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# Meeting Societal Expectations for Expert Nursing Practice

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# Overview

- Describe and quantify the academic-practice gap
- Describe a needed paradigm shift
- Fully articulate the clinical practice of nurses
- Discuss some major challenges in nursing education
- Understand some of the adverse outcomes resulting from nursing education challenges



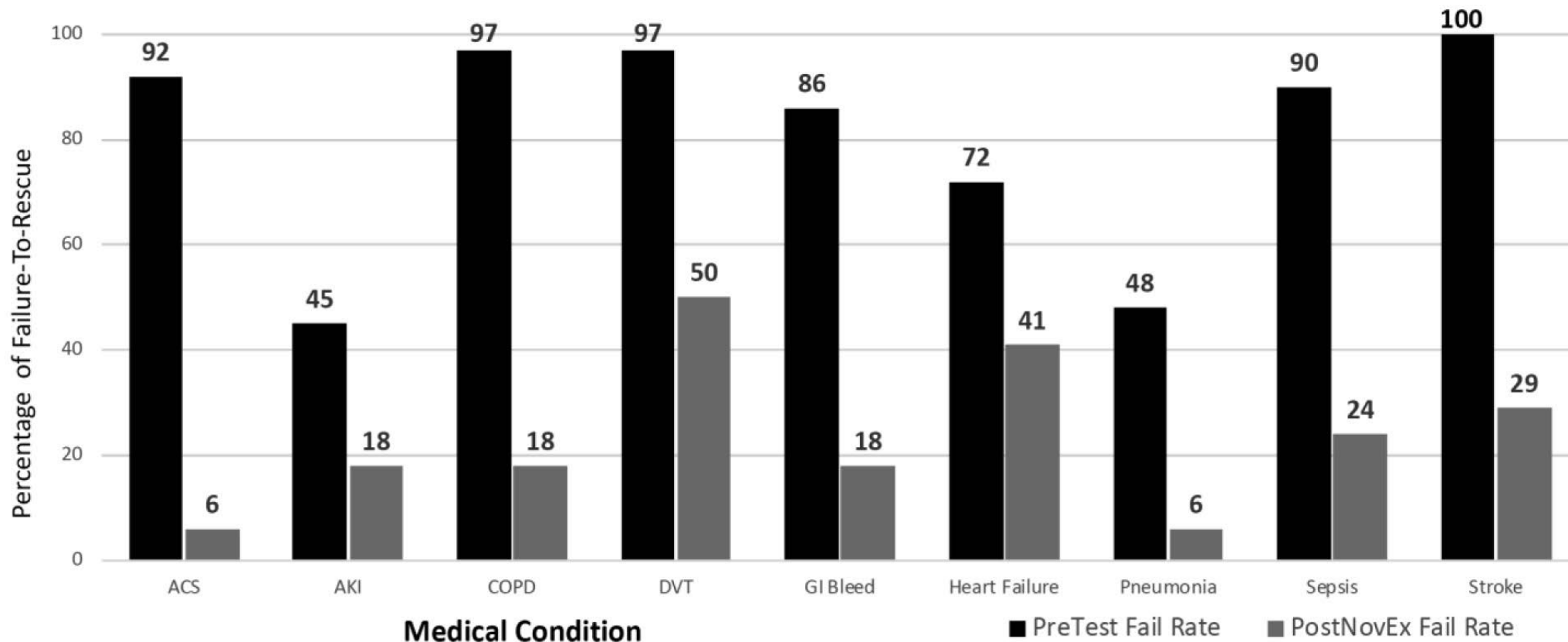
# The Academic-Practice Gap

# Academic-Practice Gap (Practice Readiness)

- For recent nursing graduates, a practice readiness gap is simply defined as
  - The difference between what is happening in practice and what should be happening.
  - Suggesting that the graduate nurse
    - Does not know (a knowledge gap)
    - Does not know how (a skills gap)
    - Does not do /perform (a practice gap)
- What's the evidence?

