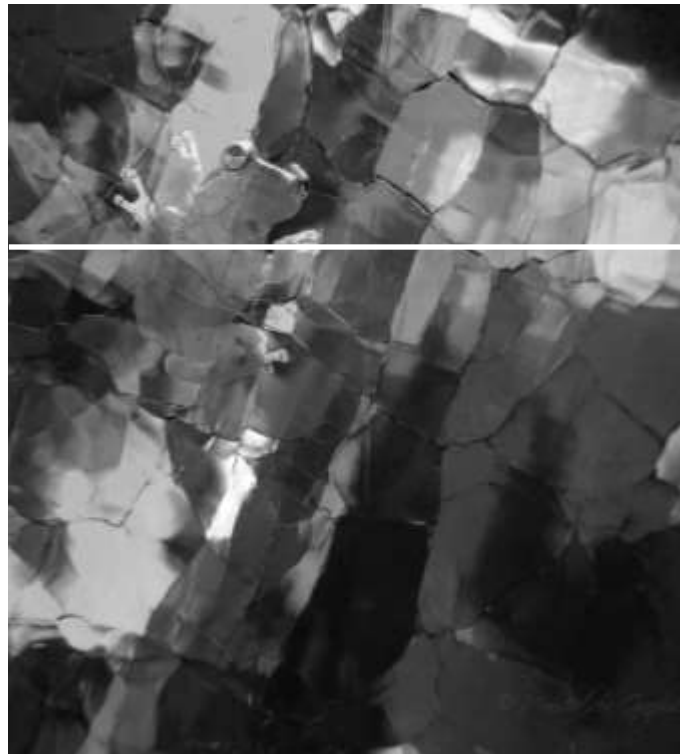




Strategies for Instructor Activities

2015

Prepared by the CASN Clinical Instructor Nurse educator
interest group



Strategies for Orienting Clinical Instructors

'What is My Philosophy of Teaching?'

A teaching philosophy includes reflections on our beliefs about teaching and how we act on those beliefs in our everyday teaching practice. Although senior clinical instructors may have had opportunities to develop and establish their personal philosophy, new teachers may not have had these opportunities.

During orientation, take some dedicated time to reflect on the question: *'What is My Philosophy of Teaching.'* Begin your reflections by thinking about and remembering what you hoped for when you first applied for a teaching position. Write down your thoughts and be sure to revisit your views at the beginning and end of each term you teach.

Beginning to put our beliefs into words is an important first step in the ongoing process of establishing a philosophy of teaching. Teaching is different from bedside nursing. Understanding our philosophy can help create balance during times when teaching tasks such as client assessment seem to override more complex teaching topics like about empathy. It can also help when new areas of expertise and responsibility seem overwhelming.

Kara Sealock RN BN MEd CNCC(C), Nursing Practice Instructor, University of Calgary Faculty of Nursing, Calgary, AB.

“Beginning to put our beliefs into words is an important first step in the ongoing process of establishing a philosophy of teaching. “

'Find a Teaching Model that Works'

Teaching models offer useful direction for practice. One model, Adaptive Supervision (AS) illustrates how clinical instructors can adapt to the instructional, emotional and contextual needs of their students through mentoring. While the model may seem daunting at first, it can offer valuable help guiding students with their learning in the clinical arena.

Clinical instructors need to provide instructional and emotional support to all students. However the degree of instructional and emotional support provided by the teacher differs depending on each student learning needs, abilities and context. The model guides clinical teachers as they assess and direct teaching interventions.

More information about this model is available from the following references:

Jennings, A., & Couture, B. (2011). Supervision in nursing education: A Canadian perspective. In E. Ralph, & K. Walker (Eds.), *Adapting mentorship across the professions: Fresh insights & perspectives* (pp. 329-344). Calgary: Temeron/Detselig/Brush.

Ralph, E. (1998). *Developing practitioners- A handbook of contextual supervision*. New Forums Press: Stillwater.

