

Information on the RNAO Best Practice Guideline Purpose, Scope, and Recommendations

MAY 2016

Practice Education in Nursing

Quick Reference Guide



Introduction to the Quick Reference Guide

This quick reference guide was created to support the uptake of the Registered Nurses' Association of Ontario (RNAO) Best Practice Guideline *Practice Education in Nursing*. The full Guideline is available for free download from our website at: [RNAO.ca/bpg/practice-education](https://rnao.ca/bpg/practice-education). This quick reference guide is targeted for nurses who are educating, precepting, or mentoring undergraduate nursing students as a quick and easy way to review the Guideline recommendations. It will also be useful for educational institutions and service agencies implementing the Guideline. We encourage users of this quick reference guide to refer to the full Guideline for more complete and detailed information related to providing quality practice education for nursing students.

Providing Quality Practice Education is an Ongoing and Collaborative Effort



Purpose

The Practice Education in Nursing Best Practice Guideline was developed to provide evidence-based recommendations that promote and sustain the undergraduate nursing student's application of knowledge to practice in a variety of clinical learning environments. The Guideline explores the relationships among and between students and nursing educators, nursing staff, preceptors, and diverse health-care team members, and it considers their influence on the quality of practice education, professional socialization, and nursing excellence.

Target Audience

Nurses, other health-care providers and administrators who lead and facilitate education and practice changes will find this document invaluable for developing policies, procedures, protocols, clinical courses, and educational programs. Nurses and other health-care providers in direct care who work with and act as preceptors or mentors for nursing students will benefit from reviewing the recommendations and the evidence that supports them.

Scope

The Practice Education in Nursing Guideline was developed to identify and describe best practices in practice education for the undergraduate nursing student in order to ensure that nurses entering practice meet competencies related to safe, ethical and effective practice (Canadian Nurses Association, 2004). The scope of the Guideline, however, excludes the following topic areas:

- specific practice education curricula within educational programs and how it influences readiness to practise,
- graduate or doctoral-level nursing students,
- accreditation standards,
- classroom theory, and
- specific recommendations for how to develop programs for students with academic accommodation needs.

These areas have been excluded because they often include their own unique framework and guiding principles that require specific considerations beyond the scope of the Guideline.

What is Practice Education?

Practice education is an approach to nursing education that involves the integration and application of theoretical concepts by students within a real or simulated clinical setting (Canadian Association of Schools of Nursing [CASN], 2005). Practice education experiences enable nursing students to expand upon nursing theory learned in the classroom in order to demonstrate safe, ethical, and effective care provided through clinical skills. It also allows them to develop their clinical competence and judgment in complex patient situations (CASN, 2005). Whether they occur in clinical practice environments or in the context of a simulated clinical lab, practice education experiences are crucial to nursing students' learning.

What Must be Considered in Quality Practice Education Development and Delivery?

The interaction between and among educational institutions, service agencies, and policy- and decision-makers in the development of quality practice education for students is of paramount importance. Each of these groups has components that must be considered in order to maintain quality practice education. Educational institutions must consider the needs of students, preceptors, educators, and clinical nursing instructors, as well as the curriculum itself. Service agencies must consider the context of the practice environment, the staff nurses, and the interprofessional health-care team as a whole. Policy- and decision-makers overseeing regulation and legislation of the nursing profession must consider the context of both promoting practice education policies and further research in this area.

Who is Involved in Providing Quality Practice Education?

Quality practice education depends on the interaction and collaboration of many individuals and organizations. Specifically, there are five roles that are referenced throughout this quick reference guide and the *Practice Education in Nursing* Guideline that are directly involved in the teaching and learning process of practice education:

