



Driving future developments in nursing education across Europe

Current and future proof education: challenges and opportunities

Bridging the academic and clinical environment's

Filomena Gaspar
FINE Vice President
mfgaspar@esel.pt



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The future is now!!!!

Future challenges for nursing education – A European perspective

Leena Salminen^{a,*}, Minna Stolt^a, Mikko Saarikoski^b, Arja Suikkala^c, Heli Vaartio^d, Helena Leino-Kilpi^a

^aUniversity of Turku, Department of Nursing Science, 20014 University of Turku, Turku, Finland

^bTurku University of Applied Sciences, Turku, Finland

^cDiakonia University of Applied Sciences, Helsinki, Finland

^dNovia University of Applied Sciences, Turku, Finland

What bridges can we built!?

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EUROPEAN FEDERATION
OF EDUCATORS
IN NURSING SCIENCE

FÉDÉRATION EUROPÉENNE
DES ENSEIGNANTS
EN SCIENCES INFIRMIÈRES

Future challenges for nursing education – A European perspective

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^aUniversity of Turku, Department of Nursing Science, 20014 University of Turku, Turku, Finland

^bTurku University of Applied Sciences, Turku, Finland

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- Policy papers on nursing education in Europe;
- The need for cross-cultural research;
- Clinical learning environment facilitates understanding;
- Patients are the core of nursing education;
- Competence of educators is multidimensional.

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^cDiakonia University of Applied Sciences, Helsinki, Finland

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- Nursing education must be based on **evidence-based nursing and teaching**.
- The health policy of each country must **pay stronger attention to curriculum planning**.
- **Patients, population and families** must be taken into account.
- We must develop **empowering learning environments together with other EU countries** and **combine our resources**, for example, by establishing a common virtual simulation laboratory.
- We **must increase the research on nursing education**.
- We must found an **international nurse educator programme**.

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Current and future proof education: challenges and opportunities



Review Article

Advanced Practice Nursing Education: Challenges and Strategies

Cynthia Fitzgerald,¹ Ira Kantrowitz-Gordon,² Janet Katz,¹ and Anne Hirsch³

¹ College of Nursing, Washington State University, Spokane, WA 99210-1495, USA

² Family and Child Nursing, University of Washington, Seattle, WA 98195, USA

³ College of Nursing, Seattle University, Seattle, WA 98122, USA

Correspondence should be addressed to Cynthia Fitzgerald, cefitzgerald@wsu.edu

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Nursing education programs may face significant difficulty as they struggle to prepare sufficient numbers of advanced practice registered nurses to fulfill the vision of helping to design an improved US healthcare system as described in the Institute of Medicine's "Future of nursing" report. This paper describes specific challenges and provides strategies to improve advanced practice nursing clinical education in order to ensure that a sufficient number of APRNs are available to work in educational, practice, and research settings. Best practices are identified through a review of classic and current nursing literature. Strategies include intensive interprofessional collaborations and radical curriculum revisions such as increased use of simulation and domestic and international service work. Nurse educators must work with all stakeholders to create effective and lasting change.

Solutions and strategies

- Collaborative partnerships between educational institutions and healthcare organizations
- Collaborative partnerships between educational institutions and healthcare organizations
- Radical transformation of curricula to support competency-based and problem-based learning
- Increased use of simulation
- Interprofessional education
- Distance education
- Innovative patient-driven programs







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Article

Graduating Nursing Students' Empowerment and Related Factors: Comparative Study in Six European Countries

Laura Visiers-Jiménez ¹, Liisa Kuokkanen ², Helena Leino-Kilpi ^{2,3}, Eliisa Löyttyniemi ⁴, Riitta Turjamaa ^{5,6,*}, Anna Brugnonli ⁷, Filomena Gaspar ⁸, Jana Nemcová ⁹, Alvisa Palese ¹⁰, Marília Rua ¹¹, Renata Zelenikova ¹² and Satu Kajander-Unkuri ^{2,13,*}

- Graduating nursing students' self-assessed level of empowerment was moderate;
- There are statistical differences between countries.
- Students with high empowerment had no intention to leave the nursing profession,
- Had a higher level of study achievements,
- higher self-assessed generic competence level.

- The results suggest that empowerment needs to be enhanced during nursing education.

- Further research is needed to understand the development of empowerment during the early years of a nursing career.

