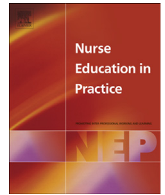
Nurse Education in Practice 26 (2017) 91–95

Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/nepr



Issues for Debate

Is faculty practice valuable? The experience of Western Australian nursing and midwifery academics undertaking faculty clinical practice - A discussion paper

Amanda C. Fowler, Melanie Baker*, Sadie Geraghty

School of Nursing and Midwifery, Edith Cowan University, Joondalup, Western Australia, Australia

ARTICLE INFO

Article history:
Received 18 March 2015
Received in revised form
13 October 2016
Accepted 18 July 2017

Keywords:
Nursing faculty
Faculty practice
Nursing schools
Faculty development

ABSTRACT

The faculty clinical practice model provides dedicated time for nursing lecturers and educators in a university school of nursing to work with supervision in the clinical environments for an agreed amount of time each year. Allowing academics to partake in faculty clinical practice this way has been shown to update skills and retain clinical competency. Some nursing and midwifery academics believe it is essential to remain clinically current and up-to-date with professional issues in the clinical environments, whereas other academics believe reading current research maintains clinical competency. This discussion paper will explore the authors' own experiences of faculty clinical practice as an opportunity to enhance their learning. Narrative accounts of time spent in the clinical areas being expressed as invaluable as it allowed the authors to become part of the health professional team, refine clinical skills, gain clinical confidence, and share knowledge. This, in turn, impacted upon the academic's teaching style as well as redefined it by introducing incidents and stories from their experience. It has been concluded by the authors that faculty clinical practice allows academics to increase confidence, encourage leadership skills, and improve their teaching abilities in their clinical area of expertise.

© 2017 Published by Elsevier Ltd.

1. Introduction

Nursing and midwifery academics as part of their role have numerous teaching and research responsibilities (Omisakin and Ncama, 2010), as well as a commitment to engage with industry and the community (Candela et al., 2012). Some academics believe it is essential to remain clinically current and up-to-date with professional issues in the clinical environments (Williams and Taylor, 2008); whereas other academics believe reading current research maintains clinical competency in lieu of partaking in actual clinical practice (Carnwell et al., 2007). Conversely, simulation can be an educational tool used to update clinical skills and has shown to improve confidence and self-efficacy, simulation is available in both undergraduate courses and clinical facilities (Mariani and Doolen, 2016). Although research has also depicted that simulation cannot replace the importance of therapeutic relationships through social and psychological experiences (Fox-Young et al., 2012). Remaining clinically current has been defined as clinical currency (Fisher, 2005), which is reflected in competency, expertise, and knowledge in a particular field of practice. Clinical currency helps give credibility to an individual as a resource and role model (Fisher, 2005). Allowing academics to partake in faculty clinical practice has been shown to update skills, retain clinical competency, and most importantly be regarded by their students as a credible resource (Gilliss, 2004). There are significant differences between countries globally regarding nursing education, however all institutions providing nurse education have a strong emphasis on theory and its' relevance to clinical practice whilst incorporating the use of evidence-based research applied to clinical situations. Therefore, it has been acknowledged that the role may have different dimensions internationally (Saarikoski et al., 2013).

Within Australia, academics engaging in clinical practice are known as undertaking faculty clinical practice, and are encouraged to participate as a way of engaging with industry and maintaining links to the clinical areas. However, within Western Australia the concept of faculty clinical practice is under-utilised, with a small proportion of academics wishing to partake. Therefore, this

* Corresponding author. School of Nursing and Midwifery, Building 21, Room 414, Edith Cowan University, Joondalup Campus, 270 Joondalup Drive, Joondalup, WA 6027, Australia.
E-mail address: melanie.baker@ecu.edu.au (M. Baker).

http://dx.doi.org/10.1016/j.nepr.2017.07.005
1471-5953/© 2017 Published by Elsevier Ltd.

discussion paper will provide insight through the authors' experiences and perceptions of faculty clinical practice as a manner in which to maintain clinical currency.

1.1. Background

In Australia, the last of the nursing and midwifery courses were transferred from being hospital based and into the tertiary sector in 1994 (Grealish and Smale, 2011), which was later than Europe who began the transition at the end of the 1960's through to 2000 (Salminen et al., 2010). This resulted in effectively separating higher education or core theory components from clinical practice, and the theory-practice gap becoming a contested and controversial topic of debate (Monaghan, 2015). Several countries in Europe including England and Ireland, who had previously undergone this transition, realised this shortfall and began strengthening educational links between academic institutions and the clinical environments (Meskell et al., 2009). This was facilitated through academics attending short blocks of time in clinical practice, commonly known as faculty clinical practice.

