

Joint-Appointments: Strengthening the Clinical Practice Component in Nursing Education Programmes

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INTRODUCTION

A good deal of discussion and debate in nursing focuses on the clinical practice component in nursing education programmes. Central to these discussions are issues concerned with the need for clinical practice that allows students to achieve the goals of a particular nursing programme while at the same time preparing graduates for the realities of the work-world. Inherent in this statement is the notion of accountability, the theme for the Education Day of this Western CAUSN Meeting.

According to the American Heritage dictionary (1969) accountability is defined as: being responsible; being answerable for. What individuals and/or institutions are responsible for and how that responsibility is carried out is derived from many sources, some of which are beliefs and values, aims and goals, societal mandates and defined roles. This paper is concerned with examining one way in which a university nursing programme has endeavoured to be accountable in its commitment to the goal of improved human well-being through the advancement and transmission of knowledge, and the development of professional practitioners who can apply knowledge creatively and compassionately. Although the two functions cannot be separated this paper will primarily focus on one, that is, the development of practitioners, namely, students in a graduate programme where the emphasis is on clinical specialization and research, and further it will focus on an aspect of that preparation, the clinical practice component.

BELIEFS OF THE GRADUATE PROGRAMME AND THEIR RELATIONSHIP TO CLINICAL PRACTICE.

The graduate programme is based on the philosophy of the faculty and on the following beliefs regarding graduate education:

1. Graduate education embodies specialization, and implicit in such specialization is depth of knowledge in a selected area of nursing and creative professional activity in the application of this knowledge.
2. Graduate education involves the acquisition and analysis of principles and theories that contribute to an understanding of nursing.
3. Graduate education attempts to foster intellectual excitement, curiosity and honesty which lead to scientific inquiry and underly professional responsibility.

The faculty believe that in order to translate these beliefs into reality it is essential that the graduate courses include clinical practice; equally important is that the clinical practice provided, indeed, offers the student opportunity to meet the goals of the programme. Critical questions then become: What are the necessary conditions for providing such practice? How available are appropriate clinical settings? What is the responsibility of the Faculty for fostering the development of such an environment?

Although the mandate of the professional school and that of the practice setting differ, it is generally held that both have in common the obligation to improve human well-being, and to improve the performance of the profession(s). With respect to the professions McGlothlin (1964) identifies four desirable outcomes for professional education: professional competence, understanding of society, ethical behaviour, and scholarly concern. He further states that, if professional education is to be successful, these qualities should be demonstrated throughout the life of the practitioner. If this is so, then as Deigan (1979) notes, the goals of the professional school and those of the practitioner in the clinical setting should be congruent. However, in nursing this is not always the case.

The dichotomy between the focus of nursing and its practice conveyed by the educational institution and that conveyed by the practice setting, and the reasons for these gaps, is well documented (Christman, 1976; Kramer, 1974; Powers, 1976; Williamson and Therrien, 1978). On the other hand, current trends in nursing practice such as Stevens (1979) describes would suggest that the potential for narrowing the gap is increasing. Among these are: nursing that is research-based; nursing that is based on theoretical nursing models; nursing that is based on care-planning as well as care-giving. A trend in health care, which emphasizes health-promotion and accountability of individuals for their health, is seriously being addressed by nursing through practice that focuses on assisting individuals and families to develop strategies for dealing with everyday situations in a health-promoting fashion (Allen, 1977). Numerous authors (Adderly and Hill, 1979; Christman, 1976; Diers, 1978; Rogers, 1978) note that the university-prepared nurse, and particularly the clinical specialist, is well suited for practice in settings that are seeking to advance these goals. However, there is always a time-interval between dreams and fact and it is this gap that frequently confronts faculty when attempting to provide appropriate clinical experience for graduate students.

A continuous problem for graduate faculty is to find ways to provide clinical experiences that will allow students to deepen their knowledge and clinical competence; to apply and test various theories in clinical situations; to begin to become socialized in the role of clinical specialist; to test some of the possibilities of the role; and to prepare for positions

where there is a considerable degree of role-carving. A second and equally important concern for faculty is finding ways to strengthen the partnership with the clinical agencies, so necessary to promote excellence in nursing practice. Clearly, the faculty member in the role of clinical teacher can further each of these aims; some aspects to a greater degree than others. Even so, there are limitations to this approach. Those most obvious in relation to faculty members' participation are that the students' specific areas of specialization do not always match the faculty members' sub-specialty areas, and faculty are not always able to be in the clinical setting when a student might most benefit from on-site assistance. Of special concern are the limitations on student experience in the clinical-nurse specialist role, that is, the lack of opportunity for the student to interact with her future peer group, in situations where there may be a clinical specialist interaction on an ad-hoc basis, and thus the advantages of such a relationship may not be realized. In these instances the student does not have the benefits gained from observing and participating with the clinical specialist, as she operationalizes the role in an on-going situation.

At the same time as faculty were considering solutions to these problems, an increased number of clinical specialists had been appointed to the nursing departments in the university teaching centres, with a view to improving patient care through practice and research. This seemed to be an excellent opportunity to both enrich the clinical component of the graduate nursing courses and strengthen the partnership between the faculty and the service agency(ies). We believed that capitalizing on the possibilities of such an arrangement could best be achieved through joint-appointments.