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Advancing a Culture of Clinical Nursing Research Through Collaborative Partnership Between Practice and Academia

Mary Magee Gullatte, PhD, RN, APRN-BC, AOCN, FAAN;
Elizabeth J. Corwin, PhD, RN, FAAN

- Research is Important to built bridges
- Strengthening a culture of evidence based practice
- Develop academic- clinical, academic-practice and academic-service partnerships;
- Developing nurse profiles (Master ; PhD)

- ***We teach what we research?***
- ***We teach as we research?***

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Current and future proof education: challenges and opportunities



Closing ...the gap!

- Academic-clinical research partnerships can benefit academic and clinical partners
- Goals must be clearly articulated and mutually determined
- Increased research dissemination
- Reduce research costs funding is more accessible
- Through collaboration, academic-clinical partners can improve clinical outcomes and reduce healthcare costs



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THE JOURNAL OF NURSING ADMINISTRATION

Fostering Academic-Clinical Research Partnerships

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Esther Chipps, PhD, RN, NEA-BC

Ann C. Falkenberg Olson, PhD, RN, FNP-BC, WHNP-BC

Linda Liu Hand, PhD

Michelle Harmon, PhD, RN

Mary G. Heitschmidt, PhD, RN, APN, CCRN

Colleen J. Klein, PhD, APRN, FNP-BC

Cheryl Lefaiver, PhD, RN, CCRP

Teresa Wood, PhD, RN, NEA-BC

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Closing ...the gap!

Closing these knowledge gaps is an
important step...

For a more effective health workforce
governance and policy implementation.





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Current and future proof education: challenges and opportunities*

Evidence Review

The Second Triennial Systematic Literature Review of European Nursing Research: Impact on Patient Outcomes and Implications for Evidence-Based Practice

David A. Richards, PhD, BSc (Hons), RN • Tove Aminda Hanssen, PhD, RN,
• Gunilla Borglin, PhD, MSc, RN 2018

We need to do more!!!! Richards, D. (2018)

But we must also look in other languages!!!

