Clinical Instructor Frequently Asked Questions

Clinical instructors are key participants in the development and evaluation of student nurses; this is primarily a coaching role. Clinical is one of the most challenging elements of nursing education because the student must apply knowledge learned in didactic, but must apply knowledge and safety to actual patient care.

Is there a key to being a great clinical instructor?

Round on the students frequently and engage in meaningful instruction with them. Avoid asking closed questions such as “How’s your day?” or “How’s your patient?” Ask open-ended questions, such as “Tell me about your patient.” or “Tell me something you learned or did since I was last with you.”

Students should see instructors throughout the day, not just once or twice.

Be open to things that you may not know the answer to. Look things up with students. Do not “fake” knowing something, as you can lose credibility with students quickly.

Do not cut the clinical days short, as there are already too few of them. They need to remain on the floor, working with patients, until 1400-1430 each clinical day.

Do not assign additional assignments to students, without course lead approval.

Be a positive professional role model.

How should I begin the clinical day?

Do not be late to clinical. Arrive early and “scope out” the units and floors ahead of time if possible so that students can be set up to have the best day possible.

Hold pre-conference. Complete the guided questions for the day. Know what they are learning that week in didactic, or what they learned the week before and ask them to look for patients who have the conditions or disease processes that apply to their recent lectures.

Let the students know when they are taking lunch. Lunch should never be longer than 30 minutes. You can ask that they all take lunch together or you can leave it up to the students as to when it is good time to take a break, based on their patients. This is a good time management lesson for AHII and Capstone.

Have the students in their designated area in time for shift report.

Introduce yourself to the charge nurse and the student’s assigned nurse, letting them know what the student can and cannot do during the day and what you need to be present for.

- Communicate expectations for the day.
- Thank them for hosting the student.
• Be sure that your phone number is posted with the HUC or other location so that you can be reached should it become necessary.

**How are students considered prepared for clinical?**

Students must be on time to every clinical, according to their assigned location.

Students have their three completed drug cards and medication math quiz complete by the time pre-conference begins.

Students who are late to clinical experiences are subject to be sent home at the discretion of the clinical instructor*. For medical-surgical rotations, if a student arrives after the remainder of the group has already been placed with nurse preceptors, the student should be sent home, as most of the facilities frown upon placing students late with nurse preceptors. If in question, consult the course lead for direction.

Any student who arrives without the necessary supplies, pen light, stethoscope, name badge, etc. must be sent home immediately; unless the student can correct the problem very quickly (i.e. badge was left in the car).

If a student is not dressed per Brookline College dress code, he needs to be sent home immediately, if he cannot quickly correct the situation.

**How should students get in touch with me during the clinical day?**

Be sure that students have your cell phone number so that they are able to get in touch with you if needed. Cell phones should only be used to communicate an absence or tardy or to contact you throughout the clinical day.

Once the clinical day is concluded, Brookline email addresses should be the only way students and instructors communicate. Texting or calling outside of the clinical day suggests a familiarity that does not evoke or promote professionalism for the student.

**Who should I give my clinical attendance to?**

Please notify the course lead of the attendance each clinical day, even if all of your students were present. Attendance is very important and must be done by the end of the day for the college registrar. Please ask the course lead if they would prefer this via email or cell phone.

**What do I need to observe the Student doing?**

Students do not need to call you to be present with them if they are going to do a head-to-toe assessment, unless you specifically want to see you perform this.
All medication administrations and invasive skills (Foley, IV placement, NG tube placement, Central line dressing change, etc.) must be witnessed by the clinical instructor each time, regardless of the student or the course.

**When are students evaluated?**

Students should be evaluated each day, not just for the mid-term and final evaluations. This is communicated on the Daily Clinical Log.

The mid-term evaluation should be done between semester weeks 6-8. If the student has “not meets” at midterm this gives the student guidance as to the improvements that must be made by the time the final evaluation is given. “Not meets” on the midterm does not fail the student.

The final evaluation should be given in semester week 15, regardless as to the last date the student was in the facility for a clinical. The student must have all “meets” on the final evaluation to pass the clinical and course.

Never have a student sign an evaluation that you have not completed, needs changes or additional comments.

Students are signing that they have received the evaluation, not that they agree with it. If a student refuses to sign and evaluation, please document this.

**What do I do if a student is demonstrating weaknesses?**

Students will never be “perfect” so please do not set this as an expectation for them.

If a student performs a skill incorrectly, please remediate them immediately. Do not refer them to the lab unless you have remediated them in the clinical setting and they are still not preforming the skill correctly.

Please remember that all students are different and have different personalities, so your approach must change, based on the student you are teaching at that moment.

- For example, if a student is quieter than another it does not mean that they are less prepared or engaged, they may simply have a quiet personality. Now, if a quiet or shy personality is interfering with meeting the objectives of the clinical this needs to be addressed in a constructive way with the student.