Anita.Jennings. PHD(c), Faculty- Collaborative BScN Nursing program, George Brown College, Toronto, ON.

'Instructor Sharing to Address Challenges'

Once the clinical instructor identifies learning needs of students in clinical it is often difficult to know what the best strategy is for supporting the students learning and providing the safest care to the client. To address student and clinical instructor learning needs around clinical issues instructors at Lakehead University conduct a general orientation at the beginning of each clinical session.

It has developed a greater sense of connection between the instructors.

Clinical instructors from all year levels are asked to attend. The group of instructors consist of those who have many years of experience in the clinical area to those who are just starting. We begin the session by asking the experienced instructors to describe how they orientate students to the clinical area, this usually stimulates questions from the new instructors.

We then move into asking the instructors to give an example of challenges they have faced in the clinical area, this again stimulates questions about formal documentation and how the clinical instructor can seek guidance from the faculty and other instructors.

Feedback from the clinical instructors has been very positive. They get a chance to hear what the challenges are in each year level and get to know who else is teaching in the program and are able to contribute to the conversation with their own experiences. It has developed a greater sense of connection between the instructors. We would like to make this an even more interactive experience by having the clinical instructors role play a situation in clinical and then have feedback from the entire group.

Cathy Schoales, RN, BEd, MScN, Faculty of Nursing, Lakehead University, Thunder Bay, ON.

'Arrange Private One-to-One Student Meetings'

Before each clinical practicum, arrange a private on-to-one meeting with each of your students. Draw from the "Getting to Know You" set of questions below to guide your discussions:

Student Name:

Name you wish to be called if different from above:

Email confirmation:

Phone number confirmation:

What is your style of learning?

What are some of your strengths and challenges?

What are your expectations of your instructor?

How can I help you as a learner?

How will I know when you are anxious, stressed or nervous?

What are you looking forward to in this upcoming nursing practice experience?

Why did you go into nursing and where do you see yourself after completing a BSN?

Do you have any nurses in your family or any nursing experience yourself?

Do you work outside of school?

What are your hobbies or interests?

Any other concerns I can address at this point?

Lynda Champoux BSN and colleagues, Instructor, Department of Nursing, Camosun College, Victoria, BC.

'Orientating to the Clinical Setting'

1. Call and make an appointment for your buddy shifts (it is often good to do 2 days in a row)
2. Make an appointment to meet with the unit manager during that time. It is good to know that everyone is starting on the same page, and clear communication from the beginning is essential. Some things to discuss with the unit manager include:
 - a. When you start, how long you are there, and what days of the week you will be there (roughly). The Placement Coordinator will send out a letter containing all relevant information to the facility in advance of your clinical starting date
 - b. Give them a course outline and talk a bit about what you hope the students get out of this clinical experience
 - c. Briefly go over the assignments the students are doing during that course
 - d. Ask the unit manager what are his/her expectations are of you and the students (What worked well in the past? What would they like to change?)
 - e. Discuss what your expectations are of the staff
3. Go through policies and procedures that will be used during the course of the clinical experience (i.e. administering blood and blood products)
4. Ask the staff what typical skills, conditions, and interventions they see or perform on a regular basis. Research or ask any questions about these. You may want to find some research about these for your clinical binder
5. Understand how the normal routine of the day goes:
 - a. When are meals?
 - b. When are vital signs typically done if they are routine?
 - c. How often is bedding changed; where does soiled linen go?
 - d. Get help learning how to use the assist tub if necessary
 - e. Where is report taken? When does report occur?
 - f. Physio/occupational therapy schedules?
6. Look through the charts and have someone run through typical charting for the day and expectations re: times of completion
7. Do an admission or have someone walk you through the admission process
8. What needs to be done for discharge? Transfers?
9. Orientate yourself to where all the supplies are. Go through all storage areas so you know where everything is
10. How are medications given and by whom? Do students usually have a separate binder for their own clients? Who has keys to the medication carts and how many are there?
11. The primary role for you during your buddy shift is to get to know the staff and have them get to know you. Also discuss what you and the students will be doing on the floor:
 - a. What year the students are in
 - b. What skills they can do (it can be helpful to bring a year skills list and post it for the staff)
 - c. What role you need the staff to fulfill
 - d. What the students will do on the floor (i.e. charting, vital signs, bed baths, etc.)
 - e. What expectations you have of the staff
12. Do a.m. care, assessments, vital signs, and then ask to chart and have a staff member look over the information to make sure it is complete
13. Talk with the unit clerk. They are crucial gatekeepers of information. Ask them what typically happens when orders are received, where to put charts, how orders are processed, what to do if we need supplies ordered, etc. Unit Clerks sometimes have concerns with students, especially when students take charts and don't understand orders need to be processed, so discuss this with them in advance

