WHAT MAKES A GREAT CLINICAL INSTRUCTOR pdf

1: Characteristics of effective clinical educators - ClinEdAus

Outstanding clinical instruction is vital to a learner's growth and development. Many qualities of outstanding instructors, identified in Sutkin's article [1] and elsewhere [], help educators in or outside the emergency department be successful.

Remember what it was like to be in their shoes, not knowing too much and expected to remember everything! Good Luck to you! I would also like to add that an instructor needs to add a human side to it. I went in not knowing what to expect clinically. I have taken courses before that discussed mental illness but had never seen it in reality. I had an awesome instructor and will share the qualities I found important. Be fair, be realistic in your expectations of your students and their reactions to this area of medicine. It is hard to understand that these patients are ill, as they present as healthy in appearance, which is so unlike anything I had seen thus far. Be willing to listen to the students, use constructive ways to teach them this subject. We learned a lot through case studies.. Be willing to share your experiences. Do not comprimise on professionalism, some students will take any comprimise and run with it! Demand professionalism, and confidentiality. We actually had an issue with this, a few of my clinical classmates had a problem with loose tongues and unfortunately the instructor had to babysit, which hurt my experience. Expect the students to KNOW the meds, we have to be prepared. I agree with all the posts above. I think a relaxed but professional environment will encourage expression amongst your students. Encourage them to journal to you personally even.. I loved this one on one my instructor took for just me and my thoughts on this clinical area. I hope this helps some. I walked away with so much, I think it took an open mind and an open heart. Is demand professionalism and when you lay down a rule or a deadline stick to it. I know everybody complains about the harda es but they also respect and enjoy the class more or at least I do maybe because I started the professional part of my program a week after I left active duty 2. Short answer questions on the test at least half of it. Short answer will give them and you a true idea of what we know and how well we can apply it. Full Time Student Joined: I Can Tell that you will be a wonderful one just by the fact that you are posting this question out here for students to look at. This shows that you genuinely care about how to get the best educational experience to your students! I think the most important things are: Remember what it was like to be a student. Treat each student as an individual and get to know them, make yourself available to them if they need to see you in private. And most of all Constructive Criticisms, Students want feedback and want to know if they are doing something wrong the first time but in a gentle manner. Our clinical instructor from last semester gave each one of us a chance to discuss our pt and our plan of care. Then the whole group would ask questions, and provide constructive criticism. It really helped when, say, one of your interventions was not achieving the desired result. Sometimes someone looking at it from a fresh perspective can suggest changing something that you would not have thought of. Some of the students in other clinical groups said they really did not go over pt care during their conference time, they focused on skills. Once they heard how our conferences were organized, they felt that they would have benefited from that type of discussion. I think it is great that you are seeking info to make the best possible experience for your students. As others have said, that in itself shows that you are a caring person, and caring people make the best teachers! Psych nursing is difficult to teach because at times it is not measurable. Clear, concise objectives would probably make all the difference in the world. I think the NCLEX books made the class more fluent, as well as her real word examples that she would slide in as we were going over a particular topic. Thanks for asking, your going to be one of the best. I remember what it was like to be a nursing student. Of course that was thirty years ago and I would never treat a student the way that we were treated. I want my students to enjoy their psychiatric rotation and most importantly learn the power of therapeutic communication.

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2: What Makes a Good Law Professor: A Student Perspective | Best Practices for Legal Education

As a nurse, you are already ahead of the curve if you're interested in becoming a Nurse Educator. After all, you already know most of the material. Becoming a nursing instructor is also a great way to change careers into something with more flexible hours, less physical strain, and better pay.

