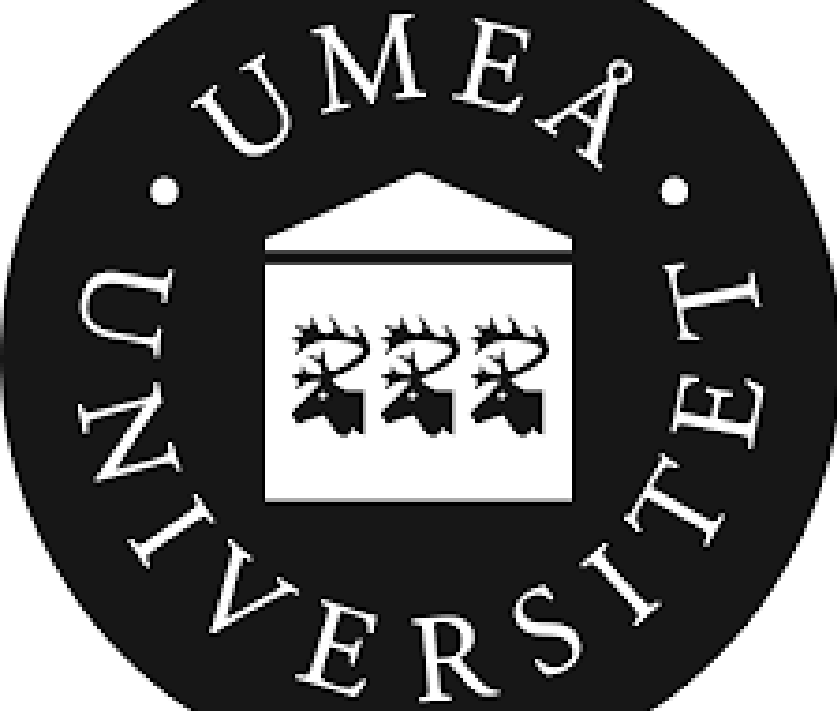


Herdís Sveinsdóttir, RN, PhD Professor  
Faculty of Nursing, University of Iceland

# Primacy of clinical teaching in bridging the theory practice gap





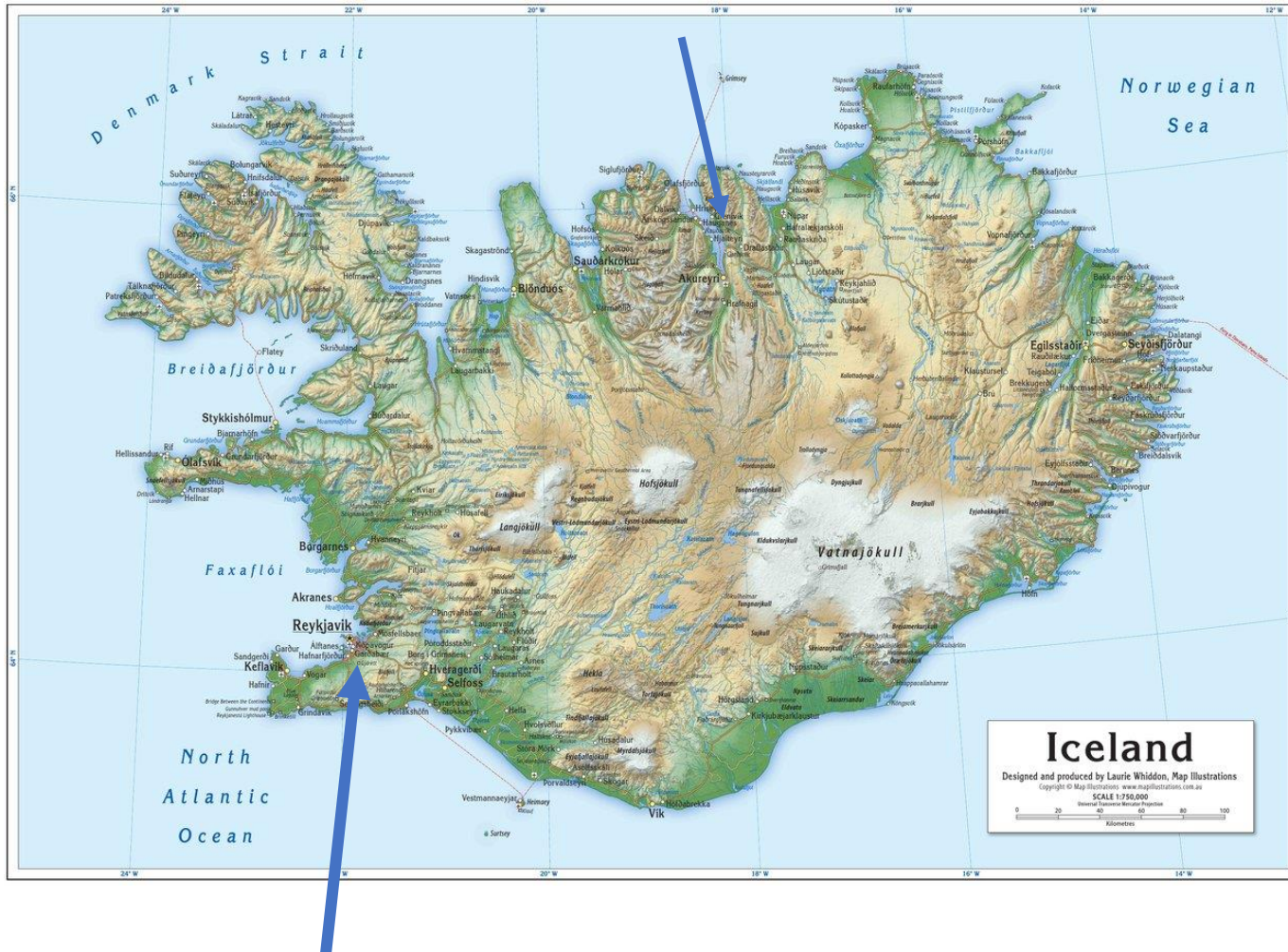








# Two universities offer nursing education: University of Iceland and the University at Akureyri







# Nursing education at UI

- 4 years BS program since 1973 (240 ECTS)
- Second degree BS program since 2020 (240 ECTS)
- Diploma programs in clinical specialties since 1990 (30 to 60 ECTS)
- 2 years MS program in Midwifery since 1995 (120 ECTS)
- 2 years MS program since 1998 (120 ECTS)
- 3 years PhD program since 2004 (180 ECTS)