1. The undergraduate nursing **student** is an individual enrolled in a baccalaureate nursing program from an accredited educational institution who is acquiring new clinical competencies in a practice setting (Canadian Nurses Association, 2004). While the term undergraduate nursing student is used throughout this quick reference guide, the recommendations will also be applicable for practice education planning and implementation in college programs for registered practical nurses.
2. The **preceptor** is the teacher, expert, or specialist who gives practical nursing experience and training to a student within a clinical practice setting and “who has achieved at least the novice-level competencies required by the participant” (Canadian Nurses Association, 2004, p. 14).
3. The members of nursing faculty—referred to as **nursing educators**—are those employed by an educational institution to provide integrative teaching that can be transferred from a classroom to a clinical environment (CASN, 2011a, 2011b).
4. The **clinical nursing instructor** is the registered nurse responsible for providing professional development guidance and support to students during a clinical practice experience (Levy et al., 2009). The clinical nursing instructor may be employed by the academic institution and/or the service agency where the experience is occurring.
5. **Staff nurses** are the registered nurses employed by a service agency who are often involved in formally or informally mentoring students during their clinical practice education experiences (Drennan, 2002).

Contributions to quality practice education are also made on an organizational level by **service agencies**, educational institutions, and policy-makers. Service agencies include any clinical or community setting where students receive clinical practice learning experiences, and **educational institutions** are institutions of higher learning that offer baccalaureate programs in nursing (Canadian Nurses Association, 2015).

Policy-makers include those in positions of power who influence the allocation of resources and distribution of funding for nursing education programs (National League for Nursing [NLN], 2007).



Recommendations

The recommendations are based on best available evidence and will help nurse educators, preceptors, staff nurses, and other members of the interprofessional health-care team better understand how to foster and support effective teaching and learning strategies in a variety of practice settings, as well as how they can advocate for change. The context of the Guideline is framed within the system of interaction amongst educational institutions, service agencies and policy-makers, with specific recommendations for each entity. However, educational institutions and service agencies involved in implementing the Guideline will find that many of the recommendations are applicable to both entities and require collaborative efforts between the two. We particularly recommend that educational institutions and their partner service agencies adopt the Guideline in a collaborative way to influence practice education across service and academia. The recommendations are divided into the following three sections:

1) Recommendations for Educational Institutions*

*The recommendations for educational institutions are further divided into those that are applicable for students, preceptors, faculty, and the curriculum.

2) Recommendations for Service Agencies

3) System Level and Policy Recommendations



Guideline Development

The expert panel and guideline development team used a systematic approach to formulate the recommendations based on the best available evidence. A detailed search strategy was established and a comprehensive literature review was conducted to inform recommendation development. Upon review of the literature by the expert panel and guideline development team, preliminary recommendations were developed through a process of discussion and consensus.

Updated literature searches using similar and consistent terms were run over the course of guideline development and new evidence was incorporated into the recommendations as necessary. Two final updated searches were run in 2015 and 2016 to ensure that new literature was incorporated into the Guideline that would enhance existing evidence within the recommendations.

The literature review uncovered some of the challenges to nursing education research, as many studies had lower levels of evidence, small sample sizes, occurred at a single site and at one specific point in time, and were not replicated. However, based on panel consultation, stakeholder review, and the evidence yielded, the recommendations remain current and relevant for practice education in nursing.

To access more detailed information on the guideline development process, including the full strategy, please refer to the full Guideline and online supplements available at: [RNAO.ca/bpg/practice-education](https://rnao.ca/bpg/practice-education)

Levels of Evidence

The Registered Nurses' Association of Ontario (RNAO) has made a commitment to ensure that every best practice guideline is based on the best available evidence. Levels of evidence are assigned to study designs to rank how well that design is able to eliminate alternate explanations of the phenomena under study. The higher the level of evidence, the greater the likelihood that the relationships presented between the variables are true. Levels of evidence were assigned to the recommendations based on the study designs that supported each statement. Levels of evidence do not reflect the merit or quality of individual studies.

Table 1. Levels of Evidence

LEVEL	SOURCE OF EVIDENCE
Ia	Evidence obtained from meta-analysis or systematic reviews of randomized controlled trials , and/or synthesis of multiple studies primarily of quantitative research.
Ib	Evidence obtained from at least one randomized controlled trial.
IIa	Evidence obtained from at least one well-designed controlled study without randomization.
IIb	Evidence obtained from at least one other type of well-designed quasi-experimental study , without randomization.
III	Synthesis of multiple studies primarily of qualitative research .
IV	Evidence obtained from well-designed non-experimental observational studies, such as analytical studies or descriptive studies , and/or qualitative studies.
V	Evidence obtained from expert opinion or committee reports, and/or clinical experiences of respected authorities.

