

Clinical Instruction in Prelicensure Nursing Programs

National Council of State Boards of Nursing (NCSBN) Position Paper

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NCSBN Practice, Regulation and Education Committee

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Executive Summary

Since the mission of the boards of nursing is to protect the public, the boards of nursing have the responsibility of making sure that new graduate nurses are prepared to practice safely. Therefore, the National Council of State Boards of Nursing (NCSBN) presents this Position Paper to provide guidance to the boards of nursing for evaluating the clinical experience component of prelicensure programs. NCSBN's Practice, Regulation and Education (PR&E) Committee members reviewed the available literature, surveyed the boards of nursing and nursing education organizations, sought stakeholder input, consulted with experts and participated in simulated experiences to provide the rationale for this Paper. The PR&E Committee members realize that there is the need for more research of clinical education in nursing. The recommendations, therefore, are based on the best available evidence at this point in time.

The PR&E Committee recommends the following positions:

- › Prelicensure nursing educational experiences should be across the lifespan.
- › Prelicensure nursing education programs shall include clinical experiences with actual patients; they might also include innovative teaching strategies that complement clinical experiences for entry into practice competency.
- › Prelicensure clinical education should be supervised by qualified faculty who provide feedback and facilitate reflection.
- › Faculty members retain the responsibility to demonstrate that programs have clinical experiences with actual patients that are sufficient to meet program outcomes.
- ›

12. Supervised clinical instruction — The role of qualified nurs

Benner writes that nursing requires both ***techné*** and ***phronesis***. Techné is defined as explicit knowledge that can be captured from procedural or scientific knowledge. For techné, Benner gives the example of providing clear parameters and guidelines to students for determining fluid balance. At this stage the learner cannot rely on previous experience, so

understanding the clinical picture. These components require deliberate practice within the authentic environment, which is essential to teaching nursing students.

- › Students focus on the incident and not the total picture;
- › Students sense the artificiality;
- › Cost;
- › Only small numbers of students can practice at once;
- › Faculty time and training.

There is some research that has shown that clinical performance improved with students who were educated with simulators (Steadman, Oyesola, Levin, Miller & Larson, 1999). Further research is needed on simulation in nursing education and on other innovative teaching strategies.

Greenhalgh (2001) conducted a systematic review of computer-assisted learning with medical students. The author identified 200 potentially relevant studies from the databases and terms he used, though only 12 met his criteria of being prospective, randomized studies of medical students, with objective, predefined criteria. He found that the results with using online education were mixed, but generally positive. Greenhalgh (2001) concluded that computer-assisted teaching should be employed by senior (not junior) faculty members, because it needs to be conceptually integrated with other forms of learning. Yet, younger faculty members are often more computer savvy than older, more experienced faculty. Therefore, currently these inexperienced faculty members are frequently the ones in an institution who teach computer-assisted learning. A barrier that was identified was the ability to engage learners with this methodology. It was strongly recommended that this method of teaching be used with other traditional methods of teaching, and not by itself.

Other Evidence

The PR&E Committee worked with the NCSBN Director of Research to construct an online survey that was sent to all 60 boards of nursing and the LPN and RN nursing educational organizations: American Association of Colleges of Nursing (AACN), Commission on Collegiate Nursing Education (CCNE), National League for Nursing (NLN), National League for Nursing Accrediting Commission (NLNAC), National Organization of Associate Degree Nurses (N-OADN), National Association of Practical Nurse Education & Service (NAPNES) and National Federation of Licensed Practical Nurses

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