

*Nurse Education in Practice enables lecturers and practitioners to both share and disseminate evidence that demonstrates the actual practice of education as it is experienced in the realities of their respective work environments, that is both in the University/faculty and clinical settings.*

Table 4 Levels of evidence and evaluation of resources Looking for empirical evidence is enhanced when the skills needed to effectively access and search the literature are introduced early in the nursing curriculum and are integrated into each nursing course. Important resources to provide students include orientation to library services; contact information for the designated reference librarian for their college or school of nursing and medical center; introduction to commonly used online databases, such as PubMed; and strategies for effective literature searches. Accessing and retrieving information to promote EBP is best accomplished when active, hands-on experiences that encourage critical appraisal are provided as part of the learning process. The program can be found online at the National Library of Medicine website. Critical appraisal involves assessing and interpreting evidence by systematically considering the validity truthfulness and usefulness clinical applicability of the evidence to a particular context. In a world where answers to questions are a few computer keystrokes away and online resources such as Google and Wikipedia provide instant information, evaluation of sources is important to ensure validity of the information used to guide nursing practice. Examining these and other online resources for accuracy, authority, currentness, scope of coverage, and objectivity is imperative. Research articles and practice guidelines can be assigned as readings to augment classroom learning. The National Guideline Clearing-house 24 is an excellent online source for EBP guidelines, syntheses, and expert commentary. The clinical instructor was able to use reference to this outdated practice as an opportunity for the students to discuss their clinical experiences and knowledge and review current evidence on the topic. After the discussion, the student who brought up this topic was able to share his knowledge with the new staff member. Other strategies used by clinical faculty include asking students to identify hospital policies that could be updated to be consistent with current evidence-based guidelines or to compare standing order sets and protocols with current information by using EBP skills. Collaborating with clinical managers to hold joint journal club meetings of students, faculty, and staff from several disciplines is a good way to discuss clinical experiences, practice-based articles, reports of research studies, and newly published clinical guidelines in a stimulating environment. This interaction is especially important when supervising students at the beginning of their clinical rotations and when they are moving to new clinical areas and populations of patients. Did the intervention have the expected effect? Was the outcome consistent with results noted in previous clinical experiences and in the literature? If not, what may account for the discrepancy? What changes, if any, need to be made to achieve the intended results? These questions will yield important information to share with the clinical faculty, preceptor, and peers. In the classroom, problem-based learning strategies can be implemented to cultivate critical thinking and EBP. Problem-based learning strategies are useful for encouraging learning of complex critical care concepts that may initially seem overwhelming for nursing students. Faculty can collaborate with critical care nurses to develop case studies that encourage students to actively explore topics, including hemodynamic monitoring; mechanical ventilation; and nursing care of patients with acute lung injury, sepsis, myocardial infarction, and chest or head trauma. The processes used in problem-based learning and EBP have many similarities, encouraging a smoother transition from classroom to practice. Barksdale and Nasir 28 described how this learning tool is integrated into the education of the students. Using references on current EBP, students describe the applicability of the evidence to the plan of care for each patient. This assignment uses reflection to encourage deliberate application of theory into practice and allows faculty members an opportunity to evaluate and provide feedback, further ingraining the learning process. Faculty members who teach these courses may want to progress from a lecture format to a format that requires students to participate in ongoing research and EBP projects. Another example is to involve students in an ongoing quality improvement project being conducted at a local health care agency. In each instance, class time could include discussing these activities and problem

solving real-world issues faced during implementation of the project. EBP projects, such as the examples described earlier, provide students with the opportunity to begin building the necessary skills needed to effectively integrate EBP into their future nursing practice, whether they work at the bedside or in formal leadership roles. A common thread in many of these approaches is having faculty members and clinical mentors act as role models of these skills. Faculty members can teach by example. Education does not occur in a vacuum and much of what is learned comes from observed behavior, interactions, and the norms of the learning environment. According to the IOM, 30 patients should receive care based on the best available scientific knowledge, and although individual patient preferences and resources should be considered, care should not vary illogically from clinician to clinician or from place to place. Three important nursing organizations—the American Nurses Association, the American Association of Colleges of Nursing, and the American Association of Critical-Care Nurses—concur that all nurses should practice from an evidence base. Teaching undergraduate and graduate students the processes and skills necessary to access, appraise, and integrate evidence into practice is essential to professional nursing in the 21st century.

**Chapter 2 : Evidence-Based Teaching in Nursing**

*Barbara K. Penn, PhD, RN, BC Laurie Dodge Wilson, MSN, RN, GNP-BC. ANP-BC Robert Rosseter, MBA. Abstract. The national dialogue about the expanding nurse faculty shortage has piqued the interest of many nurses in practice and motivated them to pursue a teaching role.*

Nelson, PhD, RN Abstract The publication of the ANA position paper calling for the baccalaureate degree as the minimum requirement for entry into professional nursing practice initiated an impassioned debate which continues to frustrate and divide nursing. An examination of the entry into practice debate from an educational perspective reveals some interesting similarities in the social and political pressures felt by nursing in and the challenges that exist today. In looking back at the course of nursing education during the past thirty-seven years, some useful insights emerge which can help to set direction for the future. The author argues that it is time to leave the old debate behind and agree on the importance of developing a better educated profession. *Looking Backward Into the Future*". Online Journal of Issues in Nursing. The frustration is not limited to educators in the various types of educational programs leading to licensure; it is pervasive in all settings and at all levels of nursing practice. Why, almost forty years after the American Nurses Association published its position calling for the baccalaureate degree as the minimum preparation for nursing practice, has the nursing profession failed to come to agreement on a questions so critical to the future of nursing and its role in health care? These similarities, in relation to the path taken by nursing education during the past thirty-seven years, will be considered in an effort to identify strategies for the future. Some recommendations for moving forward in developing a better educated profession will be offered. The Spirit of In , the American Nurses Association ANA declared one of its chief concerns to be "what nursing is today and what it will be tomorrow". What followed this introduction was the first position paper on nursing education to be published by the ANA. The "position paper", which was to become one of the most frequently cited documents in nursing history, was later published in full in the American Journal of Nursing The study recognized the increasing complexity of health care and raised concerns about the hospital-based diploma programs. Specifically, the ANA noted changes in the practice of nursing, that included "major theoretical formulations, scientific discoveries, technological innovations, and the development of radical new treatments" ANA, , p. In the "position paper", three levels of nursing education were described: Nursing leaders believed that the future of nursing depended on moving nursing education into higher education and their first objective was the phasing out of the hospital-based diploma program. It was envisioned that these programs would merge with either baccalaureate or associate degree programs. Physicians, hospital administrators and diploma nurse educators and graduates opposed this move; and although some schools did close or merge with higher educational institutions, many continued to admit students. The push to eliminate the hospital-based programs, however, coincided with the phenomenal growth of the associate degree nursing ADN programs; and subsequently diploma program enrollments began to decline. The associate degree programs represented an opportunity for nursing to break away from the apprenticeship model of education and exert greater control over the educational experiences of nursing students. A combination of external factors including a shortage of nurses, increased federal financial assistance to nursing education, and growing social concerns about equal access to health care and education provided impetus for this movement Haase, The almost instant popularity of the associate degree programs was unexpected. The ADN programs attracted innovative nurse educators who were willing to challenge traditions, experiment with new teaching strategies and take risks as they worked out a new two-year curriculum as preparation for nursing practice. At the same time the ANA was advocating for nursing education reform, the associate degree in nursing was emerging as an idea whose time had come. Mildred Montag, whose doctoral dissertation provided the plan for the first associate degree programs, had used the term "technical" to describe the level of education in these programs; and this terminology was consistent with that used in the ANA recommendations. Nevertheless, by the time the ANA "position paper" was published, the use of the word "technical" to describe the associate degree nurse sparked heated debate Haase, The ANA position in was later supported by a resolution in by the ANA House of Delegates in which was set forth the

