Rethinking "The Clinical Nurse Educator Role: A Snapshot in Time"

Coffey and White's (2019) study titled "The Clinical Nurse Educator Role: A Snapshot in Time," published in the May 2019 issue of *The Journal of Continuing Education in Nursing*, aimed to "quantify the role of the CNE [clinical nurse educator]" (p. 228). As presented, Coffey's and White's study served to promulgate misconceptions about the specialty practice of nursing professional development (NPD), promote role ambiguity, and further confuse the use of titles that differentiate the academic nurse educator from the NPD practitioner.

NPD is separate and distinct from academic nursing education, yet Coffey and White used a title affiliated with academic educators to refer to NPD practitioners. The CNE® designation applies to individuals who are certified as academic nurse educators, and the CNE®cl credential is reserved for academic clinical nurse educators (National League for Nursing, n.d.). They acknowledged the *Nursing Professional Development: Scope and Standards of Practice* (Harper & Maloney, 2016), but they did not reference the credential offered through the American Nurses Credentialing Center that designates certification for NPD practitioners.

NPD is recognized by the American Nurses Association as meeting multiple specialty criteria, including having a scope and standards of practice and a national association (American Nurses Association, 2017). *NPD* is defined as "a specialized nursing practice that facilitates the professional role development and growth of nurses and other healthcare personnel along the continuum from novice to expert" (Harper & Maloney, 2016, p. 6). NPD practitioners are RNs who influence "professional role competence and professional growth of learners in a variety of settings… [and] support lifelong learners in an interprofessional environment that facilitates continuous development and learning for the healthcare team" (p. 13).

In addition, Coffey and White (2019) omitted prior research conducted in the area of role delineation and workload of NPD practitioners. Warren and Harper (2017) conducted a rigorous role delineation study that identified seven roles and six responsibilities of NPD practitioners that informed the development of the *Nursing Professional Development: Scope and Standards of Practice* (Harper & Maloney, 2016). Instead of using these scientifically based roles and responsibilities, Coffey's and White's team of "newly assigned" NPD practitioners focused on four self-identified NPD practice areas (clinical practice support, central orientation, system-wide initiatives as a liaison or consultant, and personal professional development), stating "the tasks and job description were aligned and supported by the ANPD document" (p. 229). Findings of a study of 202 acute care U.S. hospitals indicated that NPD departments allocate approximately one third of their workforce time to orientation activities, followed by mandatory education and clinical education (Harper, Aucoin, & Warren, 2016). These findings are contrary to the findings of Coffey and White, whose subject matter experts were recognized for their "clinical expertise with certification in their clinical area" (p. 229) as opposed to experience and certification in NPD.

We applaud Coffey's and White's interest in the practice of NPD and appreciate their acknowledgement that NPD practice is "vital to safe patient care and professional development of clinical nurses" (p. 228). However, their use of the CNE® title (an academic certification) to refer to NPD practitioners and their omission or inaccurate presentation of previous NPD research studies raises concern. Unfortunately, instead of adding to role clarity for NPD practitioners, their article has muddied the waters.

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RESPONSE:

Drs. Harper, Maloney, Warren, and Aucoin, thank you for taking the time to read our article. In your letter to the editor, you referred to it as a study. This is a misconception. Our article was a snapshot of the role of a master's-prepared nurse as an educator in an academic medical center, not a study. At the outset of the article, we stated: "For the purposes of this article, the term *CNE* [clinical nurse educator] will be used" (p. 228) to identify the role with the intent not to confuse it with the Certified Nurse Educator designation. We also cited Warren's and Harper's (2017) work and the Association for Nursing Professional Development's *Scope and Standards of Practice*, as well as the Nursing Professional Development certification in the initial paragraphs of our introduction. We are not sure how the readers missed these references.

The intent of the work we published was to provide professionals doing the work with a way to share how they spent their time and ensure that it was aligned with national standards. As good stewards of the health care dollar, nursing must provide more than a scope of practice of those educating nurses. That work must be quantified and the public assured that every dollar spent is a value added to the patient. This article was an attempt to begin that conversation.

I was disappointed in the correspondents' statement regarding their opinion that there is a distinct difference between academic nursing and the nursing professional development role. This type of segregation further widens the education–practice gap that nursing must close. Pedagogy is shared by educators, and the chosen delivery method and nature of the learners guide the practice of those educators. Drawing lines in the sand between groups of educators does not serve the profession or the patients they serve.

In closing, as recommended in our article, more work must be done to quantify the role of the individual educating nurses in the clinical setting, no matter their title. To quote William Shakespeare: "A rose by any other name would smell as sweet" (Shakespeare, n.d.).

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