# Impact of the Academic-Practice Gap

Aggregate Pre/Post Test Comparison: Top Failure-To-Rescue Conditions



## Aggregate Pre- vs PostTest Comparison: % Pass by Medical Condition

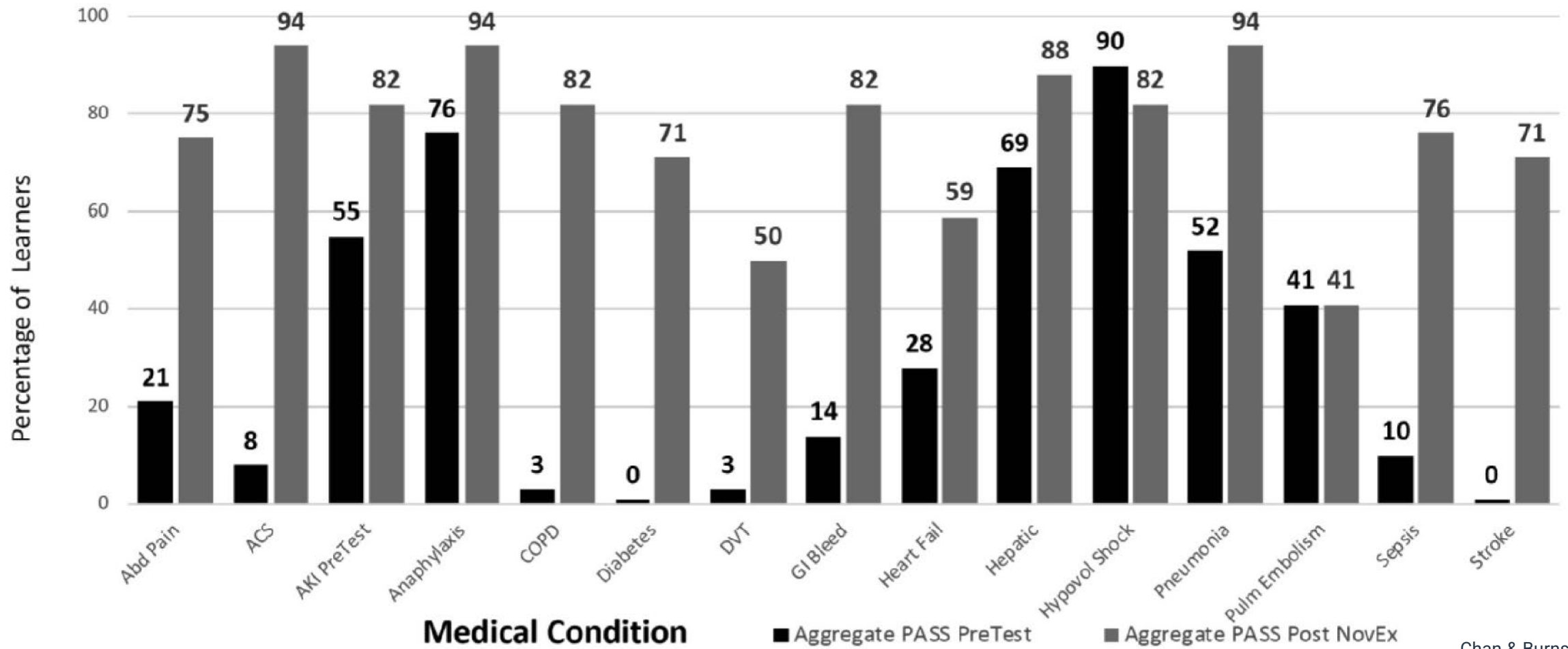
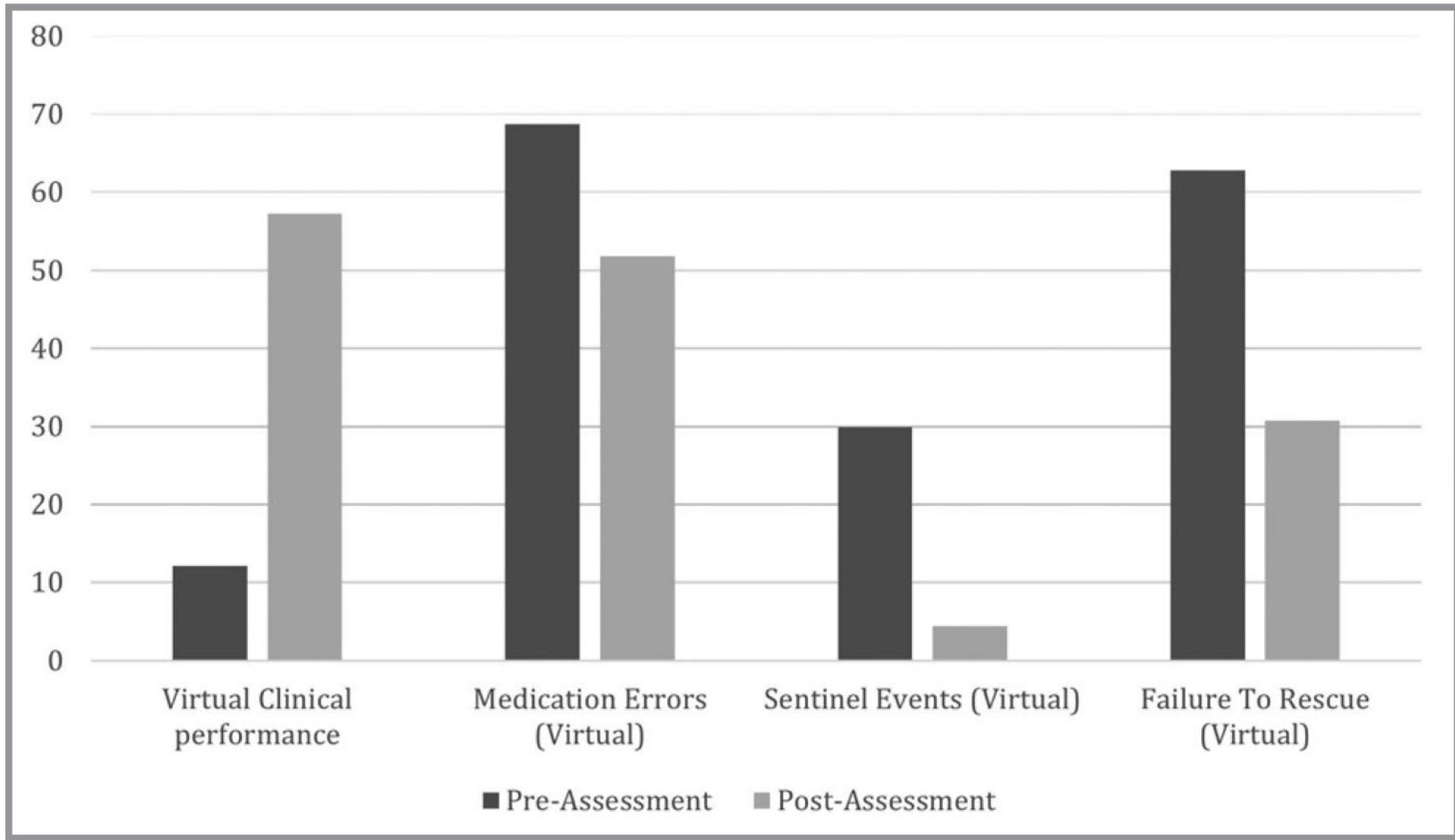


