Cleveland Clinic

Faculty Initiative

Faculty Orientation Program: With the Students as Our Teachers

In previous issues of the newsletter we've reviewed our full day faculty orientation program from the perspective of faculty and potential faculty attendees. In this issue we turned the tables; asking one of the participants in the student panel to provide us with her perspective on the day.

In spite of all the positive evaluations our faculty development program has received, we recognize we don't have all the answers. In fact, we don't even have all the questions. So, each time we present our orientation we invite a group of nursing students to join us and tell us, "What do students want? What makes a great instructor from the student perspective?" The answers are sometimes surprising and always fascinating. We thank the four current students who cared enough to spend a few hours with us, reminding us of what it's like to be in the student role and sharing the characteristics they identify in the educator who can instruct, evaluate and inspire.

A Fresh Perspective by Lauren Flaherty

Walking into Lutheran hospital, we four nursing students from Case Western Reserve University were curious and anxious about the question and answer session with prospective clinical instructors we knew was fast approaching. When asked to participate in this session all we were told was to think about what qualities make a clinical instructor strong. The four of us came from different years in our nursing program and we all had different experiences, and different stories to tell.

The freshman in our group, discussed how students need encouragement to get over the "first patient jitters." As a sophomore student, I focused mainly on medication administration and a task oriented clinical day. The two seniors in the group discussed putting it all together and becoming a well rounded, educated nurse. The stories they told were anecdotal and interesting, but nothing compared to the questions they were asked by the prospective faculty in the audience.

The RNs, all interested in becoming clinical instructors, were more inquisitive than any student could have expected. Usually we, the students, are the ones asking the questions. The questions ranged from simple things such as, "what is the best method to keep you focused" to deeper questions about inspiring us to be the best nurse we can be. The candidates made us think about the experience we had so far and what methods provided us the best education.

Each one of us had the same reaction of surprise at the experience of RNs trying to learn from students. The session allowed each of us to tell about our personal experiences and offer opinions that, hopefully, will help future instructors educate their students better.

l to r: Lauren Flaherty, Elliot Rodrigeuz, Ashley Quick and David Schechtman

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

Ask the Dean; Teaching Challenges
Mentoring: It Takes a Village

Guest Educator:
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Dear Nurse Educator:

I have always been advised to have a mentor, but I have two mentors. Is that okay, or should I focus on choosing just one?

Looking for Guidance ~ about Guidance

Dear "Guidance",
Every nurse educator was first taught to be a professional nurse and she most likely excels at the challenges of providing safe, competent care in an ever changing health care environment. However, anyone new to the nurse educator role quickly realizes there are a great many challenges inherent in the role which one may not be totally prepared to manage. Though each professional nurse has received some formal education related to principles of teaching/learning that facilitate patient education, it is unlikely that formal education related to theories of education, curriculum and instruction, outcomes assessment, creation of the learning environment, etc., was completed prior to the first teaching appointment. The honeymoon phase soon ends as the new nurse educator is quickly faced with the realities of teaching. Mentoring of novice nurse faculty can ease the transition from staff nurse or clinical scholar to nurse educator.

The concept of mentoring can be traced to Greek mythology. Mentor, the loyal advisor of Odysseus, was entrusted with the care and education of Telemachus. As the story unfolds, Mentor is later revealed to be Athena, the goddess of wisdom. Thus, the concept of 'mentor' has come to reflect, among many things, 'wise counsel'. A mentor in the simplest sense is a person who, through a collaborative relationship, assists in the growth and development of another.

The mentor-mentee relationship can be established formally as a component of the orientation process or can be established informally through self selection. Faculty mentors are often seasoned nurse educators. However, peer mentoring between novice nurse educators also has benefits which include companionship, sharing, protection, and acceptance. Regardless of the particular structure of the mentoring relationship, the outcomes are similar and may include: achievement of excellence through support of new faculty, identification and utilization of best practices, socialization to the academic community, facilitation of career advancement and further support and development of research interests.

Mentors and mentees need to be energetic, innovative, supportive, accessible, enthusiastic, independent and attentive. A strong mentor values both one's own learning as well as the learning of others. The responsibilities of each reflect their collective commitment to the professional growth of another.

The majority of responsibility for identifying goals and expectations rests with the mentee. Establishing goals for the mentor-mentee relationship will help assure activities and time spent are purposeful. Allowing oneself to be open to feedback and new ideas facilitates greater competence, skill development and career advancement, thus allowing the mentee to get the most from the experience. Vance, as cited by Mahara et. al. (2005), describes the mentoring relationship as a "human connection among people who bring different things to the equation" (p. 24). The experience of having a caring and skilled mentor as a novice nurse educator is largely responsible for my still being a nurse educator today.

