INDEX

A
Abstract taxonomies, classrooms organized around lists of, 67, 79, 82–83
Accreditation, 229–230
Accrediting agencies, and interdisciplinary education, 229–230
Acute-care patients, instability of, 26–27
ADN (associate degree in nursing) programs, 3, 35, 38, 81, 229; ADN–to–BSN programs, 214; ADN–to–MSN programs, increasing the number of, 217
Advanced clinical life support (ACLS) rules, 63
Aiken, L. H., 3
American Association of Colleges of Nursing (AACN), xvi, 5, 10, 139, 218, 232, 233, 235; and faculty changes, 5–6
American Association of Colleges of Nursing and Commission on Collegiate Nursing Education, 233
American Association of Colleges of Nursing-Carnegie Foundation surveys, 235
American Association of Critical Care Nurses (AACN), 139
American Association of Nurse Executives and Nursing Chief Officers (AONE), 3–5
American Hospital Association (AHA), 2
American Nurses Association (ANA), xvi, 6, 7, 233
American Nursing Association, 217
American Organization of Nurse Executives (AONE), 4, 233
Anderson, K., 2
Apprenticeship learning, 25
Apprenticeship, use of term, 25–26
Arford, P. H., 22
Associate degree in nursing (ADN), 3
Association of American Colleges of Nursing, 217
Auerbach, D. I., 3
B
Baccalaureate degree program, 38
Bachelor of science in nursing (BSN), 3–4; BSN programs, 33, 34, 37–38; BSN requirement for entry to practice, 216–217
Baggs, J. G., 22
Baggsetal, 22
Barnsteiner, J., 84, 203
Bedside monitoring, 1

249
Benjamin, J., 24
Benner, P., xi, xii, xix, 24, 80, 86,
90, 93, 178, 183
Berlin, L., 5
Bezanson, J., 151
Bloom, B. S., 25
Bloom’s taxonomy, 25
Bond, L., 8
Bonnel, W., 163
Borgmann, A., 191
Boundary work, 184–185
Bourdieu, P., 83, 117, 178
Bowker, G. C., 83
Boyer, E. L., 32, 222
Brannan, J., 151
Brown, E., 34
Brown, K., 162
Buerhaus, P. I., 2, 3
Bueschel, A., 224

C
Call-and-response format of
questions, 67
Canadian Nurses’ Association
(CNA), 228–229
Caregiving practices, integrating
nursing science and, 23–30
Carnegie Foundation for the
Advancement of Teaching,
xi–xii, 8–9; survey
instruments, 10
Carnegie Foundation National
Nursing Education Study:
codes development, 235, 236;
data collection strategies,
231–232; data sources,
235–236; findings,
writing/rewriting, 236–237;
general study design, 231–232;
interpretation of data, 235,
236–237; interview
instruments, design of,
233–235; methods for,
231–237; paradigm cases,
identification of, 236; site
visits, 232–233; survey design,
235–236
Carnegie-NSNA surveys, 64,
117, 136, 143, 157, 207
Carnegie Preparation for the
Professions studies, 25–26,
231–232; schools of nursing,
evaluation of, 231
Carroll, T. L., 22, 149
Cataloguing, 66–68, 83
Chan, A., 163
Chan, G. K., 30
Chan, K., 163
Chao, S., 2
Chelsa, C., 19, 24, 80, 183
Cheung, R., 3
Cheung, S., 163
Chow, Marilyn, 20–21
Chung, L., 163
Citizen Advocacy Center, 229
Civic professionalism, 205–209
Clarke, S. P., 3
Classroom: and clinical content,
connecting, 155–163; games
and entertainment in, 73–79;
issues in, 72–73;
teaching/learning in, 63–80
Clinical imagination: classroom
and clinical content,
connecting, 155–163;
developing, 143–153;
integrative teaching for,
127–161; paradigm case,
131–141
Clinical reasoning, 85–86;
clinical reasoning-in-transition,
55–56; clinical situations,
learning how to act in, 54; contextualization, 46–47; detective work, 57–59; developing, 46–59; if-then reasoning, 59; learning to respond to changes in the patient’s condition, 56–57; modus operandi thinking, 58; priority setting, 49–53; rationale, developing, 53–54; using, 27–28
Clinical residencies, developing for new graduates, 228
Clinical sites, helping to adhere to best practices, 207–208
Clinical situations: asking student for interpretation of, 120; clinical reasoning and judgment, developing, 46–59; high-stakes learning, 41–46; learning how to act in, 54; teaching/learning in, 41–62
Clinical teaching, challenges to, 59–62
Cognitive rationality, 26
Colby, A., 8, 236
Common language, learning, 152
Context: learning in, 42–43; power of, 145–147; use of, 119–120
Contextualization, 46–47; pedagogies of, 48–49; setting priorities, 49–53
Continued situated coaching, need for, 83
Continuing education for nurses, 19
Cooke, M., 8
Corrigan, J. M., 22
Cossentino, J., 212–213
Critical thinking, 84–86
Cronenwett, L., 84, 203
Cultural traditions, of care and social responsibility, 192
Cummings, G., 128

