nurtured the instructors’ growth. They began comprehending the sometimes intangible elements required to promote educative learning. They became more sensitized to who they are as individuals and as nursing instructors. They recognized that as they became less concerned about disclosing their own thoughts and feelings appropriate to a topic, students would do the same. Self-disclosure episodes established an environment whereby individuals were freed from constraints that hinder creative problem solving and the enactment of solutions to dilemmas. The nursing practice issues under discussion could be clarified more readily and solutions generated and examined. Helping students to make sense of their experiences through honest dialogue resulted in students and instructors finding meaning to their existence in nursing. This relationship brought “an intense and exhilarating feeling of self-affirmation and a comforting sense of well-being” (Moccia, 1988, p. 60).

The outcome of this summer experience for both students and faculty was far beyond that which usually is expected from highly structured required courses. The instructors are seeking to create a comparable milieu in other courses in which they are involved. They are convinced that students will accept responsibility for their own learning when teachers take risks in developing new patterns of teaching behaviors aimed at nurturing students’ acquisition of not only content and procedures but also the traits desirable in professional nurses and the discovery of personal nursing knowledge within the context of clinical practice.

References


Courses in Patient Education in Master’s Programs in Nursing

As central as patient education is to nursing philosophy and practice, preparation for it seems to be invisible. Preparation for the patient education function in baccalaureate programs in nursing is most often integrated into broader courses. Over the years, the senior author has frequently been contacted by nurses who wish to prepare themselves as specialists in this area of practice. Even though patient education has become a specialty role, with diabetes educators currently being certified and the role of childbirth educator being very old, it has been difficult to direct those interested in specializing in patient education to a masters program that would offer this preparation. The most recent nationwide survey of patient education and health promotion programs in hospitals was completed in 1985 by the American Hospital Association (Ross, 1985). It showed that only a handful of responding hospitals did not provide patient education. One has to ask why preparation for roles in patient education has not been more front and center in schools of nursing.

Within the structure of nursing knowledge as commonly understood in the field, patient education is one of a myriad of interventions. In academic settings, knowledge is structured by population groups and to a lesser extent by function (administration, teaching). Although preparation for subspecialization is not uncommon, the author is aware of no masters program in nursing that offers a specialization in patient education.

One must also note that with few exceptions, patient education has not been a separately reimbursed service, and while health-care institutions may have provided it to meet basic legal and regulatory standards of care, there have been
few incentives for doing patient education well.

Nursing has been piqued by the incursion of health educators into care settings. Trained primarily with population-based educational process skills and little direct client teaching experience, these individuals diverge significantly from nursing interests in individual patients and content-based skills. But nursing's response to the growing presence of health educators might better have been to prepare a "better mousetrap."

Graduate Courses in Patient Education

Because preparation for advanced nursing practice occurs at the masters level, catalogs of programs offering masters programs in nursing were reviewed to determine if separate courses in patient/health education were offered by the school of nursing. There are several limitations to this way of gathering evidence. First, it is reasonable to think that much instruction about patient education is integrated into broader clinical courses. Second, students may take coursework in health/patient education outside the school of nursing. Still, the availability of at least one separate course constitutes a concentration of instruction necessary for any degree of specialization.

The school catalogues that were examined had been obtained for another purpose, and the collection was not complete. Of the 214 masters programs in nursing in U.S. colleges and universities, catalogues were available for 134 programs, or 63% of the total, covering years 1984-1988. Although the presence of systematic bias in those available for inspection is not known, nearly two thirds is a considerable portion of the total.

Twenty-three (17%) of the programs listed courses in patient/health education or courses on teaching that explicitly listed clients or patients as part of the course focus. Two of the schools offered two courses, although with focuses that made them likely to be part of different majors and not sequential courses for a subspecialization in patient education. The courses clustered clearly into several types:

- Expectant parent or childbirth education courses (n = 8), most commonly offered in nurse midwifery programs.
- Broad-based courses in the educator role for advanced nursing practice (n = 6), focusing on teaching for multiple audiences of nurses, students, and patients.
- Courses specifically focused on patient education (n = 6).
- Courses in health education (n = 3), focused on promoting lifestyle changes in health-related behavior, often with a focus on primary prevention.
- Other focuses (n = 2), including a course in critique of research studies in patient education, and another on patient participation.

University of Maryland Graduate Course in Client/Family/Teaching

For the past 2 years, the authors have taught a course in client/family education to masters students preparing for various advanced practice roles, primarily as clinical specialists and nurse practitioners. This course option allows students to fulfill their functional requirement in education through a course that is clinically focused. The course has been constructed to first ensure and build on a facility with the teaching-learning process, second to develop skill in research questions and policy issues in patient education, using research and policy courses already required in the masters program, and finally to explore administrative and management aspects of patient education delivery such as financing and marketing.

Because patient education is a field with a broad range of theories not well integrated, and many uncertainties in how to attain desired clinical outcomes, it is essential to have some practitioners prepared with the critical and integrative thinking skills appropriate to the graduate level. Patient education requires flexibility to use, in unique combinations, various theories of motivation, learning, and instruction to meet difficult client needs, and to use evaluative information to improve the teaching process. It is a challenging intellectual task to build a theoretical framework for a particular patient's learning needs, and to carry that through consistently in the teaching plan and in actual practice. Clinical practice at the masters level also requires one to think critically about ethical issues, which are rife in patient education, from the perspective of nursing's code of ethics (ANA, 1985).

This perspective frequently differs from the perspective and practice of other health professions. Skills for institutional management of patient education programs are also appropriate at the masters level; this includes marketing, financing, development and management of institution-wide structures and processes by which to support patient education programs.

Design of research in patient education can draw on a broad base of prior research, well summarized through the numerous meta-analyses in the patient education field (Redman, 1988). Policy questions in which education is or could be a prime intervention frequently require addressing basic questions of individual versus societal rights, and becoming expert in designing the most efficacious teaching as opposed to usual practice. These issues include not only matters of informed consent and whether patient education should be adequately reimbursed but also how education ought to be used as an intervention in major health problems, such as AIDS.

In addition to these administrative, research, and policy foci, including ethical and legal aspects, the course deals with integration of philosophical, conceptual, and theoretical frameworks for client/family education; the effect of family lifestyle and cultural differences on teaching and learning; teaching-learning process including computer applications; and the broad goals of patient education as being self-care, adherence, development, informed consent, and system use.

In summary, a graduate course in patient education meets a real career need of students and of the system of care delivery. It is also an excellent way in which to develop teaching, research, and policy thinking skills. The need for a full subspecialization in this field appears not to have been addressed by graduate programs in nursing but is underway in this school.

References