

Lessons learned: Using a Three-Step Model of Planned Change for nursing curricular revision

Theresa Adelman-Mullally^{a,*}, Sandy Nielsen^b, Carolina Posada Ford^c, Kim Astroth^{d,1}, Seon Yoon Chung^e

^a 6602 N. Cobblestone Ct., Peoria, IL 61614, United States of America

^b 1507 Mitchell Dr., Mahomet, IL 61853, United States of America

^c 1766 N 11250 E Rd, Momence, IL 60954, United States of America

^d 2005 Bramblewood CC Ct, Normal, IL 61761, United States of America

^e 800 Algoma Blvd Clow 210F, Oshkosh, WI 54901, United States of America

ARTICLE INFO

Keywords:

Gap analysis

Nursing curriculum

Essentials

ABSTRACT

Background: The American Association of Colleges of Nursing (AACN, 2021) introduced “The Essentials: Core Competencies for Professional Nursing Education” (Essentials) in 2021. The AACN document necessitated a change in nursing curriculums, both undergraduate and graduate. To meet the revised standards, one college of nursing within a hierarchical organization used a Three-Step Model of Planned Change to guide curricular revisions. This article presents the lessons learned from using the Three-Step Model of Planned Change, which includes barriers, strategies, and a toolkit for implementing planned change.

Step One-Desire a Change: Lessons learned include embracing the unifying values of the guiding coalition to understand the motivation(s) and urgency for change. Suggested strategies include creating a cross-sectional organizational team, utilizing collaborative approaches that value members’ time, and various communication methods.

Step Two-Make the Change: Lessons learned include understanding the larger hierarchical structure’s process requirements and time allotment for approval. Suggested strategies include establishing a repository hub for templates and shared documents, implementing various communication channels, and repurposing standing meeting times.

Step Three-Live the Change: As this process is just beginning, anticipated lessons include an understanding of changes occurring circuitously within and between steps. Considerations include significant and purposeful actions to deliver the new curriculum.

Nursing curriculum changes are primarily driven by revised accreditation standards, less-than-desirable student outcomes, and/or stakeholder feedback. One organization that provides an educational framework and accreditation standards is the American Association of Colleges of Nursing (AACN). The AACN’s Vision for Nursing Education Task Force conducted an analysis of projected healthcare practice, the nursing workforce, and higher education (AACN, 2019). The analysis prompted the AACN to collaborate with national healthcare agencies to present new competency-based nursing education guidelines, forming

The Essentials (AACN, 2021a). Additionally, the Commission on Collegiate Nursing Education (CCNE) updated their accrediting standards to align with the Essentials (CCNE, 2024). The Essentials presented a significant departure from the previous guidelines for nursing education and the AACN projected that full implementation of the Essentials could take three or more years (AACN, 2021b). One nursing school used the Three-Step Model of Planned Change to implement AACN curricular changes. The intent of sharing these lessons learned is to provide tools for hierarchical organizations to implement planned change.

* Corresponding author.

E-mail addresses: taadelm@ilstu.edu (T. Adelman-Mullally), sdknigh@ilstu.edu (S. Nielsen), cpford@ilstu.edu (C.P. Ford), kmastro@ilstu.edu (K. Astroth), chungu@uwosh.edu (S.Y. Chung).

¹ This article is dedicated to the memory of our friend and colleague, Dr. Kim Astroth. Kim passed away on September 4, 2023, shortly after our submission to the journal. She is greatly missed.

<https://doi.org/10.1016/j.profnurs.2024.05.009>

Received 25 August 2023; Received in revised form 17 May 2024; Accepted 20 May 2024

Available online 4 June 2024

8755-7223/© 2024 Elsevier Inc. All rights are reserved, including those for text and data mining, AI training, and similar technologies.

