

**Panel Discussion by the KNA: Partners in
Education-teachers and students**

**Roles and Preparation for
the Future Nurse-Educators**



Susie Kim, R.N., D.N.Sc.

(Associate Prof., College of
Nursing, Yonsei Univ.)

Nursing care demands in the existing nursing domain are exploding in quantity and quality; in many countries health care is maldistributed, and consequently unavailable for many, and health care delivery systems are inadequate or grossly obsolete, calling for the expansion and upgrading of health care service. Health care consumers who are fortunately within the reach of health care systems are demanding better quality and humanistic care.

There are also indications that nursing domain itself is expanding. In advanced countries, especially in the United States, the nurse practitioners, to say an example, emerged recently as a new type of nursing profession and play important roles in the primary health delivery system as independent practitioners. In developing countries, in an acute shortage of medical doctors many governments seek other alternatives, in that they rely more heavily on nurses in staffing rural health centers not only for traditional nursing functions but also for many more roles expected in the rural primary care delivery systems. For example, Korean government is currently contemplating an idea that graduate nurses be given additional trainings in medicine and public health to resume the central role in rural health delivery systems, where no medical doctors can be recruited for staffing.

The rapidity of change in nursing role in our society both within and without the existing domain has resulted in what Toffler has named "future shock." Such dynamic characteristics of nursing profession in the future poses several sequential questions to address:

- (1) What are the characteristics of nursing domain in the future?
- (2) What roles should nurse-educators play to develop future nurses who can meet the demands in this new domain?
- (3) What are the practical and realistic strategies that can be used to prepare nurse-educators who can develop nurses for tomorrow?

1. What are the characteristics of nursing domain in the future?

Before I discuss what roles nurse-educators should play and how we can prepare them to accomplish the roles, which is the topic I am supposed to speak about, I think it is prerequisite to talk first about the characteristics of nursing domain in the future and qualifications future nurses should have in order to meet new demands in the future. The characteristics of future domain will dictate the roles and preparation of nurse-educators today.

The future nurse will have to work in the environment, whose characteristics are quite different from those of the past. First, the most significant force changing the domain in nursing is the increased use of new technology in health care services. Computerized or automated machines and equipment are already on the scene not only in advanced countries but also at general hospitals in developing countries. As microelectronic technology advances rapidly to develop new applications in every aspect of our society and its cost declines soon to the level affordable by small institutions and individual clinics, microelectronic equipment will become a standard rather than an exception. Biophysiological instrumentation will intrigue, perplex and challenge the professional nurse. And nurses will feel as if they were nurse-engineers.

Second, one of the most startling possibilities in nursing is that of the responsibilities by nurse of most of the primary care. Aydelotte(1978) suggests several indicators supporting this notion: (1) nurses are as numerous as all the other health professionals combined; (2) nurses are dispersed throughout the population more than any other group; (3) the increase in clinical graduate programs provides a steadily enlarging base from which to select candidates for more advanced training; (4) nurses, for the most part, have an ideological orientation to health maintenance; and (5) many married women nurses could set up a practice in their own neighborhood without much inconvenience if they could obtain the appropriate education. Nurse practitioners and visiting nurses can be good examples of nurses taking responsibilities in primary health care. Furthermore, in some developing countries, it is not difficult to imagine the day when graduate nurses will take the responsibility of managing the primary health delivery organizations. In this case, nurses will feel as if they were nurse-managers, administering not only nursing functions but also overall primary health care organizations.

Third, health care delivery systems of tomorrow will be consumer-based. Accordingly, the new designs of nursing care will have as their main concern the demand systems of consumers instead of being built around one or another of the health professions.

Fourth, there will be many new specialty areas in nursing, expanding from traditional areas such as medical-surgical, pediatric, etc. The Committee on Taxonomy (1976) revealed nearly fifty new specialty areas in nursing, including, among other things, thanatological, oncological, burn, primary, and secondary and long-term nursing specialty subfields. The combination of two or more subfields of nursing and the in-depth and

breadth practice in one subfield will occur. Leininger (1978) suggests that nursing practices will be classified under the general categories of nurse-generalists and nurse-specialists, with subfield specialties. She further anticipates that out of the total population of nurses two-thirds should be nurse-generalists, i.e., primary care, long-term care, and family care nurses, and one-third should be nurse-specialists by the next decade. It may take sometime before developing countries see the same phenomena, but it is important to bear in mind that this is the trend the nursing profession is currently evolving into.

