

Ready, Set, Teach! How to Transform the Clinical Nurse Expert into the Part-time Clinical Nurse Instructor

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Abstract:

Many schools of nursing are hiring part-time clinical instructors with little or no teaching experience. Although they contribute greatly to student nurses' clinical experience, many do not realize the commitment they are making when they accept such a position. If key issues are addressed before new part-time clinical instructors begin teaching, the transition could be made more smoothly. An in-depth orientation, awareness of the need for preparation for clinical rotations, and strategies to assist students in achieving course objectives can guide new instructors as they begin this venture. Preparing new part-time clinical instructors from the beginning will give them a more accurate picture of clinical education, increasing their recruitment and retention and providing students with quality learning experiences.

Keywords: Nursing Education | Instruction | Clinical Experience

Article:

It is no secret that there is a current shortage of nursing faculty (American Association of Colleges of Nursing, 2005; Hessler & Ritchie, 2006; Kelly, 2006; Kowalski et al., 2007; Lewallen, 2002; Pierangeli, 2006). With the economic downturn, many schools of nursing lack funds to hire additional full-time faculty. As a result, they are making increased use of part-time clinical instructors, both as direct hires and by forming partnerships with clinical agencies through which staff nurses in the agency serve as part-time clinical instructors (American Association of Colleges of Nursing, 2005; Kowalski et al., 2007; Lowe, 2005). Staff nurses may join the school of nursing either as part of their regular job within the health care agency, or as a separate, second job. Part-time faculty may hold a variety of roles, but the most common is clinical instructor (Creech, 2008). Many clinical experts decide to teach based on their love for bedside nursing and their desire to foster the growth of new nurses. However, their teaching experience may be limited (Kelly, 2006; Kowalski et al., 2007; Lewallen, 2002; Mann, 2004). Without a clear understanding of the role of the part-time clinical instructor, both the instructor

and the students can suffer (Kowalski et al., 2007). Part-time clinical instructors face particular challenges in areas such as evaluating students, documenting student progress through the semester, and grading clinical work (Duffy, Stuart, & Smith, 2008). Schools of nursing can ease the transition from clinical expert to clinical instructor, retain part-time clinical instructors, and provide consistently excellent learning experiences for students by spending extra time preparing nurses to assume the faculty role, whether they contract with health care agencies to use staff nurses as part-time clinical instructors or hire their own part-time clinical instructors. This article discusses issues that part-time clinical instructors face and proposes a checklist for orientation for these faculty.

Literature Review

Numerous articles include useful tips for new faculty in the classroom (Di Leonardi, 2007; Mann, 2004) and help faculty to make the transition from a community college to a university setting (Zambroski & Freeman, 2004). The importance of mentoring new nursing faculty has also been discussed (Jacelon, Zucker, Staccarini, & Henneman, 2003; Lewallen, Crane, Letvak, Jones, & Hu, 2003; Zambroski & Freeman, 2004), and literature is available on innovative teaching strategies for faculty new to teaching (Cangelosi & Whitt, 2006). However, little in the literature addresses the preparation of new part-time clinical instructors for their role. Most new full-time faculty receive an orientation, and ideally, this orientation includes nursing policies and procedures as well as content on classroom and clinical management (Hand, 2008). However, because of their other job responsibilities, part-time clinical instructors may not be able to participate in the orientation that new full-time faculty have, so a specific orientation plan for part-time clinical instructors is essential. Clearly, to retain part-time clinical instructors and provide quality learning experiences for students, schools of nursing must ensure that these faculty understand their role and are met with few surprises as they begin their new venture.

Orientation to the Clinical Instructor Role

New clinical instructors should have an orientation to the school of nursing as well as a clearly stated job description (Kelly, 2006; Lewallen, 2002). This orientation should begin with the school of nursing's philosophy and the ways in which this philosophy shapes the program's curriculum, objectives, faculty role, and expected outcomes (Lewallen, 2002). Understanding the school's beliefs about education will assist new clinical instructors. Instructors should receive a copy of the student handbook. They need to be aware of policies, including attendance, dress codes, discipline, academic honesty, and confidentiality. Abiding by the school's philosophy and the student handbook will ensure consistency among full-time and part-time instructors.