# Nursing students and teachers at UI

**A total of 850 – 900 students**

## **Faculty:**

- 33 people in 25.4 FTE
  - 31 with a PhD degree
- About 400 sessional teachers





The background image shows a clinical setting with several people. In the foreground, a man with a large tattoo on his left arm is looking down. Behind him, a woman with blonde hair is also looking down. To the right, there are two black bags on a surface. The overall scene is dimly lit, with the text overlaid in white.

## Nurses in Iceland in 2020

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3457 nurses registered with the  
Icelandic Nurses Association

---

3% are male

---

36% are 35 to 54 years or  
younger

---

51% are 55 years or older.

# Structure

- Discuss nursing education based on the EU-directives 2005/36/EC and EU directive 2013/55/EU
- The Clinical Learning Environment
- Supervisors/teachers/mentors/instructors in clinic
- Competencies
- Icelandic situation
- Second degree program in nursing ... if time and interest



# My assumptions

- Fundamentals in bridging the gap between practice and theory is undergraduate education and how undergraduate students are presented with clinical role models.
- All undergraduate students should at some time during their clinical studies learn under the guidance of nurse specialist.
- Clinical learning/teaching in undergraduate education has followed an apprenticeship model since the transition of nursing from diploma to universities and that needs to be changed.
- Nursing students' clinical hours should not be served but structured and advanced throughout their studies.
- Models of clinical learning should be developed and tested.



# Regulation and quality assurance of nursing education

Each countries legislation

Bologna declaration and process 1999

EU directives 2005/36/EC and  
EU directive 2013/55/EU

European Association for Quality Assurance in  
Higher Education

European qualification framework.



# EU directives 2005/36/EC and EU directive 2013/55/EU

describe the requirements for the training of general nurses, in terms of:

- content (in nursing sciences, basic sciences and social sciences),
- placements (mandatory place for clinical studies)
- time spent in clinical practice (duration)