Background

The Essentials Core Competencies organize ten domains of professional nursing practice (AACN, 2021a), each with a descriptor and contextual statement to illustrate the domains: “Knowledge for Nursing Practice”, “Person-Centered Care”, “Population Health”, “Scholarship for Nursing Practice”, “Quality and Safety”, “Interprofessional Partnerships”, “Systems-Based Practice”, “Informatics and Healthcare Technologies”, “Professionalism”, and “Personal, Professional, and Leadership Development” (AACN, 2021a, pp. 10–11). Each domain is further explicated through applicable broad competencies. Each broad competency is operationalized by the listing of measurable sub-competencies, all of which can be applied within any of the four spheres of care (“disease prevention/promotion of health and well-being”, “chronic disease care”, “regenerative or restorative care”, and “hospice/palliative/supportive care”) (AACN, 2021a, p. 1). Interwoven throughout the domains, competencies, and sub-competencies are eight core concepts of professional nursing practice: “Clinical Judgment”, “Communication”, “Compassionate Care”, “Diversity, Equity, and Inclusion”, “Ethics”, “Evidence-Based Practice”, “Health Policy”, and “Social Determinants of Health” (AACN, 2021a, pp. 12–13). Therefore, the new direction of the Essentials necessitated an evaluation of our college’s curricula and subsequent revisions to best prepare our graduates (both Entry-Level Nursing and Advanced-Level Nursing) for the current and future demands of nursing practice.

To meet the revised standards and update the curriculum, we proposed a Three-step Model of Planned Change, synthesizing three change theories/models: Lewin’s (1947) theory, Lippitt’s (1973) model, and Kotter’s (1996) model (Adelman-Mullally et al., 2023). In Step One of the model, we identified impetuses and barriers to change, established a sense of urgency, analyzed the problems and timeline, created a guiding coalition, and developed a vision and strategy for collaborative curricular change. Currently, we are near the end of Step Two of our model. We have gained group involvement, generated short-term wins, and set goals to implement the revised curriculum plan. However, we are waiting on hierarchal approvals before proceeding to implement our revised curriculum (Step Three of our model). Therefore, this article describes the barriers, strategies, lessons learned, and future implications for organizations when using a three-step model of planned change.

Model overview

To facilitate curricular transformation, academic leadership developed and initiated a Three-step Model of Planned Change (see Fig. 1) to occur over multiple semesters (Adelman-Mullally et al., 2023). The theoretical underpinnings of this three-step model were based on Lewin’s (1947) Change Theory, which highlighted the forces that help or hinder change in a process that includes unfreezing, moving, and refreezing. Building upon Lewin’s Change Theory, we incorporated Lippitt’s (1973) Change Model describing informal and formal change agent roles and Kotter’s (1996) Change Model, which details creating momentum through group collaboration in transformative phases. The Model of Planned Change occurs over time including processes before, during, and after the change.

Change agents are key facilitators for this model. Change agents harness the intellectual capital within the organizational silo by eliciting a collective vision from members. They then create a plan to guide the organization toward achieving these aims. For example, at the beginning of planned change implementation, we began with two initial change agents. One initial change agent was in a formal leadership role responsible for program review and accreditation. The other initial change agent was a faculty member experienced with curriculum revision. Both change agents were passionate about communication, coordination, and collaboration.

To ensure the materialization of a collective vision, change agents identify organizational members to function as a guiding coalition. The guiding coalition facilitates the process of change, builds momentum and capacity for change, and recruits key stakeholders into the guiding coalition. In our case, the guiding coalition, were individuals in formal leadership roles comprised of undergraduate and graduate academic directors, program sequence leaders, and representatives of shared governance. As a team, the change agents and guiding coalition possessed positional power, expertise, credibility, leadership skills, and management skills.

Step One: Desire a Change

There are three core tasks in Step One of planned change- Desire a Change. One task is to recognize internal and external change impetuses while assessing capacity, barriers, and motivations to change. Another

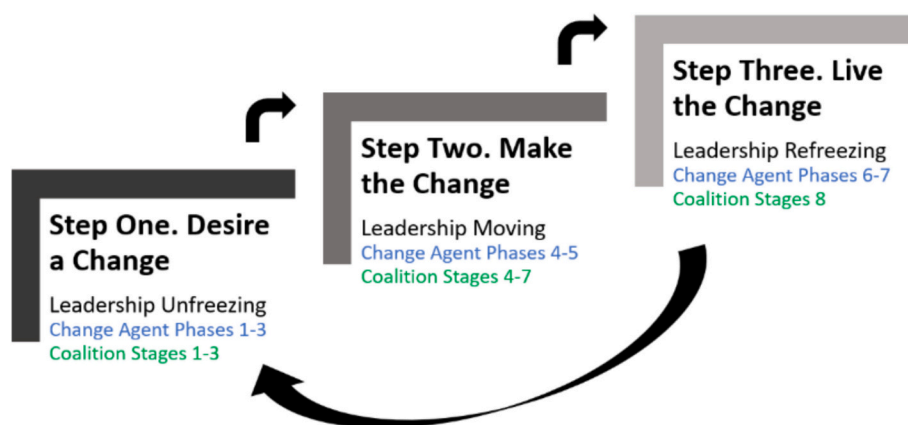


Fig. 1. Proposed Model for Planned Change.