Orientation is also a good time to discuss the role conflict that may occur during the transition from clinical expert to clinical instructor. Clinical experts often have extensive experience precepting new graduate nurses, with a focus on preparing them to be autonomous and competent in caring for a group of patients. Because of this experience, the clinical expert who is

now a clinical instructor may expect student nurses to be able to perform at the same level as a new nurse, or to turn the student into a “little nurse.” The role transition may be especially difficult for clinical experts who have little or no teaching experience. Understanding the curriculum and the content that is being taught in the classroom can decrease this role conflict (Hessler & Ritchie, 2006). Therefore, part-time clinical instructors must be aware of the course content, objectives, learning outcomes, and sequence of courses.

The academic background of part-time clinical instructors can vary, depending on the type of student to be taught, the setting, or the state within which the clinical experience occurs. Some states require that all faculty, even part-time clinical instructors, be master’s prepared, whereas others require only a baccalaureate degree (North Carolina Board of Nursing, 2008). If the students in the clinical group are undergraduate students in a pre-licensure program, the part-time clinical instructor might be a staff nurse. If the students are seeking an advanced practice role, the part-time clinical instructor may hold an advanced practice credential. Regardless of their credentials, part-time clinical instructors may be new to teaching in a nursing program. Therefore, they need formal guidance, support, and orientation.

Kelly (2006) found differences in students’ ranking of the teaching effectiveness of full-time and part-time faculty. Part-time faculty were considered more likely to focus clinical activities based on current clinical practice or their own personal experiences as student nurses, instead of emphasizing the application of classroom concepts to practice through specific teaching strategies. Part-time clinical instructors may be more familiar with the routine of the nursing unit than with the course objectives and therefore may not emphasize applying concepts to clinical situations. The study found that part-time clinical instructors were less effective in facilitating clinical learning, were not as involved in their faculty role, and were less likely to use teaching strategies such as questioning (Kelly, 2006). Often, new part-time clinical instructors are proficient clinically, but do not know how to work well with beginning students (Bell-Scriber & Morton, 2009). Nursing students are still learning and may not be proficient in many areas. Therefore, clinical instructors should be aware of students’ limitations and the skills and experiences that are a priority in each clinical experience, and should be given a clear understanding of the expected outcomes of the students’ clinical experience.

Clinical instructors may face challenging situations as early as the first day of teaching. Thus, the orientation period is an ideal time to discuss ways to deal with various situations, for example, difficult students. Some students are challenging, even for experienced instructors, and they can take new instructors by surprise. How should the instructor handle a student who is not prepared, is unsafe, or is unprofessional? In these cases, the answer may be straightforward, but what about borderline students who demand a lot of attention, constantly need reminders, are disorganized, have a difficult time relating theory to practice, or show little initiative in the clinical setting? The new clinical instructor may have a difficult time recognizing issues that are vague until the student’s clinical rotation is nearing the end. Even if the instructor recognizes the issues early in the rotation, a new instructor may not know how to address these issues and guide the student.

The instructor may recognize only that something is lacking in the student's performance. An orientation that includes examples of these student behaviors and ways in which they were handled in the past would save time and reassure instructors when they find themselves in that situation. In addition, every part-time instructor should have an experienced faculty member to consult when questions arise.

Institutional policies should also be reviewed during the orientation of new clinical instructors. Even when instructors are employed by the agency in which they will teach students, they may not be aware of policies specific to students. These may include orientation to the agency for clinical instructors, medication administration guidelines, documentation, and taking a physician's orders by phone or in person. Must the instructor observe all medications given, or can the student give medications with the staff nurse? What about injections? Can a staff nurse observe these? Can the student assist a staff nurse with invasive procedures, or does the instructor need to be present? What are the policies for charting, and what is the instructor's role in co-signing those charts? Can a student write a physician's order in the chart? Do these guidelines change as the student progresses through the program? For example, can a senior-level student start an intravenous line with a staff nurse, although a junior level student needs to be with an instructor to do this? Many clinical experts have experience in working with new graduate nurses who are allowed to perform these skills because they are licensed. However, nursing students may have a completely different set of guidelines, and this information must be conveyed to the clinical instructor before the clinical rotation.

