

Nursing Educator Competencies Incorporated

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### Nursing Educator Competencies

Competencies for the nurse educator set a standard of excellence to ensure the goals are similar for everyone pursuing an academic endeavor in the field of education. The National League for Nursing has established these expectations as one enters the profession and continues on their lifelong journey. These achievements may not all happen at once but should be the desire of the teacher to incorporate these traits throughout the course of their Master's program and on into the career of the individual. Pursuing excellence as a nurse educator includes making learning easy, developing learning styles, socializing with students and faculty, assessing and evaluating teaching methods, participation in curriculum development and outcomes and engaging in scholarship (Halstead, J.A., 2007). In essence, the goal of a nursing educator is to become a lifetime learner with current research and knowledge in both the clinical and classroom setting.

#### **Facilitate Learning**

As a nurse there are skills and behaviors that he or she already possesses and as an educator to facilitate learning one need to first of all have a love of learning. When we are passionate about learning and teaching, it becomes contagious. Facilitated learning is a skill educators need to master. According to the National League for Nursing (NLN) (Halstead, 2007), in order to facilitate learning you need to be personal and real and use various teaching styles according to the student's needs. An educator also needs a firm educational background of theory and clinical application (Halstead, 2007). It is also necessary to reflect on teaching skills, be vulnerable for open feedback and evaluation from both students and peers for growth in this area (Halstead, 2007). These methods can motivate a teacher to press forward in achieving excellence as an educator.

I have a love for learning that is rooted in a love of teaching my children. I have been a home school mom for 13 years. I have grown so much over the years and have had many humbling experiences along the way. I have also found that learning is exciting. In order to be an excellent teacher you need to learn new skills, keep up with technology, reinforce pathophysiology knowledge and utilize best research practices. I have a deep respect for students and peers as they challenge me to reflect and grow in my teaching endeavors. Areas for personal growth include a deeper understanding of gender roles in nursing, cultural influences and experiential influences of students and patients. I also need to grow in the area of technology with podcasts, the use of blogs, Apps on smart phones and other computer media, and to grasp reflective story-telling (Mile-High Stories, 2012) in an effort to strengthen my teaching and learning process.

### **Facilitate Learner Development and Socialization**

According to Halstead (2007) in order to facilitate students' growth and social interaction skills, the educator needs to do an assessment of learning styles and the various needs of the individuals including physically challenged, at risk learners and those from various cultures. They should also provide resources, advise and counsel to meet personal goals. The nurse educator needs to manifest an environment to improve social interactions among students and faculty as well as set realistic goals and reflect (Halstead, 2007). The teacher also should enforce the ability to give feedback to peers and self (Halstead, 2007). The educator needs to model professionalism in the classroom and the clinical setting as well as in professional organizations and being involved in lifelong learning (Halstead, 2007).

In an effort to meet students' growth and socialization I have done a personal inventory quiz with my clinical group from the Pennsylvania Higher Education Assistance Agency

(PHEAA) (2011). This was an easy way for them to take a 20 -question quiz to see in a few minutes how they learn best. I am a visual learner and also prefer kinesthetic or hands on learning. The majority of my students were also visual learner at 60%. 30% were auditory and 10% were kinesthetic. I enjoyed this process and I'm sure they did as well. Some were surprised by the results.

I give resources as needed to my students when they ask including U-tube videos, handouts and lectures in post conference. I also try and give individual feedback based on their personal needs with their weekly packets and communication sheets. I work with various cultures, genders and students with various socioeconomic backgrounds. I believe this helps me to be well rounded as a teacher. During post conference I have the students pray for one another, have group discussions and reflect on their day as they share their triumphs as well as their struggles. They each have to take turns sharing a pertinent research article and give peer feedback as well. For their evaluation they evaluate me as a teacher and how they think they are doing as well with their strengths and areas for improvement. I am professional in my dress and conduct both in the classroom and out in the clinical setting. I am also involved with various teaching opportunities in the community. As a matter of fact I just taught at a burn conference for nurses, paramedics, firefighters, physical therapists and doctors. I am involved in professional organizations including the Phoenix Society for burn survivors and AACN. I love to learn and so my goal is to continue to pursue learning, as I eventually want to go on to get my Doctorate in Nursing Practice. I am excited for what the future holds.