The students also listed feedback as important as well as supervisor understanding that students learn at a different pace. Students noted that developing trust was critical for them. When I asked the students what they would not appreciate from their supervisory experience, these are some of their comments: Learning does take time and students, like us, learn at very different rates Learning is engrained with repetition, reinforcement, and with exposure to a variety of experiences. For effective learning, the authors noted that the student must be ready to learn, involved in the process, and be focused and motivated. Feedback should always be constructive, timely, and integrated with knowledge. A longitudinal qualitative study by Gray and Smith in the Journal of Advanced Nursing examined the qualities of an effective mentor from the perspective of student nurses. They noted that there was a scarcity of empirical research that focused on mentorship. This study looked at a program of education that led to the diploma of higher education in nursing in the United Kingdom. The cohort was 10 students from the Scottish College of Nursing who were interviewed on five occasions over their three-year course of study. There were an additional seven students who volunteered to participate in the study and to keep a diary of their experiences. The key elements that these students felt good mentors exhibited are shown in Figure 1. Once again these statements discuss supervisor attributes but also list ineffective teaching strategies such as demonstrating poor teaching skills, having no structure to the teaching, and setting unrealistic expectations. At the end of the study, these same students were asked to reflect and comment on their future roles as preceptors. They were asked what they would do as a supervisor. As you can see from Figure 3, this list had less preceptor attributes and more strategies relating to teaching. Burns and colleagues surveyed a large number of nursing preceptors and these are some of the challenges that they noted. Rapid pace with multiple demands on the preceptor Teaching and learning is variable as cases vary in type, number, complexity Lack of continuity Limited time for teaching and feedback Learning may not be collaborative with preceptor Limited opportunities and time for reflection Learning may not be at an optimal pace for the student These challenges seem to be similar to those we experience in audiology clinical practice. Our clinics also have a rapid pace and our cases vary in type and complexity. I think we would also agree that learning is not always at an optimal pace for students depending on the type of setting and the level of learner. Categorized Levels of Learners Burns and colleagues classified students into three categories - Beginner, Transitional Learner, and Competent Proficient, and noted some key points about each group. The Beginner student may do more observation initially, be given more routine and straight forward cases, and be assigned to prepare the basic components of a given evaluation. Some students will be very tentative at this level and require more nudging. Others may be very assertive even though they have very little experience. At the Transitional Learner stage, the preceptor may step back somewhat, have less need to provide input about the basics, give the student more complicated cases, and allow the student to decide on the key aspects of the evaluation. The Competent Proficient Learner has begun to develop solid skills in many areas, demonstrates improved clinical judgment, and can begin to generalize across patients. They are more flexible and integrative with their thinking and generally more efficient. At this point, the preceptor is allowing for more independence and the teaching strategy is to focus on pattern development and generalization across patients as well as to increase critical thinking. Teaching Strategies As we review specific teaching strategies, think about which ones you currently use and with which level of learner. With Modeling, the preceptor demonstrates the skills with patients as the student observes. Less experienced students begin to see the transition of classroom knowledge into the clinical setting. Although this is a strategy used with early students, using Modeling with more advanced students can also be beneficial. Advanced students can develop more integration of complex problems and issues, use critical thinking, and active listening. While this is a relatively passive strategy, it can be very powerful for all levels of learning. Modeling allows the preceptor

and the student to act as a team through discussion of the case, development of a differential diagnosis, and making appropriate recommendations. Using the strategy of Case Presentation Burns et al. Case presentations are effective with every level of learner. The level of the sophistication of the presentation increases as the student gains more knowledge and experience. Collaborative Learning - Simulations. Collaborative Learning through Simulation Gibbons et al. The preceptor develops a case or selects a case, and the student works with the preceptor to discuss a possible case history, evaluation strategy, possible diagnoses, and recommendations. The student and the preceptor share in the decision making. This strategy can be used with all levels of learners, with straight forward cases for early learners, and more complicated cases for advanced learners. I like this strategy with beginners. I tell them that there is no wrong answer, but rather that this is a collaborative, brainstorming exercise. The preceptor may be more involved with the early learner in this strategy and take a step back with more advanced learners. For early learners, this is a positive, confidence-building exercise. Sink or Swim approach. This strategy might not be very effective with a beginning student, but would likely work well with a transitional student who needs some nudging to move their skills along, and certainly with a more advanced student. With an early student, the level of anxiety would probably be quite high if the student is given great independence with very little experience. Students who have been involved in this approach, even early students, have told me that while they did not necessarily appreciate the Sink or Swim approach, it did force them to rely upon their knowledge and skills, and to be confident in what they were doing. In a fast-paced environment, there is not much time given to reflection. We often expect students to make sense of everything quickly. Depending upon the level of student, they may need more time to reflect on the clinical details to understand how it all fits. They need to take the information, think about it, integrate it, and apply it to the appropriate patient or scenario. Even very advanced students complain about the lack of time to "make sense of things. In giving the student time to reflect it is imperative for them to be able to generalize information and to develop the crucial critical thinking skills necessary for more independent practice. In Self-directed Learning, the students develop their own goals, their own questions, and likely develop their own plan on how to accomplish these goals and questions. This strategy is likely most effective with transitional and competent proficient learners, those who have had more experience and better developed skills. Those students have a better understanding and judgment of their learning needs. Early students generally need more guidance with their learning. Often when you ask a beginning student what they want to learn, the list is endless, and not always relevant to the most important skill for their point in time of learning. Self-assessment is a skill that we begin teaching with early students. While initially, the self-reflection may not be very objective, over time the student learns to assess their strengths and weaknesses in their performance, and to develop their own strategies on how to improve upon them. Late learners do this on a daily and consistent basis, assessing each skill to refine their performance with little prompting from their preceptor. Direct Questioning is an excellent technique to develop critical thinking skills, as long as the questioning is not perceived as a grilling. Questions, such as, "What do you think? What are some possibilities? Why do you think that? Give me an example. How could you handle that differently? The preceptor can assist the student with formulating information based upon the answers to apply to other cases. Both the preceptor and the student can provide rationale for specific questions and techniques that were used or will be used to demonstrate how conclusions were reached. The student basically describes their thought process or technique. This is a good method for developing critical thinking skills and can be used with all levels of learners. The One-Minute method is a technique frequently used in medicine, particularly when time is short, thus the name. This technique has been written about by many authors and validated. The student is able to draw upon all resources and to critically assess the case. The preceptor then provides immediate feedback about what was correct and provides generalized information in which the student can apply to later cases. Here is how the one-minute method works with some learning goals. In this case, the student makes the decision regarding the case and the preceptor says, "What do you think? One aspect of this method that I use frequently is teaching the general principle by stating, "The key point I want you to remember is The last aspect of this method is the preceptor reflection and I use this as well. At the end of each case, I like to say to the student, "What is the most important point that you learned from this particular case? Assigning Directed

