You CAN Teach Med–Surg Nursing!

The Authoritative Guide and Toolkit for the Medical–Surgical Nursing Clinical Instructor

Mary A. Miller, RN, MSN, CCRN
Deborah C. Wirwicz, BSN, MSNEd

This guide and resource will give you all the direction and materials you need to perform in the role of a medical–surgical clinical instructor…Instructors will discover this book takes the work out of working in the clinical area.

This is the first comprehensive resource for clinical medical–surgical nursing instructors responsible for guiding students through their entire clinical rotation. Filling a huge gap in resources for instructors required to teach this course, it contains everything the new or adjunct instructor needs to teach expertly and confidently. The guide describes the role of the medical–surgical instructor and provides an introduction to the clinical site. It features a week-by-week instructional plan for the clinical rotation and includes all materials necessary to effectively perform administrative leadership and supervision, assess students’ knowledge and learning styles, maximize the learning process, simplify evaluation, and help ensure a smooth transition to clinical practice.

Brimming with helpful information, the guide is a welcome companion to both experienced and novice clinical nursing instructors with its organizational teaching templates, teaching and learning handouts, and evaluation materials. These include a course syllabus, comprehensive skills checklist, medication guidelines, forms and worksheets for patient teaching, pre- and postconference expectations and activities, and even makeup assignments for students who miss a clinical class. Clinical instruction materials, including PowerPoints and simulation scenarios, are provided for each body system. Additionally, the book contains quizzes with answers, discussion questions, critical thinking exercises, and interactive student activities.

KEY FEATURES:
• Comprises the first complete resource for successfully guiding students through their clinical rotations from start to finish
• Helps to allay the “fear factor” for new and adjunct clinical nursing instructors
• Provides a week-by-week instructional guide that includes organizational teaching templates, teaching and learning worksheets, and evaluation aids
• Includes numerous forms and templates to facilitate administrative responsibilities, student assessment, and student evaluation
• Organizes key clinical information by body system and includes multiple interactive teaching tools

11 W. 42nd Street
New York, NY 10036-8002
www.springerpub.com
ISBN 978-0-8261-1907-0

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You CAN Teach Med–Surg Nursing!
Mary A. Miller, RN, MSN, CCRN, is a practicing registered nurse who has worked as a medical–surgical and critical care nurse in a variety of clinical settings for over 40 years. In addition, she is currently a clinical nursing instructor at Trinity University School of Nursing & Health Professions in Washington, DC. She has also served as both full-time and adjunct faculty for the past 10 years, holding such positions as lead professor in the RN to BSN program and chair of the Academic Standards Committee on Informatics. During the course of her career, she has effectively mentored many students and adjunct faculty through the challenging clinical teaching/learning experience. She has developed numerous instructional tools, interactive student exercises, and time-tested evaluation methods to help students excel in their clinical rotations and make a successful transition to professional practice. She received her BS degree from the Shippensburg College in Maryland and her BSN and MSN degrees from the University of Phoenix and is a member of the Sigma Theta Tau Honor Society of Nursing.

Deborah C. Wirwicz, BSN, MSNEd, is a practicing registered nurse and also a clinical nursing instructor at Trinity University in Washington, DC. She has held numerous clinical and leadership positions in critical care and medical–surgical nursing over the past 20 years. She received her BSN and MSN degrees from the University of Phoenix and is a member of the Sigma Theta Tau Honor Society of Nursing. She has successfully developed patient educational materials for the critical care field in which she continues to work, and has initiated a progressive mobility program for the intensive care unit.
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Mary A. Miller, RN, MSN, CCRN
Deborah C. Wirwicz, BSN, MSNEd
I would like to dedicate this book to the Heavenly Father who has given me guidance and strength in life’s adventures. Also I would like to give credit to my students both old and new, colleagues, and Gloria Hynes, my mentor and friend.

