TEXAS BOARD OF NURSING
3.8.7.a. Education Guideline <u>Executive Summary</u>
Faculty Guide for Promoting Optimal Clinical Instruction
10/24/2014

The Task Force (TF) to Study the Implications of Growth of Nursing Education Programs in Texas reviewed nursing literature; examined current issues in clinical education; and surveyed faculty, students, and clinical partners for perspectives on optimal clinical instruction. The TF identified ten (10) criteria (ideals) that may serve as a clinical quality checklist for clinical nursing faculty:

1. Patient Safety is foremost.
2. Opportunities are provided for student to apply knowledge and skills.
3. Faculty have the authority to plan, supervise, and evaluate the clinical experience.
4. Faculty have the skills to use coaching and positive feedback.
5. Clinical experiences are provided in a variety of clinical settings.
6. Opportunities are provided for faculty to guide clinical decision-making by students.
7. Evaluation tools are used to document student performance and promote growth.
8. The program supports opportunities for faculty skill development.
9. Clinical evaluation tools reflect competencies in the DECs.
10. Simulation activities mimic reality in the clinical setting.

<u>Recommendations for Programs:</u>
- Support faculty development in clinical skills and educational strategies.
- Provide adequate orientation to new part-time and full-time faculty.
- Evaluate the use of preceptors, possibly reserving for a capstone course.
- Emphasize the importance of relationship building among faculty, students, and clinical partners.
- Evaluate whether faculty-to-student ratios promote patient safety.

<u>Recommendations for Faculty:</u>
- Plan the time in the clinical setting to optimize the use of time with adequate faculty supervision.
- Consider other venues for pre- and post-conferences that will be more valuable to students.
- Review and revise clinical evaluation tools to provide a formative and summative evaluation.
- Seek ways to enhance the use of skills and simulation laboratories to prepare students for patient care.
- Ensure that the clinical experiences are planned to meet clinical objectives.
- Seek supplemental learning activities for students to practice medication administration and documentation of patient care.
- Model positive characteristics of respect and caring to students while maintaining high standards.

<u>Recommendations for Students:</u>
- Take advantage of strategies to engage in active learning activities to fully gain the knowledge, skills, and abilities essential to safe, competent nursing practice.
- Express positive characteristics of respect and caring to peers, faculty, and patients.

Note: Survey data as well as ideals proposed by some criteria suggest future work in the areas of greater collaboration and partnerships between nursing education programs and clinical partners. The TF has committed to an interest in assisting with this challenge.

This guideline is a product of the Task Force to Study Implications of the Growth in Nursing Education Programs in Texas. At the October 2013 meeting, the Board of Nursing issued a charge to the Task Force to develop a guideline describing optimal clinical instruction in pre-licensure nursing programs.

The Task Force identified four (4) Principles for Optimal Clinical Instruction that provided a basis for the response to the Board charge:
1. Optimal clinical learning experiences share a common set of quality indicators.
2. Faculty promote optimal clinical learning experiences when they embrace strategies for effective instruction.
3. Student perspectives are considered when the clinical learning experiences are developed.
4. Clinical settings are selected to meet clinical experiences.

Findings from an online survey distributed by Board Staff to approved vocational and professional nursing education programs solicited perspectives from nursing faculty, nursing students, and clinical partners related to current clinical learning experiences. In general, findings were positive indicating that the relationships between nursing programs and clinical affiliating agencies are effective, and students were recognized for their safety in providing safe care to patients. The data provided valuable information to support recommendations to further enhance and promote optimal clinical instruction in nursing programs in Texas. The Monograph describing the work of the Task Force during 2013 and 2014 may be found on the BON web page under Documents.

