

Nurse Educator Role Challenges and Plan:

Facilitation of Learning, Curriculum Design and Program Evaluation

Elizabeth Cambier , Kristin Dejonge, Nathon Kelley, Jennifer McDermitt,

Joyce Miller and Anita Riddle

Ferris State University

### Abstract

The National League for Nursing (NLN) core competencies for nurse educators guide educators in their profession. We discuss the challenges associated with two of these competencies and develop comprehensive plans for responding to these challenges. In relation to the competency of *Facilitating Learning*, we explore the challenges of developing diverse teaching strategies and measurable student outcomes. We then consider the challenges associated with the competency of *Curriculum Design and Program Evaluation*: content saturation, technology in education, and curriculum evaluation.

### Nurse Educator Role Challenges and Plan:

#### Facilitation of Learning, Curriculum Design and Program Evaluation

The world of nursing is evolving rapidly, along with the demand to produce more registered nurses. With this in mind, nurse educators must adapt their current curriculum designs and teaching approaches to accommodate the swiftly shifting delivery of healthcare. It is also essential to take into account the student population. Nurse educators, as agents of change, are tasked with bridging the gap between academic preparation and nursing practice; this requires an understanding of both the changing healthcare environment and the needs of a diverse student population (Stanley & Dougherty, 2010).

The nurse educator faces many role challenges within their profession, and the nurse educator is held accountable to find effective, realistic solutions. The National League of Nursing (NLN) guides the professional practice of the nurse educator. Core competencies developed specifically for nurse educators serve as a guide in the delivery of quality nursing education. The competencies outline detailed tasks to assist the nurse educator's proficiency and commitment to the profession of nursing education. As stated by Giddens and Brady (2007), "Health professions educators, including nurse educators, have long been reluctant to initiate changes so desperately needed in education" (p. 68). The NLN core competencies are an important resource for approaching the changes that are necessary in nursing education.

As a group of future masters-prepared nurse educators, we have researched current role challenges faced by the nurse educator. Using the recommendations of the NLN, two core competencies (1 and 4) have been chosen for further research and plan development. The first is the challenge for nurse educators to facilitate learning. The primary focus will be on the significance of teaching strategies and the ability to obtain outcome-based measures, or student

learning outcomes (SLO). Challenge 2 represents the need for nurse educators to actively participate in curriculum design and program evaluation. The plan will render a concept-based model to prevent content saturation within a nursing curriculum. Nurse educators who engage their students in learning, while incorporating quality curriculum improvement, will produce outcome-based programs and increased SLO.

### **Challenge: The Facilitation of Learning**

The National League of Nursing (2005) set forth core competencies for nurse educators that serve as their practice standards. The first competency is the facilitation of learning. One component of this is to implement a variety of teaching strategies appropriate to learners' needs, desired outcomes, context and content. Several challenges exist regarding this competency. The major challenge for this standard is to measure desired outcomes. This is no easy task, as teaching strategies, outcomes, and students' learning styles are multifaceted (Adamson, 2012). The challenge to educators is to create multidimensional programs employing a variety of teaching strategies, using SLO to measure program success.

Minton and Gibson (2012) speak of the accreditation bodies looking less at the teaching input and curriculum, and more at the outcome-based measures, as student learning outcomes. Why are SLO important to educators? Society, professional organizations and health care organizations are demanding well-prepared nurses. Stakeholders are savvy of educational rankings for higher education (Adamson, 2012). Many external demands require that the outcomes for the nursing profession be met, including bridging the gap between the classroom and the real world in which nurses will work (Burgess, 2012). This is the same motivational force for the clinical rotations in nursing education (Kolb, 1984). Further research is needed to determine how to measure SLO for clinical experiences.

Kolb's theory of teaching strategy can be traced back to the philosopher Confucius when he said, "Tell me, and I will forget; show me, and I will remember; involve me, and I will understand" (Kolb, 1984). This is the basis for Kolb's experiential theory, which describes knowledge as being generated through experience. This concept is intertwined in many nursing strategies due to the nature of the profession (Adamson, 2012). Typical classroom activities like role-playing, simulations, and case studies are examples of experiential learning. This bridges knowing-what and knowing-how. Experiential learning is not a new concept but it is being used more and more, placing emphasis on how behavior affects the learning process, rather than on the cognitive process itself (Adamson, 2012). Again, the emphasis is being placed on learning and not the curriculum.