14. Look through patient charts to get a feel for how they are set up and what types of clients the unit generally receives
15. Are there clipboards that vital signs are recorded on? Where are they recorded in the charts?
16. Ask staff how they know if samples (urinalysis, sputums, etc.) need to be collected?
17. Ask about what certifications are needed to work on the floor (it might be prudent to talk to the appropriate individual and see if you can set up a date/time to complete these certifications if necessary i.e. IV starts & Central Lines
18. Are there teaching tools the unit uses for patients? Review these so you are familiar enough to alert students to them when they need them.

19. If you are not familiar with any of the equipment, arrange an in-service (IV Pumps, Vital Machines, Glucometers, Lifts, etc.)

Hint:

Instructors set an example for students to follow...ensure you are as prepared as possible.

Nursing is a team profession; encourage your students to embrace interdisciplinary team work where appropriate.

Teresa Evans, MN, Nursing Instructor Grande Prairie Regional College, Grande Prairie, AB.

Role Play a Clinical Post Conference

How does one learn to facilitate a clinical post conference? Is it possible to learn this from trial and error? Does it help to discuss the role during a CI orientation session? Might it be helpful to be mentored and watch an experienced CI facilitate a post conference? These are questions that Mary Ann Fegan at the University of Toronto thought about over and over again as she prepared new and returning CIs to facilitate clinical post conferences. Many CIs have identified this aspect of their role to be challenging and they often wonder how they might do this role better. Some have asked: "How do I ensure that every student has a voice and feels comfortable participating in the discussion?"

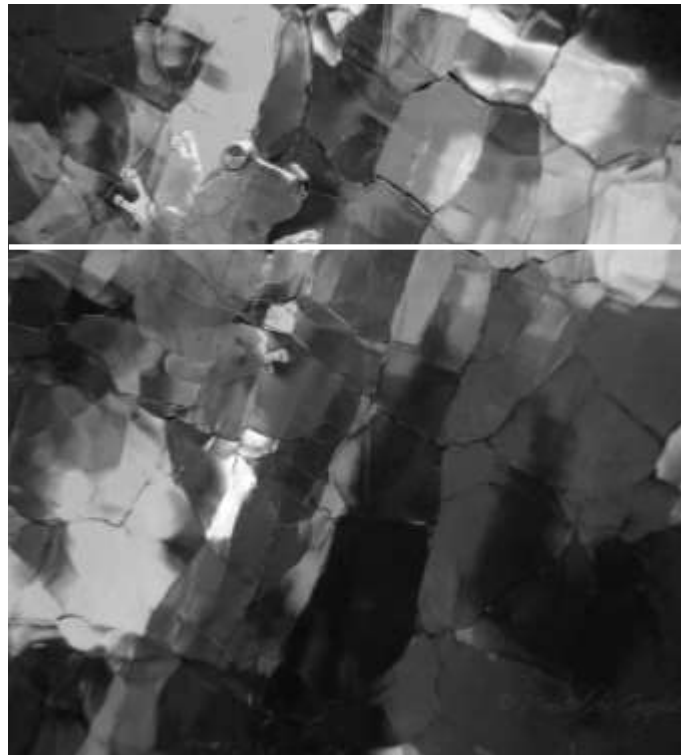
This opportunity for peer to peer feedback helps to reveal some of the challenges in facilitating a group and offers some specific strategies to enhance this role.