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Readings is especially good for early learners given the limited experience with certain kinds of patients, pathologies, and techniques. I like to use this with students both beginning and advanced. For example, you may see a patient with a rare pathology and ask the student to read a particular article, or research the subject and write a short synopsis. This gives an opportunity for the student to teach you, also. Generally later learners will do this on their own without prompting from the preceptor. A few weeks ago, I asked a beginning student to research the topic of hypothyroidism and its effects on hearing and learning in young children. The student needed to be directed to do this review while a fourth-year student would have had the inquisitiveness to do this without prompting Coaching. With Coaching, the preceptor guides the student verbally through a test or procedure. The intent here is to keep the student safe and efficient with a technique they have not yet mastered. For example, my beginning student is currently enrolled in a vestibular course and is seeing VNG patients with me in clinic. I have done considerable coaching on equipment set up, running the computer, and giving patient instructions as the student does not yet have the knowledge or skill to complete the entire procedure. Journaling is a strategy that I use with my fourth year students as a way to stay informed about what they are doing at their site, and also as a way for them to express their thoughts about the week. Early in the year, the reflections are generally a run-down of the week. Later, their reflections become more of a collaborative thought process of what they have generalized over time and more about the big picture of their clinical work overall. Feedback is the final strategy I will discuss.

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3: 10 Qualities of a Great Nurse Educator - Nursing Link

A good instructor is one who shares in your enthusiasm to learn, nurtures your confidence, remembers what it's like to be a student and doesn't make you feel stupid or inferior if you make a mistake.

Those professors who perennially fall within student disfavor seemed to be the ones that were most highly regarded by their colleagues for their teaching skills, and vice versa. Additionally, since my perspective only comes from one law school, it would be great to hear whether these ideas relate to students in your schools as well. Common considerations used when choosing courses are: Is this a subject on the bar? Do I have to do the work assigned to do well in the course? Does the teacher use the Socratic Method or just lecture? Good professors recognize where their respective courses tend to fall in this academic caste system and adjust their teaching strategies and course objectives accordingly. Good Professors respond to questions with answers. Sometime shortly after the first year of law school the supernatural glow emanated by professors lessens, if not disappearing entirely. To the student, the law is no longer a theoretical question of why, but rather a practical question of how. So, it should be no surprise that busy law students like straightforward answers, as evidenced by bar exam review course strategies. Professors who attempt to consistently teach by answering questions with questions, and turn class time into mental gymnastics lose the respect and interest of their students, not to mention confuse the hell out of them. Good professors may deflect the question to the larger class for purposes of discussion, but in the end always answers the question directly, or clearly states that there is no definitive answer. Good professors are perfect now, but once were not. Students expect a lot from their professors. Undoubtedly students hold professors who demonstrate a mastery of their subject in higher regard than those who do not; however, students do not appreciate those professors who are arrogant in their expertise. Like an attorney who simplifies language for a lay client, a good professor identifies when subject matter, that may be logical to the professor, is not reaching the students. Also, good professors are able to empathize with students having difficulties with course material and relate their own past difficulties with the body of law in question. At the very least this gives students incentive to learn the material in the hopes that one day they can have a thorough understanding of the material too. Good professors are entertaining. Good professors are ones that are able to keep the classes attention no matter how mind-numbing the subject matter. Though it may be unprofessional, or even juvenile, overly animated professors who run up aisles to demonstrate methods of personal service, or who fake attacks to demonstrate the difference between assault and battery, give students a visual model to accompany the boring statutory distinctions. Students do not expect these antics in every class, the anticipation that they may miss a joke, or an outrageous action is often enough to keep at least a satisfactory level of attention by most students. To sum it up, I believe the average law student would say that the attributes that make a good law professor are the same ones that make a good person, such as compassion, intelligence, humility and humor, just to name a few.