TABLE 2

**PRETEST VERSUS POSTTEST SENTINEL EVENTS  
BY CAUSE AND NUMBER OF ERRONEOUSLY  
ADMINISTERED MEDICATIONS BY ROUTE**

| <b>No. of Patients With Sentinel Events: Medication Causes</b> | <b>Pretest (IV and IV Push)</b> | <b>Posttest (IV and IV Push)</b> |
|--|---------------------------------|----------------------------------|
| Antihypertensive   | 37                              | 3                                |
| Blood and blood products                                       | 26                              | 1                                |
| Anticoagulants   | 15                              | 1                                |
| Vasopressors   | 10                              | 1                                |
| Electrolytes   | 9                               | 1                                |
| Digoxin  | 3                               | 0                                |
| Insulin  | 3                               | 0                                |
| Amiodarone   | 2                               | 0                                |
| Fentanyl   | 1                               | 0                                |
| Atropine   | 1                               | 0                                |
| <b>No. of Erroneously Administered Medications by Route</b>    | <b>Pretest</b>                  | <b>Posttest</b>                  |
| IV push medications  | 78                              | 9                                |
| IV medications   | 321                             | 60                               |
| Blood and blood products                                       | 27                              | 3                                |
| Other routes (e.g., oral, rectal, subcutaneous)                | 340                             | 88                               |
| Total  | 766                             | 160                              |

Note. IV = intravenous.







