Clinical/Practicum Learning Analysis Paper

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Description of experience and goals

This author spent clinical time in the clinic setting with Maureen Horstley ARNP, FNP-BC and Sue Terrel ARNP, FNP-BC. During this experience, clinical time was spent observing the family nurse practitioners in three different family care clinics. Patients were of all age groups and had scheduled appointments to see the nurse practitioners for a variety of reasons. Several examples of patient complaints were: earaches, sore throats, cough and congestion, depression, headaches and stomachaches. Several needed yearly physicals and pre-operative physicals. Several patients were repeat visits to monitor and adjust medications.

Clinical time was also spent with several CRNAs from Northwest Iowa Anesthesia Associates at Spencer Hospital. During this clinical observation patients were seen for chronic and acute pain control as well as surgical procedures. Several patients were given epidural floods for back pain and facet blocks. Several had pre-operative nerve blocks to help with pre and post-op pain control, and several were having general anesthetic. During the observation time, there were student nurse anesthetists doing their clinical practicum with the same anesthesia group. It was interesting to watch the CRNAs teaching other nurses who would be joining their profession.

The non-clinical based advanced practice clinical time was spent with Bridget Bailey RN, MSN, and Assistant Professor of Nursing Education at Iowa Lakes Community College (ILCC) in Emmetsburg, Iowa. Time was spent interviewing Mrs. Bailey about the nurse educator role, her personal background in healthcare, the challenges and rewards of her position, ILCC’s philosophy in the nursing program, student opportunities to continue education past the
Associate Degree, and the future of the curriculum. Observation time also included Mrs. Bailey teaching a group of second year students a portion of the maternal-newborn curriculum.

The goals set included:

1. Define the role of the nurse practitioner in a clinic setting.
2. Define the role of the nurse educator in the college setting.
3. Compare and contrast the clinical and non-clinical advanced practice nursing roles.

**Compare and Contrast**

The primary care nurse practitioner (NP) provides care for clients in many different age groups and settings. Originally, NPs focused on the care of children, but over the years, their role has given emphasis to care of specific populations such as families, adults, older adults, and women. These NPs provide care for clients in acute care, long-term care and community settings (Hamric, Spross, & Hanson, 2009). In comparison, a nurse educator also provides care to many different populations, in many different settings. They not only function in the classroom with students but each professor also has a clinical group that they follow. Providing the clinical portion of the curriculum assists the educator in maintaining competency skills as well. The clinical curriculum has the students rotating through each specialty area and age group in a variety of settings so the educator must have maintain “breadth” of knowledge in these areas (B. Bailey, personal communication, October 2, 2008).

Primary care NPs currently must complete a master’s level or higher degree, and have taken and passed a nationally recognized specialty certification in order to be licensed and practice as an advanced registered nurse practitioner (ARNP) (Hamric et al., 2009). In contrast, the nurse educator preferably has a master’s degree and can choose to hold a competency
certification exam. The college policies determine education levels for educators (B. Bailey, personal communication, October 2, 2008).

NPs practice primarily from nursing models and nursing theories, not medical models. Emphasis of caring qualities, holism, and the patient as a partner in health care sets the NP’s contribution to primary care apart from other primary practitioners (Hamric et al., 2009). There are caring theories and competencies that contribute to the NP practice.

Hagedorn & Quinn (2004) state that a Theory of Primary Caring proposes five domains: connection, consistency, commitment, community, and change. Connection describes how the NP's effectiveness is based on relationship-centered caring with the patient, the family, and the community . . . Through authentic listening, the NP serves patients with respect and compassion. Consistency describes the importance of evidence- and theory-based care in NP practice. Consistency is providing clinically competent healthcare that assures patients' positive health outcomes . . . Commitment describes how the NP is committed to serve each patient and family to her or his best ability. The NP is committed to providing ethical care within a context of confidentiality, compassion, and respect. Community illustrates the role of the NP in facilitating . . . healthcare for all persons and strives to meet unmet community health needs . . . the NP manages patients' care . . . that connects the patient to the services she or he needs to achieve optimal health. The NP must be culturally competent -- able to listen openly and sensitively to the patients' cultural stories and empathize with the cultural influences of the patient's experience of health and disease. Lastly, change explains how NPs introduce innovative models of healthcare and share decision-making with patients. The NP assesses patients analytically and facilitates patients' self-care. She or he must be involved in social change
in order to support patient and community health initiatives. The NP also functions as a member of a healthcare team that includes not only health professionals but also auxiliary specialists (p. 3).

The National Organization of Nurse Practitioner Faculties (NONPF) is the organization that provides leadership in promoting nurse practitioner education. In 1990, NONPF published a set of domains and core competencies for primary care NPs. The competencies were based on Pat Benner’s (1984) domains of expert care nursing (National Organization of Nurse Practitioner Faculties [NONPF], 2002). There are seven domains and within each domain are 75 competencies to guide the primary care NP (Hamric et al., 2009). The seven domains are: management of patient health/illness status, the nurse-practitioner patient relationship, the teaching-coaching function, the professional role, managing and negotiating health care delivery systems, monitoring and ensuring the quality of health care practice, and providing culturally-sensitive care (National Organization of Nurse Practitioner Faculties [NONPF], 2006). It seems that these NONPF competencies are consistent with the NP caring domains (Hagedorn & Quinn, 2004).