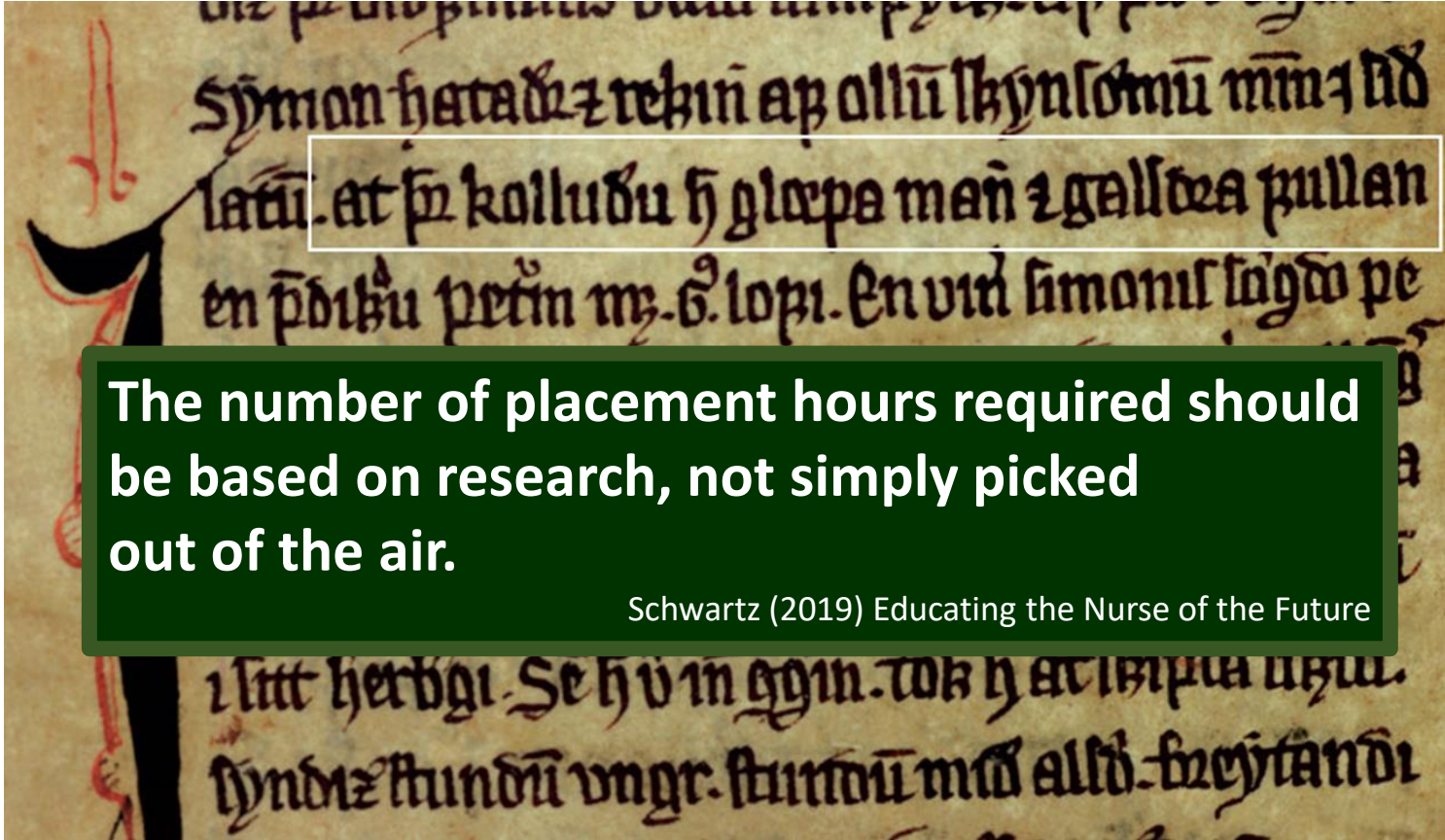


## Duration

....and shall consist of at least 4600 hours of theoretical and clinical training the duration of the theoretical training representing at least one third and the duration of the clinical training at least one half of the minimum duration of the training

Clinical training is that part of nurse training in which trainee nurses learn, as part of a team and **in direct contact** with a healthy or sick individual and/or community.





**The number of placement hours required should be based on research, not simply picked out of the air.**

Schwartz (2019) Educating the Nurse of the Future

## Duration

- It is not clarified how these duration requirements ensure **quality** of the clinical learning
- On what data was the number of 2300 hours decided?
- The origin of the hours date back to 1977 to Directive 77/453/EEC

# Clinical education experience

- ..shall take place ...**under the responsibility of nursing teachers**, in places where the number of qualified staff and equipment are appropriate for the nursing care of the patient, assisted by other staff, under the supervision of the nursing teachers and in places where the number of qualified staff and equipment are appropriate for the nursing care of the patient

Competencies and education of nursing clinical teachers are however not clarified





Contents lists available at [ScienceDirect](#)

Nurse Education Today

journal homepage: [www.elsevier.com/nedt](http://www.elsevier.com/nedt)



## Patterns of clinical mentorship in undergraduate nurse education: A comparative case analysis of eleven EU and non-EU countries☆



Beata Dobrowolska <sup>a,\*</sup>, Ian McGonagle <sup>b,1</sup>, Roslyn Kane <sup>b,2</sup>, Christine S. Jackson <sup>b,3</sup>, Barbara Kegl <sup>c,4</sup>,  
Michael Bunting <sup>d,5</sup>, Eithne Coleman <sup>e,6</sup>, Diana Gorman <sup>f,7</sup>, Maria <sup>f,7</sup>, Vanessa Di Ciano <sup>g,8</sup>, Zuzanna Dymowska <sup>h,9</sup>

Two types of CM they found:

- A. Working at the academic level - mainly focusing on introducing students to the clinical environment, and also on bridging and integrating theory and practice into a clinical reality;
- B. Working at the unit level – focusing on developing competences in the clinical area.



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Their main findings however were that the CM role is mainly carried out by registered nurses, and in most countries, there are no special requirements in terms of education and experience. Those who act as CMs at the bedside continue to manage their usual caseload, thus the role adds to their work burden.



