

Experience of
Educators who have
Participated in the
Educator Pathway
Program: A Qualitative
Descriptive Study.

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Abstract

Clinical educators support and develop the staff competence; however, to those who take on this role, little direct education instruction is offered. The purpose of this study was to examine the experience of educators who completed Level 2 of a four-level professional development program designed to prepare educators to address the learning for diverse learner groups through education theory and contextualizing practice to the practice setting. Using a descriptive qualitative study, factors that enable or constrain the implementation of learner-centered approaches in the practice setting were identified. The study demonstrated that an evidence-based education curriculum: benefits the clinical educator, assists in the role transition, and provides increased job satisfaction resulting in job retention.

Highlights

- Healthcare providers' successful transition into the role of inter-professional educator requires a supportive learning environment grounded in pedagogy and learning theory.
- An evidence-based education curriculum benefits and supports the educator and their role, which benefits the organization
- Greater role clarity, confidence, and a sense of connectedness were identified as enabling factors of participation in the program.
- Balancing a culture of learning within a culture of organizational efficiency is challenging

Keywords

Learner-centred methods; clinical educator; evidence-based education curriculum; clinical education

Introduction

The clinical educator role is critical to supporting the professional competence of a diverse interdisciplinary healthcare team. In the challenging North American healthcare environment, educators are frequently hired into the clinical educator role without formal educational preparation or coaching (Cangelosi, et al., 2009; McAllister et al., 2011). Teaching requires its own skill set, as it is not a natural outcome of one's clinical expertise; a healthcare provider who is proficient in practice is not necessarily proficient at teaching others those skills. A supportive learning environment grounded in pedagogy and learning theory is necessary for healthcare providers to successfully transition into the role of inter-professional educator.

The Educator Pathway (EP) is a four-level curriculum that prepares inter-professional educators to meet their role's core competencies. Level 2 of the EP is a ten-day program that prepares educators to design learning for diverse learner groups by situating education theory in the practice setting (Young, et al., 2010). The EP is originally designed to prepare *nurse* educators; however it was modified to include educators from other healthcare disciplines, as it was thought core competencies are common to the educator role regardless of discipline.

A tertiary hospital in British Columbia has been running the EP since 2011. Building strong networks of inter-professional learning is supported in the organization's foundational strategies. Because of this mandate it becomes imperative to understand the experience of the participants in applying these evidence-informed processes and approaches once back in practice. Over 30 individuals have been supported to complete the EP since 2011, a significant cost to the organization. This study will provide insights to identify if graduates are able to translate this knowledge in their clinical education practices.

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Participants' responses to the program have been extremely positive and we wanted to delve deeper into the educators' experiences with the EP. The purpose of the study was to understand the enabling and constraining factors educators have experienced when applying the EP's theories and strategies in their practice settings.

Background/Literature

The EP's goal is to build nurse educator capacity and support nursing recruitment and retention by creating effective learning environments and closing the gap between academia and practice ensuring nurses are capable of meeting practice challenges. (Young et al., 2010).

Table 1. Overview of EPP Levels 1-4

Level	Target Group	Context
1	Preceptors/mentors	Clinical units
2	RNs/Clinical Nurse Educators	Small groups
3	Clinical nurse educators	Complex learning situations
4	Clinical nurse educators with BSN	MN Graduate School

The philosophical threads underpinning all levels of the EP include: problem solving, critical thinking, communication, collaboration, inquiry-based learning and reflective practice. There is important research that examines factors related to the role of the clinical educator, namely role transition, knowledge translation, role mentoring and support, collaborative networks, and communities of practice. Much of the research conducted addresses the educator in the college or university situation rather than the clinical practice setting. Our literature review

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found no studies that specifically addressed (nurse) educators' experiences and perspectives when applying evidence-based learning curriculum in the practice setting...

Aliakbari, et al. (2015) recommend the use of learning theories in the health professions, as an understanding of learning theories assist the educator to provide a learning environment that takes into consideration learner characteristics and motivations, the purpose of the education, the most appropriate approach, and suitable materials to teach the concept. In addition, some nursing colleges believe knowledge of evidence-based practices benefit nurse educators; however, it is unclear how this knowledge would be acquired (McAllister, et al., 2011). Finally, research by McCrow, et al. (2014) concluded that nurse educators who have an understanding of learning styles can make informed choices about developing and strengthening their hospital education programs.