25+ YEARS SINCE 1996

OJIN

THE ONLINE JOURNAL OF ISSUES IN NURSING  
A Scholarly Journal of the American Nurses Association

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# Crisis in Competency: A Defining Moment in Nursing Education

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Article

Figures/Tables

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**Table 1. Site-Specific PBDS Assessment Data**

| Year        | Sample Size  | Opportunity for Growth                                  | Opportunity for Growth | Acceptable |
|-------------|--|---|------------------------|------------|
|             |  | Recognizing Urgency /<br>Change in Patient<br>Condition | Problem Management     |            |
| 2015        | <i>n</i> =1225   | 23%   | 54%                    | 23%        |
| 2016        | <i>n</i> =983  | 20%   | 59%                    | 21%        |
| 2017        | <i>n</i> =970  | 24%   | 59%                    | 17%        |
| 2018        | <i>n</i> =1047   | 31%   | 55%                    | 15%        |
| 2019        | <i>n</i> =1015   | 35%   | 55%                    | 11%        |
| 2020<br>YTD | <i>n</i> =1222<br><br>April/May/Aug NGRN<br>Subset <i>n</i> =726 | 38%   | 53%                    | 9%         |
|             |  | 39%   | 53%                    | 8%         |

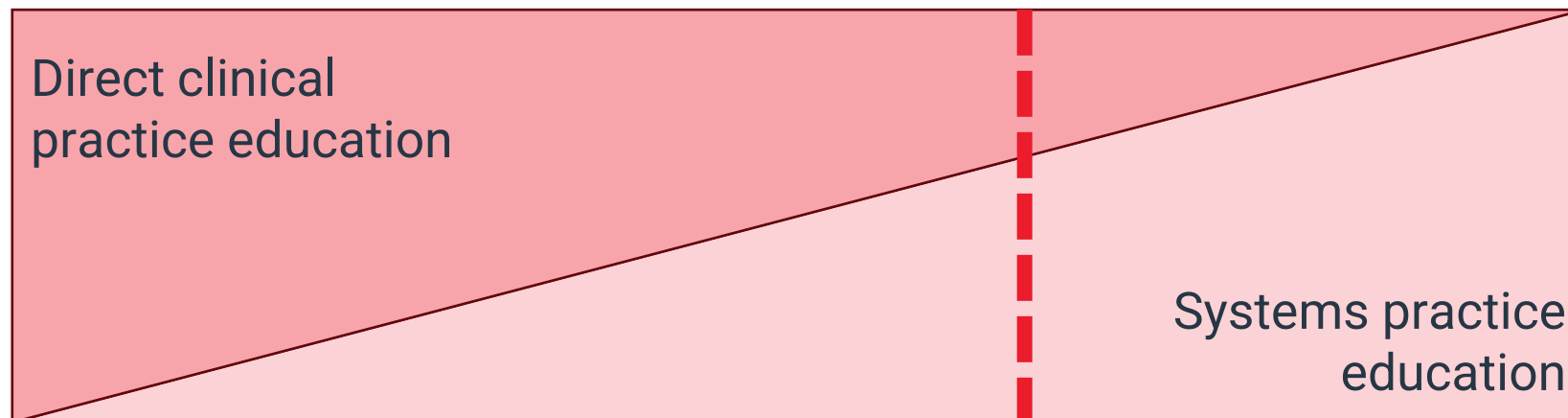
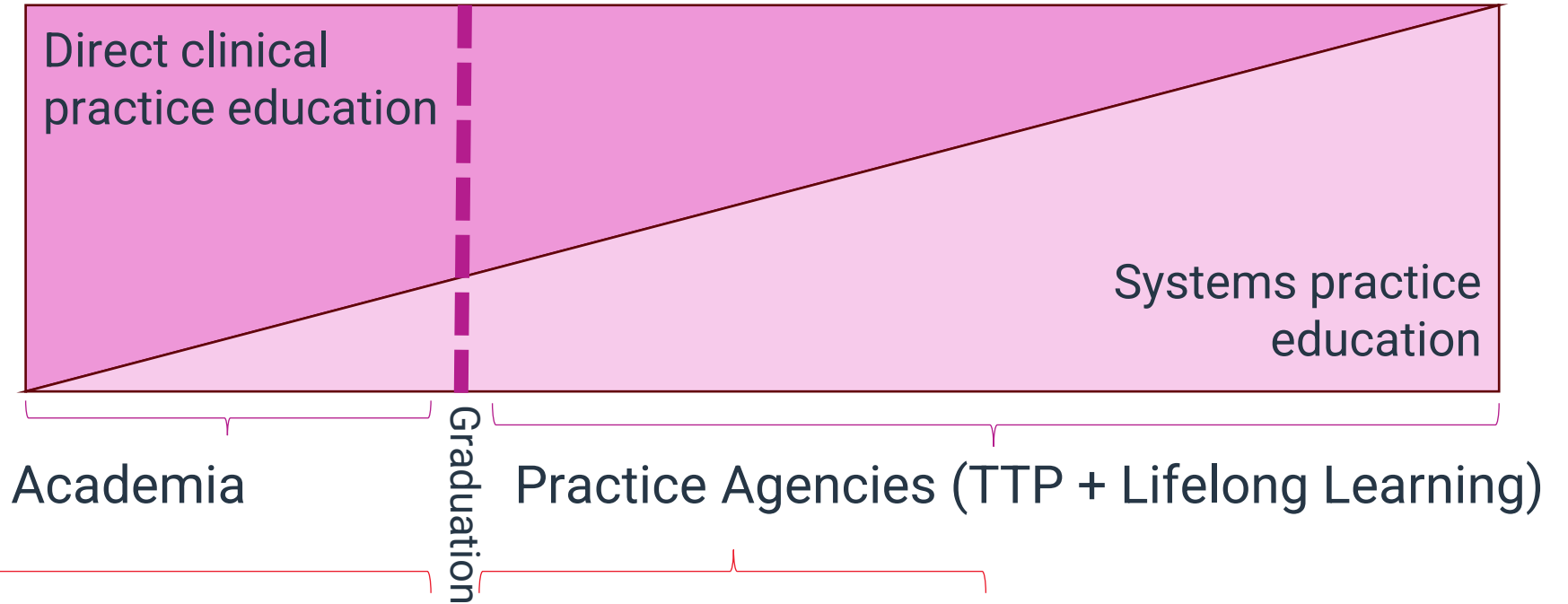
PBDS=  
Performance-Based  
Development  
System



