

Learning to Think Like a Clinical Teacher

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ABSTRACT

Those who are hired to teach nursing students in the clinical setting often learn on the job and may lack a complete understanding of the teaching process. Knowledgeable clinical instruction is critical in facilitating student learning experiences, just as knowledgeable nursing care is crucial for providing safe patient care. Dr. Christine Tanner's clinical judgment model (CJM) illustrates the way practicing nurses develop clinical judgment. Many similarities exist with the way practicing nurses and novice clinical teachers learn to apply judgment in practice. An adaptation of Tanner's CJM (2006) was revealed as a useful framework in supporting the growth of clinical teaching judgment with novice clinical teachers.

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Introduction

Teachers who instruct nursing students in the clinical setting usually receive minimal preparation for the realities of the instructional role. In order to meet the current high demand for clinical instructors, nurses are hired with very little experience in teaching. Nurses frequently move into teaching roles as expert clinicians but may be unfamiliar with educational theory and practice in university nursing programs. Even those with postgraduate preparation in nursing education can find the myriad clinical teaching responsibilities challenging.

Participating in clinical teaching practice can be valuable in terms of gaining experience; however, there is often no deliberate connection to analyze and comprehend the knowledge gathered (Barksdale et al., 2011; Cooley & De Gagne, 2016; Dunphy-Suplee, Gardner, & Jerome-D'Emilia, 2014; Hessler & Humphreys, 2008; Summers, 2017). Recent literature points to the importance of mentoring as a means to support the professional growth and retention of novice nursing teachers, yet in many schools of nursing mentoring is not consistently implemented (Cooley & De Gagne, 2016).

This article describes a project undertaken by an experienced clinical teacher working as a mentor with four novice clinical teachers, using an adaptation of Tanner's clinical judgment model (CJM) as a conceptual framework to help teachers learn and apply clinical teaching judgment (Fig. 1).

Background

Novice Clinical Teachers and Need For Mentorship

Excited to enter the nursing education world, new nursing faculty commonly experience reality shock as they try to meet multiple responsibilities, often all at once. Competency is quickly required to understand the curriculum, plan and carry out teaching, perform assessment and evaluation of students, and assume the professional teaching role (Barksdale et al., 2011; Jetha, Boshma, & Clauson, 2016).

Learning how to teach in the clinical setting can be daunting (Barksdale et al., 2011). Despite having nursing practice experience, novice teachers feel uncertain when faced with the many realities of clinical instruction. Dunphy-Suplee et al. (2014) identified several challenges experienced by new clinical teaching faculty, including student feedback and grading processes, conflicts with nursing unit staff and managing students with learning difficulties. Challenging situations may discourage new teachers from continuing in the teaching role, particularly if they do not receive help through tough experiences (Cooley & De Gagne, 2016). Evaluating students can be overwhelming, especially when students practice unsafely or are demanding regarding grades (Docherty & Dieckmann, 2015). Recognizing and carrying out a clinical failure require diligent recognition and documentation of student performance, which can be unsettling and potentially impact faculty retention (Scanlan & Chermonas, 2016; Vowell-Johnson, 2016).

At a time when the need for nurse educators is vital, many new teachers report role strain and ambiguity when transitioning from practice to education, leading to high attrition rates (Kalensky &

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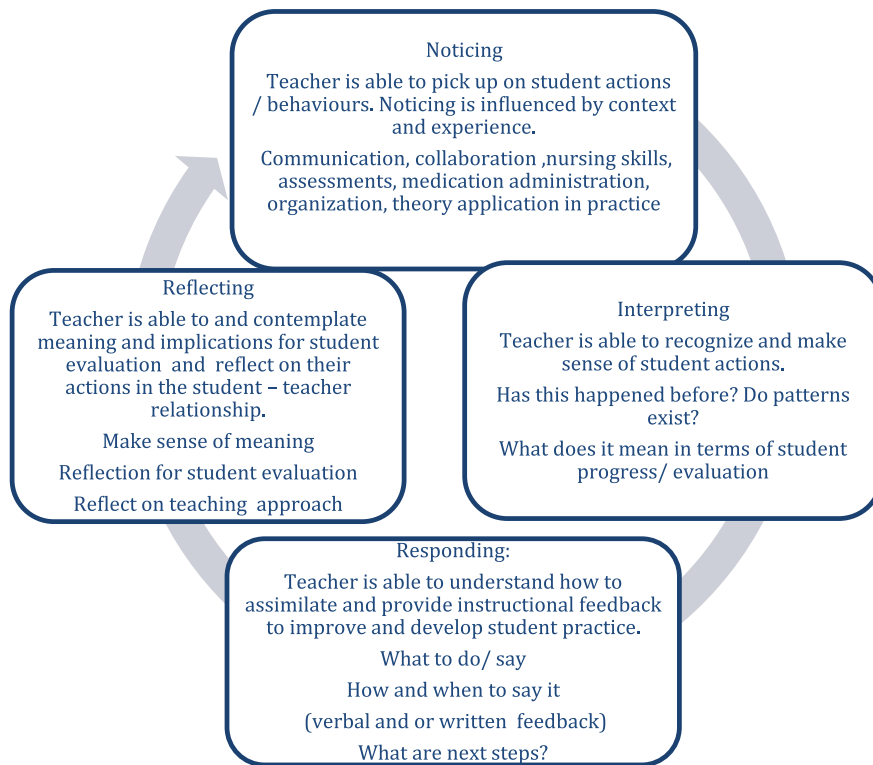


