Nursing Faculty Preparedness for Clinical Teaching

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ABSTRACT

Nursing faculty who teach in clinical settings face complex situations requiring evidence-based educational and evaluative strategies, yet many have had limited preparation for these tasks. A convenience sample of 74 nursing faculty participated in a survey about clinical teaching in prelicensure nursing programs. Most faculty developed teaching skills through conferences (57%), orientation at their educational institution (53%), or exposure in graduate school (38%). Thirty-one percent reported having no preparation for clinical teaching. Faculty felt least prepared to manage students with learning, physical, or emotional disabilities and incivility. Twenty-six percent had no preparation for evaluating students in the clinical setting, and only 17% had worked with a faculty mentor. Few evidence-based teaching strategies were used by the faculty. These findings indicate gaps exist in the preparation of clinical faculty. Graduate education, comprehensive orientation programs, and continuing professional development may help to ensure faculty are effective in managing and evaluating student learning. [J Nurs Educ. 2014;53(3, Suppl.):S38-S41.]

Clinical experiences in prelicensure nursing education allow students to develop problem-solving skills and clinical judgment, to learn to “think like a nurse” (Tanner, 2006), under the guidance of nurse faculty. The diversity of students entering nursing, an emphasis on interdisciplinary health care practices, increasing complexity of clinical environments, and incorporation of high-fidelity simulation are changing the context of clinical teaching at a time when evidence-based nursing education strategies to support students’ learning are increasingly emphasized. Clinical faculty can be expert clinicians but may be inadequately prepared to manage a variety of clinical teaching challenges demanding targeted educational and evaluative strategies (Cangelosi, Crocker, & Sorrell, 2009; Hewitt & Lewallen, 2010; West et al., 2009). To better understand the extent of this problem, the aims of this study were to describe preparation for clinical instruction and the clinical instruction experiences of faculty who teach prelicensure nursing students, identify the range of student challenges that clinical faculty encounter and their level of comfort in managing these challenges, and describe available mechanisms for mentoring and professional development of clinical faculty.

Background

Preparation for clinical teaching in nursing ranges from brief orientations provided by the university or college employer to continuing professional development to degree-granting programs. Clinical faculty report having unmet needs for information about academic and clinical policies and procedures, curriculum and course content, student evaluation, and simulation (Davidson & Rourke, 2012). Dahlke, Baumbusch, Affleck, and Kwon (2012) concluded that instructors often lack formal academic or continuing education preparation in clinical education, hold a diversity of views on the clinical teaching role, and tend to use their personal experiences as clinicians and students in constructing their roles. Grading and clinical evaluation are challenges for clinical faculty, who report difficulty determining clinical grades and assigning failing grades, and maintaining subjectivity in evaluation (Duke, 1996; Hall, 2013; Scanlan & Care, 2008). Although the numbers of nurse educator programs at the certificate, master’s, and doctoral level are growing, there is no national expectation that faculty, in general, and clinical faculty specifically, have formal preparation in educational methods. Typically, the requirement for clinical teaching in prelicensure programs is a master’s degree in a clinical specialty, subject to
variation according to states’ nurse practice acts (American Association of Colleges of Nursing, 2008; Bartels, 2007; National League for Nursing, 2006; Ruland & Leuner, 2010). There is no consensus and little evidence to support any one form of educational preparation as best for the clinical faculty role (Davidson & Rourke, 2012).

**Method**

Nursing faculty from the northeastern United States attending a faculty development conference were recruited to participate. Inclusion criteria were having a current role as a nursing faculty member and either supervising clinical instructors or engaging in clinical teaching. The study was approved by the university’s institutional review board. Of the 135 conference attendees, 74 completed the surveys. This descriptive study used a researcher-developed 14-item questionnaire based on current nursing literature. The survey included Likert-type and open-ended questions. Data analysis was conducted with STATA® software using descriptive statistics and bivariate analysis.

**Results**

In this sample of nursing faculty, 30% taught in diploma programs, 55% taught in associate degree (AD) programs, and 15% taught in baccalaureate (BS/BSN) programs. Eighty-two percent of the participants directly taught students in the clinical setting, and 39% supervised clinical instructors in a nursing course. The majority of the participants (60%) taught in nursing programs with fewer than 200 students.

**Educational Preparation and Development**

Fifty-seven percent of faculty had attended conferences to prepare for clinical teaching, 53% had received orientation to clinical teaching at their educational institution, and 31% reported no preparation for clinical teaching. Thirty-eight percent had formal education about clinical teaching during graduate education, and 17% were assigned a faculty mentor when entering the role. When asked how they were taught to provide students with effective feedback, 58% stated they received instruction from the course director or coordinator; however, 26% reported receiving no training on providing effective student feedback.

