Clinical Nurse Education: Evidence leading reform agenda

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Learner Objectives

Evidence leading reform to:
1. Strengthen nursing teaching pedagogy
2. Improve interorganisational partner relationships
3. Transition clinician to educator
4. Lead in interprofessional teaching and learning

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Background For Change

- Clinical education has changed
- No responsive change in pedagogy
- Nurse Clinical Facilitator shifting to Clinical Nurse Educator (CNE)
- Skills required to manage the tensions of multi-organisational partnerships
- Move on toward hospital interdisciplinary clinical schools
Background For Change

- Interdisciplinary learning: in formative or final years
- Tension of CNE as guest in the clinical learning environment whilst employed by a university
- Clinical learning environment has multiple partners
- CNE no ‘power’ to direct staff to mentor, precept or teach/coach undergraduate nursing students
Professional, Technological & Industrial Change

- Precarious employment context
- CNEs casually employed
- Limited access to or support for educational preparation, orientation and supervision
- Rapid shift to simulation and virtual reality learning
- Demand for high-level clinical teaching with increasingly diverse student cohorts – age, culture, first language, experience prior to nursing
Complexity of the Role

- Different wards use different rules - teaching / coaching students
- Varied access to required resources for effective clinical learning
- Variances in willingness of staff to support learning in clinical placements
- Students placed across multiple areas with 1 CNE to 8 students
- Multi-organisation tensions with sometimes opposing expectations
- CNE much more than perceived role of Clinical Nurse Facilitator
Role Ambiguity

- Clinical nurse educator (CNE) role is ambiguous, complex and varying from context to context
- Clinical supervision, direction and performance appraisal rarely available leading to uncertainty about role
- Little consensus about the CNE role and future in interdisciplinary health care world
Academic Preparation

- Many nurses transition from practice to educator without specific training.
- Position descriptions vary in required academic preparation &/or clinical experience.
- Available postgraduate courses vary in scope – preparation for academic role or Clinical Educator.
- Direct relationship between quality and safety of future workforce & skills of CNE - professional development ignored & undervalued.
Clinician to Clinical Educator

- CNE skills rarely examined or evaluated but thought present alongside clinical practice
- CNEs transition from practice to educator without specific training
- Diversity of preparation, training &/or clinical experience for highly skilled role
- Educator skills assumed present with varied duration
- Capacity for formative and summative assessment challenging
Aims:
- To identify educator skills
- To explore professional issues and the clinical learning environment

Method:
- Open-ended survey instrument
- Thematic analysis to code data

Study Sample:
Clinical Nurse Educator (n=86)
Results: Demographic

- Survey response rate: 45.3% (n=39)
Demographics

CF Post Graduate Qualifications

- RN with lengthy clin. & clinic.
- Teach...
- Ba. Hlth Rel.
- Ba. Other
- Grad. Cert. Hlth Rel.
- Grad. Cert. Ed.
- Grad. Dip. Other
- Grad. Dip. Ed.
- Hlth. Rel. Other
- Ma. Ed.
- Ma. Hlth. Rel.
- Ma. Other
- Ph.D.
- Cert. IV Training & Assessment
- Attended teaching tutorials

Quantities:
- 4
- 4
- 2
- 1
- 2
- 1
- 7
- 9
- 7
- 4
- 1
- 3

Legend:
- Bar chart showing the number of qualifications in each category.
Findings

Themes emerged from the open-ended questions:
- Critical skills for CNEs
- Student engagement strategies
- Professional issues- Barriers and facilitators
Critical skills for CNEs

Knowledge, skills, attitudes and behaviours

- Communication
- Capacity to operate in technological learning environments
- Mitigates multiple complexities as guest in the healthcare service
- Reliant upon on the mentoring capacity of nursing staff
- Spirit of cooperation
Critical skills for CNEs

- Strong leadership and Management skills
- Role model
- Clinical credibility
- Transparency in interactions
- Professional boundaries
- Understanding of student work required
- Being ethical
- Confidentiality
Student engagement strategies

- High-level teaching and learning skills for diverse students
- Respected role model
- Critical thinker
- Emotionally intelligent
- Patient, supportive, positive and motivating
Barriers to effective clinical education

- Hospital staff misunderstanding of clinical educator role
- Insufficient willing facility mentors and preceptors
- Inconsistency of clinical educator practice, teaching and standards required
- Length of clinical placement too short
- Inconsistency re what is ‘good and safe practice’
- Unprepared student for practice area
- Increasing numbers of students with specific issues and needs
Enablers of effective clinical education

- Accessible and appropriate educational preparation
- Debriefing of students
- Situation and opportunistic learning
- Critical questioning
- Ongoing education of the CNE role
- Minimum requirements of education
- Personable teaching style – attributes 😊
- Understanding student life and competing interests
Implications - Recommendations

Diverse and complex role: recognising need for-
- On-going education - strengthen pedagogy
- Improve inter-organisational & inter-professional partnerships
- Recognition of role & skills required
- Stronger alliances to enable freedom to select required clinical experiences for diverse students
Future Research

- Evidence defining essential CE skills
- Accountability of employers, partners and educators
- Workplace responsibility
- Interdisciplinary clinical learning models
- Longitudinal evaluation graduate outcome study

Nursing forecasting & translating reform agenda into action in clinical learning environment


References