—Mary A. Miller

First and foremost, to the Lord, our Father, who was ever present and continues to offer guidance. To my loving husband, Waynne, and to my family who sacrificed time spent together to allow for my personal growth. To the nursing profession, which provides the opportunity to help others in new and wonderful ways.

—Deborah C. Wirwicz
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Leave it to two educators, who are also excellent nurses, to see a need and create a solution. Nurses who choose to become clinical educators, whether working with nursing students, new hires, or those new to a department, can find guidance and support from this book. The content is presented in the form of weekly sessions that have been well thought out and based on current, evidence-based practice.

First-time clinical instructors will find numerous suggestions, ideas, and resources on how best to spend time with students. Organizing the nursing experience for optimal learning is a strong focus of this book and nurse educators will find relevant information in an easy-to-follow format they can share with students. This book will also assist experienced nurses in organizing and imparting their many years of nursing knowledge, so that students are better prepared and equipped for this honorable profession.

I have known Ms. Miller for many years; she is always supportive and determined to help with any need. Caring for her patients and educating her students are her passions. Many have benefited from her combination of curiosity, problem solving, lifelong learning, evidence-based care, and willingness to share her knowledge.

I believe in the saying “knowledge is power.” Sharing that knowledge is our responsibility as educators and nurses. These nurses live up to this expectation.

Katherine LaBaw, RN, MSN, CCRN, WCC
Adjunct Clinical Instructor
Marymount University
Intensive Care Unit Staff Nurse
Veterans Administration Medical Center
Martinsburg, West Virginia
This project was born when we recognized the need for a manual that would provide guidance and supportive resources for clinical and adjunct nursing instructors. The collaboration between the two coauthors has resulted in numerous materials to help fill the gap for new adjunct nurse educators and can also serve as a resource for nursing students.

A nurse, although knowledgeable in her own area of expertise, may be uncertain as to how or what to teach aspiring medical–surgical students in their clinical rotation. This book endeavors to offer comprehensive ideas and resources for the medical–surgical clinical instructor in what can sometimes be a daunting role.

You may be asking yourself, “Can I be a successful clinical instructor?” The answer is YES!!!

This guide and resource book will give you all the direction and resources you need to be a confident and competent medical–surgical clinical instructor.

The Introduction offers the new clinical instructor the foundational information needed to successfully undertake this role, especially for the first time. Chapter 1 offers insight and examples related to student evaluations, syllabus preparation, and contracts that would typically be used by an adjunct instructor.

Week-to-week instruction, along with medication quizzes and student learning activities, helps ensure that your students are learning new knowledge and skills on an ongoing basis.

Prereading each week’s lesson ensures that you as the instructor are prepared for that particular week’s activity and learning experiences. Students will be required to submit assignments. As a clinical instructor, you will review and grade these assignments, and your predetermined objectives will help you to grade them easily. Weekly journals can also be used to help identify the weaknesses and strengths of the students. Journals also help to facilitate regular feedback on the students’ learning experience. Worksheets and forms are included, with answers where applicable, in each weekly clinical chapter.

A caring plan and medication forms are included, along with medication administration guidelines. The major body systems are addressed, with comprehensive resources included on each one. The increasingly significant topics of delegation and patient teaching are also included.

Each clinical week is prepared and sequenced in such a way as to provide the clinical instructor with enough material to teach without redundancy.

New instructors will discover that this book takes much of the work out of teaching in the clinical area. Each preconference and postconference topic is preplanned; makeup assignments for those students who miss a clinical class are provided; projects for days when the clinic may be too busy, or when inclement weather causes a cancellation of the didactic class, are also included.

A PowerPoint presentation and copies of the forms found in this book can be obtained by qualified instructors from Springer Publishing Company by emailing textbook@springerpub.com.
ACKNOWLEDGMENTS

The authors gratefully acknowledge the exceptional editorial and production work of Lindsay Claire, Joanne Jay, Dennis Anderson, and Pamela Amri of Springer Publishing Company as well as the editorial contributions of S4Carlisle, Donna Frassetto, and Gale Thompson.

