Curriculum Innovation for Preparing Nurse Educators

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Appropriate preparation for the nurse faculty role has been debated for many years. Nurse faculty are expected to be expert teachers and scholars, and to provide service to the profession, the institution, and the public. The professional literature is replete with descriptions that fulfilling these responsibilities are overwhelming for nurse faculty, the majority of whom continue to be master's-prepared (NLN, 1993). However, the typical master's in nursing program focuses on advanced clinical practice rather than preparation for the teacher role.

The purpose of this paper is to propose a curriculum innovation for preparing nurse educators at the master's level. The desperate need for a new model of teacher preparation in nursing is well-supported in the literature. A renowned educator in nursing, Dr. Jean Kelley (1985), stated "that the present state of education for teachers of nursing can best be described as being criticized by unloving critics and being accepted by uncritical lovers."

Review of Literature

Other authors have expressed concerns that teacher preparation is relegated to lesser importance than preparation of clinical specialists and nurse practitioners (Gorzka & Dri, 1988; Oermann & Jamison, 1989). The majority of master's curricula across the country reflect an emphasis on the preparation of nurses with advanced knowledge and skills in a clinical specialty area of nursing practice (Kitchens, 1985). If teacher education is offered at all, it generally receives only minor emphasis. The outcome of this curricular shift is that the nursing profession has created its own teacher deficit (Kelley, 1985). Further, many question the appropriateness of the prevailing practice of preparing nurse educators by compartmentalizing the clinical specialty and teaching components of the curriculum. In such programs, only a few courses on teaching are offered and usually not until the end of a student's program (Gorzka & Dri; Kitchens; Oermann & Jamison).

This two-pronged compartmentalization approach continues to be the most common curricular design used today to prepare teachers of nursing, although many have questioned the effectiveness of such programs (Davis, Dearman, Schwab, & Kitchens, 1992; Davis & Williams, 1985; Oermann & Jamison, 1989). The clinical specialty aspect is generally addressed first, and then, almost as an afterthought, content related to teaching is added. The tacit most frequently used is to include only one or two courses on subjects such as curricular design, evaluation, and teaching strategies, and to require a practicum experience (Oermann & Jamison). These singular experiences are crucial in the student making the transition from generalist to specialist, but do little to guide the student in synthesizing the clinical specialist and educator roles (Gorzka & Dri, 1988).

In a survey of master's programs in nursing, Oermann and Jamison (1989) found the only statistical difference in programs offering a major in nursing education versus those offering a minor was the number of credits allocated to nurse educator role preparation courses. Programs with majors (only 10 were found out of 92 responding) reported a mean number of credits of 11.4 (SD = 2.9) while those offering a minor reported a mean number of credits of 8.8 (SD = 2.9). The programs offered content on teaching methods, curriculum development, clinical teaching, instructional design, and clinical evaluation. All but one program required content on learning theories, testing, grading, and evaluation. Students in both types of programs had experiences in classroom and clinical teaching. "A few of these experiences were simulated and limited in scope," according to Oermann and Jamison (p. 264). Most of the practicum experiences extended over one semester or quarter. In only a few of the practicum experiences were students required to attend faculty committee meetings (N = 22). Oermann and Jamison concluded that although current master's curricula for preparing nurse educators provide content relevant for the role, the depth of understanding in these areas and the emphasis on theory and research is unknown.

Because of limited preparation for teaching, nurse faculty often find the educator role stressful. The nursing literature contains many anecdotal as well as research reports on role strain and conflict within the nurse educator role (Pain, 1987; Hinds, Burgess, Leon, McCormick, & Svetich, 1986). While the stressors of being a nurse educator are well documented in the liter-
ature, competencies for the nurse educator role have not been very well researched. In a recent study, the competencies of nurse faculty with two years or less experience in the educator role were explored (Davis et al., 1992). The findings revealed that the participants felt they could perform "well" in only two areas of the nurse educator role (i.e., providing and/or directing client care and providing clinical supervision for a group of students). Thus, as the trend toward limiting role preparation in teaching at the master’s level continues, the need remains to help future nurse educators develop the skills to be successful in their chosen role.

Proposed Curriculum Innovation

Given that one must be an expert in a clinical specialty area in order to transmit that knowledge, the proposed curriculum is not meant to deter the number of credits allocated to the clinical specialty. The underlying premise of the curriculum innovation is that a better method of educating future teachers of nursing would be to spend the entire time in the graduate program developing the two roles in unison. By combining and merging the clinical specialty and nursing education components of the curriculum, the preparation and socialization of students for the tripartite role of nurse faculty would occur simultaneously and continuously throughout the curriculum. Curriculum outcome objectives would then, address both advanced practice in the specialty area and competencies for entry-level positions in nursing education.

