petro-Nustas, 1996), and non-health care-specific education programs (Sancar Tokmak, Meltem Baturay, & Fadde, 2013; Zhang et al., 2011). Specific components of the CIPP model, as opposed to the full model, were used in two studies: one utilizing input evaluation indicators to assess doctoral programs (AbdiShahshahani, Ehsanpour, Yamani, & Kohan, 2014) and another utilizing product evaluation data to evaluate a faculty development program (Alarbeed & Al Hakim, 2014). Regardless of the type of program, the methods utilized, or the outcomes, each study reported benefits of using the CIPP model to guide program development, regulation, or maintenance, all while maintaining fidelity to the model.

Despite its benefits and demonstrated utilizations within health care and education research, the CIPP model has not been adapted for evaluation of EOL education. Of the many aspects of nursing education that must be evaluated, EOL care is one that should be considered a high priority. Current evidence suggests that adequate education is currently lacking (Gillan, Jeong, & van der Riet, 2014) and that nurses do not feel prepared to care for dying patients or those with life-limiting illness upon entering professional practice (Zheng, Lee, & Bloomer, 2016). The ANA (2017), Institute of Medicine (2014), and the American Association of Colleges of Nursing ([AACN], 2016) have identified deficiencies in the provision of palliative and EOL care across the country, many of which might be improved with better education of the prelicensure workforce. Further driving the need for nursing programs to be accountable for EOL education are 17 palliative and EOL care competencies all nurses are expected to meet upon entering professional practice (Ferrell, Malloy, Mazanec, & Virani, 2016) and the ANA mandate to utilize existing curricula developed by the End-of-Life Nursing Education Consortium (ELNEC) within prelicensure programs. Nursing programs must engage in systematic processes to verify that they are meeting the EOL care education expectations of these leading nursing organizations. This article will present how the CIPP model was utilized to guide curriculum evaluation of EOL content in nursing education.

Methods

The CIPP model was utilized to evaluate EOL care content integration within a prelicensure nursing program (Pfitzinger, 2016) as part of a dissertation study. A faculty member's concern that EOL care education might not be meeting standards drove the need for the evaluation. Furthermore, administration of the program was interested to identify gaps in EOL care education that could be addressed in a curriculum reform that was already in progress. The researchers employed an accountability/summative orientation, meaning that the evaluation was conducted during program implementation. The elements of the CIPP model adapted for evaluating EOL care are depicted in Fig. 1.

Within the context evaluation, accreditation and program objectives served as both needs and problems. Specifically, the AACN essentials (2008), Texas Board of Nursing (2011) competencies, and ELNEC competencies (AACN, 2015b) and Core Curriculum objectives (AACN, 2015a) were assessed. Items and objectives focused on EOL care were needs; all others were problems. The assets of the context evaluation were measured characteristics of students (age, semester of enrollment, course enrollment, religion, previous EOL care education, previous experience with the death [loved one, friend, pet, or patient]) and faculty members (years of teaching and clinical practice experience, provision of EOL care in clinical practice, certifications, ELNEC training, and EOL research focus). The results set the context for conducting the input evaluation.

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