Mary A. Miller  
Deborah C. Wirwicz
Share
You CAN Teach Med–Surg Nursing!
INTRODUCTION TO THE ROLE OF THE MEDICAL–SURGICAL CLINICAL NURSING INSTRUCTOR

PART I
Chapter 1

INSTRUCTOR CONTRACTS
AND EVALUATIONS

An adjunct instructor is a part-time instructor working without the benefit of full-time employment. The adjunct instructor is held to the same teaching standards as a full-time instructor. However, an adjunct is not required to perform committee work, which is usually a requirement of a full-time instructor.

The adjunct instructor is required to sign a contract with the institution of higher learning for which he or she is teaching. The contract guarantees payment to the instructor provided that the terms of the contract are met. The contract will specifically state a length of time for which the contract is in effect as well as what class or classes are being taught. Teaching semesters are typically 14 weeks in length, during which time the class meets one day each week. Summer semesters, however, typically run 8 weeks, and classes are held twice a week during this time.

On completion of the semester, it is common practice for instructors to complete self-assessments. Clinical instructors may also be observed by peers, who complete evaluation forms and submit them to the institution. In addition, instructors and students are required to evaluate the clinical site at the conclusion of the class.

ONLINE OR DISTANCE LEARNING

The primary responsibility of a nurse educator or instructor is to facilitate learning for the nursing student. Learning modalities are often focused on the theoretical classroom or the didactic clinical course. Failure to mention distance learning or online education would be a mistake. Today’s technology offers students weekly instruction in a variety of forms and methods. Classrooms are either synchronized or asynchronized.

Synchronized classes require students to arrive to the virtual classroom at a designated day and time. This synchronized modality allows the instructor to interact with students in real time. These types of classes offer the student the opportunity to interact with other students and with the instructor, who, in turn, can provide students with immediate feedback. Questions regarding the materials discussed or assignments can be clarified during class time.

Asynchronized classrooms allow the student and the instructor to log into the virtual classroom at any time during the day or night. The asynchronized classroom offers increased flexibility for those desiring to further their education while meeting today’s complex professional and familial responsibilities.

Nursing instructors who desire to teach online may find that they receive little training on how to establish their virtual classroom. They may be provided with a set teaching plan that is to be strictly followed, or instructors may be required to develop their own materials and left to their own devices. You CAN Teach can supplement existing resources or be your complete guide, whether teaching online or in theoretical or didactic classes.
THE CONTRACT

A contract is entered into between the educational institution and the instructor. The contract will describe the terms and responsibilities of employment of the adjunct professor.

SAMPLE ADJUNCT PROFESSOR CONTRACT

A. Employment

This contract shall have a fixed duration of one semester, which will automatically expire at the end of this term. This contract establishes a temporary appointment and does not ensure any future obligations.

B. Duties and responsibilities

The employee’s responsibility is to serve as an adjunct professor for the course(s) listed in this contract, and will be required to perform teaching, documentation, and advisory duties in accordance with the faculty handbook, and other academic and college policies. The employee is required to submit a course syllabus for each course covered by this contract to faculty services as well as a list of the students requesting changes at least 1 week prior to the start of the course. The employee will verify and submit course attendance rosters, midterm grades, and final grades by established academic calendar deadlines set by the institution. The employee is required to set up and check an e-mail account on a regular basis.

C. Position and termination of employee

Employment is an at-will employment relationship and can be terminated at any time. Reasons can include failure to submit enrollment verification, midterm, and final grades; failure to teach material in an acceptable manner; or improper conduct. The employee will give the nursing school sufficient notice of not less than 2 weeks and monetary compensation will end at termination.