Mary Ann and her colleague used the following active learning strategy to help prepare CIs for their facilitator role during clinical post conferences. We find it to be an effective and fun way to address some of the challenges of the role and a great way to facilitate active discussion among both new and returning CIs. This activity uses role play to simulate a post conference.

Participants are divided into small groups of 6 or 7 people. One person volunteers to be the CI and everyone else is handed a nursing student 'role card'. These role cards provide a brief description of the student and participants are invited to take on that role as they think it would play out in a real situation. Among the student roles are the following: a quiet student who only speaks when spoken to; a bored or unengaged student; a very chatty student who has an answer or comment for almost everything; an English Language Learner student who provides very short answers to questions; a dominant student who had a great clinical day and wants to talk about everything they did; and an anxious student who arrives a few minutes late and is very distraught about something that happened earlier that day. The simulation typically runs for about 15 - 20 minutes.

This activity is followed by small group debriefing (about 20 minutes) - led by a faculty member who observed the small group discussion and took some notes. As with any simulation activity, the debrief opens with a general question to help the group decompress... something like, "how did that feel?" The discussions are very rich and provide some interesting and insightful perspectives and observations from participants. Many questions are raised and many are answered among both new and returning CIs. This opportunity for peer to peer feedback helps to reveal some of the challenges in facilitating a group and offers some specific strategies to enhance this role. After the small group debrief we come together for a larger group discussion and share some of the things that went well, some of the things that might have been done differently (in the spirit of wondering), and finally one key learning about the facilitator role.

Mary Ann Fegan MN, Senior Lecturer, Clinical Education Coordinator, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto, ON.



Strategies for Orienting Students

Strategies for Student Activities

'Seek and Find for Orientation Day'

Welcome tounit name

Complete the “seek and find” in teams of two. We’ll discuss any questions which you were not able to answer at the end of the activity.

****Please be vigilant about maintaining the privacy and confidentiality of patient information as you access charts to complete this activity. Ask for permission before entering any patient rooms. Consider the impact on the patients and their privacy when you visit the dining room, hall or lounges.**

Select a Patient Chart with your partner and search out the following details:

- Physician’s or Doctor’s Order sheet – Where is the most current order?
- Nursing Narrative Notes or Patient Progress Record– What type of charting do they complete on a daily basis? Monthly?
- Admission History – When and why was this client admitted to the unit?
- Intake Assessment – Was an ADL assessment included?
- List of Conditions – How would you determine the conditions that are a priority for this client? Current concerns vs conditions which are no longer a problem for the client?
- Discharge Planning – How do you find information on when this patient is scheduled to be discharged from the unit?
- Medication list
- DNR orders and Advanced Directives

1. What is the phone number for the unit?
2. How does the call bell system work? How do you get help quickly if you need it?
3. Where is the diet sheet or record of the patients’ diets?
How would you find out if a patient is on swallowing precautions?
Where would you be able to get a drink of milk or juice for your client?
4. How will you know a client’s activity level or when to use a mechanical lift?
If a resident were to ask you to get them to the bathroom quickly, what information do you need to safely respond?
5. Where are the clean linen supplies? Adult briefs? Skin care products?
Where do you place used linens or patient clothing needing to be washed?
6. Which patients use the tub or shower and where are they located?
7. Where are the staff assignments or teams posted? Number of RNs, LPNs and HCAs? Where will the patient assignment sheets be posted?
8. Where would you find information on the resident’s last bowel movement?
If they haven’t had a BM for several days, where do you look for bowel care orders or protocols?
9. Where are the blood pressure cuffs and stethoscopes? Do they have an O2 sat monitor? A manual and an electronic BP cuff?
Does this unit have access to oxygen equipment or suction?
10. Where are the fire alarms, extinguishers and exits?
How do you respond as a student if the fire alarm goes off?
How do you respond if you witness a cardiac arrest?
11. Your client is worried about being ready for the physiotherapist’s visit this morning. How do you know when the physio will be arriving?

