

Frontline nurse education and mentorship

High-quality clinical education is paramount to the development of a competent workforce of nurses able to deliver safe patient care. Yet an evidence-based competency framework for nurse teachers has not yet been adopted across EU member states. The quality of frontline nurse education and mentorship – 50 per cent of which takes place in clinical practice – is not consistent, with nurse teachers facing challenges related to role ambiguity, credibility, job strain and inconsistent expectations. The nature of nurse education in the EU calls for significant university involvement from nurse teachers in clinical practice, working in partnership with clinical providers. Frontline nurse education and mentorship must be supported and developed in line with EU Directive 2013/55/EU.

What is the issue?

The issue of nurse teachers' competence for supporting nursing students in clinical placements has been an important topic in nursing, with initial debates traced to the early years of professionalisation in nursing and nurse education.^{1,2}

The quality of clinical mentorship determines the quality of learning outcomes for student nurses'

A complicated subject, affected by a number of interrelated issues, is at its core a problem of workforce – the diminishing nurse teacher workforce.^{3,4} The term 'nurse teacher' is used to refer to the range of education and clinical instruction roles undertaken by nurses with primarily an education, rather than a clinical focus, in association with an institution of higher education. For clarity, nurse teachers are distinguished from clinical preceptors; the latter are nurses in clinical practice primarily responsible for delivering patient care, while mentoring student nurses placed with them for a short period of time on fundamental patient care skills.

While the shortage of the nursing workforce and the need for more degree-prepared nurses are widely regarded as key workforce priorities,^{5,6} the policy discussion around nurse educators has lagged. The issue is further confounded by the realities of nurse education, especially in the European context, where student nurses are trained 50 per cent in universities and 50 per cent in clinical practice.⁷

Effectively, this necessitates close collaboration between universities and healthcare facilities to ensure a smooth and quality educational experience for student nurses. While most clinical education takes place in the clinical environment by practising nurses, there is, nevertheless, a requirement for significant university involvement from nurse teachers.

The ways in which nurse teachers support student nurses in the clinical environment can vary from institution to institution, and from hospital to hospital. In part, this variability can stem from a lack of common understanding between nurse teachers of the needs and expectations of student nurses in clinical placements. In 2016, the World Health Organization coordinated an international initiative leading to the proposal of core competencies for nurse educators;⁴ however, specific competencies for teaching in the clinical environment were not elaborated.

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What are student nurses' expectations?

Uncovering the student experience and expectations of nurse teacher support in clinical placement is a well-researched topic.^{8,9,10,11,12,13} Student nurses from a range of settings, hospitals and universities, note high expectations of their nurse teachers when in clinical placements. It is argued that clinical competencies supersede in importance teachers' personality traits and interpersonal skills. Students emphasise the importance of nurse teachers appreciating current realities of clinical practice, especially in terms of the time, workload and resource pressures under which clinicians and students in clinical placements provide patient care.

However, not all students agree, with some students only seeing the value of nurse teachers where a problem existed with their clinical placement or mentor.⁹ By contrast, student nurses expected nurse teachers to provide one-to-one support for university assignments rather than provide clinical teaching. An interesting area of responsibility for nurse teachers was the provision of emotional support and creating a space for students to reflect on their practice. The pressures of the clinical environment are such that taking time away from patient care, however brief, is difficult to justify for students without the presence of the nurse teacher.

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However, strained relationships between university- and practice-based staff, with potential for role duplication, contributed to students feeling disloyal to their clinical mentor if they sought university support.^{12,13}

What are nurse teachers' concerns?

The international literature reveals a long-standing debate and concern among

nurse teachers from various universities around their role and competence to support nursing students in clinical placements.^{11,12,13,14,15,16,17} Key challenges that concern nurse teachers include issues of role ambiguity, credibility, job strain and inconsistent expectations.

Through focus group interviews with nurse educators, concerns around role clarity and expectations have been documented.¹⁴ Interviewees' perceptions of their role in clinical placements were reportedly different from other stakeholders. These included: undertaking joint research projects with practitioners; publishing; joint training; and supporting and supervising student nurses. However, nurse educators expressed concerns and anxieties because of insufficient time, heavy workload and diverse institutional priorities. The competing demands of their university role meant that nurse teachers effectively had little time to engage with clinical practice in the way they aspired to.

