

Clinical learning in Europe: are the minimal European requirements fully compatible with the goals of professionalization in the current context of education and health?

Enseignement Clinique en Europe, les exigences minimales européennes sont-elles encore compatibles avec les enjeux de professionnalisation dans le contexte de santé actuel?

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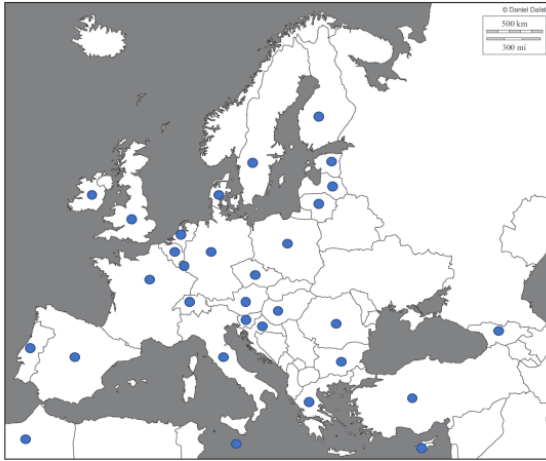
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Plan

1. FINE : the European voice of nursing educators in nursing sciences
2. Health context in (r)evolution
3. Education context in (r)evolution
4. Nursing education : a call for radical transformation
5. EU minimum harmonized training for general care nurses – time for an update? FINE answer
 - 5.1. Nursing science and shared theories
 - 5.2. Clinical learning : what is important to learn ?
 - 5.3. Towards new model of clinical learning ?

Conclusions

1. FINE : the European voice of nursing educators in nursing sciences



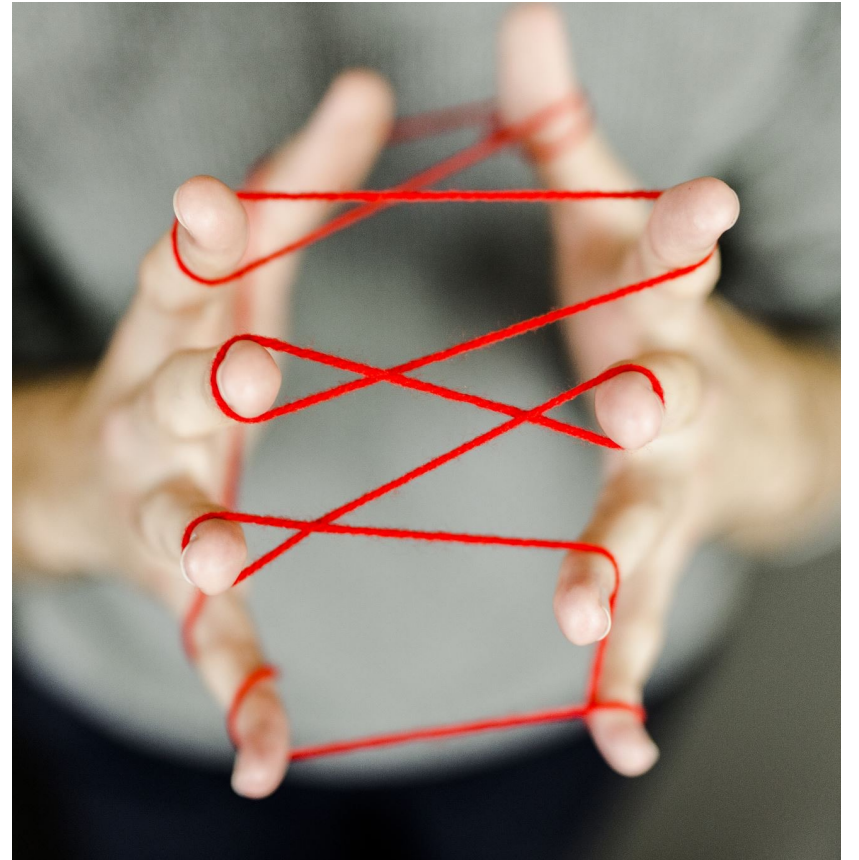
FINE objectives :

