

The findings of this grounded theory PhD study into role modeling by nurse academics provide new insight into the concept of clinical currency. Reconciling professional identity, the core category of this grounded theory, encompasses three categories: creating a context for learning, creating a context for authentic rehearsal and mirroring identity. The category of creating a context for authentic rehearsal includes elements of safe-zoning and clinical currency, which is the focus of this presentation. These findings indicate that clinical currency differs from clinical legitimacy, clinical credibility and currency of nursing knowledge. Clinical legitimacy and clinical credibility refer to others' perceptions of individual nurse academics; looking from the outside in. The two key components of clinical currency that this study has identified: confidence and clinical presence are nurse academics' perspectives of their professional selves. Confidence refers to the nurse academics' self-assessment of their ability to provide clinical nursing care. Clinical presence refers to the time nurse academics spend in clinical settings in addition to, and complementary to, their time in academia. Nurse academics that are clinically present achieve this in a number of ways. They conduct research with clinical partners, provide support or guidance to students on clinical placement, liaise with clinical partners to develop policy, and contribute directly to the provision of patient care. Academics who allocate time to working with clinical partners report higher levels of clinical confidence than academics that allocate little or no time to this part of their role. Nurse academics that sustain a presence in the clinical setting have a greater awareness of clinical practice and procedures, policy, technology and equipment, report higher levels of clinical confidence and resultant currency. It is this clinical currency that these nurse academics draw on in creating a context for authentic rehearsal.