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### Participating Organizations:

- Aultman College of Nursing
- Bryant & Stratton College
- Frances Payne Bolton School of Nursing at Case
- Center for Health Affairs
- Cleveland State University
- Cuyahoga Community College
- Hiram College
- Huron School of Nursing
- Lakeland Community College
- Lorain County Community College
- Kent State University
- Marymount School of Nursing
- Notre Dame College
- Ohio League for Nursing
- University of Akron
- Ursuline College

## Nursing Teachers are More Than Just Educators

Both students and practicing nurses alike benefit from the Deans' Round Table Faculty Initiative. Barbara Elliott, MSN, RN has been able to witness and experience both ends of the exchange.

With more than 26 years of experience, Ms. Elliott recently found a place in nursing in South Pointe Hospital's ICU.

"In the ICU, I have had the privilege of working with expert nurses who have taught me more in one year than I have learned throughout my career," she says of her experience at South Pointe.

Ms. Elliott has not only had the opportunity to learn in her profession but also to teach. Recently, through the Deans' Roundtable Faculty Initiative and its affiliation with area nursing schools, she was able to teach nursing students through instruction and first-hand experience in the hospital's ICU.



Making this experience memorable for Barbara Elliott – and something she continues to be enthusiastic about – was the news she received regarding a past student. The director recently informed her that one of her precepted students, Heather Pennington, chose Cleveland Clinic health system as her future employer as a result of the experience she gained in the ICU under Ms. Elliott's guidance.

"There is nothing that thrills me more than seeing new students learn and become successful in the art and science of nursing and caring for others," she says. "It is truly rewarding to be able to pass on knowledge I have acquired over the years to aspiring nursing candidates."

Casting bedside nurses to play the role of teacher and mentor to nursing students is a great tool in recruitment. This allows potential nurses to be socialized into the role of nursing by interacting with patients and other nurses and not merely reading about care procedures in a textbook. "In that way, they learn how to care for the patient as a professional, and they see a staff nurse as a role model," according to Ms. Elliott. "It brings what they've learned in theory into real life. It makes a connection."



Through verbal and demonstrational coaching and some hands-on experience, nursing students in the ICU learn about arterial lines, central venous catheters, telemetry, intravenous medication, wound care and to perform a head-to-toe assessment.

"I was ecstatic when I heard the news," says Ms. Elliott. "It was so rewarding to know that I had contributed to the successful experience of one student."

Eliminating the nursing teacher shortage may help to increase the number of new nurses coming into the system. Because of instructor shortages, many qualified nursing candidates are turned away from degree programs or placed on waiting lists.

The Deans' Roundtable Faculty Initiative gives nurses the chance to work as recruiters and attract newly skilled nurses into our hospitals. During the current nursing shortage, this could prove to not only be a personally rewarding endeavor for nurses but also an invaluable one for hospitals, schools and students alike.

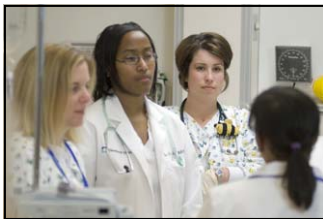
## Ask the Dean; Teaching Challenges

**Guest Educator:**  
**Hope Moon MSN, RN, CNS**  
**Program Director, Registered Nursing Program**  
**Lorain County Community College**



**Dear “Nurse Educator”,**  
 Though I have been a clinical instructor for a few semesters now, I still struggle with student evaluations. I want to be certain I am being objective and not basing my conclusions on personal thoughts or opinions. How can I be certain I am evaluating my students fairly?

**Evaluating Fairly?**  
**In Lorain, Ohio**



**Dear “Fairly”,**  
 Your question is certainly something every educator struggles with from time to time no matter how long he or she has been in education. There is no denying there is a subjective element involved in evaluating students in the clinical arena, but our guiding force and primary focus must always remain the course objectives. Keeping them in mind when monitoring student behavior is essential to the evaluation process.