Fifth, health care systems in the future must be more responsive to societal changes and the changing needs of population groups. Health care will be conceptualized as care to whole populations or community groups instead of as care of individuals, families, and small social groups, which is the dominant concept at present.

Sixth, the emphasis of health delivery systems shifts from medical care to health care. Medical care is mainly concerned with the diagnosis and treatment of diseases in people, while health care emphasizes the organic responsiveness in the care of human beings as a whole in what happens to them before, during, and after health problems. This holistic and organic approach of health care is consistent with the philosophy of holistic care in nursing.

Seventh, nurse's role in the health care system evolves from functions dependent to a large extent on diagnosis and treatment plan of medical profession to more unique practice in and outside hospital settings. For example, even in the traditional hospital setting the uniqueness of nursing service will increase, as holistic nursing care based on nursing's own intervention models will be demanded to be practical reality rather than philosophy. Nurses who have the "physician dependency syndrome" will have a hard time adjusting to new concept of nursing service.

To be equipped to deal more effectively with these changes in nursing domain, future nurses will be demanded to have broader and more in-depth training in some fields than nurses of the past. The fact that nurses will take holistic and organic approach to health-care and that they will have to work with more advanced technologies in the future suggests nurses to take diverse training from those of behavioral and managerial sciences to those of physical and medical sciences. Nurses should also be trained to change their behavioral pattern from that of a semi-professional format to that of a self-directing, highly expressive, autonomous, applied scientist role. This role will demand nurses to be effective decision makers, problem solvers, and researchers, keenly observing needs of the consumers and developing care interventions effective to the needs.

2. What roles should nurse-educators play to develop future nurses who can meet the demands in this new domain?

Nursing education is the foundation for the service the profession provides today and tomorrow. That is, nurse-educators are confronted with the task of supplying competent nurses to meet the population's health needs in the future. Then, what should nurse-

educators do to accomplish the task?

Normative roles nurse-educators should play in the task will be discussed at two different levels; one at educational institution level and the other at individual nurse-educator level. First, in view of the fact that future nurses will have to take holistic and organic approaches in nursing care in attempt to meet consumer's demands, educational institutions should offer programs that will train nurses who would be able to perform services to meet such demands. Leininger (1978) forecasted in 1974 that by 1980, the requirement for entrance at the first level of professional nursing practice in the U.S. will be the baccalaureate degree. However, by 1985, the requirement for entry at the first level of professional practice will be the master's degree. Her prediction has not been fulfilled in 1980 but still offers important and valid implications for future nursing education both in advanced and developing countries. That is, it is inevitable that nursing education have to be upgraded to respond effectively to changing needs of the population. In my country, Korea, the requirement for entrance at the first level of professional practice was secondary school nursing training until several years ago but has been upgraded to three-year nursing college training. In my opinion, it is not too long before it will be upgraded to the baccalaureate degree. Moreover, major universities in Korea have master's program in nursing to meet societal demands at the advanced level. Even two universities recently opened a doctoral program in nursing.

Second, if the course of history in nursing is to change as related to nursing's role in our society, effective and continual curriculum development and revision would be in order. A variety of new courses have to appear in schools of nursing. All basic and advanced nursing education programs should emphasize technological nursing care, the effects of such care, and ways to combine technology with humanized care. With increased technology, more humanistic patient care will be needed. Courses in natural, medical, behavioral and managerial sciences are all needed to train professional nurses who integrate technological and humanistic care, who function primarily to provide such holistic health-care to the consumers, and who manage primary health delivery organizations. Therefore, these courses should be part of nursing education programs.

Third, if curriculum development and revision is to be effective with a sense of real vigor and purpose, it is critical to predict changes in nursing domain so that future professional nurses can be trained properly-even if that future is viewed as only ten years hence. Leininger (1978) contends that a nurse-futurist (in our case nurse-educators who would predict changes) should have several major requirements. To mention a few: (1) one who predicts future must be an astute analyst of the past and present; (2) he or she must be able to predict, logically and explicitly, goals and directions for the future on the basis of limited or non-verified data; and (3) he or she must be ready to present new and imaginative ideas. These requirements imply that nurse-educators who have to predict the future in order to formulate educational programs should be keen analysts and creative predictors.