Faculty responding to the survey identified ten (10) Criteria for Optimal Clinical Instruction for Students in Pre-Licensure Nursing Programs. They are listed below in order of importance with comments and recommendations:

Criterion	Comments/Recommendation
1. Patient safety should be fundamental in every student-patient encounter.	**Comments:** Clinical partners acknowledged satisfaction with patient safety demonstrated by nursing students. Faculty recognized patient safety as the number 1 criteria for optimal clinical instruction. There is an indication that faculty stress patient safety in the curricula. **Recommendation #1:** Pre-licensure nursing programs should remain diligent in a continuing focus on patient safety. **Comments:** Though faculty expressed satisfaction with student preparation to provide patient care, about 1/3 of clinical partners perceived a deficit in student preparation for patient care, indicating a disconnect in perceptions. **Recommendation #2:** Nursing programs should seek collaboration and communications with clinical partners to create a dialogue to "bridge the gap" between education and practice.

2. Sufficient opportunities should be available for students to apply nursing knowledge and skill achievement to the practice setting. **Other Positive Findings:** Faculty satisfaction with: - process for assigning patients to students; - opportunities for students to engage in interactions with patients and health care team; - willingness of nurses to work with students; - overall nursing care provided by nurses on the unit; and - assurance that the clinical contract will be honored throughout the term of the agreement.	**Comments:** A high level of satisfaction was expressed by faculty, students, and clinical partners for relationships between their members. Relationships between individuals and entities are seen as positive influences for achieving desired outcomes in the practice setting. **Recommendation #3:** Nursing programs should continue efforts to maintain and enhance positive relationships. **Comments:** Students rated skills lab instruction as number 1 in a list of useful teaching strategies. **Recommendation #13 (below):** Programs should re-evaluate the use of clinical learning experiences with a shift of practice time to the nursing skills laboratory and to high-fidelity simulation activities. **Comments:** Though faculty and students expressed general satisfaction with the opportunities provided students to engage in nursing tasks, less satisfaction was noted for opportunities for students to administer medications and document care for assigned patients. **Recommendation #4:** Programs should seek supplemental on-campus learning activities for students to practice documentation of nursing care and administration of medications. **Comments:** Faculty expressed lower satisfaction with the ease of finding preceptors to work with students, while clinical partners did not see this as a potential barrier. Only about ¼ of clinical partners saw this as an area for improvement, indicating a disconnect in perceptions. **Recommendation #5:** Programs should re-evaluate the use of preceptors and consider reserving the preceptor experiences for the capstone course. **Comments:** Clinical partners expressed less satisfaction with: - their understanding of the skill level of students; - skills demonstrated by students; and - use of student time on the unit. **Recommendation #2 (above): :** Nursing programs should seek collaboration and communications with clinical partners to create a dialogue to "bridge the gap" between education and practice.

3. Nursing faculty should have the authority to plan, supervise, and evaluate the clinical experiences. **Other Positive Findings:** Faculty satisfaction with: the level of supervision they are able to provide.	**Comments:** Faculty identified the number of students assigned to each faculty as having the highest impact on the effectiveness of clinical instruction. Clinical partners were less concerned about the ratio of faculty-to-students in the clinical area but viewed the acuity of patients as a potential barrier to effective instruction. **Recommendation #6:** Programs should evaluate policies and procedures for planning faculty-to-student ratios in the clinical area, taking into consideration the acuity of patients and the proximity of student assignments on various units under the supervision of one faculty member. **Comments:**

1. Coaching and positive feedback should be consistently provided by faculty.
2. Students should be provided access to a variety of clinical settings in order to meet clinical objectives with clients across the life span.
3. Opportunities should be provided for faculty to guide decision-making in the clinical setting.
4. Evaluation tools should be used to document student performance in cognitive, affective, and psychomotor achievements, and offer suggestions for student growth.
5. Nursing faculty should be provided opportunities to broaden their own skills.
6. Clinical experiences should be based on competencies outlined in the *Differentiated Essential Competencies for Graduates of Texas Nursing Programs* (DECs).
7. Simulation activities should be provided that mimic the reality of a clinical environment and are designed to demonstrate procedures, decision-making, and critical thinking.