

Support for the Clinical Instructor

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An essential element of an excellent clinical experience for nursing students is having a great clinical instructor. Hiring and retaining instructors who have master's degrees and a real heart for teaching has proven to be a difficult task. Instructors are hired for both their bedside experience and their familiarity with the nursing unit they will be using for the clinical experience [1]. Providing clinical instructors with a strong foundation through orientation has proven to be valuable and key in satisfaction and retention [2].

When planning an orientation for the clinical instructor, the number one goal is for the instructor to feel supported by the faculty and administration. Research shows that best practice for training clinical instructors includes the student learning process, critical thinking and reasoning, documentation and skills training. However, discussions with clinical instructors and instructor evaluations by students revealed this #1 goal. Support is defined as the feeling that the faculty and administration have your back. This support is outlined from the beginning and throughout the orientation I provide.

The model used in orientation for clinical instructors has three sections: 1) University Support of the Instructor; 2) How to Support the Student, and 3) Supporting the College.

In Part One, University Support of the Instructor, I emphasize that the patient remains the number one priority [3]. Although that may seem obvious, the reinforcement is very helpful to clinically based instructors. Clinical instructors learn that the decisions they make during the clinical experience will be supported by administration without any second guessing. Faculty assist with student improvement contracts, documenting a deficiency, navigating other proper evaluation channels that need to be taken. A student's report regarding any incidents which kept them from learning are addressed and students are guided to perceive their role in the incident [4].

The clinical coordinator is always the main point of contact for the hospital. All site-placements, on-boarding procedures, and clinical clearance are the clinical coordinator's responsibility, as is rescheduling any absences of the clinical instructor or the students. Any immediate discussions with the unit manager are taken care of by the clinical instructor on site [5,6].

Part Two, How to Support the Student, is an important part of the orientation process. Clinical instructors are taught that any student needing more help than can be provided in conversation on the unit, is to be directed to the student's nursing advisor [7]. Students are placed with an undergraduate nursing advisor when they enter our program, and thus the advisor and students develop a relationship and know each other well [8]. Advisors are well informed about all university services that can support a student beyond the academic challenges and are able to direct the students accordingly. Students can be directed to the Skills Lab for extra practice. Once the clinical instructor makes the referral, the Skills Lab manager will follow up with the student [9,10].

During orientation, emphasis is also placed how much the student values the instructor as a role model. An important part of this is for

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the clinical instructor to reinforce that the student is responsible for their own learning. Post-conference time can be used to discuss unit issues such as not feeling supported by the nursing staff [11]. The student bears responsibility for bringing up any issues as they occur and not to wait for the final evaluation. The clinical instructor will feel much more supported if students are involved and engaged rather than holding back. While the clinical experience often gives students the most stress and excitement of their program, it is also where the highest level of student learning occurs. Students want to learn these valuable skills and they also want feedback on how they are doing [12]. Clinical instructors are encouraged to be candid with the student, but reminded to provide criticism in private, if possible.

Clinical instructors are asked to use their 'gut' instincts in guiding students [13]. Their role is to guide students to think through situations rather than just go through the motions. If a student situation arises where the clinical instructor is unsure of what direction to take, they are encouraged to always contact the clinical coordinator directly. Assistance will always be provided and, if needed, clinical can always be rescheduled [14].

Part Three, Supporting the College, is reviewed. The clinical group is a guest on the unit and the unit manager is ultimately in charge [15]. The clinical instructor often must advocate for the students to ensure that they are able to participate in their clinical experience. The facility's administration wants the students to have a great experience, but on any given day, chaos can ensue. Students are to communicate with the aide or unlicensed person, get reports from the aide, and give reports when leaving the unit [16]. They are taught about patient surveys and how a student can positively influence the patient's responses. This helps all personnel be more welcoming to the students. The clinical instructor is encouraged to find ways for students to be helpful to all of the staff [17].

Supporting the clinical instructor in the ways discussed during orientation will ultimately lead the instructor, students, and the hospital to have a positive clinical experience.

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Competing Interests

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