CERTIFIED ACADEMIC CLINICAL NURSE EDUCATOR (CNE®cI) REVIEW MANUAL

- The ONLY review manual for the CNE®cI exam
- Reflects the current NLN test blueprint
- Features case studies, evidence-based clinical teaching practice, and test-taking tips
- Includes end-of-chapter review questions, plus a 100-question practice test

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To my granddaughter, Alice Ruth Moyer.
—Ruth A. Wittmann-Price

To H. Lynn Kane, Helen “Momma” Kane, and Linda Webb, thank you for your amazing friendship and for being my family. To Lou Smith, Trisha Costa DePena, Steve Johnson, Evan Babcock, and Elizabeth Diaz, thank you for your friendship and support. To Nick Foles and the Philadelphia Eagles, thank you for inspiration.

—Linda Wilson

To my family with love.
—Karen K. Gittings
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Clinical nursing education is pivotal to the formation of a competent, ethical professional nurse who contributes to the health and well-being of patients across the nation and globe. Benner, Sutphen, Leonard, and Day (2010) indicated that knowledge acquisition, clinical integration, and ethical comportment are vital to the development of critical reasoning and professional development. Clinical nurse educators support students in gaining new competencies in a broad spectrum of skills, providing them challenges and opportunities to grow. However, the clinical component of nursing education is frequently not afforded the proper attribution and gravitas for its contributions to the development of the professional nurse.

I would like to acknowledge the National League for Nursing (NLN) for having the foresight to recognize the importance of the clinical nurse educator role by offering the Certified Academic Clinical Nurse Educator (CNE® cl) certification exam. The CNEcl exam has the potential to “raise the bar” with respect to clinical nursing education by drawing attention to clinical nurse educator knowledge and competencies.

Clinical nursing education today is incredibly complex, and every clinical nurse educator needs some familiarity with clinical education pedagogies and evaluation methods, clinical agency policy standards, and academic policies. Novice clinical nurse educators face a particularly steep learning curve and new challenges as they enter the academy, and even more so if their graduate education did not have specific coursework on the teaching role. Clinical pedagogy, simulation, clinical evaluation, academic culture, progression policies, and legal considerations with respect to student conduct and academic and clinical appeals are among the areas that the clinical nurse educator needs to learn and eventually master.

Learning occurs if the role model is relevant, credible, and knowledgeable. In the context of the clinical environment, students benefit from clinical nurse educators who have the expert knowledge, interpersonal skills, credibility, and authority, leading to knowledge acquisition and empowerment.
It is my hope that clinical nurse educators take pride in this critical role in nursing education, develop their craft to its fullest potential, and receive the proper acknowledgment for their knowledge and skills through NLN certification.

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■ REFERENCE

Preface

Nurse educators are an amazing group of scholars who possess two areas of expertise: nursing education and a clinical specialty. Clinical nurse educators are the “boots on the ground” in the development of nursing professionals. The National League for Nursing’s (NLN’s) Certified Academic Clinical Nurse Educator examination (CNE CL; NLN, 2018) is a mark of excellence for nurse educators who teach in the clinical learning environment (CLE; Barbe & Kimble, 2018).

