ORIGINAL RESEARCH

Curriculum mapping for AACN Essentials 2021 Adoption: Experiences of a faculty domain team in evolving understanding of person-centered care

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ABSTRACT

The American Association of Colleges of Nursing (AACN) periodically updates its Essentials guidelines to evolve nursing curriculum to meet global healthcare demands. The AACN 2021 Essentials outline core competencies that address diverse patient needs and promote safe and effective nursing care. Curriculum mapping is used to align nursing programs with the AACN Essentials. The purpose of this qualitative focus group was to engage faculty in identifying and describing the competencies and sub-competencies of AACN 2021 Essentials Domain Two, Person-Centered Care (PCC), through the application of an interactive activity within a domain team. The interactive activity involved faculty members reflecting on their perspectives by writing down their interpretation of PCC on flower petals. These petals were arranged onto a unified flower display representing the department's view on Person-Centered Care. This exploration occurred during a one-day curriculum mapping at Kennesaw State University Wellstar School of Nursing in North-Central Georgia. Data was obtained using the flower petal activity with a sample size of 24. A thematic analysis revealed that (n = 13) of faculty responded with an action term, 33% (n = 8) of faculty responded with an attitude term, and 13% (n = 3) of faculty responded with both action and attitude terms when describing their perception of the PCC domain. The results indicated that most faculty view the PCC domain in terms of attitudes more than demonstrable action. These findings may be used to encourage faculty to incorporate more attitude-based learning strategies into their courses while adopting the AACN 2021 Essentials.

Key Words: AACN 2021 essentials, Domain two person-centered care, Curriculum mapping, action, Attitude, Nursing education

1. INTRODUCTION

Nursing education has experienced significant changes and advancements aimed at preparing nurses to meet the evolving healthcare needs of the global population. To ensure the quality and consistency of nursing education programs, the American Association of Colleges of Nursing [AACN] periodically updates the Essentials to guide nursing curricula in the United States.[1] The AACN Essentials emphasizes the importance of person-centered care and addresses the changing healthcare landscape in the United States.[1] We explored the nursing faculty's definition of person-centered care within our department during a curriculum mapping workshop as we are adopting the AACN 2021 Essentials. Our journey in developing a deeper grasp of person-centered care through curriculum mapping was facilitated by a specific engagement strategy called the "flower petal activity." Our

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faculty developed a deeper understanding of person-centered care through dialogue and discussion with our domain team members or by reviewing the narrative documented on the displayed petals.

The AACN 2021 Essentials outline the core competencies and knowledge areas nursing graduates should have upon completing their education.[1] The AACN 2021 Essentials reflect the changing healthcare environment and aim to prepare nurses to meet the complex needs of diverse patient populations. This framework provided by the AACN 2021 Essentials guides nursing programs in curriculum development, assessment, and evaluation.[1] By aligning their curricula with the AACN 2021 Essentials, nursing programs can ensure that graduates have the necessary skills and knowledge to provide safe, effective, and person-centered care.

Curriculum mapping is crucial in aligning nursing programs with the AACN 2021 Essentials. Curriculum mapping involves systematically reviewing and aligning a curriculum's content, teaching strategies, and assessments with the identified learning outcomes and competencies.[2] Through curriculum mapping, nursing faculty can identify gaps and redundancies in their curricula and make necessary revisions to ensure alignment with the AACN 2021 Essentials.

During an undergraduate curriculum mapping workshop, one faculty domain team engaged in an innovative and collaborative engagement activity to review the existing curriculum and identify areas for improvement within the person-centered care domain. The flower petal activity facilitated dialogue and reflection among faculty members. The flower petal activity involved faculty reviewing the domain competencies with a team member and then defining what person-centered care means in their own words. Each faculty participant wrote their definition on a flower petal, which was later added to a poster board. The poster board had a flower stem, and all the petals were put together to create a beautiful and meaningful display of the group's collective understanding of person-centered care. Next, the faculty sat with a team member to complete mapping their course to the domain. Upon completion, a stone heart memento with an attached card stating "Domain #2, The Heart of Nursing" was given out to each participant. Faculty members gain a better understanding of the AACN 2021 Essentials within the person-centered care domain through the application of this interactive activity.

This article explores the journey of our domain team as we adopt the AACN 2021 Essentials and deepen our team's understanding of person-centered care through curriculum mapping. Drawing from the faculty's reflections, discussions, and insights gathered during the curriculum mapping work-

shop, which utilized the flower petal activity, the domain team can evaluate how the faculty defines person-centered care. By focusing on the data collected from the petals, this exploration aims to provide a clearer understanding of person-centered care, offering valuable insights to inform future curriculum development efforts and contribute to advancing nursing education.