Note. This model shows the application of a Proposed Model of Planned Change that integrates Lewin’s Change Model, Lippitt’s Change Theory, and Kotter’s Change Model. **Lewin’s Change Model** presents change as a process akin to unfreezing an ice block, then molding the unfrozen substance into a new shape, and finally refreezing to retain the new appearance (Lewin, 1947). **Lippitt’s 1958 Change Theory** emphasizes the role of the Change Agent(s) occurring in 7 cyclic phases (Lippitt, 1973). **Kotter’s Change Model** emphasizes actions by the change agent(s) to assist the organizational group’s preparation to accept and participate in the planned change (Kotter, 1996). The Proposed Model of Planned Change has a temporal element to account for pre-planning, inter-planning, and after-planning/evaluation and highlights the interactive nature of change agent(s) and other group members through that process.

From “Planned change in modern hierarchical organizations: A three-step model” by T. Adelman-Mullally, S. Nielsen, and S.Y. Chung, in press, *Journal of Professional Nursing*. Copyright 2023 by Elsevier. Reprinted with permission.

Table 1Toolkit/Checklist to implement the Three-Step Planned Change Model – adopted and modified tables in [Adelman-Mullally et al., 2023](#).

THREE-STEP PLANNED CHANGE MODEL	Example Tasks and Considerations by Steps – responsible parties	Proposed Timeline
STEP ONE: DESIRE A CHANGE Lewin's Leadership Unfreezing 1. Assess force fields 2. Break complacency Lippitt's Change Agent Phases 1–3 1. Assess problem 2. Assess change motivation and capacity assessment 3. Diagnose problem Kotter's Coalition Stages 1–3 1. Establish a sense of urgency 2. Create the guiding coalition 3. Develop vision and strategy	☐ Recognize internal and external change impetus, problem, and/or force fields - by Key Stakeholders and Organizational Leaders - Internal examples: gaps in curriculum, lack of understanding related to curriculum - External examples: new AACN Essentials, updated NCLEX testing plan ☐ Assess capacity, barriers, and motivations to change - by Key Stakeholders and Organizational Leaders - Capacity may come from within and/or outside of an organization - Resistance to or perceived barriers to change include limited resources (e.g., time, people, software), circumstances (e.g., pandemic), or wellness (e.g., burnout, disinterest, or complacency) - Motivation can be intrinsic (e.g., passionate about curriculum and student success) or extrinsic (e.g., stipend or evaluation) ☐ Establish a sense of urgency as a problem is diagnosed and analyzed – by Change Agents - Specific problem can be analyzed to guide the vision and strategy - Sense of urgency can be established with data and evidence - Sense of urgency can assist with breaking complacency ☐ Create guiding coalition – by Change Agents - Build a team of collaborative leaders who are trusted, competent, and complementary (e.g., content expert vs process/methods expert) - Guiding coalition may cultivate additional leaders and followers ☐ Develop vision and strategy for change collaboratively – by Change Agents and Guiding Coalition - Guiding vision should be clear, simple, and easy to communicate - Purpose should be compelling, and goals should be attainable - Plan should be flexible and responsive to input from others	1 Year
STEP TWO: MAKE THE CHANGE Lewin's Leadership Moving 3. Change with group consensus and involvement Lippitt's Change Agent Phases 4–5 4. Plan the goals 5. Implement actions (delivery of plan) Kotter's Coalition Stages 4–7 4. Communicate the vision 5. Empower the group for action 6. Generate short-term wins 7. Build momentum	☐ Gain group involvement and consensus by for action – Guiding coalition ☐ Communicate the vision - Communication should be two-way, in multiple formats, to address miscommunication and misunderstandings - Include both internal and external stakeholders (e.g., board members, alumni, and students) - Existing silos can be broken down by intentionally forming cross-sequence/programmatic work groups (e.g., by program types for curriculum revision) ☐ Empower the group for action - Remove any structural or individual barriers (e.g., select meeting times that are not conflicting with peak class time, offer professional development on curriculum revision and new AACN Essentials) - Facilitate and support creativity (e.g., in ways to address curriculum gaps) and flexibility (e.g., when to meet, which role completes the mapping, unique differences by programs, no one-size-fits-all) - Provide venues, platform, and support to complete the work (e.g., monthly work-meetings with lunch, shared online template documents) ☐ Set goals and implement plans to meet the goals – by Coalition leaders ☐ Refine plans with details such as timelines, action/communication plans, and person responsible - Budget time to get committee approvals and workload for the entire change process - Plans built collaboratively and supported by data (e.g., identified opportunities and) assist engagement and progression ☐ Generate short-term wins and build momentum – by Coalition leaders and Guiding coalition - Authentically recognize and promote short-term wins - Remind everyone where we are located in the journey of change and where we are headed.	3 Years
STEP THREE: LIVE THE CHANGE Lewin's Leadership Refreezing 3. Stabilize the new desired state Lippitt's Change Agent Phases 6–7 6. Stabilize change 7. Terminate the helping relationship Kotter's Coalition Stages 8 8. Anchor new approach within the culture	☐ Stabilize the new desired state – Everyone - Ex) Deliver updated curriculum in each of the classrooms, clinicals, and labs ☐ Terminate the helping relationship – Guiding coalition and Coalition leaders/Change Agents - Ex) Transition of support from guiding coalition to peer-support (i.e., formalization of peer-review and peer-support) ☐ Anchor new approach within the culture – by Organizational leaders - Ex) Competency-based education is the new norm and paradigm, weaved into the organizational fabric. Reinforcement can help prevent reverting to historical practices.	1 Year

