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The educational core competencies of a coordinator: an observational study

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ABSTRACT

Background. Operational unit coordinators contribute to the realization of continuing professional development events and facilitate the learning process within the organization**.**
Objectives. Evaluating coordinators' pedagogical competencies.
Design. An observational study has been conducted with the purpose of having healthcare coordinators undergo a self-evaluation process, analyzing their pedagogical knowledge and skills by means of a questionnaire.
Setting. The framework was "Ospedali Riuniti" University Hospital Trust, Ancona, Italy.
Participants. This study involved healthcare coordinators at Ancona's "Ospedali Riuniti" University Hospital Trust. 68 out of 86 coordinators took part in the study.
Methods. An observational study has been conducted by means of a questionnaire called *"Core Competencies of Nurse Educators with Task Statements".*
Results. Average values for knowledge and skills range between 2.70 and 3.07, with an average score of 2.89 for knowledge and 2.86 for skills (79.1% response rate).
Conclusions. Self-evaluated knowledge and skills are good, especially in theoretical setting.

Key-words: Education, nurse manager, competence, evaluation.

RIASSUNTO

Background. I Coordinatori delle professioni sanitarie concorrono alla realizzazione degli eventi formativi; ad essi sono richieste alcune competenze strategiche: conoscenza della materia, centralità del discente, competenze relazionali, professionalità, riflessione basata sulla pratica e apprendimento basato sul sistema, in un'ottica andragogica orientata all'Interprofessional Learning.
Obiettivo. L'obiettivo dello studio è valutare le competenze dei Coordinatori delle Professioni Sanitarie dell'Azienda Ospedaliero-Universitaria "Ospedali Riuniti" di Ancona nell'attivare ambienti di miglioramento continuo.
Disegno di studio. È stato condotto uno studio osservazionale volto a analizzare le conoscenze e competenze pedagogiche dei partecipanti mediante un'attività di autovalutazione, sulla base di un apposito questionario.
Setting. Il contesto di riferimento è l'Azienda Ospedaliera "Ospedali Riuniti di Ancona".
Partecipanti. Sono stati coinvolti i Coordinatori delle Professioni Sanitarie dell'Azienda; sono risultati valuta-

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bili ai fini dello studio 68 questionari su 86.
Metodi. Nella prima fase è stata condotta una revisione narrativa della letteratura sulle competenze pedagogiche in ambito sanitario; successivamente è stato somministrato a 86 coordinatori il questionario "*Core competencies of Nurse Educators with Task Statements",* strumento composto da 8 Core Competencies in cui il professionista si autovaluta in merito alle *conoscenze* e *abilità.*
Risultati. I valori medi per conoscenze e abilità sono compresi tra 2,70 e 3,07; la media relativa alle conoscenze è di 2.89 e quella relativa alle abilità è di 2.86 (79.1% response rate).
Conclusioni. L'autovalutazione di conoscenze e abilità ha portato a dei valori soddisfacenti, soprattutto per quel che concerne l'ambito teorico.

Parole chiave: Coordinatori sanitari, competenze pedagogiche, valutazione.

INTRODUCTION

Operational unit coordinators contribute to the planning and realization of continuing professional development events aimed at developing specific competencies, supervise nurses, offer feedback and social support, and guide professionals towards working autonomy. They facilitate the learning process within the organization by using teaching methods such as Problem Solving and Case Based Learning (Yoo, Park 2014).
A clinical coordinator is an individual who has demonstrated the desire to work with students, has a positive professional attitude and effective interpersonal skills, is someone who demonstrates continuous professional growth and possesses good organizational skills. The clinical coordinator should possess all of these attributes so that dialogue between students, staff and programme is on an appropriate level. Additionally, the individual should serve as a good role model. To ensure that those individuals selected to fulfill these roles are well prepared, programs need to consider developing and conducting continuing educational opportunities. Faculty development workshops with topics that address leadership and management skills, problem-solving, and decision making, need to be developed (Deisering, Alves 1997).
Daily practice is a rich resource for learning and its learning potential should be recognized and used systematically. Nurse managers play a crucial role in creating a supportive learning environment. They can encourage learning by monitoring nurses, providing feedback, allowing sufficient job autonomy, and giving social support. They can enable learning activities within the ward or organization as a whole, and facilitate self-directed learning by providing resources like protocols and evidence offered by literature (Pool, Poell, Berings 2015).
Educational practices are part of working in nursing care. The competencies for nursing education action are the following (Leonello, Oliveira 2008):