Sources: Adapted from the Scottish Intercollegiate Guidelines Network (Scottish Intercollegiate Guidelines Network [SIGN], 2011) and D. Pati (2011).

Summary of Recommendations

Practice Education in Nursing

RECOMMENDATIONS FOR EDUCATIONAL INSTITUTIONS		LEVEL OF EVIDENCE
1.0 Students	<p>Recommendation 1.1:</p> <p>Provide opportunities for students to share and purposefully reflect on practice education experiences with faculty, preceptors, and student colleagues using initiatives such as journaling, peer sharing, and technology.</p>	III
	<p>Recommendation 1.2:</p> <p>Incorporate student placements that promote the transferability of skills and knowledge across the spectrum of care, including, but not limited to, the use of acute settings, community settings, and service-learning.</p>	III

RECOMMENDATIONS FOR EDUCATIONAL INSTITUTIONS (CONT.)	LEVEL OF EVIDENCE
<p>2.0 Preceptors</p>	<p>Recommendation 2.1:</p> <p>Provide nursing preceptors with a structured, participatory professional development and education program, implemented in collaboration with the service agency, that includes</p> <ul style="list-style-type: none"> ■ information about teaching strategies and theory; ■ information about addressing students' clinical goals, objectives, scope of practice, and unsafe practice; ■ specific guidance on implementing a standardized approach to role modelling as a clinical teaching strategy; and ■ the importance of an orientation meeting with the student for establishing trusting, continuous relationships and mutual expectations for the experience.
	<p>Recommendation 2.2:</p> <p>Facilitate collaboration—in partnership with service agencies—among preceptors, students, and nursing faculty members through frequent and clearly established communication strategies that are tailored to the practice education context.</p>

RECOMMENDATIONS FOR EDUCATIONAL INSTITUTIONS (CONT.)		LEVEL OF EVIDENCE
3.0 Faculty	<p>Recommendation 3.1:</p> <p>Prepare nurse educators engaged in practice education with the knowledge and skills that contribute to a positive, high quality learning environment, including</p> <ul style="list-style-type: none"> ■ pedagogy to facilitate practice education learning; and ■ assessment strategies and evaluation of learning outcomes. 	IV
	<p>Recommendation 3.2:</p> <p>Ensure that clinical nursing instructors possess current theoretical knowledge and clinical expertise and support ongoing professional development opportunities to promote the transfer of theory to practice.</p>	IV



RECOMMENDATIONS FOR EDUCATIONAL INSTITUTIONS (CONT.)	LEVEL OF EVIDENCE	
<p>4.0 Curriculum</p>	<p>Recommendation 4.1:</p> <p>Incorporate high-quality simulated learning experiences in the curriculum to compliment practice education, taking into account the following:</p> <ul style="list-style-type: none"> ■ simulation is not a replacement for practice education; ■ simulation experiences require faculty proficient in simulation teaching; ■ opportunities for structured debriefing following simulation learning strengthen the experience; and ■ quality simulation experiences require adequate time, preplanning, and attention to group size. 	<p>Ib-V</p>
	<p>Recommendation 4.2:</p> <p>Integrate innovative strategies into the curriculum that promote critical thinking in nursing students to prepare them for the transition to practice, including class discussions of key clinical issues or case studies, reflective writing, and the use of virtual health-care settings.</p>	<p>III</p>

RECOMMENDATIONS FOR SERVICE AGENCIES		LEVEL OF EVIDENCE
5.0 Service Agencies	<p>Recommendation 5.1:</p> <p>Engage in ongoing collaboration with educational institutions to develop strategies that promote a supportive learning environment for nursing students and encourage communication between service agency staff nurses and nursing faculty members.</p>	IV
	<p>Recommendation 5.2:</p> <p>Create mutually beneficial partnerships with academic nursing programs that foster quality practice education and support strategies to address gaps in services, including offering clinical instructor roles to nursing staff and increasing recruitment of new graduates.</p>	1a
	<p>Recommendation: 5.3</p> <p>Provide interprofessional learning experiences for nursing students that foster collaboration and mutual goal setting with other health disciplines in the process of care or program delivery.</p>	1a