task is to diagnose and analyze the problem and establish a sense of urgency. A third task is to create a guiding coalition led by change agents collaborating to develop a vision and strategy for change (see [Table 1](#)).

Recognize impetuses for change and assess

At the beginning of year one, most faculty were satisfied with the current curriculum based on high National Council Licensure Examination (NCLEX) pass rates, reports of strong satisfaction from new graduate employers, and our favorable reputation as a quality institution. One faculty member was seeing an opportunity to improve but was

met with resistance when eliciting the perspective of others. While many faculty members reported little awareness of how specific courses fit within the curriculum, the college outcomes were not problematic.

One internal impetus for change was the reported lack of understanding of how (or if) the curriculum was organized. Additional internal impetuses included faculty and administration motivations to maintain NCLEX pass rates and the continued outcome of high-quality nurse graduates. The initiating faculty member began collaborating with the administrative leader responsible for accreditation. They were cognizant that an external impetus for change was looming based on a White Paper from the [AACN \(2019\)](#).

Diagnose and analyze the problem while establishing urgency

The initiating faculty member began mapping the curriculum. While this work was completed, the endorsed version of the Essentials was published (AACN, 2021a). By the end of year one, the faculty member gave a presentation on the findings of the mapped curriculum. The presentation highlighted internal inconsistencies and the gaps discovered when comparing the current curriculum and Essentials. The presentation of data to the faculty body broke the sense of complacency and created a strong sense of urgency to proactively adapt to the updated standards. While there was unanimity that change was needed, many were overwhelmed and demotivated by the idea of more change. In brainstorming solutions, the organizational members wanted someone from the faculty to lead the group through the necessary curricular revision.

Build a guiding coalition to work with change agents and develop a vision and strategy

The initiating faculty member and the administrative leader were the change agents for the planned change (curricular revision). The change agents invited organizational members to serve as the guiding coalition. Together, the guiding coalition developed a vision and three year plan to create programmatic curricular change that would align courses with the Essentials (2021a). The strategy used by the guiding coalition to realize collaboration was accomplished by temporarily repurposing the agenda of one monthly standing meeting for faculty education of revision activities and providing time for collaboration. Additionally, the college historically held pre-semester kick-off and post-semester wrap-up sessions. The change agents and guiding coalition envisioned using a portion of these pre- and post-semester sessions for summative activities to achieve the planned year one collaborative goals. Another strategy to increase communication was using a cloud storage platform for storing collaborative documents and maintaining asynchronous communication. A final strategy for achieving consistency among collaborative activities was the creation of shared document templates. These shared templates, created by the change agents, provided structure to the curricular activities occurring during the standing monthly meetings and pre- and post- semester wrap ups.