12. A patient has just had an accident on the way to the bathroom. How will you handle the clean up? Is this your responsibility or the house keeping staff?
13. Where will you take your break or get a drink of water?

Let's regroup and finish the Seek and Find together at the agreed to time.

Lynda Champoux BSN, Instructor, Department of Nursing, Camosun College, Victoria, BC.

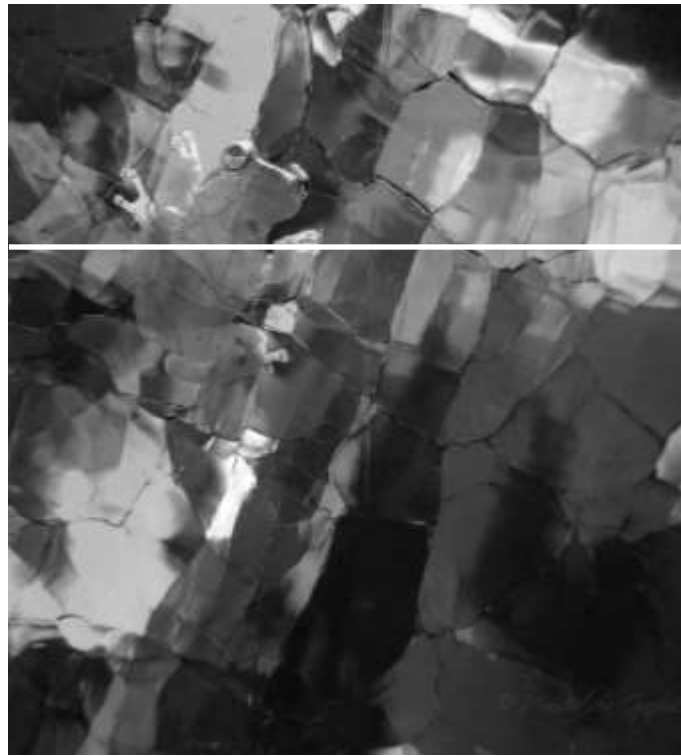
'Intentional Rounding'

Intentional rounds involves a clinical group and the instructor visiting the client to whom the learners are assigned too. The goal of intentional rounding is to increase the learner's knowledge of their clients. During preconference, the learners informs their peers about their clients' including the diagnosis, treatment and plan of the day. While, rounding the on the assigned client, learners interact with their client while other observe the interaction and the environment. The clinical instructor (CI) may point out during the rounds procedures or equipment related to the client diagnosis. The CI ask the clients' permission prior to the rounds.

Learning Activity

1. Receive permission from the clients
2. Preconference: discuss learner's client assignment including diagnosis, treatment, interventions and plan of the day.
3. Round on clients: introduce client, perform a quick priority assessment A: Airway, B: Breathing, C: Circulation, I: Intake, O: Output, P: Pain and Comfort S: Safety
4. Review client bedside chart including vital signs, procedures and equipment with the learners.

Amelia Chauvette RN, BScN, MScN, Thompson Rivers University-Williams Lake Campus, BC.