SELF-ASSESSMENT AND EVALUATIONS/OBSERVATIONS

Full- and part-time faculty regularly participate in self-assessments and invite colleagues to observe their teaching to strengthen their instructional skills and to advance excellence in instruction. Administrators also observe classes, fostering a friendly atmosphere of promoting dynamic teaching that keeps students at the center.

As part of this assessment process, faculty members should develop a brief self-assessment tool that they can share with colleagues who engage in promoting excellent teaching. Faculty should share specific information about the observation with students. Observation by colleagues using a standard rubric to provide feedback establishes goals and objectives particular to their academic discipline and the unit itself. A self-assessment form and observation rubric follow.

At the end of the semester, instructors and students evaluate the clinical site. The information gained from these evaluations allows the institution of higher learning to determine whether that particular site should continue to be used as a clinical learning environment. An example of clinical facility assessments follow.

PRE-EVALUATION QUESTIONS

Self-assessment: In reflecting on your role as an instructor, please consider the following questions. Each response should be one page or less.

1. What are your strengths as a professor?
2. In what areas would you like to advance as a professor?
3. What suggestions do you have for improving your course?

Observation: In reflecting on the class you have chosen to observe, please address the following items. Each response should be one page or less.

1. Briefly describe the students in the class—demographics, experiences, and attitudes.
2. What are the goals and objectives for the class being observed?
3. How will you know whether students are learning what you intended them to learn?
4. What other background information does the observer need to know to be able to follow the class and provide meaningful feedback to you as an instructor?

Self-Assessment Form

<table>
<thead>
<tr>
<th>Name of faculty member:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Course title/number:</td>
</tr>
<tr>
<td>Number of students:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1. Maintains an up-to-date syllabus; corrects assignments, maintains submission dates and additional readings; follows clearly stated course objectives and goals</th>
<th>Never</th>
<th>Occasionally</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Uses the syllabus as a tool to guide and communicate with students</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Maintains a communication pathway with the students by in-person communication or university e-mail</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Follows unit policies and procedures related to missed classes, plagiarism, and midsemester advising</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Remains current with developments in nursing, and shares developments in class discussion and projects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Provides timely feedback to students</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Sample Observation Form
The evaluator should complete this form after observing the class and then discuss the results with the faculty member.

<table>
<thead>
<tr>
<th>Name of faculty member:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of evaluator:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Course title/number:</td>
</tr>
<tr>
<td>Number of students:</td>
</tr>
<tr>
<td>Category</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>Knowledge of content</td>
</tr>
<tr>
<td>Objectives</td>
</tr>
<tr>
<td>Organization of classroom</td>
</tr>
<tr>
<td>Category</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Appropriate teaching methods, including the use of technology</td>
</tr>
<tr>
<td>Uses formal or informal assessment</td>
</tr>
<tr>
<td>Faculty interaction with students</td>
</tr>
</tbody>
</table>

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Preceptor Evaluation Form

Nursing students and faculty members should fill out this form to provide feedback to the learning institution on their experience with the preceptor, such as another RN, at the clinical site.

Name of clinical facility: __________________________________________________
Course: ________________________________________________________________
Date: ___________________________________ Site: _____________________________
Completed by: □ Student □ Faculty

Please circle the most appropriate answer that best describes your viewpoint regarding your preceptor experience. Space is provided after each statement if you choose to add any written comments.

1. Did the preceptor smooth the progress of the orientation process?
   - Never
   - Occasionally
   - Always
   Comment: ____________________________________________________________

2. Did the preceptor show expertise in his or her nursing role?
   - Never
   - Occasionally
   - Always
   Comment: ____________________________________________________________

3. Did the preceptor work in partnership and assist you in planning/learning objectives and experiences?
   - Never
   - Occasionally
   - Always
   Comment: ____________________________________________________________

4. Did the preceptor provide immediate and appropriate feedback?
   - Never
   - Occasionally
   - Always
   Comment: ____________________________________________________________

5. Did the preceptor provide resources to the student and facilitate learning?
   - Never
   - Occasionally
   - Always
   Comment: ____________________________________________________________

6. Did the preceptor direct the student through critical thinking and decision making?
   - Never
   - Occasionally
   - Always
   Comment: ____________________________________________________________

7. Did the preceptor consider the student’s limitation according to level of training?
   - Never
   - Occasionally
   - Always
   Comment: ____________________________________________________________

8. Did the preceptor encourage questions and offer constructive comments?
   - Never
   - Occasionally
   - Always
   Comment: ____________________________________________________________
The Clinical Facility Evaluation
This form is used to evaluate the facility as a learning site.