### **Use Assessment and Evaluation Strategies**

The use of assessment and evaluation strategies is important for the nurse educator to utilize. According to Halstead (2007) the nurse educator needs to have talent in group

presentations and projects, test writing and case studies in an effort to appraise and evaluate learning. In order to do this with talent the educator needs to give feedback that is timely and meaningful, use information to improve the learning process, demonstrate skill in the use of tools for evaluating clinical practice, implement assessment and evaluation based on current research, use various methods to assess and evaluate various learning domains and use current research for practice in the clinical setting (Halstead, 2007).

I am meeting this goal on many levels by using care plans and the nursing process in the clinical field to evaluate student's understanding of concepts. The care plans we use have the students look up current research articles that are applicable for their patient according to their plan of care and what type of diagnostic exams are being done. They are to apply this current research (no more than 5 years old) to the care given and explain why it applies to their patient and what knowledge they have gained as a result of the study. They also present their research in post conference to their classmates. I have the students break up in groups for group discussion and then present their information in post conference.

Based on the information I receive in their clinical packets for the week, I give the students feedback using Google Docs. They are able to receive immediate feedback and there is no need to print their clinical packets. They can respond to my comments and reply immediately and redo anything if needed. The students enjoy this quick turn-a-round feedback. I also meet with the students individually in the clinical setting to assess how they are individually doing and where they may need assistance. I have the students give me an SBAR report (Safer Healthcare Partners, 2016) and am able to see if they are able to critically think and put the pieces together. Their packet also includes an integration section where they are to put together the physical assessment, labs and diagnostic treatments in order to give a comprehensive picture of what is

going on with the patient. I take them through the nursing process (ANA, 2016) and am able to assess and evaluate their comprehension based on the information I receive. I have done a test with my students to determine how they learn best. Based on the feedback I received, I realized the group was 60% visual; so I incorporated a sepsis video for the simulation day. The care plans the students write give me a good understanding of how they can assess and evaluate their care for the day. They often have trouble giving specific examples. They are to use interventions based on current research as well for their care plans. I think I am on my way to mastering this competency. I will continue to be a lifelong learner of current research and trending methods and bring that passion to my students in the clinical setting.

### **Participate in Curriculum Design and Evaluation of Program Outcomes**

As a nurse educator it is essential to create practice based on current research, participate in curriculum design and evaluate the outcomes of the program. So far in my practicum experience I have been able to attend faculty and student meetings for curriculum review and evaluation. One meeting in particular focused on the program objectives in relation to the Board of Registered Nurses (BRN) and the AACN Essentials. As a group of both students and faculty we examined the philosophy, mission and objectives of Biola's program to ensure they met all the standards of the AACN (QSEN) and the BRN. We all agreed the philosophy and program objectives of Biola's nursing program were in fact congruent with both of these. According to Halstead (2007), an educator needs to attend to the accreditation issues and professional standards. We also reviewed over Biola's drug list in accordance with current NCLEX tests to determine up to date material for the students. Items on the list were deleted and some were added with contribution from the faculty. I was able to give my opinions as well and some of the items added to the drug list were added with my input. It is important to encourage faculty

development in order to revise curriculum (Halstead, 2007). My preceptor is the director of the nursing program and has been a great resource for me to develop my role as an educator by participating in curriculum development activities. I have also been able to create a case study for sepsis and create a power point based on the latest research from the Center's for Disease Control (CDC). By reviewing literature I was able to determine a relevant case study that would benefit students in the clinical setting. Some of the societal and healthcare trends in curriculum are the use of technology. I used technology by including video links to my power point. I was able to evaluate my teaching by the evaluation the students gave at the conclusion of the simulation day. The feedback was very positive and the students enjoyed the video links. According to Huston (2013), genetics, robotics, the Electronic Medical Record (EMR) and less invasive diagnostics and treatments are a few trends affecting nursing today. I am currently familiar with several EMR's. Being a clinical instructor for various levels of students, I have had the opportunity to work at several hospitals and see a few different electronic record systems. At the end of my clinical rotation the students perform an evaluation of my teaching. This is a great tool to assess student's needs and overall goals. During one of my clinical post conferences I had the students do a self -test to determine their learning needs. I was able to make changes to the way I taught based on the results. These experiences have given me a solid foundation for implementing curriculum design and evaluating program outcomes.