Nursing educators must demonstrate accountability to their profession and to the students to ensure that what they are saying is not just heard, but understood, and SLO are an important resource in doing so. The SLO gauge many things, such as: knowledge, critical thinking skills, student's perception of learning, acquisition of clinical skills and demonstration of safe patient care (Minton & Gibson, 2012). A validated way to measure all the outcomes, however, does not exist.

### **Plan: The Facilitation of Learning**

Competency in facilitating learning through varied teaching styles to reach desired outcomes is a challenging task (NLN, 2005). To fulfill this task the NLN (2005) suggests that nurse educators engage in a variety of teaching strategies grounded in educational theory as well as evidence-based practices. Nurse educators, either positively or negatively, lay the foundation that shapes the views for future nursing professionals (Johnson-Farmer & Frenn, 2009). As stated, there are no distinctive measurable outcomes for successful facilitation of learning,

though SLO certainly are a starting point. Therefore, the response to this challenge must be two-fold:

- 1 Research activities are needed to develop distinct, measurable learning outcomes. This is the unequivocal solution, providing the most direct evidence related to the success of educational programs
- 2 In the meantime, nurse educators must use what evidence is available to support effective teaching strategies. In this way, educators can ensure that they are doing everything possible to appropriately prepare nurses for the transition from academia to practice. This evidence is outlined below.

### **Effective teaching strategies**

A qualitative research study of seventeen nurse educators whose experience ranged from six to thirty-one years yielded five major themes that reflect an excellent teacher: The five themes were (a) engagement, (b) relevance, (c) student-centeredness, (d) facilitation of learning, and (e) dynamic process/strategies (Johnson-Farmer & Frenn, 2009). When teaching excellence is acquired, students are likely to reflect positive learning outcomes. Johnson-Farmer and Frenn (2009) describe numerous ways within the five themes that nurse educators can work towards this goal. Educators must also be involved in lifelong learning so as to reflect current clinical and classroom knowledge. “Having a philosophy of teaching and learning that reflects a student-centered approach and a willingness to learn new skills and teaching strategies is important to effective teaching” (Halstead, 2007, p. 21). Through the use of multiple teaching strategies, such as media, role-playing, group projects, and lecture, educators create an environment in which active learning can occur (Johnson-Farmer & Frenn, 2009). It is also vital for educators to draw students into active questioning and learning to make knowledge acquisition an enjoyable

process (Johnson-Farmer & Frenn, 2009). These activities create an environment in which nurse educators are partnering with students to create positive learning outcomes.

The NLN states facilitation of learning for the nurse educator is accomplished in numerous ways, another being collegial working relationships (2005). Slimmer (2012) suggests that nursing programs create mentorship programs to assist in the development of effective teaching with the goals of improved student satisfaction with quality of education, as well retention of faculty. Mentorship programs ensure educators develop skills in evidence-based teaching practices as well as teaching scholarship (Slimmer, 2012). Additionally, effective nurse educators must regard the significance of both student and faculty teacher evaluations as an important source of feedback to guide their teaching practices (Johnson-Farmer & Frenn, 2009). Harton (2007) states, “the learner ultimately controls and regulates learning” (p. 262). Educators must consider internal factors of the learner along with theory and evidence in order to apply best teaching practices (Harton, 2007). Ultimately, the development of effective educators will ensure better SLO in nursing education.

### **Challenge: Curriculum Design and Program Evaluation**

Nurse Educator specialists design quality improvement initiatives under National League for Nurses (NLN) core competency 4: *Curriculum design and evaluation of program outcomes*. Several challenges face the nurse educator in the attempt to comply with core competency 4, with content saturation being primary. The rapidly changing healthcare system, and the need to stay relevant on all the current trends and issues add to the challenge, as it is essential for graduating nurses to be competent in responding to these changes.

