Clinical Nurse Education: Evidence Leading Reform Agenda

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Purpose:

The purpose of this research study was to provide evidence for a clinical nursing education reform agenda and a contemporary clinical nurse educator skills set.

The dynamic of clinical education has changed immensely without responsive change in nurse clinical teaching pedagogy, teaching skills and capacity to manage the tensions of multi-organisational relationships crucial for student learning outcomes. The clinical teaching context is gradually shifting from universities back to hospitals. Clinical nurse educators, who facilitate learning for undergraduate nurses, are swirling in this change professionally, technologically and industrially.

The complexities of the clinical nurse educator’s (CNE) role are well recognised within the literature. The CNE acts as a professional role model, ensures appropriate clinical experiences are secured for learning and for the assessment of student performance Sanderson and Lee (2012). The World Health Organisation describe the CNE competencies under 8 broad themes: theoretical principles of adult learning, curriculum and implementation, nursing practice, research and evidence, communication, collaboration and partnership, ethical principles and professionalism monitoring and evaluation, management, leadership and advocacy (WHO, 2016). Within these themes, many skills and attributes are necessary, requiring specific preparation and professional development. Pivotal to success is the ability to form strategic clinical alliances to procure specific learning experiences and resources for student placement outcomes (Bvumbwe, 2016). The skilled insight attributed to this type of relationship brokerage cannot be underestimated or deemed instinctive among all CNEs.

There is persistent ambiguity around the role and the unpredictability of outcomes, which may in part may be a consequence of little consensus about the role and the most effective model for clinical facilitation (Sanderson & Lea, 2012; Fox, 2013). In addition, the unsupervised and autonomous nature of the role explains why the student and CNE experiences are so diverse resulting in inconsistent outcomes for students (Andrews & Ford, 2013) and therefore quality of future patient care.

Pre-requisites and academic qualifications for the CNE role vary considerably (McCarthy & Murphy, 2010). Adequate preparation and training are fundamental to equip the CNE to surmount the array of demands inherent in the role (Fox, 2013; Needham, McMurray & Shaban, 2016). Abbey et al as cited in Mackay, Brown, and Joyce-McCoach (2014) argues that to provide high quality clinical learning experiences university employers have a responsibility to provide appropriate orientation, training and supervision to CNEs. Despite this fact, many CNEs transition from clinical practice to undertake the role without the benefit of specific academic education and ongoing professional development, or supervision (Mower, 2017).

While a CNE may be a competent clinician, evidence suggests that experienced clinicians do not necessarily make skilled educators (Murray & Main cited in Mamhidir, Kristofferzon, Hellstrom-Hyson, Persson, & Martensson, 2014). Andrews and Ford (2013) propose that the CNE requires specific educational qualifications, recent and relevant clinical experience alongside the ability to work with experiential learning models. Additionally, the CNE requires a thorough understanding of university and clinical placement systems and related curriculum.
The teaching skills required of the CNE have rarely been described or evaluated but assumed present alongside clinical nursing experience. The professional development and leadership potential of this role has been neglected. This is despite the increasing complexity and demand for high-level clinical teaching and assessment skills, for increasingly diverse student cohorts.

Methods:

This paper will present the results of a mixed method study which has two aims: to identify the required skills of a clinical nurse educator and to explore the professional issues challenging clinical nurse teaching and the clinical learning environment. A descriptive study method was utilised to explore the essential skills required of CNEs to undertake their role effectively, and, the workplace barriers and enablers to the role. Data were collected from a cohort of clinical nurse educators (n=86) utilising an open-ended survey instrument. A thematic analysis method was used to analyse and code the data gathered from the survey.

Results:

The survey participants have provided a strong consensus that the CNE needs to be a respected clinical leader that loves nursing, has considerable emotional intelligence, is a critical thinker and a robust individual that can practice in learning environments, that are at times, somewhat hostile to the cause of preparing undergraduate nurses for professional registration. The survey findings have identified that the CNE requires high-level teaching and learning skills for diverse students and have capacity to operate across increasingly technological learning environments. The CNE mitigates multiple complexities whilst a guest in the healthcare service and reliant upon the mentoring capacity of nursing staff, in the spirit of cooperation rather than accountability. It is likely that the essential skills of a CNE are a collective of knowledge, skills, attitudes and behaviours. However, the role is considered challenging but paradoxically highly rewarding in its mission to prepare undergraduate nursing students for professional registration.

Conclusion:

This study has identified that the role and skills required of today's CNE are far more diverse and complex than previous understandings of the role. The survey findings hold a strong consensus that today's CNE is most likely a Registered Nurse with a Master's level qualification not in clinical teaching, with significant clinical experience, not necessarily current, but often working casually and or part time across more than one healthcare campus with more than one employer. The findings concur with results of Needham's study (2016) where further educational support including necessary assessment/teaching skills and mentoring from experienced colleagues would improve the quality of facilitation.

The findings of this research will challenge historical understandings of clinical nurse teaching practice whilst recognising the emerging shift from disciplinary to interdisciplinary clinical education coordinated by hospital clinical schools. Nursing needs robust evidence to contribute and position itself effectively to influence and shape the reform agenda. This research will make a significant contribution to enable the nursing profession to take a lead role to influence much needed clinical teaching reform now and into the future.

Title:

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Keywords:
Clinical education reform, Clinical nurse educator skill set and Clinical nursing education

References:


Abstract Summary:

Abstract summary: Participants will experience an understanding of the current reform agenda in clinical education. Research evidence will be presented to evidence the direction of change for nursing education and underpin the urgent need for nursing to participate and influence reform.

Content Outline:

Introduction:
Clinical education has changed without responsive change in nursing clinical teaching pedagogy, teaching skills and capacity to manage the tensions of multi-organisational partnerships

Clinical Education broadly is gradually shifting back to hospitals interdisciplinary clinical schools

Clinical nurse educator (CNE) role is somewhat ambiguous, and complex varying from context to context whilst mitigating responsibilities as a guest in one facility and employed by another

Many nurses transition from practice to educator without specific training

Clinical nurse educators are most often casually employed with limited access to educational preparation, orientation and supervision

CNE skills have rarely been examined or evaluated but thought to be present alongside clinical practice

Body:

CNE needs to be a respected clinical leader that loves nursing, has considerable emotional intelligence, is a critical thinker and a robust individual in sometimes hostile environments

• CNE requires high-level teaching and learning skills for diverse students and have capacity to operate across increasingly technological learning environments

Conclusion:

Nursing needs robust evidence to contribute and position it leadership to influence and shape the clinical education reform agenda

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Author Summary: Robyn began her career in 1981 with general nursing. She quickly developed an interest in perinatal, infant, child and youth mental health and the challenge of teaching difficult concepts such as working with the mentally ill and people in crisis. Robyn has 20 years’ experience as an educator. She is currently a lecturer/researcher. Robyn’s research interests are in clinical teaching and learning, children and youth mental health and management/leadership in health care services.