Preparing to Enter the Clinical Setting

There have been many changes in clinical nursing education over the last century. No longer are nursing students free labor working in an apprenticeship role under the guidance of staff nurses. Now, the clinical instructor is the authority figure who must ensure that students learn how to apply theory to practice (Tang, Chou, & Chiang, 2005). Clinical education occurs in a variety of settings, each with its own set of learning objectives and outcomes. The part-time instructor must know what the student has already been taught, and for this reason, understanding the course sequence of the curriculum and the content of the courses is important.

Faculty should avoid referring to courses simply by their course numbers when speaking with new part-time clinical instructors. Telling a new instructor that students have already had, for example, Nursing 115 and Nursing 120, is not nearly as helpful as saying that the students have learned basic assessment skills in the introduction to nursing course, or basic nursing assessment of well adults. This lets the new instructor know that students should be able to obtain vital signs, perform bed baths, and carry out a physical examination. However, the students may not be able to interpret unexpected findings, such as abnormal laboratory values or an abnormal finding during a physical assessment. Students may recognize the finding as atypical, but may not understand its meaning. Part-time clinical instructors should be given a copy of the course

syllabus, textbook, and any other materials for the clinical course they are teaching. This will help to ensure that expectations for students are consistent across clinical groups.

The new clinical instructor may also need guidance in selecting student assignments. Some instructors prefer to go in early on the clinical day and select patients for students, some go to the site the day before to select patients, and some pair students with a nurse and let them choose their patients after hearing the shift-to-shift report. If the nursing program allows individual instructors to choose the method for selecting student assignments, the new instructor should be given some guidance as to the pros and cons of each method, or the method the program prefers. A part-time instructor who must go in the day before to select patients may need to adjust the schedule to meet other commitments. Some programs may prefer instructors to select patients at the beginning of the rotation, but allow students to pick their own patients according to their learning needs at the end of the clinical rotation. An overly eager new instructor may benefit from a few basic, but helpful tips about selecting patients. Letting the instructor know that every student does not have to have an exciting patient every day shows the instructor that it is acceptable to find an “easy” patient now and then. In working with a clinical group, instructors often need to rotate students with complicated patient assignments so that all students have an opportunity to meet course objectives and the instructor can handle supervision and teaching of the entire group. Suggesting that instructors keep a log book with the types of patients each student cares for will assist them to make sure that all students have an opportunity to care for a variety of patients. In addition, it is advisable to have a backup plan for students in case their patient is discharged.

Figure 1. Sidebar Orientation Checklist for Part –Time Clinical Faculty

<i>Orientation to job responsibilities</i>
• Salary and benefits
• Required meetings to attend
• Contact person for questions and advice
• Required job activities other than clinical hours
• Peer and supervisor evaluation process and criteria
<i>Orientation to the course and clinical unit</i>
• School philosophy and its relationship to teaching at this institution
• Curriculum sequencing
• Course syllabus, textbook, and course materials, including specific clinical objectives and evaluation tools
• Clinical unit requirements and orientation to the clinical site
• Student handbook and policies
• Teaching and clinical evaluation tips and resources

It is also important to have a realistic discussion about time management. Melrose (2004), recognizing the importance of clinical education, advised full-time faculty to designate a set

amount of time every week to plan for clinical activities. Part-time instructors need to do this also. Clinical instructors cannot be with all students all the time. However, suggestions about ways to engage students intellectually during their downtime and ways to have one-on-one time with students who may need extra guidance will go far. New instructors may want the clinical day to mimic what a “real” nurse does, and thus might not allow enough time to observe some students in various patient care situations, or to interact with other staff members. Finding time to check students’ charting can also be difficult. Instructors may benefit from guidelines, such as how many students can realistically give medications on a given day or the point in the clinical experience when it is best for a student to shadow a staff nurse to see how the nurse organizes and prioritizes the day.

