

Effective Clinical Instruction: from Graduate to Mentor

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Introduction: A little about me

Karin Bellows, B.S., R.T.(R)

• Education

- University of Kansas
 - BA Human Biology
- University of Nebraska Medical Center
 - BS Radiation Science Technology Education
 - Starting Master's in Health Professions Teaching and Technology this fall

• Professional Career

- Private and trauma
- Methodist Health system
 - 2011 staff RT and clinical preceptor
 - 2017 Clinical Coordinator



Objectives

At the end of this presentation, participants should be able to:

1. Identify desirable qualities of a clinical preceptor (CP)
2. Explain different teaching strategies for different styles of learning.
3. Understand the importance of and be able to give effective feedback.
4. Recognize student behaviors that cause disruptions in clinical
5. Understand the role of the CP in conjunction with an educational program.

Clinical Preceptors

What is a clinical preceptor or program identified clinical instructor?

Definition: Practitioner and educator

- Mentor & role model
- Leader & influencer
- Evaluator
- Socialization agent
- Protector



Reflect

Why did you become a preceptor or clinical instructor?

1. Personal or professional calling
2. Desire to be a role model or mentor
3. Had a positive student experience
4. Asked to step into the role

Preceptor Duties

“Job Description”

- Ensure students transfer classroom knowledge to the clinical setting
- Demonstrate ideal professional qualities
 - Be open to the needs of students
 - Have good problem solving and decision making skills
 - Demonstrate a positive attitude and growth mindset
 - LOVE what you do!
- Talk through actions to illustrate thinking process
- Role-model professional interactions
 - Mediate student-staff interactions
 - Provide staff support
- Emphasize learning experiences and patient care
 - Enhance learning
 - Ask and answer student questions
- Enforce school and facility policies
- Asses the student on a regular basis and give feedback on performance

Ideal Characteristics¹

- Enthusiastic, like to teach, effective communicators
- Sensitive to the learning needs of students
- Demonstrate positive professional attitude
- Has high integrity, moral and ethical values
- Ability to provide timely feedback effectively
- Willing to be patient, supportive and encouraging
- Maintains high expectations of the student

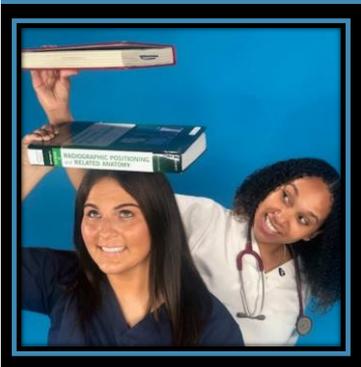


Image: Nebraska Methodist College

Transitioning from Student to Healthcare Professional

Relationships

Professional, entry level “status”

- Understand the student experience
- No longer a “peer” with students
- Development of own clinical skills

Set boundaries with students

- Avoid social media interactions
- Foster professional relationships
- Become a contact point and confidant

Think about who you want to be when working with students.



Teaching Methods²

Poor Teaching Methods

- Being disrespectful
- Not being knowledgeable
- Having poor communication skills
- Having unrealistically high expectations
- Offering unfair student learning assessment

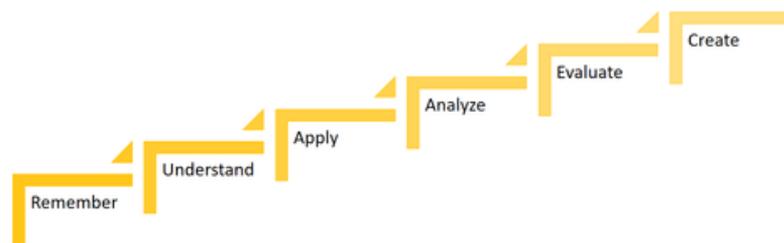
High Quality Teaching Methods

- Positive reinforcement
- Give students the opportunity to perform the task without taking over
- Tailor teaching style to the student and understand how the students learn
- Take advantage of your resources
- Have clear communication

Learning Domains³

Bloom's Taxonomy

1. Cognitive
2. Affective
3. Psychomotor



Becoming a Cheerleader and Motivator

General strategies for positive encouragement and support

- Help students gain perspective on their accomplishments and how far they've come
- Review old concepts to help keep them fresh.
- Send students the right message celebrating student wins
 - "Great job" + specifics on what they did well
- Give students independence and tell them it's because you are confident in their abilities.
- Encourage students to improve on their skills and professional development (and practice with them)
- Have an open-door policy and be adaptable
- Let students know that constructive feedback is not to be taken personally
- Treat students like adults and hold them accountable

