

# INDEPENDENCE AND LEADERSHIP COMPONENT

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*It wasn't long before Jonathan Gull was off by himself  
again, far out at sea, hungry, happy, learning.(1)*

THE objectives of the Faculty of Nursing are based on a philosophy that explicitly states that the Faculty has a responsibility to create an environment which fosters the student's development and growth toward leadership roles. The term "leadership" is not meant to refer to any specific job function but to the "ability to influence others through direction, guidance or example so that the delivery of health care is improved or a high quality is maintained."\*

Although the preparation of a self-directing professional was the major factor influencing the form in which the fourth year of the revised curriculum was developed, faculty involved were also aware of the expressed feeling on the part of graduates of the school that less close supervision, particularly in the final year, would be helpful in making the transition to a practising professional(2). As A. J. Finch has pointed out in a more recent article, one of the current social trends which has significantly affected nursing education is the fact that the professional nurse practitioner is being required to have greater skills in independent decision-making and action(3). Others have also noted that nursing graduates frequently have serious transitional problems when they first begin work(4). At the time, it was agreed that in order to develop the capability for taking responsibility, decision-making, and independent action, more opportunities for independent experience needed to be built into the curriculum.

The main elements in the curriculum which provide these opportunities and prepare the student to function in a leadership role were incorporated into the fourth year; however, all of the learnings acquired in the previous years contribute, as do a sequence of exper-

*\* Definition of leadership developed by the fourth-year teaching team.*

iences which provide gradually increasing independence.\* These begin with a number of opportunities to function independently in the first year. As one example, small groups of students are responsible for planning and presenting material related to growth and development. In preparation for these presentations, students not only study and plan independently but also investigate community resources related to their particular project. The visits are also independently planned and executed, although faculty act in an advisory capacity if called on.

In second year, there are a number of ways in which the student is enabled to function in an independent manner in the learning experiences provided in the clinical areas. The psychiatric experience will be used to illustrate. Although each experience is preceded and followed by a clinical conference, the instructor has to remain out of the immediate one-to-one situation while the student has to use herself and then analyze what in the relationship with the patient has or has not been effective. In addition, prior to a class on aftercare, each student, on her own, contacts a community agency which would be appropriate to her patient, one which could provide a service needed by the patient. Although in second year students are not required to make a home visit, this is encouraged if it is appropriate to the patient. The student develops her own objectives for the visit, and has to clear with members of an interdisciplinary team, that is, the doctor, nurse, and social worker involved with the patient. The student is not told whether she can or can't go, but she does have to discuss the objectives of the visit with the team and then write a follow-up report in direct relation to whether the objectives were or were not achieved. Such visits are encouraged in any clinical situation, if appropriate.

As a natural progression from her earlier experiences in which the focus of her concern has been mainly the individual patient, the student in her third year moves on to work more directly with the total family. This development in turn brings with it a shift in the base of her operations from hospital to the home and to the community. It also provides the occasion for an extension of the independent experiences which were included in the first two years. Essentially, the experience consists of work by each student with one family during the academic year. Using a patient she has met and cared for in hospital as her point of entry into the family, each student provides nursing care to all its members for a period of up to six months. This whole experience, including the initial selection of

\* Thanks are due to members of the first-, second-, and third-year teams who were consulted in preparing this section of the manuscript.

the family, is carried through by the student with the help of a staff adviser. Guidance is provided through regular contacts with the student but the student is not accompanied on visits to the family.

The culmination of this sequence of independent learning experiences is reached in the fourth year. Within a structure provided by the expectations for fourth year (described by Jean Wilson in her paper in this series) and over-all objectives planned by the fourth-year teaching team, each student sets up her own objectives and plans learning experiences which will enable her to achieve them.

To fully describe the manner in which the fourth year was designed to provide opportunities for independence and initiative, it is probably best to begin with reference to the selection of a health problem by the student(5). This must be selected to meet certain criteria set up by the fourth-year team but as long as these criteria are met, the student can plan her year around any health problem which particularly concerns and interests her. The fourth year thus is only minimally based on the locus of patients (6), but rather the location for the student's practice is selected in consultation with an adviser after the student has selected and defined her health problem. One restriction with respect to location is that half the year's practice must be carried out in an institution and half in the community. The process of selecting a health problem begins in third year when representatives of the fourth-year team and fourth-year class meet with the third-year students to describe and interpret the fourth-year program.