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4: Becoming a Successful Field Instructor

Video depiction of good and bad clinical instructors in Cardiovascular Perfusion Full video is available at AMSECT U under Clinical Education Eligible for Continuing Education Units.

A bad instructor is She supports them, and even though they may be fearful or insecure, enables them to achieve their goals. Encouragement, support, being there, enabling A good instructor will point out your faults and will take the time to explain correct procedures and rationales with you. She is very picky she Grabs them by the arm and spins them around out of frustration. And she was just forced to resign from the program I am in. At least the error of her ways were dealt with appropriately! I hope you get someone super supportive to take her place! She had a way of finding your weakness and then pushing that button over and over until you made it your strength. I learned the most from her because she made you learn. She made me and independent learner and a stonger person. I will be a better nurse because of her!!! THey are also very supportive, caring, etc. My good clinical instructor was friendly and helpful. She respected the skills I had and helped me to work on the ones I needed to work on. She made me feel like a human and made me feel important. She listened to what I said and made constructive but not demeaning comments. My bad clinical instructor would show up late to clinicals and talk on the phone. She would yell at students in front of patients, nurses, other staff, and other students. Usually the student did nothing wrong and never was a patient put in jeopardy. Talked about other students to other students in a negative way. She picked on everything that anyone did no matter good or bad. She would not allow you to ask other nurses questions we were supposedly bothering them but then she would give incorrect information. She made me feel like crap and made me almost cry once. You were not allowed to ask questions in front of a patient because the patient might realize you were a student. My best instructor was very laid back. She was very straight-forward about how procedures in the "real world" can not be expected to look like what we did in Lab.

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5: What makes a good clinical student and teacher? An exploratory study

communication skills good rapport know the methods of delivering care Slideshare uses cookies to improve functionality and performance, and to provide you with relevant advertising. If you continue browsing the site, you agree to the use of cookies on this website.

This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. Clinical learning environment is a complex social entity. This environment is effective on the learning process of nursing students in the clinical area. However, learning in clinical environment has several benefits, but it can be challenging, unpredictable, stressful, and constantly changing. In attention to clinical experiences and factors contributing to the learning of these experiences can waste a great deal of time and energy, impose heavy financial burden on educational systems, cause mental, familial and educational problems for students, and compromise the quality of patient care. Therefore, this study was carried out with the goal of determining the learning challenges of nursing students in clinical environments in Iran. In this qualitative study carried out in â€", 18 undergraduate nursing students were selected by using purposive sampling method from the Faculty of Nursing and Midwifery of Tehran and Shahid Beheshti Universities. Semi-structured interviews were used to collect data. The content analysis method was used to determine relevant themes. These two themes included insufficient qualification of nursing instructors and unsupportive learning environment. In various aspects, it is effective on the development of professional nursing. Therefore, it is used widely in teaching and learning of undergraduate nursing students. These events occur within a complex and dynamic learning environment, called as the clinical environment. Hence, for ensuring the usefulness and effectiveness of clinical environment in learning, these factors must also be specified and reviewed. Thus, most of the students are unable to handle or finish the course in the required and defined time. Studies have shown that most of the learning environments, despite having many benefits for nursing students, do not provide a positive learning situation for nursing students. The results of Dehghan Nayeri et al. It was mentioned that there was not much attention to the learners and aspects of their learning. Students are invaluable sources of information about the quality and the effectiveness of educational endeavors. Reviewing their experiences can improve the quality of education and learning. Failure to meet these expectations is the inhibiting factor in teaching and learning. Most of these challenges can affect their learning in different aspects. Therefore, this study was conducted with the aim of determining effective factors on clinical learning qualitatively. Qualitative research is the best approach in order to explore the ideas and values among different social groups. The inclusion criteria were students with a history of at least one semester of clinical practice and willingness to participate in the study. Primarily, we selected the study participants from forth-year students who had considerable experience of the study subject. Then, the other participants were also selected by using snowball sampling. Sampling with maximum variation was performed to obtain a wide range of experiences and views. The samples were selected from both genders and from the second, third, and fourth academic years. The age range of participants was between 18 and 24 years; nine students were in fourth year, six in third year, and three students were from the second year. Data gathering This study has been approved by the ethics committee of Tarbiat Modares University. The aim of the study was explained to all of the participants. They were also informed that participation in this study was voluntary and whenever they wanted, they could withdraw from the study. They were also assured that all the interviews would remain anonymous and confidential. Meanwhile, before participating in the study, written informed consents were obtained from all participants to participate in the research and have their interviews recorded. Semi-structured interviews were used to gather information. This approach, in comparison to quantitative methods, can lead to deeper understanding of the phenomenon under study. The duration of the interviews varied between 30 and 90 min. The interviews were conducted individually in the interviewing room of nursing faculty. Some examples of open-ended questions to start interviewing undergraduate nursing students included: What factors are affecting your learning in bedside? Explain the situation or circumstances. What factors have negatively