Cangelosi, et al. (2009), Gardner (2014), and McAllister, et al. (2014) research addresses challenges the nurse transitioning to the role of educator may encounter. Some of these challenges include insufficient role preparation or training, role ambiguity, absence of credentialing requirements (in Canada), and limited networking and community of practice for educators. Cangelosi et al. in particular, looked at college-based clinical nurse educators who enrolled in a four-day Clinical Nurse Educator Academy at George Mason University in Virginia, U.S. Their research determined that mentoring and education are essential for the nurse who is learning to teach as the goal is not something that can be achieved alone or in isolation.

Two studies (Colley, 2009; Greer et al., 2010) did examine factors related to implementing learner-centered approaches by nurse educators. These studies demonstrated increases in confidence, collaboration, critical thinking, and lifelong learning skills with a learner-centered educational approach. The literature suggests learner-centered education

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approaches may have positive impacts on nursing practice. Unfortunately, barriers to implementation of these approaches exist with lack of administrative leadership, volume of content to be learned, time and space constraints, fear of failure with the new approaches, and reluctance of learners to engage in active learning being some of them.

Research Design

This study focused on Level 2 of the EP. A descriptive qualitative design was used to obtain participants' experiences of and perspectives on applying evidence-based education approaches. Descriptive designs provide the opportunity to describe what is happening, what is experienced, or what is perceived (Merriam,2014), which fits well with the objectives of this research. Two research questions were relevant to the study:

(a) What are the EP participants' experiences of applying evidence-based education processes and approaches in their clinical settings?

(b) What are the EP participants' perceptions of factors that constrain and enable application of education planning, implementation and evaluation processes?

Ethics approval was obtained from the Providence Health Care Research Ethics Board. Data were derived from three focus groups of 5-6 participants each. Focus groups were chosen as they offer a safe environment for exchange of experiences, perceptions and ideas (Polit & Beck, 2011).

Sampling and recruitment

Purposive sampling was used to recruit educators who completed either Level 2 or Level 3 of the Educator Pathway since 2011. A researcher assistant invited, by email, twenty educators to participate in the focus groups. Interested participants were contacted by a research assistant

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to provide further information about the study and to arrange focus groups. Fourteen respondents agreed to participate in the study.

Data collection and analysis

Three focus groups were conducted from January to April 2014. Participants were asked to sign a document indicating their informed consent to participate in the study. Demographic information, including age, sex, educator role, years of experience, and clinical setting was collected for each participant. Nurse educators and educators from a variety of practice settings and disciplines participated. Focus groups were approximately one hour in length and took place in a suitable location in the health authority. The focus groups were audio-taped and transcribed verbatim, with all names or identifying information removed from the transcripts. Semi-structured guiding questions were used to elicit data (see appendix 1).

Focus group transcripts and the research team's reflective notes were read and reread by the study team to achieve immersion in the data. Transcripts were coded using specific incidents, phrases, or behaviours as indicators. Team members coded transcripts independently and codes were compared between members. Coded content was evaluated by the team for recurrent themes, compared, and contrasted within and between the focus groups. Repeated codes were grouped into analytical categories with those having similar characteristics. Categories were then grouped into themes and subthemes. Member checking was conducted to reduce any error in interpretation of data and enhance credibility of the findings.

Data/Results/Discussion

A total of eight themes were identified from the data analysis. Six themes were categorized as *enabling* and one theme was categorized as constraining the implementation of

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learner-centered approaches. An eighth theme was categorized as improvements or recommendations for EP .

Table 2. Themes identified and categorized

Enabling	Constraining	Improvements/Recommendations
<ul style="list-style-type: none"> • Shift in thinking • Role clarity/role transition • Implementation of evidence-based educational practice • Benefits to organization • Leader support • Sense of connectedness 	<ul style="list-style-type: none"> • Nature of the clinical environment • Disengaged learners • Time constraints • Peers with different mindsets did not support change in practice 	<ul style="list-style-type: none"> • Modify workload and format as a challenge to juggle the EP curriculum and work full-time • Mandatory education for all educators • Refresher course for EP graduates would be beneficial • Validate value in the educator role transition process • Increase awareness of the EP within leadership to increase EP attendance by educators

Shift in thinking

Participants described a shift in their thinking as a result of the EP experience. Other terms used to describe this change included “a common mindset”, “shift in mindset”, and “a move to the same way of thinking”. This shift in thinking appears to be a product of greater reflection on practice leading to a change in action. One participant stated, “We were essentially speaking the same language. That made it easier for me to apply what I learned”. Another found that she didn’t have to overload learners with information and it was okay if learners “come out with one really important point”. Shifting thinking from the idea that learners acquire knowledge through passive transmission to one where learners actively construction knowledge changes the

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way educators and learners think about and approach learning. One participant summed this up, “we (learners and me) are in this together. I think about learning more”.