Regarding faculty development activities to support improvement in clinical instruction, 49% of participants reported receiving an evaluation of their skills by the course director or coordinator, 46% were offered an opportunity to attend workshops, 28% were provided with reading materials, 32% received a peer evaluation, and 16% reported that their academic institutions did not offer any faculty development. Faculty in diploma and AD programs were significantly more likely to receive continued development ($p = 0.02$) compared to faculty who taught in BS/BSN programs. Significantly more AD and BS/BSN programs provided faculty with reading materials and online resources compared to diploma programs ($p = 0.02$).

**Educational Knowledge and Skills**

The clinical teaching topics that faculty most frequently reported learning about from their institution or through their advanced education included: how to document student progress (61%), how to teach students to think critically (58%), and how to make clinical assignments (47%). Topics that faculty reported learning about the least included: how to work with students with physical disabilities (12%), how to work with students with emotional disabilities (26%), how to work with students who have learning disabilities (22%), how to work with students with emotional disabilities (26%), and how to manage legally mandated student learning accommodations (26%).

When asked which clinical instruction challenges they were least prepared to handle, 42% reported working with students with learning disabilities, 39% reported working with students with physical disabilities, 39% reported managing students with emotional disturbances, and 36% reported managing student incivility (Table). Faculty from BS/BSN programs were significantly less prepared to handle students who had physical disabilities ($p = 0.04$) compared to those from AD and diploma programs. Faculty from all schools were least prepared to manage accommodations mandated by the school’s disability policy; this association was statistically significant ($p = 0.03$).

**Clinical Teaching Situations**

Participants were provided with 26 different clinical teaching encounters extracted from reports in the literature, and they were instructed to rate the frequency of their occurrence. Faculty reported often/always encountering and having to manage highly anxious students (57%), highly prepared students (54%), students who met clinical objectives easily (48%), and students with poor calculation skills (47%). The clinical teaching situations that participants reported they were least likely to encounter and needed to manage included conflicts with an attending provider (1%), student errors in care (nonmedication) (4%), students who refused to sign performance evaluations (4%), and students who communicated inappropriately with other health care staff (4%).

When reported encounters and student issues were analyzed by program type, faculty from all programs reported never/occasionally having encountered incivility or rudeness ($p < 0.01$) or inappropriate communication with other health care staff ($p = 0.04$). Faculty from diploma and BSN programs were significantly more likely to report having to manage students with poor calculation skills compared to those from AD programs ($p = 0.01$).

**Clinical Assignments and Teaching Strategies**

Eighty-one percent of faculty members used care plans as a clinical assignment. Group presentations (60%) and papers (58%) also were used frequently by faculty during clinical experiences. Teaching strategies that faculty used on a regular basis included postconferences (89%), chart reviews (80%), preconferences (77%), giving and receiving report (68%), and observational experiences (66%). Teaching strategies that were least likely to be used on a regular basis by clinical faculty included games (16%), reviewing research reports (18%), and interdisciplinary rounds (23%).

**Discussion**

Many clinical instructors do not receive adequate training for this role. In fact, 31% of participants in this study reported having no training whatsoever, 38% had exposure to in-
formation or experiences related to clinical teaching in their graduate programs, and slightly more than half of the study participants received an orientation to teaching students. Twenty-six percent of the sample reported that they had received no training on providing student feedback. Appropriate feedback is important in the learning process, and giving feedback is a critical component of clinical teaching and evaluation (Gardner & Suplee, 2010; Kelly, 2007).

Given the importance of clinical learning for development of clinical judgment, more attention to the preparation of effective clinical teachers is warranted. It would be beneficial for academic institutions employing or preparing nursing faculty to offer programs addressing some of the faculty challenges reported in this study.

Educational Challenges

Of the teaching challenges that faculty reported being least prepared for, working with students who had learning, emotional, and physical disabilities were selected most frequently. Participants also indicated that these topics were less likely to be addressed in their graduate education programs or continuing education. According to the National Center for Education Statistics, approximately 11% of students in higher education have a disability (Snyder & Dillow, 2012). Sowers and Smith (2004) reported 72% of their sample of nursing faculty had taught students with disabilities; of these, 60% reported teaching students with learning disabilities, 25% reported teaching students with physical disabilities, and 28% reported teaching students with mental health disabilities. Considering the likelihood that nursing faculty will encounter students with various disabilities, both educator preparation and continuing education programs should integrate more information about best educational practices for this diverse population of students.