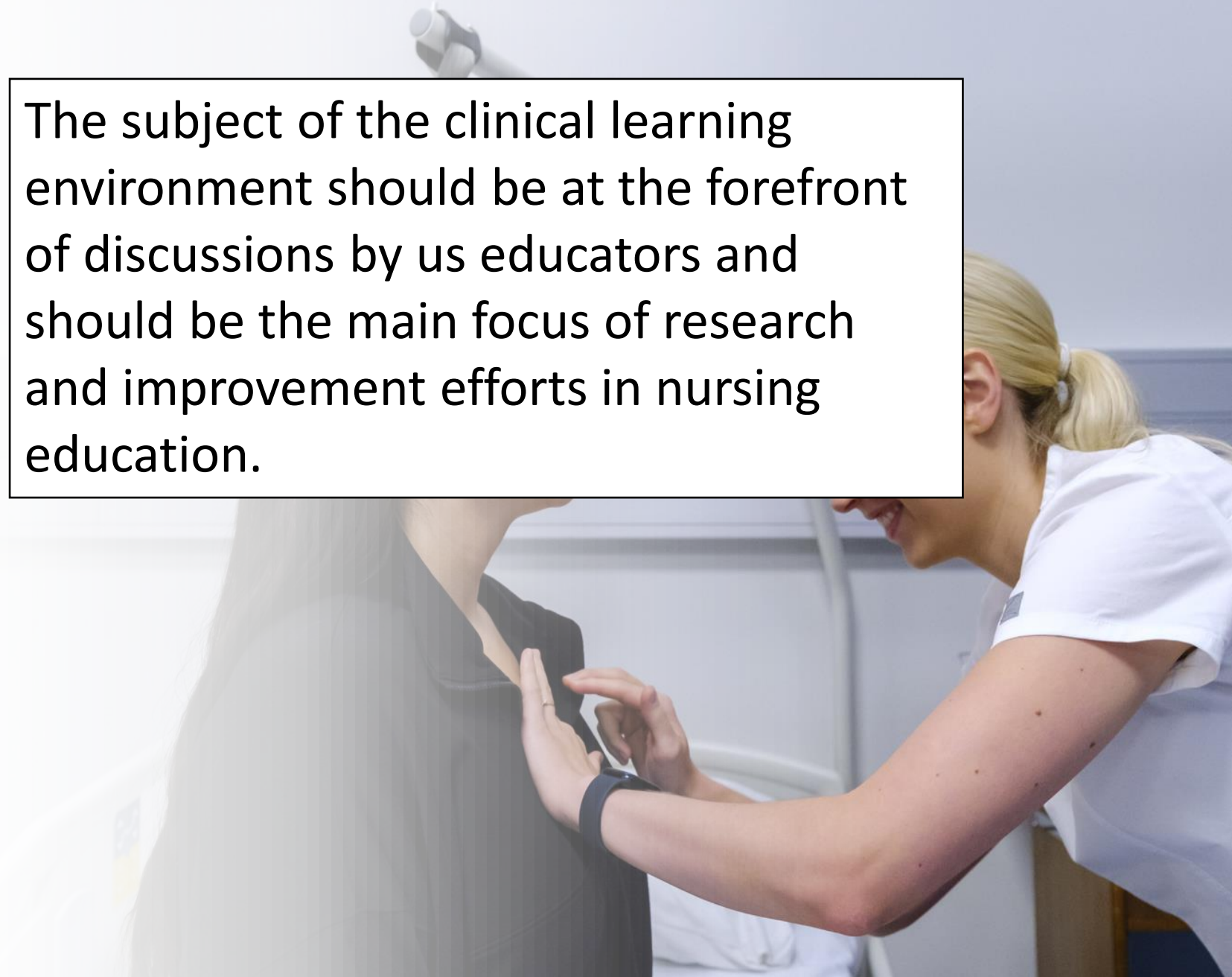


## Clinical learning environment

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We can all agree that most effective learning in the clinical sciences takes place at the practice level and in communication with patients.

The subject of the clinical learning environment should be at the forefront of discussions by us educators and should be the main focus of research and improvement efforts in nursing education.



# Lack of quality

- One student nurse ...undertook 48-h weeks throughout the summer to 'get her hours' done on time to qualify. She spoke of sitting next to a nurse's station through the small hours of the night, when the clinical area was quiet, just to have her hours signed off.



# OECD: Education as economic growth

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education development is  
an investment in economic  
and social development

- At the time few industries**  
**:**
- **were growing as fast as the University industry,**
  - **were gaining as much prestige**
  - **affected the lives of so many people.**

## Education offered at Universities

Every occupation  
seeking to increase its  
prestige and income  
made going to college  
and beyond the  
**requirements for entry  
into practice**

BS degrees in nursing  
science entered  
universities – in Iceland  
in 1973 .

At similar time in  
Europe, the bulk in the  
1990s





# Reform in nursing education – from diploma to University

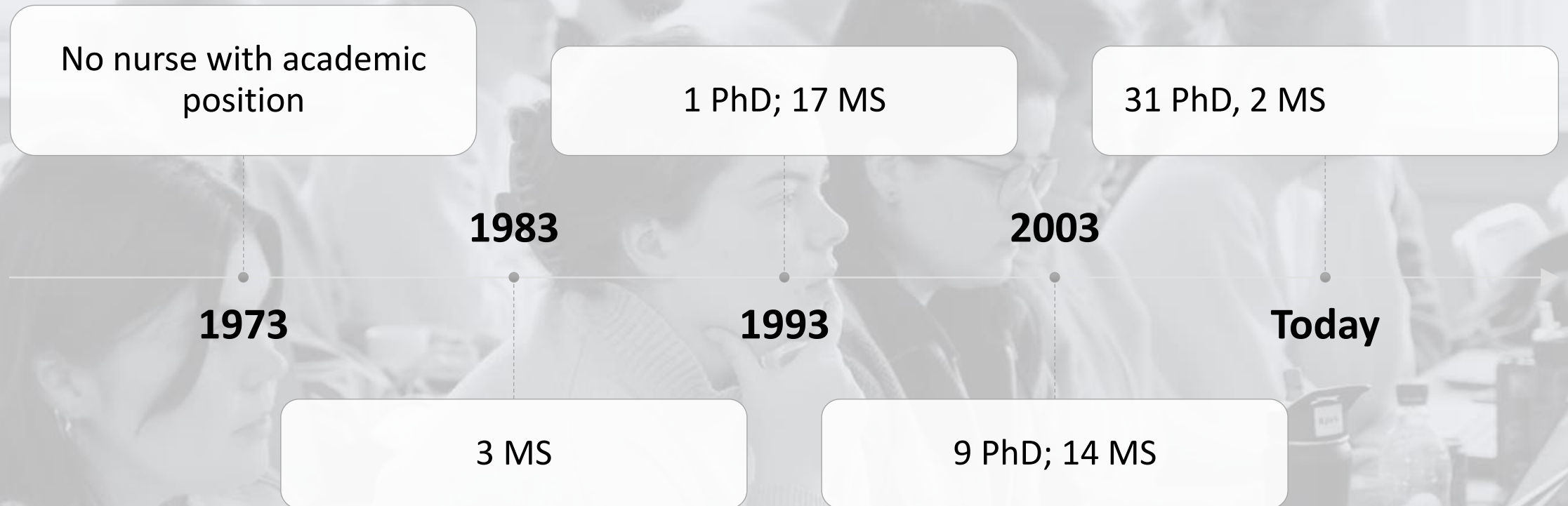
Reforms were implemented over a short period of time



Two of major difficulties were:

- nursing faculty members were not prepared for teaching and researching in higher education settings
- rethinking the content and structure of the nursing curriculum

# Education of academic teachers at the University of Iceland





# Threefold role of universities

- Educate and train
- Generate knowledge
- Societal responsibility

# Academic environment at the University of Iceland

The main objectives at the Faculty of Nursing in the beginning were to build a quality undergraduate education and build up the faculty

During the same times politics regarding funding, outcome in terms of number of students and research; that is on what academics were spending their time underwent dramatic changes.



