

Nursing Students in an Expanded Charge Nurse Role

A REAL CLINICAL MANAGEMENT EXPERIENCE

JULIE J. ISAACSON AND ANNETTE S. STACY

HISTORICALLY, *baccalaureate nursing programs have allotted significant didactic time to the principles of management and leadership. Clinical management experiences, however, vary considerably. The curricular difficulty posed is finding a realistic arena to allow students the opportunity to transfer management theory into clinical practice at a level suitable for undergraduate students.*

A REVIEW OF THE LITERATURE yielded little information specific to clinical management exposures for students. Bos (1) used a peer leadership approach in the clinical area with junior baccalaureate students. Analysis of student self-evaluations revealed several perceived benefits, including practice and prioritizing, enhancement of critical thinking skills, enhancement of technical skills, realization of peers as resources, and development of management skills. • Most literature described gaming and role-playing strategies designed to assist students in the application of management principles. Schuldenfrei and Zafft (2) used gaming with associate degree students to simulate an actual workday on a nursing unit. They provided students with opportunities to role-play creative problem solving for typical patient care issues and reported student satisfaction with this approach. Students verbalized a high comfort level due to the "safe" environment of the role-play scenario. • Maddox (3) created a weekend workshop for RN-BSN students that used gaming to teach empowerment and personality training. Student evaluations indicated that the workshop activities enhanced communication skills necessary for management roles. • Another creative, nonclinical approach was described by Stringfield (4). Excerpts from popular movies were used to teach management concepts. After watching movies and/or film clips, students were given a list of management-based questions to answer and then were asked to transfer this knowledge to nursing situations.

ABSTRACT Ensuring that baccalaureate nursing students obtain a measure of management and leadership proficiency is a challenge for nurse educators. Having senior students manage juniors in a clinical course modeled in a peer hierarchal pattern that emulates advanced beginner practice is a creative approach that is both realistic and achievable. Through specific learning experiences, students are exposed to typical management functions and asked to demonstrate management and leadership skills at an expanded charge nurse level.

Course Description The authors' curriculum, which has been in place for five years, is designed to provide an opportunity for a realistic application of management and leadership skills in an acute care hospital setting. It couples a didactic management course with a 90-hour management-focused clinical course in which seniors function in an expanded charge nurse role. Junior baccalaureate students, who are completing a variety of medical-surgical rotations, serve as staff, with clinical times for both levels of students scheduled simultaneously. Clinical instructors are responsible for supervision. The faculty-to-student ratio is approximately one to 10. Among students, the typical senior-to-junior ratio is one to four.

The course is designed as a hands-on experience. Seniors design an orientation plan for the juniors and make appropriate patient assignments. The senior students also attend clinical seminars where management issues and concerns are addressed. The objectives of the course focus on pathophysiology, the nursing process, communication, teaching, research, management, collaboration, and accountability. Students are encouraged to refine technical, time management, leadership, and management skills. Course handouts include in-service guidelines, bibliography cards, and weekly write-ups or logs.

The peer hierarchy in the course closely matches the reality of a typical nursing unit where an experienced nurse assumes management and leadership responsibilities. Seniors function in an expanded charge nurse role, which typically encompasses a variety of roles, including management liaison, promoter of quality patient care, troubleshooter, and decision maker. A good charge nurse possesses both leadership and beginning management skills. As defined by Sullivan and Decker (5), the role includes role modeling, mentoring, educating, evaluating, and participating in quality improvement.

Framework for the Course The basis of the course is an adaptation of the management process model described by Marquis and Huston (6). Substituting the role of expanded charge nurse for nurse manager in their model allows an appropriate and realistic expectation for the student level. As students function as

charge nurses with an expanded role through select learning activities stemming from specific course objectives, they actualize many aspects of the nurse manager role. Functioning as charge nurse is often a stepping stone to upward mobility within an organization's management structure.

