Role Development Paper

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# Current Clinical Specialty, Scope of Practice, and Career Focus

I am at a point in time in my curricula where I have completed all of my prerequisite courses, and I am moving into my practicum courses. It is fitting that I should reflect on where I was as an educator when I started on this path, how I have grown during this time frame, and how I will continue to grow and mature as a professional Nurse Educator.

I have been a nurse for almost thirty years. All of my experience has been in the acute care setting, and at the same organization. I have experience in pediatrics and cardiac telemetry, but the bulk of my clinical experience is in neuro-trauma critical care. I worked in the ICU for twenty years, eight of them as the Nurse Manager. In late 2006 I made the decision to step away from the management role and the ICU. I considered many career options at that time, but I kept getting pulled in the direction of education. I felt that pursuing a position in out Nursing Education department was a natural fit for me. When I was a staff nurse precepting novice nurses was one of my favorite role responsibilities. Education was a component of my role as the Nurse Manager as well. I taught several types of classes for critical care. My transition to the role of Nurse Educator in 2007 was a joy for me. I brought a significant amount of extensive and recent clinical expertise to the education department, which they had been lacking. I was viewed as the bedside expert. My colleagues are wonderful mentors and role models. I spent my first two years learning my role as an educator. After that my supervisor began to groom me for a transition to her role. In 2011 I was given the role of manager of our department. I felt that one of the best ways to prepare myself for my new role would be to pursue my Master’s degree.

The scope of my role as Manager of Nursing Education & Professional Practice (NE&PP) is very different from my predecessor. Our organization has expanded considerably over the past five years and is now composed of three acute care hospitals, one critical access hospital, a long term care facility, home care, and multiple physician office practices. The focus in the organization is system integration. Once NE&PP was a small site specific entity, but now I have been charged with developing my department into the flagship education department and the resource for the other smaller entities. Currently this is where my focus lies as an educator. We are standardizing education processes across the system and providing mentorship and resources to the educators in the other entities. My role is to plan, lead, direct, and evaluate nursing programs that include; professional development, quality, practice, regulatory compliance, and research. I ensure that required education and ongoing skill development is available for all clinical areas and meets the needs of the adult learner. I provide leadership and support to Nurse Managers, Nurse Educators, Unit-based educators, nursing staff, and all divisions of the organization. I collaborate with Nursing Councils and Nursing Leadership to support research activities and encourage evidenced-based clinical practice. I serve as a liaison and resource to ancillary departments, administration, and medical staff. As a leader in my organization, I am expected to maintain an active role in my community and participate in professional nursing organizations locally, regionally, and nationally.

**Strengths and Learning/Experience Needs Related to my Role**

During the work for this course we have been asked to incorporate and apply the National League for Nursing (NLN) Core Competencies of Nurse Educators to what we have learned and our practicum activities (National League for Nursing, 2005). I am sad to say that until this point in my career, I was not familiar with this document. I have a copy of the American Nurses Association Professional Nursing Development Scope and Standards, which I have not really utilized to drive my practice. The NLN document has been of great benefit to me to me so far in my course work, and has truly opened my eyes. I realize how as an educator this document should guide my practice.

From a clinical standpoint I would classify myself at an expert level (Benner, 2001). Benner also relates how difficult it is for the expert clinical nurse to break down a situation step by step, but this is what is required of a novice to make a transition to a new role. The expert no longer requires the use of rules to formulate answers to clinical questions, but responds intuitively. “The expert has to make a paradigm shift in the relearning of new information and a new role. The expert can become stressed by this transition and frustrated when required to relearn as a novice” (Weidman, 2013). I have previously related that, I was fortunate in that I was given ample time and support when I transitioned from the ICU to my new role in education. Over the last seven years I feel that I had mastered my role as Nurse Educator, but my transition to the manager of the department has been difficult, in that, I have not had the same level of support. My role is fairly unique to the organization, and I have a limited peer group to help support and mentor me.