- Promote excellence in nursing sciences education by properly preparing educators
- Promote the added value and image of nursing education in Europe
- Defend the interests of students and educators in nursing sciences, at every level
- Influence the elaboration of policies related to nursing education at a European level



2. Health context in (r)evolution

- The health workforce is central to any health system ... Is it?
- The nurse workforce is largest ... Correct?
- Mobility and migration of nurses ... On the increase?
- Shortage of nurses ... Impact on clinical nurse education ?
- The role of the nurse has changed. How?
- Innovation in ways of delivering health services is urgent ... Why?
- The use of technology is of essence ... Yes?
- Quality of well being of health professionals and students ... Whose responsibility ?
- Increasing demand for out hospital care ... Impact on clinical learning ?



3. Education context in (r)evolution



- The harmonisation of nursing education programmes is important ... Correct?
- Governance and quality assessment of programmes is required ... Why?
- Adaptable and innovative ways of teaching and learning are essential... How?
- Quality assurance of nurse educator education ?
- Nursing science and research in clinical education ?

4. Nursing education : a call for radical transformation?

- ▶ critical thinking, research, analysis, professional identity, clinical skills and competencies, organizational structures, disciplinary and political domains, specific disciplinary knowledge, evidence based practice, continuous professional development, collaboration, leadership, etc.



5. EU minimum harmonized training for general care nurses – time for an update?

2005 – 2013 – 2023 ? 10 years later...

- Nursing education : a call for **radical transformation?**
- Do you think that the minimal requirements of the directive helps to reach these goals ?
- Main objective of the directive : to facilitate the mobility of health professionals in Europe... by harmonizing the education programmes
- BUT : in your opinion are the nursing programmes in Europe harmonized ?
- Threat :
 - Lack of financial resources
 - Lack of pedagogical and technological resources
 - Lack of qualified educators
 - Diverse reforms to reach the 2300h in front of the patient and the team
 - Lack of clinical nursing accompaniments during clinical learning
 - Constant pression to make the programmes evolved
 - Temptation to download the quality of the expectation at the end of the nursing education to provide more nurses in a context of lack of nurses
 - Lack of leadership of the nursing professionnels...

5. EU minimum harmonized training for general care nurses – time for an update? FINE answer

YES! 2005 – 2013 – 2023 ? 10 years later!

How?

- Forward Looking
- **Revision of the Annexe V (2019? No news) aligned** with EU/55/ Art 31 **Competences** and requirement for learning outcomes to be derived in curriculum planning
 - Independently diagnose, Independently initiate, Independently give advice, Independently assure, analyse the care quality
 - Emphasize on **Responsibility and autonomy**
 - Manage complex technical or professional activities or projects, taking responsibility for decision-making in unpredictable work or study contexts; take responsibility for managing professional development of individuals and groups (**level 6 EQF**)
- **Flexibility to design teaching** to meet needs of emerging science and technological advances in nursing theory and clinical practice

5.1. Nursing science and shared theories

- Need to **update the categorisation of the point A** : Theoretical instruction? In which way?
 - A list of subject is it enough to be sure that the curriculum enable the competences to be met appropriately ?
 - Anything included within the annexe should be written in the form **of learning outcomes**.
- The subject content should always be identified as **applied within the nursing and healthcare context**.
 - Nursing : ok
 - Basic Sciences : replace by **Fundamental sciences or biomedical sciences?**
 - Social sciences : replace by **Shared theories?**
- Better prepare health professionals for **people-centred and integrated, team-based care provision**.
- *A health systems approach directs our attention to cross-sectoral governance of health and education systems and **calls for integration and coordination to overcome the 'professional silos' in healthcare** (Kuhlmann, Batenburg, Wismar et al. (2018))*

