DO YOU ENJOY precepting new staff to your unit? Do you welcome nursing students and strive to share your knowledge with the next generation of nurses? If your answers are yes and you’re an experienced RN, consider becoming an adjunct clinical faculty member as the next step in your career.

Part 1 of this article describes the qualifications needed and the steps a clinical nurse can take to transition to this new role. After describing a typical day, Parts 2 and 3 outline how to prepare students for their clinical studies and then detail the clinical instructor’s duties, skills, and special responsibilities.

Who’s qualified?
The United States has a shortage of nursing instructors. According to the American Association of Colleges of Nursing’s preliminary report on enrollment in baccalaureate programs, it increased by 2.6% from 2012-2013. Schools cited the lack of clinical sites and faculty as causes for the lowest enrollment growth rate in 5 years.1

Because many schools of nursing rely on adjunct faculty to teach in the clinical setting, qualified clinical faculty are needed to teach in the acute care setting, especially in pediatric, obstetric, psychiatric, and medical-surgical units and ICUs. Community health, home health, and long-term care clinical positions may also be available.

Consider whether you want to teach for an LPN, diploma, associate degree, or baccalaureate program. Research your state board of nursing for the educational requirements for clinical instructors. Programs may require instructors to have at least a bachelor’s of science in nursing (BSN). Many associate-degree and baccalaureate schools prefer an instructor who already has a master’s of science in nursing (MSN), but they may be permitted to hire an instructor with a BSN who’s enrolled in an MSN program. (A master’s of business administration or master’s of science in administration isn’t acceptable.) For instance, Pennsylvania requires clinical instructors with a BSN to earn an MSN within 5 years of hire.

The school must submit clinical instructors’ information to the state board of nursing for approval before the teaching assignment begins. Documentation must be sent to the state every year listing what courses the clinical instructor has taken and showing progress toward the MSN.

If the school is in one state but the clinical site is in another state, the instructor is required to hold licenses in both states. Instructors are also required to hold their own malpractice insurance policy. The school may require a current physical exam, drug screen, tuberculin skin testing, immunizations including the influenza vaccine, child abuse history clearance, and criminal background check. Some schools may prefer the instructor to be certified in the nursing specialty being taught.

Nitty-gritty job details
Sometimes schools advertise openings in nursing journals or post on job websites. Word of mouth is the best way to find jobs that aren’t advertised, so ask clinical instructors at your facility about openings. If you’re interested in teaching for a particular school, send a letter of inquiry with your curriculum vitae to the person responsible for hiring clinical faculty.

Clinical faculty are hired based on need on a semester-by-semester basis. If student enrollment declines, a clinical rotation may be cancelled.

Clinical rotations can be scheduled any day or time of the week, even on weekends. Because many schools are competing for the same hospital placements, many evening and even night shifts are scheduled. Clinicals may not be scheduled on school holidays such as fall or spring break or on federal holidays, but they may be scheduled on other holidays such as Easter, Mother’s Day, or Halloween.

Instructors are responsible for their own orientation to the facility, which may include computer classes and orientation time on the unit. Instructors also need to plan to come in early to choose patients and spend time at home grading care plans or postconferences, and writing student evaluations.

Some schools pay an hourly rate based on clinical time; others pay based on the credit hours taught. Salaries can vary significantly depending on the school and whether the instructor has other responsibilities, such as teaching in the classroom or lab.

Finding resources
Your interview is the first place to ask questions about the position. After you’re hired, connect with an experienced clinical faculty member who can mentor you through the transition.
The school may offer an orientation day for faculty once a year or each semester. Review how to find the course syllabus, lecture PowerPoints, student e-mail addresses, and the school’s website. Review the course syllabus as well as the instructor’s responsibilities. For books to help guide new clinical faculty, check your favorite book sales website in addition to this article’s reference list. (See What do clinical instructors really want?)

At my university, I maintain a committee page on the school’s intranet where I post articles, incident reports, remediation forms, examples of assignment sheets, and the undergraduate student handbook, which contains such information as the dress code and absence policies. A message board was started so fellow clinical faculty could share ideas and support each other.

At the annual faculty development and orientation day, besides reviewing the policies and procedures, providing an overview of the simulation lab experience, introducing the dean, and meeting with course coordinators, I’ve offered one or two separate presentations that include free continuing nursing education credit to faculty. For example, several years ago we developed a new curriculum where the first medical-surgical clinical was in long-term care, so we offered a presentation on geriatrics. Another year a presentation about high-conflict students was presented by one of our psychiatric clinical faculty members. Clinical instructors may have difficulty dealing with challenging students, so information about that topic should be provided at orientation.

At some schools, one faculty member may be designated as the clinical director or coordinator. This person may be responsible for hiring and mentoring all of the clinical faculty members in all specialties. The clinical director, who acts as a resource, can help guide the faculty member through the process of learning their new role and help resolve problems when they occur. The clinical director also requests and visits clinical sites and acts as a liaison between these sites and the school.

Other schools may divide responsibilities, with a dean or coordinator responsible for hiring and mentoring new clinical faculty, and a course coordinator responsible for student and clinical issues. Students appreciate having a faculty member they can contact if they have concerns about the sites or their clinical faculty.

Skills and responsibilities
Depending on the school, the instructor may be responsible for 8 to 10 students. The instructor may have very inexperienced students or advanced students who can jump right in. Some students may have experience working as technicians, unlicensed assistive personnel, or LPNs, while others have never set foot in a hospital. Know your students’ backgrounds so you can adjust your expectations and teaching style as needed.

Clinical instructors have some autonomy within the confines of the school’s expectations. For example, instructors may be able to adjust the clinical time based on the unit’s schedule. If the staff starts report at 0645, then with the school’s approval, the students could report to the unit at 0640.

After students pass the medication exam, the instructor can decide how many students can safely give meds at a time. The instructor may decide whether a short preconference or huddle works well. Most schools expect an instructor to conduct a preconference and postconference.

The instructor, the staff, and possibly the manager determine which patients are appropriate for the students’ level. The instructor may decide what topics to review in postconference or the course coordinator may designate specific topics to review. Some new instructors find it difficult to have so much autonomy but, over time, they come to appreciate the flexibility and challenge of matching what’s learned in class to what’s taught in the clinical setting.

Keeping it legal
The instructor must follow the policies and procedures of the facility and the academic institution as well as the state nurse practice act. The academic
institution may have a job description specific for the clinical instructor role. The clinical instructor should go to the state’s board of nursing website to review its nurse practice act.

Ensuring that the student is competent in patient care is the responsibility of both the instructor and the supervising nurse. Students may not be aware that they too have a legal responsibility to be prepared for their assignment and ask for assistance when needed. O’Connor recommends that instructors carry their own malpractice insurance and document any student incidents thoroughly.

The American Nurses Association has an ethical code of conduct that specifically addresses clinical education. The clinical instructor must ensure that the highest standards of nursing education and practice are achieved in the clinical setting. Maintaining these high standards is paramount so that nursing programs graduate highly knowledgeable and skilled nursing students.

**Ready to make a change?**

If you think you may want to make the leap to become clinical faculty, look for parts 2 and 3 of this series in upcoming months for more about what to expect on a typical day, how to prepare students for success, and how to handle special tasks involved in this up-and-coming career path.

**REFERENCES**


**RESOURCE**


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