Fourth, nurse-educators who make useful prediction should have competence and creativity to translate the predicted pictures of the future into specific educational programs of today. They should develop, on the basis of careful observation of clinical practice and experiments in laboratories and fields, conceptual theories and models that can provide analytical and diagnostic frameworks for practitioners. They should also undertake research to test conceptual theories and models through systematic and critical analysis of practice and also through complex experiments with sophisticated techniques. They should also advance nursing practice through the process of theory building and through validation by research. In short, they should be those who advance and integrate theory, research and practice.

Fifth, it is essential to recognize the increasing emphasis within the nursing profession on the preparation of competent and creative practitioners, who can flexibly respond to the needs of health consumers, through nursing educational programs. Future nurses who can effectively take organic responsiveness to the health needs can be developed as much through the process of education as the contents of education. In other words, nurse-educators can facilitate the participation of students in research and in important decision makings that may affect their learning. Through this process, students can learn creative activities in research and education. Furthermore, students can build upon, refine, and/or correct the ideas of their teachers. Even nurse-educators can and should learn from their students fresher points of view. Students often have more ability to see beyond the conventional wisdom of particular academic discipline and thus to advance thoughts in that area. Through the facilitation of student participation by nurse-educators, collaborative learning can improve morale and make people more able to learn and study than they would in an authoritarian teaching-learning situation. In short, nurse-educators should be the facilitators of student participation in education and research that will establish true partnership in education.

For nurse-educators to be effective in analyzing the past and present; predicting changes in the future; advancing and integrating nursing theory, research, and practice; and facilitating the partnership in education between teachers and students; they are expected to have competence, accountability, authority, autonomy, creativity, and emphathetic attitudes.

3. What are the practical and realistic strategies that can be used to prepare nurse-educators who can develop nurses for tomorrow?

In discussing practical and realistic strategies to prepare nurse-educators who can meet the challenge of today and tomorrow, I have my country in mind. My country may or may not represent the general situations in developing countries, but I feel its case can provide some implications for other developing countries.

Upgrading training for professional nurses can be accomplished through three ways. The first one is concerned with upgrading the level of nurse training at which licensure

to professional practice can be allowed. The second one is concerned with the development and expansion of the baccalaureate and graduate nursing programs to further advance the level of training. The third one addresses the issue of upgrading the quality of existing programs. The first two are in fact under the jurisdiction of the government at least in my country and also in many developing countries, and are not so much relevant to the topic given to me.

There may be two ways to upgrade the development of curriculum that can accommodate the future challenge. First, international exchange of ideas and experience can improve the quality of curriculum. New ideas for improved curriculum can be transferred through new nurse-educators who return from study abroad and also through the exchange of written materials. But more systematic and formal mechanisms can be developed, whereby nurse-educators of different countries can get together regularly to study and exchange their ideas for improved curriculum. That is a worthwhile idea to be explored by international organizations like ICN.

Second, intranational interschool exchange of curriculum can effectively diffuse new ideas within a country. A leading nursing school with enough expertise can develop new curriculum on the basis of its own study and information from other countries and can host a series of conference with other schools without expertise. This way of diffusion, using the leading school as an "idea gatekeeper" can not only be cost effective but also develop curriculum that is compatible with the local situation and culture. We have already experimented the interschool exchange in our country.

There are several problems in advancing and integrating nursing theory, research, and practice. The history of holistic approach in nursing is yet short that nurse-educators who are well prepared in subjects relevant to holistic nursing such as behavioral science and humanities are short supply. Lack of practical nursing experience on the part of nurse-educators is another problem in many developing countries. Training nurse-educators was so urgent to meet increasing demands of nursing education that a majority of nurse-educators obtained advanced trainings and assumed teachership without going through clinical experience. These problems, together with the lack of training in research methodology, paint the picture of reality in many developing countries. But there are many practical ways to remedy the situation.

Continuing education programs can be developed in major universities during the vacation for existing nurse-educators to take courses relevant to new concepts in nursing, research methodology, and any other subjects deemed necessary for building competence in nurse-educators. Also, graduate nursing programs that train the future nurse-educators can require new candidates to have two or three years of practical experience before admission. For incumbent nurse-educators, organic relationships can be developed teaching hospitals for them to have necessary practical nursing experience.