Table 1. Manuscripts and Primary Research Design Characteristics by Countries

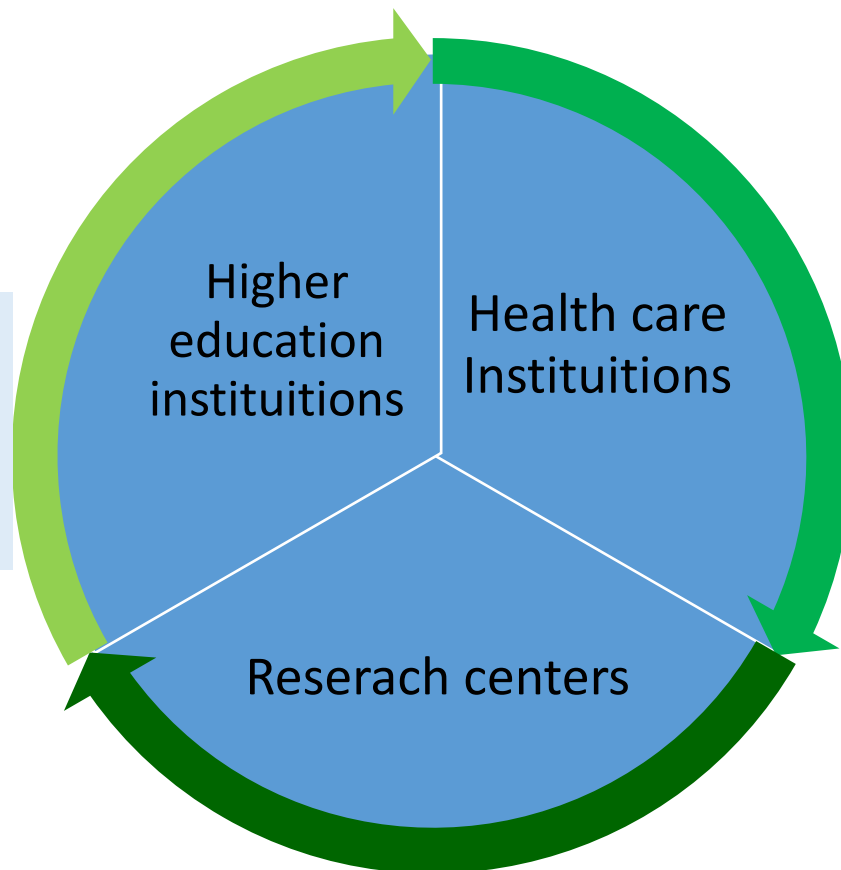
Countries	Manuscripts included	Experimental designs	Observational designs	Qualitative designs	Multi-methods	Mixed methods	Programmatic research	Nursing intervention
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Austria	3 (1.2)	0 (0)	2 (1.9)	0 (0)	0 (0)	0 (0)	0 (0)	1 (.6)
Belgium	10 (3.5)	3 (6.3)	5 (4.7)	2 (2.4)	2 (4.8)	0 (0)	2 (4.5)	7 (4.2)
Cyprus	2 (.8)	0 (0)	2 (1.9)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Denmark	9 (3.7)	3 (6.3)	2 (1.9)	4 (4.7)	3 (7.1)	0 (0)	1 (2.3)	8 (4.8)
Finland	4 (1.6)	0 (0)	3 (2.8)	1 (1.2)	0 (0)	0 (0)	0 (0)	2 (1.2)
France	2 (.8)	1 (2.1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (.6)
Germany	7 (2.8)	3 (6.3)	4 (3.8)	0 (0)	0 (0)	0 (0)	2 (4.5)	5 (3.0)
Greece	1 (.4)	0 (0)	1 (.9)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Iceland	5 (2.0)	2 (4.2)	2 (1.9)	1 (1.2)	0 (0)	0 (0)	1 (2.3)	4 (2.4)
Italy	6 (2.4)	1 (2.1)	4 (3.8)	0 (0)	0 (0)	0 (0)	0 (0)	3 (1.8)
Ireland	11 (4.3)	0 (0)	7 (6.6)	4 (4.7)	2 (4.8)	1 (6.7)	6 (13.6)	5 (3.0)
Netherlands	35 (13.8)	6 (12.5)	23 (21.7)	6 (7.1)	10 (23.8)	3 (20.0)	6 (13.6)	25 (15.2)
Norway	10 (3.9)	3 (6.3)	2 (1.9)	4 (4.7)	0 (0)	0 (0)	0 (0)	7 (4.2)
Poland	1 (.4)	0 (0)	1 (.9)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Spain	14 (5.5)	3 (6.3)	5 (4.7)	5 (5.9)	2 (4.8)	0 (0)	1 (2.3)	9 (5.5)
Sweden	38 (15.0)	10 (20.8)	13 (12.3)	15 (17.6)	3 (7.1)	1 (6.7)	8 (18.2)	23 (13.9)
Switzerland	7 (2.8)	0 (0)	6 (5.7)	0 (0)	0 (0)	0 (0)	1 (2.3)	3 (1.8)
Turkey	15 (5.9)	6 (12.5)	6 (5.7)	2 (2.4)	0 (0)	0 (0)	0 (0)	5 (3.0)
United Kingdom	74 (29.1)	7 (14.6)	18 (17.0)	41 (48.2)	20 (47.6)	10 (66.7)	16 (36.4)	57 (34.5)
Total	254 (100)	48 (100)	106 (100)	85 (100)	42 (100)	15 (100)	44 (100)	165 (100)

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Clinical and Academic Centers (CAC)



Integrated structures of clinical activity, teaching, and research both from public or private sector

Clinical Academic Centers (CAC) are a unique opportunity **to aggregate and consolidate research**, teaching and healthcare provision in a collaborative strategy **aiming at achieving excellence** at all of those levels.

Published in the official government journal

instalação requer financiamento.
Deve igualmente assegurar-se a possibilidade de realização de investigação clínica e de translação através de uma articulação estruturada entre os hospitais e restantes unidades de saúde, os centros de I&D na área das ciências da vida, as escolas médicas, as escolas de enfermagem, de saúde e de tecnologias de saúde e as empresas na área biomédica.
Para responder adequadamente às necessidades de promoção, avaliação e financiamento da investigação e inovação clínica, as funções de avaliação e financiamento têm sido sistematicamente cometidas em muitos países de referência internacional a uma agência que integra também um laboratório de referência ao nível do controlo de qualidade e associado a políticas de prevenção da saúde pública. Deve, assim, aproveitar-se a oportunidade que emerge em Portugal para ponderar a integração do INSA, I. P. numa agência com competências alargadas. Tais objetivos devem