Various definitions used for the purpose of this course are based on classic management concepts first identified by Henri Fayol (7) and later expanded upon by Luther Gulick (8). For example, a leader is defined as someone who uses interpersonal skills to influence others to accomplish a specific goal, and a manager is an individual employed by an organization responsible for efficiently accomplishing the goals of the organization (5). It is appropriate to expose nursing students to these management principles, which, along with other important leadership and management theories, are covered in most didactic management courses.

Benner's concepts provide a rationale supportive of the course design (9). Junior students have at least five rotations where they are exposed to seniors functioning in a management role. They first come in contact with management theory and practice when they are mentored by seniors and thus gain a certain "novice" level of management exposure. As students progress through the curriculum and reach the senior level, they have the opportunity to apply the management principles observed while they were juniors and are themselves able to incorporate theories learned in their didactic course. With this base they strive to demonstrate acceptable performance as "advanced beginners" in the management role.

In adapting Marquis and Huston's management process functions (6), five elements typically performed by the charge nurse are considered — planning, organizing, staffing, directing, and controlling. Just as many manager roles overlap, the learning activities in the course serve to teach more than one function. Table I illustrates the relationship and overlap between the key elements of the eight individual course objectives and the five functions of a manager. For the purpose of description, however, the roles as defined by Marquis and Huston and related student assignments are discussed independently. Specific learning activities for the five functions are itemized in Figure 1.

Table I. Relationship Between Course Objectives and Manager Functions

FUNCTIONS OF A MANAGER	COURSE OBJECTIVES: KEY ELEMENTS							
	Pathophysiology	Nursing Process	Communication	Teaching	Research	Management	Collaboration	Accountability
Planning	✓	✓	✓	✓	✓	✓	✓	✓
Organizing		✓			✓	✓	✓	✓
Staffing	✓	✓	✓	✓	✓	✓		✓
Directing		✓	✓			✓	✓	✓
Controlling							✓	✓

Figure 1.
Sample Learning Activities and Management Functions

SAMPLE LEARNING ACTIVITIES	MANAGEMENT FUNCTIONS
Implement course objectives	Planning
Problem solve	
Attend change or shift report	
Discuss planning in log	
Develop personal/expert power	Organizing
Enhance time management skills	
Evaluate leadership styles	
Critique research-based management study	
Discuss organizing in log	
Orient junior students	Staffing
Make patient care assignments	
Present in-service	
Present evidenced-based practice issue	
Discuss staffing in log	
Role model professional behaviors	Directing
Delegate tasks	
Collaborate with health care professionals	
Communicate effectively	
Manage conflicts	
Motivate student staff	
Discuss directing in log	
Evaluate professionalism	Controlling
Evaluate junior students	
Evaluate self	
Participate in quality improvement	
Discuss controlling in log	

Planning The planning function of the management process is proactive, deliberate, necessary, and involves choices. Planning precedes all other management functions. It consists of deciding in advance what to do, by whom, how, and when and where.

To facilitate planning, the course objectives are provided to the students. Specific activities include preparation the day before the clinical, making assignments for juniors, day-to-day problem solving, and attendance at the morning report session to update juniors and faculty on patients' current conditions. Typical patient care and staffing issues within seniors' scope of responsibility include student attendance and lateness, revamp-

ing assignments for students whose patients have been discharged, and coordinating patient care activities with other schools of nursing.

Organizing Organizing involves defining relationships, outlining procedures, preparing equipment, and assigning tasks. Many learning activities were designed to teach this function. The seniors are also expected to use the nursing literature to facilitate the application of research-based management concepts.

The students are encouraged to use different leadership styles learned in the didactic course — authoritative, laissez-faire, democratic, and contingency — to develop an appropriate level of personal expert power and adapt their leadership style to the situation. They develop a degree of "expert" power relative to the juniors.

Seniors are also expected to refine their own personal time management skills. They must be prepared to care for multiple patients as needed while managing the juniors.

Staffing Staffing comprises recruitment, selection, orientation, and promotion of personnel development to meet goals. Seniors do not recruit or select their junior "staff." They are, however, typically assigned four junior students and play a key role in their orientation to the nursing unit. Many creative orientation plans have been developed based on the students' individual needs and the type of unit. Common orientation topics include location of supplies, utility rooms, when and where assignments will be posted, what to do if an assignment needs to be changed, a documentation overview including where and how to chart, time management, and helpful hints based on previous personal experience.