affected your learning? There were also follow-up questions for further collection of the desired details and increasing the depth of interviews. At the end of each interview session, the participant was asked to add any supplementary information not addressed by the interviewer. This question included the individual experiences of the students or any other extra things. Collecting data and analyzing them were performed concurrently, and the interviews were stopped after obtaining data saturation. Depletion process of data began simultaneously with data collection. Immediately after each interview, the interviews were handwritten word by word. Then, for drowning in data and to obtain one general sense about the data, the interview transcripts were reread several times. Each interview was analyzed before the next interview. Meaningful units were extracted from the statements of participants that included their experiences. Line by line, the interviews were read and encoded. Then, the codes with similar meanings were grouped into subsets. The subsets were placed inside narrower sets based on similarity, compliance, proportionality, and relevance. Finally, the analysis process was completed with determination and clarification of themes. Trustworthiness Trustworthiness is an important component in the process of a qualitative research. For this purpose, credibility, dependability, confirming the ability, and transferability were evaluated. Control procedures were used by qualified personnel peer checking for validation of the data. For this purpose, the interviews were coded and classified independently by the authors. Then, the themes were compared with each other. In the absence of agreement in connection with the themes, the authors held discussions to reach a principal agreement. Besides peer-checking, we also used the member-checking method for establishing credibility. For this purpose, after analyzing each interview, a summary of the codes and obtained themes was given to the individual participant. The participants were asked to confirm the extracted codes with the expressed experiences and ambiguous cases were resolved. The method of comparative analysis of continuous data was used to check the validity of data. Also, the researcher tried to have theoretical sensitivity and a high critical thinking during the period of data collection and analysis to obtain valid and reliable data. For this purpose, the researcher tried not to remove the relevant data intentionally or inadvertently and not to put irrelevant data in the analysis process. Continuous involvement with the subject and the obtained data, in addition to performing sampling with maximum variation among the students selected from different academic semesters increased the credibility of data. Accordingly, we asked two outsiders who had similar experiences of the study subject to determine the congruence between the study findings and their own experiences. In order to verify ability, the researcher recorded and reported the research process and the route of decisions accurately to provide the opportunity for others to investigate. The first theme included four categories: Inadequate preparation, inadequate clinical supervision, inappropriate approach in using instructional strategies, and distorted evaluation process. The second theme also consisted of four categories: Non-supportive interpersonal communication, lack of access to direct experience, traditionalism in clinical behavior, and stressful psychosocial environment. The following sections show the meaning of each theme and sub-theme with relevant quotations. These factors reduce the ability of the instructors for training and providing an environment for effective learning in students. Our knowledge was more than her regarding reading the ECG and medications. For example, when we would have an explanation of one drug for each other, the instructor opened her notebook and began taking notes to this extent. In this field, a student stated: I wanted the instructor to come with me. But, when I tried for a few times and the blood stopped, I did not continue. It was interesting that she herself did not know and could not do. So, when the instructor did not know, how could she teach me to learn? Therefore, the ward personnel did not allow either the instructor or the students to do any work. So, learning opportunities would be lost for the students. The instructor was illiterate and his reputation in the ward was ruined. You do not have to do anything. According to our participants, irresponsible or incompetent instructors strive to detach themselves from clinical education. Accordingly, our participants were complaining about the poor attendance of some instructors at clinical education courses, the loss of learning opportunities, and the sense of being abandoned in clinical settings. Most of the students were complaining about the insufficient presence of instructor in clinical wards, being abandoned in the wards, and wasting the opportunities to learn. They come in the morning. Then they go and come back at noon. Only one time they come and go quickly. They leave the students in the ward. Of course, it is true that we work on our routine procedures, but we are not able to

understand things or read the files or understand something out of the file. They do not introduce any new cases. We have been abandoned for long times and they have been following their own work. This also makes the student to experience the feeling of being not useful and not having any worth.