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- Other Examples

Wales Centre for Practice Innovation – Gary Rolfe

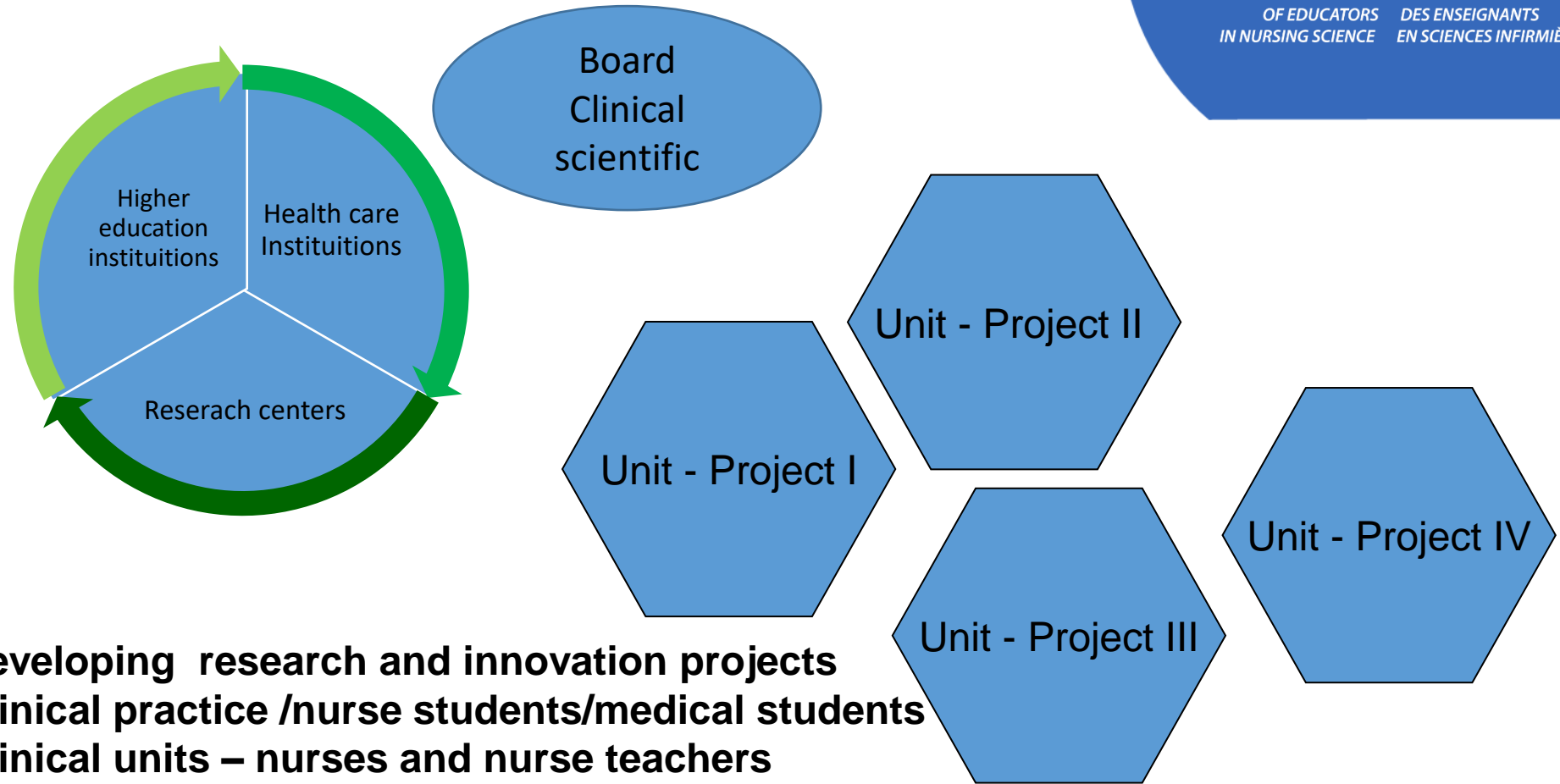
This center are aimed at reducing the physical, social, psychological and professional gap between practice and academia.

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Current and future proof education: challenges and opportunities



Unit structure /Ward structure- Projects



- Developing research and innovation projects
- Clinical practice /nurse students/medical students
- Clinical units – nurses and nurse teachers
- Consulting and partners
- Clients
- Quality for teaching and research /Accreditation**

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Current and future proof education: challenges and opportunities



Some assumptions:

- 1) Flexible structure coherent with both Mission and Values
- 2) Collaborative and mutual developing strategy;
- 3) Seeks the building of a network and units based on developing projects of practice innovation;
- 4) This projects occur in coherence with the educational and research resources of the institutions involved;

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Current and future proof education: challenges and opportunities



Vision:

- CACs are design to add value in research and Innovation in health:
- Also for
- To the Nursing Practice Developing
- To Nursing discipline Developing
- Multidisciplinary research and teaching

THAT ALLOWS IMPACT EVALUATION!!!!

