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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

Clinical Education in Nursing; Teaching the Art & Science of Nursing

Colleen Sweeney, PhD, JD, MSN, MA, RN

Christine Beck, MS, MA, APRN-BC, NP-C, RN

Faculty, Notre Dame College Bachelor of Science in Nursing Program



Our first annual Faculty Development day, May 4, 2007, was a resounding success. The event attracted more than 165 attendees including seasoned as well as beginning nurse educators. The Deans' Roundtable Faculty Initiative presented Clinical Education in Nursing: Teaching the Art and Science of Nursing, at Case Western Reserve University. The keynote speaker Diane Wink EdD, FNP, ARNP, Professor of Nursing at the University of Central Florida addressed a wide range of issues that face clinical faculty. Content applicable to both novice and expert clinical educators was presented



throughout the day. Topics covered in this comprehensive workshop ranged from developing a philosophy of clinical teaching to techniques for development of clinical reasoning skills and suggestions for addressing clinical performance problems. Dr. Wink included many anecdotes detailing personal experiences with students in the clinical setting. Many of the educators and clinicians in the audience could relate to these examples since they have encountered similar situations in their own practice.

A major focus in clinical education is the development of critical thinking. Tools to develop critical thinking, as identified by Dr. Wink, include written work, questioning and clinical conferences. Benner's, From Novice to Expert Theory (1998) and the process of "thinking like a nurse" as described by Tanner (2006) were reviewed by Dr. Wink. "Thinking like a nurse" involves an integrative model of clinical judgment which includes the components of noticing, interpreting and responding. Reasoning patterns used by nurses are generally one of three types: analytical, intuitive or narra-

tive. "Thinking like a nurse" requires the development of clinical judgment, which can be acquired and nurtured through effective clinical teaching.

In order to enhance the clinical learning experience, Dr. Wink urged faculty to stress organization, follow-up with students and collaborate with staff. Furthermore, clinical evaluation tools must be based upon actual objectives that are achievable in the clinical settings. Evaluation of clinical learning is always a challenge. The pros and cons of a graded versus a pass/fail approach to clinical evaluation were also debated by Dr. Wink within a framework for evaluation.

The conference provided a unique opportunity for nursing faculty from the region to share successful teaching strategies. The real challenge still lies ahead ---incorporating the elements needed to improve our own clinical teaching!





Ask the Dean; Teaching Challenges

Guest Educator:

Davina J. Gosnell, RN, PhD, FAAN

Nursing Program Director Hiram College

Dear "Nurse Educator",
I am in my first year of clinical teaching and I find that several of the students are older than me. Some have had much more life experience than me and at times I feel intimidated by their age and experience. One even said to me, "I have a daughter about your age." Sometimes I think they know much more than me and I tend to get nervous when I try to explain things to them.

How can I establish my credibility with them and build-up my confidence?

Intimidated in Northeast Ohio



"...at times I feel intimidated by their age and experience... How can I establish my credibility with them and build-up my confidence?"

Dear "Intimidated",
In today's world the demographic makeup of each nursing class tends to be quite varied in age, background, gender & cultural diversity. As a faculty instructor you will find that each clinical group will be varied not only in their demographics but also in their collective characteristics of personality. Some are studious, others light-hearted, some are more responsible than others and some can even seem to be intimidating and antagonistic.

As a young, new clinical instructor it is not unusual at times to feel somewhat unsure of yourself in the role. Even experienced faculty members feel a lack of confidence in certain situations. A common mistake made by teachers, regardless of their years of experience, is that they become defensive & authoritative in such situations. While the basic human "fight or flight" response is natural when one feels threatened, in an instructional situation, it is imperative to remember that while the teacher is the individual with expert knowledge the teacher can & should never be expected to have all the right answers.

The primary role of a teacher/instructor is to be a facilitator. While it is im-

portant for a faculty member to exhibit confidence in the role and to be a content expert, remember, no one person can know everything and it is always possible that in any teaching situation there may be circumstances where a student will be more knowledgeable than the teacher about a particular item. A teacher need not always be the direct source of knowledge. Just as important a lesson to be taught is how & where to find the knowledge source. Leading the student(s) to knowledge is equally as important a role for the teacher as directly imparting the knowledge.

While the expected role of any teacher is to impart knowledge, the process by which that is done may take many different forms. To facilitate the learner in seeking knowledge is the ultimate outcome to be achieved. Learning how to give constructive guidance and feedback is a skill of teaching just as important as that of being a content expert. New teachers sometimes feel the need to "show and tell" in order to establish their credibility. However, particularly in a clinical situation, the student(s) may learn best by being allowed to be an "active doer." Skilled guidance and feedback provided by the instructor will best facilitate student learning. Providing constructive guid-

ance and feedback requires both art & skill.

Characteristically, constructive guidance and feedback should be descriptive rather than evaluative; specific rather than vague, appropriately timed, limited in amount at any one time, related to the learning goals, provided for accomplishments as well as for items needing improvement and offered regularly throughout the learning experience. Being a faculty member who practices constructive guidance and feedback will go far in helping you establish credibility as a good clinical instructor.

(See Best Practices in Teaching: "Evaluating Students Or Did I pass the Course", Spring 2007)

May you enjoy your teaching experience!