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6: TOUGH CLINICAL INSTRUCTORS | Surviving Nursing School | www.enganchecubano.com

Students come to the clinical experience with definite expectations of their clinical instructor. In a recent study by Gignac-Caille and Oermann (), students identified the following characteristics of effective clinical instructors.

You get reenergized about being a social worker by seeing the world through their eyes. There are several keys to success for new or aspiring field instructors. The following tips were offered by field instructors and field educators who recently spoke with Social Work Today: Schools of social work have eligibility requirements for field instructors, and these requirements vary among institutions. For example, schools may require a certain number of years of post-MSW experience or accept only licensed social workers. New field instructors also may be required to attend field instruction workshops or classes. Field instruction takes a serious investment in time, typically at least one or two hours per week in supervision with students plus additional time for providing feedback on student assignments, preparing evaluations, and attending meetings with field education staff. Successful field instruction also requires providing meaningful assignments and opportunities to students instead of seeing them simply as cheap or free labor, says Maribel Quiala, LCSW, director of clinical services at Fort Lauderdale Hospital in Florida. This role as teacher includes helping students connect classroom knowledge with real-world experience and using student mistakes as learning opportunities. Effective field instructors not only should be able to impart knowledge but be open to learning from students, says Heather Carroll, MSW, LICSW, clinical manager at Transitions, a substance abuse program for homeless adults operated by the Boston Public Health Commission. Social work students have different styles of learning, and field instructors unwilling to adapt to different learning styles will likely face resistance, Thomas says. Time spent working with students not only requires a sacrifice on the part of field instructors but one from their agencies as well. Field instructors are not alone in their work with students. Field education staff members are there to support instructors and serve as important resources who can be consulted if questions or problems arise during field placements. Field instructors should also take advantage of any training and opportunities to meet with other field instructors, Zimmerman says. Yet, she adds, field instructors must be honest about the harsh realities of the profession as well as truthful about their own limitations as professionals. The prospect of telling students who have their heart set on social work that it may not be for them can be frightening for newâ€”and even veteranâ€”field instructors. For example, a field instructor may start by addressing his or her concerns with the student and creating an action plan to address those concerns. Asking a student to leave a program does not necessarily mean that the student could never be a good social worker. Instead, Rubin says, these students are often facing work, family, or other personal issues that impede their progress as professionals.

7: Top 10 Qualities of a Great Psychologist | www.enganchecubano.com

Students expect their clinical educator to guide them in making observations, applying theory, reaching conclusions, selecting and performing interventions, and evaluating outcomes.5 A passion for our profession makes teaching easier and more effective.