Changes in the healthcare environment have stimulated the need to increase the content in nursing programs; however the Institute of Medicine (2003) cites that content saturation, or

“overly crowded curricula” (p. 38), is one of many challenges of health education reform facing nurse educators today. The challenge to decide whether content should be included or discarded has become unclear due to the fact that all the content is viewed as necessary (Giddens & Brady, 2007). Giddens and Brady (2007) cite a number of factors contributing to content saturation including: “content repetition, teacher-centered pedagogy, academics-practice gap, changes in health care delivery, and the information age” (p. 66). Nurse educators have to rethink their current ways of developing curriculum and will need to focus on student-centered learning rather than teacher-centered curricular designs (Stanley & Dougherty, 2010).

The need to revise the traditional curriculum model is a challenge facing many nurse educators. Nurse Educators need to design a course that is in line with the core objectives of the department of nursing and present related theoretical information. This must then tie in to practical teaching in the clinical setting, so as to make a connection between theory and practice. Faculty must ensure that students are competent in the baccalaureate essentials. They can do so by challenging their long held traditions, designing evidence based curricula that are flexible, responsive to students’ needs, collaborative, and that integrate current technology (NLN, 2003). The current focus of curriculum is no longer on content coverage, but the development of critical thinking skills and analytical thinking skills (Stanley & Dougherty, 2010).

Another challenge facing the core competency of curricular design is emerging technologies. Web-based classrooms, online classes, and the use of simulation can be successfully integrated into curricula and benefit both faculty and students by providing self-pacing, higher-order thinking skills, active involvement, and increased learner attention (Stanley & Dougherty, 2010). This integration involves the skill of incorporating informatics competencies into lesson plans to enrich the students’ learning experiences. It is imperative that

nurse educators integrate the use of simulation and computer technology into their curricula to address the emerging healthcare related technologies.

With a call for nursing education reform, the universities in the local setting need to pair with nurse leaders in the practice setting to assure that “curricula are innovative and relevant” (Sullivan, 2010, p. 39). It is imperative that schools of nursing create a curriculum that focuses on critical thinking, problem solving, decision-making, and lifelong learning (Sullivan, 2010). The specialty role community of nurse educators maintains the quality of nursing education with these curriculum revisions by staying up to date on the emerging information technologies that are designed to improve patient care. The curriculum content must “reflect the dynamic changes of today’s health care system” (Stanley & Dougherty, 2010, p. 379). In doing so, educators can ensure that nurses have the tools and skills to adapt to the ever-changing environment in which they practice.

Curriculum evaluation is also included in NLN’s Standards of Practice 4. Effective program evaluation according to Foret-Giddens and Morton (2010) involves the assessment of stated curricular goals and outcomes and the identification of curricular strengths and weaknesses. Nurse educators face many challenges associated with curriculum evaluation due in part to rapidly changing health care policies and the need to keep up with these changes (Foret-Giddens & Morton, 2010). Also, an influx of novice nurse educators to replace retired faculty has left many nursing programs with limited depth and expertise for curriculum process and evaluation (Foret-Giddens & Morton, 2010). Lastly, increased workloads and limited resources are also challenges faced by nurse educators in curriculum evaluation.

A study by The Carnegie Foundation for the Advancement of Teaching found that nurses entering the field are not prepared with the essential knowledge and skills required for

tomorrow's nursing. They found that curricula tend to be weak in natural sciences, technology, social sciences, humanities, and in developing cultural competencies (Tanner, 2010). This is in part due to the fact that new faculty members enter academia with little preparation for the challenges of teaching nursing (Rich & Nugent, 2009). "Innovative ways to meet the challenges of clinical education are some of the most pressing issues when nurse educators try to transform challenges into opportunities in the future" (Rich & Nugent, 2009, p. 231).

### **Plan: Curriculum Design and Program Evaluation**

The challenges that nurse educators face when striving to accomplish the National League for Nurses core competency 4: curriculum design and evaluation of program outcomes, are varied and their solutions are equally unique. As an educator it is expected that one will look at the current profession and use evidence to support changes in nursing curriculum. The educator must look for new and innovative ways to deliver the needed content and avoid the pitfalls of stagnation.