Nursing		Shared theories
<p>Nursing theories (in place of general principles of health and nursing)</p> <p>Grand and middle range nursing theories</p> <p>Patient centered approach</p> <p>Decision making process</p> <p>Leadership</p> <p>Teamwork</p> <p>Research</p> <p>Problem-solving</p> <p>Interpersonal relationships</p> <p>Communication</p> <p>Change</p> <p>Teaching</p> <p>Care administration theories</p> <p>Learning theories</p> <p>Social and health legislation</p> <p>Legal aspects of nursing</p> <p>Ethical aspects of nursing</p> <p>Evidence-based practice</p>	<p>Cultural diversity and health disparities</p> <p>Technology (informatics, electronic medical records, telehealth)</p> <p>The globalization of health problems (threat of spread of diseases)</p> <p>Alternative or complementary therapies</p> <p>Palliative care/end-of-life care</p> <p>Population health</p> <p>Health care reform and reimbursement</p> <p>Health policy and regulation issues</p> <p>Safety/quality (9 MS, EFN, ENDA)</p> <p>leadership</p>	<p>Biomedical sciences <i>Theories and principles related to physiology and physical functioning</i></p> <p><i>Theories and models of disease causation</i></p> <p>Sociologic sciences (<i>exchange theories, interactionist frameworks, conflict theories, chaos theory, postmodern social theory</i>)</p> <p>Behavioral sciences (<i>psychodynamic theories, behavioral and cognitive-behavioral theories, humanistic theories, stress theories, social psychology</i>)</p> <p>Leadership and management (<i>overview of concepts of leadership and management, early leadership theories, contemporary leadership theories, organizational/management theories, motivational theories, concepts of power, empowerment, and change, problem-solving and decision making processes, conflict management, quality improvement, evidence-based practice</i>)</p> <p>literacy , compliance by patients, empowerment</p> <p>should educational theories be added to this list, theories of teaching and learning are very relevant towards enhancing health</p>

5.2. Clinical learning : what is important to learn?

Need **to update** Article 31 (a) paragraph 1 ?

- Admission to training for nurses responsible for general care shall be contingent upon either: or
- (b) completion of general education of at least 10 years, as attested by a diploma, certificate or other evidence issued by the competent authorities or bodies in a Member State or a certificate attesting success in an examination of an equivalent level and giving access **to a vocational school or vocational training curriculum for nursing** : *Is it still possible in 2023 to achieve the competences expected by the directive in vocational education?*

Need **to update** paragraph 5 : clinical training definition

- **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**, to organise, dispense and evaluate the required comprehensive nursing care, on the basis of the knowledge, skills and competences which they have acquired. The trainee nurse shall learn not only how to work in a team, but also how to lead a team and organise overall nursing care, including health education for individuals and small groups, within health institutes or in the community.';

2300h in direct contact with patient. Is this realistic? In line with higher education?

- Should the clinical education definition be revised to include **professional integration activities** such as simulation pedagogy, internship debriefing, practice analysis, written reports. There is evidence that these pedagogical practices promote the development of professional competencies *Recommendation 5: (WHO guidelines 2013)*

5.2. Clinical learning : what is important to learn?

Need ***to update the point B of the annexe V*** : Clinical instruction. In which way?

1. Content may be structured or organized based on ***learning process*** (the local context, life cycle and type of care are contextual variables that are a part of the process but not it all)

- Assessment (observation approach)
- From assessment to clinical decision making (being able to reasoning the clinical decision)
- Form assessment to nursing diagnosis and intervention (able to link all the process to set a plan and perform the nursing intervention)

2. Content may be structured or organized based ***on such variables as*** :

- location (e.g., hospital, clinics, community, home care)
- development stage (e.g., infant, child, adolescent, adult, elder, end of life)
- type of care (e.g., acute, chronic, psychiatric, mental health, palliative)