The Department of Education, Science and Training (2002) conducted a national review of nursing and midwifery education in Australia which highlighted the importance of avoiding the isolation of nurse and midwifery education from the clinical environment. This was thought to keep curriculum content contemporaneous and relevant to the needs of the health care system and, in so doing, promote the importance of clinical currency of those who provide the education. However, more than ten years later the literature suggests that the support and recognition of academic clinical competency from university schools of nursing remains intangible (Aquadro and Bailey, 2014; Little and Milliken, 2007; Elliot and Wall, 2008; Bosold and Darnell, 2012).

According to Bosold and Darnell (2012) faculty clinical practice is significant for the growth of the faculty, and promotes integrity with the undergraduate students and creates advancement for the university. In the United States of America, a variety of successful conceptual practice models, have been implemented and incorporated into faculty workloads alongside face-to-face teaching in the University (Aquadro and Bailey, 2014), which has boosted collaboration, revitalised academics and improved credibility with students.

Previously, academics engaging in faculty clinical practice have been described as having credibility in the teaching environment (Vonkoss Krowchuk and Wall, 2008). It has been demonstrated that nursing and midwifery students have more respect and identify their lecturers as role models when the academics are seen to be more in touch with the reality of clinical practice (Brown, 2006; Geraghty and Bayes, 2009). Changes in clinical practice, technology, and evolving cultural shifts are incorporated into the academic's teaching practice with regular faculty clinical practice activities (Brown, 2006; Vonkoss Krowchuk and Wall, 2008). However, the decision remains up to the individual academic as to whether they believe engaging in faculty clinical practice will be beneficial to their own career and their teaching practice (Elliot and Wall, 2008). Some of the literature states that nursing and midwifery academics feel ill-equipped to resume clinical practice and are anxious about going back into the clinical environment as a practitioner (Gristcti et al., 2005).

Within the university setting, barriers to incorporating and preserving faculty clinical practice are found. An academic's role includes teaching, research, marking, supervision of students, writing of publications, and industry and community engagement. Although it could be argued that faculty clinical practice slots neatly under the community engagement part of the academic role, negotiating the necessary time because of heavy workloads has been shown to be difficult (Bosold and Darnell, 2012) and few academics attend faculty clinical practice on a regular basis. The expectations from both the university and industry appear to remain unbalanced when it comes to maintaining current clinical practice through faculty clinical practice and achieving academic role requirements (Bosold and Darnell, 2012).

2. Methods

The aim of this discussion paper was to explore the academic's own experiences with faculty practice and the effect on the academic's teaching style resulting from refined clinical skills, gained clinical confidence, and shared knowledge, as described by the academic's perceptions.

In the university that the academics writing this paper are employed in Western Australia, a faculty clinical practice model based on Paskiewicz's framework (2003) has been implemented which provides dedicated time for academics to practice at the bedside under guidance by clinical staff in the clinical environments for an agreed amount of time each year. The participating academics selected and attended clinical areas which included the accident and emergency unit, medical and surgical areas, an oncology unit, the operating theatre, recovery area and the intensive care unit. They were able to select the extent of their participation which extended from 'shadowing' a pre-selected member of staff, and in one case a member of the pain control team, to participating fully in the capacity if a clinical nurse, all dictated by the academic themselves dependent upon their personal preferences and requirements. The academics involved and participating in this faculty clinical practice shared their experiences through discussion exploring the advantages as well as the problems and barriers of this academic activity. Recommendations are made to assist in alleviating the barriers.

3. Results and discussion

Attendance at faculty practice was found by the academics to confirm that much of what academics teach in the undergraduate and postgraduate programs continues to endorse current best practice. Whilst methods, equipment, practice and culture do undergo change, it would seem that in most areas of practice the principles remain the same. This was reinforced by research conducted by Shuttleworth et al. (2008) who established that undergraduate students value nurse and midwifery academics that engage in clinical practice and teach current best practice. Anecdotally, the academics have experienced undergraduate and postgraduate students asking them if they still work in the industry.

The academics concurred that faculty clinical practice allows the academic to increase confidence and competence in their clinical area of expertise. Although much of the experience was purely a refresher of previously learned knowledge, one of the academics discovered new skills and care provisions experienced in their entirety for the first time. This was particularly useful as the academic was at that time in the role of Clinical Skills Facilitator and found it challenging to teach an aspect of clinical practice that had not been experienced. Being able to experience new skill development in faculty clinical practice was found to promote confidence and improve knowledge base for the facilitation of student education.

3.1. Engaging with industry and the community

The academics found that gaining direct knowledge of the clinical environment where the students were conducting clinical practice was important in managing curriculum development. In

Download English Version:

https://daneshyari.com/en/article/4940442

Download Persian Version:

https://daneshyari.com/article/4940442

Daneshyari.com