

**ANNUAL REVIEW of  
NURSING EDUCATION**

**Volume 6, 2008**

**Clinical Nursing Education**

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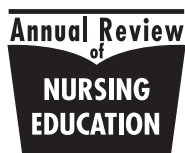
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# ANNUAL REVIEW of NURSING EDUCATION

Volume 6, 2008

Clinical Nursing Education

Marilyn H. Oermann, PhD, RN, FAAN, Editor



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*This volume is dedicated to nurse educators worldwide, who guide students' learning and assess their performance in clinical practice.*



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## Preface

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The focus of Volume 6 of the *Annual Review of Nursing Education* is on clinical nursing education. The chapters in this volume describe new partnership models, innovative clinical experiences for nursing students, the ways schools of nursing in a region collaborate to select clinical sites, approaches to evaluating students' clinical performance, and grade inflation. The *Annual Review* would not be complete without new teaching strategies and reflections on the development of nursing faculty, which also are included in Volume 6. In a special chapter (14), Peggy L. Chinn reflects on her career and experiences as a nurse educator and now on her active retirement. If you need new ideas for your clinical courses, chapters in this volume will meet that need.

Part I of this year's *Annual Review* focuses on innovative partnerships between schools of nursing and clinical agencies. In Chapter 1, Gayle Preheim describes the development and implementation of the clinical scholar model within a caring, competency-based curriculum as an exemplar for clinical nursing education. The clinical scholar model is an innovative partnership with health care providers to improve the clinical learning experience of students in prelicensure nursing courses. Central to the model is the clinical expert nurse, who collaborates with faculty to coordinate clinical placements, facilitate student learning, and evaluate student performance and the learning experience in the clinical setting.

As Betsy Frank explains in Chapter 2, partnerships between health care service institutions and nursing education are not new. What has spurred this renewed interest in partnerships? In a rapidly changing health care system characterized by personnel shortages, heightened patient acuity in inpatient settings, and a move to deliver health care away from the hospital, service personnel and nurse educators have discovered that effective partnerships can benefit both students and the agencies where clinical experiences take place. Read this chapter

to understand the development of various forms of academic–service partnerships in nursing education and to think about ways you can form partnerships in your own environments.

Chapter 3 builds on Betsy Frank’s review and presents two innovative partnership models that address the need for clinical faculty and bridge the gap between education and practice. In this chapter Susan E. Campbell and Debra A. Filer present their clinical partner model and the home room mentoring model used at their school of nursing. As clinical instructors, they have experienced the rewards and challenges of working with both models, which they describe in this chapter. The authors emphasize the importance of establishing partnerships to meet the goals of education and practice, describe ways of sustaining these partnership relationships, and offer suggestions for implementing the models in a nursing program and health care agency.

Kathleen M. White and Jo M. Walrath, in Chapter 4, describe their Fuld Leadership Fellows in Clinical Nursing Program, an innovative partnership between the School of Nursing and Johns Hopkins Medicine. The Fuld Fellowship is a vehicle for developing the professional and leadership skills of undergraduate nursing students. Each nursing student selected as a fellow works with a hospital-based nurse mentor on a project aimed at improving the safety and quality of inpatient care. The program has provided students with meaningful opportunities to develop their critical thinking skills, conduct important clinical nursing research, and apply evidence-based practice in real-world settings.

Nursing faculty spend much time planning clinical activities for students and guiding their learning in the clinical setting. How do students perceive these activities and their clinical experiences? In Chapter 5, Leonie L. Sutherland and Virginia Gilbert present their research findings on how students respond to clinical assignments. Their analysis showed that embedded within the educational requirements of the clinical practicum was a set of rules guiding the work of nursing students. Students classified patients as “good” or “bad” based on how well the patient’s nursing care needs met the students’ perceived faculty requirements. Students came to view patients as objects to forward the educational requirements of the practicum and experienced tension and conflict in translating classroom learning to care of their patients.

As nursing education programs struggle to meet the demand for more nurses, one limiting factor is insufficient clinical sites for student learning experiences. With schools of nursing increasing their student enrollments, there is more competition for clinical sites. Kay Setter Kline, Janice Hodges, Marilyn Schmidt, Daniel Wezeman, and Jan Coye, in Chapter 6, describe the collaborative process they use to negotiate and obtain clinical sites for their nursing program. In their Clinical Placement Consortium, nursing programs and service settings work together, using software and technology, to place all students in appropriate clinical sites. This is a true collaborative partnership between education and service.

Evaluation of students' clinical performance is often a difficult process for faculty. Chapters in Part II of the *Annual Review* guide faculty in evaluating and grading students in clinical practice, including evaluating professionalism among nursing students. Other chapters examine how students assess their own learning and development of clinical competencies, and explore issues of grading and grade inflation. The final chapter in Part II describes a study on providing feedback to students in an online course.