Legal Considerations^{4, 5}

Understanding FERPA

- Federal law that protects the privacy of student education records

Included in FERPA	Not included
Grades – test scores	Employment records
Disciplinary records	Medical records (HIPAA)
Student ID numbers <ul style="list-style-type: none"> • School ID • SSN 	Campus security records
	Treatment records (health)
	Alumni records
	Peer-graded papers before collection
Class schedules	Directory information

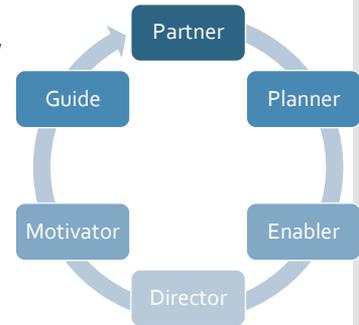
Transitioning from clinical staff to Clinical Preceptor/Clinical Instructor

Student Facilitator⁶

New roles

Facilitator – someone who helps to bring about an outcome (such as learning, productivity, or communication) by providing indirect or unobtrusive assistance, guidance, and supervision

- Supervising student activities in clinical as a part of the educational program
- Understand programmatic policies
- Act as a student advocate
- Act as the face of the clinical setting
 - Impart values of the clinical setting
 - Uphold high quality patient care
 - Foster a sense of teamwork and compassion



Understanding the Educational Program



Considerations

1. What are your responsibilities in line with the program?
2. What clinical policies are of upmost importance?
3. Who should you communicate with if issues arise clinical?

Every program has a handbook that is published on the NMC website

Understand accreditation standards

- Provide documents that often requested
 - Facility licensure documentation
 - Personal licensure and registration information
 - Patient volume numbers

Becoming the Voice of the Clinical Site

What types of issues should be communicated with the educational program?

New Relationships⁷

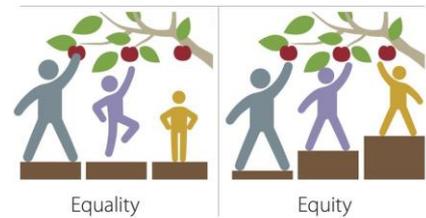
- Elevated responsibility - the students are now YOUR responsibility
 - All student issues will need to be resolved or mitigated by you as the CP
- Peers
- Students
- With program officials

Fairness vs. Equality⁶

Fair – marked by impartiality and honesty: free from self interest, prejudice, or favoritism; appropriate for the circumstances.

Synonym: Equality

Equality – being fair, just, or impartial



Types of feedback

- Appreciation – “thank you,” acknowledgement, giving credit
- Coaching – most familiar with
 - Fine-tune skills, tweak understanding, increase knowledge, improve or address feelings or overall assessment
 - Talk about positives
 - Open up about weaknesses
 - “Next time try...” with explanation
- Evaluation – formal scoring



Feedback and Evaluations

Feedback and Evaluations

Timely, specific feedback is key!

1. Address the actions of the individual, not the individual themselves
 2. Allow students time to reflect on their feedback
 3. Follow up for understanding and comprehension
 4. Give feedback frequently
- Encourage student to seek and be proactive about seeking feedback
 - Take a more active role in their education
 - If you see something, say something
 - Positive behavior or negative
 - Provides reinforcement

Clinical Documentation⁷

Documentation is your friend!

- Record
 - Facts and observations
 - Time and date
 - Inside and outside department

Progress reports and rotational evaluations

- Grading



Competencies and skill's checks

Helping Students Succeed

D

- Dated; specific deadlines

A

- Achievable; goal is realistic

P

- Personal; effective goals are your goals, not someone else's

P

- Positive; focuses on what you want, not what you *don't want*

S

- Specific; states outcome in specific measurable terms

Creating a Positive Clinical Environment

- Include students
- Set clear expectations
- Support student goals
- Acknowledge personality traits
- Think of your students' experience
- Avoid stepping in too quickly
- Seek feedback from programs for continued performance improvement





Becoming a Mentor

Relationship Building

Natural evolution with time and experience

Key traits

- Conflict resolver
- Establishes positive working relationships
- Creates balance
- Good listener and values multiple perspectives
- Seamlessly provides feedback

Build strong, trusting relationships with students



Continuing Education

- Participate in discipline specific continuing education
- Seek opportunities to grow as a teacher
- Encourages students to seek opportunities