This book was developed by expert nurse educators in academia and clinical practice to assist others in obtaining wanted certification (Lundeen, 2018). Chapter 1, CNE CL Exam Specifics, helps readers grasp the parameters of the examination. Chapter 2, Test-Taking Strategies, reviews test-taking strategies because even though nurse educators teach, when anyone is placed back into the student role, a review assists him or her to apply concepts to themselves. Chapter 3 (Functioning Within the Education and Healthcare Environments: Function in the Clinical Educator Role), Chapter 4 (Functioning Within the Education and Healthcare Environments: Operationalize the Curriculum), and Chapter 5 (Functioning Within the Education and Healthcare Environments: Abide by Legal Requirements, Ethical Guidelines, Agency Policies, and Guiding Framework) address aspects of functioning within the education and healthcare environments. Chapter 3 begins to address the scope of the content outline within the test plan by reviewing the clinical nurse educator role. Chapter 4 operationalizes the curriculum and describes the process of transference of knowledge from classroom to patient care. Chapter 5 reviews legal and ethical issues faced by clinical nurse educators in the increasingly complex healthcare system. Chapter 6, Facilitate Learning in the Healthcare Environment, describes the learning process experienced within the clinical environment, and Chapter 7, Demonstrate Effective Interpersonal Communication and Collaborative Interprofessional Relationships, addresses interprofessional relationships. Interprofessional relationship development is key to maintaining patient safety for all healthcare students. The focus of Chapter 8, Apply Clinical Expertise in the Healthcare Environment, is clinical expertise and how the clinical nurse educator can incorporate expertise to enhance and expand student learning opportunities. Chapter 9, Facilitate Learner Development and Socialization, describes student socialization, an important consideration for all nurse educators.
when educating healthcare professionals. Chapter 10, Implement Effective Clinical Assessment and Evaluation Strategies, reviews the parameters of student assessment and evaluation within the CLE.

It is important to note that although this review provides practice questions and case studies at the end of each chapter, Chapter 11 offers an entire practice test and Chapter 12 provides answers and rationales to these practice questions, which are designed to prepare you for the CNEcl examination. Our hope is that this book will support you during your journey toward certification to help you achieve recognition of the critically important work you do in shaping the next generation of nursing professionals. We wish you the very best of luck.

Ruth A. Wittmann-Price
Linda Wilson
Karen K. Gittings

REFERENCES


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Develop a passion for learning. If you do, you will never cease to grow.
—Anthony J. D’Angelo

LEARNING OUTCOMES
At the end of this chapter, the learner will be able to
• Discuss ways to promote professional nursing behaviors and appropriate boundaries.
• Explain the importance of professional development and goal setting.
• Summarize techniques for stress management, self-care, and coping.
• Plan ways to incorporate quality-improvement processes.

INTRODUCTION
Since the creation of the first “training schools,” nursing education has been steeped in clinical instruction. Most learners approach “clinicals” with some combination of excitement, joy, fear, and trepidation—realizing that this is where praxis will occur. In the clinical learning environment (CLE), learners perfect technical skills, apply knowledge, develop clinical judgment, try on leadership and advocacy roles, and solidify their understanding of humanity. In short, it is where they learn what it means to be a nurse. Our current understanding of socialization to the role of nursing demonstrates movement along the developmental continuum from basic survival mode to something resembling
self-actualization and reflects the frequently painful transition from education to practice inherent in modern nursing. The importance of the clinical nurse educator and management of the CLE in the socialization and development of the neophyte cannot be stressed enough. This chapter examines a variety of topics related to the development of the professional nurse through the clinical arena.

**MENTORING LEARNERS**

- The foundation of professional nursing practice includes the interplay of scope of practice, standards of practice, code of ethics, and specialty certification (American Nurses Association [ANA], 2015), which is experienced experientially by the student in the CLE.

- Mentoring learners in professionalism in the CLE involves an intentional relationship between the seasoned nurse/clinical instructor and protégé; it encourages lifelong learning among both parties and enriches the careers of each (Jakubik, Weese, Eliades, & Huth, 2017).

- The clinical nurse educator, within the context of the organizational setting, role-models and seeks out occasions for the learner to engage in and “try on” professionalism.

- Standards of practice (the nursing process) describe the broad expectations of any RN, regardless of setting; standards of professional performance delineate expectations of behavior in the role (ANA, 2015). Knowledge regarding standards of practice and professional performance is best transmitted through the CLE; missed opportunities occur when CLEs do not foster growth in learners’ clinical reasoning capacity.

- Healthcare executives and nurse preceptors consistently report that new nurse graduates arrive to the healthcare arena lacking essential abilities in judgment and assessment (Jessee, 2016); students also recognize these deficiencies in themselves, which may contribute to high turnover rates within the first year of work.

