



Strategies for Successful Clinical Teaching

Learning flourishes in a positive environment.

This article is one in a series on the roles of adjunct clinical faculty and preceptors, who teach nursing students and new graduates to apply knowledge in clinical settings. This article describes teaching strategies as well as the importance of the learning environment.

Nursing students acquire the knowledge they need to become proficient nurses while caring for patients in the clinical setting. Recently, renewed emphasis has been placed on the environment in which students acquire that knowledge and how that affects how well they learn.¹ As much as specific teaching techniques, the right conditions for learning—including positive relationships between students and instructors—foster clinical reasoning and the assimilation of information. Benner and others have urged nursing schools to place greater emphasis on the learning environment, the situation in which learning takes place.¹ Nursing students “learn and perform best when there is an open, honest, respectful, caring and trusting climate.”²

As students enter the clinical component of their nursing education, they may feel stress—nervousness, anxiety, worry, and a fear of making mistakes.^{3,4} The nursing instructor can build their confidence by establishing a nurturing learning environment. Students should be offered encouragement and feedback from an instructor who believes in them and who pushes them to meet their own expectations in a positive manner.

TEACHING IN A POSITIVE ENVIRONMENT

Helping the student visualize future success. Clinical instructors can create a healthy learning environment by showing students how their current experiences may positively affect their personal and professional growth. Students need help understanding how knowledge from the clinical setting transfers to their future career.

One way this may be achieved is by introducing them to various nurses in the clinical setting and having those professionals describe how their careers have evolved: nurse instructors as well as other nurses can be models for the student. A staff nurse who went on

a hospital-sponsored trip to work with disaster victims in the Caribbean might describe how he utilized the triage skills he learned during his senior nursing preceptorship. A unit manager could discuss her transition from a rural hospital management role to working as the unit director of a large metropolitan ED. Students may also be interested in what motivated their clinical instructor to assume a teaching role.

Modeling best practices. A clinical instructor should model best practices at all times. This may mean using hospital resources to gain expertise in performing a certain skill, looking up information on a new medication, or asking a staff nurse for suggestions about how to use a specific piece of equipment.

The clinical instructor should identify the rationale for best practices—even if that contradicts what students may see staff nurses actually do. For example, students are taught to administer medications through a feeding tube one medication at a time, but they may see staff nurses mix several medications together and administer them all in one bolus. Or, students are taught to confirm placement of a nasogastric tube at the bedside using pH paper—with X-ray the standard way to validate placement—but they may witness staff nurses auscultating the stomach area for a bolus of air instead. The instructor should reinforce to students that the nursing licensure examination expects to see the application of evidence-based practice.

Modeling ethics. Instructors are also responsible for teaching students to uphold ethical standards.⁵ Benner calls for “everyday ethical comportment” (as opposed to merely moments of teaching ethics), where educators and students are “continuously improving their practice, always with the patient in mind.”¹

It is important for an instructor to be timely in teaching, using learning opportunities as they arise



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during the day. When a student observes an action performed for ethical or legal reasons, the instructor should point it out—as well as when students perform such an action themselves. This could include promoting a patient’s dignity by keeping the patient covered during a bed bath, assessing a patient’s skin condition under a wrist restraint, and making sure medication is administered according to the facility’s guidelines. After the daily clinical conference is another good time to discuss any ethical matters that have arisen during the day.⁶

Tailoring the teaching relationship to the learner.

The instructor should be patient, recognizing that each student learns at a different pace. An instructor will find that some students are confident and independent, even overestimating their skill and knowledge. Other students may need encouragement to overcome a lack of confidence or a feeling of being unable to manage situations independently. (This may result in the need to change students’ assignments.) An effective instructor will carefully consider when to allow a student to perform a learned skill independently. Promoting a student’s independence, where appropriate, demonstrates that the clinical instructor trusts the student’s judgment and abilities.

Students want teachers to “appreciate, encourage, and reward” them.³ The instructor should use effective communication skills, both verbal and non-verbal, and carefully challenge students without

intimidating them. This balance is not easy, but it is important to cultivate a learner-centered approach.⁷

Being curious about the student and the student’s interests. Knowing students’ backgrounds and interests allows teachers to build trusting relationships. An instructor can show interest, for example, by congratulating a nursing student during preconference on her performance on the college soccer team. The National League for Nursing (NLN) recommends that instructors feel “genuine curiosity” about learners, which contributes to a better understanding of how the students approach problem solving.⁷

Using anecdotes to form closer relationships.

When an instructor shares personal experiences with students, this also contributes to building a trusting relationship. The instructor might describe the impact of caring for a dying patient or connecting with a young mother who has just been told she has cancer. One instructor used her own experience as a nursing student of fainting during a surgical procedure to encourage a student who had fainted while watching a circumcision.

Creating a safe setting, even for mistakes. A clinical instructor should create a safe environment for students, one in which they can learn and even make mistakes along the way. Students grow by being permitted to make mistakes in such a controlled setting. In one example, a student who is preparing to administer a medication has dispensed the incorrect dose.



The instructor allows the student to complete the medication preparation, including final verification of the dose. At this point, the instructor intervenes and points out the student's error, giving the student the opportunity to correct the error before the patient is inadvertently harmed. Instructors should anticipate that students will make mistakes, but they should also expect students to learn from their mistakes.