Building a true partnership is not easy to come, especially where nurse-educators are inadequately trained and teacher-student ratio is very high. A long term strategy to

Table 1. Summary of Studies Done in Korea about Nursing Students (1970~)

Author	Year	No. of Respondents	Reasons to Choose Nursing as a Major	Satisfaction for Nursing	Problems
Choi & Lee	1970	273		38.4%	1) Non-cooperation to students' activities for 2) Lack of facilities skills, & techniques for practice
Han	1973	160	1) Studying abroad 2) Interest and aptitude 3) Easy to get a job	34.7%	1) Relationship with faculties 2) Gab between knowledge and practice 3) Having hobby
Nursing College Park	1977	149	1) Aptitude & interest 2) To serve others 3) Utilize to house keeping	44.3%	Dissatisfaction with clinical practice because of lack of facility, frustration of relationship, and not being accept
Kim & Lee	1978	711	1) Employing abroad 2) To have continuous social life 3) Guaranteed employment 4) Good chance of good partner		1) Disappointed with nursing(67.1%) 2) Lack of understanding in nursing content (41.6%) 3) Relationship with professors(41.6%)
Kim	1973		1) Studing abroad 2) Having a service job 3) Easy to get a job		
Hong, Moon,	1976	140			
Lee & Woo	1971	238	1) Employing abroad 2) Devote to society 3) Variety of relationship		1) Relationship with teachers(88.6%) 2) Dissatisfaction with quality of faculties Want transfer to other subject(70.6%)
Ahn	1975	225	1) Advised by parents or teacher 2) Employing abroad 3) Interest and aptitude	50.2%	1) Gab between knowledge and practice 2) Lack of educational facilities 3) Dissatisfaction with quality of faculties(77%)
Diploma Cho Park	1977 1978		1) Interest and Aptitude 2) Having a service job 3) Advised by parents or teacher		
Yoo	1976	270	1) Easy to get a job 2) Interest and aptitude 3) Utilize to house keeping	66.4%	1) Disappointed with nursing 2) Gab between knowledge and practice 3) Lack of student understanding by teachers
Mixed Yoo	1975	Dip. 355 Coll. 121	1) Easy to get a job 2) Utilize to house keeping 3) Helping others	72.7%	1) Disappointed with nursing 2) Gab between knowledge and practice (express clinical practice problem 90.1% & problems in clinical supervision 88.6%)

Table 2. Comparison between How Teachers and Students See Each Other

	How students see themselves			
	Sophomore	Junior	Senior	Total
How teachers see students	How students see themselves			
What is the most valuable to students (yourself)?	1) Establish own value of life 2) Study 3) Personal relationship	1) Study 2) Establish own value system of life 3) Personal relationship	1) Employment 2) Establish own value system of life 3) Personal relationship 4) Love and marriage	1) Establish own value system of life 2) Personal relationship 3) Study
What are the most important issues students(You) have?	1) Disappointment with nursing 2) Amount of assignment 3) Employment	1) Employment with nursing 2) Disappointment with nursing 3) Gab between theory and practice	1) Disappointment with nursing 2) Amount of assignment 3) Employment	1) Employment 2) Disappointment with nursing 3) Gab between theory & practice
What do students (you) want to teachers?	1) Systematic and well prepared lecture 2) Develop nursing as a better science 3) Understand students	1) Systematic & well prepared lecture 2) More emphasis on clinica experience 3) Provide significant meaning innursing	Humanistic relationship & communication	1) Systematic & well prepared lecture 2) Responsibilities on nursing discipline 3) Understand students

develop and supply a sufficient number of qualified nurse-educators, to expand and upgrade educational facilities to provide adequate advanced trainings to the students, and to provide continuing education on behavioral subjects to develop skills necessary for teachers to initiate and facilitate effective partnership in education between teachers and students would be in order. Our future task is truly challenging to all of us.

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<국문요약>

미래 간호교육자의 역할과 이를 위한 준비

김 수 지
(연세대 간호대학)

기존간호영역내 간호는 질적으로, 양적으로 급격히 팽창확대되어 가고 있다. 많은 나라에서 건강관리체계가 부적절하게 분배되어 있으며 따라서 많은 사람들이 적절한 건강관리를 제공받지 못하고 있어 수준높은 양질의 건강관리를 전체적으로 확대시키는 것이 시급하다. 혹 건강관리의 혜택을 받는다고 해도 이들 역시 보다 더 양질의 인간적인 간호를 요하고 있는 실정이다.