JOINT-APPOINTMENT OF THE CLINICAL SPECIALIST

Joint-appointments between the Faculty and the university teaching centres have been in place for some time, founded on the belief that such appointments are an effective mechanism for fostering collaborative relations, so essential to achieving our goals. Up to this point, they had been of two types: (1) a status-only appointment to which senior members of the nursing department, usually the chief nursing officer, are appointed; (2) an appointment where the nurse has a primary appointment in the nursing department of the university teaching centre which includes a part-time appointment in the Faculty of Nursing.

Status-only appointments establish the base for collaboration at the senior level. Individuals holding these appointments contribute to the Faculty in a variety of ways, for instance, acting in an advisory capacity to the Dean and senior members of staff, through committee membership, participating in senior undergraduate and graduate courses, and in

some instances through teaching senior courses, participating in continuing-education courses, and through participating at Faculty staff meetings. Status-only appointments continue to be in place and have enriched the life of the Faculty.

In the second type of joint-appointment, a staff member in one of the clinical units, who was eligible for appointment to the Faculty, was employed as a part-time teacher (40%) at either the rank of lecturer or tutor. Their responsibilities consisted of teaching one section of one of the undergraduate clinical nursing courses. Such an assignment necessitates not only teaching students in the clinical setting but includes preparation time, clearing time for office hours for students, and to some degree participating in the work of the Faculty in relation to that year of the programme. The remaining 60% of their time was directed toward their primary appointment as a staff member in the clinical agency. Although there were many strengths to this arrangement the major drawback was that staff holding the appointment found they were torn between two positions with different demands, and there was not sufficient time to develop either to their satisfaction. They were responsible for teaching courses in the early years of the undergraduate programme, where there is perhaps less flexibility in terms of teacher time, and perhaps less opportunity to blend their work as practitioners and teachers. These are factors we are examining in considering future joint-appointments to the undergraduate programme.

The development of a joint-appointment in which the clinical specialist would be involved in the clinical practice component of the graduate nursing courses was a third approach. In developing this relationship we believed that the student's practice would be enriched if the faculty member and the clinical specialist were jointly involved in this section of the nursing course. Key to the success of the experience was that the student both observe and engage in practice with a clinical specialist. In other words, the clinical specialist would not significantly alter her day, but rather the clinical teaching would take place in the context of her usual pattern of practice. The faculty member would have overall responsibility for the course and carry out all of its other aspects.

This is our third year to implement this pattern of joint-appointment. Clinical specialists in the service agencies, who are eligible, are appointed as clinical associates. We chose this designation because we believed it emphasizes the idea that the position is clinically based. In keeping with this notion the clinical associate is not expected to contribute to the overall activities of the Faculty, for example, membership on committees. Further, both institutions agree that the clinical associates' time must be protected so that there is not interference with their primary role, that of clinical nurse specialist. In addition to acting as preceptors, the clinical

associates are responsible for reading and commenting on the students' clinical logs (the student's professor also examines the logs). They also participate in the course seminars held every 3-4 weeks, and are invited by some students to be a member of their thesis committee.

There have been many advantages resulting from this approach to joint-appointment. Students have the opportunity to participate in the work of the clinical specialist as it unfolds, thus experiencing the 'real' work of the clinical specialist. The ongoing dialogue, both in the clinical setting and through the comments and discussions related to the students' written work, increases their depth of knowledge and allows them to consider the relationship between theory and practice in new ways. The clinical specialists open many doors for the students, for example, through suggesting pertinent literature and studies in their area of specialization, acquainting them with on-going work in the clinical settings, including them as partners in both nursing and inter-disciplinary activities, and enhancing the possibilities for developing collegial relations. In many instances the clinical specialists assist the students to become part of a very complex setting more quickly.

We also believe that the joint-appointment of clinical associates has contributed to strengthening their role as clinical specialists. They have found their work with students challenging and stimulating, resulting in encouragement, reinforcement, and examination of their own practice. The course seminars have contributed to their depth of knowledge and afforded them the opportunity to examine critically various theoretical and practice issues; their contribution to the seminars has provided the same stimulation for faculty and students. In some instances the students and clinical specialists have written articles for publication; in other instances they have presented a joint paper; and in still other instances they have been partners in testing and documenting new modes of nursing interventions.

At present, we have 10 clinical associates, and approximately 25 students registered in the Advanced Nursing Courses. Obviously, not all graduate students can be assigned to work with a clinical associate, first because of differences in numbers, but secondly, because students' specific areas of interest are not always in the areas where there are clinical associates. Thus in a particular year there could be one or two of the clinical associates to whom a student is not assigned. Because both students and staff have found the experience so fruitful we are continually looking for opportunities to expand the cadre of clinical associates.

Based on our experience with the clinical associates in the graduate programme, we are exploring the possibility of cross-appointing bac-

calauareate graduates, who have demonstrated leadership and clinical expertise, to act as partners in the undergraduate clinical nursing courses. We believe that providing students in these courses with the opportunity to engage in practice with a potential-peer could be a real strength. It is our observation that many of the relatively recent baccalaureate graduates are providing care that is innovative and that focuses on assisting individuals and families with the development of health-promoting behaviours. We believe that we should be capitalizing on the potential of such practitioners also and concomitantly, that the Faculty through stimulation, support and reinforcement, as well as expertise, could contribute to strengthening their practice and thus contribute to the improvement of health care.

In summary, the development of a pattern of joint-appointments with clinical agencies, where the faculty responsibilities of the appointees are an integral part of their role as clinical specialists, has added new dimensions to the graduate programme. We believe that the overarching strength of this experience has been the fostering and reinforcement of responsible, professional practice where practice, research, and teaching are viewed as a triad rather than as separate entities.

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