### **Content Saturation**

One of the first challenges faced by nurse educators is that of content saturation. This challenge requires a rework of the focus of nursing education. The current practice of placing emphasis on content needs to fall by the wayside, to be replaced with teaching critical thinking and analytical skills (Stanley & Dougherty, 2010). To accomplish this, educators need to shed their previous ideals of how nursing education should be taught. Many of the current educators were taught using a *content*-based model similar to the medical model and as such they are comfortable with this approach (Giddens & Brady, 2007).

A better approach is to look at a *concept*-based model for establishing a nursing curriculum. A concept-based model looks at specific ideals in nursing and how these ideals

transcend the age range of nursing care (Giddens & Brady, 2007). These concepts are no longer tied to the traditional course layout that is based on patient diagnoses such as: pediatrics, labor and delivery, mental health, or geriatrics. This is best achieved by having the nurse educators brainstorm nursing concepts and define them. After this is done, the concepts can be grouped together to deliver an education that is focused on the student understanding the concepts of nursing rather than the tasks of nursing (Giddens & Brady, 2007). Concept-based education needs the full support of all faculty to be a success and to have the greatest impact on future nurses.

### **Technology in Education**

Nursing is fast becoming a technology-based profession and the education of nurses is not immune to this push. Nurse educators need to be proficient in the use of technology in education. There have been large strides in the complexity of technology used in nursing education. The advancement of computerized human simulators, computerized testing, and online learning have all lead to an increasing demand for nurse educators to use and understand the technology.

One of these technologies that have caught on fast is online learning. The benefits of online education are easy to see. The student is able to learn from the comfort of their home. They are able to do the course work when it is convenient for them and when it is best for their family and work schedules (Bromley, 2010). Critics of online learning have argued that it dilutes the teacher – student relationship and does not provide the same quality education that traditional course work does (Bromley, 2010). This, however, has not been shown to be the case. Online learning has received positive praise from both the students and teachers. Research

supports that it is equal to face-to-face education in developing critical thinking skills and clinical decision making skills (Bromley, 2010).

The nurse educator is an important part of a student's success in online education. The educator needs to be aware of the fact that students will have various degrees of computer literacy (Bromley, 2010). Students who are unfamiliar with computers can have increased anxiety when first interacting with online education. The educator also needs to approach online courses from a different perspective. Learning is often passive in face-to-face lectures but with online education the student needs to take an active learning role. The educator takes on the role of facilitator of education and the student is the one directing their education (Bromley, 2010).

### **Curriculum Evaluation**

The ability to evaluate curricula, like any skill, develops over time with repeated practice and use. The expert nurse educator is often able to effectively evaluate a curriculum but this is not always the case for novice educators. The aging population of educators has resulted in the need to use many clinically expert nurses in educator roles. These nurses often do not have formal training as an educator, which has a direct impact on their ability to evaluate curricula (Schoening, 2009).

In order to assist novice educators in the development of their needed skills the Nurse Educator Transition Theory model was created (Schoening, 2009). This model examines how the clinical nurse morphs into a nurse educator. The model has four phases: The Anticipatory/Expectation Phase, The Disorientation Phase, The Information Seeking Phase, and The Identity Formation Phase (Schoening, 2009). With this model in hand, the expert educator can better assist the novice educator to transition into the role of educator.

Schoening (2009) also recommends three ways that the nursing profession can better prepare advanced practice clinical nurses to be educators. The first is to incorporate some educator training in all advanced nursing education. The best way to do this would be to focus more on practical use of knowledge through student teaching (Schoening, 2009). Another way to assist novice educators to be successful is through the use of mentors. Mentors have been shown to be highly effective in the success of novice educators. They are able to provide knowledge, insight, and rationale for educational practices (Schoening, 2009). The last recommendation is to provide clear and detailed expectations for novice educators. By providing these clear descriptions the novice educator is able to avoid many of the pitfalls that can happen when responsibilities are ambiguous (Schoening, 2009).

### **Conclusion**

The role of the nurse educator is rapidly changing to meet the needs of 21<sup>st</sup> century health care. Nursing curricula specific to all nursing specialties are undergoing change. In general, many nurse leaders and educators share common ground in acknowledging the need for curriculum reform. As future nurse educators, we will be held accountable to meet the core competencies of the NLN.

