

## RELEVANT NURSING EDUCATION

### GOAL:

Identify researched nursing educational content for the advancement of nursing practice.

### KEY WORDS FOR APPLICATION:

Syllabi  
Professional Nurse (BSN)  
Practicing Nurse  
Nursing Educators  
Benjamin Bloom's Taxonomy  
Nursing Process  
Clinical/Facility Instructors  
Covid  
Change and Updating of Nursing Education  
Entropy  
Mentorship Programs  
Error Management Theory  
Hospice Care

As a previous nursing instructor, I reviewed my nursing student's syllabi at least every academic year. Consistently, the same thoughts would occur. Have I presented and required my students' performance to Benjamin Bloom's Taxonomy (cognitive, psychomotor, and affective/attitude) as expected of a professional nurse (BSN)? Then, I would consider the nursing process. Have I also represented the assessment, planning, implementation, and evaluation as a thorough, professional nursing expectation and ongoing happening? Did the nursing student's readings, written assignments, and lab experience match these expectations?

Historically, suppose the current community or national health relevance of teaching was a concern. In that case, I cannot (for sure) remember if I overtly asked myself or other health professionals about the healthcare demands and happenings of the year, month, or current days. Did I think carefully about the ever-changing fact that nursing always has an element of unexpected new knowledge and new health care expectations for the nursing graduate? Did I question and expect the clinical/facility instructor to identify recent health problem trends to academically address these issues with my students as I prepared them for their clinical nursing experience? How did I successfully incorporate the trending illnesses-of-the-times into my syllabus, increasing the current relevance of my teaching? So many important academic questions requiring me, as a nursing educator, to pay attention to the ever-changing health care needs of the world!

Our goal today is to encourage nursing educators to increase awareness of our community's required-to-know current health care needs. Nursing educators are responsible for the intense education needed to promote current nursing care methods and nursing behaviors. For example, who would have guessed not long ago the onslaught of Covid would increase such intensity and complexity of nursing education?

Let us not overlook the practicing nurse's evaluation of nursing students. Did the facility/corporate nurses notice any nursing student deficits in the student's nursing cognitive knowledge, ability to perform skills, or attitude regarding their ability to conduct current nursing activities? Did clinical instructors and practicing nurses help students' clinical education and evaluation process? Were they able and expected to put in writing the objective nursing care observations related to each student as they practiced professional nursing skills?

The practicing nurse tends to use academic knowledge and incrementally go with the flow of current needs; however, the new nurse, upon graduation, enters the dynamics of nursing practice usually just ready and able to survive with the basic nursing skills. Now, the more experienced nursing classroom and clinical nursing instructors more thoroughly recognize the necessity of increased knowledge and patient care specificity related to the dynamics of the evolution of a human condition and disease process. Therefore, the result is recognizing the need for nursing educational *change and continual updating* of nursing education to address the basics of nursing practice and respond to the changing health care needs of the times.

There is a need to emphasize and include new and underdeveloped classroom and practiced nursing skills. Oh my, I think I heard you say—we already have a lot to teach. That is true, and the best nursing educators accept the never-ending challenge of teaching nursing with the wholeness of the nursing educational needs related to the immediate healthcare needs of today and the impending health crises if tomorrow. It is the challenge nursing educators love—it is the challenge that nursing educators accept as their professional teaching purpose.

The concept of Entropy means that nothing ever stays the same! Our comfort zone of academic education through that known fact is to increase our academic and intellectual efforts. It requires the frequent updating of the educational guidepost—the course syllabus. Now, as much more astute nursing educators, we must carefully adjust each year to the dynamics of current health problems and the resulting intenseness of nursing academic knowledge to effectively meet the ever-changing dynamics of health.

That randomness as a result of Entropy is energized and increased by changing health care needs. The randomness experienced in Entropy reminds us, as educators, that there is an ever-increasing need to add or change the basic nursing knowledge to more complex and unique information that meets the health care needs of the current times. These changes in current health and disease not only change nursing educational needs but relate to a hopeful, positive difference in the overall health of humankind. Excellence in nursing education requires teaching the basic concepts of nursing care and enhancing the educational nursing processes to contain new dimensions of healthcare—specifically, increased academic nursing practice relevancy.

Now is the time to better understand the current observations of working/employed nurses as they view the abilities of student nurses. Perhaps an assessment form requesting professional nurses who work with student nurses could share how nursing educators could improve the relevance of nursing education to meet the changing needs of the times.