Curricular components would include core courses (nursing theory, issues, role), research courses, and clinical specialty courses. The difference would be the addition of courses for the nurse educator role that are of depth and breadth, taught from a process orientation, and include a variety of learning assignments to ensure that students have actual experiences in all aspects of the tripartite faculty role.

Nurse Educator Courses

In the first quarter of the program, students enroll in a course that introduces them to the tripartite faculty role. Content of the course includes competencies for the teacher, research, and service role, and typical faculty role expectations in the various types of institutions employing nurse educators. An important aspect of the course is the assignment of students to a mentor who is a master teacher. The mentor works with the student throughout the program.

A requirement of the course is for students to observe and interview nurse educators in a variety of employment settings concerning job expectation, required competencies, and power/politics of the faculty role. Another course requirement is for students to develop a learning contract for their participation in the service and researcher roles of the nurse faculty. The service and researcher roles are singled out, because students have many opportunities for teaching in the graduate curriculum. Examples of learning contracts might include participating on a committee, collaborating with a faculty member on a research project, or conducting an educational program for an area health care agency or the public.

Students in the program would complete additional theories courses to support the educator role. A course devoted to curriculum theory and development is envisioned. Curricular designs for the various levels of nursing education programs are explored in addition to design of particular courses and research on curricular issues. Students participate in the development of a curriculum blueprint and are required to explore the faculty role in curriculum development in an actual program. Another important course in the curriculum focuses on instructional technologies. This course addresses learning theories with special emphasis on learning styles of nontraditional students. The course is essential because many of today’s undergraduate students are older and some hold baccalaureates in other fields. In addition, there is a need to recruit and retain minority students in nursing. The special needs and techniques for successfully integrating minority students from different cultural and/or disadvantaged educational backgrounds is addressed in the course.

Another facet of the course is the exploration of instructional technologies including telematics, computerized learning, and interactive video. These teaching methodologies are analyzed as they relate to learning styles, cost effectiveness, and program outcomes. The graduate students would have instruction and experience in developing audiovisual aids including computer-generated slides and transparencies. These productions would be used by the students in classroom teaching assignments.

The final theory course focuses on theories, research, and methodologies for evaluation of students, courses, and programs. Furthermore, since a large component of evaluation in nursing involves the evaluation of students in the clinical area, special techniques, issues, and trends relative to clinical evaluation are analyzed. Students conduct actual evaluations of existing courses and programs as a course requirement.

The curriculum also includes seminar courses. The seminars would be strategically placed to maximize integration of advanced knowledge and skill in the clinical practice courses with the role of the nurse educator. The seminars are designed to be co-requisites to the clinical specialty courses. The purpose of the seminars is to assist students to critically analyze and evaluate their learning experiences in the clinical courses for application to teaching. Issues and trends are discussed, such as the kinds of learning experiences available for students, teaching strategies that might be useful when teaching clinical nursing, ethical and legal concerns, and implications for research. As a seminar requirement, students continue to meet with their mentors and fulfill the obligations of the learning contract developed in the first nursing educator course.

A final seminar is designed as a co-requisite to a field study course in nursing education. This seminar provides a forum for the students to share their experiences from the field study course, mentor experiences, and their service and researcher role participation experiences. The seminar faculty guide students in the identification of areas of personal strengths and weaknesses to address during their practicum experiences in nursing education.

Two practicum courses are required of students preparing for the nurse educator role. A field study course is designed to provide students the opportunity to explore and analyze data from a selected nursing educational program. Students develop a learning contract for the field experience specifying their objectives and activities to achieve the objectives. An innovative approach to offering the course is that the course is learner-centered. Students plan the practicum experience to accomplish their personal objectives within the framework of the course objectives. During the field study, a student might decide, for example, to sub specialize in educational technology or instructional design. An in-depth analysis is required of a selected program’s curriculum, evaluation procedures, teaching modalities, organizational structure, norms, and expectations related to the nurse faculty’s role.

The culminating course in the program is an internship in nursing education. Students, with faculty guidance, develop a learning contract for the experience. The
purpose of the course is to give students actual experience in all aspects of the educator role. The course is learner-centered with students developing personal learning objectives. Students work with a master teacher under the guidance of a faculty member to accomplish their learning goals.

Conclusion

The innovative curriculum for preparing future teachers of nursing may add additional coursework to existing programs. However, the additional cost is estimated to be minimal and must be weighed against the price of continuing programs that are ineffective for preparing nurse educators. If individuals graduating from current programs feel ill-prepared for the nurse educator role, require special compensations in their first jobs, and require additional preparation through continuing education and additional coursework, one must question the cost-effectiveness of current educational practices. A curriculum is only cost-effective if graduates and their employers perceive the graduate as well-prepared for the educator role.

References
