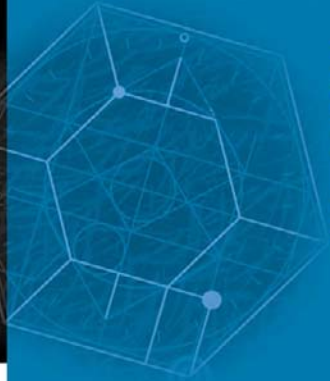


# ***Fast Facts***

*for the*  
**CLINICAL  
NURSING  
INSTRUCTOR**



***Clinical  
Teaching  
in a  
Nutshell***

**Eden Zabat Kan and Susan Stabler-Haas**

**FAST FACTS FOR  
THE CLINICAL NURSING  
INSTRUCTOR**

**Clinical Teaching in a Nutshell**

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**Clinical Teaching in a Nutshell**

**Eden Zabat Kan, DNSc, RN  
Susan Stabler-Haas, MSN, RN, CS, LMFT**

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## Foreword

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Each of us has significant memories of our nursing school experience. Maybe we remember the clinical instructor who talked us through giving our first injection or inserting a Foley catheter. Maybe we remember “shaking in our boots” for fear that we would be unprepared to answer our instructor’s questions. Maybe we remember the instructor we could approach with what we perceived to be a “stupid question.” It is hoped that in all of these cases, we remember the importance of quality nursing and how much we learned from the instructors who dedicated their lives to providing positive learning experiences in the clinical setting. Although we might not be able to acknowledge these positive feelings as nursing students, we should come to appreciate the expertise of these faculty members in the clinical setting and remember our goal to achieve that same level of excellence.

The education of nursing students requires a balance between theoretical knowledge and clinical application—what some refer to as the science and art of nursing. Many nursing faculty members perform both of these roles within the nursing program, but as financial constraints increase, many col-

leges and universities have hired adjunct faculty who work only in the clinical facility with nursing students. Many of these individuals have significant clinical expertise, but they may lack the knowledge and skill to convey that expertise to students. Some faculty have not completed the graduate courses that support the teaching role, such as Curriculum, Tests and Measurements, Creative Teaching Strategies, and, most importantly, the Teaching Practicum experience, in which graduate students are placed in colleges and universities for a semester to learn the role of the nursing faculty member.

We all have to start somewhere, and I suspect some of you can remember your first clinical teaching position. The best clinical instructors make the job look easy, and most people don't realize how much effort goes into the process of clinical teaching that creates a positive learning environment for the nursing student. This book provides readers with a framework of ideas that will help them prepare for clinical teaching, including organizing the clinical experience, developing relationships with the staff in the clinical facilities, making clinical assignments, planning orientation days, developing clinical rotations, planning and facilitating pre- and postconferences, clinical evaluations, legal issues of clinical education and, of course, handling the student who is in jeopardy of failing the clinical course. The clinical instructor carries the additional burden of accountability—ensuring that each student is providing safe and effective nursing care to the patients. As a result, issues of personal liability and techniques for handling the student who is in jeopardy of giving unsafe care become important. Picture yourself teaching eight to ten nursing students on a busy medical surgical unit. If each student carries

two to three patients, you quickly become aware of how challenging this responsibility can be. No wonder I have heard more than a few graduate students during their teaching practicum experience express surprise when they say, “I never knew how much work went into teaching!” I would be remiss if I didn’t mention Teresa Christian as a shining example of these clinical nursing instructors. Many Villanova University alumni have described her as “tough, but the best instructor I ever had!”

The idea for this book began with discussions over coffee between two faculty members who had a similar philosophy about clinical instruction. They shared a commitment to making the clinical experience the best it could be for their students, making improvements each year they taught. In addition, they were often assigned the task of orienting and mentoring new clinical faculty. The authors agreed that what was missing in the literature was a “real-life” practical guide to assist new faculty in transitioning from clinical practice to clinical education. From those early discussions and a lot of brainstorming, this book became a reality.

This book serves as a valuable resource for nurses who are beginning their professional teaching careers and for seasoned faculty who seek additional resources to improve the clinical experience for their students. In many ways, this book is a tribute to the clinical aspects of our nursing programs and to the clinical faculty members who strive to make the student experience a positive one. This book was written by two of the best clinical faculty members I have ever known. I have learned much from them in my own practice, and I am confident that you will also grow from their combined experience

and wisdom. There is no question that you will find among these pages a wealth of pragmatic, “real-life” information on the clinical teaching process.

I want to thank Susan Stabler Haas and Eden Zabat Kan for asking me to write the foreword for this book. It is indeed an honor to be a small part of this significant contribution to the nursing education literature. I am confident this book will help you to become one of those clinical instructors that students will look back on with pride and say, “That clinical instructor made me the nurse I am today!”