Sensitive OutcomesMetrics in Clinical practice

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Current and future proof education: challenges and opportunities



Mission (Nursing Projects)

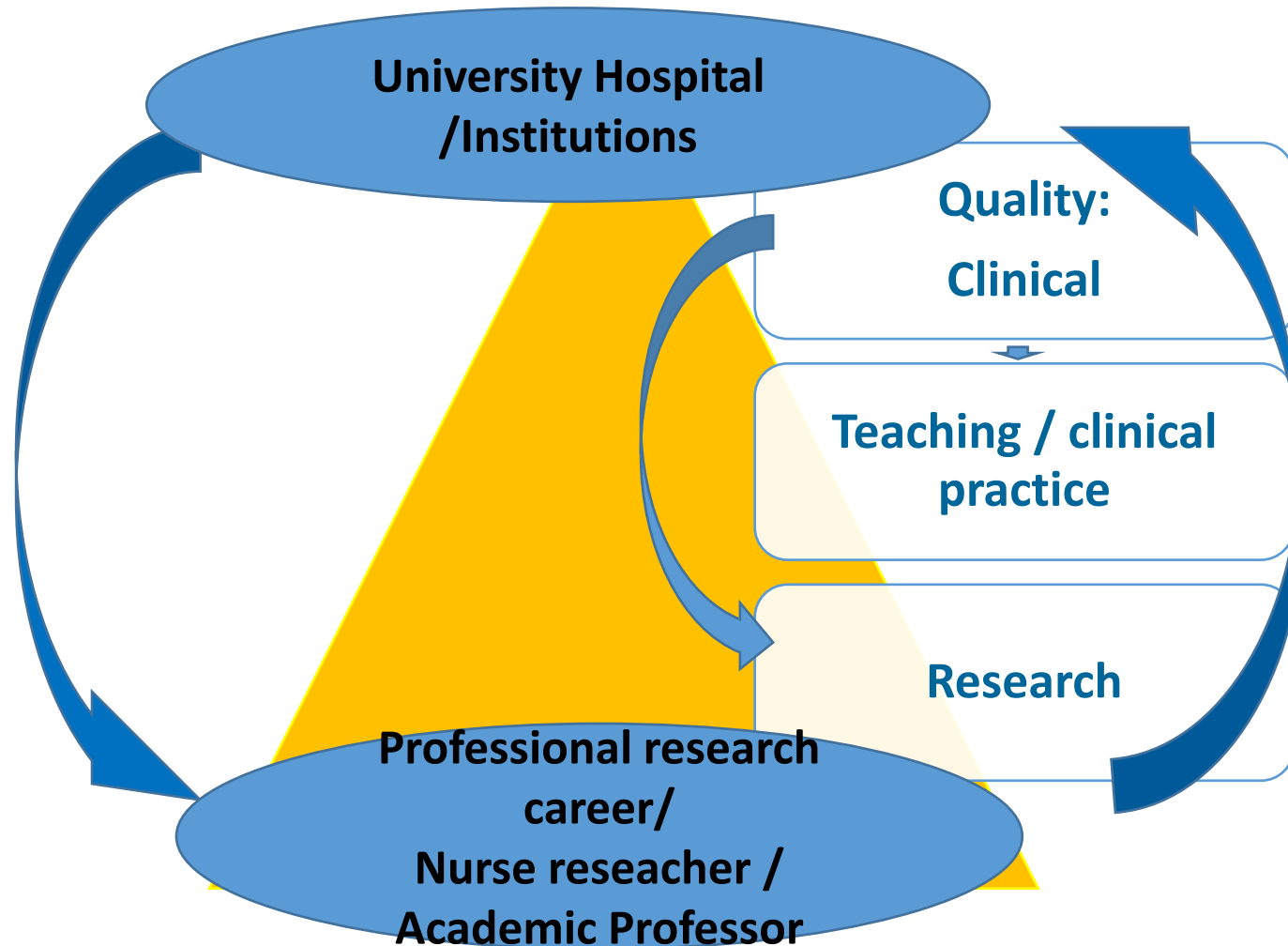
To qualify and develop nursing practice and discipline (teaching ;research and continuous education) promoting positive results related to clients and organizations;

To Coach the improving projects based on innovation and change of nursing interventions;

To evidence differences produced by the innovative nursing practice.