간호는 또한 간호영역 자체내에서도 급격히 확대되어가고 있다. 예를들면, 미국같은 선진국가의 건강간호사(Nurse practitioner)는 간호전문직의 새로운 직종으로 건강관리체제에서 독자적인 실무자로 그 두각을 나타내고 있다. 의사의 심한 부족난으로 고심하는 발전도상에 있는 나라들에서는 간호원들에게 전통적인 간호기능 뿐 아니라 건강관리체제에서 보다 많은 역할을 수행하도록 기대하며 일선지방의 건강센터(Health center) 직종에 많은 간호원을 투입하고 있다. 가령 우리 한국정부에서 최근에 시도한 무의촌지역에서 졸업간호원들이 건강관리를 제공할 수 있도록 한 법적조치는 이러한 구체적인 예라고 할 수 있다.

기존 간호영역내외의 이런 급격한 변화는 Melvin Toffler가 말한대로 "미래의 충격"을 초래하게 되었다. 따라서 이러한 역동적인 변화는 간호전문직에 대하여 몇가지 질문을 던져준다. 첫째, 미래사회에서 간호영역의 특성은 무엇인가? 둘째, 이러한 새로운 영역에서 요구되는 간호원을 길러내기 위해 간호교육자는 어떤 역할을 수행해야 하는가? 셋째 내일의 간호원을 양성하는 간호교육자를 준

비시키기 위한 실질적이면서도 현실적인 전략은 무엇인가 등이다.

1. 미래사회에서 간호영역의 특성은 무엇인가?

미래의 간호원은 다음에 열거하는 여러가지 요인으로 인하여 지금까지의 것과는 판이한 환경에서 일하게 될 것이다.

- 1) 건강관리를 제공하는 과정에서 컴퓨터화되고 자동화된 기계 및 기구 등 새로운 기술을 많이 사용할 것이다.
- 2) 1차건강관리가 대부분 간호원에 의해 제공될 것이다.
- 3) 내일의 건강관리는 소비자 주축의 것이 될 것이다.
- 4) 간호영역내에 많은 새로운 전문분야들이 생길 것이다.
- 5) 미래의 건강관리체계는 사회적인 변화와 이의 요구에 더 민감한 반응을 하게 될 것이다.
- 6) 건강관리체계의 강조점이 의료진료에서 건강관리로 바뀔 것이다.
- 7) 건강관리체계에서의 간호원의 역할은 의료적인 진단과 치료계획의 기능에서 크게 탈피하여 병원내외에서 보다 더 독특한 실무형태로 발전될 것이다.

이러한 변화와 더불어 미래 간호영역에서 보다 효과적인 간호를 수행하기 위해 미래 간호원들은 지금까지의 간호원보다 더 광범위하고 깊은 교육과 훈련을 받아야 한다. 보다 발전된 기술환경에서 전인적인 접근을 하기위해 신체과학이나 의학뿐 아니라 행동과학·경영과학 등에 이르기까지 다양한 훈련을 받아야 할 필요가 있다. 또한 행동양상면에서 전문적인 답게 보다 진취적이고 표현적이며 자동적이고 응용과학적인 역할을 수행하도록 훈련을 받아야 한다. 그리하여 간호원은 효과적인 의사결정자·문제해결자·능숙한 실무자일 뿐 아니라 소비자의 건강요구를 예리하게 관찰하고 이 요구에 효과적인 중재를 발전시켜 나가는 연구자가 되어야 한다.

2. 미래의 간호교육자는 어떤 역할을 수행해야 하는가?

간호교육은 전문직으로서의 실무를 제공하기 위한 기초석이다. 이는 간호교육자야말로 미래사회에서 국민의 건강요구를 충족시키기는 능력있는 간호원을 공급하는 일에 전무해야 함을 시사해준다. 그러면 이러한 일을 달성하기 위해 간호교육자는 무엇을 해야 하는가?

우선 간호교육자는 두가지 측면에서 이 일을 수정해야 된다고 본다. 그 하나는 간호교육기관에서의 측면이고 다른 하나는 간호교육자 개인적인 측면에서이다.

