

# Clinical experience matters



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Editor

In one of the discussion seminars at this journal's recent conference *Diabetes Nursing — Que Sera Sera* (4 February 2000), I heard several individuals without academic qualifications expressing anxiety about teaching diploma- and degree-level students. In subsequent conversations, people in formal lecturing roles revealed that they often had difficulties in finding clinical colleagues willing and confident enough to teach such groups of students.

There are several possible explanations for their reluctance, e.g. a belief that the students are 'cleverer' than they are and fear of being exposed to questions they cannot answer.

For these and possibly other reasons many diabetes nurses may feel inclined to 'leave the teaching to the academics' in higher education institutions.

## Input by specialist nurses

Burnard (1987) proposed three types of knowledge: 'propositional' knowledge, concerned with theories, models and facts; practical knowledge, revealed through practice and involving the demonstration of skills, e.g. blood glucose monitoring; and experiential knowledge, personal knowledge gained through encounters with events, people and things.

The purpose of diabetes education sessions and courses is to improve the knowledge of students and therefore the care given to people with diabetes. Consequently, both propositional and practical knowledge are required. Experiential knowledge is difficult to transmit to other people (Burnard, 1987). However, there are ways of doing so, e.g. story telling, and hence contributing to the quality and relevance of diabetes education for nurses.

Practical and experiential knowledge will be non-existent or out of date for lecturers who have had few opportunities to engage in clinical practice, have not practised for many years, or have never practised as a diabetes nurse. Clinical experience is also necessary in order to share the nuances and complexity of everyday clinical practice. These are the things that hardly ever reach textbooks because of their very nature.

For these reasons alone, it is essential that practising nurses contribute their

expertise. Lecturer practitioners (people jointly appointed to clinical practice and academic roles) are a rare breed — in an ideal world, there would be more. However, effective liaison between lecturers in higher education institutions and nurses in clinical areas could meet needs in most areas, to ensure that students are exposed to a range of types of knowledge.

## Addressing fears

Clinical nurses' fears of teaching at academic level need to be addressed. To dispel the notion that today's students are cleverer, one must bear in mind that the plethora of opportunities for these levels of study only emerged relatively recently. Academic skills such as analysis, synthesis and evaluation are probably easier to acquire in a formal manner. However, they can be, and are, acquired in other ways, including clinical practice.

All teachers, regardless of their academic achievements, will occasionally be confronted with questions that they cannot answer. The best policy is probably to be honest and to suggest other resources. Many of these problems could be prevented by good preparation. This may be hard work, but it is also an opportunity to update oneself about theoretical knowledge, therefore contributing to both personal development and clinical practice.

Teaching is an integral part of every nurse's role and is specifically incorporated into the role of clinical nurse specialists. The British Diabetic Association (BDA) also recommends that most training in diabetes should be delivered by clinical practitioners, in collaboration with academic institutions (BDA, 1996).

Nurses caring for people with diabetes, in all contexts (secondary and primary care), have an enormous wealth of knowledge to offer. I suggest that you value what you have, regardless of your academic qualifications, and be proactive in banging on the doors of academia to demand to be allowed to share this essential knowledge. ■

BDA (1996) *Training and Professional Development in Diabetes Care*. BDA, London  
 Burnard (1987) Towards an epistemological basis for experiential learning in nurse education. *Journal of Advanced Nursing* 12: 189–93

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