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# A Needed Paradigm Shift to Meet Society's Expectations of Expert Nursing Care

# Current State



# Needed State



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# The Clinical Practice of Nursing

## Shared Understanding and Alignment of Needs Is Essential



Society needs fully educated and competent nurses to deliver high-quality and safe patient care.

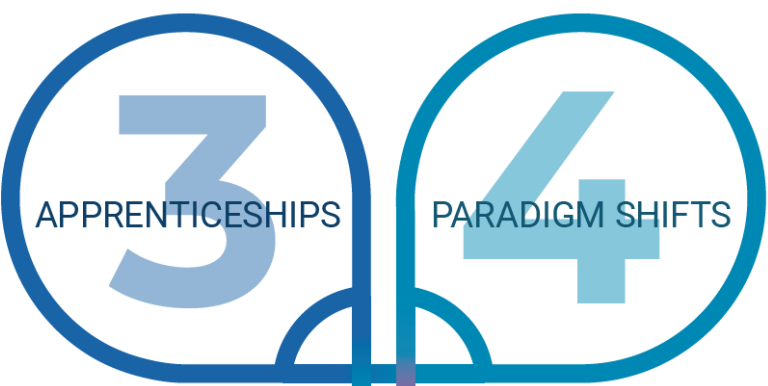


Clinical agencies need fully educated and competent **practice ready** nurses for the workforce.



Academia needs a clearer map for curricula to meet the clinical agency and societal needs.

- Cognitive Apprenticeship
- Practice Apprenticeship
- Ethical Comportment & Formation Apprenticeship



- From critical thinking to clinical reasoning
- From socialization and role-taking to formation—a dance of self-understanding, relationship, and commitment
- From abstract isolated didactic content to the cohesive clinical application for a sense of salience & situated knowledge
- From curricular competencies to integration of the three high-end professional apprenticeships

- Diagnosing and managing clinical conditions
- The skilled know-how of managing a crisis
- Providing comfort measures for patients, families, and communities
- Caring about patients, families, communities, and self
- Preventing hazards in a technological environment
- Decision-making and caring in advanced illness, loss, and the end-of-life
- Making a case: Communicating clinical assessments and improving teamwork
- Patient safety: Monitoring quality, preventing and managing breakdown
- The skilled know-how of clinical and moral leadership and the coaching and mentoring of others



- Curiosity
- Sociality
- Emotion
- Authenticity
- Failure

### PURPOSE OF CLINICAL EDUCATION

The purpose of clinical education is to move learners from seeing the clinical world as being elemental, partial, and dominated by task and procedures to engaging with the clinical world, as a nurse, to see meaningful clinical patterns and an increased understanding of the whole patient/ family/community situation.