The day before each clinical experience, the senior is responsible for making juniors' patient assignments. They do this after chart reviews and discussions with staff and the clinical instructor, assigning patients with multiple medications, procedures, or co-morbidities based on their assessment of the junior students' needs and abilities. Assignments are made and posted in a timely fashion to facilitate the junior students' preparation for the experience. Juniors communicate directly with seniors concerning any issues regarding patient assignments.

In their day-to-day interactions with staff, seniors are charged with identifying unit-specific learning needs of the staff. Following guidelines, they develop and present in-service programs designed to meet this need. The juniors also attend this presentation. Therefore, the in-service activity has a dual purpose: to educate staff and students and to expose seniors to the staff development role of a manager.

As students progress through the curriculum and reach the senior level, they have the opportunity to apply the management principles observed while they were juniors and are themselves able to incorporate theories learned in their didactic course. With this base they strive to demonstrate acceptable performance as “advanced beginners” in the management role.

Another staff development assignment is the presentation to juniors of current, evidenced-based clinical research. Grading criteria include article selection based on clinical relevance, the ability to summarize the content, the ability to critique the article, and application to practice. A management research critique is also assigned using the same grading criteria. The purpose is to broaden the student’s management base while introducing the student to evidence-based management studies.

Directing This is essentially the “doing phase,” which involves motivating, communicating, managing conflict, collaborating, and negotiating to create a climate that is conducive to getting the work done. The senior students’ role consists of guiding, assisting, and mentoring juniors while serving as their role models. Disciplinary actions are the responsibility of the clinical instructor.

The seniors attend morning report sessions and update the instructor and the juniors on any changes in their patients’ status. They help organize the plan of care, answer basic questions, edit charting, facilitate medication administration, and validate assessments. They are expected to communicate student and patient care issues to the instructor. Their communication skills are strengthened as they learn to deal with conflict, delegation, and collaboration.

Controlling Controlling involves setting standards, evaluating performance, and taking necessary action to correct discrepancies. Effective controlling is a way to learn and grow, both personally and professionally.

At the culmination of the rotation, seniors are evaluated on their ability to evaluate the junior students’ clinical performance. They use a weighted checklist format, which helps prepare them for doing evaluations later on in the workplace. These evaluations

are reviewed by the clinical instructor and do not have a direct impact on the instructor’s evaluation of the junior students.

Seniors complete two self-evaluations — one on the role of the professional nurse and the other on course objectives. The self-evaluation on the role of the professional nurse uses a tool that compares typical nursing situations from an ideal to a reality standpoint. Hypothetical situations include policy, professionalism, education, legal issues, and standards. This assignment is designed to strengthen critical thinking skills. Responsibility for self-learning as an accountable professional is demonstrated by completion of a self-evaluation tool that assesses strengths and weaknesses with regard to the eight course objectives.

The seniors also participate in a large-scale quality improvement project. The clinical facility’s department of continuous quality improvement often guides this experience, selecting a project that is a current need of the hospital. Sample projects have included assessment for illegible handwriting, unapproved abbreviations, inappropriate allergy documentation, and absence of patient identification bands.

Weekly Write-Up This major component of the course is a multifaceted written communication assignment that relates to all functions of the management process and helps students develop skill in writing. Students are required to maintain weekly logs that encompass the entire clinical experience, including case studies on selected patients. Research and clinically based literature are incorporated to enhance student learning. Students also incorporate management observations about staff and students noted during clinical experiences and are required to offer critiques, solutions to problems, and constructive comments. They must use current management journals as well as evidenced-based research articles to support management concepts.

Students are aware that the logs are confidential and are encouraged to be honest and forthright with their thoughts and opinions. Instructors provide formative evaluations that students are expected to incorporate in subsequent logs. The logs challenge the students to integrate patient care and management. Ultimately, they force students to think and pull it all together. Due to their confidential content, the logs become the property of the department and are destroyed after an appropriate period of time.

