



How to Succeed as an Adjunct Clinical Nurse Instructor

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As nursing programs are challenged to recruit qualified nursing faculty to meet student ratios, “schools of nursing are turning to direct care nurses to fill the gap between academia and clinical education” (Mitchell & King-Jones, 2012, p. 58). This collaboration between schools and hospitals increases access to qualified nursing instructors (Kring, Ramseur, & Parnell, 2013). Termed “adjunct clinical instructors,” these nurses continue to provide direct patient care while also working part-time for schools of nursing as clinical educators.

Staff nurses will find moving into the role of part-time clinical instructor is smoother when

they’re well-experienced and skilled in the assigned clinical field and knowledgeable of hospital policies and procedures, and when collegial working relationships with staff, managers and physicians are already established (Mitchell & King-Jones, 2012).

Orienting and Training

Kring et al. (2013) identify the need for a “formal training program” to enhance instructor effectiveness and professional development of nurses as they transition into the education field (p. 36). Well-established training programs prepare clinical instructors

Abstract Adjunct clinical nurse instructors who are proactive about staying clinically current and who form collaborative relationships with nurses, physicians and other health care professionals are able to teach safe care and engender staff nurses’ trust. It’s important for nurse educators to continually work to remain effective in the clinical setting to provide an optimal learning environment for students and optimal working environment for staff. DOI: 10.1111/1751-486X.12139

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to meet the needs of nursing students and the challenges inherent in the educator role. An orientation program at the least must include introduction to hospital policies and review of school practices. Staff nurses assuming the

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adjunct instructor role will also need education concerning how to effectively communicate and offer valuable feedback to students. Coupling adjunct faculty with a preceptor who is both an expert instructor and competent clinical nurse can be of great benefit during this transition. The combination allows for on-the-job learning with a seasoned resource readily available. Orientation during the semester for a novice level faculty should be one of gradual independence. Initially new faculty may shadow a seasoned educator, then work alongside her and after a period of weeks be assigned their own student group. This model can work well when preceptors are knowledgeable as nurses and educators, supportive as colleagues and make themselves readily accessible for the varied needs of a new instructor.

Overcoming Challenges

Nurses will have to overcome additional challenges when transitioning into a full-time faculty role. Functioning solely as a nurse educator frequently removes instructors from the role of direct care nurse. When clinical educators no longer provide patient care on a regular basis their ability to remain proficient is more difficult. Without regular interaction with the clinical units, full-time instructors will be disconnected from the flow of information regarding changes and improvements that continually evolve in hospital processes.

There are benefits in the education setting when instructors can remain in the surroundings of a known facility and nursing unit. For example, nurse educators working on a familiar clinical unit can more easily collaborate with staff because working relationships

are already established. Networking with nurses, physicians and other staff is a critical component of staying relevant on hospital units. Chan, Chan, and Liu (2012) found that communicating with a variety of hospital employees, both on personal and professional levels, maintains established and builds new relationships that can have positive outcomes on students' integration of theory and practice. Providing patient care in a setting where the instructor has previously been proficient and skilled provides an environment conducive to patient, student and staff needs. Instructors must work to stay current in the clinical setting to remain effective teachers. Further efforts that can help keep full-time faculty abreast of changes include attending staff meetings, picking up hours during the summer or in between semesters and participating in unit educational days.

Additional challenges occur when educators are responsible for student clinical assignments on a floor, which is not their preferred field, perhaps a cardiac or surgical unit. It can be intimidating when faced with unfamiliar diagnoses, body systems, treatments, orders and medications. This may require more preparation time prior to clinical, for researching patients, reading the textbook, preparing information, developing questions to ask students and jotting down questions to ask other faculty beforehand.

Earning Respect and Trust

To succeed as a nursing instructor, one must earn the respect of fellow faculty as well as students, but another priority is establishing or maintaining the nursing staff's confidence. After all, this is their turf. A key characteristic of direct care nurses is that they are protective of their patients. Patients are quite literally theirs for the day and nurses desire to care for them to the best of their abilities. Collaborate with the patient's primary nurse and be her ally in providing safe patient care. Clinical educators can build positive working relationships by introducing themselves, asking staff's opinion of which patients would make good clinical assignments, showing appreciation, displaying concern for patients' comfort and safety, while also demonstrating enthusiasm to teach and respect for the students.

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