In a recent study by Gignac-Caille and Oermann , students identified the following characteristics of effective clinical instructors: Demonstrates clinical skill and judgment. Does not criticize students in front of others. Recognizing the Stress in Clinical Practice Research indicates that clinical practice is extremely stressful for students. The teacher should always remember that learning in the clinical setting is a public event. Students can not hide their lack of understanding or skill as they might in class. Feelings of inadequacy, and concern about making an error and harming the patient are common sources of stress, but the other major source of stress which students consistently comment on, is the instructor. Initially, all students are intimidated by clinical instructors. Because even the kindest clinical instructor is seen as a threat by students, you need to work on establishing a supportive climate for learning in the clinical setting, to develop trusting relationships with students, and to be aware of your own behaviors and actions that may add to student stress. Even if you are feeling stressed, you must try not to let it show. Students identify the ability to remain calm as an important characteristic of clinical instructors Davis et al. As an instructor, you should be modeling the same values and behaviors which you expect your students to demonstrate. If one of the behaviors you expect to see is caring behavior toward patients, then it only makes sense that you also demonstrate caring toward students, as well as patients. Although the philosophy of many nursing programs is based on caring and holistic values, nursing students and their instructors often relate to each other in an adversarial manner Diekelmann, Adult students are not prepared for the rigid and oppressive atmosphere which has historically surrounded nursing education. They resent being treated like children, and feel that they should be respected for the life experience they bring with them to nursing Hayden-Miles, Working together as adults, they then were able to create partnerships in which there was mutual respect and trust. Students felt comfortable approaching instructors with questions and admissions of errors, and the instructors trusted that students would do so. Assured that their instructors always would be there to help them, students were more willing to try new things. Their confidence and self-esteem were enhanced, and they looked forward to the clinical experience, as well as to the day they would graduate. The students viewed their clinical instructors as partners in education who shared their knowledge and expertise and guided them along the way Hayden-Miles, , p. Acting as tyrannical rulers, these instructors controlled the students and meted out punishment when students did not meet their expectations. The students felt subordinate to the instructors, whom they could not trust. The relationship was such that it transformed the primary objective of the clinical experience from caring for patients to avoiding the instructor at all costs. The students spoke of learning little or nothing from these experiences and of losing confidence in their ability to perform Hayden-Miles, , p. Using Humor Helps A study Hayden-Miles explored the meaning of humor for nursing students within their relationships with their clinical instructors. The students in the study described humor as a positive experience. You may be uncomfortable with the idea of humor in the clinical setting. Yes, teaching students and caring for patients is serious business, but I believe that the judicious use of humor can really lighten up a very stressful situation. An instructor with a sense of humor is seen by students as human and much more approachable. Please keep in mind however, that ridicule and sarcasm is not humor. Questions, Questions, Questions A huge part of clinical instruction involves answering and asking questions. Fran, where do I find the soap? Fran, the Kardex says the patient is to get 3 liters of O2. How do I know when the 3 liters are in? You just get used to the constant questions. Of course, the questions should get less frequent and more sophisticated as the student progresses through the course and through the program. Even the best instructors though, can sometimes break under the shear volume and basic level of questions they receive. Just try to remember, that if you are getting a lot of questions, that is a good thing, because that means that students see you as approachable. If students are afraid to ask you questions, you need to be worried. No matter how frustrated you may feel with a particular student, it is better that they

ask the question than to be afraid to ask, then make a mistake and hurt someone. You too, must ask questions of the student. I highly recommend that you read the module on Critical Thinking, as it goes into detail on the concept of Socratic questioning. You must use good judgment in these situations, and explain the answer to the student, rather than belittling them or leaving them hanging. Along with asking questions, listen carefully to what the students say both to you and to patients, staff and peers. Observing and Assisting Students With Skills Skill performance is a major focus for nursing students, especially beginners. As instructors and experienced nurses, we know that there is a lot more to being a nurse than giving a shot or performing some other skill. I have a distinct memory of my first semester as a teacher, when I was in the skill lab and observed an experienced teacher teach the lab on sterile asepsis. Even though I had done hundreds of sterile dressing changes, and done them competently, I could not have listed all the principles of sterile asepsis, such as never reaching over a sterile field, and the outside one inch of the field is considered contaminated, and anything outside your line of vision is considered contaminated, etc. I was wide-eyed in amazement that this was the level at which I needed to approach my teaching with the beginning student. I had to break down each skill into small steps that could be stacked like building blocks to create the whole. More complex skills could be taught on the basis that the concepts contained in this skill were the foundations for further skill and knowledge development. I still consider that day a kind of epiphany in my teaching career. Often this means, proactively talking with the staff and assuring that they do not do the procedure before the student has a chance to. Because students are often slow, staff may assume it is not going to be done and need reassurance that it will be. One of the hardest parts of being a clinical instructor is to watch an awkward student perform a new skill and refrain from jumping in and taking over for the student. It can take an infinite amount of patience sometimes. This gives me the chance to anticipate where the student may have difficulty. I then give a few helpful hints, and we enter the patient room together. Once in the room, I try to keep my hands folded, watch carefully, have an air of calm reassurance, and provide words of encouragement along the way. Gentle prompting is usually helpful to the student and does not distress the patient. Be cautious not only about what you say, but how you say it. A useful technique is to talk the patient and or family through the procedure. This distracts the patient from focusing on the student, and at the same time provides slightly hidden prompts to the student. You may need to step in and assist the student with a certain aspect of the procedure, without taking over entirely from the student. After assisting, step back into the coach and observer role. This happens most frequently in more complex sterile procedures, such as foley catheter insertion or complicated dressings. I carry a package of sterile gloves in my lab coat pocket so that they are immediately available if I need to assist. There are occasions when you must intervene, and you must be prepared to do so quickly. In a calm voice, tell the student that you will finish the procedure, and give them direction on what they should do. Refrain from frightening the patient, and make every attempt to prevent loss of face by the student. Whenever students have completed performing a skill, whether it went well or not, be sure to take them aside and give feedback on how they did. Praise what they did well, point out what could be improved, outline the steps they should take to polish the skill, or identify what remediation should take place before the next clinical experience. I do not allow students to give me that much power. The idea that they have control over how they respond in a situation may be quite revolutionary to some students. Try to get them to take back their power, by viewing future situations in a different way. As any good nurse knows, the easiest way to deal with mistakes is to prevent them from happening in the first place. The following are common pitfalls and suggested preventive practices: Cross them off, as the students give them, that way you can keep track along the way. Place students in written counseling for failure to follow the 5 rights. This prevents giving pt. A meds to pt. Be sure to check that none of the students has the keys before students leave the floor. Be sure that the nurse manager has your pager number, or some way to reach you in case there is a question after you have left the unit. Jones and Bartlett Publishers. Coping as experienced by senior baccalaureate nursing students in response to appraised clinical stress, Journal of Nursing Education, 41 6 , Smith, C.