Formative evaluation is the process educators use

throughout the semester to monitor student progress and provide feedback. As the rotation progresses, provide students with clear, objective feedback about their performance. This can take the form of a discussion after a procedure has been completed, a more formal meeting in the instructor’s office, comments carefully worded on a care plan, or a post conference regarding some element of care with which the entire group is struggling. Make careful, objective anecdotal notes on each student daily to help you obtain a complete picture of his/her growth and improvement, or lack of the same, over the course of the clinical experience. Include not only student problems and deficiencies, but also strengths and successes in these notes to provide you with a clear picture of the clinical experience. Make note of behaviors and situations that you have observed, always recording facts and not personal interpretation. All students make mistakes or need practice at the beginning of a clinical rotation. Your notes will allow you to track their progress over time and determine if new behaviors were sustained, which is the goal of the learning process.

When evaluating students be sure to consider their

academic level. Are they sophomores or seniors? This could determine their level of competency when meeting an objective. For example, a sophomore will be less independent in preparing to pass medications than a senior student, needing more guidance to successfully calculate a dosage or draw up an IV medication. Conversely, senior students should be capable of calculating a simple dosage and successfully drawing up the medication before presenting it to the instructor for review prior to administration.

At the end of the semester the anecdotal notes you have collected, in addition to written assignments, can be used to develop a summative evaluation of each student based predominantly on objective data. However, before you begin the summative process take some time to review the course objectives in a new light. Ask yourself what your beliefs are regarding each objective. Make a note of them for future reference. As you review your anecdotal notes and student assignments determine if the student has indeed met the objectives for the course. If you are not certain, ask yourself if your trepidation is based on your own personal beliefs of how a task should have

been done or if the student actually did meet the objective in a safe, professional, and effective way according to the policies of the school and the hospital in which the rotation was conducted. If your answer is yes, the objective has been met. If it is no, then you can feel certain your evaluation of the situation is correct and your hesitancy is warranted.

Sometimes it’s hard to determine if you are evaluating students fairly and objectively. If you are uncertain, seek the advice of a colleague with more experience who may be able to offer you more insight. Sometimes the mere act of verbalizing your thoughts can help you see the facts more clearly.

Best of luck to you as you continue to teach and share your enthusiasm for the profession of nursing!

**Nurse Educator**



## Faculty Corner; Educator Tip

### Narrative Pedagogy

Barbara Goudie, MSN, RN

Faculty, Huron School of Nursing



Since beginning my teaching career I have been struggling to find a way to help students understand the thinking processes needed to be a nurse. Students often have difficulty applying the content presented in the classroom to real life clinical situations. It is a challenge for the nurse educator to connect classroom content with clinical experiences and describe thought processes that long ago became automatic.

Research in nursing education conducted by Nancy Diekelmann, lead to discovery of a new pedagogy that she called Narrative Pedagogy. Dahlberg, Ekeberg, and Ironside (2003) describe Narrative Pedagogy as a way to create an environment that invites students, and teachers into conversations in which their experiences together are interpreted creating an opening for anything to emerge. Emphasis is not just on sharing or hearing stories but on collectively interpreting common meanings and significances of the story. Use of Narrative Pedagogy in the clinical area

provides students and teachers with a way to reflect in the context of clinical practice.

I have found that in the clinical area, use of Narrative Pedagogy leads to reflective conversations that help students link content heard in the classroom to clinical situations. The bulleted scenarios below describe ways to encourage reflective thinking.

- Both instructor and student write short answers to the following questions on the first clinical day. What brought me to this experience? What am I looking forward to? What am I apprehensive about? Discuss each answer as a group. This technique has lead to many reflective conversations for example, why are male student nurses awkward



ward doing a postpartum assessment when male medical students or physicians don't appear to feel that way?