### GOALS OF CLINICAL EDUCATION

- Develop a perceptual grasp (seeing and noticing), a sense of salience, clinical reasoning and judgment, and clinical imagination in particular clinical situations
- Understand the notions of the good internal to the practice of nursing to develop advocacy skills for individual, family, community, and/or social good (e.g., equity, among others)
- Respect humanity and give social space to develop skills of involvement and relationship building (diversity, inclusion, belonging)
- Develop a reflective, self-improving practice—learning from the situation, other professionals, from mistakes and failures, and guarding against bias
- Develop competence in the 9 clinical work role competencies



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# Clinical Practice of Nursing

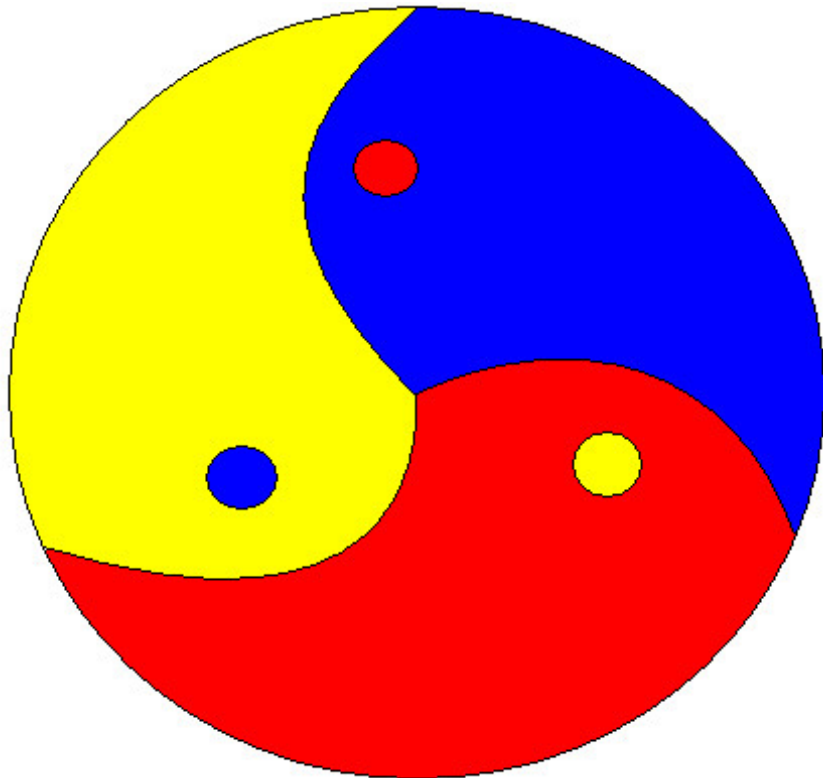


## COMPETENCIES

- Diagnosing and managing clinical conditions
- The skilled know-how of managing a crisis
- Providing comfort measures for patients, families, and communities
- Caring about patients, families, communities, and self
- Preventing hazards in a technological environment
- Decision-making and caring in advanced illness, loss, and the end-of-life
- Making a case: Communicating clinical assessments and improving teamwork
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# Typical Education Triad



- The Student
  - Has a general education background
- The Nurse Faculty
  - May or not be formally trained in current education pedagogies
- The Preceptor
  - Is the expert clinician, but may not be formally trained in education



# Some Major Challenges

- Faculty Shortage
  - Faculty preparation
    - Use of outdated andragogies
  - Faculty total compensation
- Clinical Placement Availability
  - Preceptor preparation
  - Preceptor burnout
- Unfunded mandate unlike Graduate Medical Education
  - GME ~ \$18B/year (Medicare)
- Need standardization of pre-licensure and post-licensure educational programs
  - International Consortium for Outcomes of Nursing Education ([www.ICONEd.org](http://www.ICONEd.org))