D
Dahill, L. E., 8
Damasio, A., 24
Day, Lisa, xii, xx, 14fn, 90, 130–163, 145–146, 212, See also Mrs. G. case (Lisa Day); appropriate responses to patient situations, 160; classroom and clinical content, connecting, 130, 132; clinical imagination, modeling of, 131; common language, learning, 152; context, power of, 145–147; critically ill patient (Mrs. G.), class discussion of, 133–141; and goal of nursing, 129; integrative teaching and learning, 149–150; learning to make a case, 147–153; learning to stay open to changes in patient responses, 144–145; nurse’s therapeutic responses, 144; ongoing assessment, importance of, 144–145; paradigm case, 129, 131–141; rehearsing for practice, 150–151; simulation exercises, 220; student uncertainty, 152–153; student vision for practice, 160; technical mastery and knowledge, 144–145
DesRoches, C., 2, 3
Dewey, J., 43, 159
Diekelmann, N., 66, 160–161
Diploma programs, 34, 38
Disch, J., 84, 203
Dittus, R., 2, 3
Dohm, A., 2
Donaldson, M. S., 22
Donelan, K., 2, 3
Dreyfus, H. L., 86, 117
Dreyfus, S. E., 86, 117
Driggers, B., 162
Dunne, J., 177

E
Eldredge, D. H., 22
Emotional connection to patient’s problems, 184–185

Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing (AACN), 227
Entry/pathways, transformation of, 216–217; ADN-to-MSN programs, 217; BSN requirement for entry to practice, 216–217; clinically relevant prerequisites, 216; local articulation programs, 217
Entry standards, 37–39
Entry to practice, transformation of, 228
Eraut, M., 11, 31, 83, 128, 140, 178
Essential shifts for integration: from cataloguing to teaching students to use nursing knowledge/science, 82–83; from emphasis on critical thinking to emphasis on clinical reasoning, 84–86; from emphasis on socialization/role taking to emphasis on formation, 86–89; from separation to integration of clinical/classroom teaching, 83–84
Estabrooks, C., 3
Ethical comportment, 28–29; skilled know-how/knowledge, integration of, 29–30; teaching/learning, 167
Excellence, in nursing education, 89–91
Experiential learning, 26, 41–43, 59, 64–65, 81, 89, 94, 99, 117–118, 121, 124–125; effective coaching in difficult clinical situations, 193; fear of making a mistake, 193; formation stories, 192; meeting/treating patient as a person, 192–193; preserving the patient’s personhood and dignity, 193; substandard care in hospital setting, confronting, 193–194; technical skills, learning, 193; transition to work, difficulties in making, 194