Strategies for Organizing

Strategies for Organizing

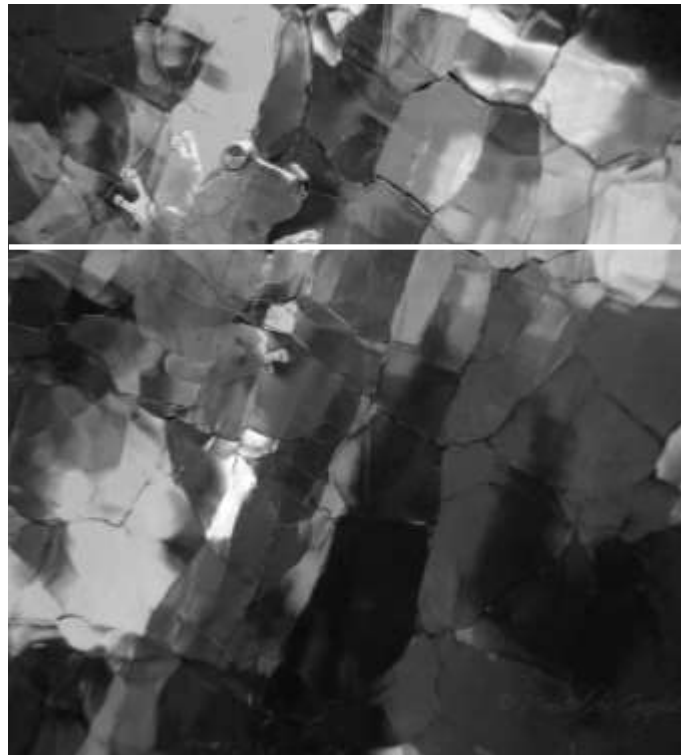
'What Happens When I'm Ill?'

When a clinical teacher is ill, what steps are in place to arrange for a substitute teacher? When substitute teachers are unavailable, what additional steps are in place to notify the clinical agency and all members of the student group that the clinical experience will be cancelled?

If no formal steps are outlined at the curricular level, establish a plan with your group of students. For example, draft a phone fan out list where each student is responsible for notifying the student whose name is next on the list. Each student must continue contacting their designated peer until the last student reports to the first that the fan out is complete. Keeping this list up to date will save students the inconvenience of arriving at their clinical placement only to find that they are unable to attend because their clinical teacher is ill. For some students, privacy issues may be a concern and opt-out options must always be available.

Melrose, S. Park, C & Perry, B. (2015). *Creative clinical teaching strategies in the health professions*. Manuscript in preparation.

Sherri Melrose PhD, Associate Professor, Faculty of Health Disciplines, Athabasca University, Athabasca, AB.



Strategies for Having Fun

Ice-Breaker: what does your pig look like?

Instructions:

- 1) Each person is to have one sheet of paper
- 2) Ask them to “draw a pig”, not providing any further direction.
- 3) Descriptions above apply to where their pig was drawn on their page.
IE if you draw it at the top of page, middle of page or bottom of page.
- 4) The right side comments pertain to the details of their drawings.

Marianne Cochrane Yr2 Coordinator, Collaborative BScN Program, Durham College, University of Ontario
Institute of Technology, Oshawa ON

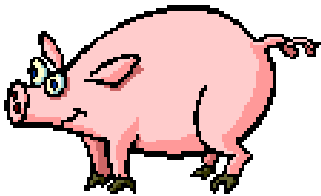


Toward top of page:
-you are positive, optimistic person



Facing left:

- traditional, friendly
- good at remembering dates, including birthdays



Toward middle of the paper:

Facing right:

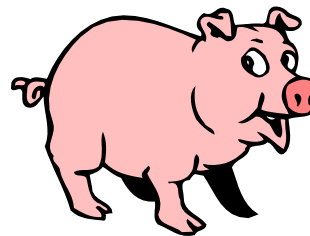
- Innovative & active
- Not a strong sense of family
- Not good at remembering dates

With Many Details:

- Analytical, cautious & distrustful

With Few Details:

- Emotional & naïve
- Care little for details
- Are a risk-taker

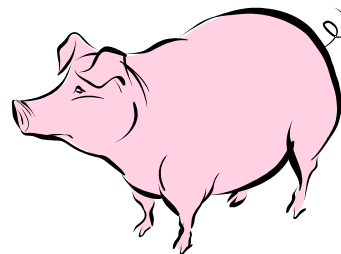


With 4 legs:

- secure & stubborn
- You stick to your ideals

With < 4 legs showing:

- Insecure or going thru a period of major change



Facing Forward (or angled forward):

- Direct
- Enjoy playing “the devil’s advocate”
- Neither fear nor avoid discussions

With Large Ears:

- good listener (larger the better)

With long tail:

- good sex life (longer the better)

