

From Clinical Practice to Nursing Education: Using Old Skills in a New Way

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Abstract

Transitioning from an expert clinical nurse to a novice nurse educator can be challenging. Skills used in both positions are not always apparent. Skills that were transferable were identified using Benner's (1984) competency themes and seven domains of an expert clinical nurse. Identifying skills that the expert clinical nurse is already comfortable with assists in the ease of transitioning to the novice nursing educator role. Realizing that the skills that the expert nurse has been using and is confident with allows for the application of these skills to the new realm of teaching. This knowledge will foster confidence and lay the foundation for a successful transition into the novice educator role. Identifying ways to assist in this transition will promote retention of new educators as well as satisfaction with the role change. Finding ways to assist the expert clinical nurse will allow for a faster progression to expert nurse educator.

The shortage of nursing faculty has opened up new opportunities and spurred the move of many in clinical practice to academia. Moving from an expert clinical nurse to a novice nurse educator can be challenging. P. J. McDonald (2010), describes her transition to academia as enormous. In her article *Transitioning from Clinical Practice to Nursing Faculty: Lessons Learned*, she addresses the stressors of student's expectations to be an expert nurse and competent in teaching. One common challenge is that new nursing faculty do not know how to relate to students. Frequently they rely on an interpretation of their experience as a nursing student to guide them in their approach to faculty/student interactions. As a result, their experiences frame the way they structure relationships with students. Not successfully structuring these relationships can result in a division between faculty and students instead of them partnering toward a common goal. When this happens, both faculty and students experience unneeded stress and dissatisfaction. Just as in clinical practice nurses strive to be patient-centered, in educational practice, we must strive to be student-centered.

Many of the competencies utilized in clinical nursing are transferable to building a successful practice in nursing education. New nursing educators can apply many of the same skills used to provide care to patients to working with nursing students. Effective nurse educators can transfer their skills and experience in practice to provide the structure and support for nursing students to ensure their success.

As clinicians, we are well versed in the guiding principles used to provide patient care. As nurses, we learn to advocate, listen, communicate, comfort, assist, empower, and encourage our patients. These guiding principles can serve as guiding principles for student-faculty interaction and can also provide the foundation needed to enable students to become the next generation of care givers. Student care is essential to the retention, satisfaction, and growth of our student nurses. Utilizing their ability to care, new nurse educators can positively impact all of these areas as student guides and role models for incorporating these behaviors into practice.

In Benner's (1984) book, *From Novice to Expert*, she interviewed nurses and identified 31 competency themes. From these themes, seven domains were derived. In this paper, the domains of nursing as identified in Benner's book were used as a framework for exploring how competency in clinical practice can be translated into the skills needed by the new nursing educator. The domains of nursing practice explicated by Benner and practiced by all nurses can also guide novice nurse educators to care for their students and help them achieve positive outcomes.

In the following section, each Benner nursing domain is extended to explain how the same nursing skills might be applied to the nursing faculty role.

The Helping Role

The expert bedside nurse is very comfortable with the role of helping patients. They become skilled at identifying which patients need more help and which are able to provide self-care. The helping role for the bedside nurse surrounds and encompasses most interactions with their patients. Faculty need to utilize these skills to demonstrate that they care about the student as an individual and their success as a nursing student. In the clinical setting, the nurse is frequently asked for help by their patient or identifies that help is needed. For educators, the same dynamic should occur. Students will ask for help or at times, the nurse educator will assess that help is needed. Both roles require excellent communication skills, both verbal and listening skills. The student, like the patient, must trust and be open to accepting help. It is throughout this helping role process that the student nurse will be most vulnerable. Care and caution regarding providing help in a positive manner will be vital to maintaining the self-esteem and empowerment of the student.

The Teaching-Coaching Function

The expert bedside nurse is acutely aware that the success of the patient's transition to home and future illness is related to their ability to understand their disease process and how to maximize their health. If a patient does not fully understand these aspects, they can decline and require more intervention. In educating new nursing, it is the ability to teach and recognize when information needs to be expanded or reinforced is a skill that the bedside nurse can bring to the teaching role. Identification of different teaching methods based on different learning styles is also applicable to both patients and students.

Nursing school is very different from other undergraduate degrees. The nursing student frequently experiences culture shock due to being evaluated and tested at every turn. The nurse educator can apply the teaching-coaching domain to assist the nursing student through the journey of nursing school. One aspect of teaching-coaching is identifying what is unfamiliar or frightening for the student and attempting to make it less traumatic. This can be accomplished through explanation, preparation, support, encouragement, and demonstrating fairness. Coaching and preparing the student throughout nursing school will allow the student to have less anxiety and, in turn, perform better. One potential area of concern is that novice faculty can be confused with being friendly with students and “being friends” with students. The ability to support students in a friendly manor-while maintaining boundaries is an important skill that successful faculty master.