1.1 Background and significance

The Kennesaw State University Wellstar School of Nursing hosted a workshop to showcase activities created by domain teams to support the adoption of the Essentials in the undergraduate curriculum mapping process. Course coordinators visited representatives from each domain team to receive guidance in aligning their current course objectives to the domain competencies. The person-centered care domain team sought to create an engaging activity to be completed at the workshop that would allow faculty members in attendance to describe person-centered care using their own words. Our team felt it essential to encourage reflection and discussion among nurse educators regarding perception and understanding of person-centered care to respect the diversity, differences, preferences, values, needs, resources, and unique health determinants fundamental to person-centered care.

For the flower petal activity, our team set up a table at the curriculum mapping workshop with a board displaying the question "What is person-centered care?" along with the competencies for Domain Two (see Figure 1). Upon arrival at the table, faculty members were asked to take a few moments to consider their individual experiences, values, and perspectives to determine what person-centered care meant to them. Our team provided pens and flower-petal-shaped pieces of paper for faculty to write down their interpretations. After writing down their interpretation of the meaning of person-centered care, our team provided a quiet area for the faculty to work with a domain expert to determine how their course objectives aligned with the domain competencies. Our team later collected the faculty perspectives on patient-centered care for future use in integrating person-centered care into the nursing curriculum and arranged the individual petals into one flower on the display board representing the department's views on person-centered care.

Through this engagement activity, our team hoped that faculty members could draw on their diverse backgrounds and experiences to share unique outlooks to help the faculty develop a comprehensive understanding of person-centered care. The flower petal activity facilitates reflective practice and empowers faculty members to take ownership of the curriculum. Our team is hopeful that the empowerment of

faculty to comprehend and implement person-centered care practices will prove particularly advantageous for Kennesaw State University in its adoption of the AACN 2021 Essentials.

Figure 1. Domain two display table

1.2 Purpose statement

The purpose of the flower petal activity during the curriculum mapping workshop is to provide an interactive activity for the domain team to engage faculty and facilitate identifying and describing the competencies and sub-competencies of AACN 2021 Essentials Domain Two Person-Centered Care. The activity gave all faculty a voice and a place to share personal and diverse perspectives on person-centered care as national nurse educators with clinical and research experience while adopting the Essentials.

1.3 Objectives

Five main objectives were identified for this manuscript. First, the composition and roles of the faculty Domain Two team are described. Next, we explore the process of initiating curriculum mapping Domain Two for the adoption of the AACN 2021 Essentials. We discuss the implementation of an engagement activity to facilitate during curriculum mapping workshops. Additionally, the challenges and successes the Domain Two team encountered during the flower petal activity are identified. Finally, it contributes to the discussion of implications while adopting the Essentials for nursing education and future curriculum development associated with the flower petal activity.

2. METHOD

The team designed a short, interactive activity (i.e., the flower petal activity) for faculty attending a departmental curriculum mapping workshop. All faculty members attending the

curriculum mapping voluntarily participated in the activity. The activity started as faculty members approached the Domain Two team table and were asked the open-ended question: "What is person-centered care?" to provoke individual perceptions. Utilizing open-ended questions facilitates more in-depth comprehensive exploration and understanding of new topics.[3]

To facilitate comprehension of Domain Two, laminated prints displayed each competency and sub-competency within the domain. Additionally, a person-centered care logo (see Figure 2) was designed that included a non-gendered person icon, a dartboard, and two palms facing upwards. Team members wore t-shirts featuring the domain logo on the front. This provided an initial visual cue to intrigue other faculty to inquire about the meaning of person-centered care. Next, faculty participants were provided with pens and flower-petal-shaped paper cutouts as materials. They were asked to express their thoughts on "What is person-centered care?" by writing their answers on flower-petal-shaped paper. The completed petals were then attached to the display board, creating an aggregate visual representation of the faculty's perspective on person-centered care. A thank-you gift was given to all participants to reinforce the connection by emphasizing person-centered care as central to nursing practice. The gift consisted of a small white organza bag containing a heart-shaped crystal stone and a small business card with the message "The Heart of Nursing" beneath the PCC logo on the front (see Figure 3).

Figure 2. Person-centered care logo

For the analysis, the collected and displayed petals were photographed to preserve the data, and the board was preserved for future displays. The data underwent a thorough review to

identify recurring patterns and themes among the responses. The text from each petal was put into a word cloud generator to create an additional graphic representation, with words with a higher recurrence rate made larger. These findings will be instrumental in shaping the development of curriculum content and mapping in the future.