Although faculty reported rarely encountering incivility, 36% reported difficulty when confronted with incivility, suggesting the need for additional information and guidance. Most research on incivility in nursing education has focused on faculty who teach in the classroom or in an online learning environment (Clark, Werth, & Ahten, 2012; Luparell, 2007). It is encouraging to note that few faculty in this sample encountered student incivility in the clinical environment, given that incivility in higher education, including nursing education, has been reported to be a common occurrence.

Student issues that faculty reported more often encountering and needing to manage included dealing with those students who are highly anxious, are highly prepared, and have poor calculation skills. Such issues may demand that faculty use specialized teaching strategies to enhance learning. It is important for clinical instructors to be aware of assessment strategies that will allow them to identify and address students’ specific learning challenges and strengths.

Students who are extremely bright, have exceptional critical thinking skills, or go above and beyond the expectations set for the course can present additional challenges to clinical instructors. Such students may require as much tailoring of the clinical learning environment as do academically or clinically struggling students to promote their higher level learning. Clinical faculty may benefit from exposure to teaching strategies addressing these student needs as well as to strategies addressing weaknesses.

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<tr>
<td>Clinical Challenges Participants (N = 74) Reported as Being Least Prepared to Handle</td>
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<tr>
<td>Type</td>
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<tr>
<td>Working with students with learning disabilities</td>
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<td>Working with students with physical disabilities</td>
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<td>Managing students with emotional disturbances</td>
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<td>Managing student incivility</td>
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<tr>
<td>What to do with students who seem to “know it all”</td>
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<tr>
<td>Evaluating students who may be “just getting by”</td>
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<td>Managing conflicts with clinical unit staff</td>
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<td>Managing accommodations mandated by the school’s disabilities office</td>
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<td>Developing a remediation plan for students who need improvement</td>
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<td>What to do with “star” students</td>
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<td>Grading care maps or care plans</td>
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<td>Overseeing medication administration with multiple students</td>
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<td>Working with nurse preceptors</td>
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<td>Determining whether students are adequately prepared for clinical assignments</td>
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<td>What to do with students who never seem to participate</td>
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<td>Working with students who have made errors</td>
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<td>Giving constructive verbal feedback</td>
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<td>Running pre- or postconferences</td>
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<td>Giving constructive written feedback</td>
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<td>Selecting clinical assignments</td>
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<td>Working with students from diverse backgrounds</td>
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<td>Completing a clinical rotation evaluation of students</td>
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Clinical Assignments and Strategies

Participants in this study identified the “classic” clinical instruction strategies of pre- and postclinical conferences, care plans, and chart review as those used most frequently with their students. There is a large and growing body of literature focused on educational methods to promote critical thinking in nursing students as well as in other health care profession students; such methods include the use of concept mapping, guided questions, and interdisciplinary rounds. These methods were not used often by the participants in this study. Phillips and Vinten (2010) suggest that different clinical teaching strategies are considered for use only when they are a good fit with the instructors’ values and beliefs, are easy to try, and seem better for student learning. Evidence supports a movement toward concept mapping to promote critical thinking, creative thinking, and holistic understanding of patient needs in nursing and other health care profession students (Daley & Torre, 2010; Huang, Chen, Yeh, & Chung, 2012; Sinatra-Wilhelm, 2012). Despite emphasis on the need for selection of best-practice mechanisms to promote and evaluate the development of critical thinking (Benner, Surpren, Leonard, & Day, 2010), 81% of participants in this study reported still using nursing care plans as an evaluative assignment, and only 15% reported using care maps or other more innovative approaches to examine clinical concepts.

Although the majority of instructors (58%) received information about critical thinking from their educational programs or through continuing professional development, few of the participants consistently used innovations such as guided questioning, despite its importance in the learning environment (Nickitas, 2012; Oermann, 1997). Cook, Dover, Dickson, and Colton (2012) argued that nursing care plans can be seen as a mechanism to communicate patient care needs, rather than the best way to assess students’ thinking and clinical decision-making skills.

Limitations

These findings should be interpreted in the context of the study’s limitations. Because the convenience sample of participants was recruited from a professional development conference for nursing faculty, sampling bias is a possibility. In addition, the sample was small, and the participants were not queried about their highest level of education, years of experience in teaching, or their age, all of which might have an influence on the findings.

Conclusion

Preliminary evidence suggests that clinical faculty members to oversee student educational experiences in health care settings. Specific educational requirements for these instructors have not been clearly defined by nursing organizations that govern nursing programs. Continued research is required to gain a better understanding of the current and future educational needs of clinical faculty. These faculty will continue to face complex and challenging student issues, and will need the requisite skills required to address them appropriately.

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