The current nursing problems are varied. The comments and suggestions from nurses on the “front-lines” of nursing care were shared as follows:

1. Realize that actual nursing practice time with patients is far more important than general education in the academic setting.
2. Reconsider the Clinic/Facility Mentorship Programs. They are expensive. When a nurse leaves a nursing employer, they often leave a mentoring nursing situation, meaning a waste of clinical/facility time and money spent toward such clinical education. (Maybe it is time for nursing mentorship programs to require increased commitment and long-term employment due to acceptance into nursing mentorship programs). Such dedication to education by a clinical facility would possibly result in improved bedside care for a longer time as nursing skills are learned and practiced.
3. Teach Error Management Theory as an important element in nursing education. This education requires effective alternative thinking possibilities and performance to manage what seems to be an unmanageable healthcare crisis in the provision of optimal nursing care.
4. Inform students that Hospice Care declines because of not accurately assessing and performing the proper care and assessment of dying patients. The standard of hospice care and nursing knowledge regarding the dying process and adequate care is inadequate and possibly adds to the progressive rate of dying patients. Assessment of hospice status is sometimes less than satisfactory.
5. Emphasize the ethical considerations of care at the end of life is a humane expectation of nursing education. The focus should be on the fact that just because the death of a patient is expected, it should never lead to the lowering of nursing care standards, regardless of the setting of a home or healthcare facility.
6. Increase student education regarding respiratory care and electrolyte imbalance.
7. Continue to emphasize the need for students to do critical thinking, which means a thorough analysis to form accurate decisions and judge situations.
8. Include respiratory care and electrolyte imbalance education in nursing courses.
9. Teach students to look at the patient as part of nursing assessment, not just the monitor screens.
10. Teach students to be teachable, as there is always something new to learn.
11. Encourage students to ask questions to expand their knowledge and understanding.
12. Emphasize the HIPPA law. Too often, professional nurses find student nurses “talking” about patients in hospital cafeterias or college libraries.
13. Teach students to be prepared before calling the physician about a patient. Maybe have them memorize an algorithm to ensure the information is all there for reporting.
14. Provide and require more time for students to be with actual patients instead of the simulated lab.
15. Encourage students to be open and receptive to teaching from responsible teaching sources.
16. Encourage students to ask for help and opportunities to expand nursing knowledge in school and clinical areas.
17. Teach students to know the skills of a complete physical assessment without technological assistance.
18. Teach students work/life balance.
19. Teach students the skills of personally processing traumatic patient and work experiences.
20. Encourage students to know their physical and mental patient care limits, which require asking for other health care help and resources.

21. Teach students teaching theory and skills to better teach patients and families.
22. Teach students to know how to effectively nurse patients with physical, cognitive, and mental disabilities.
23. Promote knowledge on how to participate in all aspects of community health.
24. Decrease the knowledge gap between community and hospital nursing by teaching students more about the public health system and related patient experiences. This includes payor services, workflow in ambulatory care, immunizations, teamwork with health care support systems, and other healthcare professionals and community resources (pharmacists, behaviorists, medical assistants, and other healthcare delivery systems.), the meaning of patient-centered care, patient safety/risk management, infection prevention and control, and telephone triage systems.
25. Increase the student's ability in developing and responding to the Patient's Plan of Care.
26. Increase the ability of students to assimilate complex patient data to deal with the reality of patient problems—even those related to a patient's movement toward a peaceful death.
27. Teach students the distinguished differences between nursing practice and other healthcare professions.
28. Increase a student's knowledge and ability to work in numerous health care settings, not just in the hospital setting.
29. Teach students the importance of being active in civic, county, and community health care policies and their implementation.
30. Include the specifics of cognitive, psychomotor, and affective (attitude) dimensions of quality nursing care and practice.
31. Teach students leadership theory so they can/will perform as the central patient care coordinator in formulating a nursing care plan.

Just as life changes—if flows and ebbs—so do health care needs. Sure—as educators, we understand that passing the State Board Exams is the gate to providing quality nursing care. We also must realize that changes in life health care, disease, and circumstances determine our emphasis on nursing education.

Being responsible for the future of health care through the accountable education of nurses is a sobering educational responsibility! With the correct and responsive teaching to meet current health care needs, It is a rewarding experience to see many nursing students educated for their future nursing roles and using their natural caring tendencies.

We trust, as educators, our nursing students will be prepared to commit their professional lives to the healthcare service of others. Therefore, as educators, never let us underestimate our responsibilities to humankind in providing humane and current educational efforts to all nursing students.

Learn the ongoing expectations of nursing educational responsibilities; however, be sensitive to the ever-changing emphasis on current nurse learning needs. Such sensitivity to the educational process of nursing education separates the *novice* nursing educator from the *professional* nursing educator.

Thank you to all who participated in this study.

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