requirement that by the minimum preparation for entry into professional practice would be the baccalaureate degree. These were still hopeful times when it was expected that by , all states would have put in place the educational and legal elements necessary to mandate baccalaureate education for nursing. The designation of two levels of nursing practice, professional and technical, was reaffirmed. In , the ANA House of Delegates again resolved to move forward in attaining recognition of the baccalaureate degree as the minimum educational qualification for professional nursing practice. At this time, the ANA resolution was supported by a number of professional and specialty organizations and by the Idaho Board of Nursing Blaney, Nursing in the United States would begin the 21st century with one educational path to licensure. The supporters of the ANA position, however, were unable to generate the momentum needed to overcome the fear and resistance of its own constituents. The View in Again recognition of the complexities of health care and the rapid expansion of knowledge is increasing the pressure to raise the level of basic nursing education. Supporting the need to increase the numbers of baccalaureate educated nurses are the findings of commissions charged with defining the nursing workforce needs of the future Division of Nursing, ; Pew Health Professions Commission, The National Advisory Council on Nurse Education and Practice calls for adoption of a policy to achieve a basic registered nurse workforce with at least two-thirds holding baccalaureate or higher degrees by the year Division of Nursing, Just one state, North Dakota, has been successful in changing the nurse practice act so that only baccalaureate programs are approved to provide education for licensure as a Registered Nurse. This was accomplished despite population demographics frequently considered barriers to baccalaureate education. Wertz and Rambur , note that North Dakota is a rural state where the majority of students are place bound, working parents, financially needy, and first generation college students. Nurses remain the least educated among professional health care providers. Christman notes that at the point of care delivery, where most impressions of nurses are formed, the majority of nurses encountered by patients, physicians, psychologists, and other care providers, do not have college degrees. The educational gap between nursing and other health professions continues to grow. Other professions that have raised educational standards since include pharmacy and audiology. In a climate in which strong cooperative relationships and interdisciplinary teamwork are becoming increasingly important in delivering health care, educational differences matter. Nursing education in other countries has also begun to move to the baccalaureate level. In the s, nursing education in Australia and New Zealand became located entirely in baccalaureate programs. Reconciling the Past with the Present The position of associate degree programs in preparing the nursing workforce today can be compared to that of diploma programs in In , only The NLN , maintains that all nurses, regardless of educational background or area of practice, should be prepared to work in a community based, community-focused care system. Graduates from all programs should be prepared to intervene at the macro level, to exert greater authority, accountability, and responsibility, and to depend less on institutional authority and policy. These additional competencies needed by nurses are clearly professional rather than technical in nature, yet there is no differentiation among educational programs Hess, Consequently, there has been a proliferation of content in ADN programs that has expanded the number of units far beyond those required for associate degrees in other areas. It is not unusual for ADN programs to require 75 or more semester units that can take three years or longer to complete. Most ADN program goals now include the preparation of practice for all settings, community health content and experiences have been added, and programs describe themselves as community-based AACC Position Statement on AD Nursing, It is now generally inaccurate to describe associated degree nursing programs as "two-year programs". It is interesting to note that curriculum expansion became a problem for diploma programs in the s when, despite opposition from hospital administrators, nursing educators began to add courses in psychology, mental health nursing, public health nursing, and natural sciences. Just as the hospital-based diploma programs are historically intertwined with the evolution of modern hospitals, associate degree nursing education has been important in the growth of community colleges. Fagin and Lynaugh note that as both flourished, nursing became caught in the divergent roles of the community college. Rather than a program leading to transfer to four-year colleges and universities, associate degree nursing became primarily a vocational program with a terminal degree. Most community colleges award nurses an associate in applied science degree which places them in the same

category as technicians and assistants in relation to other health professions. Those arguing for associate degree education as the entry level into nursing also assert that nursing is a profession, yet they have not brought forward a sound model for a two-year professional education that has been emulated by any other profession. Rather than advance solid educational rationale for their programs, associate degree nursing educators have essentially maintained that the results "speak for themselves. Today it seems appropriate to ask whether nursing education has evolved beyond the community college setting. Hess questions whether the current ADN education is fair to the student and graduate. She maintains that a nursing student has the right to receive the appropriate credential for the amount of learning required in an educational program. She notes the ethical issues that arise when practice demands necessitate that, in certain subject areas, ADN and BSN students learn similar content in nearly equal depth, yet the BSN student receives upper division credit while the ADN student earns lower division credit. As there were strong defenders of hospital-based education in , there are many with vested interest in maintaining the associate degree as an entry level option. Community college presidents gain prestige from having a professional program with excellent job prospects and high salary relative to other programs at their institution. Nursing is a premier program for community colleges. What have we learned? The ANA proposal for the baccalaureate degree for entry into practice is still relevant, but there seems little to be gained by continually revisiting old arguments. Fagin and Lynaugh have called the baccalaureate degree in nursing "legitimate and coherent" noting that it recognizes the occupational as well as the professional realities of nursing. It provides for the production of safe, competent workers who, along with other professionals, are positioned to move into university graduate programs. In looking back at the course of nursing education since the "position paper" was published, some useful insights emerge which can help to set direction for the future. These will be described briefly. The current nursing shortage should not be used as an excuse for postponing action to raise educational standards. To argue that no change can occur in a time of shortage is to succumb to the status quo. A nursing shortage existed at the time of the ANA proposal and has continued during most of the time since. The proliferation of associate degree programs did not prevent shortages from occurring as initially predicted. Today shortages are expected to be the greatest for those nurses with baccalaureate and higher education and those with advanced competencies. Pew Health Professions Commission, Educational standards influence perceptions about nursing as a career choice. In its position paper, the ANA noted that "the increasing availability of college to more and more young people, and the ever-widening opportunities for women in the traditionally masculine business and professional fields have an impact on recruitment by nursing. Failure to require a baccalaureate degree for professional practice has made nursing a less appealing option for college-bound freshmen. We must assess realistically the portents of the changing picture in higher education for the recruitment of qualified young people for nursing" ANA, , p. The impressions of nursing expressed in interviews with school children indicate that a career requiring only two years of education is viewed somewhat negatively. Ninth and tenth grade students thought of nursing as technical, "more like shop", than professional JWT Specialized Communications, It is no longer feasible to try to differentiate practice along current educational points of entry. The distinctions between professional and technical nursing roles have not been translated into differentiated practice expectations in the work setting. Although a number of models for differentiating nursing roles have been proposed, they have been difficult to implement in health care areas where identical licensure implies that "a nurse is a nurse is a nurse. North Dakota, as the only state to date to establish the baccalaureate degree as the educational requirement for registered nurses, did not differentiate practice along the technical versus professional lines suggested in the ANA position paper. In North Dakota, the associate degree has become the educational requirement for licensed practical nurses rather than for beginning technical nursing practice as proposed by the ANA. Any successful plan for changing nursing education must be inclusive. One of the frequently mentioned strengths of the associate degree programs is the history of providing affordable access to the nursing profession for underserved populations. Many still believe that community colleges are the only option for those from disadvantaged, minority, and rural populations. Countering this argument are those who note the racist, classist, and gender implications in the contention that older, minority and nontraditional students are dependent on the associate degree programs for access to professional nursing. Agreement about BSN