# Models of funding subjects within universities

- research production
- research income
- influence measured in citation impact
- international collaboration
- number of students that graduate at all levels
- credit hours completed

# Arrival of the subject of nursing into universities

With the relatively late arrival of nursing science into universities with regard to history of universities the nursing profession hardly experienced the times when

**“enlightenment was the only mission of Universities ”**

and the aim of university work was **“fundamental inquiry into the unknown”**





## Arrival of nursing studies into universities

- At the time of greatest reforms in nursing education we were not given/or did not take enough time to reconstruct the education.
- Nursing science needed this time to reflect on and evaluate the best methods of teaching nursing for patient care. In particular, clinical nursing and the partnership of practice.





# Arrival of nursing studies into universities

- We followed the clinical mentorship model without changing any requirements made towards clinical mentors



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Their conclusion:

Whilst it is imperative to have respect for the different national traditions in undergraduate nurse education, the globalisation of the nursing workforce and greater opportunities for student mobility during the course of their undergraduate education suggests that in areas such as clinical mentorship, jurisdictions, particularly within the EU, should work towards greater system harmonisation



# Harmonisation

Unified requirements regarding the clinical mentor's

- background,
- experience,
- qualifications, especially given the importance of nursing competence that is developed during the clinical placements under the guidance of the clinical mentor.

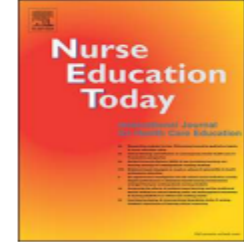




Contents lists available at ScienceDirect

Nurse Education Today

journal homepage: [www.elsevier.com/locate/nedt](http://www.elsevier.com/locate/nedt)



## Development and testing of an evidence-based model of mentoring nursing students in clinical practice



Kristina Mikkonen<sup>a,\*</sup>, Marco Tomietto<sup>a,g</sup>, Giancarlo Cicolini<sup>b</sup>, Boris Miha Kaucic<sup>c</sup>, Bojana Filej<sup>c</sup>, Olga Riklikiene<sup>d</sup>, Erika Juskauskienė<sup>d</sup>, Flores Vizcaya-Moreno<sup>e</sup>, Rosa M. Pérez-Cañaveras<sup>e</sup>, Paul De Raeve<sup>h,f</sup>, Maria Kääriäinen<sup>a</sup>

- Mentorship is important for both healthcare organizations and educational systems to enhance students' clinical competences, professional growth and commitment to the nursing profession and organizational environments.

# HOURS

- We accept that 1533 hours could be enough for teaching theory – the ground for clinical learning
- Since 1977 stating that we need 2300 hours for clinical learning
- Times have changed and the structure and hours of clinical education need to be rethought

## It's broken, let's fix it—The future of UK nurse undergraduate education

“A reduction in the numbers of required hours in clinical practice is necessary to safeguard student's wellbeing. This has to be accompanied by a re-thinking of what we expect students to learn in clinical practice and how. There are precious few resources currently devoted to empowering nurses to develop and supervise students in practice. We seem to be throwing students into high pressure clinical contexts and hoping they learn by osmosis. Reducing the quantity of placement hours whilst improving their quality and more meaningfully linking practice to theory would benefit everyone.”



# Clinical learning

- Clinical learning must be structured
- Clinical hours cannot be just served
- Clinical learning cannot and should not be incidental – power of situational and social learning can override theoretical knowledge
- Students must demonstrate during clinical learning how they are meeting competencies of individual courses at the clinical site

# The ratio between clinical and theoretical hours

A logical consequence of the emphasis (notably without any quality demands) on practical learning is that there is less time available for theory.

How are we to teach theory?

- Complexity of managing long-term conditions?
- Clinical governance?
- Managing multiple intrusive technologies?
- Managing patient safety?
- Influence of societal changes?
- All the basics that are required for patient safety?



Everyone knows what nursing looks like – don't they?

## It's time to take a second look at nursing

Nursing tends to be seen in terms of its care giving and clinical functions. This is how the profession presents itself and how the work of nurses is widely understood.

What is less well known is that nurses undertake a large volume of organising work. This is a relatively invisible element of the nursing role but is absolutely vital to ensure that patients receive the right care, in the right place and at the right time.

Research carried out by Davina Allen, a Professor at Cardiff University, has put the organisational components of nursing work in the spotlight for the first time.

The research is changing the way we see nursing and changing the way we see the organisation of healthcare.

Davina Allen, Cardiff University



# The Devil lies in the details

- growing realisation that poor coordination is a major cause of failures in healthcare quality and safety
- the organisational components of nursing work continue to make an essential contribution to patient care.

The organization covers:

- twin challenges of delivering high quality, safe and affordable services while meeting the needs of an ageing society
- high levels of acuity, with many patients presenting with comorbidities and accumulative complexity that challenge care coordination
- specialisation, coupled with accelerated throughput,
- complicating community care arrangements

Nurses should receive formal educational preparation about their important and vital contribution to the organisation and coordination of patient care.

Upon graduations nurses should be equipped with the skills to realise their potential as providers and organisers of patient care and to lead improvements in this critical area of service provision.

DOI: 10.1111/nin.12289

FEATURE

WILEY *Nursing Inquiry*

## Integrating preparation for care trajectory management into nurse education: Competencies and pedagogical strategies

Davina Allen<sup>1</sup> | Mary Ellen Purkis<sup>2</sup> | Anne Marie Rafferty<sup>3</sup> | Aud Obstfelder<sup>4</sup>

© 2015 Wiley Periodicals, Inc. *Nursing Inquiry*, 24(1), 1–11







# Hindrances in the clinical learning environment

- Overload of students from different studies
- Lack of structure
- Understaffing at the unit coupled with high clinical workloads,
- Stressful organizational and/or working conditions,
- Lack of learning time with seniors
- Lack of learning opportunities
- Lack of qualified teachers
- Lack of time and support for clinical teachers
- Lack of definition of what qualified instructor entails
- Cognitive overload
- Limited time to reflect and discuss,
- Constraints on physical space.