Lessons learned and recommendations for Step One

One faculty member initiated the internal impetus. In their original attempt at identifying an opportunity to improve the curriculum, the faculty member was met with resistance by the group and was insufficient and unconvincing as a motivator for change. While informal conversations helped raise awareness of a need to change, the presentation of curriculum evidence was far more effective at eliciting a willingness to change. Additionally, the organization has a culture of striving for and achieving excellence. Shared values are frequently an area of unity and strength. Hence, building upon the foundation of shared values was also vital in eliciting the motivation for change.

Once the guiding coalition embraced the need for change, providing the group with the time and space to discuss solutions collaboratively was imperative. In our organization, there were members with historical knowledge of previous curriculum revisions. These members shared previously employed processes and outcomes for the group to consider (e.g., administrative edict vs. faculty collaboration). These discussions provided the group with a menu of options, leading to a collaborative, informed decision. It is crucial to provide the opportunity to explore options and build consensus to ensure endorsement of an approach.

Within our organization, we have two major curricular sequences for both our undergraduate and graduate programs. When there are many components, such as a desire for internal consistency and alignment to a set of standards, creating a team from a cross-section of the organization is critical. Thus, intellectual capital and institutional knowledge are

integrated into the strategies to achieve a shared vision. In crafting those strategies, it is important to demonstrate valuing members' time and energy by considering how to provide opportunities to collaborate that are less burdensome. As an example, asynchronous communication methods fit coalition members' schedules and do not add to the mental load of the task. Exploring existing communication methods within the organization, rather than requiring new methods of communication, may decrease the cognitive impact of new learning. Lastly, ensure that a member of the guiding coalition and/or the change agents is familiar with the defining elements of the goal. In this manner, these leaders can create templates that guide the organization's work. Ultimately, the main lesson learned in Step One was that despite barriers unfreezing can occur, but it requires multiple collaborating agents to inspire intentional change by coordinating opportunities for faculty to continue crucial conversations.

Step Two: Make the Change

Step Two of the planned change model builds on Step One. There are three core tasks in Step Two – Make the Change. One of the tasks is to gain group involvement and consensus for action by communicating the vision and empowering the group. Another task is to set goals and implement plans to meet the goals. A final task is to generate short-term wins and build momentum.

Gain group involvement and consensus

To communicate the vision to the guiding coalition, change agents used various methods of communication, including synchronous and asynchronous approaches. The change agents prepared coalition members for change by introducing a multi-semester timeline based on a reverse analysis of the hierarchical structure deadlines. Change agents and coalition leaders regularly shared the hierarchy's timeline for completing curriculum activity goals and an overarching timeframe for curricular change. Asynchronous communication was implemented using shared documents. Additionally, change agents fostered synchronous two-way communication during meetings by assigning small workgroup activities for faculty teaching within a specific course or semester level and program.

Change agents identified the unintentional siloed thinking by faculty members, as was made apparent during the synchronous small group activities. Before the synchronous work and communication of the small group activities, faculty had limited knowledge of the courses and sequences they did not teach. The communication among coalition members identified siloed thinking and provided collaborative opportunities to address structural barriers to synchronous communication and collaborations across sequences and programs.

Structural barriers were removed by scheduling flexible monthly meetings on days and times when faculty members could hold group activities and conversations. Coalition leaders also repurposed standing monthly meetings to prevent the need for additional meeting requirements. These actions lead to the empowerment of the group for curricular change. During scheduled lunch and learn professional development meetings the guiding coalition presented continuing education to discuss the Essentials (AACN, 2019) domains and threads. The guiding coalition led faculty to external continuing education courses discussing the Essentials, and practical instruction about mapping courses to the Essentials. The change agents taught how to assess, grow, and evaluate student competency throughout a program of study. The change agents lead collaborative discussions about program outcomes, course outcomes and unit or clinical objectives.

During extended pre- and post-semester meetings, the guiding coalition leaders empowered the undergraduate program groups for action by facilitating conversations about curricular strengths, weaknesses, opportunities and vision (SWOV) to meet the new practice standards within that semester level or course sequence (see Fig. 2). Likewise, the

coalition leaders guided the graduate program groups in summarizing and comparing gaps within and between each sequence. The gap and SWOV analysis process enabled both program teams to identify positive trends, gaps, and opportunities by consensus. Coalition leaders within the groups encouraged faculty to address opportunities. Change agents and the guiding coalition refined plans and timelines to budget time needed to facilitate group work. Subsequently, the guiding coalition asked the leaders of the program and sequence groups to discuss their collaborative findings with the larger faculty body, so all were informed and involved.