Susan C. Slaninka, EdD, RN  
Adjunct Professor of Nursing  
Villanova University College of Nursing

## Preface

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Let's face it. Not every nurse would make a good clinical instructor. Technical proficiency alone does not guarantee the ability to effectively manage nursing students at the clinical site. Even nurses who are capable of providing clinical instruction may not wish to take on the considerable personal liability associated with the oversight of these nursing students.

Perhaps you are different. Perhaps you are one of those nurses who is in fact both capable and willing to impart your knowledge to the next generation of caregivers. We commend you, for the future of our profession rests on your shoulders. After all, what is more important to the future of nursing than supervising and sharing our expertise with future nurses?

While personally rewarding, this vital role is also a formidable challenge. Clinical teaching is not easy. The expectations for an effective clinical nursing instructor are daunting. It can be a prodigious undertaking even for individuals with training or degrees in clinical instruction. They are continually faced with the changing demands of the patient and the challenges of adapting instruction to different learning styles. Moreover, most new clinical instructors do not have a solid

foundation in teaching clinical courses. Indeed, many may not have any teaching experience. As a result, they face performance insecurities, along with the daily teaching challenges. It is easy to understand why nursing programs are pressed to fill their clinical instructor positions.

Our book, *Fast Facts for the Clinical Instructor: Clinical Teaching in a Nutshell*, represents thirty-two years of combined teaching experience. Designed as a practical guide for clinical instructors, it uses an “easy-to-follow” format. Each chapter provides information on key topics that should help ease the transition for the novice clinical nursing instructor, as well as provide alternate teaching approaches for the experienced instructor. Nuggets of pertinent information are summarized in boxes that present “Fast Facts in a Nutshell.” The appendices provide valuable and useful material for the novice instructor. Instructors can preview templates that will assist them with organizing an orientation day, a clinical student assignment, and written assignments. In short, this book will help you, the clinical nursing instructor, introduce your students to their new career. It will provide guidance as you oversee their gradual development into professional caregivers. Finally, we hope that it provides the needed support and assistance you need to effectively teach future nurses in their clinical courses.

Eden Zabat Kan, DNSc, RN

Susan Stabler-Haas, MSN, RN, CS, LMFT

## Acknowledgments

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I am indebted to the many undergraduate and graduate students I have encountered over the years. You have all inspired me and are tied to my life forever. Thank you to all my friends and colleagues at West Chester University for giving me the support and friendship to become the teacher that I am today. Thank you for helping me make a living doing something that I love so much. I especially enjoyed working with Susan Slaninka. Thank you for taking my calls and sharing your wisdom when I needed it. You are proof that effective and successful teachers can also laugh and smile a lot. To my good friend Susan, it is still hard for me to believe that our many lunch or “after-clinical” chats about teaching in the clinical setting has led to this wonderful outcome. Thank you for being a true partner with this writing endeavor. I cherish our friendship. And finally to my wonderful husband, Dexter, I am blessed to have found you.

Eden Zabat Kan, DNSc, RN

I wish to thank all of my students whose feedback over the years has helped to shape this book. I also would like to thank my husband, Joe. Special thanks to Chris, my son, and my family and friends for all of their encouragement and support. To my coauthor, Eden, no one could ask for a better coauthor. Thanks to Susan Slaninka for all of her support over the years and for writing the Foreword to our book.

Susan Stabler-Haas, MSN, RN, CS, LMFT

## Part I

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# Appreciating Your New Identity

From Caregiver to Educator

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# Chapter 1

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## Developing a New Identity as a Clinical Nursing Instructor

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### INTRODUCTION

*Both the novice and the experienced nursing teacher need to modify their mindsets on many occasions. They need to shift their actions from the delivery of quality care of patients to the delivery of quality education to students who will one day provide patient care. This chapter introduces the “top ten” facts essential for clinical nursing instruction.*

*This chapter presents a questionnaire for your completion. After answering the questions, you will find explanatory information designed to enhance the development and refinement of your identity as a clinical nursing instructor.*

**In this chapter, you will learn:**

1. How to begin the transition from staff nurse to clinical nursing instructor.
2. The basic facts of clinical teaching.

You have just begun a journey from staff nurse to clinical nursing instructor. Or, perhaps, you have been a nursing instructor who always felt the need for more information, more guidance, and more specific examples and plans to successfully instruct your students. Throughout this book, you will learn concrete and useful information that you can use immediately—even on the same day that you read it.