The National League for Nursing (NLN) is the organization that provides leadership in promoting the nurse educator role. The NLN is dedicated to nursing education and is the preferred membership organization for nurse faculty and leaders in nursing education (National League for Nursing [NLN], 2007). The NLN has published a set of eight core competencies for nurse educators. Each core competency has a set of task statements to provide better understanding and implementation of the competency. The eight core competencies are: facilitate learning, facilitate learner development and socialization, use assessment and evaluation strategies, participate in curriculum development design and evaluation of program outcomes,
function as a change agent and leader, pursue continuous quality improvement in the nurse educator role, engage in scholarship, and function within the educational environment (National League for Nursing [NLN], 2005)

Balancing teaching and maintaining clinical practice competence are among the greatest challenges of nurse educators. It is an expectation that nurse educators are experts in clinical practice and education concurrently. Patricia Benner’s (1984) description of the development of nursing practice can give nurse educators guidance in their dual roles. Benner’s model describes five stages of nursing development: novice, advanced beginner, competent, proficient, and expert. There are differences in the practice ability and experience level between a competent and an expert practitioner (Little & Milliken, 2007).

The competent practitioner has 2-3 years of experience in the same or similar setting; engages in conscious and deliberate planning; and consistently uses an analytical framework. The expert practitioner has practiced for 6 or more years in the same of similar setting and does not rely on maxims, rules, or analytic frameworks (Little & Milliken, 2007, p. 2).

Little & Milliken (2007) state, it would be difficult for nurses to gain experience, knowledge and skills in the educational and clinical areas at the same time to achieve the dual expert levels that are expected. Therefore, they have proposed “that the term ‘competence’ is more accurate and achievable than ‘expert’ when describing the clinical practice requirements for a full-time faculty member” (p.2).

*Dimensions of educator*

The NP uses coaching or education skills with every patient they see. Patient education is a core function for all nurses (Hamric et al., 2009) and teaching and coaching are viewed as
core competencies for NPs (NONPF, 2006). This is a broad competency that NPs best are able to accomplish by understanding the educational needs of their patients.

NPs coach and educate patients, families, staff, colleagues, and community. “Coaching can be viewed as a relational, multidimensional process that involves all aspects of being human – cognitive, affective, behavioral, physical, social, and spiritual” (Hamric et al., 2009, p. 162).

The model of expert coaching and guidance for NPs depends on the interactions of clinical competence, technical competence, interpersonal competence and self reflection. NPs are able to use the model and show expert coaching through their own educational level, knowledge, skills and experience. They have an intuitive, holistic perspective and create mutual therapeutic decisions with their patients. They use a person-centered approach, engage in active listening, empathy, use motivation, and expert communication skills. NPs also use self reflection simultaneously to focus on the process of coaching as it occurs (Hamric et al., 2009). This is how the educator is lived in the NP specialty.

The nurse educators are “highly influential role models” (Hamric et al., 2009, p. 178) for students seeking to learn how to coach and educate. Nurse educators teach students how to develop coaching skills through the experience of the student being coached themselves and observing the nurse educator coaching the patient. Nurse educators should use the person-centered approach with students and patients (Hamric et al.).

The NLN core competencies outline the nurse educator expectations as an educator and focus on education strategies, self-reflection, continuous learning for self and others, person-centered learning, program development, outcomes, and environments effective to education (NLN, 2005). This is how the educator is lived in the nurse educator specialty.

Dimensions of researcher
“Research skills are a core competency for the advanced practice nurse” (Hamric et al., 2009, p. 217). Evidence-based practice is more important in providing safe quality health care and meeting accreditation requirements. NPs use their ability and knowledge to utilize research at a fundamental level by incorporating evidence-based practice into their individual practice, identifying benchmarks for their own practice, implementing processes to evaluate their own practice, and by functioning as a clinical expert in joint research projects with other colleges. They also utilize research at an expanded level through implementation of organizational process changes and collaborating to initiate research projects. They also function under this expanded scope by implementing processes to evaluate advance practice settings in larger groups and by using the evidence-based practice process at organizational levels (Hamric et al.)

Nurse educators also function with research being a core competency. They are required to meet competency by utilizing research literature to create evidence-based teaching and evaluations of practice (NLN, 2005). Educators recognize these competency areas and develop their curriculum to promote research. This promotion and teaching of the research process will strengthen nursing’s abilities (Hamric et al., 2009).

*Dimensions of advocate*

Ethics and advocacy are integral aspects to nursing. The Code of Ethics addresses advocacy explicitly in provision three statement “The nurse promotes, advocates for, and strives to protect the health, safety and rights of the patient” (The American Nurses Association [ANA], 2005).