'Nurse teachers' key challenges relate to role ambiguity, credibility, job strain and inconsistent expectations'

The above resonates with concerns expressed over 20 years ago from across the Atlantic, demonstrating the pervasive and long-standing nature of this debate.¹⁵ In a survey of nurse teachers from across Ontario, problematic conceptions of their role were identified stemming from excessive and multiple role demands. Nurse teachers reported role overload, leading to job strain and burnout. In addition to struggling to meet the ever-increasing demands from universities, nurse teachers also had to contend with having low clinical credibility among hospital-based nurses. Remaining clinically competent was an ambition too far for some but regarded as essential to enabling greater integration between research, education and clinical practice.

More recently, in Ireland, nurse teachers remained concerned about the ambivalence of their role in clinical placements.¹³ However, while maintaining clinical competence remained a

challenge, nurse teachers highlighted the value of fostering relationships in clinical practice. Avoiding duplication and clashes with clinical mentors, they saw value in their role as a resource to clinical staff, as well as providing opportunities for assessing students in practice. Nurse teachers were also regarded as having a key position to contribute to in-service and practice development.

Contrary views to this debate are not difficult to find, with some arguing that contemporary realities of higher education mean that the role of nurse teachers in clinical practice is effectively one of social relations.^{11,16} Nurse teachers perceive their role as primarily supporting clinical staff and mentors, acting in an advisory capacity on academic matters. Given that the majority of student nurses' clinical teaching is undertaken in hospitals and the community, nurse teachers have a responsibility to develop strong partnerships between the academic and clinical areas to ensure the two align and to prepare students for the realities of their future employment.

The above concerns notwithstanding, the function of nurse teachers in clinical environments remains largely welcomed and positively received with nurse teachers holding a range of supportive functions.¹² These include sharing updates about the university curriculum, contributing to educational audits, collating and responding to student concerns from placement evaluations and contributing to mentor preparation programmes.

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A key responsibility concerned providing advice for problem-solving and conflict resolution among student nurses and/or their mentors. Nurse teachers, however, seemed concerned that the teaching element of their role in

clinical placements remained concealed and unacknowledged.

Student nurses have high expectations from their teachers, although these are less to do with hands-on clinical teaching, which they seem happy to leave to their clinical mentors, and more about facilitating a positive learning experience.

Competencies for effective student support

Examination of the international literature does not reveal any evidence-based, rigorously validated or widely regarded competency frameworks for nurse teachers supporting student nurses in clinical placements. However, research studies undertaken with different health stakeholders have concluded with a variety of different proposed competencies for nurse teachers.^{10,18,19,20}

A prospective cohort study identified a number of key competencies for nurse teachers: knowledge and skill about clinical procedures and techniques; guiding students' clinical skill development; questioning students to elicit underlying reasoning; and positive attitudes demonstrating work enjoyment and stimulation of student interest.¹⁹

Through other studies²⁰ the following competencies were promoted: clinical knowledge, instructional skills, monitoring student attainment and teaching manner. Through observations from actual practice, they found nurse teachers questioning and guiding students to think more critically through organising clinical learning experiences. However, nurse teachers focused more on task completion, treatment and medication delivery, and vital signs assessments rather than on wider nursing care planning. Additional skills and attitudes observed of nurse teachers included attentive listening, respect, empathy and caring.

Other nurse teacher competencies experienced as positive and enabling include: knowledge to direct and facilitate learning; skills for problem solving, troubleshooting and monitoring; and positive attitudes promoting advocacy and motivation.¹⁰

The international dimension of this debate is perhaps not surprising, although the complementarity of research findings from different countries is impressive. In Canada, a large-scale survey of more than 1,200 student nurses revealed five sets of competencies for nurse teachers supporting student nurses in clinical placements.¹⁸ First, effective teachers were identified to be well prepared, with rich nursing and teaching knowledge as well as experience.

Second, successful teachers were student-centred in their approach to teaching and interacting with their students. Students perceived such teachers to be caring, supportive, patient, encouraging, approachable, open and flexible in their interactions.