Discussion Through a broad range of activities, students have direct, practical experience with Benner's novice to advanced beginner role (9). Anecdotally, faculty have noticed that leadership styles evolve as both levels of students mature and that students learn by experimenting with various leadership styles. Those who are most successful in the role learn that no one leadership style works all of the time and that a situational/contingency approach to leadership can be most effective. Thus, students quickly learn that the best leadership style is one that involves assessment of the situation, the individual abilities of "staff," and the leader's own skills.

Tangential benefits related to this course design are many. Junior and senior students interact and collaborate in the clinical setting. Juniors, who often collaborate with seniors to prepare for discussions with the clinical instructor, have the benefit of a less threatening clinical experience. The peer/mentor type relationship has far-reaching potential implications for practice, setting the stage for both professional peer collaboration and mentoring. It also helps prepare the juniors for their future role as senior mentor/manager.

Benefits to the senior students are also numerous. The course design allows seniors to actualize how much they have learned. Their confidence levels and self-esteem escalate. This is also the beginning of peer/professional relationships between graduating seniors and clinical instructors and the development of collegial relationships with staff. After a few weeks, members of the nurs-

ing staff begin to appreciate the developing expertise of the seniors and value their contribution to the health care team.

Another benefit for seniors is the enhancement of their time management skills. These seniors must simultaneously assume responsibility for increasing numbers of patients while managing the juniors who are directly involved with patient care.

Instructors describe many benefits. The need to grade two levels of students simultaneously has not been an issue, although supervising two levels of students at the same may be initially challenging for new faculty. The model maximizes the quality time faculty can spend with juniors, helping them through the educational process while seniors deal with routine patient care issues.

The seniors are truly valued by the clinical instructors. Faculty enjoy serving as mentors and developing collegial relationships with these students. Limitations as voiced by the clinical instructors are essentially nonexistent.

Conclusion Fundamental to the success of this model is its realistic approach to teaching management in a clinical setting and its novice to expert conceptual base. Curricular placement of this course is important. Students need a solid theory and clinical base to be successful and function autonomously.

Those students who have successfully completed the course have demonstrated a novice level expanded charge nurse role. This experience should serve to facilitate NCLEX success as well as to provide a strong base for developing management expertise. NIN

About the Authors Julie J. Isaacson, MSN, RN, CCRN, and Annette S. Stacy, MSN, RN, AOCN, are both assistant professors, Arkansas State University, Department of Nursing. For information, contact Julie Isaacson at jisaacson@astate.edu.

Keywords Baccalaureate Nursing Education – Clinical Education – Leadership and Management – Nursing Curriculum – Peer Mentoring

References

1. Bos, S. (1998). Perceived benefits of peer leadership as described by junior baccalaureate nursing students. *Journal of Nursing Education*, 37(4), 189-191.
2. Schuldenfrei, P., & Zafft, C. (1995). Innovative teaching of management skills. *Nurse Educator*, 20(6), 5-6.
3. Maddox, M. (2001). Teaching management and leadership to RN students. *Nurse Educator*, 26(3), 119,124.
4. Stringfield, Y. (1999). Teaching nursing management using popular movies. *Nurse Educator*, 24(4), 30,36.
5. Sullivan, E. J., & Decker, P. J. (1997). *Effective leadership and management in nursing* (4th ed.). Menlo Park, CA: Addison-Wesley.
6. Marquis, B. L., & Huston, C. J. (2000). *Leadership roles and management functions in nursing: Theory and application* (3rd ed.). Philadelphia: Lippincott.
7. Fayol, H. (1949). *General and industrial management*. London: Pitman and Sons.
8. Gulick, L. (1969). Notes on the theory of the organization. In L. Gulick & L. Urwick (Eds.), *Papers on the science of administration* (pp. 1-45). New York: Augustus M. Kelley. (Originally published 1937)
9. Benner, P. (1982). From novice to expert. *American Journal of Nursing*, 82(3), 402-407.