9. Did the preceptor use good communication skills?
   Never  Occasionally  Always
   Comment: __________________________________________________________

10. Did the preceptor exhibit a caring and respectful attitude?
    Never  Occasionally  Always
    Comment: __________________________________________________________

Please comment on how this preceptor assisted you in developing your clinical learning experience.

1. Do you recommend this preceptor for other students: Yes  No
   Why or why not? _____________________________________________________

2. Is this clinical setting a good place for student learning and why?
   _____________________________________________________________________

3. Were the course objectives realistic; could they be improved?
   _____________________________________________________________________

4. The following worked well in this clinical:
   _____________________________________________________________________

5. The following did not work well in this clinical:
   _____________________________________________________________________

Name of clinical facility: __________________________________________________
Course: _________________________________________________________________
Completed by: □ Student  □ Faculty
Please circle the most appropriate answer that best describes your opinion regarding the clinical site. Space is provided after each statement if you choose to add any additional comments.

1. Was this clinical agency pertinent to the expected clinical experience?
   Never  Occasionally  Always
   Comment: __________________________________________________________

2. Were the facilities adequate and available to achieve the clinical objectives?
   Never  Occasionally  Always
   Comment: __________________________________________________________

3. Were there sufficient and appropriate learning opportunities available to meet the objectives?
   Never  Occasionally  Always
   Comment: __________________________________________________________

4. Were there adequate numbers of clients to meet the objectives?
   Never  Occasionally  Always
   Comment: __________________________________________________________
The following outline is a conceptual road map the first-year clinical instructor can follow so that he or she may acquire lifelong learning skills and achieve success in preparing the course, navigating the all-important first class meeting, and mastering effective student-focused teaching practices.

I. Have or write a philosophy of what you want to achieve as a teacher. Objectives should be achievable and relevant to your teaching responsibilities, such as foster critical thinking, assimilate the role of a clinical instructor, and prepare students to function efficiently in the hospital setting. Define your area of responsibility as compared to your students’ responsibilities. Improve the education of students in your field by involving discussions of articles in academic journals or published by professional organizations.

II. Create a climate of mutual respect and trust. Do not threaten the students with their grades. Focus on essential knowledge, skills, and attitudes. This makes students eager to learn.

III. Possible topics for discussion during the initial student conference
   A. Student goals and perception of strengths and areas of improvement
   B. Previous clinical evaluation (if applicable) and what the student did to improve his or her weaknesses.

5. Were the types of clients varied in age, types of problems, and so on?
   Never         Occasionally       Always
   Comment: ____________________________

6. Was support staff helpful and accepting of students?
   Never         Occasionally       Always
   Comment: ____________________________

7. Were instructional materials and community resources available to supplement learning (i.e., pamphlets, outside class opportunities, etc.)?
   Never         Occasionally       Always
   Comment: ____________________________

Was the philosophy of the clinical site relevant to:

8. Caring?
   Never         Occasionally       Always

9. Health promotion and disease prevention?
   Never         Occasionally       Always

10. Sociocultural diversity?
    Never         Occasionally       Always

11. Safe practice and competent patient care?
    Never         Occasionally       Always
    How far did you travel from home to the clinical site? Mileage: __________
    How accessible was the site to public transportation? Mileage: ______________
    List ways this clinical site provided a good clinical experience for the student.
    List areas in which this clinical site might need improvement in order to provide optimal student learning.
    Do you suggest this clinical site for other students? Yes No
    Why, or why not? ________________________________

THE FIRST YEAR AS A CLINICAL INSTRUCTOR

The following outline is a conceptual road map the first-year clinical instructor can follow so that he or she may acquire lifelong learning skills and achieve success in preparing the course, navigating the all-important first class meeting, and mastering effective student-focused teaching practices.