I have found the NLN competencies to be very valuable. Using them, I can see where my strengths lie, and where I have areas for improvement that I may need to focus on those areas. Some of the strengths that I recognize are; implementing a variety of teaching strategies, using information technology, serving as a role model, creating positive learning environments, modeling professional behaviors, and ensuring that our curriculums reflect the organization’s philosophy. I can also see where the NLN competencies are showing me areas where I need to focus more of my attention in the future, such as; participating in efforts to address healthcare and educational needs locally, regionally, or nationally, designing and implementing scholarly activities, develops partnerships to enhance nursing’s influence within the academic community, and advocates for nursing education in the political arena.

**Personal Philosophy Related to Nursing Practice/ Educator Role**

As I began to contemplate my philosophy for this paper, I reviewed many textbook definitions. In the books, the definition seems to be dependent on the particular theorist or organization that was being perused. The more I read, the more confused I became. Then I finally had to step back and eliminate all of the “noise”. I did not need to use someone else’s definition of nursing, practice, or philosophy. I have been a nurse for the past thirty years. I should know what it is to be a nurse, or what defines me. It is my life, every day. Nursing is my practice, calling, privilege, and passion. Nursing defined, to me, is compassion and caring delivered with the science and knowledge to provide a healing environment for a person. I believe that nursing is both art and science. Nursing is a blend of caring, compassion, values and ethics that is essential to the art, but it must be paired with a good foundation of knowledge, skills, and technical competence in order to be effective in interacting with the whole person; mind, body, and spirit.

Defining my philosophy seemed to be a natural extension of that thought process. I believe that you cannot be a great nurse without a strong personal philosophy. One shapes the other, and they become irrevocably intertwined. My philosophy defines who I am as a human being. It encompasses my personal values and beliefs. It is the mental engine that guides me and makes me accountable and provides a moral compass. It nourishes my mind, body, and spirit. When I am faced with a dilemma, it is the well-spring of my decision making process. My philosophy is what I believe to be true, it is my reality and shapes my environment. The wonderful thing about philosophy is that it is individual. No two are exactly alike because your environment and experiences shape it. If I had tried to define my philosophy at the start of my nursing career, my answer would be vastly different from what it is today. As a young person, philosophy evolves and changes as life’s experiences shape it, and mine was no different. But now that my philosophy is more mature, I find the reverse to be true. The philosophy now shapes my life, in all of my daily experiences and decisions.

The question becomes, “how does a personal philosophy integrate with the elements of nursing practice and my role as an educator”? In recent years I have adopted a frame-work, that encompasses my definition of nursing and my beliefs and values. It is the Relationship-based Model of Care. It encompasses Watson and Leiningers’s theories regarding the “aspects of care”. Koloroutis writes; “we experience the essence of care in the moment when one human being connects to another. When compassion and care are conveyed through touch, a kind act, through competent clinical interactions, or through listening and seeking to understand the other’s experience, a healing relationship is created”. (Koloroutis, 2004) . Several components of the model are especially vital to my daily practice.

The first is relationships. Relationship-based care is comprised of three key relationships: the nurse’s relationship with patients and families, the nurse’s relationship with self, and the nurse’s relationship with colleagues. The relationship between the nurse and the patient is vitally important and must be safeguarded as it is at the center of every action and decision we make. Each and every member of an organization has a valuable contribution to make. Nurses, physicians and other members of the healthcare team work side by side in collaborative relationships to promote service excellence and quality outcomes. Interdisciplinary teamwork is vital as it promotes mutual respect.

The second is caring. Without caring the nurse cannot connect with the patient, families, peers, and colleagues. If the nurse does not connect, trust will not develop. Without trust, therapeutic nursing will not take place. Caring is at the center of all successful relationships. The recipient of nursing care is not limited to the patient. The family, friends, and all members of the healthcare team are recipients of the care being provided by the nurse.

The third component is core values. A few key values are honesty, respect, mentoring, and accountability. A nurse must demonstrate honesty and personal integrity in all relationships to be seen as trustworthy and reliable. We must respect ourselves and other’s values, beliefs, needs, opinions, and attributes for a caring relationship to develop. A nurse must promote the development of excellence by serving in the role of trusted guide and coach to her colleagues to foster the art and science of nursing in others.