Being clear about expectations and giving feedback. It is important for a clinical instructor to clarify expectations at the start of the clinical rotation and restate these as needed. Feedback should be timely and based on direct student observation.⁸ Feedback should also be constructive and specific, and the instructor should recognize areas of growth before pointing out areas for improvement. Feedback may be written in a student's clinical evaluation, sent via e-mail, or given verbally. When verbal feedback is given, a private location should be chosen. In the event that other students in the clinical group ought to know about a particular student's success, that student's permission should be obtained and the student should direct the discussion. During instructor feedback, the student's perspective should be honored and the instructor should listen carefully to the student's response. (A full discussion of feedback may be found in an earlier article in this column, "Evaluating Nursing Students' Clinical Performance," October 2015.)

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Using the 'microskills' model. The five-step "microskills" model represents another way the student's relationship with the instructor can be a basis for learning. This series of teaching techniques, introduced more than 20 years ago, is applicable to busy clinical settings where learning opportunities occur rapidly.⁹ Many versions of the model are used in nursing today—sometimes including six, seven, or more microskills, sometimes in a different order, phrased differently in every institution or facility, and sometimes known as The One-Minute Preceptor.¹⁰ The microskills frequently consist of the following:

- Seek the student's commitment to a plan of action or diagnosis (make sure the student feels she or he has a stake in events).
- Probe for supporting evidence.
- Positively reinforce performance.
- Teach general principles.

- Give guidance about errors and omissions.
- Encourage reflection and integration.

The following example illustrates use of the microskills model: A student is assisting a staff nurse with the admission of a patient. The instructor makes sure the student is involved, getting her commitment to thinking about the process. The instructor asks the student, "What do you believe are the patient's needs at this time, and how can they be addressed?" The student focuses on the patient's need for pain management, but the instructor continues to probe, urging the student to offer evidence for her opinion, asking, "How do you know this patient is in pain?" The student points out the patient's facial expressions and posture. Probing further, the instructor then asks, "What else should you do before you can intervene to provide pain relief?" The student discusses the need to assess pain using a subjective pain scale as well as to determine the appropriate choice of ordered analgesics. The instructor affirms the student's responses (positively reinforcing performance) but reminds her that she must also take the patient's vital signs to obtain baseline values before administering the analgesic (thereby drawing the student's attention to an omission as well as teaching general nursing principles). The instructor and the student discuss additional non-pharmacologic measures to supplement pain relief. As the admissions process continues, they discuss other nursing interventions that may become priority actions. The student describes the need to review laboratory data, talk with a family member to validate aspects of the patient's health history, and reassess vital signs and the patient's level of pain. The organization of the admissions process, including variations based on the patient's health status, becomes the basis for the student's subsequent reflection on her first experience admitting a patient to the hospital.

ORGANIZING THE CLINICAL EXPERIENCE

The learning environment is enhanced when both students and clinical instructor understand what is expected of them and when it is expected. Understanding the structure of the clinical day helps students organize their time so as to prioritize scheduled activities, such as medication administration and dressing changes, as well as to be able to complete other activities, such as bathing. An organized student can complete all required patient care by the end of the clinical day.

Instructors should be aware of the clinical course objectives and recognize their role in seeing that these are met. Adjunct faculty should also be oriented to the clinical course objectives and the schedule to be maintained, although it may not be possible for them to be included in the planning process. The instructor

must tell students the expectations for each clinical day, thoughtfully linking the clinical activities to the course content. Students should be aware that they are accountable for building on what they've learned in previous nursing courses as well as for what they're learning in the current ones.

Using concept maps in pre- and postclinical conferences as well as during the clinical day may further enhance learning experiences.⁶ Concept maps encourage synthesis and integration of day-to-day clinical activities. They are often most helpful when used in small groups with a focus on key points. They promote the integration of theory and practice.

It is usually the job of the clinical course coordinator to plan courses, promoting consistency for both students and instructors as the semester unfolds. For example, the coordinator may develop a calendar of conference activities and make it available to all clinical instructors in a particular course.

Pre- and postclinical conferences are important forums for student learning. The preclinical conference may be a discussion where the instructor hands out patient assignments, establishes clear expectations for the day, and identifies which students will administer medication. Generally, the preconference is brief (to allow students to participate in the hand-off report from the nurse going off duty). The post-clinical conference occurs at the end of the clinical day and may have several components.

The clinical instructor should approach the post-conference thoughtfully and pose questions that enable students to apply their knowledge, think critically, and reflect.⁶ Reflection—which may also be in the form of an e-mail or required participation in an online discussion—is a teaching strategy that promotes clinical learning.¹¹ (A full discussion of reflection may be found in an earlier article in this column, “Fostering Clinical Reasoning in Nursing Students,” January 2015.)

The NLN recommends that a critical conversation, known as debriefing, occur during the postconference.⁷ The process of debriefing “reveals the knowledge, assumptions, values, beliefs, and feelings behind the action and attaches meaning to information.”⁷ Students will observe nursing in many different contexts—their first resuscitation, the first death of a patient, the first birth they observe, the staff nurse who is overwrought after making a medication error—and debriefing promotes the reframing of such situations. It helps the student know not only what occurred, but how it occurred and why. The NLN further recommends formal training for nurse educators in a theory-based method of debriefing.⁷

The following might also be integrated into a post-clinical conference:

- review of a research article to support a nursing intervention in the plan of care
- demonstration of equipment, such as an IV controller
- a hands-on examination of equipment on a code cart
- practice in calculations performed during the clinical day (such as measuring intake and output or recording the rate of enteral tube feeding)
- discussion of a preassigned learning module, such as blood administration or glucometer testing

A clinical instructor acquires expertise over time and with effort: the instructor's performance improves with experience and with the application of a variety of planned teaching strategies that provide a positive learning environment. Successful clinical learning comes from the clinical instructor's thoughtful organization of learning activities, effective role modeling of professional behavior, and excellent communication skills. ▼

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