

## **THE PARACLINICAL NURSING INSTRUCTOR (PCNI)**

### **GOALS:**

1. To introduce the concept of a Paraclinical Nurse Instructor (PCNI)
2. To encourage the cooperative educational alliance between healthcare facilities and nursing educational programs.

### **KEYWORDS FOR APPLICATION:**

1. Paraclinical Nursing Instructor (PCNI)
2. Academic Nursing
3. Nursing Theory
4. Standards
5. Nursing Process
6. Healthcare Facility
7. Collaboration and Cooperation
8. Clinical Nursing Student
9. Baccalaureate Nursing Role
10. Entropy
11. Current, Future, and Advancement of Clinical Nursing

With a sense of futuristic assurance, we approach the changing world of nursing education. As a profession, we, as nurses, have progressed from acceptable clinical abilities to the need to combine advanced nursing academic theory with clinical nursing skills more aggressively. This more aggressive, bold combination of theory and clinical nursing skills helps make today's nursing graduates more adequately prepared for the successful delivery of the overall advancement of clinical nursing behaviors.

The prefix "P" in the acronym PCNI stands for "para," meaning "beside" or "next to," as it relates to the need for the close association of nursing theory taught in the academic classroom with the application of clinical nursing practice.

### **The Definition of a PCNI:**

The Paraclinical Nursing Instructor (PCNI), by definition, is a practicing clinical registered nurse hired by a healthcare facility and includes the mentoring of clinical nursing students as a part of clinical nursing care. The PCNI meets pre-established criteria of recognized clinical excellence as set forth by the healthcare facility, pre-established standards, and by clinical nursing peers. The academic nursing faculty knows the PCNI's clinical nursing abilities and has provided clear expectations of the PCNI's leadership role for mentoring clinical nursing students through established standards and the provision of supportive teaching theory.

### Academic Preparation for PCNI:

At least a baccalaureate in nursing (BSN) meets the basic ideal requirements of a PCNI—and certainly not academically less (if possible) than the nursing degree being pursued by the clinical nursing student. The minimum BSN role establishes an educational example and health facility educational model for the PCNI role, other clinical nurses, and clinical nursing students. With a written and signed agreement of clinical nursing expectations (standards) by the healthcare facility and the academic nursing instructor, the educational and healthcare facility provision of PCNI responsibilities is agreed upon, and collective educational accountability occurs.

### Role of the PCNI:

The clinically qualified PCNI is necessary for guiding, mentoring, instructing, and evaluating assigned clinical nursing students. There is a collective understanding, acceptance, and agreement related to the need and necessity of effective incorporation of nursing theory in the performance of clinical nursing behaviors by nursing students. The PCNI encourages the mentoring of clinical nursing students' application of cognitive (thinking) nursing concepts, supervises the accuracy of psychomotor (doing) clinical nursing behaviors, and with sensitivity, advises how to appropriately display positive attitudes (caring and support) toward patients and their significant others. The intended enhancement of current clinical knowledge by a PCNI boldly supports nursing students as they experience the advancing efforts of clinical nursing practice. The PCNI role is a “front-row seat” to the ability of a clinical nursing student to combine the theoretical nursing knowledge/theory acquired in the academic setting with the application of the clinical nursing experience to which the nursing student is assigned. The PCNI is to be a role model for the accuracy and advancement of clinical nursing practice through the obvious incorporation of nursing theory with clinical nursing practice.

There is to be an attitude of support for student clinical nurse behaviors by PCNI nursing staff that encourages the successful and safe attainment of student clinical nursing goals. The ability to accept academic theoretical nursing direction for clinical nursing students, responsibility for applying appropriate clinical nursing skills, and accountability for safe student nursing clinical performance is required. The three spheres of clinical PCNI involvement with clinical nursing students are patient-family support and teaching, bedside clinical nursing practice, and the role of the healthcare organization and other healthcare professionals in the clinical provision of healthcare.

The PCNI theoretically identifies and guides students regarding the nursing process:

1. Assessing the patient's healthcare clinical nursing needs to meet the patient's healthcare goals.
2. Planning for appropriate and effective clinical healthcare nursing interventions to meet the patient's healthcare goals.
3. Implementing the clinical healthcare nursing care plan to meet the patient's healthcare goals.
4. Evaluating the patient's outcome of clinical healthcare nursing interventions to determine the attainment of the patient's healthcare goals and the need for revised goals for further nursing intervention.