Personally, I recommend pursuing formal and informal mentorships with persons of varying skill sets throughout your career. With each person I have allowed to influence my practice, either by serving as a mentor or by being a mentor, I have become wiser, more competent, more caring, more creative and more influential. I am most thankful for the many mentors I have had throughout my professional life and hope I am, and continue to be, worthy of their care and guidance as I mentor others.

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Faculty Corner; Educator Tip
Student Success in the Clinical Setting -
The Role of the Clinical Nursing Instructor

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Most nursing students eagerly await their clinical nursing rotations. They look forward to performing therapeutic nursing interventions and applying nursing actions in the patient care environment. What strategies can we employ to help ensure student success in the clinical setting?

As clinical nursing instructors we play a clear and directive role in the clinical education process of nursing students. The Ohio Board of Nursing has clearly defined the responsibilities of faculty in the clinical setting (Rule 4723-5-20). This rule states that the "faculty member is responsible for planning the student's clinical experiences and for evaluating the student's performance."

Our mission is to help the student's correlate classroom and lab learnings into daily clinical experiences. We can best do this by having a well organized clinical day with appropriate clinical assignments that are conducive to the learning process. Key to a successful student experience is our own preparation and planning, in advance, of the student's arrival on the nursing unit.

We need to ensure that our clinical skills are current, that we have knowledge of the unit, its policies and procedures, the standards of practice and the expectations of the unit nursing staff.

How can we help our students maximize their clinical experiences? First, we need to ensure that they are orientated to the facility and the unit they will be working on. It can greatly reduce the stress level of students when they feel comfortable and are familiar with the setting and staff, and feel welcome as members of the care delivery team.

Next, provide an overview of the clinical experience for the specific clinical rotation. Many instructors find it helpful to prepare an "Informational Packet" containing pertinent clinical and facility reference materials for the students.

Get to know the students assigned to your clinical group. Find out what they want to learn and how they think they learn best. Inquire about their background and previous clinical experiences. By taking a personal interest in the students, you demonstrate interest and caring in them as a person and in their learning needs

Clearly review and define your expectations. Go through the clinical objectives and expected outcomes as outlined in the syllabus. Be sure to address policies and other behavioral expectations you may

have. Be explicit both verbally and in writing! And most importantly, consistently follow through when defined expectations are not met.

Remind your students that they too must be active participants in their own clinical education process. They need to take initiative and become increasingly self-directed. This is an essential skill they will need to learn and cultivate in their role as professional nurses. Have students complete skills checklists and learning needs assessment tools to actively engage them in their own development. Utilize the insight and past working experiences of students who are more comfortable and capable in the clinical setting – have them partner with their peers when performing tasks and skills.

Make effective use of pre-conference time to establish behavioral expectations for the day, define the plan of care and communicate expectations for patient care. Use the post–conference period to help students integrate the clinical and theoretical learning from the day's experiences. Allow opportunities to discuss their feelings related to care provision, patient conditions and unit observations. This is a great reflective learning opportunity.

Provide daily feedback to students. Recognize successes and "jobs well done". Achievement is a powerful motivator for continued learning and excite-

ment in the clinical setting. Give timely corrective feedback, remembering that critical learning occurs during this process as well. And don't forget to recognize other professional skills (effective communication, teamwork, caring) just as often as you recognize excellent technical skill performance.

Finally, it is important to provide interim evaluations which discuss student progress and outstanding learning needs. This is a shared responsibility and is best done together. Remember our goal is to move the student forward in the program – they need our feedback and direction. If student behavior is failing to meet the established course objectives, develop written performance improvement plans that address the deficiencies.

The role of the clinical nursing instructor is diverse and multi-faceted. We are active participants in both the academic and clinical setting with nursing students. Nothing is more rewarding than seeing a nursing student graduate when you know you have played a role in fostering their professional growth and development!

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Best Practice in Teaching
Clinical Decision Making:
Where Theory Meets Practice

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The ability to think critically has long been discussed in nursing education. Employers are also asking for nurses who can think and make critical decisions. Educators are now being asked to teach more about clinical decision making rather than critical thinking. But before abandoning the concept of critical thinking, let us look at it from another perspective.

Elder and Paul (2008) define critical thinking as "the ability and disposition to improve one's thinking by systematically subjecting it to intellectual self assessment." This is a very different definition than others have used. Elder and Paul believe that educators have to teach students about thinking and how to think. The challenge to the nurse educator is teaching the students how to think so they can recognize problems and deal with the complexities of a rapidly changing health care environment. The graduate nurse must be able to take thinking skills into the work place to help solve clinical problems.