- There is increased concern for ensuring ethical deportment in learners due to the complexity of the present healthcare milieu. Although knowledge regarding ethical codes is paramount in nursing education, current findings suggest a deficiency in exposure in most curricula (Numminen, Leino-Kilpi, van der Arend, & Katajisto, 2010). Simulation is beginning to be used as a tool for addressing ethical problems.

- Successfully teaching the Code of Ethics to learners and producing new nurses who are prepared for ethical decision-making involves integration of the material across the curriculum and formal training in the content for those who teach it (ANA, 2015).
9.1 Evidence-Based Clinical Teaching Practice

Five phases of clinical teaching have been identified: beginning the role, strategies to survive in the role, turning point in the role, sustaining success in the role, and fulfillment in the role. Skilled nurse clinicians may find that they are initially ill prepared for supervising and evaluating students and may experience role strain. Strategies that help the transition include observing a clinical nurse educator at work prior to starting, having a mentor, assigning time for debriefing, and excellent communication with the course coordinator (Clark, 2013).

PROMOTING A LEARNING CLIMATE

- In a comprehensive review of the literature, Jessee (2016) found that learners repeatedly report that feeling accepted as part of the healthcare team is a crucial element in order for learning to occur in the CLE.
- The clinical learning climate may be conceptualized as a sociocultural environment consisting of physical, social, and cultural features and involving a power structure and human interactions that impact the ability of the unit to be a quality learning site (Jessee, 2016).
- Students may perceive unfair and disrespectful treatment from the clinical nurse educator, which may set the tone for a lack of respectful behavior in the CLE (Salminen, Rinne, Stolt, & Leino-Kilpi, 2017).
- In order to ensure a climate of inclusiveness, staff perceptions toward students and team-building opportunities must be considered in making determinations about using a potential site as a CLE (Jessee, 2016).

PROMOTING PROFESSIONAL INTEGRITY

- For the 16th year, nurses have been ranked as one of the most honest and trusted professions in the United States (Brennan, 2017).
- Integrity is one of the values included in the ANA (2015) Code of Ethics and Interpretive Statements.
- The International Council of Nurses (ICN) Code of Ethics for Nurses states that an integral part of nursing is “respect for human rights, including cultural rights, the right to life and choice, to dignity and to be treated with respect” (ICN, 2012, p. 1).
- Academic dishonesty occurs in the clinical and classroom settings. In a study of 336 prelicensure nursing students, 64% had engaged in dishonest behavior in the classroom, and 54% had participated in dishonest behavior at least one time in the CLE (Krueger, 2014).
• In the CLE, a student may not report an error due to the concern about the repercussions of the mistake (Billings & Halstead, 2016). Students are often disciplined for medication errors (Disch, Barnsteiner, Connor, & Brogren, 2017). Barnsteiner and Disch (2017) urge nursing schools to move toward a fair and just culture, which requires students to be accountable for their actions but also encourages an investigation of system-wide issues that contribute to errors.

• Other examples of dishonesty in the CLE include the following:
  ■ A student in the CLE may submit a classmate’s clinical assignment as his or her own work
  ■ Plagiarizing a source for a clinical assignment
  ■ Lying to a clinical nurse educator
  ■ Inappropriately documenting in the patient’s record (Gaberson, Oermann, & Shellenbarger, 2015)

• When students engage in dishonest behaviors, there is the possibility that this behavior may continue in nursing practice (Palmer, Bultas, Davis, Schmuke, & Fender, 2016). In a survey of 1,296 nurses, Cohen and Shastay (2008) found that 37% of respondents did not report a medication error due to the concern that it may be harmful to them either personally or professionally.

• It is important for faculty to demonstrate integrity to students in the classroom and CLE (Eby et al., 2013).

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<th>9.2 Evidence-Based Clinical Teaching Practice</th>
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<td>In a concept analysis of nursing integrity, the key components were honesty, ethical behavior, and professionalism. Devine and Chin (2018) identified the importance of faculty demonstrating integrity in their interactions with students.</td>
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### MAINTAIN PROFESSIONAL BOUNDARIES

• It is important for nurse educators to maintain appropriate relationships and boundaries with students. When nurse educators become friends with students outside the classroom, it may seem unfair to other students (Gaberson et al., 2015).