requirement for entry into practice should disenfranchise no one. Qualified nursing faculty are a vital resource.

## Chapter 3 : Teaching Strategies

*» Nurse practice act Years Ago, The Nurses Of Rochester Changed The World Of Nursing The Nurse Practice Act (NPA's) is a set of laws and rules individualized state-to-state that defines the scope of nursing practice specific to registered nurse, a licensed practical nurse, an advanced nurse practitioner and a nurse anesthetist and gives.*

Scientific Sessions Track Nursing Education The reason for Nursing Education is to upgrade the improvement of the nursing calling by instructed the medical attendants in their zone. Nursing course is one of the foundations of the human services framework. Medical caretakers assume a critical part in wellbeing advancement, anticipation techniques, and care of individuals. This is the exceptional courses of therapeutic instruction which substance both hypothetical and viable preparing gave to medical attendants to the reason to set them up as nursing care experts. Nursing proceeding with training: Evidence-Based Nursing Evidence Based Nursing EBN is a way to deal with settling on quality choices and giving nursing care in view of individual clinical aptitude in blend with the most ebb and flow, applicable research accessible on the point. EBN executes the most exceptional strategies for giving consideration, which have been demonstrated through examination of great investigations and factually huge research discoveries. The objective of EBN is to enhance the wellbeing and security of patients while likewise giving consideration in a financially savvy way to enhance the results for both the patient and the human services framework. EBN is a procedure established on the accumulation , understanding, evaluation , and combination of substantial, clinically huge, and pertinent research. The proof used to change practice or settle on a clinical choice can be isolated into seven levels of confirmation that vary in sort of study and level of value. These aptitudes are instructed in current nursing instruction and furthermore as a piece of expert preparing. Nursing Care Nursing care is an essential piece of the respect program in adjusting understudies for section into the nursing exchange. Understudy and educator idea of the connection amongst appraisal and learning has remained an under-inquired about territory. Information were gathered through a progression of center gathering examination with gatherings of nursing understudies , graduates, and instructors. Thus, they received a surface way to deal with study and focus on planning for the appraisal errands to the disadvantage of their learning. Frameworks for reflecting nursing hones are the capacity to consider movement keeping in mind the end goal to partake in a strategy of reliable learning. As demonstrated by one definition it incorporates "giving watchful thought to the down to business characteristics and theories which enlighten general exercises , by investigating practice splendidly and reflexively. Cardiac Nursing Cardiovascular medical attendants or Cardiac Nurses treat patients experiencing heart illnesses and heart related conditions. As a Cardiac Care Nurse , you can help a wide assortment of patients, from youngsters to the elderly, in surgical or walking settings. Cardiovascular medicinal overseers or cardiovascular attendants cure those conditions, for instance, insecure angina, cardiomyopathy , coronary course ailment, congestive heart dissatisfaction, myocardial dead tissue and heart dysrhythmia under the supervision of a cardiologist. Heart restorative medical attendant specialists have the genuine work to do in fundamental situation. Oncology Nursing Oncology medical caretakers or Oncology nurses work in a multi-disciplinary group, in an assortment of settings, from the inpatient ward , deep down marrow transplant unit, through to the group. Oncology nurses frequently fill in as your first line of correspondence, and help arrange the numerous parts of your care all through growth treatment. They may play out various obligations. An Oncology Nurse gives care to growth patients and those in danger for getting the ailment. They screen physical conditions, endorse solution, and manage chemotherapy and different medications. Oncology medical caretakers witness much enduring yet this pressure is balanced by the long haul connections they regularly create with patients and their families. LNCs help lawyers in perusing restorative records and understanding medicinal phrasing and social insurance issues to accomplish the best outcomes for their customers. While the lawyer is a specialist on lawful issues, the LNC is a specialist on nursing and the social insurance framework. LNCs screen cases for justify, help with disclosure; lead the current writing and therapeutic research ; survey restorative records; distinguish principles of care; get ready reports and synopses on the degree of damage or disease ; make decisive confirmation; and find or go about as