Please follow the triage plan for identifying and activating the Individual Clinical Education Plan (ICEP).

Please keep typed notes on students, especially documenting meetings you have had with them or specific instances where you have had to address deficiencies. State who you met with, what it was about and what the outcome was. This can be done in bullet or table form and only has to be detailed enough to document the encounter.
What should I hold students responsible for knowing?

Please do not expect a student to know something that is beyond their semester level of education. Please refer to the syllabus or course comparison table if you do not know what the students should be responsible for knowing. Feel free to take advantage of teachable moments to teach a concept or expose them to skills, even if they have not yet been taught in the classroom.

If you are questioning a student about something and they are answering you incorrectly, do not simply tell them to “look it up”. Make sure the student understands what you are asking; rephrase your question. If they still answer incorrectly, teach them what they need to know; then ask the same question the following week to ensure that the student learned and is able to recall the previous learning.

What do the students have to turn in when they arrive to Pre-conference?

A completed 5-question Dosage Calculation quiz, appropriate for each semester, will be due at the beginning of each medical-surgical clinical days (Fundamentals, AHI, AHII and Capstone).

The instructor will grade the quizzes and if the student scores 100% he may qualify to pass medications with the instructor and nurse preceptor. This practice was developed in response to medical facilities identifying that dosage calculation was a weakness of all new-graduate nurses.

Please notify the course lead if any student scores less than 100% on two or more quizzes, so that the instructor can recommend more intense remediation.

The students must also turn in their three pre-assigned medication cards, completely filled out.

If a student arrives without the completed dosage calculation quiz and/or medication cards on the first clinical day the instructor should notify the course lead and clinical mentor, but the student may stay in clinical. Should either of the assignments not be turned in on subsequent days, the student should immediately be sent home and the course lead and clinical mentor should be notified. Please do not make exceptions for students unless directed by the course lead.

Is there a specific way the student should be taking report?

Students should be on the floor and with their nurse preceptors in time to take report.

A standardized SBAR report sheet will be provided to the student by the first clinical day and must be used for the students to take report. Using a standardized report sheet, helps the students know what to listen for or ask for. It is preferred for the students to take report on all of their nurse preceptor’s patients.

How do the students chart?
Since facilities do not generally provide students with access to chart their assessments, etc., the students will be completing narrative charting on their care plan. The student should be encouraged to choose a patient to complete their care plan before 1000.

The care plan is only ever to be done on one patient, however the students are responsible for assisting to care for more than that one patient. Please refer to your course’s clinical evaluation tool for specific student requirements.

**When is the care plan to be turned in?**

The care plan is due 48 hours after the completion day by midnight. For example, if your clinical is on Monday, the can plan is due by Wednesday at midnight.

Please do not be “exception to the rule” regarding when or how care plans are due or presented, as this creates a double standard.

**Are the care plans graded?**

No, they are not graded, but they are evaluated using the care plan rubric. This needs to be done electronically and emailed back to the student 24 hours before they next attend clinical.

Care plans are formative evaluation, used to help the students develop critical thinking skills and to help the instructors evaluate critical thinking skills in an on-going method.

Care plans will never be perfect, so instructors should not expect them to be so.

Continuously, throughout the day, work on verbal concept maps with students. Ask questions such as:

- “How did you decide what patient you would see first?”
- “How are the medications you are administering to your patients addressing their priority problems?”
- “What labs would you consider to be priority for your patients?”

**What do I need to know about post conference?**

Post conference should last approximately 1-1.5 hours and should be a mix of asking students about their day, what they learned, what they did well or still don’t understand. You should also refer back to the pre-conference topic and ask the students if they were able to witness or incorporate anything that was discussed.

Avoid allowing one or two students dominate the conversation.

**How can I promote professionalism?**
Students are to address all instructors as Professor or Mr./Mrs., etc.... It is not acceptable for students to address a clinical instructor using their first name. This behavior must be corrected, if displayed, and the student needs to be reminded of the Brookline practice.

Please do not be the “exception to the rule”, allowing students to use your first name, because it creates a double standard and causes confusion for the student.

Any student who is displaying unprofessional behavior to a clinical instructor, hospital staff member or peers, needs to be immediately addressed. Please report serious issues to the course lead if this occurs and do not send the student home until you have had confirmation from the course lead. If you are not able to reach the course lead, contact the clinical mentor. These instances rarely occur.

Students are not to use personal electronic devices in the facilities, unless looking up medications, etc... Many medical facilities do not allow personal devices to be used at all while in the facility and students will need to be prepared to use the facility computer or hard copies of resources.

Is there anything I should avoid doing or saying?

Students should not be “punished” during the clinical day for turning in what you consider a sub-standard care plan. This is an opportunity for growth.

Avoid giving the students too much personal information about yourself or asking the students to divulge personal information, unless it is necessary to complete the clinical rotation.

Keep email communication short and to the point. When emailing care plan rubrics, allow the comments on the rubric to speak for themselves.