Fig. 1. Clinical teaching judgment model.

Hande, 2017; Summers, 2017). Given the existing and predicted nursing faculty shortage, the need for knowledgeable, competent clinical teaching faculty is well documented (Canadian Association of Schools of Nursing, 2016; Dunham-Taylor, Lynn, Moore, McDaniel, & Walker, 2008; Fang & Kesten, 2017; Nardi & Gyurko, 2013). As a result, it is necessary to create circumstances in which novice clinical teachers are supported to develop the confidence and skills needed to retain and educate the future generation of nurses.

While nursing schools continue to hire apprentice nurse educators, there is seldom a formal arrangement for providing orientation or mentoring (Vowell-Johnson, 2016). Cooley & De Gagne (2016) identify “insufficient knowledge, lack of mentorship, insufficient time, lack of confidence, and discrepancy in expectations” as barriers to the development of novice nurse educator competence (p. 98). Novice clinical teachers often rely on their nursing practice experience, or the way they learned as students themselves, teaching as they were taught (Gardner, 2014). Doing so may disregard essential course requirements, impact the quality of student learning experiences, and affect course outcomes.

Assignment of a teaching mentor has been identified as a valuable way to support and retain novice faculty (Vowell-Johnson, 2016). *Mentor* (n.d.) is defined in the Oxford English dictionary as “an experienced and trusted advisor”. White, Brannan, and Wilson (2010) studied the benefits of mentoring for protégé nursing faculty and affirmed the relationship between mentoring, retention, and clinical competence. Their description of an effective teaching mentor is “one who gives positive, personalized and supportive advice in a caring and connected way” (p. 602). Mentors have much to offer new teachers, providing guidance through everyday events and helping to navigate unfamiliar situations while cultivating methods of instruction. A mentor can assist faculty to understand the ebb and flow of the clinical teaching role, providing sage advice in common situations that are brand new for many novice educators.

Access to a mentor is not always possible or practical and is especially challenging in clinical courses that take place in remote practice settings located away from the main university campus. Our nursing program has several smaller remote campus sites, so it is difficult to provide mentoring and guidance to clinical teachers who are hired from within the same distant locale. Whereas clinical course orientation meetings are conducted jointly from the main campus via video-conference to acquaint instructors with the course syllabus, policies, and procedures, there is no one available on site for consultation. Previous feedback from teachers working in these locations indicated they felt disconnected from the main campus and uncertain in their teaching roles.

In order to support development and retention of clinical teachers in our nursing program, a clinical teaching mentorship project was initiated using an adaptation of Tanner's (2006) CJM as a theoretical framework to guide the development and growth of instructional judgment in novice teaching faculty (Fig. 1). The mentor's approach when working with the novice teachers was to act as a supportive partner and advisor, in order to facilitate the development and growth of clinical teaching knowledge and competence.

Tanner's CJM and Clinical Teaching Judgment

Dr. Christine Tanner's (2006) CJM explicates what it means to “think like a nurse”. According to Tanner, nurses notice, interpret, and respond with nursing actions based on the clinical data they are presented with. Research supporting Tanner's model of clinical judgment reveals important understandings about the roles of nursing knowledge and experience in practice. Several additional factors influence clinical reasoning patterns such as situational context, what the nurse brings to the situation, knowing the patient, and typical response patterns previously understood (Bussard, 2015; Lasater, 2011; Tanner, 2006). Reflection on nursing practice situations are

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