The Diagnostic and Monitoring Function

The expert bedside nurse picks up on subtle changes in their patient. They are able to detect declines or improvements throughout the patient’s care trajectory. As these patient changes are identified the nurse makes changes in the plan of care according to the needs of the patient. The experienced educator will utilize these same assessment skills to pick up on changes or potential issues with their students. The reality of nursing school may not match the student’s expectation of nursing school. Students have the expectation that nursing school content difficulty will be similar to their nursing prerequisite courses. This misperception can cause the students to become quickly discouraged with nursing school, as their expectations do not match their experiences. If the educator can identify and intervene in these cases, they can prevent the student from leaving nursing school and prevent student attrition. The expert educator can assist in formulating a realistic expectation of nursing school as well as beginning to establish other support systems for the struggling student nurse.

The educator can also utilize the skill of diagnosis and monitoring to evaluate the courses they teach. Evaluating the effectiveness of the course they are teaching as well as the methods of teaching the content is continually evolving. The course and how it is taught may be revised based on feedback from students, board scores, or the educators identified need to change. It is imperative that the needs of the learners and objectives in the course are met.

Effective Management of Rapidly Changing Situation

Bedside nursing requires an expert nurse to act quickly and efficiently. Delays in reacting to a change in patient status can cause detrimental consequences to a patient’s health. As the expert bedside nurse adjusts to changes in patient conditions, this ability to adapt to a changing environment is also useful in educating student nurses. Being flexible and adapting to alternate strategies when things that are not working well in the classroom can be a skill that translates to strong, competent new nurses. There are times in the classroom when the subject or concept is difficult for students to learn. Identifying different ways to present material and engaging the learner is important to ensure that learners obtain and are able to apply content to the clinical setting. The nurse educator must be prepared to revise content delivery or tests based on feedback and test analysis.

Practice and academia are synchronistic within this domain. As the knowledge base and technology changes within nursing practice the need to stay up-to-date and reflective of current practice is essential for nurse educators. The new educator must be able to adapt and stay current with practice, research, as well as educational methods. Staying current with nursing practice ensures the new graduate will have the knowledge necessary to provide quality patient care based on current practice standards.

Monitoring and Ensuring the Quality of Health Care Practices

Ensuring the quality of health care practices is the center of all nurse educators' goals. Quality encompasses many areas of teaching, from tests, lectures, clinical, and graduates. It is imperative that each nurse that graduates is sound and possesses all of the skills necessary to deliver quality patient care. Validating that students are safe to provide care is an essential step that nurse educators perform on a daily basis. The critical thinking skills associated with the multitasking of multiple patients and priorities is mastered by the expert nurse. It is essential for the nurse educator to expose and teach the student nurse critical thinking skills. The ability for the student nurse to be exposed to these necessary skills allows for a more successful transition from the student nurse to practicing nurse. It is through exposure to the expert nurses handling of changing situations and prioritizing needs that the student nurse will be able to apply what is learned to their practice. K. Bain (2004) explained that the best college teachers are able to distinguish from pertinent school work as compared to just work to keep them busy. It is the application of the information by the educator that makes the student understand the context of the assignments. This experience is how the expert clinical nurse can make an exceptional educator.

Organizational and Work-Role Competencies

The nurse in clinical practice learns how to organize to provide safe and effective patient care. They assess the current situation, set priorities, and quickly execute their plan of care. To do this requires they have the expertise to not only assess and plan but to perform the basic skills essential for execution of the plan. In academia, constant preparation and planning for the class, the course, and the semester are essential. Proper preparation and planning result in clear expectations and a stable environment for both students and faculty. There should be few surprises. The successful educator must be proficient in the basic skills required for executing their plan and should seek every opportunity to learn these new competencies. For example, if they will be teaching online, they will require expertise in using the institution's learning management system. If using simulation, they will not only need to learn the complexities of mannequin operation, but also learn how to create, implement, and evaluate these experiences

Research

Expert bedside nurses utilize evidence-based practice (EBP) to guide their care. They incorporate relevant research into their practice to continually update their knowledge and skills. Utilizing EBP allows for quality care decisions to be made. The educator also utilizes EBP to teach students quality patient care. In

the classroom, faculty should update content to reflect EBP changes and share with their students the science behind the selection of information delivered. Clinically focused faculty should model EBP for students in their care delivery. Students are then able to care for patients using clinically sound practices that were demonstrated by their clinical faculty. It is through the utilization of EBP in the classroom and clinical teaching that the importance of research and safety are ingrained in students.

Summary

New nurse educators sometimes struggle with the transition from expert nurse to novice educator. What not initially realized is that a significant amount of skills nurses use to care for their patients translates to care of their students. What makes an expert educator is the ability to have excellent nursing skills and ability to transfer that knowledge. Part of the transference of knowledge is the ability to build a rapport the students. Building rapport is a similar phenomenon when caring for patients. The patients benefit just the students benefit when they know the nurse is invested in their outcome. Benner's domains can be a useful structure to assist the novice educator to become an expert educator.

References

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