Sense of Connectedness

Participants described a sense of connectedness with other graduates in the program both in nursing and other disciplines. Deep relationships were formed and collaboration and meaningful dialogue occurred. These bonds transcended the pathway into ongoing working relationships. Participants described the feeling of no longer being alone or isolated in their roles. As one participant said, “I wasn’t just drowning by myself. It just really calmed my heart”. Furthermore, participants described the value in learning about and with other disciplines, “attending the pathway, you increase your territory of knowing these people so it’s easier to collaborate when you are planning”. Overall the pathway offered a support system for them.

Role Clarity/Role Transition

After completing the EP participants described a greater confidence which “helped me become more comfortable and confident as an educator” and “helped me a lot with competence and confidence”. Participants voiced greater clarity in the educator role and its scope as indicated by one participant who shared, “from bedside nurse into an educator position is a huge chasm to get across. It is really challenging and I don’t think most people who apply for the position can understand that”. Participants verbalized a better understanding of the educator role and advocating for their work as educators and not workload for the unit. One participant revealed that after attending the pathway, the shift from clinical nurse to educator was a much easier transition, as it “helped me transition out of a clinical clinician mode into a clinical educator mode”. This shift from being a ‘clinical nurse expert’ to a ‘learning facilitator’ not only

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challenged how participants conceptualized teaching and learning but changed how they approached their education practice.

Implementation of Evidence-based Educational Practice

Participants described gaining knowledge in evidence-based educational practices such as needs assessments, lesson plans, planning learning, pedagogical theories, feedback, teaching strategies, and evaluation. One participant shared that the EP “reignited my passion for nursing education”. Others verbalized that they “draw on Educator Pathway all the time in different aspects” and “use it every day; planning out education”.

Additionally, the pathway experience was viewed as a safe environment to try out new strategies and obtain valuable feedback from peers; “courage, in trying out new things. See colleagues using new strategies. Not from just educators but leaders, too. Now that’s changed, it’s made it so much more interesting and fun to work”.

Benefits to Organization

Participants described their experiences in the EP as a benefit to the organization. Participants’ stated, “the change in the education strategies and how educators use theories has been astounding to watch and the difference in outcomes. It’s been really gratifying to see that education process change over the last couple years”. Additionally, greater job satisfaction, a learning atmosphere, and a culture of innovation were seen as beneficial outcomes of the EP. “It just made a huge difference in terms of job satisfaction. Seeing education spread across the organization was immensely satisfying and to see others grow as professionals is also greatly satisfying, too”.

Leader Support

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Transitioning into the educator role is not easy as it frequently lacks mentoring and support, and is fraught with anxiety, fear and tension (Cangelosi, et al., 2009). Participants described the importance of leaders' support for attendance of the pathway and as they transformed their practice, as these were felt to be critical to their success. One participant expressed, "to get support from your manager really helps. You know you are doing something worthwhile". Cangelosi, et al. recommends guided dialogue with experienced educators and the development and facilitation of communities of nurse educators for ongoing support and mentoring for those in the process of learning to teach.

Constraints

Participants verbalized some challenges that made implementing evidence-based education practices difficult when back in their practice areas. Peers with different mindsets who did not support change in practice, disengaged learners, time constraints, and the nature of the clinical environment were challenges faced by participants when applying learning in their areas. One participant commented, "some people get so accustomed to doing things a certain way, it's like, Wow, what are you doing?" Another participant noted, "one of the challenges was the mindset of the other educator that had not attended. Quite challenging to get them to be on the same side".

Finally, participants described the need to balance a culture of efficiency with a culture of learning and the inherent difficulty in finding this balance. "Your unit has needs you can't control. Planned something for that day and you can't control that, you might be pulled in another direction. I find that very frustrating. Sometimes you have to let it go for another day. It is what it is."