Developing a Personal Teaching Style

Active Learning

Group Learning

Lead by Example

Discussions

See-one, do-one

Role Playing

Think Aloud

Teaching Styles

Knowledge and Self- Reflection

Evaluate how your students are doing on a regular basis

Evaluate your instructional methods

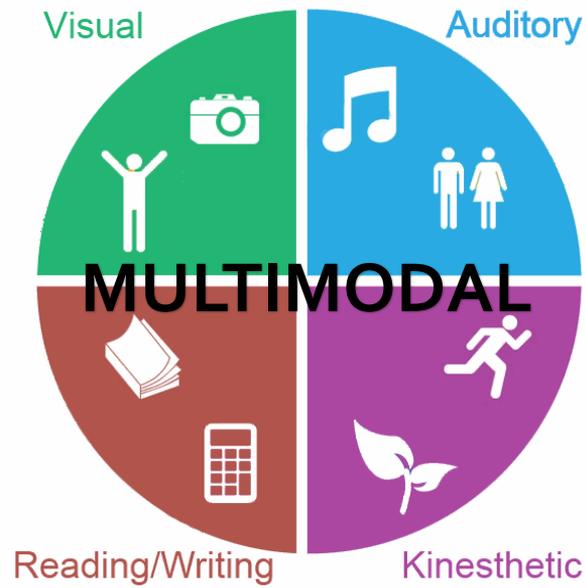
Reflect on

- Strengths
- Areas for improvement

Teaching Strategies



Learning Styles: VARK Introduction



Kennedy (2019)

Application Techniques



Draw pictures, create diagrams, color code, make flashcards



Watch videos, use word associations and mnemonics, repeat aloud, discussions

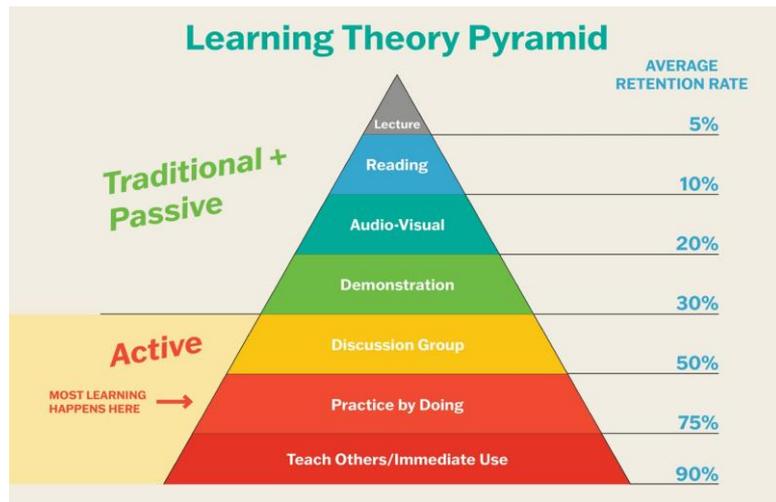


Take notes, use bulleted lists, create study guides, diagrams and charts



Make things, teach others, hands on learning

Active Learning⁸



Dealing with Difficult Students

Common Situations

1. Overly aggressive students with his or her goals.
2. Makes rude comments or questions Cis in front of patients.
3. Blames others for their mistakes.
4. Hates being contradicted.
5. Seems too easy to please others and overcommits.
6. Appears disinterested in patient care and exams or sessions.
7. Creates friction because of negativity.
8. Has no interest in feedback.
9. Always complains about the unfairness of everything around them.
10. Poor attendance.

Common Patterns of Unacceptable Behavior⁹



- Juggernaut – angry, rude, confrontational typically with pushy aggressive behavior
- Torpedo – rude, sarcastic, likes to make others look stupid
- Bombshell – explodes and doesn't like to be coached
- Wise Guy – doesn't care about feedback and blames everyone but themselves
- Gasbag – attention seeker who is often wrong, demonstrates attention seeking behaviors and is disruptive

Common Patterns of Unacceptable Behavior⁹

- Yes Man – conflict avoiding, unreliable, resentful, and overcommitted
- Two Minds – can't make a decision
- Black Hole – attempts to control others by providing no feedback – verbal or non-verbal
- No-Dice – AKA "Negative Nancy" who always has a negative mindset
- Crybaby – feels that everyone is out to get them and often rejects solutions



Common Patterns of Unacceptable Behavior: Motivators⁹

Behaviour motivators

- Assertiveness
 - Submissive or dominant behaviors
- Focus
 - Task at hand or others around them
- Fears and frustrations
 - Can't get it done – juggernauts, torpedoes, wise-guys
 - Can't get it done right – crybabies, no dice, black holes
 - Won't be able to get along with others – black holes, yes men, two minds
 - Won't get the recognition they deserve – bombshells, torpedoes, gasbags

Dealing with Unacceptable Behavior

- Contact program faculty
- Recognize that conflict is not bad and if the situation is not addressed, the problem will not go away.
- 2 strategies
 1. Students can choose to meet expectations
 2. Rehabilitate
 - Praise

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