F
Faculty, and classroom content, 156–157; flow of information, 157
Faculty shortage, 65; addressing, 227
Fan, L., 161
First-person journals (narratives), 125
Focal practices in nursing, 191–194
Folkman, S., 101
Formation, 166, 169–170, 177; from a critical stance, 201–209; doing/knowing/being, 178–185; personal involvement, re-forming skills of, 182–183; and PowerPoint slide presentations, 88; re-forming the senses, 180–181; social sensibilities, re-forming, 181–182

Foster, C. R., 8, 87
Fox, M., 22
Freidson, E., 22

G
Gadamer, H. G., 55
Games and entertainment in classroom, 73–79; class time devoted to games, 77; faculty evaluations, 76; imitation of patient symptoms, 75–76; prizes, 75; and student attentiveness, 74; trivialized course material/guessing, 74

Gavilanes, J. S., 162
Gemilut hasadim, 192
Gerberding, Julie, 22
Giovannetti, P., 128
Golde, C., 213, 224
Golemon, L. A., 8
Greiner, A. C., 64
Grusec, J. E., 86

H
Hastings, P. D., 86
Hatch, T., 6
Health Research Extension Act of 1985, 22
Health Resources and Services Administration/Bureau of Health/Professions (HRSA/BHP), 2, 3, 7, 21
Heart, Blood and Lung Institute (NIH), 139
Hernandez, L., 2
High-stakes learning, 41–46
Home visits, 1
Hooper-Kyriakidis, P., 80, 178, 183
Hospital-based care, changes in, 20
Huber, M. T., 32, 222
Humor in the classroom, 74
Hutchings, P., 32, 222, 224

I
If-then reasoning, 59
Institute of Medicine (IOM), 20, 64, 84
Integration: essential shifts for, 82–83; toward a goal of, 79–80
Integrative teaching, 149–150; for clinical imagination, 127–161; connecting classroom and clinical through, 155–163; and integrative learning, 158–163; locus of responsibility, 158–159; pedagogies of, 159–160; problem-based learning (PBL), 161–162; simulation, 162–163
International Society for the Scholarship of Teaching and Learning, 32
Interpersonal challenges in nursing, 183
Involvement, strategies for teaching, 186–191
Irby, D., 8
Ironside, P. M., xvi, 12, 66, 229
J
Jeffries, P., 162, 163
Jeopardy game, 88
Johnson, J. H., 4, 84, 203
Jones, L., 224
Jonsen, A. R., 171, 172
*Journal of the American Medical Association*, 3
Journals, 125, 159

K
Kam, Y., 163
Kerdeman, D., 167
Kjervik, D. K., 22
Knebel, E., 64
Kohn, L. T., 22

L
Landeen, J., 162, 163
Lasater, K., 186
Lave, J., 26, 30, 44, 83, 178
Lazarus, R., 101
Leape, L. L., 22
Learning in context, 42–43
LeBuhn, R., 229
Lectures: and need to engage students, 73; standardization, 69–70
Leonard, V., xii, xix–xx
Licensure, 39; changing the requirements for, 228; performance assessments for, 228–229
Logstrup, K. E., 66
Lutz, S., 20
Lysaught, J. P., 1, 19, 23–24
Lysaught Report, 20, 23–24

M
Macatangay, K., 8
Mahaffey, E., 34
Malloch, K., 13, 19, 31
Medicare, Case Mix Index, 20
Meleis, A. I., 67–68
Merleau-Ponty, M., 101, 179
Microsoft PowerPoint, 64
Midodzi, W., 128
Million Dollar Question, The, 88
Mitchell, P. H., 22, 84, 203
Modus operandi thinking, 58
Mohrmann, M. E., 87, 167
Moral imagination: being a nurse, 177–200; paradigm case (Sarah Shannon), 169–175; teaching for, 165–209
Moral source, 178
Morrison, R., 229
Mrs. G. case (Lisa Day), 161; class discussion of, 133–141; clinical situation, discussion of, 134, 143; dialogue, 136; intubation of, 139; lecture, 134–135; mouth care, instruction about, 140; multiple teaching strategies, 134; questioning, 136; questions for class period, 133; respiratory distress, 139; sepsis, discussion of, 133–135; slides, 134–135; staging, 137; student experience/background, 137–138
Multiple educational pathways, 33–36
Mushlin, A., 22
My Jewish Learning, 192