# Challenges on the Landscape

## NURSE FACULTY POPULATION

Full-Time Faculty  
22,838

Part-Time Faculty  
31,783

PERCENTAGE CHANGE IN ENROLLMENT  
IN ENTRY-LEVEL BACCALAUREATE  
NURSING PROGRAMS – 2012-2022



QUALIFIED APPLICATIONS TURNED AWAY  
FROM ENTRY-LEVEL BACCALAUREATE  
PROGRAMS — 2012-2022



# Challenge: Clinical Placement

- Clinical site availability
- Preceptor preparation
- Preceptor burnout
- Fees

# Challenges (continued)

- Competency statements for practice readiness should be the standard
  - What is currently available is immeasurable
  - Different levels of nursing education have different competency statements

Regardless of nursing education pathway, new graduates need to demonstrate competency and safety to begin practice.



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# Outcomes as a Result of Challenges

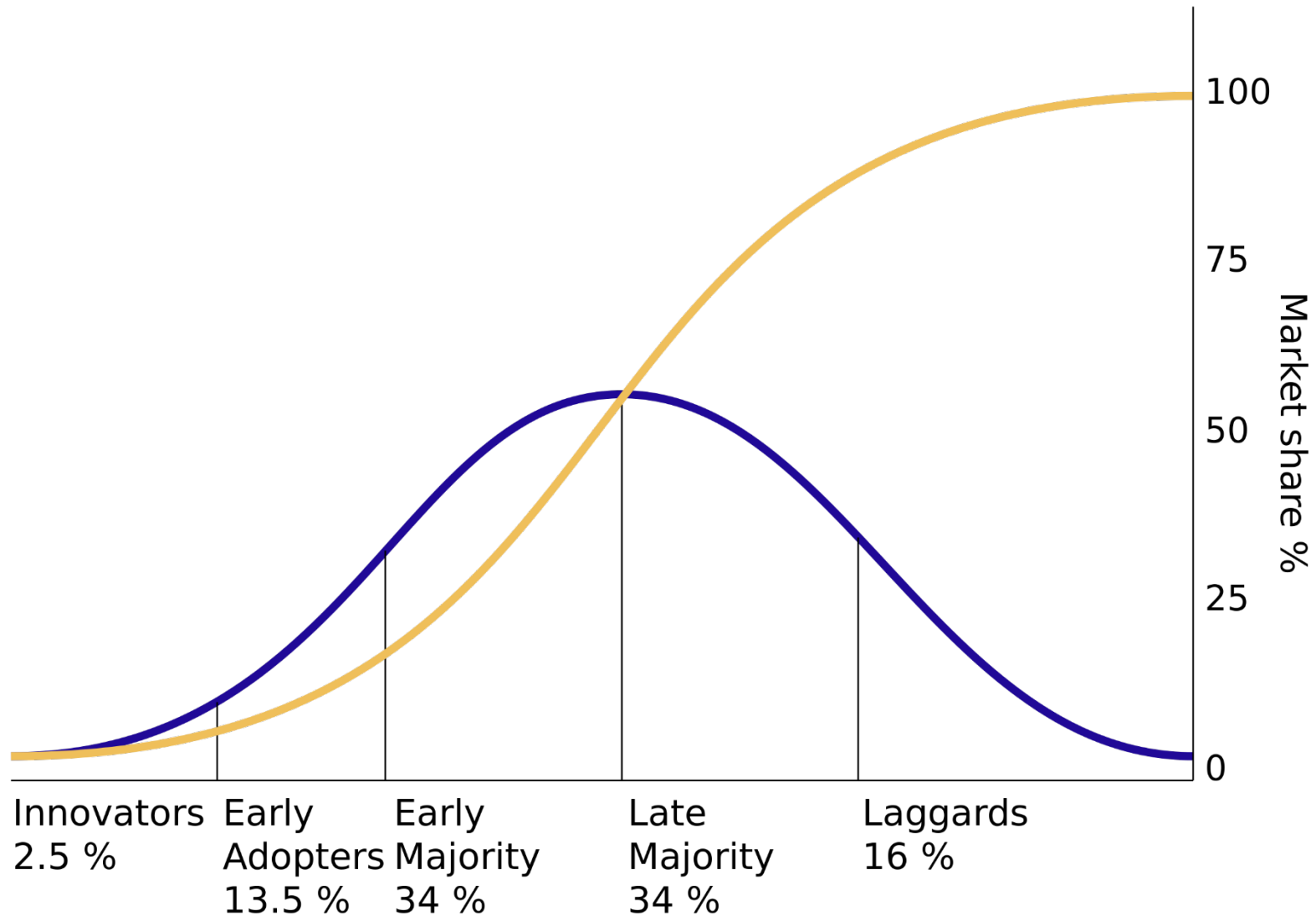
- Widening of the academic-practice gap
  - Gaps in practice readiness cause transition shock
- Transition shock increases intent to leave the profession (Lee, 2024)
- Approximately 20% of all nurses intend to leave the direct care workforce (Sinsky et al., 2021)





