

BRIEF COMMUNICATION

## What Works? A Personal Account of Clinical Teaching Strategies in Nursing

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### What Works? A Personal Account of Clinical Teaching Strategies in Nursing

Few definitive lists of simple but effective strategies that could be applied to a variety of practicum settings are available to nurse educators. Although clinical education textbooks (Gaberson & Oermann, 1999; O'Connor, 2001; Diekelmann, 2003) and research oriented journals such as *The Journal of Nursing Education* and *Nurse Educator* provide academic direction, practical suggestions are also valuable. This brief communication provides a synthesis of instructional strategies that are easy to implement and that both students and teachers value.

### Which Clinical Teaching Approaches Work in the Eyes of Students?

Seminal research in undergraduate education suggests learners value a facilitative approach that includes collaborative and involving activities with time to interact with course content and one another (Chickering & Gamson, 1987; Ramsden, 1992; Davis, 1993). Participants in a clinical placement seldom appreciate standing by and only listening or observing.

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Dr. Melrose authored and currently teaches the course “*Clinical Teaching and Learning*” for nurses and allied health professionals in the *Master of Health Studies* program at Athabasca University. The literature review for this Brief Communication includes educational research articles found to be valuable by participants in the course.

*(1) Identify Barriers Students Face*

Learners appreciate when instructors initiate a process of questioning who students are, what the clinical environment might look like through their eyes and what challenges and anxieties are present.

Many student nurse populations can be expected to include a variety of different learners. In addition to recent high school or post-secondary graduates, pre-service nursing students may be adult learners supporting families or newcomers to a country who are continuing to work on their language and literacy skills. Tuition rates may be so high that debt after graduation will continue to be a burden. For some, competition to achieve the highest marks possible may be a concern. Others may travel significant distances and balance heavy study commitments before even arriving at the clinical site. And, student nurses often fear they might make mistakes that could result in harming patients or failing their program.

*(2) Consider Learning Styles*

While a variety of assessment instruments exist to label different and preferred ways of learning, clinical nurse educators may not have ready access to these tools in the field. However, students value an opportunity to articulate the ways they learn best. Questioning whether learners prefer instructional methods focused on vision (reading, charts, illustrations and films), hearing (spoken direction, audio-tapes and musical lyrics) or kinesthetic (handling equipment, moving around and practicing a skill) can help.

*(3) Plan Activities Collaboratively*

Student nurses welcome opportunities to choose among a variety of activities and to contribute their own suggestions. For example, in addition to teaching approaches such as grand rounds, patient simulations, role plays, skill demonstrations, guided discussions, case studies, question and answer periods, overheads, handouts and videos and small group activities, such as creating a game to summarize a clinical topic, can engage interest. Software programs are available to generate crossword puzzles for word or concept definitions. “Stories” of student’s personal experience with clinical topics and ethical dilemmas with no easy answers are well received.

*(4) Create a Learning Community*

Learners may need assistance to feel they are part of the staff group. When discussing a clinical placement, learners often comment on whether or not they felt a sense of belonging. In spite of heavy staff workloads, budget restrictions and a high level of acute patient presentations, strategies can be established to forge connections between learners and practitioners. For example, encourage students to learn the names of all employees, both professional and non-professional and provide opportunities for learners to join staff during their

breaks and meetings. Reaching out to include staff members in student conferences is useful as well.

Similarly, learners treasure connections with their instructor and other members of their learning group. They value acknowledgement of their personal process of constructing meaning during non-evaluated student–instructor conversations. Establishing specific opportunities where these conversations might occur include telephone learners before the course, co-construct individual learning plans with each student, generate group guidelines with the clinical group, initiate optional student phone support lists, establish peer learning partners, share examples of excellent student work and post sign-up sheets for non-evaluated talk time with instructor.

#### *(4) Research Effective Clinical Teacher Characteristics*

Research shows that instructors who students viewed as effective demonstrated characteristics such as being knowledgeable, enthusiastic, clinically competent and relating effectively with students (Gaberson & Oermann, 1999). Instructors, who students viewed as helpful, consistently modeled professional behavior and demonstrated a positive attitude and humanistic orientation (Laurent & Weidner, 2001). Instructors, who students viewed as responsive to their needs, posed open-ended questions, highlighted student achievements, responded promptly to undesirable student performance, modeled a personal process of clinical decision making and ensured that opportunities were available for learners to share their personal or professional concerns (Wagner & Ash, 1998).

#### *(5) Extend Evaluation Possibilities*

Final evaluations indicating student performance in relation to course objectives are an established aspect of clinical learning. However, in addition to a final summative evaluation, Ghazi and Henshaw (1998) noted that student nurses found strategies, such as formative or mid-term evaluations and individualized learning contracts or plans throughout the course, helped sustain their motivation.

Also at mid-term, in addition to offering written feedback on strengths and areas to grow, students enjoy opportunities to evaluate the course and instructor anonymously. Learners are reassured when any necessary correction of their work is done promptly and privately. They value affirmation of any incidental or unexpected learning that occurred.

## **Which Clinical Teaching Approaches Work in the Eyes of the Teachers?**

### *(1) Designate Time to Plan Clinical Activities*

For academic educators, research, commitment to curriculum and course development, publishing work in scholarly journals or presenting at profes-

sional conferences, may leave only nominal time to attend to developing as a clinical teacher. However, given the importance of clinical education in a practice discipline such as nursing, academic institutions and professional associations may have resources to support individual instructors with workload planning. Even 1 or 2 hours each week is significant.

### *(2) Encourage Questions*

In addition to assisting learners to acquire knowledge, teachers value approaches that provide students with the tools to pose and then answer questions themselves. In most clinical areas, gaps in professional knowledge exist and further research is needed. Throughout the practicum, inviting students to articulate research questions and issues pertinent to the setting is effective. Schmidt Bunkers (1999) emphasized that educators must pay attention to creating space for listening, reflecting and not knowing.

## **Conclusion**

In conclusion, questioning what effective clinical teaching approaches look like through the eyes of both students and teachers is important. Perhaps the process of seeking to understand both points of view and combine the ideas is as important as the answers themselves.

## **References**

- CHICKERING, A. & GAMSON, Z. (1987). Seven principles for good practice in undergraduate education. *American Association of Higher Education Bulletin*. March.
- DAVIS, B. (1993). *Tools for Teaching*. San Francisco, CA: Jossey-Bass.
- DIEKELMANN, N. (2003). *Teaching the Practitioners of Health Care: New Pedagogies for the Health Professions*. Madison, WI: University of Wisconsin Press.
- GABERSON, K. & OERMANN, M. (1999). *Clinical Teaching Strategies in Nursing*. New York: Springer.
- GHAZI, F. & HENSHAW, L. (1998). How to keep student nurses motivated. *Nursing Standard*, 13(8), 43–49.
- LAURENT, T. & WEIDNER, T. (2001). Clinical instructors' and student athletic trainers' perceptions of helpful clinical instructor characteristics. *Journal of Athletic Training*, 36(1), 58–61.
- O'CONNOR, A. (2001). *Clinical Instruction and Evaluation: A Teaching Resource*. London: Jones and Bartlett.
- RAMSDEN, P. (1992). *Learning to Teach in Higher Education*. London: Routledge.
- SCHMIDT BUNKERS, S. (1999). Constructing curriculum: Creating a teaching-learning space. *Nursing Science Quarterly*, 12(4), 297–298.
- WAGNER, S. & ASH, K. (1998). Creating the teachable moment. *Journal of Nursing Education*, 37(6), 278–281.

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