Teaching  
clinical  
competence

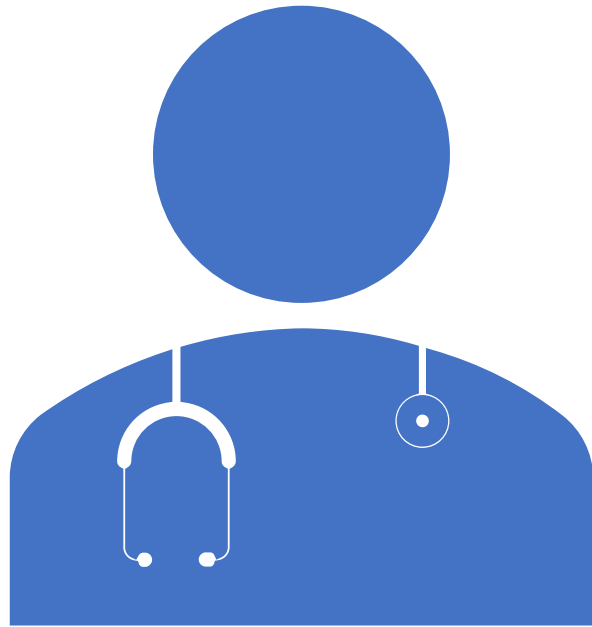
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# Bologna declaration and process

- The emphasis on education changed from being teachers oriented to student oriented: on what is learned instead of what is taught.
- Nursing education is structured around competencies
- The Nordic countries base their competencies on the EU directives, the European qualification framework and their own national recommendations







# Competencies

Evaluating clinical competency is becoming a central issue in nursing education.

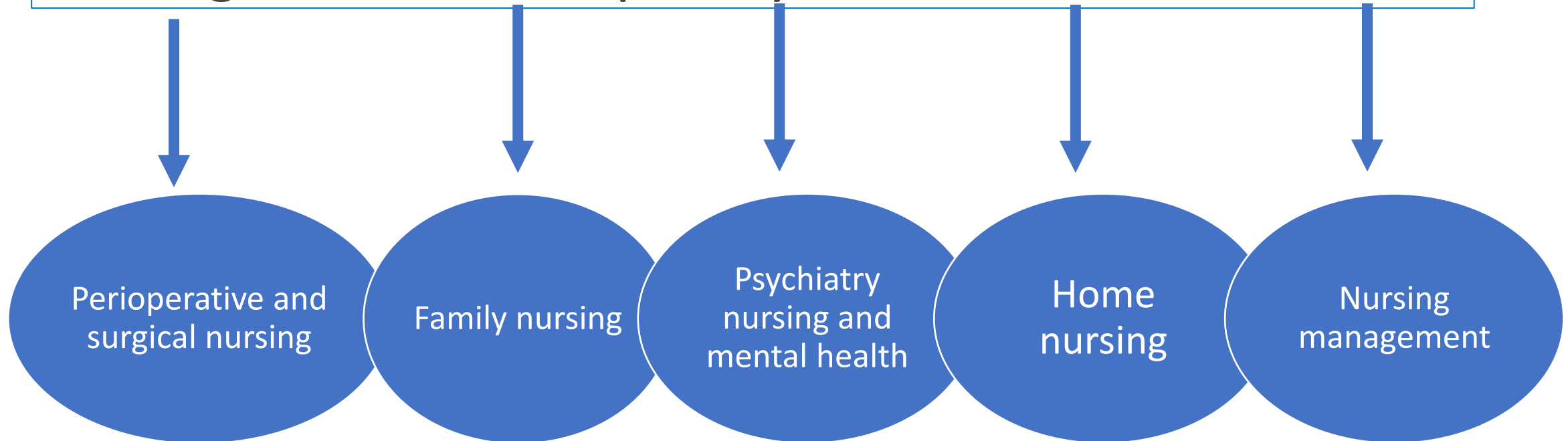
There is a gap in the literature between actual clinical competencies students have when they graduate with theoretical knowledge and how it is applied in daily patient care

*Definition of competence:* Functional adequacy and capacity to integrate knowledge and skills to attitudes and values into specific contextual situations of practice (Flinkman *et al* 2017)

---

# Evaluating clinical competence in different settings

*Example of competence:* The student can successfully lead and manage nursing for individual patients and patient groups in cooperation with others, within nursing and multidisciplinary.





*Each clinical teacher must know the competencies students are to meet in the specific course and how the students demonstrate their knowledge*



Creating a  
successful  
collaboration  
between academia  
and practice is  
fundamental for  
effective clinical  
learning of students





„Professional councils of nursing are formed around the specialties of nursing and midwifery at LUH. They are a forum for professional discussion and a forum for cooperation between Landspítali and the University of Iceland's Faculty of Nursing. Professional councils work according to the vision and policy of nursing at Landspítali, the policy of Landspítali, the policy of the University of Iceland and the University of Iceland's Faculty of Nursing“





---

One of the roles of the council is to formulate a strategy for services, quality work, research, teaching, learning and professional development within the specialties of nursing and midwifery.