master witnesses. The legitimate medical attendant advisor goes about as a particular individual from the prosecution group whose expert commitments are frequently basic to accomplishing a reasonable and only result for all gatherings. Women Health Nursing Women wellness has swung to birthing authorities for sponsorship and help with work. Birthing colleague allots "with woman. Gynecologic malignancies and nursing thought is a specific field of pharmaceutical that spotlights on illnesses of the female conceptive structure, including ovarian tumor , uterine malady, vaginal danger, cervical development, and vulvar threat. As experts, they have wide getting ready in the examination and treatment of these malignancies. Women and cardiovascular afflictions or coronary sickness is routinely considered as an issue for men, a bigger number of women than men pass on of coronary disease consistently. One test is that some coronary ailment signs in women might be not the same as those in men. Midwifery Nursing Attendants assume level with liability in the minding of a patient , so medical caretakers or nurses should well disposed towards cutting edge social insurance innovation and new creations in the field of human services. To make well disposed to medical caretakers all around nursing meeting, Nursing classes , Family Nursing Conferences are led each year. Worldwide Nursing Conferences assumes the most critical part in the field of social insurance. These all around Nursing Meetings and Nursing Conferences assumes a crucial part in sharing knowledge, propel innovation in the field of nursing , new procedures of treatment and dealing with patients. Surgical Nursing A surgical medical caretaker or Surgical nurses works in preoperative care which implies they give care to patients previously, amid and after surgery. They perform preoperative, intraoperative, and postoperative care principally in working theater. Surgical patients the individuals who have experienced a minor or major surgical method are breast fed on various wards to restorative patients. Critical Care Nursing Essential thought nursing is the field of nursing which focus on the most extraordinary thought of the on a very basic level debilitated or unsafe patients. Sickness expectation and nursing thought is the control stressed with preventing nosocomial or human administrations related pollution, a valuable rather than educational sub-request of the investigation of illness transmission. New imagined babies who require genuine remedial thought are routinely yielded into a remarkable zone of the recuperating office called the Neonatal concentrated care and Nursing care Related Societies: Clinical Nursing Clinical Nurse Specialists CNSs give direct care to patients in one of an extent of qualities, for instance, pediatrics , geriatrics, emergency care and oncology. CNSs may moreover fill in as specialists, helping other remedial specialists endeavoring to improve understanding outcomes and effect all levels of care. Clinical nursing and nursing association incorporates the execution of the master segments of association and basic leadership inside affiliations utilizing therapeutic orderlies. It wires shapes consistent to all association like dealing with, engineering , staffing, arranging and controlling. Nursing Informatics Nursing informatics NI is the Virtue that merges nursing science with various data organization and demonstrative sciences to arrange, show, keep up, and spread information, knowledge, mindfulness, and foreknowledge in nursing practice. Nursing informatics , control medical attendants, clients, patients, the amateurish human services association , and other colleague in their basic leadership in all execution and vibe to pick up pointed conclusion. This support is skilful using knowledge arrange, insight advancement, and knowledge computerization. Health Care A wellbeing framework, additionally now and then alluded to as medicinal services framework or human services framework is the association of individuals, organizations, and assets that convey social insurance administrations to meet the wellbeing needs of target populaces. Human services Management is an expert association inside the United Kingdom , for supervisors in the wellbeing and social care divisions. Its participation covers the National Health Service , autonomous wellbeing and social care suppliers, human services advisors, and the military. Psychiatric and Mental Health Nursing Mental and Mental Health Nursing is a mental evaluation, or mental screening, is an arrangement of social occasion data around a man inside a mental or phrenic prosperity convenience, to show of making an examination. The appraisal is expectedly the main time of a treatment procedure, yet mental care may also be used for sundry licit purposes. Care and rest issue. Nursing thought is a class of noetic issue delineated by sentiments of care and dread, where kindheartedness is a nervousness over future occasions and tension is a response to current occasions. There are diverse liberality issue: Pediatric Nursing Pediatric nursing is the art of tyke mind and logical treatment of youth. This branch of therapeutic science manages the care of kids from

origination to immaturity in social insurance nursing. As strategies to make sense of muscle to fat ratio specifically are troublesome, the treatment of heftiness is frequently in view of BMI. Because of the expanding dominance of weight in youngsters and its numerous unfavorable consequences for wellbeing it is being set apart as a noteworthy general wellbeing concern. The term pre-adult and youngsters are frequently utilized alternately, similar to the words Adolescent Health and Youth Health. Nursing proficient advancement expands on the fundamental instruction and experience of medical caretakers all through their expert vocations for a definitive objective of guaranteeing the nature of human services to the general population. Transitional Care Nursing Transitional thought suggests the coordination and congruity of human administrations in the midst of an advancement from one restorative administrations setting to either another or to home, called transitional care nursing , between social protection specialists and settings as their condition and care needs change over the traverse of a perpetual or extreme ailment. More settled adults who encounter the evil impacts of a grouping of prosperity conditions every now and again require human administrations organizations in different settings to address their a few issues. For adolescents the accentuation is on moving viably from tyke to grown-up prosperity organizations. Holistic Nursing All encompassing nursing is by and large characterized as all nursing practice that has recuperating the entire individual as its objective. An all encompassing medical caretaker is an authorized attendant who takes a "mind-body-soul feeling condition" way to deal with the act of conventional nursing. Telenursing Telenursing is the combination of eHealth and Telemedicine in the field of nursing services. It is one of the most distinctive types of nursing provision , because it can provide services for patients who are immobilized or who are living in rural areas. It overcomes the problem of shortages of nurses and also eliminate the possible transmission of contagious diseases. Telenurse often serve to coordinate many aspects of wellness program throughout the treatment period. Video conferencing , instant messaging, email like eHealth technologies makes telenursing a great asset in the field of medicine. Travel Nursing A Travel nurse is an attendant who is procured to work in a particular area for a constrained measure of time. Travel nurse regularly work multi week time spans in a single region and move around the country relying upon where they are required. Since the demand for medical caretakers and nurse is so high, there are often shortages in certain areas, and a traveling nursing will be enlisted to come in and work in a particular position for a short measure of time. This includes proficient keynote presentations, verbal speeches, productive poster presentations and exhibitions. Nursing Education Conference provide a worldwide stage to worldwide systems administration and trading most recent developments in nursing and healthcare. Offering opportunity to go to the presentations conveyed by eminent experts from everywhere throughout the world. Participating in Nursing Education Congress gives an approach to meet, cooperate with, and make contacts with different specialists in your claim to fame region. Most meetings will have creators, analysts, or clinicians who are perceived specialists in the field. Pulsus Group Pulsus Group is a Medical publisher that binds to stringent peer-review procedure with a view to set an example in enlightening standard medical research with integrity and attentiveness, established in with many offices in Singapore, Ontario, Canada and India. Pulsus Group takes dignity in assimilating the endorsements of prestigious associations and societies like Canadian Medical Societies, International Medical Societies. It publishes a extensive range of Medical Journals that focus on medical specializations like Cardiology, integrative medicine, surgery and reproductive medicine.

**Chapter 4 : Teaching and Learning in Nursing - Journal - Elsevier**

*The Impact of Education on Nursing Practice* The American Association of Colleges of Nursing (AACN), the national voice for baccalaureate and graduate nursing programs, believes that education has a significant impact on the knowledge.