• Social media has become pervasive in society today. The ANA (2017) has developed guidelines for nurses using social media, which include the following:
  ■ Do not post identifiable patient information.
  ■ Maintain ethical nurse–patient boundaries.
  ■ Keep personal and professional social media accounts separate.
  ■ Be cognizant that employers may view social media postings.
• It is important to be aware of institutional policies regarding social media (Ashton, 2016).

• Ethical issues related to the use of social media:
  ■ Privacy and confidentiality
    – Some nurses feel that they are protecting patient privacy if the patient’s name is removed from social media posts, but this practice should be avoided. The nurse may provide the city and patient’s age in the post, which could allow patient privacy to be compromised.

  ■ Nonmaleficence
    – Posting information about a patient’s condition could cause embarrassment to the patient. Remember that social media posts are permanent.

  ■ Professional integrity
    – Befriending a patient on social media can compromise professional integrity.
    – It is important for nurses to follow institutional policies regarding the use of social media (Henderson & Dahnke, 2015).

• When terminating the nurse–patient relationship, it may be tempting for nurses to connect with patients through social media, but this action violates professional boundaries (Ashton, 2016).

• Nurse educators should avoid being friends with students on personal social media sites. However, nurse educators may create professional social media accounts for use only with students in order to answer nursing questions in an interactive forum (Gaberson et al., 2015).

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<th>9.1 Clinical Nurse Educator Teaching Tip</th>
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It is important to role-model professional dress, behavior, and actions to students. Instead of giving out your cell phone number, encourage students to contact you via email or schedule meetings during office hours. Avoid friending students on social media or meeting students for meals or social outings. Students are watching your actions and how you delineate professional boundaries.

- ENCOURAGE ONGOING PROFESSIONAL DEVELOPMENT IN LEARNERS

• Nurse residencies and externships provide a formal way for nursing students and graduate nurses to improve the transition to practice as an RN. There is a need for all nurses to engage in lifelong learning (Gaberson & Langston, 2017).
• Technology is important in formal graduate educational programs, as well as for continuing education and lifelong learning. Technology can be used to “strengthen and support the teaching–learning experience, the transition from student to practitioner, and the shared investment with clinical practice in preparing lifelong learners with the knowledge, skills, and commitment to improve the system of care and its success in improving the health of the public” (Bellack & Thibault, 2016, p. 4).

• Career planning can encourage nurses to create goals for lifelong learning, and are used by organizations for succession planning (Webb, Diamond-Wells, & Jeffs, 2017).

9.3 Evidence-Based Clinical Teaching Practice

Journal clubs can be used to encourage professional development in nursing students. A series of five journal clubs over a 12-month period for second-degree prelicensure nursing students assisted in the socialization of students to nursing; they were found to be “valuable in cultivating clinical inquiry and lifelong learning” (Scherzer, Shaffer, Maceyko, & Webb, 2015, p. 226).

ASSIST LEARNERS IN EFFECTIVE USE OF SELF-ASSESSMENT AND PROFESSIONAL GOAL-SETTING FOR ONGOING SELF-IMPROVEMENT

• Goal-setting, self-monitoring, self-regulation, and awareness of one’s strengths and weaknesses are just some of the aspects of metacognition, a pattern of thinking that improves clinical decision-making (Kuiper, Murdock, & Grant, 2010). The use of feedback in relation to standards defines self-assessment and is crucial for professional growth (van der Leeuw & Slootweg, 2013).

• The literature shows inconsistencies in students’ capacity to self-evaluate; Yeo, Steven, Pearson, and Price (2010) observed that even when nursing students felt proficient in a skill set, self-assessment was influenced by many factors, including modesty. However, as student-centered learning is desirable and self-assessment contributes to this as well as to professional development, it should be incorporated as part of reflective practice. The clinical nurse educator can facilitate the process by encouraging/giving the learner permission to be as accurate as possible.