- Foster integrality in healthcare; integrality must be the guiding axis of educational actions developed in health services, making sure that activities in health promotion, prevention and recovery are connected.
- Link theory with practice: praxis is a process of action-reflection with the potential to change reality.
- Foster user embracement and build bonds with patients: building bonds means to keep close and clear relations with patients, empathizing with their experience.
- Recognize and work as an agent to transform health reality: thinking about education action in health as an essential component in transforming the health reality, which can only be done with the participation of individuals involved in it; health professionals must see themselves as agents to change this reality.
- Respect the autonomy of individuals regarding their ways of living life.
- Acknowledge and respect the knowledge of the common sense: knowledge is in constant con-

struction and therefore needs to be redesigned, contextualized, compared with, and approximated to other kinds of knowledge.
- Use dialogue as a strategy to change reality in health: dialogue is defined as a meeting of human beings for a common action. It is established as of 4 elements: love towards the world of individuals, humbleness, faith in men, and critical thinking. If these elements are defended, there is the possibility of a horizontal pedagogical relationship, in which trust from the learners' side would be the consequence of the educators' actions.
- Develop pedagogic techniques that make dialogue with patients viable.
- Give individuals proper information: this competency refers to supplying necessary information to individuals so that they can reflect and make a critical analysis of their reality. Health professions should have a "bag" of knowledge and information, and use its content every now and then. The content of the bag is not finished, ready, and complete. It can be built with cooperation from the individuals being cared for.
- Value and exercise engagement with a cross-sector approach in healthcare; it is increasingly urgent and necessary to carry out multidisciplinary work.

Education action is not seen as an additional activity, performed in health services, but rather as a practice that forms a foundation for, and informs, all healthcare.

BACKGROUND/LITERATURE

Literature has highlighted how training educators in the healthcare sector need to master a set of competencies defined as "strategic": knowledge of the subject matter, centrality of the learner, interpersonal and communication skills, professionalism, reflection and improvement based on practice, and learning based on the system (Srinivasan *et alii* 2011). The training experience needs to be perceived under an andragogic approach (Curran 2014), oriented towards simulation (Richardson *et alii* 2014) and Interprofessional Learning (Dahlgren 2010).

A paucity of research exists regarding teaching excellence in the nursing literature (Johnson-Farmer, Frenn 2009):

Drevdahal, Stackman, Purdy and Louie (Drevdhal *et alii* 2002) initiated a focused and systematic inquiry of their own teaching using reflective self-study; their aim was to guide their nursing faculty to enhance scholarship of teaching by improving teaching practice and creating pedagogical content knowledge. Chow, Tang, Teng, and Yen (Chow *et alii* 2003) found five essential elements to teaching: availability, caring, authenticity, empowerment, and a transformative curriculum. Ironside (Ironside 2003), conducted a study that highlighted two major themes: preserving perspectival openness to different perspectives, and practicing thinking: practicing thinking in this way preserves the uncertainty in clinical nursing practice and the fallibility of current nursing knowledge within nursing schools. Bain (Bain 2004) conducted a study where educators were observed and interviewed to arrive at indicators of excellence. Highly effective teachers were described as designing better learning experiences because everything they did stemmed from a strong understanding and concern for the development of their students. Kalb (Kalb 2008) described the core competencies of nurse educators, published by The National League For Nursing in 2005, as a valuable resource for nurse educators, with the potential to transform nursing education by inspiring excellence in nurse educator practice. In an educational environment, evaluation is a research activity aimed to collecting information concerning the training process results (Quaglino 2005:212). A written evaluation of competencies acquisition is preferred (Secker *et alii* 2014).

OBJECTIVES

The study aims to evaluate the pedagogical competencies of healthcare professional coordinators pertaining to all departments of Ancona's "Ospedali Riuniti" University Hospital Trust in the activation of continuously improving environments. This study involves the Coordinators of different healthcare sectors (nursing, obstetrics, radiology, physiotherapy).