It is crucial for today's nurse educators to facilitate learning by engaging their students in the learning process. This includes varied teaching approaches for both the classroom and virtual environments. Either learning environment must be positive, and allow the student to partner with the nurse educator to produce the desired SLO. In order to achieve this, the nurse educator will need to take an active role in curriculum redesign. New nursing curricula will not be content saturated but focused on the development of critical thinking and analytical skills.

Effective curricula must not only have a foundation in evidence-based practice, but be driven by nursing theory. Seasoned nurse educators may need to revise their current curricula and teaching methods, and move toward a concept-based approach, while the novice educator may find the use of the Nurse Educator Transition Theory model helpful in transitioning into the teaching profession. Whether the nurse educator is expert or novice, they need to be committed to the NLN core competencies. Nursing education is a life-long learning process. It is indeed time for change, and as the future of nursing, educators need to step up and take an active role to effectively facilitate learning and recreate curriculum design.

## References

- Adamson, K. (2012). Piloting a Method for Comparing Two Experiential Teaching Strategies. *Clinical Simulation in Nursing*, 8, e375-e382.
- Bromley, P. (2010). Online learning: anywhere anytime education for specialist nursing. *Neonatal, Paediatric & Child Health Nursing*, 13(3), 2-6.
- Burgess, B. (2012). Pop-up Retailing: The Design, Implementation, and Five-Year Evolution of An Experiential Learning Project, *Journal of Marketing Education*, 34(3), 284-296. doi: 10.1177/0273475312460763.
- Foret-Giddens, J., & Morton, N. (2010). Report card: An evaluation of a concept-based curriculum. *Nursing Education Perspectives*, 31(6), 372-377.
- Giddens, J., & Brady, D. (2007). Rescuing nursing education from content saturation: The case for a concept-based curriculum. *Journal of Nursing Education*, 46(2), 65-69.
- Halstead, J. (2007). *Nurse educator competencies: creating an evidence-based practice for nurse educators*. New York, NY: National League for Nursing.
- Harton, B. (2007). Clinical staff development: planning and teaching for desired outcomes. *Journal for Nurses in Staff Development*, 23(6), 260-268.
- Institute of Medicine (2003). *Health professions education: a bridge to quality*. Washington, DC: National Academies Press.
- Johnson-Farmer, B. & Frenn, M. (2009). Teaching excellence: what great teachers teach us. *Journal of Professional Nursing*, 25(5), 267-272. doi: 10.1016/j.profnurs.2009.01.020
- Kolb, D. (1984). *Experiential Learning: Experience as the Source of Learning & Development*. Englewood Cliffs, NJ: Prentice Hall.
- Minton, C., and Gibson, D. (2012). Evaluating student learning outcomes in counselor

- education: Recommendation and process considerations. *Counseling Outcome Research and Evaluation*, 3(2), 73-91. doi: 10.117/2150137812452561.
- National League for Nursing. (2003). *Innovation in nursing education: A call for reform* [Position statement]. Retrieved from:  
[www.nln.org/aboutnln/PositionStatements/innovation082203.pdf](http://www.nln.org/aboutnln/PositionStatements/innovation082203.pdf)
- National League of Nursing (2005). *Core competencies of nurse educators with task statements*. New York, NY: National League of Nursing Organization.
- Rich, K. L., & Nugent, K. E. (2009). A United States perspective on the challenges in nursing education. *Nurse Education Today*, 30, 228-232.
- Schoening, A. M. (2009). *The journey from bedside to classroom: Making the transition from nurse to nurse educator*. (Doctoral dissertation). Retrieved from CINAHL. (2010543900).
- Slimmer, L. (2012). A teaching mentorship program to facilitate excellence in teaching and learning. *Journal of Professional Nursing*, 28(3), 182-185. doi: 10.1016/j.profnurs.2011.11.006
- Stanley, M. C., & Dougherty, J. P. (2010). A paradigm shift in nursing education: A new model. *Nursing Education Perspectives*, 31(6), 378-380. doi:10.1043/1536-5026-31.6.378
- Sullivan, D. T. (2010). Connecting nursing education and practice: A focus on shared goals for quality and safety. *Creative Nursing*, 16(1), 37-43.
- Tanner, C. A. (2010). The future of nursing: Leading change, advancing health. *Nursing Education Perspectives*, 31(6), 347-355.