Training in ethics and law compliment the NPs nursing knowledge and experience thus making the NP the best patient advocate. The NP will view the patient’s best interests, as the patient having the ability to make informed decisions and for that patient to be aware of the
implications and consequences of their decisions. The NP is able to remain independent and impartial to be the best advocate for the patient (Pullen, 1995).

The NP is able to engage in ethical decision making and they grow in their profession. There are four phases to that development including: knowledge development – moral sensitivity, knowledge application – moral action, creating and ethical environment, and promoting social justice within the health care system. Each phase explains how the NP becomes more mature in their ethical decision making. The NP shows the practices in the dimension of ethics by gaining knowledge of ethical theories and issues, learning the professional code and standards, applying ethical models to clinical problems, using effective communication, role modeling and mentoring collaborative problem solving, and involving health policy to support social justice (Hamric et al., 2009).

Nurse educators are advocates to students and patients. The NLN has “hallmark of excellence” indicators that define an outstanding program. One of their indicators states that the educator will provide a curriculum that provides experiences that prepares students to assume roles of patient advocate. This is a competency requirement for the nurse educator (National League of Nursing [NLN], 2004).

*Dimensions of clinician*

NPs are first and foremost clinicians. “Direct care is the central competency of advanced practice nursing” (Hamric et al., 2009, p. 123). The NP practices direct and indirect care as a clinician. Examples of the NP functioning in direct care as a clinician would include: physical examinations, assessments, teaching and coaching, ordering tests, prescribing, and performing procedures. Indirect care activities would include: consulting, collaborating, mentoring of staff,
researching, and coordinating care. These indirect care activities also contribute to the clinician dimension of the NP role (Hamric et al.).

Nurse educators are also clinicians although juggling the maintenance of clinical skill competency and competency as an educator are challenging. Nurse educators must role model for nursing students and have the ability to perform direct and indirect clinical skills which they use during clinical practicum and teach in the classroom (Little & Milliken, 2007).

*Dimensions of consultant*

The APN uses consultation to offer their own clinical expertise to other colleagues and also to receive information to enhance their own practice. This promotes clinical knowledge, understanding and develops professional relationships. The NP gives direct patient centered consultation or may be asked to consult by a colleague who wishes to have the NP experience on an issue. NP practice direct and indirect consultation everyday in their practice.

Nurse educators are consultants in their role as well. They have consulted in staff development and can be used for educational consultation (Hamric et al., 2009).

*Dimensions of collaborator*

Collaboration “implies partnership, shared values, commitment, and goals and yet allows for differences in opinions and approaches. It . . . requires individuals to interact holistically . . . and authentically to share power, and to remain open to the possibilities for personal and professional transformation” (Hamric et al., 2009, p. 285).

NPs collaborate in their daily practice with patients, families and colleagues. They characterize collaboration with mutual respect and trust, clinical competence, having a common goal or purpose, practicing effective communication and recognition of other knowledge skills (Hamric et al., 2009).
Nurse educators practice collaboration with families, patients, and colleagues also. They have core competency requirements for collaboration throughout the curriculum process, interdisciplinary participation for health care and educational needs, and developing collaboration to enhance nursing within the academic community (NLN, 2005).

**Dimensions of system manager**

The NP practices leadership as a core competency. It is practiced in the domains of clinical leadership with patient and staff, in the professional organization, within healthcare systems, and in health policymaking. This practice overlaps the other competencies of consultation, counseling and collaboration. The NP functions as a system manager through sitting on committees and boards, managing projects and initiating projects aimed at improving patient outcomes. The NP also practices the system manager role by getting involved in health policy legislation that affects advanced practice nursing. The NP understands and keeps informed on health care policy. The NP leads in patient care directly and also through mentoring and empowering others as well (Hamric et al., 2009).

The nurse educator also is a systems manager when they are expected to be leaders in their field. The educator functions in this role when using leadership skills to shape and create change. The NLN (2005) core competency number five states they are to “function as a change agent and leader”. They are mentors everyday to students and faculty. Nurse educators are knowledgeable about legal issues relevant to higher education and assist to implement policies in these areas. Leadership is addressed in nearly each core competency they practice (NLN, 2005).

**Applied experience to this author**

This clinical experience was an enlightening experience. I realized that 20 years of nursing experience does not prepare a person for advanced practice nursing. I deeply value the
patients and families I care for. As I go through this masters program and improve my ability to become competent at the advanced level, I look forward to being able to provide the advanced level of nursing to the patients I care for. I believe that advanced practice nursing has a place in the healthcare arena and the NP has fought a hard road to achieve for the profession what has been done so far. The experience has me realizing that I have a lot to learn and I will need to take full advantage of every course throughout this program, embrace the clinical experience when it arrives, familiarize myself with healthcare policies and legislation, and get involved when I am able. These will be the strategies that I will need to implement in order to become an effective NP.
References


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