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Facilitators and Barriers to Confidence Development in the Clinical Teaching Role

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Purpose:
The challenges associated with transition from nurse clinician to the role of clinical educator have been described extensively in Western literature (Cantwell, 2014; Griend, 2011; Heydari, Hosseini, & Moonaghi, 2015; Janzen, 2010). Little is known however about the specific aspect of transition from clinician or in some cases from Bachelor student to that of clinical educator in developing countries specifically Vietnam. The process of standardisation and professionalisation of nursing in Vietnam has been impeded by a number of social and historical issues including the lack of qualified nurses to teach nursing students and the prolonged dominance of medicine in nursing education, management and practice (Chapman, Lewis, Osborne, & Gray, 2013; Crow & Thuc, 2011; Harvey, Calleja, & Phan Thi, 2013; Lewis, Mai, & Gray, 2012). While there is currently a process to restructure nursing from a medical to a nursing-focused curriculum, it is unclear what influence historical factors, preparation and professional background have on the development of confidence in the clinical teaching role. This study was conducted to identify what factors facilitate and hinder the development of perceived confidence in the clinical teaching role in Vietnam.

Methods:
Multi-setting descriptive survey study was used. Data were collected using cross-sectional surveys during the first quarter of 2015. The surveys included background questions and the Clinical Nurse Educator Skill Acquisition Assessment instrument (CNESAA). The CNESAA was fully validated by Nguyen, Forbes, Mohebbi and Duke (2017). Three hundred and thirty four clinical nurse educators from 19 institutions in Vietnam participated in this study. Bivariate and regression analysis were used to examine data using Statistical Package for the Social Sciences (SPSS) version 22.0 platform.

Results:
Facilitators to the development of confidence in clinical teaching role in Vietnam were postgraduate qualification, years of experience in clinical teaching (from 5 to 20 years), and three formally structured preparation strategies (workshops in clinical nursing education, a period of simultaneous practice and clinical teaching in the early stage of transition to the role, and pedagogical courses). Barriers to confidence development were informally structured mentorship, prolonged experience in clinical teaching (more than 20 years) and high ratios between the clinical nurse educator and students.

Conclusion:
The findings of the study reflect the influence of historical barriers on the development of nursing in the last few decades. Evidence regarding the correlations between institutional preparation, educator–student ratio and the clinical nurse educator skill acquisition process is important to the design of evidence-based methods to effectively and efficiently recruit and prepare nurse educators for their complex clinical teaching role in Vietnam, as well as in other settings. Clinical nurse educators require preparation programs based on sound evidence of what works to assist them develop confidence in their role.

Title:
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Keywords:
facilitators and barriers, Clinical teaching and confidence

References:


Abstract Summary:
This abstract addresses an important aspect in nursing education literature about clinical nurse educator confidence. Evidence about facilitators and barriers to the development of confidence in clinical teaching
in a Vietnamese setting will be helpful for the preparation and support of clinical nurse educators in the future.

**Content Outline:**

1. **Introduction:**
   - Background about nursing education in Vietnam.
   - There is a lack of evidence about what influence historical factors, preparation and professional background have on the development of confidence in the clinical teaching role

2. **Main body**
   - Design and method of the study: Cross sectional survey undertaken in multiple institutions.
   - Result: Facilitators and barriers to confidence development identified.
     a. Facilitators: postgraduate qualification, years of experience in clinical teaching (from 5 to 20 years), and three formally structured preparation strategies (workshops in clinical nursing education, a period of simultaneous practice and clinical teaching in the early stage of transition to the role, and pedagogical courses)
     b. Barriers: informally structured mentorship, prolonged experience in clinical teaching (more than 20 years) and high ratios between the clinical nurse educator and students.

3. **Conclusion:**
   - Clinical nurse educators require preparation programs based on sound evidence of what works to assist clinical educators develop confidence in their role.

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**Professional Experience**: Van Nguyen is currently working as a research officer at the Alfred Health Clinical School, La Trobe University, Melbourne Australia. Her role in this position involves the participation in many clinical research that focus in wound outcomes via patient recruitment, data analysis and publication activities. She is also assisting clinicians within the school to undertake research projects and applying for research grants. Her areas of interest include chronic wounds, nursing education, clinical education, educator confidence, educator competence and professional development.

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**Author Summary:** Dr Forbes has significant experience in the areas of teaching and learning and administration of academic nursing programs. A versatile teaching approach is demonstrated through her experience in large group, small group, distance and on-line and clinical teaching, at both undergraduate and postgraduate levels in clinical, metropolitan, rural and international settings.