CLINICAL INSTRUCTORS AND PRECEPTORS: Giving Them the Tools of the Trade

by Sandra McCleaster RRT

In the last two issues of *Focus*, I wrote about the importance of clinical teaching and the best qualities of clinical instructors. For this third and final article on the topic of clinical instruction, I'll address the responsibilities that I feel academic institutions bear in the cultivation of their clinical educators. There's no getting around it. If we want today's clinical instructors to move through the ranks of allied health education, we would should make sure they have what they need to do their jobs. Here are the basics:

Orientation

Programs pour lots of time and energy into designing a clinical orientation for students, but often neglect to do the same for clinical instructors. Clinical education can't be a hit or miss experience, so the instructors need that orientation too. Clinical instructors have a right to feel comfortable and prepared for their teaching assignment. This may be easy for preceptors who are working on their home turf, but college faculty and adjunct instructors are guests in a teaching site and will surely need time to gain a comfort level there. At the most fundamental level, instructors will need ID, parking privileges and computer passwords. These practical points as well as compliance requirements should be taken care of in advance and not need to be tended during students' first clinical hours. Housekeeping matters aside, instructors can work on establishing the lines of communication that will make for a seamless entry into the clinical area. To ensure a safe and consistent practice environment, instructors should have first familiarized themselves with the local protocols and practice. Then and only then can an instructor comfortably move forward with students in tow. Adequate orientation may mean several days added to the instructor's work commitment, but is clearly the first step to a positive experience for instructors and students alike.

Principles of Adult Education

It's been noted so many times before: most every clinical instructor comes to the role by chance, having had little or no formal education in the teaching process. So at the very least, a short course in instructor training is in order – one that is focused on basics of adult education. Clinical teachers should have a knowledge of learning domains, learning styles, and how to construct a meaningful performance evaluation. Admittedly this can't be accomplished in a day, but planning the clinical curriculum will have to include, over time, this investment in clinical preceptor training. One practical approach might be to offer this type of staff development at the state level, with several schools participating. Perhaps this could be accomplished with the help of the state professional organization and presented as a for-credit continuing education event. On-line preceptor training is also available and is one more possibility.

Every academic course is built around learning objectives. Objectives are the basis for planning the clinical experience and as long as they are known and understood, the clinical activities can be geared to producing the stated outcomes. Clinical instructors may not be aware that learning occurs across three domains, believing that their responsibility lies only in the teaching of the technical aspects or psychomotor skills. Well-stated cognitive and affective objectives let clinical instructors know that clinical teaching includes theoretical and behavioral aspects as well. With well-written objectives, the instructors won't ever have to second guess what it is they need to accomplish.

A "Heads up"

Clinical instructors would benefit from some insight regarding their incoming students. This is a non-issue when clinicals are being taught by program faculty who've had the benefit of getting to know students in the classroom. But outside faculty and preceptors lack that advantage. Is there a student who has special needs? Or perhaps ones who have an edge because of prior health care experience? Are there any issues lurking within the group that may be problematic in the clinical environment? Any personality quirks? Clinical instructors are entitled to a "heads up". It's more than just a courtesy. Knowing what to expect will minimize problems and maximize learning.

Student Evaluation Instruments

The importance of good documentation of student performance can't be stressed enough. Program Directors and Directors

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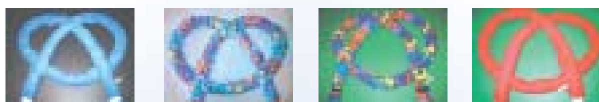

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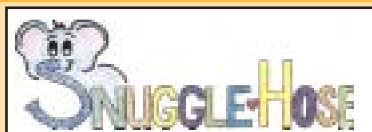

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Clinical Instructors... *Continued from page 50*

of Clinical Education (DCE) depend on their clinical instructors to provide accurate and defensible evaluations regarding students' progress. But one of the toughest aspects of clinical teaching lies in developing meaningful evaluations. Instructors are often reluctant to counsel students or to write poor evaluations when performance is not meeting expectations. So they depend on the evaluation instrument to guide them in documenting an accurate appraisal of a student's performance. Remember that a clinical course evaluation form becomes the basis of the student's clinical grade. None of us want to graduate students who earn great numerical grades on paper but who obviously lack acceptable clinical behaviors. Unfortunately, this is a common problem in clinical education. In order to avoid this pitfall, instructors and preceptors need a straightforward and well-constructed evaluation tool, one that allows for objective documentation of cognitive ability, skill acquisition, and behavioral traits.

Pay and Perks

There are a number of human resource approaches to clinical instruction. But no matter the compensation arrangement, it needs to reflect the importance of the work that clinical instructors do. Pay should be, at the very least, on par with that of the staff practitioner. (Without a doubt, one reason for the current shortage of allied health educators is the mindset of academic institutions to undervalue (read underpay their teachers.) The "preceptor" model uses practitioners who are providing clinical instruction at the same time they're performing their job responsibilities. These folks are not being paid by the academic institution, which on one hand, may be appealing to program administrators. But the point is that they are selflessly giving of their time and energy and this should certainly be recognized in some way by the academic institution or if need be, by key program personnel themselves. To avoid the specter of "double dipping", the preceptors can be compensated in ways other than direct $$. There are lots of ways to "reward" clinical preceptors for their efforts. Tuition waivers, letters of appointment from the academic institution, use of library resources, gift certificates, stethoscopes, pulse oximeters, scrubs, are just a few things that come to mind. This thoughtfulness always goes a long way in terms of persistence and loyalty.

Providing for continuing education is also a highly regarded form of reward for a job well done. We want our clinical instructors to be the very best that they can be. We can help them achieve that by providing opportunities for earning continuing education credits. The instructors would gain an edge, and at the same time, we'd be elevating the status of our teaching staff.

Program Support

Clinical instructors and preceptors must be confident that their opinions are professionally respected and that their appraisals will be "backed" by the program's key personnel. They shouldn't ever be left to flounder when difficulties arise with students in the clinical arena. Here's where the role of the DCE as an ever-available consult is crucial. Someone needs to be available to the clinical instructor at all times and everyone, including students, needs to know it.

Instructor Evaluations

Constructive feedback is an essential component in developing clinical faculty. Just like their students, the instructors want to know "how they're doin". This is best accomplished with having students submit an end-of-course evaluation of clinical instruction. The DCE should review these results with the instructor so as to identify what students may perceive to be an instructor's strong and weak points. This is how good clinical instructors learn and grow. Clinical instructors who are committed to self-improvement will welcome the feedback that their students' evaluations provide.

Recognition

All health care disciplines have a vested interest in developing their profession's future educators.

Let us all recognize clinical instructors as being the valuable resources they are. Please do anything and everything you can to help them do their jobs. Make sure they've got some tools of the trade.

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