**Professional Goals for Practice in the Educator Role**

When considering the aspect of professional goals in my role development, I again look to the NLN core competencies. As I review the task statements, I can see where my needs for improvement are. These are the areas that, to date, I have not focused adequately on in my role as a Nurse Educator. I can now clearly see where I should focus moving forward.

* My role as the Manager of NE&PP is now expanding to have more of a system-wide focus. I will be working with the other divisions’ educators to help foster and mentor their growth in their educator roles and the growth and development of their departments. Some of the educators are barely getting by. They function in the educator role in the simplest of terms. I would like to work with them to open their eyes to all of the various responsibilities and competencies of an educator and expand their capacity. One of the educators is transitioning from a clinical bedside role to an educator role, and has no role models in her organization, she is the whole department. I will need to provide a strong consistent support for her, as she will not only be learning what her role is, but developing the foundation of her new education department.
* When I was doing my research for this paper, I came across an interesting article that really provoked thought on my part. The author, Kathleen Ashton, asserts that nurses have been under-represented in conversations about health care compared to other more vocal professionals. She believes that this is because nurses do not generally see themselves as leaders, and that nurse educators are in the perfect position to foster that growth in other nurses. “Nurses already display the values, behaviors, and attributes of leaders. Leaders display critical thinking, value integrity, appreciate the power of the team, and can navigate stumbling blocks. These are characteristics of the nurse’s everyday life” (Ashton, 2012 pg 114). Very few nurse leaders have the ability to connect with as large a body of nurses as the nurse educators. Nurse educators are perfectly poised to promote the staff nurses’ professional and personal growth. If nurses do not recognize that they are leaders, how can they ever have a voice in arenas that can affect change in our profession. I want to research this topic in more depth and possibly develop a curriculum aimed at fostering leadership mentalities in nursing.
* In my organization, outside of the NE&PP department’s Nurse Educators, many nursing units are converting staff nurse FTEs to a unit-based educator position. These positions report to, and are accountable to, their Nurse Manager. “Nursing education is no longer the exclusive mandate of the Nurse Educator, other specialist nursing roles have emerged and are assuming the responsibility for teaching and learning, and are independently engaging nurses in education in the clinical environment. Role identity and successful role enactment may become eroded in a system that overlap roles” (Sayers & DiGiacomo, 2010). I have a great concern for the nurses who are placed in these positions with no formal training or guidance. One day they are a staff nurse, the next an educator. I will be recommending to my supervisor that these positions have a dual reporting relationship with me. I feel that it will be essential to their success for them to have the guidance, structure, and resources that I and my department can provide. I also feel that I should have oversight of the education projects they are working on to ensure effective goals and objectives, and enhance successful outcomes for the projects.
* There are several other NLN core competencies that I feel I need to develop in myself. I will seek out, and actively engage in, efforts of scholarly writing. This will be an entirely new activity for me. Also in the same line of thought, I will be actively promoting and participating in seeking opportunities for poster presentation, or speaker presentations at national conferences.
* Another very interesting article I read by Diane Billings was, “*Developing Your Career as a Nurse Educator: The Professional Portfolio”*. Up until I read this article, I never considered maintaining a portfolio. “A professional portfolio is a summary of employment and education history, it is a collection of products, scholarly work, and supporting documents. It serves as a way to showcase accomplishments, reflecting on a body of work, and demonstrating continuing competence and development as an educator over time” (Billings, 2008). The three areas for documentation are teaching, scholarship/research, and service. The portfolio can be used to guide professional development and evaluate the effectiveness of the educator’s role. I believe that maintaining a portfolio will be an excellent way to help focus my role and responsibilities and to drive my practice.

I have a past filled with a vast amount of experience, both clinical and leadership. Despite all of that past knowledge, I am finding my education in this Masters curriculum to be rewarding and enlightening. After so many years and so much experience, it is refreshing to see how much there is still to learn and discover about the role of the Nurse Educator.

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