### **Function as a Change Agent and Leader**

Functioning as a change agent and leader in nursing education is an ongoing pursuit and will continue throughout the life of an educator. According to the American Nurses Association (2015), a change agent is a team member that can compare and contrast issues in healthcare in a systematic way to gather information for change that is needed that correlates to educational

support. The educator is also able to incorporate change into educational actions, support hospitals or agencies as they move toward change, collaborate with team members, encourage unity as a team and be able to problem solve (ANA, 2015). According to Sullivan & Decker (2009), change is a modification toward a desired state that ultimately becomes the basis for continuing transition. Change is always promotes more change. We see a need and we meet it. We can accept change as we adopt new behaviors and processes (ANA, 2015).

One way I have been a change agent and leader is by being the chair for our burn unit practice council. During our meetings we discuss practice issues in the unit and work on ways to improve the care we give. We prepare for skills days and ask staff what skills they want reinforced. The council also helps to teach the skills day as well. We do hands on mock codes, medication calculations; utilize pediatric medication pumps, ventilator settings for ARDS, and fluid resuscitation. I also help review over our current policies and procedures and make guidelines when needed.

During my practicum I have been able to go to faculty meetings and assisted in the process of editing the student handbook with another faculty member. This was very outdated and needed a lot of APA formatting and other historical information that was missing as well as current trends and information regarding acceptance into the program. The faculty also discussed new medication sheets for all levels of the students. I was able to give my input as an intensive care nurse to what common drips are used, including Propofol and Ketamine for sedation. I have been able to edit and create test questions and determine the way the students prefer to learn. More than half of the students I had took a self-test and the results determined they preferred visual learning. I had them take a self-evaluation test to determine their learning needs.

This has helped me to create lectures using more visual aids, pictures and videos. I am eager to continue to make changes in healthcare as an educator.

### **Pursue Continuous Quality Improvement in the Nurse Educator Role**

In order to pursue excellence in nursing development the educator ought to be committed to learning for a lifetime (Halstead, J.A., 2007). Other characteristics for the educator include: understanding ones activities might change based on experience, is willing to take an active role in professional organizations, teaching, scholarship and service (Halstead, J.A., 2007). The educator is able to grow based on feedback, engages in social activities with faculty members and is able to support the faculty team (Halstead, J.A., 2007). I am growing in my role as an educator by pursuing a higher level of education as a Master's prepared nurse. My future goals include a doctorate in nursing practice or a PhD. I understand that as I grow in my career my involvement in activities may change as well. I know eventually I will need to be more involved in research. I have begun this already by doing a poster abstract for E-cigarettes. This was accepted at the American Burn Association to which I am an active member. I was also on the organization committee for the Phoenix Society's World Burn Congress. I have done service by going on a medical mission to Vietnam with my church in 2013. Here I was able to work with a team of doctors, nurses, and dentists to give medical care to the people in the small villages in South Vietnam. I am eager to continue mission efforts in the future with Biola University's nursing program and hope to go to Rwanda, Africa to serve alongside faculty and nursing students. I have a passion for missions and know that is one reason that drove me to become a nurse.

Other volunteer contributions I make include being the Chair for our practice council, counselor for Angel Face burn camp, being on the program committee for the Phoenix Society

and Instructor and Coordinator for the Peer Support Program at the University of California in Irvine. As the chair of the burn unit practice council, I coordinate practice council issues with other staff members and am a liaison between staff and administration. I also prepare the agenda for our meetings and send out pertinent information to staff regarding changes in practice. As a council we teach burn classes to our peers and offer pediatric symposiums. At the end of our classes we hand out evaluations to which I am able to receive constructive criticism and grow from the experience. I am connecting socially at Biola University by attending staff meetings. I attended an adjunct faculty workshop to mingle over dinner and discuss various ways the culture of education is changing and our role as educators in the dynamic process. Ultimately I hope to make a significant contribution to the world of research to improve nursing care. I was able to do a project at UCI where I introduced Chlorhexadine to the ICU's to reduce ventilator-associated pneumonia. I still want to collect the data to see the improvements made from using this in the intensive care units. Quality growth in nursing is mandated with current research and I hope to make a difference as an educator.