Set goals, implement plans to meet goals

The guiding coalition set goals to analyze and plan to decrease gaps. The faculty worked individually and collectively to meet the Essentials. Faculty began to plan curricular changes within their areas of expertise. However, as a hierarchical organization, faculty-led changes had to go through committee and then to college council. Change agents planned specific tasks to meet college and university committee deadlines. The guiding coalition helped change agents refine plans to meet university and accrediting body reporting requirements and preferred timelines.

The change agents discovered that the university hierarchy could accept widespread changes once yearly. Nevertheless, faculty was inspired to change teaching interventions and student evaluations to meet current course objectives and measure the new course outcomes. Specific new assignments included the Essentials concepts and threads. The faculty evaluated and adjusted course outcomes to align with The Essential domains, while awaiting final committee approvals to adopt the changed outcomes formally. The faculty also re-envisioned current and new clinical goals that tied clinical and lab experiences with the Essentials. The guiding coalition hosted formal continuing education with themes that focused on improving teaching strategies in mind of the Essentials. The guiding coalition encouraged faculty to discuss and collaborate on curricular plans in informal meetings.

Generate short-term wins and momentum

Change agents and the guiding coalition authentically recognized and celebrated short-term wins and group accomplishments with the larger program groups. Change agents regularly communicated program

group progress. An example of a short-term win was completing an analysis and simple revision of the college’s mission vision and values to address all Essentials domains and concepts. A large group accomplishment was the culmination of addressing curricular gaps and excessive overlaps in each curricular sequence. Another example, faculty discovered that nurse resilience and self-care were largely unrepresented in every sequence, so collaboratively the faculty suggested changes to teach and evaluate this thread in various courses. The guiding coalition collected proposed course outcome changes and reported the degree of adherence to the Essentials to the college. The guiding coalition acknowledged the curricular changes within all college meetings.

Lessons learned and recommendations for Step Two

Several lessons were learned during Step Two. First, using templates and shared documents helped promote standardization and collaboration. However, collaborative online documents were often overwritten. Instructing participants to frequently save documents and retain a local copy was helpful. Removing structural barriers, such as conflicts in schedules across faculty due to teaching assignments, was not easy. Change agents struggled to find times that faculty could collaborate within and across semester levels and programs. When competing demands hindered their ability to meet deadlines, revision to the deadline with additional support and encouragement was helpful. Leveraging standing meetings times to prevent additional meetings and address the common barrier of time limitations was helpful for some faculty with multiple course and program assignments who worked independently of the group time allotted for completion of tasks. Unfortunately, the administration could not offer additional workload allocation for curriculum demands. As a result, delays in group progress with curriculum revision occurred. To address the delayed group progress, the change agents extended the deadlines and encouraged faculty to work ahead when ready. Programmatic differences, another structural barrier, impacted collaboration.

The graduate program is more specialized, has fewer courses and faculty members, and most faculty teach multiple courses within the program. These factors increased consensus and curriculum revision productivity among the graduate faculty. The undergraduate program is more generalized, has more courses and faculty members, and only a

S STRENGTHS	What are we doing well? What domains are we addressing across our level? What unique resources do we have access too? What resources or capabilities allow us to meet our mandate/mission? What positive aspects of the program have students/faculty or others commented on?
NOTES:	
W WEAKNESSES	In what areas do we need to improve? What expertise do we lack? Is there one course “carrying” the domains at this level? Do we have any technology or program needs that need to be updated?
NOTES:	
O OPPORTUNITIES	Is there a need in the curriculum that we are not meeting at our level? Is there a gap in the curriculum that we SHOULD be targeting?
NOTES:	
V VISION	How are recommended changes to curriculum sustainable? What are next steps? Does an SBARO need to be created for committee review of changes?
NOTES:	

Fig. 2. Semester Level Reporting Form of Recording analysis using “SWOV”.

few faculty taught multiple courses. These factors led to faculty silos and slowed the progression of curriculum revision productivity among the undergraduate faculty. Having liaisons and standard templates helped with consistency. It was important to remember things may not go as planned and to exercise patience and flexibility. Another consideration is to include alumni, students, staff, and adjunct faculty and wherever possible and keep them informed about the upcoming changes.

