



## The role of the nurse lecturer in clinical practice in the Republic of Ireland

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### SUMMARY

Undergraduate nurse education in Ireland transferred into the third level sector in 2002. As a result nurse lecturers are expected to develop a model of clinical practice that enables them to be involved in practice and its development while maintaining their own nursing expertise and credibility [An Bord Altranais, 2005. Requirements and Standards for Nurse Registration Education Programmes, third ed. An Bord Altranais, Dublin]. In light of this the researchers set out to explore the perceptions of the nurse lecturers' role in clinical practice among nurse lecturers, preceptors, clinical nurse managers, clinical placement co-ordinators and students. A qualitative research design using focus groups was chosen. A purposive sampling strategy generated the sample for 5 in-depth focus group interviews with the aforementioned key stakeholders and the data was thematically analysed. Five themes emerged which centred on the maintenance of lecturers' clinical credibility, the lecturers' role as a resource to clinical staff, teaching and assessing students in practice, the value of fostering relationships in practice and role duplication. The findings from this study supports the anecdotal evidence that confusion exists around the role but more importantly it gives the nurse lecturer population guidance on how to develop the role in partnership with the various stakeholders in a way that supports the nursing students and clinical staff in practice in an effective manner.

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### Background and context

Pre-registration nurse education in Ireland has undergone major transformation over the past 14 years. In 1994 the traditional 3 year apprenticeship model of training was replaced with the registration diploma programme. In 2002 the diploma programme was replaced by a 4 years honours degree programme which is currently provided in universities and colleges of higher education. These changes involved some significant differences in the way in which student nurses are educated and brought Irish nurse education in line with the UK, Canada, North America and Australia (Government of Ireland, 1998, 2000). Approved by the Irish Nursing Board (An Bord Altranais (ABA), 2005) this programme complies with EU regulations (Government of Ireland, 2000). It includes both theoretical and clinical instruction, the latter continues to be a central element of the programme making up half of the programme duration. The clinical practice component is assessed using a competency based assessment strategy set out by the Nursing Board. Students are supernumery when in clinical practice ex-

cept for the nine month internship period when they are paid employees of the health services (ABA, 2005). Staff nurses providing direct patient care are responsible for facilitating learning, supervising and assessing students and are called preceptors. The mentors' role as it is practised on nursing undergraduate programmes in the UK correlates almost exactly with the preceptors' role in the Irish context (Neary, 2000; Phillips et al., 2000; Spouse, 2001). However in Ireland, an additional role exists, namely the Clinical Placement Co-ordinator (CPC). CPCs are employed by each training hospital and are assigned several clinical areas where students are allocated. The CPC acts as a link between the education and practice setting and contributes to the development of the clinical learning environment (DOHC, 2001). The role involves supporting and facilitating students and preceptors in clinical learning (Drennan, 2002). Furthermore Centres of Midwifery and Nurse Education (CMNE) and Practice Development Units have been set up through out the country to support the ongoing professional development of nurses.

The Nurse Education Forum (Government of Ireland, 2000) was established to guide the implementation of the degree programme. This report recognised a change in the traditional link tutors role but envisaged new models of practice evolving during the course of curriculum design and course delivery. It recommended that third level institutions should develop innovative strategies for lecturers to develop link roles with clinical practice (Government of Ireland, 2000). Furthermore the Irish Nursing Board (ABA, 2005)

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stipulates that nurse lecturers engage in clinical practice and its advancement and develop mechanisms for maintaining their own nursing expertise and credibility (ABA, 2005). Hence it is clear that nurse lecturers are expected to have a role in clinical practice however to date no evidence exists as to what models of practice have evolved. Empirical evidence relating to the nurse lecturers clinical role from an international perspective is examined to determine clinical models being practised and their effectiveness.

## Literature review

Pre-registration nurse education programmes differ from country to country hence many models of practice exist in relation to teaching and supporting students in clinical practice. A major difference in practice education in Australia, Canada and North America is that clinical teaching and evaluation of students is mostly directed by faculty members, who are present at all times at the clinical site and work directly with students, these are often referred to as clinical educators (Nehls et al., 1997; Grealish and Carroll, 1998; Conway and Elwin, 2007; Kelly, 2007). Problems cited with this model include lack of role clarity and overlap with other support roles (Conway and Elwin, 2007). The fact that these educators are seasonally employed causes concern and its usefulness as a model for undergraduate education is questioned (Mannix et al., 2006; Kelly, 2007).

The undergraduate nurse education programme in the UK shares many similarities with the Irish programme. Yet there is one distinct difference in practice education that is the CPC role which has been in existence for the past decade and does not exist in the UK. However in the UK similar roles known as practice educator/facilitators have been introduced in some educational facilities (Mallik and Mc Gowan, 2007). More recently as a result of a national evaluation by the NHS Education for Scotland one hundred Practice Education Facilitators were employed. The role is to support learning in practice which shares many similarities with the CPC role as it is practiced in Ireland (Mc Arthur and Burns, 2008).