• Truthful and fair negative feedback provided by the clinical nurse educator has been shown to increase learners’ ability to correctly self-evaluate their performance, and even accurate positive feedback led to inflated self-assessment (Plakht, Shiyovich, Nusbaum, & Raizer, 2013).

• Self-evaluation is new to most students and involves a shift in roles. Providing a document that guides or prompts self-reflection as appropriate to the setting or course is useful (Siles-González &
Solano-Ruiz, 2016). For example, a checklist that incorporates questions such as “What was done well?” and “What needs improvement?” may facilitate student growth and insight.

CREATE LEARNING ENVIRONMENTS THAT ARE FOCUSED ON SOCIALIZATION TO THE ROLE OF THE NURSE

- Many novice nurses report that their educational preparation was insufficient or incongruent with what is actually needed in the workforce. Some clinical environments push student learners toward assuming the role of nurses’ aides in the CLE, thereby failing to foster socialization to the role of RN (Lovecchio, DiMattio, & Hudacek, 2015). “Reality shock” can set in when the new nurse discovers that his or her clinical skills are inadequate to the task.

- The CLE is frequently a stressful part of nursing school for students, as they must serve in two roles: learner and worker. Individualizing the level of supervision based on the needs of the learner is helpful in reducing anxiety and promoting growth toward socialization (Papastavrou, Dimitriadou, Tsangari, & Andreou, 2016).

- It is important for the clinical nurse educator to have a strong sense of task orientation, which includes properly organizing and allocating clinical assignments, using assignments that allow the student to engage in skills germane to nursing and that teach clinical reasoning while meeting course objectives; the availability of the clinical nurse educator is also an important aspect of this process. Task orientation can be a strong predictor of student satisfaction with the CLE (Lovecchio et al., 2015). Traits of the clinical nurse educator that support the desired socialization in the student learner include attending, empathy, reframing, and self-disclosure (Jakubik et al., 2017).

- Academic-practice partnerships may have advantages over the traditional clinical prototype in encouraging role socialization (Lovecchio et al., 2015).

ASSISTING LEARNERS IN CONSTRUCTIVE PEER FEEDBACK

- Giving and receiving feedback is an important component of learning and may include reflection on both areas of strength and weakness. Comments should relate to a specific behavior, skill/competency, decision, or attitude and never involve a “personal attack.” Feedback should be given when the learning or event occurs.

- The learner receiving the feedback should be encouraged to take time to allow the content to “sink in” and to separate any emotional component; it is helpful for the “receiver” to put himself in the place of the “giver” in order to recognize the context and acknowledge the work that went into preparing the feedback. Both “receiver” and “giver”
should bear in mind that the purpose of feedback is performance improvement and that the “receiver” has the freedom to choose what to do with it (van der Leeuw & Slootweg, 2013).

- Student learners have been used successfully in peer assessments involving Objective Structured Clinical Assessment (OSCA)-simulated settings. Participants reported decreased stress in being evaluated by their peers, as opposed to the clinical nurse educator; learners in the evaluator role described better appreciation for the evaluation process and increased knowledge of the standards or criteria used for appraisal. Preparation of the learners is crucial and should involve material on professionalism, appropriate assertiveness skills, and time observing the application of constructive feedback. If possible, an assessment guide should be provided (Wikander & Bouchoucha, 2018).

### INSPIRING CREATIVITY

- The ideal way to inspire creativity in learners is to model it; however, many clinical nurse educators may not be “in tune” with their own creativity, and the current environment discourages divergence, focusing more on testing and conformity (Soh, 2016). Time and a lack of other resources are also constraints, as well as the notion that creativity does not have a place in the scientific process (Marquis & Henderson, 2015).

- Creativity is expressed in many ways—from producing a new product or idea to finding a new solution to a problem; it may not always be recognized. However, its value in a complex healthcare system is becoming more appreciated.