In Chapter 7, Stephanie D. Holaday and Kathleen M. Buckley present a framework for clinical evaluation and an innovative tool-kit to assess, evaluate, and measure student performance and growth across clinical settings and at all levels of a nursing program. The tool-kit includes consensus-based clinical outcomes and competencies against which to base judgments for evaluation, a five-point rating scale for measuring the quality of clinical performance, and conversion scales for grading the achievement of the clinical outcomes. The framework of the tool-kit provides a lens to view clinical education and performance and a benchmark for assessing and measuring student, course, and accreditation outcomes.

For many decades nursing students worldwide have measured their education and attributed the quality of their nursing education directly to their clinical experiences. Moreover, continuous quality improvement in educational experiences is directly linked to hearing, reflecting, and responding to the thoughts and beliefs of all stakeholders, including students. In Chapter 8, Nel Glass and Lou Ward bring to the forefront the value of innovative student assessment. This assessment is

focused on a group of stakeholders, namely, nursing students, and their reflections on achieving teacher-derived clinical competencies in one clinical environment, that of a mental health setting in Australia. The authors contend that student reflections on their clinical experiences are an important educational and clinical consideration integral to the advancement of clinical nursing education.

Grade inflation is an increase in the grade point average without an increase in the student's ability; grade inflation devalues what an A truly means. In Chapter 9, Judith M. Scanlan and W. Dean Care examine the issue of grade inflation in nursing. This issue is a sensitive matter for faculty, who are often unwilling to believe that they contribute to grade inflation in nursing courses. The authors explore whether grade inflation is real or perceived, discuss causes of grade inflation, and suggest strategies that nurse educators can use to ameliorate the problem of grade inflation in schools of nursing. They believe that nurse educators need to address the problems related to grade inflation in clinical courses.

Faculty often struggle with defining and evaluating clinical behaviors related to professionalism in nursing students. The authors of Chapter 10, Karen Rizk and Rebecca Bofinger, found this to be true with both attendance and dress code issues. In an attempt to simplify clinical evaluation of professionalism, the authors developed an objective tool based on a point system to monitor Absenteeism, Punctuality, and Adherence to Dress code (APAD). This easy-to-use tool provides a way of evaluating professionalism. This chapter is a good source of information about developing professionalism in nursing students and how to evaluate those behaviors in the clinical setting.

The growth of online courses in nursing is continuing at a rapid pace, but there is limited evidence as to the best teaching strategies to promote students' learning in these courses. Chapter 11 continues with the theme of evaluation but shifts to the type and extent of feedback that faculty should give to students in their online nursing courses. Although best practices in online education acknowledge that prompt feedback is important, guidelines as to what this means are lacking. Wanda Bonnel, Charlene Ludwig, and Janice Smith address this issue as they report on their survey to better understand the concept of online course feedback from the students' perspectives. From this study,

the authors gained an understanding of what students expected in an online course and what feedback was important to their learning. The authors present many implications for nurse educators and provide examples of how to integrate good feedback into online courses.

Part III of the *Annual Review* begins with Chapter 12 by Janice J. Hoffman on teaching strategies for critical thinking. Critical thinking is considered essential to the provision of safe, effective care to patients in a variety of settings. Hoffman explains that the importance of critical thinking is directly related to the complexity of the current health care environment and expanding technologies. Her chapter presents several practical teaching strategies that can be used to facilitate critical thinking, including reading assessment and activities, case studies, and questioning. These strategies can be used in clinical courses, in the classroom, and in online environments.

In Chapter 13, Nola A. Schmidt discusses the need for integrating evidence-based practice (EBP) in our nursing curricula. She explores how to develop a curriculum with EBP as its core. After providing a brief overview of EBP, she discusses student outcomes, curricular changes, and teaching strategies for incorporating EBP content in a nursing curriculum. She concludes with suggestions for developing expertise for teaching EBP in nursing.

The contributions that Peggy L. Chinn has made to nursing and nursing education are apparent in our everyday work as teachers—in how we interact with students, how we think about our role as educators, and how we carry out the teaching process with students in clinical practice, in the classroom, and in online environments. Chinn’s work has guided our practices for many years. She has been on the advisory board of the *Annual Review* since its inception and has written chapters for the *Review*: “Teaching Creativity Online” (Volume 1) and “A Praxis for Grading” (Volume 2). She also coauthored the chapter “Peace and Power” as a critical, feminist framework for nursing education. In Chapter 14 of this volume she shares her reflections on retirement, her 30-year career in nursing education, and what she has found to be important in making the transition to retirement. Her reflections will inspire you to bring some “retirement” into your own active careers as educators. This chapter is a very special contribution to Volume 6.

Leaders in nursing education have a vision of the future, know how to get there, and can lead others toward that vision. Although leaders in nursing education are essential to move the profession forward, there is little evidence to guide their development. In the last chapter (15) of this volume, Diane Whitehead, Maria Fletcher, and Jean Davis address this lack of evidence. They report on their study to determine what nursing faculty leadership entails and how nurse educators become leaders. Critical reflection, a certain leadership style, communication skills, and networking ability are essential; however, it is even more important to have passion for what you do and what you want to accomplish.

The goal of the *Annual Review of Nursing Education* is to keep you updated on innovations and new ideas in nursing education. We hope you will agree that Volume 6 meets that goal. A special acknowledgment is extended to Sally J. Barhydt, Executive Editor at Springer Publishing Company, for her guidance and assistance. And a thank-you to all the authors who so generously shared their innovations for the benefit of educators everywhere.