The PCNI's role encourages upward educational mobility and attainment of clinical professionalism in nursing—whether as a representative of the same nursing degree pursued by the clinical nursing student or an advanced academic nursing degree. The role of the PCNI, in general, is to be a role model and an exemplary example of professional nursing for clinical student nurses as they, as clinical nursing students, pursue their supervised clinical nursing experience.

Outstanding PCNI nurses must meet the strict criteria/standards established by the health care facility and nursing academia. Academically, the PCNI is usually most educationally prepared for the PCNI leadership role with at least a baccalaureate degree in nursing (BSN). The BSN often helps to assure, understand, and demonstrate effectiveness in successful educational approaches to clinical nursing education. A BSN provides personal evidence of accomplished academic advanced nursing professional status for clinical nursing students and supports or encourages future educational advancement. Therefore, with the comprehensive education of the professional nursing degree (BSN), combining nursing theory, and competent clinical nursing skills, the BSN is often one of the most relevant considerations in determining an effective PCNI.

#### The Need for the PCNI Role

The demand for increased clinical nursing skills is expanding. Unfortunately, clinical nurses are leaving the clinical nursing workforce due to retirement or burnout. It is believed that 73 million Americans older than 65 have unique healthcare needs. It is possible that by 2030, 6 in 10 Americans will be suffering from chronic conditions. With their frequent clinical nursing needs, these health problems demand increased excellence in professional clinical nursing practice. It clearly says the need for excellence in the selection of PCNIs.

Nursing academic educators push forward with a sense of intellectual astuteness. Nursing educators expect the eventual ability of student nurses to perform excellence in their future clinical nursing roles. Nursing educators understand the advancement of clinical nursing practice, and these current and future clinical advancements are understood and appreciated through the professional role of an approved and experienced PCNI.

Nursing faculty shortages, in part, are reported quite recently to cause the turning away of more than 92,000 qualified nursing student applicants from undergraduate and graduate nursing programs, as reported by the American Association of Colleges of Nursing.\* With the academic faculty shortages and increasing healthcare community needs, professional nursing theory and closely connected supportive clinical nursing practice are necessary to accomplish the future of required clinical healthcare excellence within the healthcare facility setting. The health facility PCNI's will need to show practical evidence of nursing theory and related clinical nursing practicum to help teach clinical nursing students to become an integral part of the advancing clinical nursing practice.

#### Establishing PCNI Standards:

The meaning of "standards" in PCNI is a documented level of acceptable nursing behavior(s) agreed upon by nursing faculty, healthcare facility, and the PCNI toward the general supervisory responsibilities

and mentoring of clinical nursing students. Expected PCNI behaviors within the cognitive, psychomotor, and attitude realms that enhance the clinical nursing role are included.

The mutually written, determined, and agreed-upon standards of professional nursing behavior of an assigned PCNI between nursing academia and the health care facility establish a mutual bond of understanding regarding expected theory, clinical nursing, and mentoring competence. The successful outcome helps establish an overall example of expected high standards of nursing excellence for any future area of nursing practice within any healthcare facility.

The determination and approved PCNI approved standards by academia and the healthcare facility require long-standing mutual recognition and trust. When a healthcare facility and academic nurse award a PCNI status, it is a stimulus for nursing students who experience this clinical, educational experience to seek a standard of clinical nursing excellence.

Know this--There are no detrimental outcomes to developing, identifying, using, and rewarding PCNI successful behavior on behalf of positive nursing clinical and theoretical support of clinical nursing students. The positive results are related to encouraging advanced clinical nursing expertise.

#### Collaborative PCNI Efforts Between Nursing Academia and Healthcare Facilities:

The academic nurse must have an appropriate teaching role involvement in PCNIs to help ensure the expected, accurate, and effective PCNI's clinical instructor teaching behaviors. Specific expectations of clinical teaching compliance are shared with the PCNI. Therefore, the academic and PCNI must be allowed to work systematically together to establish expectations, protocols, and standards that cause the clinical nursing student to apply nursing theory while practicing clinical nursing skills. All appropriate communication and collaborative efforts are shared with the healthcare facility nursing administration. Such collaborative clinical efforts toward excellence in clinical nursing patient care have rewards at many levels. Rewards include (not limited to):

1. Improvement of patient care.
2. Recognized health facility quality related to patient care.
3. Recognized nursing academia and healthcare collaboration.
4. Increased nursing clinical expertise and capability.
5. Encouragement for student nurses to become clinical nurses.
6. Encouragement for student nurses to enhance their education and clinical expertise to become PCNIs.