- During postclinical at a psychiatric facility, one of the students pretends to be a client, another student uses therapeutic communication techniques to interview their peer. The student being interviewed talks about how they feel as they are interviewed, and the interviewer talks about how they felt during the interview. This helps students to reflect on utilization of therapeutic communication, and how it impacts the client nurse relationship.
- Present students with clinical situations that present a paradox, for example in a maternity nursing clinical experience, what are the wider implications if a client refuses to allow screening tests for their baby, although they are mandated by the State of Ohio. This

has lead to discussions about the rights of clients to choose treatment, and the dilemmas of allowing private choice versus the good of the whole.

I have found that use of these techniques has revealed a very high level of thinking in students, and has given both faculty and students a link between the content of the classroom and the real life situations in the clinical area.



#### References:

Dahlerberg, K., Ekeberg, E., & Ironside, P. M. (2003) Converging conversations from phenomenological pedagogies: Towards a science of health professional education. In N. L. Diekelmann (Eds.), *Teaching the practitioners of care: New pedagogies for the health care professions* (pp. 22-55). Madison, WI: The University of Wisconsin press.

## Best Practices in Teaching: Managing Student Errors Or “Houston, I think we have a problem!”

Diane Jedlicka, RN, Ph.D., CNS  
Chair, Division of Nursing  
Notre Dame College



Clinical supervision of nursing students can create anxiety both for faculty and the student. The faculty member wants to help the student meet the course and clinical objectives for the experience and also to provide safe care for the patient. What should you do if the student has made an error?



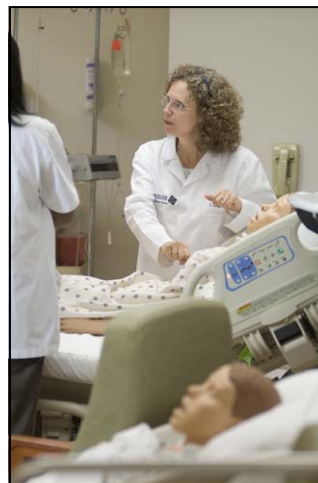
First, ensure safety of the patient. The safety of the patient is your primary concern; for example, if you are at the patient's bedside and the student contaminates a suction catheter, don't let the student continue. Ask the student to change gloves and hand her/him a fresh catheter. Be aware of your nonverbal behavior. If you have an angry or panicked look on your face, both the student and the patient will recognize it. Your anxiety can be transmitted to the student and the patient.

After you have ensured the safety of the patient, as soon as possible, find a suitable time and place to discuss what happened and how to avoid or correct the problem in the future. Allow the student a chance to critique his/her performance; for example, you might ask the student, "How did you feel about suctioning Mr. Jones? What do you think you did well? What would you do differently next time?" Did the student recognize that they had contaminated the catheter? Does the student understand the principles of asepsis? If you don't correct the mistake early, then most likely, the student will repeat the error again.

Finally, don't just focus on the negative, also tell the student what she/he did right; for example, "I noticed that you did explain to Mr. Jones that you were going to suction him and you made sure he was well



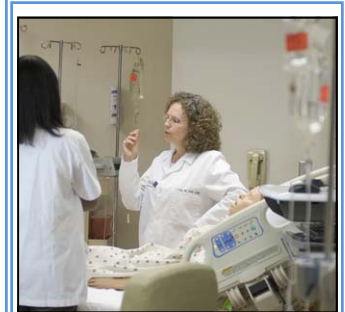
oxygenated before you inserted the catheter." Reinforcement of the positive aspects of the student's performance will help bolster the student's confidence.



able to recognize the alarm but should also be able to correct the situation.

Providing guidance in the clinical setting can be challenging, but it is also very rewarding. As you watch the student progress toward becoming a competent professional, you know you have made a difference. Perhaps, some day they will be caring for you.