Robert Rosseter, MBA Abstract The national dialogue about the expanding nurse faculty shortage has piqued the interest of many nurses in practice and motivated them to pursue a teaching role. Thought eager to share their clinical expertise as nurse educators, many of them have questions about what is required to transition from the clinical practice setting to the academic environment, even on a part-time basis. This article provides practical advice on how to find teaching opportunities in higher education and make the role transition successfully. The authors address types of faculty appointments, educational qualifications needed for teaching, considerations in taking a faculty position, beginning a faculty position and learning about the academic work environment, and faculty development opportunities. They conclude by paying special attention to the essential skills needed to become a nurse educator and flourish in a teaching role. Though workforce analysts identify many reasons for the current shortage of registered nurses RNs , there is growing consensus that the primary reason for this escalating crisis in the United States US is a diminishing pool of nurse faculty. For each of the past three years, more than 40, qualified applicants to baccalaureate and graduate nursing programs have been turned away from nursing schools due primarily to a shortage of faculty American Association of Colleges of Nursing [AACN], a. The AACN has worked to draw attention to the nurse faculty shortage and advance possible solutions. In a white paper originally released in , a task force of AACN members identified a number of factors contributing to the shortfall in the number of nurse educators needed. These factors included faculty retirement patterns, significant salary differentials between academia and practice, competition for nurses with graduate degrees, flat enrollment and graduation rates in advanced nursing programs, and an aging professoriate AACN, With a clearer understanding of the root cause, initiatives to address the nursing shortage at the federal, state, and local levels have been introduced. Alleviating the nurse faculty shortage has become a priority. Most proposed federal legislation to address the RN shortage in the U. Though federal funding for nursing education in general has been level for the past three years, appropriations for the Nurse Faculty Loan Program has nearly doubled since FY AACN, b. One of the strongest motivators to teach is that teaching provides an opportunity to influence student success and shape the next generation of nurses. At the local level, individual schools of nursing and their practice partners also are working to find creative ways to bridge the faculty gap AACN, Some schools have removed restrictions, thus allowing retired faculty to teach part time, while others are enhancing benefits and raising salaries to strengthen recruitment and retention efforts. These programs offer an intense, rigorous educational experience for bright nursing students and are helping to increase the pipeline of nurses with the educational preparation needed to teach. Nurse faculty are also stepping up efforts to mentor nursing students and enlighten them about the many benefits that come with a teaching career Bartels, Teaching is a rich and rewarding pursuit for nurses looking to share their clinical expertise with those entering the profession or nurses returning to practice with advanced preparation. As an educator, one can model professional values and skills, and ultimately influence the quality of care provided by future nurses. Fortunately, the national spotlight on the faculty shortage has piqued the interest of many nurses in practice who are looking to enter the teaching arena but are not sure where to begin. Though eager to share their expertise with nursing students, many of these individuals have questions about what is required to transition from the practice setting to the academic environment, even on a part-time basis. What credentials do I need in order to teach and what assistance is available to make this transition? What skills must good teachers possess and where can I look to develop a new level of teaching competence? How does academia differ from clinical practice and what inside information do I need to know to succeed as a nurse educator? These questions and many others will be addressed in this article in which the authors describe types of faculty appointments, educational qualifications needed for teaching, considerations in taking a faculty position, beginning a faculty position and learning

about the academic work environment, and faculty development opportunities. It is important to note that the appointment system likely will differ according to the type of teaching institution. For example, academic positions offered by large academic health centers are different from those offered by smaller teaching and service-oriented institutions. Faculty may be appointed to tenure versus non-tenure-track and part-time versus full-time positions. Tenure can be described as a permanent job contract within the academic institution. Educators hired into a tenure-track position are considered tenure-probationary until they consistently demonstrate excellence, are promoted to senior ranks, and granted tenure. These faculty become eligible to formally apply for tenure at a designated time after employment, typically around six or seven years. Criteria for tenure are specified by the school, and typically include academic preparation, teaching ability, publication record, departmental service, leadership, and research. Tenure-track faculty typically are full-time employees who hold titles such as Professor, Associate Professor, and Assistant Professor. The number of tenure-track positions is considerably limited compared to the various non-tenure-track positions available. Some schools are eliminating tenure altogether, and instead contract with all faculty for designated periods of employment. Faculty may choose to pursue non-tenure-track positions because they either do not have the requisite credentials or do not want the multiple responsibilities associated with the tenure track. Although clinical-track faculty are primarily responsible for the clinical education and supervision of students in the clinical arena, they often are expected to teach in the classroom as well. Maintaining clinical proficiency is critical since these faculty members are expected to serve as clinical experts and professional role models. Nurses who are doctorally prepared but who prefer a career in research within an academic institution may also be offered a non-tenure-track faculty appointment as a research scientist. The primary responsibility of these faculty is generating and disseminating new knowledge. This type of appointment is given to someone whose primary employment is outside the school of nursing but whose skills and knowledge are particularly desired by the school. Part-time academic ranks and titles vary according to qualifications and responsibilities, such as lecturer or clinical instructor, depending on whether the adjunct faculty member teaches a classroom course, supervises students in the clinical setting, or works with students on projects or research. This type of employment may be a good option for professional nurses seeking flexibility due to family or other personal responsibilities that do not allow for full-time employment. A part-time clinical teaching appointment is an excellent way to enter the faculty ranks. Like clinical career ladders, nursing faculty also have academic career choices. They may start in a full-time, tenure-track position; or start in a part-time appointment and work their way up in academic rank and tenure; or remain in a clinical track or a part-time position for many years. Educational Qualifications for Teaching Graduate education in nursing is generally the expected preparation for full-time faculty roles. Graduate education in nursing is generally the expected preparation for full-time faculty roles. This expectation is consistent with most nursing programs offered at both community colleges and senior colleges and universities National Council of State Boards of Nursing, However, individual school standards, State Boards of Nursing, and professional organizations also influence the academic preparation required of faculty in a given situation. Hence some faculty positions may require varying levels of academic preparation. In many schools, faculty are expected to teach at multiple levels, so the more educational preparation they have, the more versatile they can be. Any profession expects its faculty to have advanced preparation in the discipline, such as nursing or biology, in order to teach others the most current content in the discipline. For faculty to fully assume an academic role, AACN c supports the doctoral degree as the preferred preparation, mirroring the expectation of other disciplines in higher education. More than 86 percent of current vacancies in baccalaureate and higher degree granting nursing programs either require or strongly prefer faculty with a doctorate AACN, Looking ahead, the demand for doctorally prepared faculty will likely increase with the recent endorsement of the AACN position statement c on The Preferred Vision of the Professoriate in Baccalaureate and Graduate Nursing Programs which includes the following language about the desired education level for nurse educators: Doctoral graduates who will be involved in an academic role will have preparation in educational methods and pedagogies p. This statement provides clear support for doctoral preparation for nursing educators. Although a full-time faculty appointment may not initially require a doctoral degree, non-doctorally prepared faculty may be expected to obtain a doctorate within a designated