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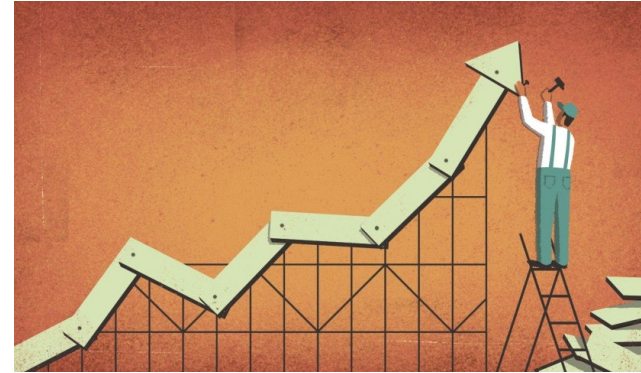
# Recommendations



Everett Rodgers (1962)  
Diffusion of  
Innovations

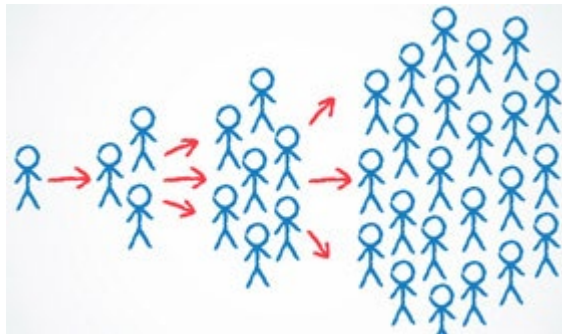


The 4 S Model

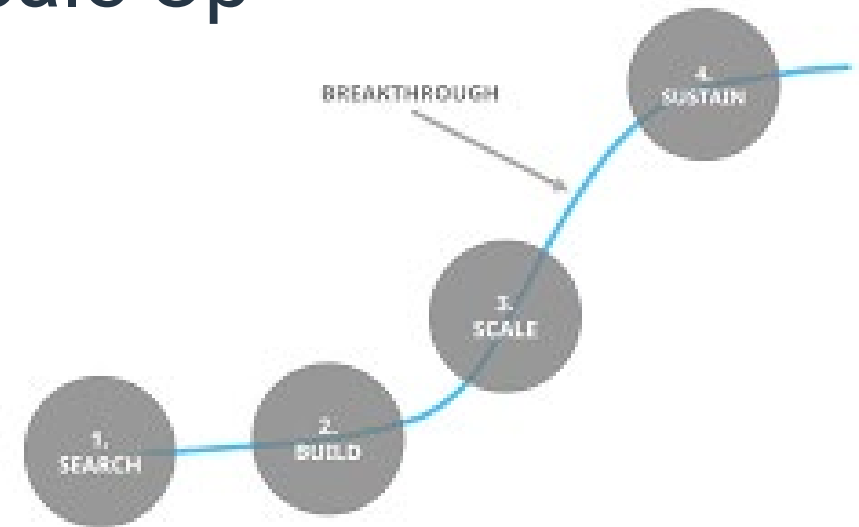


Synergize

Scale Up



Spread



Sustain

- The issues of pre-licensure and post-licensure education are very similar because the practice of teaching is different than the practice of nursing
- Consider long-term investments that adhere to the 4 S model
  - How can demonstration projects be scaled up and spread for more uniformity in nursing education?
- Need a nation-wide shared understanding of clinical nursing practice and clinical education
- Need a paradigm shift in education to meet societal expectations of expert nursing care
- Continued funding of faculty and preceptor professional development

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Questions?

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