LEARNING CURVE

Transitioning from staff nurse to clinical faculty, part 3

By Amy Luckowski, PhD, RN, CCRN

HAVE YOU READ PARTS 1 and 2 of this article about transitioning to clinical faculty? (If not, go online to http://www.nursing2015.com to get up to speed on this rewarding career choice.) To explore the finer points of becoming a clinical instructor, this article presents information about how to teach, provide enriching experiences, and give feedback.

Go, team...go!
The clinical instructor’s role is to be a coach and mentor. The instructor should be enthusiastic, act as a role model, be an expert in his or her area of practice, and be a great communicator and listener. The clinical environment should be conducive to student learning; ensuring this is the clinical instructor’s responsibility.

Above all, the clinical instructor should motivate and facilitate student learning. What do students know already? What goals can you help them set? Students need to translate classroom theory into practice.

Performing an evaluation of student motivation is critical. Gather information about any previous clinicals the students have done. Assess their personal beliefs and attitudes about learning. Find out about their other college courses, work, and family demands. Many nursing students are nontraditional students with children, a spouse, or other family demands. When students have personal issues, sometimes this affects their performance in clinical.

Assess their resources to support learning. Do they have social and financial support or are they working a full-time job while going to school?

What’s their level of anxiety? If they’re scared, they won’t be able to learn. Ask, “What are you most afraid of in this clinical?” Reinforce how the clinical instructor supports the student in the clinical experience.

Give the students the opportunity to share any disabilities or health challenges, such as privately via e-mail. Instructors need to know about health challenges, particularly those that aren’t visible, such as anxiety, diabetes, or inflammatory bowel disease (IBD). For example, knowing about IBD can explain why the student is frequently in the bathroom. The instructor can then provide a better clinical experience for these students.

Ensuring patient safety
Clinical instructors can feel overwhelmed by the number of patients under their and their students’ care. The instructor needs to remember that the clinical nurse is also responsible for the patient’s care.

Students should keep patient safety issues in mind. The instructor can bring these concerns to the forefront by asking questions such as, “What should you do if your patient becomes dizzy when ambulating?”

Performing a new procedure with a student can be challenging. Review the procedure with the student before you go into the patient’s room. Be calm and speak quietly. If students break sterile technique, for instance, stop them gently. Above all, ensure patient safety.

Procedural knowledge
Nursing students are focused on learning skills. Always take advantage of opportunities to educate them about procedures when they arise. If your school has a clinical simulation lab, find out how the simulation experience is scheduled. Sometimes the simulation coordinator schedules a few students at a time, but in other cases, the entire clinical group and the instructor may go to campus to participate in simulation.

Even if the student hasn’t learned a procedure in the clinical simulation lab, it’s acceptable to demonstrate these skills during clinical. For example, if a patient in the unit has a tracheostomy, you can demonstrate tracheostomy care and suctioning to the whole group of students (with the patient’s permission), or guide one student through the procedure after ensuring the student is properly prepared.

If a student can’t perform a skill that was learned previously, such as measuring BP, send him or her back to the clinical simulation lab coordinator for more practice.

Other responsibilities
Find out if you’re expected to organize any observation days. For example, in our junior year medical-surgical rotation, the instructor plans for an observation day in the OR. For senior students, the instructors plan a critical care day in an ICU, post-anesthesia care unit, critical care unit, or the ED.

Clarify the student’s role and objectives during observation experiences. Do they have an assignment? Do they present a report during postconference? Always encourage them to be involved and ask questions.

Find out if the unit nurses have an interesting patient or a procedure that your students can perform, such
as intermittent urinary catheterization. I’ve had the oncology nurse educator present a special program for my students. The respiratory therapist is a great resource who knows which patients on the unit have abnormal lung sounds and may be willing to let all the students hear their breath sounds. Always be alert to potential teaching opportunities!

**Postconference benefits**

Before the start of postconference, students should expect to complete their work or help others finish up. Postconference is a great way to debrief the students on what they just experienced, especially after an emotional event such as a code or patient death. You can plan to review a topic that complements what students learned in class.

Let students know they’ll be involved in postconference by saying to them during the shift, “Please present that at postconference.” For example, if students assisted the RN with a blood transfusion, they can then explain the procedure to their classmates. Often, just discussing patient care helps students learn.

Build trust with the staff by checking in with them throughout the day and after the students leave for the day. Ensure that all work has been completed and give them a chance to provide private feedback about your students’ performance.

**Valuable paths to learning**

Instructors help students understand theory, not by providing an answer to their questions, but by helping the student find the answer themselves. Ask why something has occurred. For example, ask, “Why do you think the patient’s potassium level is low?” Take the student beyond the facts and ask higher-level questions. “Why does the nurse check the potassium level before administering a diuretic?”

Give students time to think and avoid asking too many questions at once. If they don’t know the answer, guide them to where they can find it. Are references available on the unit? Is an online drug guide accessible? Discuss reputable online sites such as American Heart Association’s AHA.org and compare them with the “.com” websites.

Can they access their phones for nursing applications? Before they use their phones, though, make sure the facility allows cell phones on the unit. Be sure to inform the students that taking pictures of patients is a Health Insurance Portability and Accountability Act violation and may be grounds for dismissal from the school.

Always listen to students’ answers to your question; sometimes they give an answer that’s correct but not what you’re expecting. As nurses, we’re always learning, so express this to your students and never be afraid to admit you don’t know something.

Specific assignments may be given to students to complete as part of their clinical rotation. These may include journals, care plans, concept maps, papers, case studies, or projects. Read the syllabus thoroughly to make sure you understand if and how the assignment is graded.

**Providing helpful criticism**

Students crave feedback from their instructor. It can be immediate and informal, such as “Your sterile technique was perfect for that wound dressing” or “Your documentation about your patient’s pain was very thorough.” Students should evaluate their own performance first, and then listen to your feedback. Consider your tone, body language, and nonverbal cues. Always give negative feedback privately.

The students are evaluated on the outcomes of their clinical practice. The instructor observes students and keeps anecdotal notes on their progress. Skills checklists may be maintained.

A written clinical evaluation is typically completed at midterm and at the end of the semester. Some forms have an area for the student to complete as a self-evaluation and an area for the instructor to complete. The form should be reviewed with the students individually and privately. Some schools grade clinical on a pass/fail basis while others assign numerical grades to clinical performance, which are then factored into the overall course grade.

At the end of the clinical rotation or even a year later, students often ask clinical instructors for letters of recommendation. If you have difficulty remembering the student, ask the school if you can see the student’s file. Or head off this problem by keeping copies of students’ clinical evaluations for your own files.

**Eye-opening experience**

If this article has opened your eyes to a new career possibility, find a mentor and get prepared. Remember, the first semester is the most challenging. When you see your first student experience that “ah ha” moment, all your hard work will be worth it!

**REFERENCES**


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