우선 간호교육기관에서 간호교육자는 1) 미래사회에서 요구되는 간호원을 교육시키기 위한 프로그램을 제공해야 한다. 2) 효과적인 교과과정의 발전과 수정보완을 계속적으로 진행시켜야 한다. 3) 잘된 교과과정에 따라 적절한 훈련을 철저히 시켜야 한다. 4) 간호교육자 자신이 미래의 예측된 현상을 오늘의 교육과정에 포함시킬 수 있는 자신감과 창의력을 가지고 모델이 되어야 한다. 5) 연구 및 학생들의 학습에 영향을 미치는 중요한 의사결정에 학생들을 참여시키도록 해야한다.

간호교육자 개인적인 측면에서는 교육자 자신들이 능력있고 신빙성있으며 간호의 이론·실무·연구면에 걸친 권위와 자동성·독창성, 그리고 인간을 진정으로 이해하려는 자질을 갖추도록 계속 노력해야 한다.

3. 미래의 간호원을 양성하는 능력있는 간호교육자를 준비시키기 위한 실질적이면서도 현실적인 전략은 무엇인가?

내일의 도전을 충족시킬 수 있는 능력있는 간호교육자를 준비시키기 위한 실질적이고 현실적인 전략을 논함에 있어 우리나라의 실정을 참조하겠다. 전문직 간호교육자를 준비하는데 세가지 방법

을 통해 할 수 있다고 생각한다. 첫째는 간호원 훈련수준을 전문직 실무를 수행할 수 있는 단계로 면허를 높이는 것이고, 둘째는 훈련수준을 더 향상시키기 위하여 학사 및 석사간호교육과정을 발전시키고 확대하는 것이며, 셋째는 현존하는 간호교육 프로그램의 질을 높이는 것이다. 첫째와 둘째 방법은 정부의 관할이 직접 개입되는 방법이기 때문에 여기서는 생략하고 현존하는 교과과정을 발전시키고 그 질을 향상시키는 것에 대해서만 언급하고자 한다.

미래의 여러가지 도전에 부응할 수 있는 교육자를 준비시키는 교육과정의 발전을 두가지 면에서 추진시킬 수 있다고 본다.

첫째는 국제간의 교류를 통하여 idea 및 경험을 나눔으로서 교육과정의 질을 높일 수 있다. 서로 다른 나라의 간호교육자들이 정기적으로 모여 생각과 경험을 교환하고 연구하므로써 보다 체계적이고 효과적인 발전체인(chain)이 형성되는 것이다. ICN같은 국제적인 조직에 의해 이러한 모임을 시도하는 것은 가치있는 기화라고 생각한다. 국가간 또는 국제적인 간호교육자 훈련을 위한 교육과정의 교환은 한 나라안에서 그 idea를 확산시키는데 효과적인 영향을 미칠 수 있다. 충분한 간호교육전문가를 갖춘 간호교육기관이 새로운 교육과정을 개발하여 그렇지 못한 기관과의 연차적인 conference를 가지므로 확산시킬 수도 있으며 이런 방법은 경제적인 면에서도 효과적인 뿐만 아니라 그 나라 그 문화상황에 적합한 교과과정 개발에도 효과적인 수 있다.

간호교육자를 준비시키는 둘째전략은 현존간호교육자들이 간호이론과 실무·연구를 통합하고 발전시키는데 있어서 당면하는 여러가지 요인——전인적인 간호에 적절한 과목을 이수하지 못하고 임상실무경험의 부족등——을 보충하는 방법이다. 이런 실제적인 문제를 잠정적으로 해결하기 위하여

1) 몇몇 대학에서 방학중에 계속교육 프로그램을 개발하여 현지 간호교육자들에게 필요하고 적절한 과목을 이수하도록 한다. 따라서 임상실무교육도 이때 실시할 수 있다.

2) 대학원과정 간호교육프로그램의 입학자의 자격에 2~3년의 실무경험을 포함시키도록 한다.

결론적으로 교수와 학생간의 진정한 동반자관계는 자격을 구비한 능력있는 교수의 실천적인 모델을 통하여서 가능하게 이루어 질수 있다고 믿는 바이다. ■

환자를 내 몸같이 보호자를 가족같이 !!