period of time while maintaining their academic responsibilities. Without doctoral preparation, faculty are less competitive for academic promotion and attainment of tenure. Because this is an acceptable trade-off for many educators, schools of nursing are developing clinical tracks and other mechanisms for hiring and retaining excellent clinicians who are not doctorally prepared. For nurses in practice settings who want to teach but do not have the credentials for a full-time faculty position in higher education, or who simply wish to explore the teaching role, a number of opportunities exist. For example, you might volunteer to help with staff development programs in your agency. You may have particular clinical expertise that you can share as a guest speaker or adjunct faculty for students in a local nursing program. You may be qualified to be a clinical instructor for a local school, or a clinical preceptor for students as an agency employee. Although most schools of nursing require faculty to have earned at least one degree above the level in which they teach, some schools do hire clinical instructors or preceptors if they have the same degree as the one toward which their students are studying Lewallen, Considering a Faculty Position Contacting local schools of nursing about your interest in teaching is one of the best ways to learn about available positions. When considering a faculty position, it is important to know what you want and what the nursing program needs. As previously discussed, many schools seek full-time faculty, but may consider part-time appointments, particularly for clinical instructors. You may want to have a conversation with a faculty member who brings students to your institution to gather, informally, information about the school and the faculty role. Contacting local schools of nursing about your interest in teaching is one of the best ways to learn about available positions. Because postings regarding teaching positions and precepting opportunities may not be easily accessible or regularly updated, this personal contact may be a vital step to securing an academic position. Like any professional endeavor, teaching offers distinct benefits and challenges. When considering a teaching position, you will want to weigh a number of issues to determine if the educator role is a good fit for you both personally and professionally. Some aspects of the academic work environment are similar to the nursing practice environment, while others are distinct. Personal satisfaction assisting students in mastering concepts and skills Collaboration with like-minded colleagues High level of autonomy compared to many practice roles Access to library services, evidence-based literature, and technology resources Flexible work hours Schedule more likely to allow you to be home with family during evenings, weekends, holidays, and summers Increased opportunities to supplement income through consultation, faculty practice, teaching workshops, and professional presentations Encouragement to be published, conduct research, and write and manage grants Challenges: Potentially lower salary particularly if the appointment is for a month academic work year Intense workload outside of the classroom and take-home work: Beginning in a Faculty Position As with any career change, the role transition from practitioner to educator can cause feelings of uncertainty, isolation, and anxiety which is not unlike the beginning days of practice. As a new faculty member, you must possess knowledge not only about your clinical specialty but also specific expectations of the faculty role, and the culture and beliefs of the teaching institution. The various tasks of teaching can be learned; but the overall context of the educational environment is harder to grasp, and may be an unintended barrier for new faculty. To be more comfortable with your role transition, you should learn as much as possible about the nursing school and the college or university of which the nursing school is a part, including the academic mission and hierarchy, faculty responsibilities, promotion system, and educational policies. These missions and philosophies serve as frameworks that guide how the institution serves its students and community, and will help you understand your new role and heighten your sense of belonging. These missions and philosophies may differ depending on whether you are working at a faith-based school or a public institution, and whether the priority is placed on teaching, research, service, or a combination of these activities. The nursing school philosophy may be based on one or more established nursing theories, and you should be comfortable with this specific theory since this school of thought will guide how you teach students Lewallen, In addition to the mission and philosophy, you should understand how the school is structured and administered. Review the strategic plan and organizational chart, and determine the formal lines of communication Bellack, Find answers to questions such as: What are the roles of the president, vice-president, and provost? Is the school of nursing a separate academic entity or unit with a dean or director? If the nursing academic unit is included in a larger school of

health sciences, how is the nursing program administered? How is the school of nursing divided into working units, and what are the responsibilities of the persons leading these departments or units? Faculty Responsibilities Fully understanding your new role as faculty is crucial to your long-term success and retention. You will want to clarify issues that affect you directly, such as: What is my job description? Who is my supervisor? Am I expected to teach independently or as part of a team? Will I teach in the classroom or in a clinical setting or both?

**Chapter 5 : Research Priorities in Nursing Education**

*The designation of two levels of nursing practice, professional and technical, was reaffirmed. In , the ANA House of Delegates again resolved to move forward in attaining recognition of the baccalaureate degree as the minimum educational qualification for professional nursing practice.*

See Article History Nursing, profession that assumes responsibility for the continuous care of the sick, the injured, the disabled, and the dying. Nursing is also responsible for encouraging the health of individuals, families, and communities in medical and community settings. Nurses are actively involved in health care research, management, policy deliberations, and patient advocacy. Nurses with postbaccalaureate preparation assume independent responsibility for providing primary health care and specialty services to individuals, families, and communities. Professional nurses work both independently and in collaboration with other health care professionals such as physicians. Professional nurses supervise the work of nurses who have limited licenses, such as licensed practical nurses LPNs in the United States and enrolled nurses ENs in Australia. Professional nurses also oversee the work of nursing assistants in various settings. Nursing is the largest, the most diverse , and one of the most respected of all the health care professions. There are more than 2. While true demographic representation remains an elusive goal, nursing does have a higher proportional representation of racial and ethnic minorities than other health care professions. In some countries, however, men still remain significantly underrepresented. The demand for nursing remains high, and projections suggest that such demand will substantively increase. Advances in health care technology, rising expectations of people seeking care, and reorganization of health care systems require a greater number of highly educated professionals. Demographic changes, such as large aging populations in many countries of the world, also fuel this demand. History of nursing Although the origins of nursing predate the midth century, the history of professional nursing traditionally begins with Florence Nightingale. Nightingale, the well-educated daughter of wealthy British parents, defied social conventions and decided to become a nurse. The nursing of strangers, either in hospitals or in their homes, was not then seen as a respectable career for well-bred ladies, who, if they wished to nurse, were expected to do so only for sick family and intimate friends. In a radical departure from these views, Nightingale believed that well-educated women, using scientific principles and informed education about healthy lifestyles, could dramatically improve the care of sick patients. Moreover, she believed that nursing provided an ideal independent calling full of intellectual and social freedom for women, who at that time had few other career options. Newspaper stories reporting that sick and wounded Russian soldiers nursed by religious orders fared much better than British soldiers inflamed public opinion. Within days of their arrival, Nightingale and her nurses had reorganized the barracks hospital in accordance with 19th-century science: Within weeks death rates plummeted, and soldiers were no longer sickened by infectious diseases arising from poor sanitary conditions. For centuries, most nursing of the sick had taken place at home and had been the responsibility of families, friends, and respected community members with reputations as effective healers. During epidemics , such as cholera , typhus , and smallpox , men took on active nursing roles. For example, Stephen Girard , a wealthy French-born banker, won the hearts of citizens of his adopted city of Philadelphia for his courageous and compassionate nursing of the victims of the yellow fever epidemic. Stephen Girard, lithograph by A. Newsam after a portrait by B. As urbanization and industrialization spread, those without families to care for them found themselves in hospitals where the quality of nursing care varied enormously. Some patients received excellent care. Women from religious nursing orders were particularly known for the quality of the nursing care they provided in the hospitals they established. Other hospitals depended on recovering patients or hired men and women for the nursing care of patients. Sometimes this care was excellent; other times it was deplorable, and the unreliability of hospital-based nursing care became a particular problem by the late 19th century, when changes in medical practices and treatments required competent nurses. Hospitals established their own training schools for nurses. In exchange for lectures and clinical instructions, students provided the hospital with two or three years of skilled free nursing care. This hospital-based educational model had significant long-term implications. It bound the education of nurses to