MATERIALS AND METHODS

The study used a descriptive observational design, involving all the department coordinators and department operational unit coordinators pertaining to Ancona's "Ospedali Riuniti" University Hospital Trust's healthcare professions. The study has been conducted on a total sample of 86 professionals.

The mean used for data collection, subject to the National League for Nursing's prior authorization, was the "*Core Competencies of Nurse Educators with Task Statements*" questionnaire: the only validated instrument available in literature to date and used by St. Catherine University in Minnesota. The questionnaire consists of 8 domains describing 66 specific competencies of the nurse education coordinator and requires each participant to undergo a self-evaluation. It presents 66 items, analyzed from the double point of view of theoretical knowledge and practical skills, and measured on a Likert scale ranging from 1 "not knowledgeable" or "no skills", to 4 "very knowledgeable" or "fully skilled" (Kalb 2008). The questionnaire has been translated in Italian in order to allow the participants to fully understand each statement.

Although the tool has not been validated in Italian, in order to guarantee a translation as reliable as possible, three different experimenters have worked independently on the translation and they have come to an agreement on the most suitable one.

Before the questionnaire itself, there is an information sheet explaining the objective of the study to the professionals taking part and how to fill out the questionnaire, as well as a short data collection form designed to obtain background information (such as department, age, years of service as a coordinator), while trying to grant maximum privacy to the professional. An experimenter was present during the compilation of the tool, in order to clear doubts and answer any questions.

The cohort is homogeneous in terms of age and length of service as Coordinator (average age: 52.3; average length of service: 7.5). The study setting is a University Hospital; in the light of this important preliminary remark, every single Coordinator is responsible not only for the organizational component but also for the educational one. Coordinators can be defined also as clinical and training guides in the hospital ward context: they manage in the same measure the education of newcomers, students and trainees, with no difference among various hospital realities.

Coordinators are required to evaluate their own knowledge and skills pertaining to core competencies relating to quality of nurse educators, by selecting the answer that best describes their competencies and abilities on the matter. The choice of this method allows a broad enough sample to be able to effectively take into consideration the complex dimensions of the education process in all its aspects. The areas of investigation include the 8 competencies, composed of 66 items, defined in the literature as the characteristics of a healthcare educator:

1) Competency 1 – Facilitate Learning

Nurse educators are responsible for creating an environment in classroom, laboratory and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes.

2) Competency 2 – Facilitate Learner Development and Socialization

Nurse educators recognize their responsibility in helping students develop as nurses and encouraging the values and behaviors expected of those in that role.

3) Competency 3 – Use Assessment and Evaluation Strategies

Nurse educators use a variety of strategies to assess and evaluate student learning in classroom, laboratory and clinical settings, as well as in all other domains of learning.

4) **Competency 4 – Participate in Curriculum Design and Evaluation of Programme Outcomes**

Nurse educators are responsible for formulating programme outcomes and designing curricula that reflect contemporary healthcare trends and prepare graduates to work effectively in the healthcare environment.

5) Competency 5 - Function as a Change Agent and Leader

Nurse educators function as change agents and leaders to create a better future for nursing education and nursing practice.

6) Competency 6 - Pursue Continuous Quality Improvement in the Nurse Educator Role
Nurse educators recognize that their role is multidimensional and that an ongoing commitment to developing and maintaining competence in the role is essential.
7) Competency 7 – Engage in Scholarship
Nurse educators acknowledge that scholarship is an integral component of the faculty role, and that teaching itself is a scholarly activity.
8) Competency 8 – Function within the Educational Environment
Nurse educators are knowledgeable about the educational environment within which they practice and recognize how political, institutional, social and economic forces impact their role.

IRB APPROVAL. IRB approval was not required for this study. In order to conduct this research, the authors asked for authorization from the National League for Nursing for the implementation of the questionnaire and subsequently for authorization from Ancona's "Ospedali Riuniti" University Hospital Trust for the implementation of the questionnaire within the Hospital. Both authorizations were granted; The National League for Nursing agreed to the publication of the results.