N
Narrative journals, 125
Narrative pedagogies, use of, 225–226
INDEX

Narrow rational-technical approach, 63
National Center for Nursing Research, 22
National Coalition Project on Nursing, California Work
Force Team on Nursing participation in, 224
National Council Licensure Examination for Registered Nurses (NCLEX–RN), 33, 35, 39, 108, 221, 228, 229
National Council of State Boards of Nursing (NCSBN), 35, 229, 233; and student performance assessments, 229
National Institute of Nursing Research (NINR), 22–23; research agenda, 23
National Institutes of Health (NIH), 22
National League for Nursing Accrediting Commission, 233
National League for Nursing (NLN), 5, 10, 233; Accrediting Commission, 233; accreditation criteria, 67–68
National League for Nursing-Carnegie Foundation survey, 235
National oversights, transformation of, 228–230; accreditation, 229–230; performance assessments for licensure, requiring, 228–230
National Student Nurses’ Association (NSNA), 10, 41; Carnegie Foundation survey, 235
Nelson, A. R., 2
Nelson, S., 24
New nurses, preparation required for, 1–2
New teachers, 5–6
NHLBI ARDS Network, 139
Nielson, A., 186
Norman, L., 2, 3
North American Nursing Diagnosis Association–International (NANDA-I) Taxonomy of Nursing Diagnoses, Interventions, and Outcomes, 68
Nurse Training Act of 1964 (Public Law 88–581), 34
Nursing: core values of care and responsibility, 9; diversity in profession, 36; enthusiasm for, as a social good, 206; expanded expectations for today’s nursing practice, 19; focal practices of, 191–194; as a hybrid profession, xi; knowledge and science, teaching, 83; narrative understanding, 28; research and clinical practice, staying current in, 65; responsibility shifts in, 21–22; shortage of nurses, 2–3; social contract, 205–209; vision of transformation for, 8; work environment, 2
Nursing education, 38; agenda of recommendations to transform, 215–230; and clinical education of student nurses, 61–62; community college programs, rise of, 34–36; and critical thinking, 84–85; division by location,
Nursing education (Continued)
63–80; educational experience, 82; effective teaching strategies, 81–82; entrance examination, 33; entry standards, 37–39; faculty changes, 5–6; funding for, 34–35; historical origins, 34; and improved patient care, 3–5; licensure, 39; meeting the demand for, 36; multiple educational pathways, 33–36; new approach to, 81–91; new teachers, 5–6; paradigm cases, 14–15, 89–91; patient trends over time, 82; practice–education gap, 4–5, 39–40; preparation of nurses, x–xi; prerequisite courses, 33; prerequisites, 37; redesigning, 16; requirements of, 10–11; role of nurse as teacher, x; teaching by example, 30; toward a new vision for, 7–8; work demanded of nurse educators, 60–61
Nursing faculty: changes in, 5–6; domain-specific teaching, 35–36; shortage of, 35
Nursing for the Future (Brown), 34
Nursing profession, changes in, 1
Nursing schools: curricula, 31; educational mistake, 68–69; lectures, standardization of, 69–70; pedagogies of inquiry, 31; practice sites, 31–32
Nursing science, integrating caregiving practices and, 23–30
Nursing shortage, 2–3, 5, 7; and U.S. health care system, 17 NVivo, 236
O
Oakes, D., 22
O’Brien, B., 8
Oregon Consortium for Nursing Education, 38, 217
Organizational structures/ processes: and goals of good practice, ongoing design and development required of, 208; tools for influencing changes, 209
Orsolini–Hain, L. M., 3, 35
P
Page, A., 22
Page magnifiers, 22
Paradigm cases, 14–15, 89–91; Day, Lisa, 129, 130–163; Pestolesi, Diane, 97–126; Shannon, Sarah, 167, 169–176
Patients: advocacy for, 201; meeting as a person, 194–195; patient advocacy, 195–196; patient advocacy pedagogies, 197–200; patient care research, 23; patient/family education, 28; patient-to-nurse ratios, 3; preserving personhood and dignity of, 193, 195; safety of, 1
Perception and involvement: coaching, 187; strategies for teaching, 186–191; taking responsibility, 188–191
Pestolesi, Diane, 14fn, 90, 95, 97–126, 212; cases/ vignettes/stories, 99–103; class focus, 97; classroom preparation, 98; coaching, 105–106; context, use of, 119–120; continuity and coherence in learning, creating,
INDEX