Marilyn H. Oermann, Editor

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## Part I

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# **Educating Students in Clinical Practice: Through Partnerships and Innovative Learning Experiences**



## Chapter 1

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# Clinical Scholar Model: Competency Development Within a Caring Curriculum

*Gayle Preheim*

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The conceptualization, implementation, and expansion of the clinical scholar model (CSM) at the University of Colorado at Denver and Health Sciences Center (UCDHSC) School of Nursing demonstrate value-driven and outcome-oriented excellence in clinical nursing education. The CSM is a prototype of academia partnering with health care providers to improve the experience of clinical placements and education in prelicensure nursing courses. Central to the model is the clinical expert nurse, who collaborates with faculty to coordinate clinical placements, facilitate student learning, and evaluate student performance and the learning experience in the clinical setting.

The CSM was created in 1984 within an educative-caring paradigm (Bevis & Watson, 1989; Watson, 1979, 1985, 1988a, 1988b). The model evolved over 2 decades to emphasize competency development in preparation for contemporary professional nursing practice (Lenburg, 1979, 1999a, 1999b). Originating with one school and one hospital, the CSM thrives today at UCDHSC School of Nursing in 14 acute care, ambulatory, and community-based clinical settings with 22 clinical scholars.

The model addresses calls for nursing education reform (American Association of Colleges of Nursing [AACN], 2006a; National League for Nursing [NLN], 2003, 2005b) and mandates to prepare nurses for

competent practice in today's complex and rapidly changing health care environments (AACN, 1998, 2006a; American Nurses Association, 2002; American Organization of Nurse Executives [AONE], 2004a; NLN, 2000, 2005b; Tresolini & Pew-Fetzer Task Force, 1994). Hallmarks of the CSM with sustaining power are the following:

- meaningful education–practice partnerships
- valuing of the clinical nurse expertise
- a relationship-centered, caring curriculum
- competency-based, outcomes-oriented performance in practice

In this chapter, I describe the development and implementation of the CSM within a caring, competency-based curriculum as an exemplar for clinical nursing education. I discuss attributes of the CSM compared to the traditional clinical instruction models, as well as guides for implementation. The CSM is used to illustrate the coexistence of a caring (Bevis & Watson, 1989) and competency-based (Lenburg, 1999a, 1999b) curriculum for modeling caring and professionalism and building initial competencies of baccalaureate nursing students. I summarize the benefits realized by the student, the affiliating clinical agency, and the educational program to provide evidence of an effective and enduring model for clinical nursing education.

## Confronting Threats During Challenging Times

Numbers are prominent in discussions regarding nursing education and practice today. A dominant focus on quantity is evidenced by the plethora of reports and literature tracking increasing enrollments, nursing faculty shortages, scarcity of clinical placements, and dwindling funding for education (AACN, 2006b, 2006c, 2006d; NLN, 2005a). The critical need for professional nurses and the potential impact on access, quality, and cost of health care are compelling. However, the quantification of professional nursing education and practice poses threats to the integrity and potentially undermines values and beliefs foundational to excellence in nursing education and quality patient care. Numbers become irrelevant if curricular frameworks and practice environments do not support caring or promote competency.

Reform in nursing education requires transition from traditional and behaviorist pedagogies to an educative-caring philosophy of education (Bevis & Watson, 1989; Diekelmann, 1988; Noddings, 1984; Tanner, 1990). Progress toward transformation, however, is thwarted when change efforts encounter resistance, uncertainty, and competition for limited resources. Although an array of initiatives is necessary to transform clinical education (Tanner, 2006), caution must be exerted to ensure that excellence in clinical education is enhanced. The AONE (2004b) and the National Council of State Boards of Nursing (2005) confirm the essential value of strong, structured, and well-supervised clinical instruction in prelicensure programs. The merit of any clinical placement and education strategy should ultimately be determined by whether the quality of preparation for professional practice is enhanced, as well as whether management of the quantity of student placements and education needs has improved. Solutions to complex problems must be theory guided, values driven, and outcomes oriented.

### Early Beginnings of the Clinical Scholar Model

The CSM evolved from a conceptual framework that values collaboration, clarifies roles and responsibilities, and specifies outcomes. Embedded within an educative-caring philosophy and a competency-based model of assessment, the CSM supports learning and teaching environments to prepare increased numbers of nurses today for the highly challenging realities of practice tomorrow. Baccalaureate enrollments at the UCDHSC School of Nursing have quadrupled in the last decade, while simultaneously experiencing curriculum revisions, the nursing faculty shortage, scarcity of clinical placements, and constrained resources. The CSM endured in turbulent times, evolving and expanding to accommodate increasing enrollments with assurance of quality clinical placements and education.

Participation by a health care organization in the education of future nurses affects the daily workflow and relationships within the organization. Cronenwett and Redman (2003) described the value of affiliation to the clinical agency as (a) negative drain with no value; (b) essentially meaningless with no drain or no value; (c) a valued