There are presently 13 councils operating and 11 professors having combined positions at the university and hospital





# Organization of clinical education at the UoI

Combine:

- The knowledge of Faculty on competencies of each course, the whole curriculum, how to assess students, how to handle difficult situations and on theory in general
- The clinical knowledge and expertise of staff nurses

# Organization of clinical education at the UoI: Role of clinical teachers

## Faculty of nursing:

- responsibility and organisation of the clinical teaching, competencies, length of study period, clinical assignments and the overall quality of the education. **Hold a PhD degree**

## Clinical instructors:

- work in the clinic but are also reimbursed by the university and collaborate with the faculty in developing clinical learning/teaching/assignments.
- almost all are clinical nurse specialists and all CI **hold a MS degree**.
- responsible for the clinical experience to be coordinated according to clinical competencies of clinical courses.
- gives students feedback on clinical work, engages in clinical reasoning, encourages independence and fosters critical thinking based on evidence; is responsible for clinical seminars and supervises the students with assignments related to their clinical learning and evaluates them.
- Meets with student in the clinic once or twice a week

## Clinical Preceptors:


- work in the clinical area, **hold a BS degree**, have a minimum of two years of clinical experience.
- supervise and plan daily the basic clinical skills trained according to the clinical competencies of each course and make full use of the learning opportunities of the clinical situation with the student.

# Clinical Nurse Specialist in Iceland (act 512/2013)

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- Issued by the Directorate of health
- Holds a MS or a PhD degree in the speciality
- Must have worked in nursing under the guidance of an expert in nursing after completing the MS or PhD degree for at least two years of full-time work in the field of expertise covered by her/his application for a specialist license.





Clinical Students are very satisfied with the clinical learning environment – M=4.5 on a scale of 1 to 5

- Majority of the hours are highly structured based on learning objectives

- ...we do count

- Each student under the guidance of a nurse in a clinical setting of his/her choice before graduation. The experience is unstructured.

counted in the 240 ECTS

The effectiveness of our model and overall competence of the teachers and graduating nurses has not been studied.

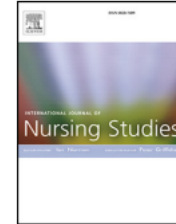




Contents lists available at ScienceDirect

## International Journal of Nursing Studies

journal homepage: [www.elsevier.com/locate/ns](http://www.elsevier.com/locate/ns)



### The use of practice education facilitators to strengthen the clinical learning environment for nursing students: A realist review

Cathrine Mathisen <sup>a,\*</sup>, Lena Günterberg Heyn <sup>a</sup>, Turid-Iren Jacobsen <sup>a</sup>,  
Ida Torunn Bjørk <sup>b</sup>, Elisabeth Holm Hansen <sup>a</sup>

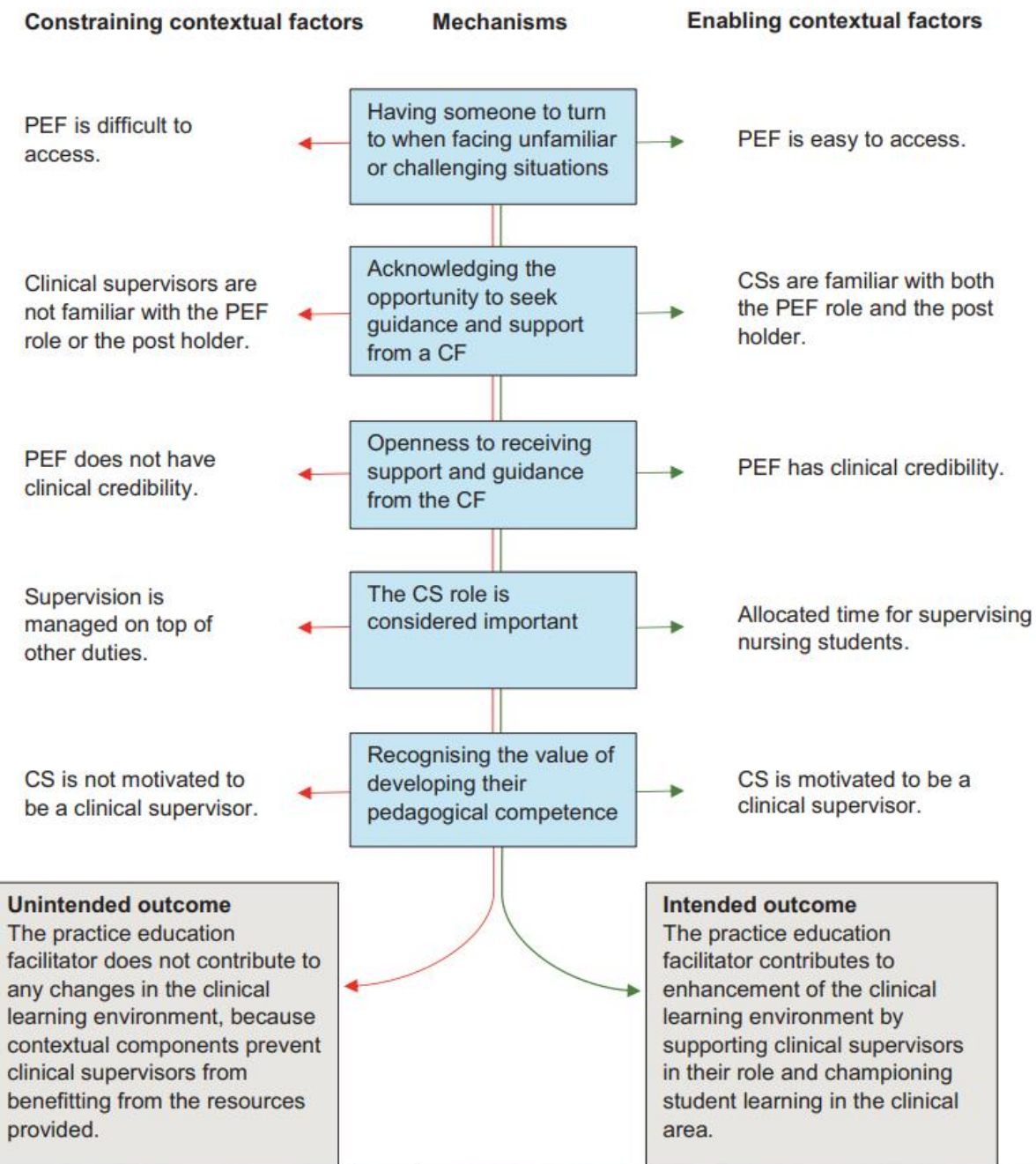
<sup>a</sup> Faculty of Health and Social Sciences, Department of Nursing and Health Sciences, University of South-Eastern Norway, Drammen, Norway