109–113; drawing from practice, 98–99; experiential learning, 124; guiding students toward a sense of salience, 114–115; high expectations of students, 106–107; lifelong pursuit of knowledge, modeling, 115–116; narratives, using to reflect on practice, 125–126; postclinical conferences, 121–124; preclinical assignments, 117–118; questioning of students, 103–105; questions, using, 113–116; reflecting on learning, 120–126; rehearsing for practice, 116–120; speaking skills, 97–98; strategies for teaching for a sense of salience, 109–126; student confidence, importance of, 108; teaching from her stance in practice, 106–108; teaching method, 98; what-if rehearsing knowledge for practice, 118–119

Pope, B. B., 149
Porter-O’Grady, T., 13, 19, 31
Postgraduate residencies, 32
Practical reasoning, heart of, 83
Practice-education gap, 4–5; addressing, 39–40
Prerequisites, nursing, 37
PricewaterhouseCoopers’ Health Research Institute (PCHRI), 5
Primary care, delivery of, 1
Problem-based learning (PBL), 161–162
Professional identity, 166
Professional values, 166
Psychiatric Diagnostic Classifications (DSM IV), 68

Q
Quality and Safety in Nursing Education project, 84

R
Radical transformation: call for, 211; Carnegie National Nursing Education Study, methods for, 231–237; nursing education, improving at the program level, 215–230
Re-formation, 166
Recruitment, of students into graduate programs, 227
Reform agenda, 207–208
Registered nurses (RNs), 10, 21, 35
Rehearsing for practice, 150–151; what-if rehearsing and knowledge for practice, 118–119
Reimbursement strategies, 20
Responsibility shifts, 21–22
Reverby, Susan, xi
Ricker, K., 128
Riverside School of Nursing, 10
Robert Wood Johnson Foundation (RWJF), 21
Roberts Wesleyan College, 10
Rodriguez, L., xv, 42
Rodzen, L., 149
Root, D., 20
Rubin, J., 183
Ruddick, S., 24

