

# **Children's Mercy**

## **Philosophy of Clinical Nursing Education**

### **June 2021**

As dedicated CM clinical instructors, we commit to providing clinical nursing education that integrates the essential threads and dimensions of nursing core values, knowledge acquisition, caring relationships, clinical reasoning, evidence base practice and theory application, patient safety, quality, collaboration, and professionalism. Children's Mercy (CM) philosophy of clinical nursing education guides relationships with student and staff decision-making, educational research, and the implementation of innovative teaching strategies.

#### **CLINICAL ENVIRONMENT**

As consistent with the Essentials of Baccalaureate Education and the Quality-Caring Model©, we believe in a "collective responsibility" in the provision of a civil, non-threatening, engaging, supportive and student-centered learning environment that embraces the student as members of the health care team. We are committed to support and maintain this learning environment. Underpinning the active learning environment for nursing students at CM are our Magnet designation, adoption of the Quality-Caring Model©, and nursing staff clinical competencies as well as professional development program.

#### **CM CLINICAL INSTRUCTORS**

CM clinical instructors meet on a regular basis for open dialogue and discussion that promotes scholarship, creates engagement develops new teaching strategies and reviews current nursing education research. We meet and maintain standard clinical competencies in our areas of clinical expertise. We establish caring, professional relationships with our patients, students and co-workers. As clinical instructors, we connect to students through role modeling, inviting creative and innovative thinking, creating a safe environment for learning, and evaluating teaching effectiveness. We focus on collaborative relationships with the schools we teach with and we continually adapt teaching methods based on current circumstances and best educational practices.

#### **TEACHING METHODS**

We acknowledge that students vary in their knowledge and experiences. As such, we commit to establishing a caring relationship with each student individually and crafting clinical learning experiences to facilitate the greatest growth. CM clinical instructors use current institutional policies, protocols, and procedures to support evidence-based practice in nursing. We believe clinical reasoning is central to the nursing process and encourage and expect students to practice making clinical decisions and judgments. We support and encourage the use of applicable human simulation exercises as a complement to clinical experiences.

#### **STUDENT EVALUATION**

We support the use of the American Nursing Association's nursing practice and professional behavior standards and believe it provides a consistent and reliable format of evaluation for clinical experiences. We believe in forming clear, achievable goals for each individual student in concurrence with the school of nursing's course objectives and goals. We believe in providing ample time for learning prior to final evaluation. We support the use of a combination of evaluation methods to include, but not limited to, case scenarios and studies, observation of

daily clinical work, role-playing, individual student feedback, group discussion and written documentation.

### **RELATIONSHIPS WITH SCHOOLS**

We highly value each school's unique vision and philosophy of nursing education. We commit to the integration of those beliefs and elements into the clinical learning experience at CM. We support the development of professional, working relationships with course coordinators and faculty at each school of nursing. We commit to familiarizing ourselves with the course syllabi and clinical objectives, and strive to assist each student in meeting and exceeding these objectives. We rely on reciprocal support from faculty and clinical coordinators, with reinforcement of clinical instructor judgment for evaluation of student performance.

### **REFERENCES**

- American Association of Colleges of Nursing. (2021). The essentials: Core competencies for professional nursing education. Retrieved June 3, 2021, from <http://www.aacnnursing.org/Education-Resources/AACN-Essentials>.
- American Nurses Association. (2015) Nursing: Scope and standards of practice. Silver Springs, MD: Nursesbooks.org.
- Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park: Addison-Wesley, pp. 13-34.
- Duffy, J. R. (2018). Quality caring in nursing and health systems: Implications for clinicians, educators and leaders. New York, NY: Springer
- National League of Nursing. Hallmarks of excellence in nursing education model. Retrieved June 3, 2021 from <http://www.nln.org/professional-development-programs/teaching-resources/hallmarks-of-excellence>.
- Reising, D. L, Brea, J., & Morse, B. (2018). Student perceptions of clinical instructor characteristics affecting clinical experiences. Nursing Education Perspectives, 39 (1), 4 – 9.

### **AUTHORS: CM CLINICAL INSTRUCTORS**

Brenda Boots, MSN, RN, CPN  
Brandi Mains, MSN, RN, CPN  
Dena Oertle, MSN, RN, CPN  
Camie Pontius, MSN, MBA, RN, CPN  
Chelcia Cantu MSN, RN  
Emily Agee, MSN, RN

### **APPROVAL**

Tangula Taylor MBA, BSN, RN, NE-BC  
Brie A. Cantrell MSN, RN