<sup>b</sup> Faculty of Medicine, Institute of Health and Society, Department of Nursing Science, University of Oslo, Oslo, Norway



- A practice education facilitator provides guidance and support to both nursing students and clinical supervisors within the clinical setting and acts as a liaison between the higher education institution and the clinical placement sites – this review addressed support to CS

**The practice education facilitator provides ongoing support and guidance for clinical supervisors**





Clinical teachers should **never ever** be thrown into high pressure clinical teaching contexts with the hope that they just perform.





# CLINICAL SIMULATION: CLOSING THE GAP BETWEEN THEORY AND PRACTICE

Alejandro Martínez Arce

ESCUELA ENFERMERÍA FUNDACIÓN JIMÉNEZ DÍAZ -  
UNIVERSIDAD AUTÓNOMA DE MADRID



# Simulation based

exp Based on these findings a part of the hours in the directive could  
nurs and should be replaced by high-fidelity simulation.

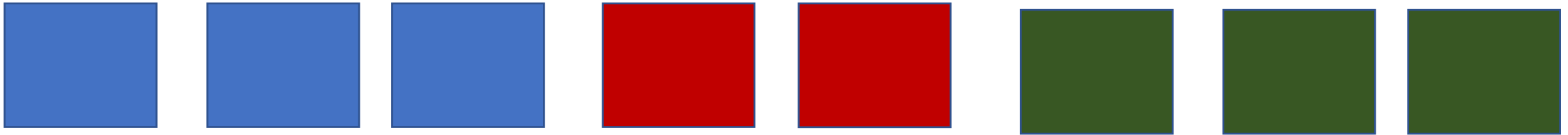
- supports students' learning and has been reported to **increase students' confidence, learning satisfaction, knowledge and skills, and critical thinking**
- high-fidelity and standardized patient simulation-based experiences

- support the **value of simulation in bridging theory and practice** and in developing students' knowledge and skills
- **further longitudinal research is needed to** explore the longer-term processes by which learning transfer and integration occur, as well as the resulting impact on clinical practice and population health outcomes

(Foronda et al., 2013; Hayden, et al., 2014; Hussein & Cuvannon, 2022; Lapkin et al., 2010; Lei et al., 2022)

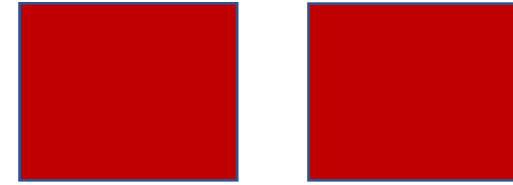
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# The three cycles of higher education – BS, MS and PhD



# The Icelandic Situation: Food for thought

Before Bologna agreement: nursing, physiotherapy, occupational therapy, engineering



After Bologna agreement: physiotherapy, occupational therapy, engineering, teachers,



After Bologna agreement: Nursing



Time of licensure, that is:  
Entry into practice

BS-level

MS-level

# To think about

It is our charge as university teachers to support the nursing profession and in collaboration find the best ways to practice nursing in our own environment.

Better educated nurses have a positive effect on nursing practice and quality of patient care





# To think about

Nursing must use science to study and adapt new methods of teaching and learning

Different methods should be applied to different topics of teaching and this should be studied and evaluated





# To think about

„Research focusing on teaching methods in nursing is notably scarce“

Salminen et al. p. 101

Leadership in Nursing:  
Experiences from the  
European Nordic  
Countries

Thóra B. Hafsteinsdóttir  
Helga Jónsdóttir  
Marit Kirkevold  
Helena Leino-Kilpi  
Kirsten Lomborg  
Ingaliil Rahm Hallberg  
*Editors*

 Springer

# Actions

- Shorten and structure the clinical hours
- Make 2300 theoretical hours in teaching mandatory
- Make simulation mandatory with well developed case scenarios
- Develop standard courses for clinical supervisors – could be on line – make them mandatory – develop academy of clinical teaching

## High priority areas in nursing education studies.

1. Develop and study different models of clinical learning/teaching
2. Studying outcome of nursing education by evaluating the competencies of graduates
3. Studying competencies of clinical preceptors and teachers in nursing
4. Studying teaching methods that suit different areas in nursing education e.g. anatomy vs ethical situations vs clinical nursing
5. Studying simulation



**Thank you for listening**



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# Nursing for Non-Nursing Graduates programme

- A baccalaureate degree with a grade 6.5 or higher is required to enrol in the Nursing for Non-Nursing Graduates programme.
- Applicants must have completed 8 credits in methodology/statistics, 6 credits in sociology or psychology subjects and 26 credits in biological subjects, as further determined by the faculty. A total of 40 ECTS
- 20 ECTS are granted based on thesis from the former study and as electives
- 180 ECTS taught in 6 semesters – two years.