Improvements/Recommendations for EP

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A number of recommendations were put forth for the EP. Firstly, increasing awareness of the EP within the leadership group would increase EP attendance by educators as well as validate its value in the educator role transition process. Some participants believed the EP should be mandatory education for all educators. Secondly, the workload and format were problematic for some as it was a challenge to juggle the EP curriculum and work fulltime, particularly when managers did not place a priority on attendance or envision the benefits of the EP.

Finally, participants thought a refresher course for EP graduates would be beneficial. One participant feared she would get “stuck in the same rut all over again and forget about the theories.” This recommendation speaks to the need for a community of practice for nurse educators. Coates and Fraser (2014) see many possible benefits to using this type of collaborative network. Connecting nurse educators within, and across, organizations allows sharing of ideas and resources, enhancement of professional development through research and ongoing education, provision of mentorship and support for novice educators, and assistance in development of a universal role description. Unfortunately, there are challenges to creating a community of practice that supports nurse educators in their role. Coates and Fraser mention the lack of priority placed on networking, nurse educators’ organizational and geographical isolation, and limited fiscal and human resources as three such challenges.

The study demonstrates that, overall, an evidence-based educational curriculum benefits the educator and supports the educator role in our organization. Themes identified from the focus groups suggest the EP provided many benefits to individuals and the organization. The challenges stated by the participants provided insight into the constraining factors in applying learning once back in the clinical practice setting. Two strategies that might further assist educator to apply their learning in practice include placing a greater emphasis on leader support,

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and making the EP a mandatory part of the educator orientation. Furthermore, a continuing professional development program to refresh skills and knowledge in the competencies may be beneficial to maintain educators' sense of connection with other EP graduates.

The findings of the study support cited literature in terms of learner-centred approaches having a positive impact on practice. The study findings strengthen the recommendation by Aliakbari, et al. (2015) that learning theories assist the educator to increase education activity planning, foster a safe supportive learning environment, and envision education from a different mindset. Our findings suggest that the EP affords greater role clarity and support in role transition, reiterating Cangelosi et al. findings that mentoring and education are essential for the nurse who is learning to teach.

The barriers to implementing learner-centred approaches, shifting learners and colleagues from a traditional to a learner-centred mindset, lack of leadership support for participants engaged in the EP, and time constraints, were similar themes to those cited in the literature. Cangelosi, et al. (2009), Gardner (2014), and McAllister, et al. (2014) highlighted comparable barriers in their research with insufficient role preparation or training, role ambiguity, and limited networking and community of practice for educators cited as challenges for educators.

Although this study yielded interesting results, it brought forth many questions worthy of future study. For example, how long is this "shift in thinking" retained before old patterns emerge? Does the length/format of the program have an effect on participants' sense of connectedness? And finally, is the increase in role clarity related to retention of educators?

Although the sample size was small, data saturation was achieved through the focus group process. Participants were those who met the criteria and responded to the initial email. Though the majority of participants were from a nursing background, other healthcare disciplines

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were represented. Finally, participants may have been influenced by personal experiences associated with the health authority and therefore their perspectives may not truly represent experiences of other clinicians from other organizations.

Conclusion

Transition from clinician to educator can result in stress and anxiety related to role clarity, lack of support, and limited knowledge about educational philosophy and strategies. Learning to teach is an important skill set for clinical educators; education and mentoring are essential to the process. Providing a supportive environment where novice educators can prepare for their roles and responsibilities of teaching can build a strong educator workforce. It cannot be assumed that expert clinicians understand the implications of the clinical educator position. “Assessing transitional needs and providing support regarding identity change and socialization into the organization can assist with promoting job satisfaction, subsequent student success and, hopefully, resulting workforce retention.” (Paul, 2015, p. 10)

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Appendix . Focus group semi-structured guiding questions

In the context of your practice setting, describe your experience of enacting what you learned from the EP.

1. Could you provide a specific example of something you have applied in your practice?
2. Have you experienced any factors that made that process easier? What are those factors?
3. Have you experienced any factors that made that process more difficult? What are those factors?
4. How has the EP program contributed to your confidence, competence and satisfaction in the educator role?
5. Is there anything else you would like to share about your experience of participating in the EP?

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