

2nd OPINION

Writing for the PRO position: Natalie Wall, RN, Grad Cert. (Acute Care)

PRO

Although the professional commitments and responsibilities of nursing faculty are significant, in my opinion it is essential that they remain clinically current. “Clinical currency” can be defined in a variety of ways, from the simple provision of direct patient care to expert knowledge of that area of practice (Fisher, 2005). There is a great benefit associated with the provision of direct patient care along with maintenance of clinical ability within the clinical environment. These benefits will be evident for the academic nurse and his or her career, the students and their learning, and the relationship between academicians and clinicians.

Clinical currency makes a nurse faculty member credible. Many universities are now expecting the faculty to demonstrate that they are connected with the clinical environment, with lecturer/practitioner roles being created in order to facilitate this. Only when faculty provide patient care in the clinical environment are they exposed to current technological, cultural, and clinical practices, all of which need to be integrated into student curricula (Brown, 2006). Because faculty need to prepare students for clinical settings in which rapid changes in technology occur and patient acuity levels are high, it is necessary that faculty be clinically current. Anecdotally, students of clinically current faculty report more respect for them, perceiving them to be more in touch with the real world (Brown, 2006). Being clinically current can also benefit the faculty member in helping to identify current issues that could be a rich source for research.

Working within the clinical envi-

Should Clinical Practice Be Required of Nurse Faculty?

ronment may also improve the curriculum. Examples and anecdotes from real clinical situations in which faculty have been involved can be used as a valuable source of elaboration on theoretical concepts, enriching the learning experience. Such storytelling is a way to enliven discussions and can assist students to visualize a situation and reflect on how they would manage it. Because the case study approach and problem-based learning are so important in teaching and learning in academic settings, realistic and current case studies can only be available to faculty when they maintain their clinical work (Cave, 2005). This may assist students further in the often difficult transition between academic learning and clinical practicum, through the development of clinical simulations that better reflect clinical realities and prepare students for patient care.

Along with teaching and research, community engagement is another segment of the workload expectation for nursing faculty and can be seen as valuable time spent maintaining connections with the practice-based profession that is nursing. The theory-practice gap is a topic that has been continuously debated in nursing literature, despite nursing being for many years within a tertiary education setting in most Western countries. Nurse academicians are often viewed with skepticism by clinical nurses, thinking that they have lost touch with the reality of nursing practice (Cave, 2005). If nurse academicians are visible and accessible in the clinical environment, improved relationships between learning institutions and clinical care providers may be seen. Bridging this perceived gap not only benefits each group but also benefits the students through improved relationships with institutions they may visit during their clinical rotations. Recognition of clinicians who may be interested in pursuing academic activities in nursing may also be facilitated, with availability of faculty to discuss options and encourage involvement in the scholarship of nursing. By recruiting more nurses who value scholarly pursuits in nursing, the professional status of nursing will continue to progress.

There are many benefits for faculty who engage in clinical practice, and faculty should be required to maintain a clinical practice to enhance their teaching, scholarship, and community service.

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CON

Coordinated by Heidi VonKoss Krowchuk, PhD, RN, PNP, FAAN

There is a common belief that nurse faculty, or nurse academicians, should routinely engage in clinical practice as a way of maintaining their clinical competence. Although this may be a logical expectation, little empirical evidence supports it, and there are many reasons why nurse academicians should not engage in direct patient care. For one, many faculties do not teach clinical subjects, so being clinically competent does not serve them in their role as scholars.

An academic role typically involves two main activities: the generation of new knowledge via research and the dissemination of this knowledge via teaching and publication. Although academicians teach more than just the knowledge that they generate (e.g., undergraduate curricula), their main professional skills must relate to the conduct of research and teaching if they are to be effective in their role. In my opinion, it is not necessary for academicians to engage in weekend clinical work, because doing so does not make them more successful in their role as scholars. Having the skills to manage four or more acutely ill patients or perform a dressing aseptically, for example, does not enhance research and teaching abilities.

If a clinical nurse with a wealth of clinical knowledge and experience wishes to pursue a teaching position, pedagogical skills must be acquired in order to be successful as an educator. If that same nurse then decides to pursue an academic career, skills relating to research and publication are also necessary. Traditional clinical skills are not necessary for these individuals. Furthermore, if academicians

choose to or were required to engage in clinical practice, they might be less available to their students, have less time to devote to scholarly activities, and feel the pressure of having to answer to two employers (university and hospital). Because lack of contact with faculty has been shown to strongly influence noncontinuation of first-year university students, this should be considered before clinical work is required (York & Longden, 2008). Allen (2000), an academician who was required to work one clinical shift a week, reported feeling anxious and struggled with the competing workloads of her academic and clinical duties. Such turmoil has also been reported by others (Ward, 2001).

Engaging in clinical practice also does not guarantee exposure to the latest evidence-based practice but only guarantees exposure to the "local culture of care provision." Faculty should be generating knowledge for evidence-based practice and informing clinicians of this evidence via scholarly endeavors, such as publishing. Clinicians often cite lack of time and the skills needed to find and critique new knowledge as barriers to evidence-based practice. Acquiring new knowledge and skills requires a conscious effort via activities such as reading texts and journals or attending conferences and then critiquing the information gained. These activities are exactly what academic faculty do, and they contribute to the content of professional texts and journals. Academicians are perfectly situated to inform clinical practice rather than participate in it. Ideally, academicians and clinicians should be working together for the patient's benefit and the best outcome.

Success in an academic career is often judged (by universities and other scholars) by the quantity and quality of research output. Such output includes obtaining research grants, the professional impact of the research, and the citation of publications. Engaging in clinical practice is not viewed and should not be viewed as an academic pursuit or as necessary for a successful academic career. Faculty should have the freedom to focus on contributing to the clinical practice by generating and disseminating new evidence for patient care rather than spending time at the bedside. ❖

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