Many seasoned clinical instructors have a list of topics for post-conferences that they refer to semester after semester. Others have acquired the ability to prepare for post-conferences during the clinical day, based on experiences that the students had that day. However, new clinical instructors may not know what to discuss during pre- and post-conferences, especially during the first semester. The instructor needs to be able to identify areas for discussion as well as stimulating ways to present these topics. The more interactive the post-conferences are, the more likely students are to engage. Some schools of nursing have handbooks for clinical instructors that include information such as how to conduct a pre- or post-clinical conference as well as other teaching and organizational tips (Beitz & Wieland, 2005; Pierangeli, 2006). Additionally, part-time clinical instructors should learn about the process of clinical teaching, grading, and helping students learn in the clinical setting (Bell-Scriber & Morton, 2009).

Evaluations

Another area that may challenge part-time clinical instructors is the clinical evaluation process. According to Kelly (2006), evaluation of students’ clinical performance can be both complex and emotionally charged. Clinical instructors may be asked to grade nursing care plans, concept maps, drug cards, case studies, self-evaluations, or narratives about the pathophysiology of patients. Most new instructors are familiar with care plans. Concept maps, however, are relatively new. New instructors may find them confusing compared with traditional care plans, and might welcome guidance about grading them. When student narratives on the pathophysiology of disease processes are incorrect, should the clinical instructor simply mark them wrong or explain why they are wrong?

The new instructor should be told how much time it realistically takes to grade a student’s work. If grading one student’s work normally takes 30 minutes to 1 hour, then the instructor may spend 8 hours or more grading weekly assignments. The time required to grade work, combined with the instructor’s uncertainty about how to go about the grading process, is the perfect setup for a miserable experience. This can be avoided by informing the part-time instructor of the time required for grading work and assigning a mentor to work closely with the new instructor while grading those first few assignments.

If instructors are expected to meet one-on-one with students for evaluation purposes, this requires more time and they should be forewarned. New part-time instructors may not have any experience in giving evaluative feedback, especially in situations that are often graded as “pass” or “fail.” They should be given a thorough review of students’ clinical objectives, the clinical evaluation form, possible midterm evaluations, and final clinical evaluations.

New instructors should also be made aware of the evaluation process they may undergo from students, peers, and supervisors. Reviewing these criteria early in the relationship helps the instructor to decide what information to collect throughout the semester (Lewallen, 2002).

Figure 2. Key Points

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1 Schools of nursing are hiring more clinical experts as parttime clinical instructors.
2 Part-time clinical instructors may have little teaching experience and therefore need a thorough orientation.
3 If part-time clinical instructors are given a thorough orientation, faculty satisfaction and retention will be increased and student learning will be optimized.

Nursing school administrators should also fully explain the payment process, especially as it relates to workload. Many nurses who work at the bedside are paid hourly. Most part-time clinical positions run the length of the semester. New instructors are often told that they will be paid a certain dollar amount per hour for a certain number of clinical hours per week or semester. Thus, part-time instructors may feel that their “off” time has been imposed on if they are spending 5 to 10 extra hours each week preparing for the clinical setting, planning pre- and post-conferences, and grading clinical paperwork. Informing new instructors that they will receive a certain amount of money for the teaching, grading, and preparation required for the semester, as well as attending mandatory faculty meetings, gives the position more of a salaried feel.

Conclusion

All of these suggestions may seem like common sense to long-time faculty members, but part-time clinical instructors may see the situation differently. They may assume that, as part-time clinical instructors, their only commitment will be the time they spend with students in the clinical setting. New instructors may feel stressed and frustrated if they find that clinical teaching is not what they expected. Providing an in-depth orientation to the school’s program, philosophy, course sequencing, course content, and expected clinical outcomes, as well as time management tips and suggestions for dealing with difficult students, increases the likelihood that the new clinical instructor will be successful (Sidebar).

This effort contributes to the new part-time instructor's satisfaction and leads to more successful student experiences. Creating an environment within which clinical instructors thrive benefits the school in the recruitment and retention of instructors for this much-needed role in nursing programs.

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