SYSTEM LEVEL AND POLICY RECOMMENDATIONS		LEVEL OF EVIDENCE
6.0 System Level and Policy	<p>Recommendation 6.1:</p> <p>Advocate for policies that enable sufficient funding for and access to qualified faculty, adequate clinical placements, and collaborative relationships with service partners to support quality practice education for nursing students.</p>	V
	<p>Recommendation 6.2:</p> <p>Prioritize programs of research that are designed and funded to advance understanding of the strategies that improve quality practice education in nursing and impact the science of nursing education.</p>	V



Learn More

The complete *Practice Education in Nursing* Best Practice Guideline is available at [RNAO.ca/bpg/practice-education](https://rnao.ca/bpg/practice-education)

To assist individuals and organizations with information on guideline implementation, RNAO has developed a comprehensive resource called The *Toolkit*. It can be downloaded from [RNAO.ca/bpg/resources/toolkit-implementation-best-practice-guidelines-second-edition](https://rnao.ca/bpg/resources/toolkit-implementation-best-practice-guidelines-second-edition).



References

- Canadian Association of Schools of Nursing (CASN). (2005). *Position statement: Clinical/practice nursing education*. Ottawa, ON: Author.
- Canadian Association of Schools of Nursing (CASN). (2011a). *Position statement: Baccalaureate education and baccalaureate programs*. Retrieved from <http://casn.ca/wp-content/uploads/2014/10/BaccalaureatePositionStatementEnglishFinal.pdf>
- Canadian Association of Schools of Nursing (CASN). (2011b). *Position statement: Education of registered nurses in Canada*. Retrieved from <http://casn.ca/wp-content/uploads/2014/10/EducationofRNsInCanadaEng.pdf>
- Canadian Nurses Association (CNA). (2004). *Achieving excellence in professional practice: A guide to preceptorship and mentoring*. Retrieved from https://www.cna-aicc.ca/~media/cna/page-content/pdf-en/achieving_excellence_2004_e.pdf?la=en
- Canadian Nurses Association (CNA). (2015). *RN and baccalaureate education*. Retrieved from <https://www.cna-aicc.ca/en/becoming-an-rn/education/rn-baccalaureate-education>
- Drennan, J. (2002). An evaluation of the role of the clinical placement coordinator in student nurse support in the clinical area. *Journal of Advanced Nursing*, 40(4), 475–483.
- Levy, L. S., Sexton, P., Willeford, K. S., Barnum, M. G., Guyer, M. S., Gardner, G., & Fincher, A. L. (2009). Clinical instructor characteristics, behaviors, and skills in allied health care settings: A literature review. *Athletic Training Education Journal*, 4(1), 8–13.
- National League for Nursing (NLN). (2007). *Position statement: The need for funding for nursing education research*. Retrieved from http://www.nln.org/docs/default-source/about/archived-position-statements/nursingedresearch_051807.pdf?sfvrsn=6
- Pati, D. (2011). A framework for evaluating evidence in evidence-based design. *Health Environments Research and Design Journal*, 4(3), 50–71.
- Scottish Intercollegiate Guidelines Network (SIGN). (2011). *SIGN 50: A guideline developer's handbook*. Retrieved from <http://www.sign.ac.uk/guidelines/fulltext/50/index.html>



RNAO

Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

Speaking out for nursing. Speaking out for health.

Registered Nurses' Association of Ontario

158 Pearl Street, Toronto, Ontario M5H 1L3

Phone: 416 599 1925

Toll-free: 1 800 268 7199

Website: www.RNAO.ca/bpg





INTERNATIONAL
AFFAIRS & BEST PRACTICE
GUIDELINES

TRANSFORMING
NURSING THROUGH
KNOWLEDGE

Information on the RNAO Best Practice Guideline Purpose, Scope, and Recommendations

MAY 2016

Practice Education in Nursing

Quick Reference Guide