RESULTS

68 out of 86 coordinators took part in the study, with a 79.1% response rate. The average age was 52.3 years old, while the average length of service as coordinators was 7.5 years.
The data analysis is based on descriptive statistics, because of the lack of a relevant program for inferential statistics. Authors have chosen the statistics data that better describe the cohort details and characteristics: the mean and standard deviation. In this way, the reader can understand where the statistical sample is placed and the dispersion from the mean value.
This analysis shows the following:

- Coordinators reported to have good knowledge and skills: values range between 2.70 and 3.07.
- There is a slight differential between the average knowledge value (2.89) and the average skills value (2.86) in all the core competencies.
- Coordinators reported their knowledge and skills are better in some areas than in others; in this context, all those competences/items with an average score above 3.00 have been defined as "strengths/strong points". The competencies coordinators feel they are better prepared in are the following:
- Competency 1, "*Facilitate Learning",* (Knowledge: average score = 3.06; Standard Deviation=0,54. Skills: average score = 3.03; Standard Deviation= 0,56). The items with the highest score for this competency are the following:
  - **item number 6**, "Practices skilled oral, written and electronic communication that reflects an ability to convey ideas in a variety of contexts", with an average knowledge value of 3.09 (Standard Deviation= 0,42) and an average skills value of 3.02 (Standard Deviation= 0,45);
  - **item number 7,** "Models critical and reflective thinking", with an average knowledge value of 3.07 (Standard Deviation= 0,50) and an average skills value of 3.06 (Standard Deviation= 0,52);
  - **item number 9**, "Show enthusiasm for teaching, learning, and nursing that inspires and motivates students", with an average knowledge value of 3.12 (Standard Deviation= 0,64) and an average skills value of 3.04 (Standard Deviation= 0,66);
  - **item number 10**, "Demonstrates interest in and respect for learners", with an average knowledge value of 3.43 (Standard Deviation= 0,53) and an average skills value of 3.48 (Standard Deviation= 0,53);
  - **item number 11**, "Uses personal attributes (e.g., caring, confidence, patience, integrity and flexibility) that facilitate learning", with an average knowledge value of 3.22 (Standard Deviation= 0,45) and an average skills value of 3.21(Standard Deviation= 0,51);
  - **item number 12**, "Develops collegial working relationships with students, faculty colleagues, and clinical agency personnel to promote positive learning environments", with an average knowledge value of 3.13 (Standard Deviation= 0,52) and an average skills value of 3.07 (Standard Deviation= 0,56);

- **item number 13**, "Maintains the professional practice knowledge base needed to help learners prepare for contemporary nursing practice", with an average knowledge value of 3.10 (Standard Deviation= 0,46) and an average skills value of 3.07 (Standard Deviation= 0,50);
- **item number 14**, "Serves as a role model of professional nursing", with an average knowledge value of 3.15 (Standard Deviation= 0,48) and an average skills value of 3.14 (Standard Deviation= 0,46);

- Competency 6, "*Pursue Continuous Quality Improvement in the Nurse Educator Role"* (knowledge: average score = 3.07; Standard Deviation= 0,64. Skills: average score = 3.04; Standard Deviation= 0,65). The items with the highest score for this competency are the following:
  - **item number 47** "Participates in professional development opportunities that increase one's effectiveness in the role", with an average knowledge value of 3.21 (Standard Deviation= 0,59) and an average skills value of 3.24 (Standard Deviation= 0,56);
  - **item number 49**, "Uses feedback gained from self, peer, student, and administrative evaluation to improve role effectiveness", with an average knowledge value of 3.09 (Standard Deviation= 0,60) and an average skills value of 3.06 (Standard Deviation= 0,63);
  - **item number 50**, "Engages in activities that promote one's socialization to the role", with an average knowledge value of 3.12 (Standard Deviation= 0,69) and an average skills value of 3.06 (Standard Deviation= 0,70);
  - **item number 52,** "Mentors and supports faculty colleagues", with an average knowledge value of 3.16 (Standard Deviation= 0,59) and an average skills value of 3.16 (Standard Deviation= 0,62);

Concerning the other competencies, it is possible to highlight a few items scoring high average values (average above 3.00):