As nurses acquire skills they pass through several levels of proficiency: novice, advanced beginner, competent, proficient, and expert (Benner, 1984). Most students remain in the novice level of proficiency. They are still learning. They are not yet expert practitioners. Target your response and your expectations to the student's level of preparation. A beginning first year student may not be able to reset an IV pump alarm, but they should be able to seek out help when an alarm does occur. A student in the final semester of their program, however, should not only be



*First, ensure safety of the patient. The safety of the patient is your primary concern;*

## Faculty Initiative Database Update

We remain very excited and optimistic about the success of the Faculty Initiative Web site. Since going live in May, the number of nurses who have entered their professional profiles has increased from fifty to well beyond two hundred. While the number of courses entered by the schools was initially quite limited, the number of available courses increased to more than fifty at the time when schools were filling their open positions prior to the start of fall semester. In addition to filling clinical faculty positions, Kent State was also able to hire two instructors who are job sharing an on-line nursing informatics course and several assistants were hired for the on-site skills lab. Eventually, 35 nurses were hired into faculty positions for the summer and fall semester.

Another source of excitement is the expanded offering of participation to nurses beyond those employed at Cleveland Clinic. Toward the end of June, Claire Young, Chief Nursing Officer, invited the Chief

Nursing Officers from several local and regional hospitals and health care systems to a breakfast meeting. Following Claire's opening remarks Lisa Anderson, from The Center for Health Affairs, shared data from the Northeast Ohio Nursing Initiative identifying the number of qualified candidates who are turned away from nursing programs due to the shortage of faculty, more specifically clinical faculty, and the number of faculty projected to retire in the next 10 to 20 years. That data was supported by a presentation from Joan Kavanagh, Education Administrator, that looked at the history of the initiative, statistics relevant to the number of nursing schools in Ohio when comparing the nursing shortage in Ohio to statistics at the national level and the number of nurses who will be needed to provide adequate staffing in the coming years. A discussion to gauge interest in participation, along with a question and answer period, followed those presentations. The Chief Nursing Officers were very enthusiastic and had many

positive comments about the innovative approach we had taken to addressing the shortages.

As a direct result of the meeting, presentations have been made to the Nursing Education Council at Akron Children's Hospital, nursing leadership at Akron City, St. Thomas and Cuyahoga Falls General Hospitals of the Summa Health System and the patient care services and nursing administration leadership team at Robinson Memorial Hospital, also a member of the Summa Health System. Leadership at all of the hospitals expressed an interest in offering presentations to their staff nurses, with presentations already scheduled at Akron Children's Hospital as part of their celebration of Pediatric Nurses Week. Our next steps in expanding the initiative include follow-up with nursing leaders at Summa Health System, University Hospitals and MetroHealth Medical Center.

Work is also being done to develop a formal plan to evaluate the effectiveness of

the initiative. Preliminary discussions defined project goals and objectives, identified possible measurement tools and quantified potential methods for collecting data.

If you have not entered your professional profile, you are invited to do so by visiting the Web site [www.clevelandclinic.org/facultyinitiative](http://www.clevelandclinic.org/facultyinitiative) and clicking on the "Apply Now" link.

If you've already completed your profile, we would like to thank you again for your continued support of this groundbreaking work in addressing the nursing and nursing faculty shortages. As a reminder, if you have not completed all of the required fields, you are still welcome to view all of the open courses however, you would not be able to apply for a position until those fields have been completed and the system will not match your profile to any open positions.

***Together we can make a difference!***

## Faculty Orientation Program

### Save the Date!

Our next Faculty development orientation day will be held on Friday, January 11, 2008. If you have not already attended a faculty development session please plan to join us for an exciting day filled with information on the role and responsibility of the clinical

instructor, how to organize a clinical day, strategies for creating learning experiences, evaluating student performance and teaching critical thinking in the clinical setting. The program also includes a student panel discussion that provides a perspective of the clinical experience through

the eyes of today's students. Past participants have found the presentations to be very helpful, particularly in learning how to organize and prepare for instruction at the clinical sites.

Watch for more details and registration information in the December newsletter.



*"Speakers were honest, realistic and engaging. It was a great experience. Thank you!"*