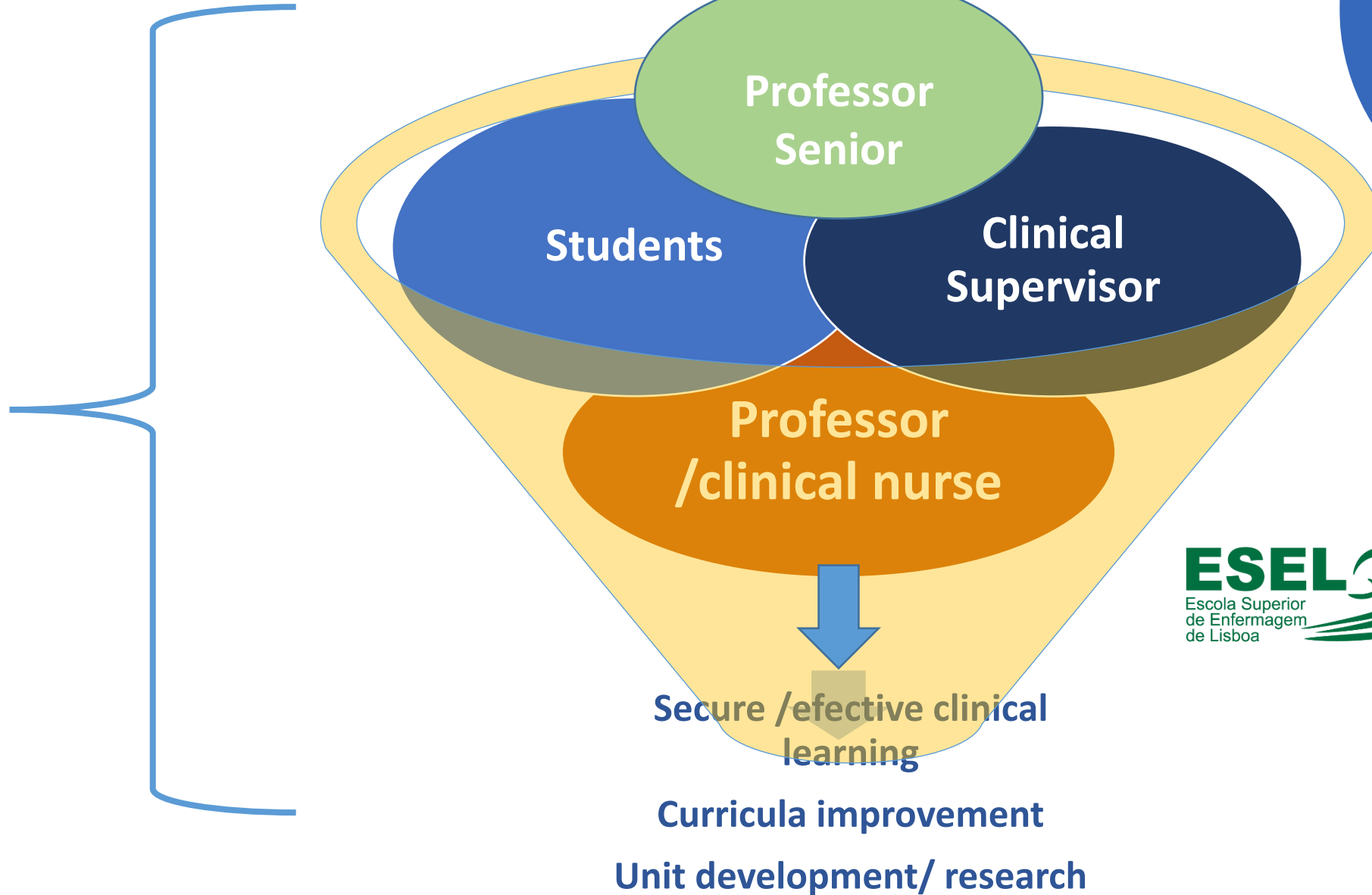
To Promote research and publishing competencies structuring the knowledge of nursing and its diffusion;

Driving future developments in nursing education across Europe
Current and future proof education: challenges and opportunities



Driving future developments in nursing education across Europe

Current and future proof education: challenges and opportunities



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Current and future proof education: challenges and opportunities



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Current and future proof education: challenges and opportunities



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**Because Patients matter
and nurses make a
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Stone, A. (2019). *Nurses ranked 'most trusted profession' in 2019*