5.3. Towards new model of clinical learning ?

- Use of new **Nursing teaching strategies** to reduce the gap ?
 - **Theory-Based Teaching Strategies** (Dialectic Learning, Problem-Based Learning Strategies, Operational Teaching Strategies, Logistic Teaching Strategies, etc.) Learning to think and use rather than retell
 - Use of **Technology in Nursing Education** (Interactive video conferencing, Computer-assisted instruction, Interactive distance learning!
 - Use of **Technology in clinical learning** (Virtual reality simulation, Low fidelity and high fidelity simulation
- **(Re)defining the roles** of the actors involved in clinical education ?
- Drawing on the models of **other health professionals** (physiotherapists, doctors, etc.) ?
- Complementary and coherent collaboration between **academic and clinical** settings ?
- **Education of nurse teachers** in clinical education: clinical reasoning, applied research, etc. (leave care to health professionals) ? *The Bachelor degree is it sufficient ?*
- Collaboration between **academic actors** : high school, IFSI, universities (rather than juxtaposition) ?
- Opening up to **front-line health care**, prevention promotion roles ?
- **Mutual respect and well-being (safety)** of all actors at the heart of the education curriculum and placements ?

Conclusions

It is time for a **radical change** in nursing education and clinical learning !
A **new revision** of the 2005 Directive, reviewed in 2013, should give us this
opportunity

And/Or an adaptation of the directive into **more flexible national laws on
clinical learning ?**

FINE wants to contribute!



BARCELONA

MARCH 21-22

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PAN-EUROPEAN MEETING AND WORKSHOP

**Nursing Education for a Sustainable Future:
Challenges and Opportunities**

References

- Benner P. (2012) Educating Nurses: A Call for Radical Transformation—How Far Have We Come? *J Nurs Educ.* 2012 Apr;51(4):183-4. doi: 10.3928/01484834-20120402-01.
- Dallaire, C. (2008) L'action politique: une stratégie pour l'engagement professionnel in C. Dallaire (ss la dir. De), *Le savoir infirmier: au cœur de la discipline et de la profession infirmière*, Boucherville, Gaëtan Morin, p. 454-481.
- Davis, L., Taylor, H., & Reyes, H. (2014). Lifelong learning in nursing: a Delphi study. *Nurse Education Today*, 34(3), 441–445. <http://doi.org/10.1016/j.nedt.2013.04.014>
- Kuhlmann, E., Batenburg, R., Wismar, M. et al. (2018) A call for action to establish a research agenda for building a future health workforce in Europe. *Health Res Policy Sys* 16, 52. doi:10.1186/s12961-018-0333-x
- McEwen M., Wills E.M. (2019) *Theoretical Basis for Nursing*. Philadelphia : Wolters Kluwer. Fifth edition.
- OECD (2016), *Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places*, OECD Health Policy Studies, OECD Publishing, Paris. <http://dx.doi.org/10.1787/9789264239517-en>

References

- Paans, W., Sermeus, W., Nieweg, R. M., Krijnen, W. P., & van der Schans, C. P. (2012). Do knowledge, knowledge sources and reasoning skills affect the accuracy of nursing diagnoses? a randomised study. *BMC Nursing*, 11, 11. <http://doi.org/10.1186/1472-6955-11-11>
- Stewart, S., & Dempsey, L. F. (2005). A longitudinal study of baccalaureate nursing students' critical thinking dispositions. *The Journal of Nursing Education*, 44(2), 81–84.
- Ten Hoeve, Y., Jansen, G., & Roodbol, P. (2014). The nursing profession: public image, self-concept and professional identity. A discussion paper. *Journal of Advanced Nursing*, 70(2), 295–309. <http://doi.org/10.1111/jan.12177>
- WHO (2013) Transforming and Scaling Up Health Professionals' Education and Training: World Health Organization Guidelines; 2013. http://www.who.int/hrh/resources/transf_scaling_hpet/en/. Accessed 1 November 2019.
- WHO (2014) Buchan J., Wismar M., Glinos I.A., Bremner J. Health professional mobility in a changing Europe. New dynamics, mobile individuals and diverse responses. PROMeTHEUS research project. Volume 2. Programme (FP7/2007–2013) under grant agreement 223383