2.1 Participants

Table 1 represents the sociodemographic characteristics of the workshop population, consisting of 24 participants. Among these individuals, 87.5% (n = 21) held positions as full-time faculty members, while 12.5% (n = 3) were identified as interprofessional leaders within their respective fields. In terms of age distribution, 41.6% (n = 10) fell within the 24-39 age group, 25.0% (n = 6) were aged between 40 and 49, and 33.3% (n = 8) were over the age of 50. Regarding gender, most participants were female, accounting for 87.5% (n = 21) of the sample, while males comprised the remaining 12.5% (n = 3). Ethnicity data revealed that the workshop population exhibited diversity, with 45.8% (n = 11) identifying as Caucasian, an equal number identifying as African American, and a smaller subset of 8.3% (n = 2) self-identifying as Filipino. In terms of educational background, 29.1% (n = 7) held Ph.D. degrees, 16.6% (n = 5) held DNP degrees, 4.1% (n = 1) held DNS degrees, and the majority, consti-

tuting 45.8% (n = 11), possessed MSN degrees, reflecting the multifaceted composition of the participants within this exploration.

Figure 3. Domain two business card

Table 1. Sociodemographic characteristics of the workshop population

Variable	Characteristics	Frequency (N = 24)	Percentage
Participants	Full-Time Faculty	21	87.5
	Interprofessional Leaders	3	12.5
Age	24-39	10	41.6
	40-49	6	25.0
	>50	8	33.3
Sex	Female	21	87.5
	Male	3	12.5
Ethnicity	Caucasian	11	45.8
	African American	11	45.8
	Filipino	2	8.3
Educational Background	Ph. D	7	29.1
	DNP	5	16.6
	DNS	1	4.1
	MSN	11	45.8

Note. Ph. D = Doctor of Philosophy, DNP = Doctor of Nursing Practice, DNS = Doctor of Nursing Science, and MSN = Master of Science in Nursing.

2.2 Data collection

Data was gathered from faculty members and interprofessional leaders participating in a workshop focused on course curriculum mapping using the AACN 2021 Essentials framework. During the workshop, each faculty member and interprofessional leader engaged in discussions with a team

member to review the Domain competencies. Once the competencies were thoroughly understood, each faculty member and leader were requested to express their perception of person-centered care by writing a word or words on a petal, symbolizing their understanding of the concept.

3. RESULTS

3.1 Data analysis

Thematic analysis was used to analyze the qualitative data collected during the flower petal activity. Twenty-one nursing faculty and three interprofessional leaders participated in the focus group. Two themes, attitude and action, were identified while analyzing the 24 responses. Thematic analysis helps researchers understand participants' shared experiences, perspectives, and behaviors.[4] Responses that included a manner of thinking, feeling, behaving, or reflecting were categorized as an attitude (see Table 2). Responses involving a process of doing were categorized as action (see Table 3).

Table 2. Thematic analysis responses of faculty and interprofessional leaders

Attitude	Action	Attitude And Action
"Respect for the individual, compassion" "Empathy" "Awareness" "Compassion" "Taking whole person into consideration not just treating specific problem" "Empathy and compassion" "Individual" "This is the way" "Always keeping the patient FIRST-valuing their wants and needs always" "Person-centered care is Compassion for their point of view" "Hope" "Mutual respect" "Compassion"	"Self-care" "Authentic presence" "Promotes independence" "Collaboration" "Treating the person and not just the diagnosis" "Celebrating differences" "Being accountable for my actions" "Holistic care"	"Coordination, empathy, connection, care" "Care that is focused on the individual, not the condition-care that cares" "Unbiased empathic thorough (sic) care"
n = 13 (54%)	n = 8 (33%)	n = 3 (13%)

Note. The responses were gathered during the AACN Essentials Curriculum Mapping Workshop activity. *n* = 24 (100%).

Table 3. Most frequent responses by themes

Attitude	Action	Attitude and Action
Empathy Compassion Respect Awareness Holistic	Care Accountability Collaboration Independence Individualized	Care Coordination

Note. The most common terms used in each theme.

3.2 Challenges and successes

Although our team felt the activity was successful, some challenges were identified. Primarily, the workshop was remarkably busy, with all ten domains represented. Some faculty expressed to our team members that they felt "overwhelmed," which made them unable or unwilling to complete a petal. Along the same line, some faculty felt "unprepared" for the mapping workshop and were unwilling to participate in the focus group activity. Still, other faculty left the curriculum workshop early, stating they preferred to map their course outside the mapping workshop without assistance from the domain teams. These faculty members also declined to participate in the flower petal activity.