Elder and Paul (2008) have identified six stages of critical thinking. They are 1) unreflective thinker, 2) challenged thinker, 3) beginning thinker, 4) practicing thinker, 5) advanced thinker, and 6) the master thinker. Unreflective thinkers learn to approach problems with a random thought process, but are unable to tell you how they are thinking. Many nursing students fall into the challenged thinker stage. They may realize the importance of critical thinking but their thinking skills often go "awry." Students who are beginning thinkers become aware of their thinking patterns, but are limited in the application of these so that their solutions to problems are hit and miss. Elder and Paul recommend classroom activities that help the student examine their sound thinking, as well as their bad thinking.

Applying a theory to actual practice is often difficult. But the following example will show how a real problem was solved by understanding and applying this theory. The clinical instructors working with beginning nursing students identified the following problem. Because they were focused on the basic care, students frequently did not complete an initial morning assessment of their client in a timely manner. A learning activity was developed with the objective to challenge the students' belief that skills were more important than assessment of the client. Students were asked to view three instructor produced videos about a patient with congestive heart failure. The first video shows a nurse doing a very incomplete assessment of this patient. In the second video, the patient develops severe respiratory distress and codes. The third video shows a complete assessment and describes those areas that were missed on the first video. This final demonstration shows how a complete assessment had an impact on the final outcome for the patient. The students were asked to discuss what they learned from watching these three videos and what impact this would have on the care of their patients. Almost every student wrote that they "never realized the importance of an early assessment."

Although this assignment was complex, there are many times when this teaching technique can easily be applied both formally

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Best Practices in Teaching
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and informally. In fact, it may only take asking a different question when helping a student process a patient problem. A few examples of how this strategy may be applied follow:

"Online/Classroom/ Conference Discussions" Students' discussions of patient situations may give an instructor the opportunity to explore the students' thought process. When a student gives an incorrect response, the instructor may ask, "Tell me what you were thinking that led you to that conclusion." If the response is correct, the instructor may ask, "What did you think about that led you to that conclusion?"

"Simulations/Case Studies" A more formal method can be utilized in scenarios where students are asked to analyze a patient scenario in which the patient is experiencing an adverse event. At the end, students can be asked to independently analyze what data led them to the right conclusion about the patient's problem or what data they forgot to include that led them to the wrong conclusion. This approach focuses part of the discussion on each student's thinking about their own thought process. In other words, how do you bring students to think about how they are thinking about a problem?

"A difficult student who thinks they already know everything" Another clinical example involves a nursing student who is an EMT and made nursing decisions from this perspective. This student failed to report a blood pressure (BP) that was 140/101 on her patient. The primary nurse was upset since this patient's normal pressure was in the 110/60 range. In counseling this student, she was asked, "How would a paramedic interpret that BP in the field?" The goal was to help the student realize that the framework for evaluation that she uses very effectively in the field may lead her "awry" in the care of a client in a hospital setting. Focusing on the thought process rather than on the error helped this student question her own thinking.

"A student who cannot answer NCLEX type questions" Many times a student who has difficulty with NCLEX type questions is using testing strategies that were previously successful. Asking the student

to first identify what led him/her to pick a certain wrong response helps to identify where the problem really exists. Many times a simple pattern of error emerges that the student can then change.

In Conclusion
Helping students learn to make good clinical decisions will always be a challenge. Content driven curriculum needs to include instructional methods by which to teach the students these thinking patterns. If instructors understand how people develop critical thinking skills, they will be able to recognize informal opportunities for helping students identify when their thinking has gone "awry". They will also be able to construct learning activities that help the student analyze whether they are thinking through a problem correctly. Students will then be able to begin to develop a framework for making clinical decisions. To help new graduates, staff development departments need to develop orientation programs that continue to de-

velop critical thinking which allows for better clinical decision making. Best practices in teaching and learning are an imperative to ensure success in student learning that will carry over to safe patient centered care through best practices in health care.

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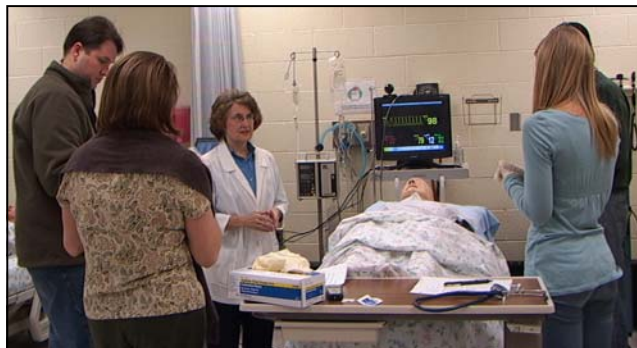
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