hospitals rather than colleges, a tie that was not definitively broken until the latter half of the 20th century. The hospital-based training model also reinforced segregation in society and in the health care system. For instance, African American student nurses were barred from almost all American hospitals and training schools. They could seek training only in schools established by African American hospitals. Still, nurses transformed hospitals. In addition to the skilled, compassionate care they gave to patients, they established an orderly, routine, and systemized environment within which patients healed. They administered increasingly complicated treatments and medication regimes. They maintained the aseptic and infection-control protocols that allowed more complex and invasive surgeries to proceed. In addition, they experimented with different models of nursing interventions that humanized increasingly technical and impersonal medical procedures. Outside hospitals, trained nurses quickly became critical in the fight against infectious diseases. Teaching methods of preventing the spread of diseases, such as tuberculosis, pneumonia, and influenza, became the domain of the visiting nurses in the United States and the district nurses in the United Kingdom and Europe. They were particularly committed to working with poor and immigrant communities, which often had little access to other health care services. The work of these nurses contributed to a dramatic decline in the mortality and morbidity rates from infectious diseases for children and adults. A child receiving a tuberculosis vaccine at school in Bulacan province, Philippines, c. 1900. Very soon, the supply of private-duty nurses was greater than the demand from families. At the turn of the 20th century, nurses in industrialized countries began to establish professional associations to set standards that differentiated the work of trained nurses from both assistive-nursing personnel and untrained nurses. More important, they successfully sought licensing protection for the practice of registered nursing. By the mid-20th century, the increasing technological and clinical demands of patient care, the escalating needs of patients for intensive nursing, and the resulting movement of such care out of homes and into hospitals demanded hospital staffs of trained rather than student nurses. By the mid-20th century, hospitals were the largest single employer of registered nurses. This trend continues, although as changes in health care systems have reemphasized care at home, a proportionately greater number of nurses work in outpatient clinics, home care, public health, and other community-based health care organizations. Other important changes in nursing occurred during the latter half of the 20th century. The profession grew more diverse. The American Nurses Association (ANA) desegregated in 1968, one of the first national professional associations to do so. But by the late 1960s some African American nurses felt that the ANA had neither the time nor the resources to adequately address all their concerns. All women can help—learn how you can aid in army hospitals. Dependence on hospital-based training schools declined, and those schools were replaced with collegiate programs either in community or technical colleges or in universities. In addition, more systematic and widespread programs of graduate education began to emerge. These programs prepare nurses not only for roles in management and education but also for roles as clinical specialists and nurse practitioners. Nurses no longer had to seek doctoral degrees in fields other than nursing. By the 1970s nurses were establishing their own doctoral programs, emphasizing the nursing knowledge and science and research needed to address pressing nursing care and care-delivery issues. During the second half of the 20th century, nurses responded to rising numbers of sick patients with innovative reorganizations of their patterns of care. For example, critical care units in hospitals began when nurses started grouping their most critically ill patients together to provide more effective use of modern technology. The nursing profession also has been strengthened by its increasing emphasis on national and international work in developing countries and by its advocacy of healthy and safe environments. The international scope of nursing is supported by the World Health Organization (WHO), which recognizes nursing as the backbone of most health care systems around the world. National and state agencies also regulate the scope of nursing practice. Together, these bodies set forth legal parameters and guidelines for the practice of nurses as clinicians, educators, administrators, or researchers. Education for nursing practice Nurses enter practice as generalists. They care for individuals and families of all ages in homes, hospitals, schools, long-term-care facilities, outpatient clinics, and medical offices. Many countries require three to four years of education at the university level for generalist practice, although variations exist. For example, in the United States, nurses can enter generalist practice through a two-year program in a community college or a four-year program in a college or university. Research preparation in nursing takes

place at the doctoral level. Coursework emphasizes nursing knowledge and science and research methods. An original and substantive research study is required for completion of the doctoral degree. Forms of general nursing practice

**Hospital -based nursing practice** Hospital nursing is perhaps the most familiar of all forms of nursing practice. Within hospitals, however, there are many different types of practices. Some nurses care for patients with illnesses such as diabetes or heart failure , whereas others care for patients before, during, and after surgery or in pediatric, psychiatric, or childbirth units. Nurses work in technologically sophisticated critical care units, such as intensive care or cardiac care units. They work in emergency departments, operating rooms, and recovery rooms, as well as in outpatient clinics. The skilled care and comfort nurses provide patients and families are only a part of their work. They are also responsible for teaching individuals and families ways to manage illnesses or injuries during recovery at home. When necessary, they teach patients ways to cope with chronic conditions. Most hospital-based nurses are generalists. Those with advanced nursing degrees provide clinical oversight and consultation, work in management, and conduct patient-care research. Over the past centuries and in different parts of the world, community health nurses were called district nurses, visiting nurses, public health nurses, home-care nurses, and community health nurses. Today community health nursing and public health nursing are the most common titles used by nurses whose practices focus on promoting and protecting the health of populations. Knowledge from nursing, social, and public health sciences informs community health nursing practices. In many countries, ensuring that needed health services are provided to the most vulnerable and disadvantaged groups is central to community health nursing practice. In the United States, community health nurses work in a variety of settings, including state and local health departments, school health programs, migrant health clinics, neighbourhood health centres, senior centres, occupational health programs, nursing centres, and home care programs. Care at home is often seen as a preferred alternative for caring for the sick. Globally, home care is being examined as a solution to the needs of the growing numbers of elderly requiring care. Mental health nursing practice

**Mental health or psychiatric nursing practice** concentrates on the care of those with emotional or stress-related concerns. Nurses practice in inpatient units of hospitals or in outpatient mental health clinics, and they work with individuals, groups, and families. Advanced-practice mental health nurses also provide psychotherapy to individuals, groups, and families in private practice, consult with community organizations to provide mental health support, and work with other nurses in both inpatient and outpatient settings to meet the emotional needs of patients and families struggling with physical illnesses or injuries. The care of children

**The care of children,** often referred to as pediatric nursing, focuses on the care of infants, children, and adolescents.

**Chapter 6 : Nursing Education Issues**

*Changes in Nursing Education and Nursing Practice Today almost all nurses are educated in either two year or four programs in community colleges, comprehensive colleges and universities where they exchange tuition for instruction, which, among other things, leads to examination for registration as a professional nurse.*

