

Dear Dr. Adebayo,

Thank you for reaching out. Shifting an entire department from traditional didactic instruction and assessments to outcome-based education (OBE) is an exciting undertaking. Your vision to foster critical thinking, clinical judgement, and knowledge application to real-world scenarios aligns closely with design thinking and learning design best practices. I would be honored to partner with the team at Piedmont Technical College to transform your nursing program.

## Opportunities and Challenges

I'd like to begin by listing several strengths and weaknesses of your current program.

Strengths	Weaknesses
High NCLEX-RN exam pass rates	Didactic instruction and passive learning are the primary methods of education. Assessments mostly focus on theory and memorization, instead of critical thinking and hands-on skills.
Experienced faculty (10-15 years or more)	Faculty may be hesitant to change.
Diverse student population that is available for in-person classes	Diverse populations have different learning styles, time constraints, and access to resources.
Clinical placements in various healthcare settings provide ample opportunities for students to gain real-world experience.	Clinical placements are not aligned with didactic content and learning outcomes.
LMS system is available for educational use.	LMS is underutilized, with limited integration with learning activities.

A review of these strengths and weaknesses point to some opportunities to support your goals. The program has a high NCLEX-RN pass rate, which supports your goal of preparing graduates to pass the exam. There is less evidence that your graduates have the necessary skills to excel in clinical practice (another program goal). In keeping with OBE principles, these learning outcomes need to be clearly defined. Once these are established, classroom instruction, curriculum, and formative assessments can be aligned with learning activities during clinical placements. Faculty hesitance may be the result of fear that new methods may hurt learner achievement and exam pass rates. Consulting with faculty and developing a deep understanding of their concerns can guide the steps of the OBE transition. Finally, OBE principles promote allowing students to take an active role in their own learning (Eklavya, 2025). We should look for ways to empower our students to manage cognitive load, stay motivated through graduation, and feel confident as they begin their practice.

## Recommendations

**Flipped classroom approach:** Students are assigned didactic content before class, which gives them control over the pace and timing of study, honoring their learning preferences and reducing cognitive load. Class time is spent in review, discussion, and active cooperative assessment methods such as simulations, case scenarios, or role playing. Both instructors and peers can provide feedback. These activities will allow students to use critical thinking and build clinical judgement. Additionally, nurses will be part of a care team; these activities provide valuable opportunities to practice soft skills such as communication, role designation, and teamwork.

**Competency checklists and standard of care algorithms:** Using the LMS to post and track clinical competency checklists is one way to ensure that nursing students get the most out of their clinical experience. It also allows instructors to assess student performance and provide feedback and support. Standard-of-care algorithms and job aids distill complex theoretical knowledge into concrete clinical action steps. Nursing students can improve their clinical judgement and analytical skills by working with these tools.

**Pilot testing:** Incorporating the OBE model into your program is a potentially disruptive change. I propose pilot testing OBE ideas and methods in one large lecture class and one clinical healthcare setting. Analyzing data and learner and instructor feedback will allow us to make constant improvements and expand opportunities for learners (another the OBE principle) (Spady, 1994).

## Next Steps

Before we meet, I will do a preliminary literature review to find any evidence-based studies or recommendations around incorporating OBE into a nursing curriculum. I would like to talk to you about the team that will be working on this transition and get a more detailed understanding of timelines, budgets, and expectations. I recommend getting members of the faculty involved as soon as possible. It may be helpful to hold an advisory meeting with faculty who are interested in being part of this exciting initiative. We can discuss these and other plans when we meet.

I am free next week to visit PTC. Please let me know if there's a good time for me to talk with your team. I'm excited to begin this journey with you and look forward to hearing from you soon.

Sincerely,

Cathy Bruce

## References:

Eklavya. (2025). *What educators need to know about outcome-based education in 2025*.

<https://www.eklavya.com/blog/outcome-based-education-2025/>

Spady, W. (1994). *Outcome-based education: Critical issues and answers*. Arlington, VA: American Association of School Administrators.