Third, student nurses identified passion to be a key motivator for them, which inspired them to work hard and be excited about their practice. Fourth, nurse teachers in clinical placements were expected to role model professionalism, use professional communication, maintain professional barriers, show respect and fairness. A fifth set of competencies centred on preparing students for success and encompassed skills around setting clear goals and expectations, coaching, providing constructive feedback and encouraging reflection on practice.

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Competence framework for nurse teachers supporting student nurses in clinical placements

Drawing from the international literature, the beginnings of a competence framework for nurse teachers supporting student nurses in clinical placements may be sketched out along the following principles. Nurse teachers supporting student nurses in clinical placements should be expected to demonstrate:

Knowledge of:

- common patient conditions and relevant pathophysiology, as applied to the clinical areas of their expertise.
- clinical procedures, protocols and/or policy as it applies to the delivery of common treatment and care approaches.
- educational standards and levels of proficiency expected by student nurses in the context of particular clinical areas and the stage of the educational programme.

Skills concerning:

- frequent nursing care interventions relevant to the clinical area of their expertise and condition of the patient population.
- facilitation of learning through questioning and instilling an ethos of critical enquiry and clinical reasoning.
- communication, troubleshooting, conflict resolution and partnership working.

Attitudes that:

- motivate students to learn about their profession and maximise their clinical learning opportunities.
- foster trusting relationships, leading to a positive culture of care within a supportive learning environment.
- inspire students to practise safe, high-quality, patient-centred and compassionate healthcare.

Embodiment of the above principles by nurse teachers may allow for greater clarity in their role of supporting student nurses in clinical placements, as well as better manage students' expectations from their teachers. Moreover, it could allow nurse teachers to more readily role-model the eight competencies for general care nurses enshrined in EU legislation.⁷ Within the EU, all registered nurses are required to practise within these eight competencies, and, by extension, it is the responsibility of nurse teachers to ensure their student nurses develop these competencies through their training.

Where should future work focus?

Future work should seek to align nurses' practice-based competencies with their teaching-based competencies. The Directive 2013/55/EU can help foster consistency, reliability and validity in approaches, which should ultimately help ensure the development of high-quality, highly competent, professional nurses.

However, the lack of evidence-based and validated frameworks points to a need for developing a set of EU principles related to knowledge, skills and attitudes to inform future developments. Within the EU specifically, the future of student nurses' education and training would seem inexplicably linked with the quality of

support they receive from their nurse teachers while in clinical placements towards achieving the Directive 55 competency framework.⁷

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It would therefore be sensible to highlight that to enable student nurses to meet EU benchmarks, their teachers' own competencies should be developed in such a way as to foster alignment with and strengthening of the Directive 55 competencies.

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Further reading

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Recommendations

What should policy makers do?

1. **Appreciate the value and importance of frontline clinical education and mentorship for student nurses**, given that half of their training is undertaken in clinical settings.
2. **Promote quality clinical education and mentorship** as a path to the development of a competent workforce of nurses able to deliver safe patient care with consistency across the EU member states.
3. **Support efforts to improve the clinical education and mentoring competence of nurse teachers in the EU**, such as through capacity building and related initiatives.
4. **Empower through policy initiatives** the development of competent frontline nurse teachers and clinical mentors, to assure quality mentorship for quality learning outcomes.
5. **Foster regional and cross-country initiatives** towards the identification and implementation of a common competency framework for frontline nurse teachers and clinical mentors at EU level, in line with the EC Directive/2013/55.

What should nurse leaders do?

1. **Raise awareness of and promote the EFN Competency Framework**, as a helpful and practical resource towards ensuring quality and consistent nurse education across the EU member states.
2. Direct and encourage efforts to **align nurses' practice-based competencies with their teaching-based competencies** in line with EC Directive 2013/55/EU.
3. **Engage with the EU stakeholders and policy makers** at all levels to strengthen frontline nurse education and mentoring, ensuring nursing students are adequately prepared for practice upon qualification.
4. **Understand the pressures and anxieties of frontline nurse teachers and mentors**, and support their efforts to balance competing priorities.
5. **Involve student nurses in initiatives concerning their own training**, mentoring and professional development, empowering them to contribute in debates that shape the future of frontline nurse education and mentoring in the EU.

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