To begin, you should ask two questions:

1. What may be required for my transition from staff nurse to nursing clinical instructor?
2. Which of the following facts do I feel are important?

## QUESTIONNAIRE

Place a T for true or an F for false next to the following facts below. Then, review the answers that follow the questionnaire.

- \_\_\_\_\_ 1. I will need to prove my clinical competency on a daily basis.
- \_\_\_\_\_ 2. I will contribute to the nursing profession.
- \_\_\_\_\_ 3. I must be friends with my students.
- \_\_\_\_\_ 4. My students must always like me.
- \_\_\_\_\_ 5. The unit's staff nurses and aides should be happy to take guidance from me.
- \_\_\_\_\_ 6. I want to be familiar with the unit and the staff before I bring my students to the clinical setting.

- \_\_\_\_\_ 7. I must know every detail about every client that my students care for.
- \_\_\_\_\_ 8. I must supervise every procedure and almost all interactions between my students and patients.
- \_\_\_\_\_ 9. I will earn much more money in this position.
- \_\_\_\_\_ 10. All of my students will be motivated to learn as much as possible.

### ANSWERS TO THE QUESTIONS: TRUE OR FALSE?

1. I will need to prove my clinical competency on a daily basis.

Some of you are transitioning from practice as expert staff nurses. Others are tenured professors, academic experts who need additional guidance in supervising students and in grasping the many facets of clinical instruction. Whatever your background, the first item for a clinical instructor to remember is that you will have to supervise clinical experiences with student nurses. The students you will encounter, whether in a two- or four-year program, are novice learners. Learning to refrain from performing any nursing skill or procedure for the student learner will be a major challenge. If the student is having a problem performing a basic clean dressing change on a wound, for example, you may be tempted to take over and complete the procedure. Resist taking over! Many seasoned clinical instructors will tell you, “Think more like a teacher and less like a nurse!” Your own professional goals of clinical competence should be tempered. Keep in mind that your role

in the clinical setting is to enhance student learning by supervising (and not performing) skills. This involves using teaching learning strategies to enable the student to perform the clinical skill with knowledge and eventual competence.

An effective clinical instructor uses these strategies, such as “questioning,” “role playing,” and “interactive discussion,” to improve students’ thinking and problem solving skills. This is not an easy task. Being a good teacher requires much practice and learning.

### Fast facts in a nutshell

- Think more like a teacher and less like a nurse!

## 2. I will contribute to the nursing profession.

Many nurses become clinical instructors without realizing that time is required to transition to the role. Part of the transition is learning the duties and values of that role. According to the AACN (2001), clinical instructors have, at a minimum, a practice focus and a commitment to decision making and critical thinking pedagogy. **The practice of clinical education is highly valued in this current environment of nursing shortages.** Whether you are a part-time or full time clinical instructor, you are contributing to a profession that is greatly in need of successful instructors who can teach students how to effectively care for their patients.

### Fast facts in a nutshell

- The practice of clinical education is highly valued at this current environment of nursing shortages.

### 3. I must be friends with my students.

If you go into clinical teaching thinking that you can be “friends” with your students, then your tenure in this role will be short. As a result of the combined objective and subjective nature of clinical instruction and evaluation, friendships with your students can lead to difficult situations, particularly during the evaluation periods. Remember that each school’s curriculum establishes many clinical objectives. If you share outside activities with students, you will expend energy that should be focused elsewhere—energy that should be used to enhance your students’ clinical competence. In the unfortunate event that you may have to discipline or correct a student under your tutelage, it will be more difficult if you have not maintained the “boundary of teacher:student.” **Keep personal information about yourself to a minimum.**

### Fast facts in a nutshell

- Maintain the boundary of teacher:student.
- Keep personal information out of the clinical setting.

#### 4. My students must always like me.

Face it, we all want to be liked as teachers. However, you should first focus on the clinical objectives for your students and place less emphasis on whether students “like” or even “appreciate” your efforts. Wouldn’t you rather be the teacher who instills a memorable learning experience? **Focus instead on the “aha” moments of your students**—moments when your clinical thinking questions led to further student inquiry and successful application of concepts! Once you experience this moment, you will be hooked on teaching. You will realize that friendships and being “liked” cannot replace this feeling of accomplishment.

#### Fast facts in a nutshell

- Wait for the “aha” moments!

5. The unit’s staff nurses and aides should be happy to take guidance from me.

Staff personnel, nurses, and aides are familiar with required routines at their clinical agencies and are knowledgeable about their work. Although they are not happy about changes in policy or procedures, they will adapt in time. Thus, they will eventually accept you and your students and be willing to alter their routines a bit. However, they will not be receptive to verbal direction or recommendations from a clinical instruc-