Our team identified several successes in the flower petal activity and Domain Two mapping. The final product resulted in an appealing visual representation of person-centered care as defined by the Wellstar School of Nursing (WSON) faculty. Our team believed that giving faculty a "voice," helped to facilitate their buy-in while adopting the Essentials and any future curriculum changes. Another success was creating a fun environment for faculty and team members. This resulted in an experience of a "break" from mapping while still mapping. When reading other colleagues' responses, the faculty saw another person-centered care perspective, creating a diverse and inclusive view that contributed to our visual definition. Finally, the opportunity for interprofessional input from partners and leaders was considered another activity's success.

4. DISCUSSION

Our team found the statement, "Person-centered care is the core purpose of nursing as a discipline"[5] profoundly influential. This statement resonated with our understanding that nursing encompasses not only addressing the immediate illness of the patient but also recognizing and embracing the holistic aspect of every person. The AACN describes Domain Two as:

Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.[1]

This description intrigued our team by emphasizing person-centered care as a holistic approach to nursing practice. Our team was curious about how other faculty members would articulate their understanding of person-centered care. After deliberation, our team unanimously agreed to adopt the focus of flowers, individualism, and tranquility as the central theme for their domain. Drawing upon their expertise and interests, each team member generated multiple ideas aligned with this thematic framework. Each team member willingly assumed distinct responsibilities aligning with their strengths and expertise to boost their collaborative efforts. These responsibilities encompassed tasks such as choosing theme colors, setting up the project board, choosing the flower pattern, creating the logo, and presenting competencies in a way that ensured optimal comprehension. Our team aimed to capture the essence of person-centered care through the symbolism of a solitary flower. The flower started the activity without petals while gradually expanding in size as each faculty member contributed a word or idea on individual petals. These petals aimed to convey each faculty member's understanding and interpretation of what person-centered care meant to them. Competence in delivering person-centered care is predominantly linked to human understanding, self-awareness, and empathy.[6]

The faculty and interprofessional partners received the activity well. They appreciated having an "ice breaker" to engage their colleagues in discussing person-centered care and the mapping process for the domain. The faculty enjoyed the opportunity for personal input and reflection on the person-centered care that the activity provided. The informal and social engagement with the domain team members created a less overwhelming environment to discuss and map the courses. As a team, we felt faculty were left with a deeper understanding of the Domain Two competencies, how they currently address them, and opportunities to further incorpo-rate them into their courses. Faculty members can be pivotal in orienting students toward implementing person-centered care in the nursing field. This can be achieved by creating hands-on learning opportunities that promote genuine and respectful dialogue utilizing approaches that nurture reflection, self-awareness, personal insight, and critical thinking.[7]

Finally, the flower petal activity allowed for consistency among team member interactions with faculty, creating a more consistent mapping of courses for our domain. This was achieved through discussions of person-centered care competencies during the activity's creation, implementation, and evaluation.

The goal of research based on qualitative data is not necessarily to collect all or most ideas and themes but to collect the most important ideas and themes.[3] The qualitative findings in this exploration showed that most faculty view PCC in terms of attitudes more than a demonstrable action. However, some believe that PCC is both attitude and action. These findings may encourage faculty to explore incorporating more attitude-based learning strategies into their courses while adopting the Essentials.

The exploration had some limitations that affected its generalizability. At the time of the Essentials curriculum mapping workshop, there were 65 full-time faculty members. Only 21 full-time faculty members participated in the flower petal activity, with a response rate of 32%. However, this was not a required workshop for all faculty. This curriculum mapping workshop was limited to undergraduate courses and faculty; graduate faculty input was not solicited.

5. CONCLUSION

Our team hopes this reflective flower petal activity will encourage faculty to incorporate more reflective competency-based education activities into the curriculum while adopting the Essentials. By engaging in this activity, faculty members can gain valuable insights into the impact of attitudes and behaviors on student learning and development. This hands-on experience will help faculty understand the significance of integrating person-centered care attitudes alongside action-oriented competencies, fostering a more comprehensive and empathetic approach to nursing education. As faculty members witness the positive outcomes of reflective practices, they will be inspired to explore and implement similar activities that promote critical thinking, self-awareness, and empathy in their teaching methods. This collective enthusiasm and commitment to reflective competency-based education will contribute to a successful curriculum change and enhance the educational experience for faculty and students.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

INFORMED CONSENT

Obtained.

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The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

DATA SHARING STATEMENT

No additional data are available.

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