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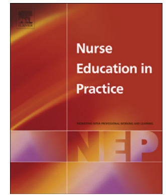

Issues for debate

In touch to teach: Do nurse educators need to maintain or possess recent clinical practice to facilitate student learning?

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A B S T R A C T

In recent years UK university-based nurse educators have seen a reduction in their responsibilities for nursing students' practice-based assessments. Many university-based nurse educators feel that this lack of input into students' clinical assessments leaves them open to criticism as they are perceived to be less "in-touch" with clinical practice and that their knowledge to teach nursing students is diminished as a result. This paper examines and debates some interpretations of the term "recent clinical practice" and challenges the misconception among many in the profession, as well as government and professional bodies, that university-based nurse educators require recent clinical practice to effectively teach students and enhance the student learning experience in the academic university setting.

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Introduction

Following investigations into poor care and neglect of patients at Mid Staffordshire NHS Trust in the United Kingdome (UK), The Francis Report (Francis, 2013) recommended there should be an increased focus in nurse education on the practical requirements of delivering compassionate care in addition to theory. This is reflective of a longstanding debate between the development of theoretical and practical knowledge to care for patients more commonly referred to as the 'theory-practice gap' (Price et al., 2011). The Willis Report (Willis, 2012) on nurse education identified the 'theory-practice gap' as the area where a discrepancy is perceived between theoretical study and learning in clinical settings (Andrews and Roberts, 2003). Rolfe and Gardner (2006) highlighted that theoretical and clinical aspects of nursing practice are commonly separated and performed by separate and distinct groups of people often in separate and distinct locations. This is reflective of various models which have been developed to enhance theory-practice integration.

This renewed discourse between theory and practice comes at a time when nurse education in many countries, such as Australia, Canada, Ireland, the US, and the UK, has moved away from models of apprentice-like, hospital-based nurse training to university-led delivery of nurse education. However, such nursing education programmes involve a division of learning whereby students learn in clinical practice and in the university setting. This division makes the assumption that in university, students will have developed a theoretical knowledge base, critical thinking and decision-making skills which they then consolidate through the practical application of their knowledge in the clinical settings. In addition to applying theory, such clinical practice placements are believed to help students achieve the required learning outcomes and competencies according to regulatory body requirements for pre-registration education. A range of discourses as to how to best support nursing students in clinical practice have been suggested (McSharry et al., 2010; Price et al., 2011). While supporting students to learn is an important function for both educators and practitioners there is little consensus as to what constitutes appropriate support (Andrews and Roberts, 2003) and these supporting roles are often carried out by separate and distinct groups of professionals. Mannix et al. (2006) highlight a need for an ongoing dialogue about such roles. It has been argued that the transition from vocational training of nursing to university-based education has produced tensions and lack of clarity in the identity, knowledge and practice of such roles (Adams, 2010, 2011). Spitzer and Perrenoud (2006) who in, analyzing the impact of the move of nursing to higher education (HE) across Europe, identified conflicting demands on university-based nurse educators to conduct research, to teach, and to maintain specialism in clinical practice. This paper examines the clinical and educational credibility that

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has arisen in relation to the changing roles of those responsible for nurse education. The nature of the knowledge needed to enhance nursing students' learning in clinical practice to help bridge the theory-practice gap is also debated. The paper seeks to continue dialogue by contending that expectations that nurse educators should be clinically credible or have recent clinical practice does not necessarily equate with enhancing student learning.

Clinical placements have allowed students the opportunity to work alongside experienced registered nurses who take on the role of supporting students in developing their competencies. In countries such as the UK, Canada and Finland these are known as mentors and similar to preceptor and "buddy" roles in Australia. Over the years a number of other roles have been introduced to support students in practice such as clinical teachers and lecturer practitioners in the UK (Brown, 2006; Smith and Allan, 2010) similar to clinical facilitators in Australia (Mannix et al., 2006) and clinical tutors in the USA. These roles are seen as offering additional support to that from mentors, preceptors or buddies. In the UK and other countries university-based nurse educators (lecturers) provided an additional supporting "link lecturer" role.

In the UK recent focus has been on the role of mentors, with the Nursing and Midwifery Council (NMC) mandatory requirement that students on pre-registration nursing education programmes must be supported and assessed by mentors in the clinical setting (NMC, 2008). Mentors are now required to develop, assess and "sign off" students as achieving NMC defined standards for learning in practice to be eligible for professional registration (NMC, 2008). The assumption is that mentors have the knowledge to teach and support students; this reflects a concept of competent practitioners "transferring" knowledge to students through demonstration and example. However, Edmond (2000) and Carr (2008) argued that mentors have heavy workloads and often feel unsupported or unprepared for the demands of the role. Goodman (2013) suggested that mentors in many clinical areas are under pressure due to increased workloads which is detrimental to the student learning experience. While mentors are expected to support students' learning in practice, they may not have the necessary support or training to do so. This sentiment was endorsed by Bennett and McGowan (2014) whose recent study reported that mentors believed they lacked experience and preparation to effectively assess students in practice and identified their need for support. Without the appropriate resources to support students in practice, tensions in the mentorship role could perpetuate a theory-practice gap (McBrien, 2006).