During implementation of change, the guiding coalition that had previous success in empowering group action, generating short-term wins, and building momentum risked that very success by slowing the process due to the need to gain consensus at college and university levels and faculty fatigue. We were reminded of the significance of budgeting time for curricular approval processes involving university and accrediting bodies in higher education. Even though the planned change was not officially in effect due to the delay in these approval processes, we began to experience a change in our previous status quo (Live the Change) as some faculty inadvertently began to enter Step Three-Live the Change by creating assignments addressing curricular gaps.

Step Three: Live the Change

There are three core tasks in Step Three of planned change - Live the Change. The first task is to stabilize change as the new state. The second task is to terminate the helping relationship with the guiding coalition. The third task is to anchor the new approach within the culture.

Stabilize the new desired state

We are embarking on year one of Step Three, Live the Change, to stabilize change as a new state. In the context of curriculum updates, the new state means that course instruction and evaluation will be delivered based on specific objectives closely tied to the updated course outcomes. Course outcomes collectively contribute to program outcomes and the college's mission and vision, ensuring that graduates demonstrate the new Essential competencies for entry-level and advanced-level nursing professionals. Our planned changes need to be approved at all curriculum committees and regulatory bodies to launch the new state. While that process could be daunting and sporadic, we see Live the Change on the horizon, solidifying our collective commitment.

Terminate the helping relationship

After the new state is stabilized, the second task of Step Three will be to terminate the helping relationship. The guiding coalition and change agents may continue to provide support as needed but as everyone gets accustomed to the new state, the need for support would naturally decline over time. However, it may take some time for faculty, students, and the administrators to grow into the new curriculum structure and the resulting common understanding.

Anchor the new approach within the culture

The third task of Step Three is to anchor the new approach within the culture. At that point, routine program assessment and review activities can resume. Teaching materials, activities, or evaluation can be reviewed and updated for continuous improvement based on program assessment plans and self, student, peer, or expert feedback. Support for faculty teaching and student learning can continue. For example, new college instructors can be onboarded to the curricular structure. New instructional resources or teaching strategies that educators could benefit from learning about can be introduced to faculty members. Self-paced learning activities that students can benefit from can be introduced to students.

Anticipated lessons and considerations

One important consideration is to ensure students' learning is not interrupted. The new curriculum can be introduced to new students entering the program while students currently in the program can complete their original plan of study to avoid any confusion or unintended disruption. One plausible barrier for faculty to live in the new state is the desire to revert to previously siloed curricula and disconnected methods of programmatic curricular delivery. Potential solutions to address the barrier may include ongoing faculty support and professional development. Focused communication and reinforcement of the significance of delivering the new curriculum may also be helpful. Opportunities for collaboration and peer support toward reflection and celebration of positive outcomes will allow the team to build upon successes. Continuous review of quality measures provided by internal and external stakeholders will be crucial for forward momentum. Step Three, Live the Change, has no end point and is continuous until another desire to change arises.

Discussion

Building upon the family road trip metaphor (Adelman-Mullally et al., 2023), planning and enacting change consists of the distinct elements of a desire, an action, and adjusting to the change. The family trip (and planned change) begins with recognizing that a trip is worth the effort as it takes proper planning for the trip to be fruitful (Desire a Change and Make the Change). Despite careful planning that involves communication, coordination, and collaboration among members (family and organizational), there are some surprises along the way. Some of those surprises are challenges (potential barriers) that might not have been anticipated. For example, perhaps not all members of the family (organization) are invested in making the trip. Conversations (formal and informal meetings) can help build consensus that the trip (project) is a worthwhile venture. Then once traveling commences, bad weather might create a need to find a hotel to await safer road conditions to continue the journey. The family trip event is like the unplanned changes that may occur in an organization amid planned change. In both situations, some momentum is lost. However, the family (group members) will eventually adjust to these events. Once the family (group) makes it back home (implements the process of planned change), their shared experience throughout the journey creates a new normal and changes the previous status quo (Live the Change).