- In Competency 2, "*Facilitate Learner Development and Socialization",* the following items stand out:
  - **item number 17**, "Engages in effective advisement and counselling strategies that help learners meet their professional goals" with an average knowledge value of 3.04 (Standard Deviation= 0,58) and an average skills value of 3.06 (Standard Deviation= 0,57);
  - **item number 21**, "Assists learners to develop the ability to engage in thoughtful and constructive self- and peer-evaluation", with an average knowledge value of 3.03 (Standard Deviation= 0,60) and an average skills value of 3.01(Standard Deviation= 0,56).
- In Competency 5, *"Function as a Change Agent and Leader",* item number 37, "Models cultural sensitivity when advocating for change", stands out, with an average knowledge value of 3.18 (Standard Deviation= 0,46) and an average skills value of 3.10 (Standard Deviation= 0,43).
- Coordinators reported they feel less prepared in some of the aspects described below; in this context, all those competences/items with an average score below 2.80 have been defined as "weaknesses".
- Competency 3, "*Use Assessment and Evaluation Strategies"* (knowledge: average score = 2.79; Standard Deviation= 0,70. Skills: average score = 2.75; Standard Deviation= 0,67). The items with the lowest score for this competency are the following:
  - **item number 24**, "Uses a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and affective domains", with an average knowledge value of 2.57 (Standard Deviation= 0,76) and an average skills value of 2.55 (Standard Deviation= 0,70);
  - **item number 25**, "Implements evidence-based assessment and evaluation strategies that are appropriate to the learner and to learning goals", with an average knowledge value of 2.74 (Standard Deviation= 0,73) and an average skills value of 2.66 (Standard Deviation= 0,71);
  - **item number 28**, "Demonstrates skill in the design and use of tools for assessing clinical practice", with an average knowledge value of 2.79 (Standard Deviation= 0,68) and an average skills value of 2.75 (Standard Deviation= 0,68).
- Competency 4, "*Participate in Curriculum Design and Evaluation of Programme Outcomes"* (Knowledge: average score = 2.72; Standard Deviation=

0.76. Skills: average score = 2.70; Standard Deviation= 0,74); The items with the lowest score for this competency are the following:

- item number 30, "Demonstrates knowledge of curriculum development including identifying programme outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies", with an average knowledge value of 2.76 (Standard Deviation= 0,70) and an average skills value of 2.72 (Standard Deviation= 0,69);

- **item number 32**, "Revises the curriculum based on assessment of programme outcomes, learner needs, and societal and health care trends", with an average knowledge value of 2.78 (Standard Deviation= 0,73) and an average skills value of 2.75 (Standard Deviation= 0,68);

- **item number 33**, "Implements curricular revisions using appropriate change theories and strategies", with an average knowledge value of 2.67 (Standard Deviation= 0,81) and an average skills value of 2.64 (Standard Deviation= 0,81);

- **item number 34**, "Creates and maintains community and clinical partnerships that support educational goals", with an average knowledge value of 2.75 (Standard Deviation= 0,76) and an average skills value of 2.74 (Standard Deviation= 0,75);

- item number 35, "Collaborates with external constituencies throughout the process of curriculum revision", with an average knowledge value of 2.47 (Standard Deviation= 0,88) and an average skills value of 2.46 (Standard Deviation= 0,87);

- **item number 36,** "Designs and implements programme assessment models that promote continuous quality improvement of all aspects of the programme", with an average knowledge value of 2.69 (Standard Deviation= 0,70) and an average skills value of 2.72 (Standard Deviation= 0,69).

Concerning the other competencies, it is possible to highlight a few items scoring an average value below 2.80:

- In Competency 2, *"Facilitate Learner Development and Socialisation"*, the lowest scores can be seen in item number 22, "Models professional behaviours for learners including, but not limited to, involvement in professional organisations, engagement in lifelong learning activities, dissemination of information through publications and presentations, and advocacy", with an average knowledge value of 2.66 (Standard Deviation= 0,75) and an average skills value of 2.69 (Standard Deviation= 0,76);
- In Competency 5, *"Function as a Change Agent and Leader",* the lowest scores can be seen in the following items:

  - item number 42, "Provides leadership in the parent institution as well as in the nursing programme to enhance the visibility of nursing and its contributions to the academic community", with an average knowledge value of 2.63 (Standard Deviation= 0,79) and an average skills value of 2.55 (Standard Deviation= 0,76);