In response to such issues, and in anticipation of the NMC (2008) requirements, the Practice Education Facilitator (PEF) roles were introduced in Northern Ireland (NI), between 2009 and 2010 to support mentors. Similar roles having been introduced in other parts of the UK and the Republic of Ireland. In NI, PEFs are registered nurses employed and based in clinical areas rather than in the university sector, who have undertaken study in educational theory such as a Post-graduate Certificate in Teaching and Learning.

Prior to this, the dominant model was that of university-based nurse educators (nurse lecturers) supporting mentors and students in practice in a "link lecturer role" which included formative support and end-of-year summative assessment of student practice, in partnership with the mentor. However as Ousey and Gallagher (2010) highlight such a role was often itself is ad hoc, transitory and lacking in clarity. The introduction of the PEF role has led to a further lack of clarity around the role of university-based educators in supporting and developing students' clinical practice. Smith and Allan (2010) claim that these new roles reinforce a split between theory and practice. This change may also reinforce an earlier assertion by Maslin-Prothero and Owen (2001) that the clinical practice role of nurse lecturers has been lost, enhancing suggestions by Thompson and Watson (2001) that it is an entirely academic role. O'Driscoll et al. (2010) suggested that this has diminished the lecturers' connection with practice and detached academic education from clinical practice.

Carr (2007) found that the longer nurse lecturers worked in university, the likelihood of maintaining clinical practice expertise was significantly reduced. Mallik and Hunt (2007) also suggested that nurse lecturers have weak links to practice and as they spend less time in the clinical setting they become out of touch with current clinical practice (Ousey and Gallagher, 2010). This notion of being "in touch" is not defined but is often equated with visibility in the practice areas. McNamara (2009) argued that it has led to accusations that nurse lecturers cannot fully appreciate and are insensitive to the realities of clinical nursing practice in today's society. This implies that nurse lecturers' professional knowledge to teach is informed and developed by practice in the clinical area. However, while clinical practice may enhance the knowledge of the nurse lecturer it does not necessarily ensue that this will translate into teaching. In addition the knowledge gained may not equate with the knowledge required by the students to practice.

The knowledge base and professional identity of nurse educators

Professional identity has been defined as an immersion in the subject knowledge and practice of the profession (Hegarty, 2000). This is reflected in the UK government paper "Modernising Nursing Careers" (DoH, 2006; Health, 2006) which emphasised the importance of health professionals developing their knowledge and skills to improve the quality of healthcare (Gibbs, 2011). However a dichotomy arises for nurse lecturers, as to whether the attainment, maintenance and development of that professional knowledge should be clinical or educational. Morgan (2012) claims that an inherent part of the nurse lecturer role is keeping up to date with nursing developments as these are a crucial component of teaching. Barrett (2007) argued that the view that nurse lecturers need to maintain a clinical role has been fuelled by successive governments and professional bodies. A further suggestion by Fisher (2005) that there has been pressure to recruit nurse educators who possess both practical and current nursing experience. This is also reflected in the "Making a Difference" document which emphasised that students should be taught by those with recent practice and experience of nursing (DoH, 1999). The contemporaneous nature (or indeed the definition) of such "recent practice and experience" is not defined, but there is an assumption that clinical practice will enhance the knowledge of the lecturer in teaching students. This view is summarised by Williams and Taylor (2008:900) who argued that nurse educators should undertake "clinical practice to facilitate their clinical confidence and ability to teach the theory and practice of nursing". These perceptions have given rise to discourses and assumptions on clinical competency and credibility (McSharry et al., 2010) and are reflected in the NMC requirement that nurses, including nurse lecturers demonstrate continuing evidence of competency. Similar expectations for nurse educators are documented in the US NLN competencies (NLN, 2012) which also suggest that more clinical expertise is needed by nurse educators.

Maslin-Prothero and Owen (2001) suggested that it is important for nurse lecturers to maintain a clinical role but such a role assumes clinical competency and credibility. Furthermore, Cave (2005) suggested if nurse educators do not maintain their clinical ability they will struggle to bridge the theory-practice gap. However, others such as Humphreys et al. (2000) and Fisher (2005) have suggested that there is a lack of clarity on such terms as clinical credibility and clinical competence. There are also assumptions that these are a necessary element of the nurse lecturers' knowledge to teach.

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