
Anita Jennings.
Toronto, Canada
National League of Nurses Education Research
April 2018
Introduction and Purpose of Study

Clinical instruction is a pedagogical process (Severinsson, 1995; Fowler, 1996; Lyth, 2000), where the clinical instructor guides and instructs students in their learning about nursing in the clinical arena.

The purpose of this study was twofold;

1. To theorize the pedagogical practices of clinical nurse educators and
2. Uncover the challenges that participants encountered while teaching in the clinical arena.
Research Questions

The two broad research questions that guided this study were:

1. How do clinical nurse educators approach teaching undergraduate nursing students in the clinical arena?

2. What challenges do clinical nurse educators encounter while instructing undergraduate nursing students in the clinical arena?
Methodology

Methodological Lens- A qualitative approach using grounded theory methodology forwarded by Charmaz(1990, 2010) guided the study design.

Theoretical Lens- A constructivist approach to learning and a critical pedagogical approach to nursing education.

Data Collection- Exploratory semi-structured interviews with twelve clinical nurse educator participants in Ontario, Canada.

Data Analysis- Employed varied forms of coding such as Line-by-line coding; Focused, Axial and Theoretical coding to guide in analyzing the data.
Participants’ Information

1. Twelve clinical nurse instructors participated in this study.
2. All participants taught in the clinical arena.
3. All participants taught in undergraduate nursing degree programs. Additionally, some taught in accelerated undergraduate degree program whereas a few also taught in RPN to RN bridging program. Only one participant taught in the classroom and clinical arena.
4. Education preparation. All participants had completed a Masters program and one participant had enrolled in a doctoral program.
5. Years of nursing experience- Varied from 7yrs. to over 30 years.
6. Years of teaching experience- Varied from 3yrs. to over 14 years.
Summary of Study Results

The results revealed four important findings. They are as follows:-

1. Knowledge forms displayed by clinical nurse educator participants while teaching in the clinical arena.

2. Ethics in teaching that underpin the teaching practice of participants.

3. Approaches to Teaching and

4. Pedagogical context.
Results-Ethics in Teaching

2 concepts related to Ethics in teaching emerged from the data.

1. Personal and Professional values and

2. Balancing students’ learning with safe patient care.
Personal and Professional values

Excerpt

Going back to elements for a good teacher- open to listening to the student and not just assuming that they are a blank slate and know diddly-squat. More so with our mature students going into the program now they come from a variety of backgrounds and have a lot of knowledge to share and that it’s something we should recognize.

Respect has to go both ways so I think it’s an important thing for a clinical instructor and not just make the assumption that you are a student and learning so you should listen to what I say. No, there needs to be a dialogue. If there is no dialogue then it makes poor learning experience for the student. (Jackson)
Values and Teaching

• Values not only inform a teacher’s moral responsibility to students (Boostrom, 1998; Campbell, 2003, 2003a, 2008; Fenstermacher, 2009; Strom, 1989), students also learn the importance of values through their interaction with teachers.

• Students in their interaction with nurse educators learn the importance of respecting a patient’s wishes and at the same time became aware of her personal beliefs and biases.
Results (cont.)

*Balancing the Learning needs of Students with Safe Patient Care*

concept emerged as a recurrent theme in the data.

The next excerpt relates to medication administration
Balancing the Learning needs of Students with Safe Patient Care—Excerpt

• I have colleagues who insist that students need to be giving medication right away and as soon as possible etc. I have worked very hard to stay true to what feel right to me in that regard. In fact, I did have a very serious near miss medication error. Thank goodness, we did not deliver the medication. It was insulin. It was one of the worst days of my life ever. It was six years ago but it seems like yesterday. As I have analysed that situation, I know because it was I felt a pressure from my colleagues to perform in a certain way and I was not true to my own certain beliefs about how to operate safely. I understand very much the need to help the students to deliver medications—all the skills—pre assessment, post assessment—knowing the indications, actions, interactions, side-effects. I get it. It is exactly because of all the complexity of that it is very very important to engage in a process that introduces them to that safely and slowly so that I can with utmost confidence know that students are prepared to perform that skill. It seems to me that one the things that keep coming back is staying true to you own self- to stay true to the values that brought you to nursing. (Nicky)
Values, Curricula Development and Pedagogy

Boostrom (1998)
Campbell (2003; 2003a, 2008)
Hansen (1998)
Fenstermacher (1994, 2009)
Hansen (1998) explains that teaching is a moral endeavour because the practice involves assisting students to broaden their horizons.

It entails helping students to become more knowledgeable rather than less so, more interested in learning and in communicating rather less so, more expansive in their thinking and in their human sympathies (p. 649)
Values in Teaching (cont.)

2 approaches to curricula development and pedagogy emerged from the data.

A traditional also known as a Tylerian approach to teaching and

A progressive Re-conceptual approach to curricula development and pedagogy (Jennings, 2017).

In a Tylerian approach to curriculum, the educators’ thinking is guided by “technocratic rationality” (Giroux, Penna, and Pinar 1981 p. 99), where the main purpose of a teacher’s knowledge is to complete tasks efficiently. Here, the teacher’s focuses on carefully preselecting objectives and sequencing learning experiences in order for learning to occur.
Bächtold (2013) explains that the “time scale for learning is not the same as the time scale for teaching” (p. 2483) and that understanding and learning a new model or theory implies that students “construct” new cognitive structures...

What is being learned?
Recommendation

A re-conceptualist approach to curriculum development where curriculum is understood not merely as an object or a product, it is understood as:

It becomes a verb, an action, a social practice, a private meaning and a public hope.... It is an ongoing if complicated conversation. (Pinar, 2004. p. 188)

“The teacher has not only to expose the explicit and communicable models or theories, she\he also has to offer to the students lessons and\or activities that will ensure that the required Cognitive structures are durable constructed by them” (Bächtold 2013 p. 2483).

A constructivist approach to learning and teaching.
Recommendation

Teaching in the clinical arena is complex and multilayered. The results suggest the following.

1. Nurse educators move away from content driven curriculum (Diekelmann, 2004, Fanutti, 1993; Ironside, 2004, 2005a, 2005b; McAllister, 2005b) and adopt more *progressive pedagogical* approaches.

2. All nurse educators including Clinical nurse educators need ongoing guidance and support via communities of learning in order to improve teaching in nursing.

3. Nurse educators require formal preparation in education and nursing and nursing experience between 5-7 yrs. to inform their teaching practice.
References


Hansen


Results (cont.)

Personal and Professional values
1. Honesty, respect, openness
2. Caring for the student.

Balancing students’ learning with safe patient care.
1. Caring for the student when an error occurs
2. Moral distress encountered by participants.
3. Two approaches to teaching emerged from the data each with its particular view of the student and instruction.
   3a. Traditional approach and
   3b. Progressive approach to instruction