The lecturers' role in clinical practice in the UK is a cause of concern and debate since the transfer of nurse education into the third level sector. The consequent increase in classroom teaching, administrative duties and research activity led to extra pressure for the nurse lecturer (Crotty, 1993; Clifford, 1995; Lee, 1996; Day et al., 1998). This resulted in nurse lecturers performing a clinical link or liaison role rather than getting involved in hands-on patient care (Crotty, 1993; Duffy and Watson, 2001; Carr, 2007). This role entailed pastoral support of students, advising clinical staff, educational audit and participation in the clinical assessment of students (Clifford, 1995; Gidman, 2001; Duffy and Watson, 2001; Carr, 2007).

The maintenance of clinical competence and/or credibility is central to the debate on the nurse lecturers' role in practice. However, both clinical credibility and competence in relation to nurse lecturers is poorly defined and no consensus exists as to how it is maintained. Clinical credibility when it is defined usually relates to the students perception of the lecturers knowledge of practice (Fisher, 2005). Recommendations in the UK have been made for the nurse lecturer to maintain a clinical caseload to ensure that theoretical teaching is based on current practice and to maintain credibility among students and clinical staff (Cave, 1994; Glen and Clark, 1999; Pegram and Robinson, 2002). Opinion is split however with other authors arguing that increased involvement in clinical practice is not necessary or realistic (Maslin-Prothero and Owen, 2001; Barrett, 2007). A number of issues are identified with maintaining a clinical role. These include poor role definition, time constraints, resistance from staff, lack of access and lack of

commitment and up-to-date skills (Day et al., 1998; Gilmore, 1999; Carr, 2007).

Prior to the commencement of the undergraduate degree programme across Ireland, joint working groups were formed which included representation of the third level institutions and health service providers. Thus a partnership approach to implement the recommendations of the Forum report was advocated. Recommendations regarding the nurse lecturers' role in practice were set out as described earlier (Government of Ireland, 2000). One could suggest the difficulties with the role experienced in the UK may have been avoided. Yet there is no evidence on how nurse lecturers are fulfilling this policy expectation. Hence the need to undertake this study to illuminate the issues experienced from an Irish perspective.

Concern about the clinical competence of Project 2000 students in the UK led to a review of the pre-registration curriculum (UKCC, 1999). The physical separation of nurse education from practice and the perception that academic staff were out of touch were a source of concern. However, it was recognised that it was unrealistic to expect a nurse lecturer to be expert in the diverse number of roles expected. The development of specialist areas such as teaching, research or practice was considered a solution and Recommendation 25 stated that 'service providers and Higher Education Institutions should work together to develop diverse teams of practice and academic staff who will offer students expertise in practice, management, assessment, mentoring and research' (UKCC, 1999, p. 48). The recent Nursing and Midwifery Council (NMC, 2006) 'teacher' standard provides further clarification for nurse lecturers who are employed in higher education and are involved in supporting students in practice settings. These lecturers are required to spend a proportion of their time in clinical practice. The NMC (2006) state that this should be approximately 20% of their normal teaching hours and this aspect of the role can be fulfilled through a variety of activities. Examples of the activities outlined include, acting as a clinical teacher or link tutor, preparing and supporting mentors, research activity, practice development or in some cases maintaining a limited clinical caseload.

Nurse lecturers in Ireland are expected to develop clinical roles, support clinical learning and are responsible to ensure the adequacy of the clinical learning environment and the assessment process (ABA, 2005). Yet similar guidelines in regard to a specific clinical role and formal contractual agreements have not yet been recommended by national bodies involved in the regulation of nurse education in Ireland. The uniqueness of the Irish nurse education programme and the clinical support roles may impact the nurse lecturers' clinical role; hence it would be unwise to adopt UK guidelines without sufficient enquiry. In light of this the following aim was set for exploration.

## Methodology

This study sets out to explore the experience, expectations and perceived understandings of the lecturers' role in clinical practice among nurse lecturers, preceptors, clinical nurse managers, clinical placement co-ordinators' and students. A qualitative research design informed by the tenets of phenomenology and loosely underpinned by Heideggerian hermeneutic philosophy was adopted. Data collection was obtained using focus group interviews. Heideggerian hermeneutic tradition accepts that human beings always come to a situation with a story and that the purpose of the research is to acquire new knowledge of what is assumed to be understood. It advocates that meaning is negotiated mutually between the participants and the researcher (Eckartsberg, 1998; Denzin and Lincoln, 2000). This approach allowed for descriptive, interpretative and reflective inquiry in order to explore the key

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