- Discussing examples of creative practices and allowing time for reflection increase confidence and creativity.

#### 9.4 Evidence-Based Clinical Teaching Practice

| The Creativity Fostering Teacher Behavior Index (CFTIndex) describes nine functions and corresponding behaviors that increase learners’ creative expression. A few examples include encouraging independence in learning, allowing the full expression of students’ views, probing to encourage thinking, having students evaluate themselves, and offering support when a learner is frustrated (Soh, 2017). |

#### ENCOURAGING TECHNIQUES FOR STRESS MANAGEMENT

- Reflective journaling can be an effective stress-reduction technique. Composing poetry may be another way for students to decrease compassion fatigue and stress (Jack & Illingworth, 2017; Thomas, 2015).
• Finding balance in life is important so that work is not all-consuming. Prioritization in one’s work and personal life is important to relieving stress (Thomas, 2015).

• **Mindfulness** refers to an increased awareness of the present moment, which requires a person to slow down in a busy environment. Mindfulness is associated with improved resilience in nursing, and it can be accomplished through meditation, yoga, tai chi, reflection, or guided imagery (Calisi, 2017).

• Mindfulness may be associated with decreased stress levels. In a 1-month pilot study, 5-minute on-site mindfulness sessions prior to each nursing shift resulted in decreased stress levels from baseline to the end of the research study, and the effect was maintained for a month after the intervention (Gauthier, Meyer, Grefe, & Gold, 2015). Mindfulness-based stress reduction sessions with new nurses decreased stress levels postintervention and at 6 months (Wang et al., 2017).

• Smith (2014) found that mindfulness-based stress reduction was effective in improving nurses’ ability to cope with stress, and it increased their ability to provide improved patient care. This technique is also effective in reducing stress among students. In a systematic review of eight studies, mindfulness-based stress reduction techniques were effective at reducing stress in graduate students (Stillwell, Vermeesch, & Scott, 2017).

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9.5 Evidence-Based Clinical Teaching Practice

Benson’s relaxation response (RR), which includes the use of diaphragmatic breathing and a repetitive mental focus, was used in a pilot study of 46 nurses over an 8-week period. Although nurses did not have lower anxiety, depression, well-being, and work-related stress levels when using RR, nurses were more confident in teaching patients about this technique at the end of the study ($p < .001$; Calisi, 2017).

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### ACTING AS A ROLE MODEL

• The stressful work environment in nursing can lead to “burnout” or “compassion fatigue” (Murphy, 2014).

• According to the American Holistic Nurses Association (2013), self-care is a core value of holistic nursing.

• Self-care includes reflecting on one’s health and wellness, in order to increase the awareness of the signs and symptoms of stress. It can be difficult for some nurses to balance providing compassionate care to patients and performing adequate self-care (Smit, 2017).

• Healthy habits include proper sleep, nutrition, exercise, and fostering mindfulness (Murphy, 2014).

• Remember that laughter and play can also decrease stress (Smit, 2017).
• Nurses also need to take the time for spirituality, which may include reading, prayer, meditation, and/or time spent in nature (Smit, 2017).

**EMPOWERING LEARNERS**

• Clinical nurse educators need to act as facilitators of learning and encourage active engagement of students. Students who are actively involved in the educational process are more likely to meet the student learning outcomes and be able to apply the information in the CLE (Billings & Halstead, 2016).

• Student engagement is based on the seven principles for undergraduate education developed by Chickering and Gamson (1987):
  - Encourage faculty–student contact.
  - Develop reciprocity and cooperation among students.
  - Encourage active learning.
  - Provide prompt feedback to students.
  - Emphasize time spent learning.
  - Communicate high expectations.
  - Respect diversity in talent and learning styles.

• According to Bloom’s revised taxonomy, there are four types of knowledge: factual, conceptual, procedural, and metacognitive (Anderson & Krathwohl, 2001). Procedural knowledge includes skills, techniques, and methods used in nursing.