After selection and definition of her health problem, the student plans her objectives for the coming term and the particular learning experiences which will enable her to attain these goals. Initial interpretation of the student's plans to the particular agency selected for the student's practice is made by a faculty member; the student follows up by contacting the agency and discussing her objectives with the appropriate personnel. The amount of direct supervision given by faculty varies somewhat with the agency and with the individual student, but faculty function mainly in consultative roles and act as resource persons.

As Jean Wilson has indicated in her overview of the Basic Course, development in each of the five core threads of the curriculum continues through the fourth year for all students, but in each area the student is given much freedom of choice and is the decision-maker with regard to planning the experience. In her paper in this publication, Barbara Johnson has described how this applies in the case of the research thread. As another illustration, in the teaching component, the requirement is that each student conduct two classes, one

of which will be clinical. The student decides when and whom she will teach, and how she will conduct the classes. She also selects a faculty member to evaluate these teaching sessions and submits her teaching plans to this person who is available for consultation.

In the second term, three of the five threads have been further developed to provide four areas of concentration, namely, practice, administration, research, and teaching. The student selects one of these as an elective experience. These areas of concentration are consistent with the Faculty's goal of providing a system for educating individuals who are potential leaders in professional nursing service, nursing education, or who wish to assist with research to advance knowledge of nursing.

In planning for the final year it was felt that the culmination should be an experience in which the student would have a learning experience for a period quite free from contact with or supervision from faculty. For this reason, a period of four weeks free from commitments at the school was planned. The purpose of the experience, which takes place in March, is to give the student an opportunity to integrate and apply all or several aspects of the year's experience or to further study and practise one aspect of nursing. The student develops her objectives for the experience and, in consultation with her adviser, is responsible for selecting the clinical area and making arrangements for the experience. The particular area of practice may be in Toronto or elsewhere.\*

Following this completely independent experience, the student returns to the Faculty of Nursing and is asked to demonstrate synthesis of the preceding year's learning through the production of a major paper followed by presentation and defence of the main ideas contained in the paper in a seminar. Throughout the year, the student is expected to evaluate her progress toward her objectives regularly and base future plans on these self-evaluations. Toward the end of the year she is asked to make a realistic appraisal of her interests, strengths and weaknesses, to relate these to the needs of the profession, and assess her potential contribution to nursing.

As with the introduction of the other phases of the revised curriculum, the implementation of the fourth year has not been free of difficulties. A few which appear to be peculiar to the degree of independent experience which is part of the fourth year are still not completely resolved.

*\* As examples, some students last year selected practice in rural health units, one elected to have the experience in Montreal, another in Guatemala, and another at Stanford University Medical Center.*

One problem is somewhat similar to the transitional problems of the new graduate. Although faculty felt that the program provided a progressive degree of independent experience which would prepare the student for fourth year, some students floundered particularly in the first term, and expressed considerable anxiety at having to set their own goals, plan their own programs, and so on. This appeared to a lesser degree in the current fourth year and perhaps members of faculty were themselves less anxious. It is likely, too, that having opportunities to talk to students who had experienced the program helped the present fourth-year class. Still there are some students who feel that there could be even further changes in the preceding three years which would help their adjustment to fourth year. In addition, because of individual differences there is always the question of whether some students would not benefit more from a more structured program, and the further question of whether this should be provided for the few who do not learn as readily in a relatively unstructured situation.

Closely related to the question of the degree of structure and amount of supervision is the problem of how to evaluate students' performance while at the same time remaining somewhat in the background so that they do have opportunities for independent action. Contacts with students which are arranged when functioning as a resource person enable the faculty member to assess the individual student's knowledge and the application of this in providing nursing care. Students' written reports of their patient care are used, and there is also considerable reliance on students' ability to evaluate their own areas of strength and weakness. Development of this ability is an objective of each year, with added stress in the fourth year, but, as with learning in an unstructured situation, there are individual differences in the extent to which students are able to assess their own progress. Finally, some faculty members find that dialogue with agency personnel regarding the student's over-all performance is helpful. The staff believe that, in general, this approach to evaluation is sound but are aware that there are weaknesses which must be overcome.

Another problem is related to interpretation of the program to agencies. Although the majority, when asked for evaluative comments, responded favourably, a few felt that the program had not been adequately interpreted and that personnel were uncertain of the student's role in the agency or of their own responsibilities in relation to a student present without an instructor; they requested clearer definition and clarification of objectives and expectations of all in-



volved. Faculty also feel concerns about the degree to which a student should or should not be supervised.

Granted that these and similar problems are still not completely resolved, evaluation of the program on a short-term basis suggests that the efforts to build opportunities for independent action into the curriculum have been largely successful. The faculty feel confident that long-term validation will support the view that these changes will result in self-directing professionals capable of independent decision-making.

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