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8: Your definition of good clinical instructor and bad one | allnurses

A lot is learned in your first 5 years as a therapist. Surround yourself with great mentors and the clinical lessons will help you grow as a professional.

Although they worked in vastly different settingsâ€”from large hospital systems to small private practicesâ€”in cities large and small, treating patients and clients of all ages, distinct themes emerged. Here are their tips for making the most of clinical rotations: You are there to learn. Your job is to learn as much as you can from your CI [clinical instructor] and fully embrace the experience of treating patients in that setting. You made a commitment of 3 years of your life so that you can help other people improve their function. Seek out settings and experiences that challenge you. She was more than happy to set that up for me. You have to remember you will only get out what you put in during your time on rotation. Use those weeks to your advantage! It might be that you want to learn the business side of the practice. Or maybe you want to learn a technique that your CI knows well. Strive to improve yourself, not prove yourself. Go in with a good attitude and absorb as much as you can. Take the time to look up answers. It is important to realize no one is expecting you to be a master clinician right out of the gate. As a student you should prepare for the many mistakes you will make and be humble enough to learn and grow from them. Have patience with yourself and practice what you find difficult. Take responsibility for learning from your CI. Ask for time to study in the clinic if you need it. Ask for 1-on-1 time. They became a CI because they want to teach, but you have to let them know how. And ask as many questions as possible. If your CI sees that you are trying, they will more than likely be happy to help. Keep an open mind. Learn to communicate with the people you treat. Often you will be the first person to explain their diagnosis to them in a way they can understand. The problem is most people take years to get back to learning. Dedicate the first 5 years of your professional life to soaking up knowledge. Embrace it, because it will facilitate new learning opportunities.

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9: Qualities of a good nursing instructor? | allnurses

"The mediocre teacher tells. The good teacher explains. The superior teacher demonstrates. The great teacher inspires." â€• William Arthur Ward Deciding to become a clinical instructor (CI) is a decision that should not be taken lightly.

Sometimes it does seem as if the instructor is out to get you. The first thing you need to establish is whether this will be a battle worth fighting. If not, then you should ignore the instructor and get through clinicals as fast as you can. Try to learn how this particular instructor wants work done. If they want you to do a procedure their way, then do it. Clinical instructors are usually tough on you so that you can be the best nurse you can be out the door. If an instructor is constantly picking on you in class and in clinical setting, there are some th-ings that you can do. If other students witness this and are willing to put it in writing, then that would be great. But most students would be afraid of retaliation or causing trouble. You will not win unless this is a new instructor and she is in probationary period, or you have support for an unethical or serious complaint. Know the procedure, if she corrects you just do it, as long as it is not totally wrong or harmful to patients. You can "discuss" your difference of opinion later in pre or post conference. People that push their power around by inappropriately "bullying" people, are usually secretly insecure inside, and crave respect. You will learn that some nursing school policies have a conflict of interest clause. The goals of a clinical practicum include knowledge and skill development in areas of clinical practice, administration, education and research. In clinical practice experience, the student role should takes precedence. The key issue is that new learning is occurring to meet course objectives. During a clinical practicum, a real or perceived conflict of interest may occur. Guidelines are intended to minimize the possibility of a conflict of interest occurring. Unless conflicts between the students and the instructors can be successfully managed, they will certainly result in negative outcomes for the students. The conflict management styles of the students should be recognized in detail in order to attain positive outcomes in regard to the conflict management styles. Steps to resolve conflicts 1. To be a careful listener, avoid these barriers to effective listening: Assimilate- To work out a mutually agreeable solution, both of you must realize that you may not be completely right or that you may be wrong entirely. Try these three strategies to help you see all sides: Think first; speak second. By giving a calm, well-reasoned response, you can defuse a highly emotional situation. Ask what her suggested resolution is. Then offer your own.

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