We conceived, and then implemented, the Three-step Model of Planned Change (Adelman-Mullally et al., 2023). The model became the guiding framework for enacting a significant curriculum revision. Currently, our college is officially waiting to begin Step Three, Live the Change, until all curriculum approvals at the university level are set. Along the way we have encountered unforeseen barriers which extended our time in Step Two, Make the Change. During this step, the barriers we encountered (e.g., fatigue, frustration, necessary adaptations) were addressed through revisiting core tasks and lessons learned in both Desire a Change (e.g., re-establish a sense of urgency) and Make the Change (e.g., communicate the vision). We were concerned that the nomenclature of Steps in the model might give the impression of a linear process. However, our experience suggests that the planned change process may be iterative without clear distinctions from one step to the next. Prior to implementation, the college was highly siloed, the curriculum was fragmented, and change management was reactive. The faculty experiences of the shared journey transformed the organizational culture to a more collaborative, communicative community with a strategically cohesive curriculum. This article provides a useful map for other nursing colleges planning for change(s), such as integrating the Essentials (2021a) into their curriculum.

If we could do this all over again, we may create a five-year plan: 1 year to desire a change, 3 years to make the change, and 1 year to live the change (Table 1). The three years of making the change can be

further broken down into a semester of cross-walking the curriculum (e.g., objectives, evaluation of outcomes, available resources) to the new Essentials, a semester of determining ways to realign the curriculum and addressing the identified gaps, a year of making the update to the curriculum (e.g., creating new assignments, adopting existing resources, updating syllabi and learning management system), and a year of preparing to deliver the updated curriculum (e.g., acquiring curricular approvals through appropriate channels).

Conclusion

Planned change is a necessity for all types of organizations striving for excellence. Other organizations, particularly healthcare and hierarchical organizations, may benefit from using the Three-Step Model of Planned Change. Organizations change due to internal or external impetuses. An organization's capacity, barriers, and force fields that encourage or hinder change and the analysis and diagnosis of challenges will vary. However, anticipating similar hindrances to change during each step may provide organizations with a realistic change timeline using similar methods. The process of implementing planned change and the lessons learned on our journey are likely generalizable, transferable, and relevant to hierarchical organizations. Following the Three-Step Model of Planned Change will allow change agents to perform suggested tasks to ensure that the hierarchical organization can implement collaborative change even when change is messy or circuitous. Others may benefit from understanding how change occurs in a system and using this model as a checklist or guide to achieve Living the change. Our desire in sharing our experience is to assist others on the journey of planned change.

CRedit authorship contribution statement

Theresa Adelman-Mullally: Conceptualization, Writing – original

draft, Writing – review & editing. **Sandy Nielsen:** Conceptualization, Writing – original draft, Writing – review & editing. **Carolina Posada Ford:** Writing – original draft, Writing – review & editing. **Kim Astroth:** Writing – original draft. **Seon Yoon Chung:** Conceptualization, Writing – original draft, Writing – review & editing.

Declaration of competing interest

The authors have no competing interests to declare.

Acknowledgments

We thank Elizabeth Kosuth (Mennonite College of Nursing at Illinois State University) for her valuable insight and editing suggestions. Thank you for your time, effort, and expertise.

References

- Adelman-Mullally, T., Nielsen, S., & Chung, S. Y. (2023). Planned change in modern hierarchical organizations: A three-step model. *Journal of Professional Nursing*, 46, 1–6. <https://doi.org/10.1016/j.profnurs.2023.02.002>
- American Association of Colleges of Nursing. (2019). AACN's vision for academic nursing. White paper. <https://www.aacnnursing.org/Portals/42/News/White-Papers/Vision-Academic-Nursing.pdf>.
- American Association of Colleges of Nursing. (2021a). The Essentials: Core competencies for professional nursing education. <https://www.aacnnursing.org/AACN-Essentials>.
- American Association of Colleges of Nursing. (2021b). Understanding the re-envisioned essentials: A roadmap for the transformation of nursing education. <https://www.aacnnursing.org/AACN-Essentials>.
- Commission on Collegiate Nursing Education. (2024). Standards for accreditation of baccalaureate and graduate nursing programs. <https://www.aacnnursing.org/ccne-accreditation/baccalaureate-and-graduate-nursing-programs-standards>.
- Kotter, J. P. (1996). *Leading change*. Harvard Business School Press.
- Lewin, K. (1947). Frontiers in group dynamics: Concept, method, and reality in social science; social equilibria and social change. *Human Relations*, 1(1), 5–41.
- Lippitt, G. L. (1973). *Visualizing change: Model building and the change process*. NTL-Learning Resources Corporation, Inc.