• There are several techniques for the active engagement of students in the area of procedural knowledge.
  - In the CLE, having students create algorithms may assist them to understand and apply difficult clinical concepts (Billings, 2016).
  - Demonstration is another strategy for actively engaging students in the CLE (Billings, 2016). Demonstration can be used with clinical skills, projects, or presentations.
  - Students may also be taught to use imagery and mindfulness, along with practicing psychomotor skills in the laboratory setting (Billings, 2016). One example of imagery uses relaxation techniques.

**ENGAGING LEARNERS TO APPLY BEST PRACTICES**

• According to the Institute of Medicine (2003, p. 3), “All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics.”
• The Quality and Safety Education in Nursing (QSEN; 2018) competencies are as follows:
  ■ Patient-centered care
  ■ Teamwork and collaboration
  ■ Evidence-based practice
  ■ Quality improvement
  ■ Safety
  ■ Informatics

• Participation in quality-improvement projects is one way to teach nursing students about quality improvement. In one study, senior nursing students were introduced to the quality-improvement process through participation in quality-improvement projects in a geriatric setting (Dotson & Lewis, 2013).

• Partnerships between academia and clinical practice can assist in integrating QSEN competencies into clinical practice, and they can better prepare nurses for clinical nursing practice (Koffel, Burke, McGuinn, & Miltner, 2017). For example, at a Veterans Health Administration medical center, local nursing students have actively participated in rapid-cycle quality-improvement projects.

• Postclinical conferences can be used to integrate QSEN competencies, improve critical thinking skills, integrate theory and clinical practice, and encourage leadership skills (Mohn-Brown, 2017).

• It is important for nurses to be leaders in evidence-based change. One framework that has been developed is RN LEADER?
  ■ Lead with evidence.
  ■ Engage nursing colleagues to participate.
  ■ Act: Attend staff meetings and involve the chain of command.
  ■ Determine the best, evidence-based solution.
  ■ Evaluate outcomes.
  ■ Revise the plan of action (Porter & Strout, 2016).

SUMMARY

The clinical nurse educator’s role is multifaceted and crucial to the future of nursing. It is important for clinical nurse educators to promote professionalism with learners, including teaching ethics, integrity, and respect. Boundaries are important to maintain between faculty and students as well as between nurses and patients, this issue is magnified with the prevalence of social media. The clinical nurse educator should role-model professional development and goal-setting and
encourage this with students. Learners need to be encouraged to recognize their strengths and weaknesses and seek our opportunities for professional growth. Nursing is a high-stress career, and stress management, self-care, and coping are skills that are important for the clinical nurse educator to demonstrate for learners. The quality-improvement process is used extensively in healthcare today, and nursing students need to be exposed to and involved in these activities so that they are better prepared for their role in healthcare. The clinical nurse educator must prepare students for their future roles as nurses in a rapidly changing healthcare environment that is patient centered, includes teamwork and collaboration, incorporates evidence-based practice, encourages quality-improvement efforts, is focused on patient safety, and is enriched with technology (QSEN, 2018).

9.1 Case Study

The course coordinator for the population-focused and healthcare policy class introduced learners to the impact of poverty and other social determinants of health outcomes through lecture, an online game, small-group work, and a relevant YouTube video. A short in-class exercise demonstrated the truth that a majority (but not all) of nurses and nursing students hail from a middle-class background and operate from this value system. Learners were attentive and engaged. To complement this learning unit, a clinical simulation exercise was carried out in conjunction with the school of education that involved role-playing a month in poverty. Senior BSN and school of education learners were placed in predetermined roles and over the course of an hour “lived out” four 15-minute “weeks” in poverty, took on the role of various community agency employees, or served as observers/note takers in order to provide feedback. As intended, the exercise was chaotic, the room was noisy, a sense of despondency developed, and participants quickly became tired and irritable. Most students were somewhat harried during the exercise, but seemed to appreciate the intended lessons. One student, however, became visibly distraught and ran into the bathroom crying at the end of “week 2.” Her friend explained that the exercise was too painful, reminding her of a past that she would like to forget, yet unfairly highlighting some aspects of living in poverty.