It is supportive of new authors and is at the forefront in publishing individual and collaborative papers that demonstrate the link between education and practice. Nursing is a discipline that is grounded in its practice origins - nurse educators utilise research-based evidence to promote good practice in education in all its fields. A strength of this journal is that it seeks to promote the development of a body of evidence to underpin the foundation of nurse education practice, as well as promoting and publishing education focused papers from other health care professions which have the same underpinning philosophy. Case studies and innovative developments that demonstrate how nursing and health care educators teach and facilitate learning, together with reflection and action that seeks to transform their professional practice will be promoted. The opportunity to stimulate debate is encouraged as is the promotion of evidence-based nursing education internationally. Clinical education Papers which focus on nursing education in the clinical practice environment, from clinical staff involved in the education of student nurses in practice, as well as educators involved in the development of the workforce through post-qualifying education and training initiatives, are welcomed. It is essential that, as in other areas of nursing education, the evidence-base to education in the clinical environment is developed, where student nurses learn to become nurses; and professional caring practitioners develop and maintain their own knowledge and skills in order to transform the way they develop and deliver quality care to their patients and clients. One field that this is especially visible is known as Practice Development. Midwifery Education In keeping with the overall aims and scope of the journal Nurse Education in Practice NEP , the midwifery section focuses upon education at an international level. The editorial team wish to encourage submission of papers that relate to midwifery which demonstrate: Doctorate Studies Research The journal receives a large number of articles from doctoral students worldwide. These are, at best, very innovative and demonstrate originality and new evidence underpinning education in nursing and midwifery. We also receive such papers from other health care professions. We very rarely receive papers from PhD studies which describe the methodology of the study and the justification of the choice of methods used in pedagogical research because, to date, this has not been a focus of the journal. We have decided to launch a new section - Doctorate Studies Research - which looks at all three of these areas specifically. These papers will focus on i articles that present the whole research study, ii systematic or literature reviews which commensurate with the nature of the doctorate study; and iii critical reviews of the research design which describe, the chosen research design of doctoral studies, to include methodologies, methods, and data analyses used in pedagogical research. We hope the section will also provide a more focused approach to highlighting doctorate studies in general. The articles submitted to this section of the journal MUST only be from a doctorate study and will enable doctoral students, and those in the immediate post-“doctoral stage of their study, to be able to justify choice of their methodology in particular, and must be underpinned by sound theoretical concepts for the use of their chosen methodology in that particular pedagogical research. Evidence must be provided in the submitted paper of the nature of the educational research that led to the choice of the methodology. Methodology papers submitted for clinical research will not be considered. By introducing this new section we hope to be able to begin to develop a body of evidence on the nature of methodologies being used in educational research. Submit your paper online at <https://www.nursingeducationinpractice.com>: Please refer to the journal author guidelines for the specific detail of the format of papers. From all articles published in Nurse Education in Practice will be immediately assigned to an issue upon acceptance, without having to wait in press. This will mean immediate publication for all authors, upon completion of post-acceptance publishing processes.

**Chapter 7 : NCSBN Website Policies | NCSBN**

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For about the first hundred years, most of this education took place in hospital-based and hospital-owned schools. The apprentice like system assumed that students would exchange their labor for instruction in nursing and, beginning in the twentieth century, access to examination for registration as professional, licensed nurses. Now, there are, perhaps, a dozen or so such schools in all of the United States and none in Canada. They were replaced by schools of nursing in community colleges, comprehensive colleges, and universities. Changes in Nursing Education and Nursing Practice Today almost all nurses are educated in either two year or four programs in community colleges, comprehensive colleges and universities where they exchange tuition for instruction, which, among other things, leads to examination for registration as a professional nurse. More than half of all those now studying nursing are in associate degree two-year programs; these students are preparing to practice as generalists. Others are enrolled in baccalaureate or masters programs to earn their first nursing credentials. This background of widely different and changing educational routes to the practice of nursing makes the story of nursing education and practice much more complex. Why and how have all these changes taken place? Background for These Changes We can understand the recent history of nursing in the context of a rapid and continuous growth in numbers. There were about , nurses in the United States in Now there are about 3,,; this growth took place amid almost constant complaints about a shortage of nurses. Education for professionals is intended to produce safe and competent practitioners, be they nurses, doctors, or engineers. No one expected a nurse to re-start a stopped heart or correct an arrhythmia. Neither the knowledge nor technology existed for such interventions. If your heart stopped, or you developed an intractable arrhythmia, you died. On the other hand, nurses were expected to prevent the spread of bacterial infections among patients in hospitals. They were expected to dispense medications as prescribed by physicians, and they were expected to keep order within the patient care units, to keep their patients safe from harm, well fed, clean, and comfortable. Most people thought the best way to learn these things was through experience and through fidelity to consistent systems of practice. Most people thought that the measure of a good nurse was that he or she exercised good judgment based on experience and following these accepted patterns of practice. White looks on, Hospital of the University of Pennsylvania, What changed over the years after was the growing expectation that the good nurse could and would be able to recognize a wide range of patient needs and be able to provide care correctly. Once we knew how to start stopped hearts, it was quite crucial that the nurse at the bedside be able to know when and how to do it. Many nurses in clinical practiceâ€”and nurse educatorsâ€”discovered in the s and beyond that following routine was not good enough. They began to conclude that merely using established systems and sticking to procedures was not really safe. Moreover, they realized that they would not be thought to be competent if that was all they could do. As the public and other health care professionals began to expect that nurses would identify and solve care problems on their own, using student nurses to provide patient care began to be seen as increasingly unsatisfactory. Students could not be relied upon to recognize serious patient-care problems, let alone deal with them. So relying on student nurses to carry out established systems of care, which is what our system was willing to pay for during the first hundred years of nursing education began to be seen as not good enough. This type of education began to be judged as low quality and even dangerous. After World War II, as the expectation of how much and what kind of nursing hospital patients needed changed, people were less and less willing to put their lives in the hands of student nurses. They wanted fully educated nurses. Nurse and hospital administrators, physicians, and community leaders began to place a higher value on the fully educated, knowledge-bearing nurse giving direct care to sick people. As what nurses were paid to do became much more complex the sites in which nurses worked also changed. For instance, intensive care units became common in hospitals in the late s and early s. And, as more chronically ill people were cared for at home after Medicare

became law in , more and more professional nurses were sought to care for the sick in their homes. Since our idea of who is an expert, an authority, or an elite nurse has changed. In , an expert nurse was one who had risen to the top of the hospital, agency, or school hierarchy in which he or she worked. And being an elite was, in most cases, associated with the status of the hospital, school, or agency where the nurse was employed. Today, an expert nurse is one who has shown through education and demonstration of special knowledge that he or she is capable of recognizing and solving unique, individual problems and getting good results. While experience is always valuable in learning to recognize and intervene effectively in medical emergencies, authority and expertise are almost always associated with educational attainment. The track record is the usual source of proof although expert peer opinion also counts. Authority is almost always associated with educational attainment, recognition by peers, publication or public recognition. And, the elite are those who pass the tests of expertise and authority most of the time and last the longest in the game. Conclusion The investment society is willing to make in educating nurses depends on the expectations placed on them. Nurses have been very important to society for a long time, but in the last half century people rather quickly turned to nurses to know and do more. Equally important is the change in self-expectation on the part of nurses. Nurses in the latter part of the twentieth century began, to an extent not found in previous generations, to see themselves as knowledge workers. More and more nurses came to believe that education was a good investment for them and came to expect life-long careers. The education they sought offered knowledge and expertise to recognize and solve patient care problems.

### Chapter 8 : Practice Education in Nursing | Registered Nurses' Association of Ontario

*clinical nursing education, a team of high-profile nurses from various settings, referred to as the Clinical Education Redesign Team (CERT), was created to guide the process.*

### Chapter 9 : Transitioning From Nursing Practice to a Teaching Role

*Evidence-Based Teaching in Nursing: A Foundation for Educators, Second Edition focuses on providing potential and current nursing faculty with the tools and knowledge they need to achieve highly successful outcomes for teaching nursing students and staff.*