Contemporary Models for Clinical Nursing Education

Lauren Hill MSN, RN and Ellen Williams PhD, RN
Northwest Mississippi Community College, University of Mississippi School of Nursing

Background

The Institutes of Medicine and the Carnegie Foundation mandate a change from traditional clinical nursing education to a contemporary model due to:
- Demand for clinical reasoning skills in practicing RNs due to the complexity of current patient population
- Increased student/teacher ratios
- Shortage of clinical sites
- Generational differences in ways of learning
- Increased knowledge in health promotion and disease prevention

Traditional Models

- Are outdated in a rapidly advancing clinical environment
- Force nurse educators to potentially work on unfamiliar units
- Foster task-oriented thinking
- Involve increased student downtime
- Fail to develop trusting, caring relationships between clinical staff, educators and students
- Leads to decreased goal attainment
- Resulting in decreased graduate competence

Contemporary Models

- Preceptor Model
- Dedicated Education Unit
- Concept-Based Learning

Preceptor Model

Benefits
- Students benefit from a 1:1 student to instructor ratio.
- Potential to utilize only highly recommended staff nurses.
- Students feel more accepted on unit.
- Participation in time management and critical thinking.
- Decreased student downtime.
- Increased continuity for students.

Risks and Downfalls
- Lack of willing, qualified nurse preceptors.
- Students seeing bad habits in practice.

Dedicated Education Unit/ Clinical Education Unit

Benefits
- Clinical staff are invested in student learning.
- Students feel like part of the team.
- Decreased student/mentor ratio.
- Potential student job placement into a familiar environment.
- Decreased student downtime.
- Increased continuity for students.

Risks and Downfalls
- Lack of willing units.
- Students seeing bad habits in practice.

Concept-Based Learning

Benefits
- Teaches students the “why” in nursing.
- Incorporation of hands-on time and group discussion.
- Fosters a trusting, caring relationship between student and educator.
- Decreased student downtime.

Risk and Downfalls
- Staff may feel disappointed in lack of total patient care by student.
- Potentially a major overhaul for some programs.

Goal Attainment

- Caring interactions between students and educators or clinical staff fosters mutual goal setting.
- Fostering a caring environment leads to goal attainment.
- Goal attainment in nursing education results in increased graduate competence.
- Increased graduate competence promotes improved patient outcomes.

King’s Goal Attainment Theory

Student goal attainment in the clinical setting is potentially compromised by:
- Stressful environments
- Stress from educator expectations
- Potentially negative interactions with clinical staff
- Feeling rushed during time with educator
- Feeling like a burden
- Increased downtime

Contemporary Clinical Education models aim to foster goal attainment by:
- Establishing a trusting relationship between student and educator/c Clinical staff
- Decreasing stress on the student.
- Making better use of time.
- Increasing students’ self-confidence.

References


Contacts

Lauren Hill MSN, RN
Northwest Mississippi Community College
lahill@northwestms.edu

Ellen Williams PhD, RN
University of Mississippi School of Nursing
cerwilliams@umc.edu