### **Engage in Scholarship**

Scholarship is achieving higher levels of academia with a love for learning and teaching. According to the National League for Nursing, nurse educators should engage in scholarship and acknowledge that this is a vital element for a faculty educator who can demonstrate this competency by teaching (NLN, 2016). I have been able to teach during my practicum for all three levels of nursing students. I have taught in the classroom, clinical setting and in the simulation lab. Here I was able to validate students for proper tracheotomy suctioning and sterile dressing changes. I was able to assist with a 6-hour simulation day for the critical care rotation and did a lecture with power point and videos. I also led a manikin simulation with a case study

on sepsis. Here I utilized evidenced based practice with the California Disease Control and Prevention's website for current information on sepsis with the sepsis bundle protocol. This includes starting broad -spectrum antibiotics after taking blood cultures and starting a fluid bolus of 30cc/kg. If the lactate is greater than 2 then you continue with fluid bolus until you achieve a lactate less than 2 (CDC, 2016). I was able to use all three types of learning including kinesthetic, auditory and visual. By teaching using all methods I believe I am able to reach every learner and enhance learning.

Other areas of scholarship include preparing for and teaching the final exam review day for Biola University's Nursing Program. Here all critical care students participated by asking questions to the class. I also taught an 8-hour class for peer supporters for the Phoenix Society at the University of California, Irvine. This is where burn survivors come back into the hospital to give support at the bedside. The class focuses on how to communicate with power point, handouts, group activities and role- playing. I also had the honor of teaching for a burn consortium this year on burn support to fire fighters, emergency responders, nurses, doctors, respiratory therapists, occupational and physical therapists. This was a great experience. Another opportunity was submitting a poster to the American burn Association on burn prevention with some of my co-workers. The poster we did was on the dangers of E-cigarettes and how they can explode and cause third degree burns requiring grafts. There is a lot to learn but I am on my way to become an educator who engages in scholarship. I have a love for learning and hope to someday soon publish an article and do research to improve the science of nursing.

### **Function Within the Educational Environment**

Over the past twenty-two years as a bedside nurse and now as an adjunct faculty member for the clinical setting I have demonstrated active involvement in the educational realm. As a clinical

nurse 3 at the University of California in Irvine I function as a leader and role model and have partnered with UCI's educators to teach infusion pump programming for new hires and basic respiratory skills. I have assisted in teaching various classes including burn education and pediatric classes to all the nurses and aids in the burn unit as well as those pediatric nurses in the operating room, recovery and in the surgical intensive care unit. I have become a Clinical Nurse 3 for making a change throughout the hospital with the implementation of Chlorhexidine Gluconate to reduce Ventilator Associated Events (VAE). Along with this project I had to assess current knowledge of nurses in regards to standards of care for oral care in the intensive care unit, do current research on best practices to prevent pneumonia and present new information to staff in the form of a computer based teaching module competency. In an effort to collaborate and network within the hospital and community, I have taught burn care to staff in the Emergency Department at UCI and to firemen and paramedics in the field. When assisting with the editing of the Student Handbook for Biola's nursing program I was sure to incorporate their mission to "prepare students to be competent nursing professionals who integrate Christian caring into their nursing practice" (Biola University, n.d.). I was also able to attend faculty meetings to go over program objectives to ensure they met the standards for both the Essentials for the AACN and the Board of Registered Nursing requirement. While attending an adjunct faculty workshop I learned of the social, economical, political and institutional elements affect higher learning (Halstead, J.A., 2007). At a recent nursing consortium I was able to learn how policies like the passing of the End of Life Option Act ABX2-15 affect patient's choices during their terminal illness and how nurses can increase access to palliative care measures. I desire to be an advocate for patients, educate nurses and build community awareness. By engaging in the

eight core competencies for the nurse educator according to the National League for Nursing, one can become a valuable educator in the field of nursing.

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