S
Saad, L., 7
Saddleback Community College, 10
Sagara, M., 191
INDEX

Salience: guiding students toward a sense of, 114–115; strategies for teaching, 109–126; teaching for a sense of, 93–95
Samuel Merritt College, 10
SBAR Technique for Communication: A Situational Briefing Model, 149
SBAR tool, 148–149
Schmitt, M. H., 22
Scholarship Reconsidered (Boyer et. al), 32
Schön, D. A., 186
Sechrist, K., 5
Self-directed learning, 1
Seropian, M. A., 162
Shannon, Sarah, 14fn, 90, 167, 169–176, 212; class discussions, 174; class summaries, 174; ethical comportment, modeling, 174–175; ethical thinking and patient care, 170; ethics course, 169–175; formation, 169–170, 177; modules of subject matter, 175; teaching as an ethical practice, 175
Sheppard, S. D., 8
Sherwood, G., 84, 203
Shniper, L., 2
Shulman, L. S., 8, 222, 236
Siegler, M., 171, 172
Silber, J. H., 3
Simulation, 162–163
Situated learning, 41–42
Skilled know-how, using, 27–28
Skills laboratories, 77–79; classroom-clinical divide, 78; fragmented education, 78; issues in, 72–73; shift from mastering technique to exercising judgment and action, 179–180; teaching/learning in, 65
Sloane, D. M., 3
Smedley, B. D., 2
Smythe, E., 66, 160–161
Sochalski, J., 3
Social contract, nursing, 205–209
Social sensibilities, re-forming, 181–182
Socialization, 86, 166
Soniclear Recorder Pro, 234–235
Spross, G., 149
Staff nurse work environment, improving, 226–227
Staiger, D. O., 3
Standardized lectures, 69–70
Stannard, D., 80, 178, 183
Star, S. L., 83
Stith, A. Y., 2
Strong instance cases, See Paradigm cases
Student experience, transformation of, 218–222; broadened clinical experience, 219; inquiry and research skills development, 221; introduce prenursing students to nursing early, 218; pedagogies focusing on the patient’s experience, development of, 220–221; postclinical conferences/small patient–care assignments, 219–220; redesign of ethics curricula, 222; students as agents of change, supporting, 222; varying the means of assessing student performance, 221
Student nurses, 30; SBAR tool, 148–149; using experiential
knowledge as opportunity for lasting learning, 36
Student population,
transformation of, 217–218;
financial aid provisions, 218;
recruitment of diverse faculty/student body, 217–218
Student uncertainty, 152–153
Sullivan, W., xii, xv, 8, 9, 36, 85, 205, 208, 236
Survey Monkey, 235
Sutcliffe, K. M., 54
Sutphen, M., xii, xix
Swankin, D., 229
System-level problems in health care, and master’s-entry student, 207

T
Tammelleo, A. D., 22
Tanner, C. A., 19, 24, 80, 183
Taylor, C., 178, 180, 206
Teachers, See Nursing education; Nursing schools
Teaching, transformation of, 222–228; coaching, 225; faculty enrichment and development, 226; faculty shortage, addressing, 227; narrative pedagogies, use of, 225–226; ongoing faculty development, 222–224; partnerships with clinical facilities, 226; staff nurse work environment, improving, 226–227; student reflection on learning experiences, 224–225; teacher education courses in master’s/dotalor programs, 224
Team teaching, 70–72; benefits of, 70–71; consistency in, 71;
defined, 70; overload on faculty, 71–72
Thomas, L., 196
Thompson, T., 163
Tikkun Olam, 192
Tilley, D., 229
Title VII/VIII funds and health profession programs, 6
Tolentino, B. W., 8
Touch, learning new ways to, 181
Tri-Council of Nursing, 233

U
Ulrich, B. T., 2, 3
Undergraduate residencies, 31–32
University of California, San Francisco, 10
University of North Carolina at Chapel Hill, 10
University of South Dakota, 10
University of Washington, 10
U.S. Department of Education: new challenges, 21–22; new opportunities, 22–23; new responsibilities, 21
U.S. Department of Health and Human Services (USDHHS), 5
U.S. health care system: changes in, 20; and nursing shortage, 17
U.S. nursing programs, See also Nursing education: clinical practice assignments, 12; nursing science/natural
| U.S. nursing programs                                                | Weiss, S., 181 |
| (Continued) sciences/social sciences/technology/humanities, 12–13; presented information, use of, 13; and professional identity/ethical comportment, 11, 16; and situated cognition/action, 13–14; theory, use of term, 13 | Wenger, E., 26, 30, 44, 83, 178 |

| What-if rehearsing and knowledge for practice, 118–119 | Whitbeck, C., 24 |
| Williams, B., 161, 162 | Wilson, S. M., 222 |
| Winslade, W. J., 171, 172 | Wong, F., 163 |
| Wrubel, J., 24, 80 | Wuthnow, R., 191 |
| Y | Yuan, H., 161 |