

# Developing a New Identity as a Clinical Nursing Instructor

**B**oth novice and experienced nursing teachers 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 11” 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:

- How to begin the transition from staff nurse to clinical nursing instructor
- 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 yourself two questions:

1. What may be required for my transition from staff nurse to clinical nursing 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. 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 patient 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.
- \_\_\_\_\_ 11. I do not need to prepare for any simulation experiences with my students.

## ANSWERS TO THE QUESTIONS: TRUE OR FALSE?

---

1. *I will need to prove my clinical competency on a daily basis.*  
False. 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 2- or 4-year programs, 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 and 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

With your students, think of yourself as a clinical teacher rather than a caregiver.

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

True. Many nurses become clinical instructors after realizing that they already have been contributing to advancing academic goals by assisting student nurses who have clinical rotations on their floor. Or some nurses may serve as “preceptors.” Many schools have academic partnerships with hospitals, and the hospital nurses serve as preceptors who work side by side with student nurses. A student nurse may follow a preceptor’s shift hours. This student–preceptor relationship is usually offered in independent course work, part of a scholars program, or embedded into a clinical practicum close to graduation. Many times, these preceptors offer to teach students because they themselves are taking graduate classes or hope to work in academia one day. Graduate education is the general preparation requirement for employment in most programs. However, state boards of nursing, school standards, and professional organizations can influence academic preparation requirements for

employment (Penn, Dodge-Wilson, & Rosseter, 2008). Whether you are a part-time or full-time clinical instructor, you are contributing to a profession that is in great 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 in this current environment of nursing shortages.

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

False. 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 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 and help them meet clinical objectives. 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.*

False. Face it, we all want to be liked as teachers. However, stay away from focusing on whether students “like” or “dislike” you. Clinical instructors may be so focused on this that they forget the main goals and objectives of the course they are teaching. You

should focus primarily on the clinical objectives for your students and place less emphasis on whether students like, or even appreciate, your efforts. Don't get stuck on a student who dislikes you and is not as friendly or "warm" as your other students. This may be upsetting and cause emotional stress and worry that can affect your teaching and attitude toward your clinical group. 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 these moments, you will be hooked on teaching. Feelings of accomplishment is positive energy and much better for your emotional happiness than worrying about being "liked" or "disliked."

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

False. 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 instructor. If you want to communicate with the staff, ask the nurse manager for the proper procedure.

If, however, a staff member "corrects" you or a conflict develops, try to resolve the issue professionally. Although staff nurses also model professional behavior, you are the daily role model for your students. Remember this when you observe a procedure that is being done incorrectly and you want to provide input based on your practice experience. Recall that you are first a teacher and second a nurse. For those new to the clinical instructor role, this is one of the hardest lessons to learn.

Your major goal as a clinical instructor is to teach your students. You are not there to teach the nurses or ancillary staff! If you do so, your energy is being misdirected. Instead, direct all your energy to your students. You need some degree of humility. Your goal is to facilitate communication among staff and students, so steer clear of any conflicts. Rather, focus on teaching and preparing your students for success in the practice arena.

**Fast Facts in a Nutshell**

You are not there to teach the nurses or ancillary staff.

6. *I want to be familiar with the unit and the staff before I bring my students to the clinical setting.*

True. It is often a prudent practice to go for a “trial run” before you drive to an unfamiliar spot. For example, many people drive to the location of a job interview a day or two in advance to make sure that they know of any detours or potential problems on the route. Similarly, it is vital for any instructor, whether new or familiar with the hospital unit, to visit the unit before the first clinical orientation day with the students. Call the nurse manager and arrange to visit for at least half a day. The nurse manager may meet with you for a brief period, during which you should be prepared to explain the clinical objectives of the course and provide the names of the students with the assigned clinical hours for the term or semester. Also be prepared to ask questions. It is his or her “turf!” You are a guest! Remember that!

You may want to go through a “full shift” with a willing, veteran nurse, thereby becoming familiar with the “culture” and routines of the unit. The bonus is clear: You will have an experienced nurse ally waiting for you when you return with your students.

**Fast Facts in a Nutshell**

Familiarity with the hospital unit and its staff is an essential element for student learning.

7. *I must know every detail about every patient that my students care for.*

False. Remember that the staff nurse is ultimately responsible for the patients, not you! You need to know times of medications, safety information like “code status,” NPO (nothing by mouth) status, necessary lab specimens, general diagnoses, and precautions, such as isolation standards. You cannot know all there is to

know about the 10 or more patients being seen by the seven or eight students in your group.