Questions for Reflection:

• How should the clinical nurse educator handle this situation?
• Was a “climate of respect” breached for this student?
• How could the clinical nurse educator guide this student in self-assessment?
• Will this student have difficulty socializing to the role of nurse?
• What could the clinical nurse educator have done to avoid this problem and how should the assignment be changed going forward?

REVIEW QUESTIONS

1. The student asks the clinical nurse educator to eat dinner with the clinical group at a restaurant. The clinical nurse educator should:

   A. Accept the invitation but only stay for 30 minutes.
   B. Decline with no explanation.
C. Tell the students that it is better that they go to dinner by themselves.
D. Suggest a restaurant with a band and bar.

2. The clinical nurse educator has received a social media “friend” request from a student. What should the clinical nurse educator tell the student?
A. I would love to connect with you on social media.
B. I must decline your request in order to maintain faculty–student boundaries.
C. I cannot be your “friend” on social media while you are in this course, but you can ask me in a later semester.
D. I only accept “friend” requests from students who have A’s in the course.

3. A nursing student wears a hijab due to her Muslim religion. What does the clinical nurse educator tell her in the clinical learning environment?
A. You must remove your hijab while in clinical. It is not part of your nursing uniform.
B. You may wear your hijab, but only if you explain it to each patient.
C. You may wear your hijab in clinical. I know that it is an important part of your religion.
D. You need to quit wearing your hijab due to concerns about infection control.

4. The clinical nurse educator wants to encourage active learning in the postclinical conference. Which of the following would indicate that the clinical nurse educator needs additional instruction in active learning strategies?
A. Lecture the students about the most common diagnoses encountered in the clinical learning environment.
B. Have each student present information about his or her patient.
C. Assign students a presentation topic for postclinical conference.
D. Play an educational game that relates to the diagnoses in the clinical learning environment.

5. Which of the following would indicate that a nursing student needs additional instruction in self-care?
A. I get 3 hours of sleep each night.
B. I eat a healthy diet.
C. I exercise for 30 minutes three or four times per week.
D. I meditate each day.

6. The clinical nurse educator hears a nursing student talking about how stressful the nursing program is. Which statement by the clinical nurse educator is most appropriate?
A. Mindfulness-based stress reduction can help with stress relief.
B. You have to learn to live with the stress. It will only get worse once you are a nurse.
C. I use energy drinks to cope with stress.
D. I try to just do the tasks for each patient and try not to connect emotionally with patients.
7. A nursing student turns in a concept map that is similar to another student’s concept map. What is the best response by the clinical nurse educator?
   A. You worked with your classmate, and teamwork is important in nursing.
   B. Your patients had the same diagnoses, so I understand why your concept maps look similar.
   C. Plagiarism is not acceptable in the clinical learning environment.
   D. The concept map is not graded. In the future, be sure to turn in your own work.

8. The clinical nurse educator is concerned that a student is exhibiting incivility when the student engages in which activity?
   A. The student looks up the patient’s medications on a smartphone application (app).
   B. The student texts a friend about dinner plans.
   C. The student asks the assigned nurse about the time of a scheduled procedure.
   D. The student requests permission to observe the wound care nurse’s evaluation of his patient.

9. Which of the following is the best way to encourage active learning about the quality-improvement process?
   A. Give a quiz on quality improvement during postclinical conference.
   B. Encourage student participation in quality-improvement projects in the clinical learning environment.
   C. Lecture on quality improvement during postclinical conference.
   D. Give students an article on the Quality and Safety Education in Nursing competencies.

10. A clinical nurse educator is providing an orientation to new nursing students at the beginning of the semester. The educator encourages students to join one of the nursing student organizations on campus. How will joining an organization assist students to be successful in the nursing program?
    A. Encourages students to socialize to the role of the nursing student.
    B. Teaches job-searching skills.
    C. Reviews anatomy and physiology content.
    D. Permits students to go on trips to conferences.

REFERENCES