Nurse Educator



Leading the student(s) to knowledge is equally as important a role for the teacher as directly imparting the knowledge.

Faculty Corner; Educator Tip

Clinical Study Group

Ratchneewan Ross, PhD, RN, Assistant Professor
Kent State University College of Nursing



Nursing educators work to provide their students with knowledge and technical skills as well as the ability to apply the nursing process with critical thinking. To reach these goals, various teaching strategies must be employed. One helpful strategy, called "Clinical Study Group (CSG)," is described here.

CSG takes approximately one hour and thirty minutes. While in clinical, students are divided into small groups of two or three. Each group is assigned to review a patient's paper and/or electronic medical record, taking roughly 30

minutes. After formulating an overview of the patient, students then interview the patient, family, nurse, and/or provider to collect additional data not available in the medical record. Such interviews may take 25-30 minutes.



For the last 25-35 minutes, students work together, selecting their patient's most significant problems (one or two) for the day. Students then study the problems together in detail. They may look up information in text books to compare 'what is taught in class' with 'what an actual situa-

tion presents.' A research article pertinent to the case, as provided by the clinical instructor, may be read and incorporated into the students' nursing care plan and/or concept map. At post conference, each group presents information about their patient and their care plan and/or concept map. Open discussion is strongly encouraged.

The author's experience has found CSG to be very helpful. Students state they have fun and learn a great deal with this strategy. They are able to link theory with practice, engage actively in looking up information, and interact together with patients, families and providers at all levels. CSG can be used every week, or only when deemed appropriate. It can be used with all students, or only some. The

clinical instructor should strive to remain open-minded and resourceful throughout the process.

While initially this may seem to be a significant amount of time lost from the clinical experience, the knowledge gained through the experience is extremely valuable to the students.



They are able to link theory with practice, engage actively in looking up information, and interact together with patients, families and providers at all levels.



Adjunct Faculty Database Update

We are very pleased to announce the Deans' Roundtable Faculty Initiative web site went live last month and we thank you for your patience and, most importantly, your unwavering support in spite of the delays along the way.

To date, over fifty of your colleagues have entered their professional profiles into the web-based application. Currently the number of course selections and

posted faculty openings is somewhat limited, but we know the selection will increase as the schools begin to prepare for their fall semesters. To date, almost thirty Cleveland Clinic nurses have served as adjunct clinical faculty for the NE Ohio Schools of Nursing through the Deans' Roundtable Faculty Initiative. We are proud to announce that just after the completed version of the

database went live last month, a potential faculty submitted an application to express interest in a position and was hired by Notre Dame College! All of you are invited, and encouraged, to enter your professional profile into the application at the link below. To begin entering your profile use the "Apply Now" feature in the "Please Logon" section.

<http://www.clevelandclinic.org/facultyinitiative/>



Watch for additional updates as we add direct links from the Nursing web sites, West Net and Eastern region websites.

Best Practice: Online Clinical Placement Program

Lisa Anderson MSN, RN
Vice President, Member Services
**The Center for Health Affairs/
 Northeast Ohio Nursing Initiative**

INTRODUCING STUDENTMAX™

Over the past year a significant change has taken place to transform the way hospitals and schools of nursing place pre-licensure RN and LPN students in clinical rotations. In 2005, the issue of improving the clinical placement process came to the attention of the Northeast Ohio Nursing Initiative (NEONI), a collaborative of more than 50 nursing and healthcare organizations working together since 2000 to address the nursing workforce shortage. Initial survey data indicated a cost in excess of \$150,000 per year across 13 hospitals to arrange placements while individual faculty members were spending 54 hours a week each to secure placement opportunities. A search of best practices unearthed a software solution called StudentMAX™, which was developed under

the auspices of the Oregon Center for Nursing to solve their local clinical congestion. Modeled on the process of making online travel reservations, StudentMAX™ was chosen by NEONI hospital and education partners in 2006 as the program of choice. Given the widespread issue of clinical placement, NEONI decided to purchase the state license which enables us to offer the program throughout Ohio. Nationally, StudentMAX™ is in place in 12 other states.

Some of the most attractive features of StudentMAX™ are that it provides a real-time view of placements, is easy to use and is the most cost-effective software approach. Through the generous support of four Cleveland philanthropic foundations, a year-long pilot program began in September 2006 involving the

Cleveland Clinic Main Campus, MetroHealth Medical Center and the 13 schools of nursing they affiliate with to place nearly 1,700 students.

In just six short months, StudentMAX™ has developed a strong track record by filling 71 new clinical placements with students, far exceeding its goal to increase placements by 10 percent. Although the pilot program will not reach completion until August 13 more hospitals, including all of the Cleveland Clinic system hospitals, will be using StudentMAX™ beginning September 2007 as we move to a fee-based program.

A companion piece to StudentMAX™ is the Student Nurse Orientation Manual. The manual, developed by NEONI hospital and school educators, covers all of the

basic policies and procedures that must be reviewed with students prior to placement. With a competency exam to verify student achievement, end-less hours by each hospital educator to provide this instruction to individual groups of students will be saved. The Orientation Manual program will also begin this fall.

Please take the opportunity to see some of these exciting changes by viewing StudentMAX™ yourself. It is available for public viewing and can be found at <http://www.neoniplacement.org>



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

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.