Encourage your *students* to assume the responsibility for learning about their patients. It is the student who needs to feel the “pressure” of the obligation to thoroughly read the nursing documentation forms and to check with the primary nurse about the patient. Your job is to foster and encourage the student to gather the patient information and remember it throughout the clinical day.

### Fast Facts in a Nutshell

Encourage students to be responsible by having them thoroughly review each patient’s chart, medication list, and care plan.

8. *I must supervise every procedure and almost all interactions between my students and patients.*

False. You will be setting yourself up for failure and frustration very quickly if you try to practice this philosophy. Although you will need to supervise most medication administration, intravenous medication responsibilities, and new procedures (e.g., insertion of a urinary Foley catheter, insertion of a nasogastric tube, changing of a sterile dressing), you cannot be everywhere all of the time.

In fact, depending on your schedule, you may sometimes allow the staff nurse to supervise your student in putting in a urinary Foley catheter or changing a sterile dressing. For example, you may be supervising one student’s administration of intravenous medications when you are notified that another student needs to insert a urinary catheter immediately. If you have established a rapport with the primary nurse, whom you believe to be trustworthy and professional, and he or she offers to supervise your student, allow it to happen. You need to trust the staff nurses while broadening your students’ experiences.

### Fast Facts in a Nutshell

Do not expect to see and supervise each student task.

9. I will earn much more money in this position.

False. You may very likely earn less money initially than your graduating seniors do. This is not a lucrative field, except in the area of satisfaction. As we mentioned earlier, when one of your students has that “aha” moment, it will be worth the pay cut. Remember also that you will be working an academic year, with academic appointments for possibly 8 or 10 months. You will have opportunities to teach in the summer and develop new courses, which can boost your finances and your self-esteem. You may also be offered to teach in the classroom or help out in the lab. If you choose to seek a tenure-track full-time appointment, your salary will increase incrementally and possibly more quickly. If you work in an academic institution that has union representation for its professors, this is more likely to be true.

Many opportunities exist to increase your income. You can publish, work as a staff nurse during periods off, consult, and work part time for one clinical rotation in a different nursing school. All of these expand your horizons. This is an important judgment call for you.

### Fast Facts in a Nutshell

Financial gain should not motivate you to become a clinical instructor. Rather, your motive should be to skillfully and effectively teach students to be successful nurses.

10. *All of my students will be motivated to learn as much as possible.*

False. Sad to say, this is not always the case. Some students will have other life issues that interfere with their ability to devote the time and energy needed to a clinical nursing rotation. Others may not have realized what “nursing” really encompasses and may stay in the major just to graduate and get a job. These students, however, will be in the minority. You will receive satisfaction from the wonderful students who truly are motivated to learn and who will work extremely hard under your guidance. They are the future nurses of whom you will be proud and who will make teaching worthwhile for you. There is no greater satisfaction than to realize that your former students are surpassing you in knowledge—that they have become nurses whom you would want to care for you and for your family.



## Fast Facts in a Nutshell

You are helping to educate nurses whom you would want to care for you and your family.

11. *I do not need to prepare for any simulation experiences with my students.*

False. The majority of nursing programs have simulation experiences integrated for all levels of the student learner. Associate and baccalaureate degree programs are using simulation in nursing schools to supplement clinical experiences and to apply didactic instruction just like the traditional clinical experiences. Simulation scenarios are being mapped to course, lab, and clinical objectives of most nursing programs. Clinical faculty will be exposed to this teaching strategy, and thus they will need to understand this very important instructional method. See Chapter 21 for further explanation of simulation experiences in clinical education.

## Fast Facts in a Nutshell

Be aware of the simulation experiences available for nursing students in various types of nursing programs.

This chapter begins to expose the nurse from the clinical practice setting to the many facets of being an educator in clinical education. The role of the practicing staff nurse is complex and full of daily challenges. The transition from practicing nurse to the academic world, supervising and teaching students, is equally challenging with dynamic issues that involve agencies, student policies, and patient care. These issues are tackled by having specific information that may be explicit and readily available to the teacher, but more often, information is lacking and gaps remain. Many seasoned educators (including the authors) continue to believe there are not enough resources and support for practicing nurses when they face this transition. Gaps with information still remain. This chapter and this book is a start toward bridging that gap, to serve as a resource in supporting nurses who have begun to embrace the clinical faculty role in academia.

## Reference

- Penn, B. K., Dodge-Wilson, L., & Rosseter, R. (2008). Transitioning from nursing practice to the teaching role. *The Online Journal of Issues in Nursing*, 13(3), 1–14. doi:10.3912/OJIN.Vol13No03Man03