### Academic and Health Care Facility Collaboration Pride:

Academic nursing instructors are challenged with teaching updated academic nursing theory. However, it cannot end in the classroom. PCNIs assist in applying classroom nursing theory as it relates to clinical nursing reality. Whereas nursing instructors in the academic setting provide the classroom theory, they too must help assure that the theory is replicated in the actual practice of clinical nursing. This collaborative sharing of nursing theory with associated nursing clinical experiences provides the final academic combination of thinking, doing, and feeling--the essence of clinical nursing practice that is not replicated just in the classroom or practice lab situation. It is within the creative minds of these professional nursing bodies to work through the intricacies of nursing education and nursing clinical mentoring collaboration for the betterment of today's and tomorrow's healthcare needs. It is the mutual role of the healthcare facility and academic nursing faculty to establish an effective and lasting relationship wherein PCNI clinical mentoring behaviors flourish. This collaborative effort results in exceptional PCNI nurses that can apply nursing theory effectively within the clinical realms of nursing. There are many creative ways to establish and retain this duo-relationship between a PCNI, the healthcare facility, and nursing academia. Be creative in attempts to combine theory with the PCNI role successfully.

Such PCNI opportunities provided by a qualified healthcare facility's clinical nursing staff collaborating with nursing academic instructors offer approved PCNIs a rewarding clinical mentoring experience. PCNI clinical pride comes with the ability to provide outstanding direct clinical student-nurse instruction to support classroom theory. The rewards or compensation from a participating healthcare facility should embellish the PCNI's ability to teach and support clinical nursing students' learning behaviors. Extra monetary support is common for an effective PCNI. A name tag identifying such prestige and knowledge of the PCNI role is helpful.

### Professional Entitlement:

Nursing is no longer just the bandaging of a mortal wound. It is complex with many facets of physical, mental, community, and social implications. Its role in the community is advancing rapidly to meet the fact that "nothing ever stays the same." Through the universal happening of Entropy, where everything changes and moves to randomness and dissolution, nursing is an educationally progressive profession that requires a natural increase in complexity and community accountability. This accountability requires academic awareness of the need to consider and act accordingly to counteract the negative randomness and dissolution of the mission and purpose of nursing education. It responds by constant vigilance to healthcare needs and increasing educational awareness and complexity. There is a need to pursue more advanced educational processes and methods that successfully integrate nursing academic theory into clinical nursing information and skills.

### Where to Begin:

Though the PCNI situation might never be perfect—the academic nursing response to encourage the teaching of nursing theory to support clinical nursing student education will be close to the gold standard. Then, the intellect regarding the need for more futuristic clinical education perfection will

continue. We know that the future of more effective and prepared clinical nursing staff (PCNIs) will evolve. However, the concern for the curtailment of Entropy, which eradicates progressive change and increases randomness and dissolution of collaborative educational opportunities in advanced healthcare facilities, will be continually addressed. Only through frank awareness and open discussion between nursing academia and healthcare facilities will future positive change for clinical nursing education result in clinical nursing excellence.

Healthcare facilities count on the intellectual strength of academic nursing instructors for dedication to the continued teaching and support of theoretical nursing concepts in the practice of supervised clinical nursing student experiences. However, the advancement of exceptional clinical nurses of the future will evolve through the support and direction of standard-approved PCNI clinical nurses and healthcare facilities.

Nursing academic education forms the theoretical basis of clinical nursing care that intellectually combines academic nursing theory/concepts with the expected demonstration, practice, and mentoring of clinical nursing skills by the PCNI.

As astute and competent nursing educators, we seek appropriate clinical PCNI standards and follow through by establishing competent PCNIs to prepare clinical nursing students for the clinical nursing challenges of today and tomorrow. There is no question about the need for aggressively combining nursing theory with clinical nursing clinical practice now.

\*American Association of Colleges of Nursing (2022). Enrollment and graduation in baccalaureate and graduate programs in nursing. Washington, DC: Author

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