

CLINICAL INSTRUCTORS

by Sandra McCleaster RRT



Most allied health educators would tell you that the clinical portion is the cornerstone of a student's educational experience. It's during those clinicals that students develop the psychomotor and affective skills that we expect of competent professionals. It's where students develop self-confidence and experience professional growth. Equally important, it's where they will develop a positive attitude towards their profession. So it's fair to say that the person with the primary responsibility for the care and upbringing of our future health care providers is the clinical instructor. Ironically, most clinical instructors and preceptors have not had the benefit of formal schooling in education. This is not to be construed as a bad thing, mind you. Certainly instructors need to have a sound theoretical base and well-honed psychomotor skills in their respective disciplines, but beyond that, clinical instructors need not be master scholars. What they need is a mix of skills, personal qualities, & empathy.

There has been lots of research into what constitutes the best practices of clinical instructors. Over the years, I've read virtually hundreds of articles and studies that talk about the good, the bad, and the ugly sides of clinical teaching. When I distill all that I've read and combine it with my many years directing an allied health education program, I know that the top-ranking behaviors necessary to be a great clinical instructor will always fall into one of the following three areas: Interpersonal skills; communi-

cation skills; and professional/technical skills - and I think they rank in that very order. If you ask program administrators what it is they are looking for in clinical faculty, they will invariably say "someone who is 'good' with students." And without fail, when preceptors are chosen, it's because they've been identified as being "good with students." Exactly what does that mean? "Good with students" is, of course a reference to their interpersonal skills and the fact that they've been noticed to have a welcoming and nurturing attitude towards students. True, there's much more to being an effective clinical instructor than simply being nice. But without the right attitude and demeanor, students have a hard time coping with the stress of clinical and it's unlikely that optimal learning will occur.

In true academic fashion, I'll make the following statement: An effective and successful clinical instructor:

(1) *Takes genuine personal interest in students* and shows it by interacting with them in a friendly and non-threatening way. Affirmation is important. Genuine teacher concern and encouragement can help students get over rough spots and allow them to learn from their mistakes. For clinical instructors, patience is their virtue. The best ones realize that clinical is a major departure from classroom learning and remember what it was like when they themselves were students.

(2) *Creates a learning environment that is open to questions and discussion.* Learning is all about discourse. An effective clinical instructor will emphasize problem-solving and encourage students to actively participate in discussion. Good teachers create an environment in which questions are encouraged. No question is a stupid question.

(3) *Exercises responsible time management.* Clinical time is valuable time and as such, a preceptor should use it wisely. There should be little or no "down" time during students' "work" hours. The best clinical instructors are always accessible and prepared for the day's activities. But at the same time, they set limits for teaching and arrange their time with students so as to assure time for post conference. Here's when all major points presented during the day's activities can be summarized and problems and reactions concerning their patient assignment can be aired. This is also time for individual feedback of student performance which should be documented promptly while the details are fresh in mind.

(4) *Provides students with sufficient and appropriate opportunities to apply what they've learned in the classroom.* Here's where the rubber meets the road. The patient environment is not the college lab. Clinical instructors bring students to the very place where theory is applied to practice. When information is applied in some real world practical way, that's when it gets learned. At times it may be very difficult to provide a group of students with appropriate learning activities. But there's always got to be something going on. This is when the committed instructor will be creative in finding opportunities for clinical experience and skills practice.

(5) *Demonstrates clinical techniques and procedures for students.* It's just not enough that a student has passed a lab competency test. This is the real world now and these are real patients.

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testimony is commonly repetitive and overlapping. Interesting quotes found included the "the fact that a juror became drowsy for a short time is not of itself grounds for a new trial and juror boredom with counsel's argument is not grounds for a new trial.

In attempts to prevent sleepy jurors, the courts have used several strategies, most of them ineffective and somewhat comical if not for the potential impact on the trials. These have included:

1. Talking louder in an effort to keep the sleepy juror awake.
2. Having the whole jury get up and stretch.
3. Holding one juror responsible for keeping other jurors awake.
4. Having a sleepy juror hold a glass of water to stay awake.
5. A case where a continuance of 4 days was granted to allow a juror to catch up on his sleep in lieu of granting a mistrial.

Sleepy attorneys has also been of serious concern but documented less than sleepy jury members. When this issue is raised, it is usually under the Sixth Amendment, ineffective assistance of counsel argument.

One of the most striking examples in recent memory was the case of death row inmate, Calvin Gerold Burdine, who claimed that his court appointed lawyer would sleep up to 10 minutes at a time during his trial. The Supreme Court of the United States overturned his murder conviction and death sentence based on the incompetence of his lawyer. This could possibly be a prelude to the broad examination of the quality of legal help available to poor defendants facing the death penalty. Ironically state lawyers who were given a deadline of 120 days to retry Mr. Burdine apparently fell asleep, missing the deadline. I guess sometimes the blindfold can be a sleep mask.

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Students need to see clinical instructors demonstrate exactly what their expectations are. Good instructors, via their own modeling, show the student the finer points of actual practice.

(6) *Provides constructive feed-back on students' clinical performance.* In order to present a fair and accurate evaluation, instructors need to be objective and unbiased in identifying a student's strengths and weaknesses. Essential to this process is the use of a thoughtfully-constructed evaluation instrument, one which, as objectively as possible, rates the degree of success or failure in achieving the desired learning outcomes. Check-offs are fine, but the effective clinical instructor will also provide a written narrative assessment in support of a final rating.

(7) *Is a positive role model for students.* It's an oversimplification to say that clinical educators should be positive role models. With words unspoken, the instructor will demonstrate that the needs of the patients are always uppermost. The learning process includes a "sifting" of what is acceptable behavior and what is not. That's why the best instructors will always maintain an aura of "correctness" in behavior, appearance, and demeanor. Students are heavily influenced by the behavior, workstyle and skills of their teachers. Positive attributes and ethics rub off.

Clinical instructors are often oblivious to the vital role they play in allied health education and often underestimate their own importance. It's his or her characteristics and the respective clinical environment that they create that makes clinical a rewarding and productive experience for both the students and themselves. But in the bigger picture, they are the folks to whom we've entrusted the future of our workforce.