  - **item number 43**, "Promotes innovative practices in educational environments", with an average knowledge value of 2.75 (Standard Deviation= 0,72) and an average skills value of 2.69 (Standard Deviation= 0,76).
- In Competency 6, "*Pursue Continuous Quality Improvement in the Nurse Educator Role"* the lowest scores can be seen in item number 51, "Uses knowledge of legal and ethical issues relevant to higher education and nursing education as a basis for influencing, designing, and implementing policies and procedures related to students, faculty, and the educational environment", with an average knowledge value of 2.70 (Standard Deviation= 0,74)and an average skills value of 2.67 (Standard Deviation= 0,77).
- In Competency 7, *"Engage in Scholarship",* the lowest scores can be seen in item number 57, "Demonstrates skill in proposal writing for initiatives that include, but are not limited to, research, resource acquisition, programme development, and policy development", with an average knowledge value of 2.75 (Standard Deviation= 0,75) and an average skills value of 2.73 (Standard Deviation= 0,80).
- In Competency 8, *"Function within the Educational Environment"*, the lowest scores can be seen in the following items:

- **item number 61**, "Develops networks, collaborations, and partnerships to enhance nursing's influence within the academic community", with an average knowledge value of 2.55 (Standard Deviation= 0,78) and an average skills value of 2.48 (Standard Deviation= 0,79);
- **item number 62**, "Determines own professional goals within the context of academic nursing and the mission of the parent institution and nursing program", with an average knowledge value of 2.64 (Standard Deviation= 0,69) and an average skills value of 2.59 (Standard Deviation= 0,72);
- **item number 66,** "Advocates for nursing and nursing education in the political arena", with an average knowledge value of 2.59 (Standard Deviation= 0,88) and an average skills value of 2.54 (Standard Deviation= 0,85).

DISCUSSION

Given the critical points that arose in the coordinators' evaluation and collaboration during the process aiming to improve education quality, and considering the fact that a well-prepared educator is the foundation of a good learning process, it is of paramount importance to adequately train the educators. Based on this study's results, it is strongly suggested that investment is made in evaluation strategies especially, as this was shown as the weakest area. Coordinators are constantly involved in planning education for staff and students, and the evaluation phase, as part of pedagogical process, can be seen as a continual research; it can lead to a discovery of the weakest areas, thus providing the opportunity to strengthen them.
From the perspective of professional development, the educational and pedagogical activities planned and implemented by clinical coordinators have been analyzed. In light of the problems highlighted, a course for healthcare coordinators, oriented to deepen the core competencies of the clinical coordinator, has been set up and a protocol entitled "Conduction and Management of Continuing Education" has been elaborated with the purpose of helping the coordinators in this field to plan, conduct and organize educational events and to generate documents that can be used for the accreditation and accountability of these events. The monitoring of the educational activities planned and implemented by clinical coordinators aims to evaluate their own pedagogical skills' improvement and to guarantee appropriate educational activities for healthcare professionals, so that the patient can benefit from plans of action based on best practice. Depending on the presence of possible critical points, the monitoring phase will be followed by appropriate educational and/or organizational actions, aimed at strenuous quality improvement.

CONCLUSIONS

Pushing educators to evaluate their own pedagogic competencies is a strategic choice that could help them develop a better awareness of what their limits are and it is a choice that deserves to receive more time and resources, in order to implement organizational and professional improvements. This concept is well described in the protocol entitled "Conduction and Management of Continuing Education", which has become a tool used on a daily basis in the Hospital setting, at every healthcare professional's disposal, and a point of reference for healthcare education.
In the light of the results described, several briefings regarding Hospital coordinators and academic healthcare professors have been conducted, in order to allow a constructive contact between the clinical and the educational worlds and decrease the gap between theory and practice in healthcare. After finding critical points concerning the Educational Competencies and proposing improvement strategies, it would be advisable to evaluate the developments achieved by doing a regular and accurate check of the educational project quality and giving the same questionnaire to the coordinators' cohort again, after a certain period of time.
In adopting descriptive statistics, we faced the difficulty of correlating the results with socio-demographic variables and the reference context.

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