I. Have or write a philosophy of what you want to achieve as a teacher. Objectives should be achievable and relevant to your teaching responsibilities, such as foster critical thinking, assimilate the role of a clinical instructor, and prepare students to function efficiently in a hospital setting. Define your area of responsibility as compared to your students’ responsibilities. Improve the education of students in your field by involving discussions of articles in academic journals or published by professional organizations.

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III. Possible topics for discussion during the initial student conference
   A. Student goals and perception of strengths and areas of improvement
   B. Previous clinical evaluation (if applicable) and what the student did to improve his or her weaknesses.

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C. Areas of knowledge building or improvement, including time management, organization, skill performance, priority setting, and clinical written work

IV. Meeting the students for the first time
A. Be prepared and organized. Arrive early to create an open atmosphere. Students are anxious so keep the first meeting short and purposeful.
B. State your expectations clearly and concisely. Set boundaries and offer expected outcomes to pass the course. Provide examples of satisfactory and unsatisfactory performances.

V. Select assignments based on specific course outcomes, abilities and learning needs of each student, prior student experiences, number of patients, and patient availability.

VI. Common student stressors
A. Harming a patient or make a mistake
B. Lacking of nursing knowledge and skills
C. Getting “kicked out” of the nursing program
D. Being observed and evaluated
E. Lacking an understanding, being overwhelmed, or frozen with fear
F. Unfamiliar with health care or hospital
G. Uncertain of expectations

VII. Coaching students
A. Provide a learning atmosphere that encourages students to ask questions and to expect honest feedback, teaches how to solve problems, provides challenging experiences that optimize student learning, and fosters mutual respect
B. Maintain a calm environment
C. Be consistent when performing procedures
D. Do not belittle the students when they do not know the answers
E. Identify student strengths but also identify weaknesses in a nonthreatening manner
F. Foster student participation and questions

VIII. Effective questioning
A. Phrase questions clearly and distinctly
B. Ask questions in a logical order; wait before expecting a response
C. Maintain eye contact and listen attentively
D. Do not interrupt students

IX. Type of questions
A. Lower level questions focus on recall, for example: What is the action of ______? How has the medication affected the client’s blood pressure?
B. Higher level questions focus more on critical thinking, for example: What would you do differently? What interventions would be effective for this client? What would you teach the client? What factors may have caused the noncompliance?
C. Incorrect student responses:
   1. Determine whether the student lacks knowledge or whether he or she is not prepared for the clinical experience
   2. Determine consequences: Can the student find the correct information or does he or she need to be sent home from clinical because of this deficiency?

X. Teaching
A. How do you know that the students are prepared? Is the preparation work complete? Prioritize patient care: Are the students mentally and physically able to safely deliver care? Explain the level of care to be performed: Start with simple tasks, such as bed making, bed baths, and vital signs, before advancing to wound care and dressing changes.
B. Different styles of learning: Visual, auditory, and tactile
   1. Visual: Use visual demonstrations; for example, color code laboratory values
   2. Auditory: Talk through the steps to be performed; think out loud
   3. Tactile: Provide “hands on” learning

XI. Observing skill performance
A. Novice student
   1. The student must think through the steps before he or she understands the skill.
2. The student needs to review before performing the skill. Or has he or she performed the skill successfully before? If the student has performed the skill before, always observe for the first time as a new instructor.

3. Gather all the necessary supplies and review the skill before entering the patient room.

4. Introduce the student and yourself to the patient, and explain the procedure that is to be done.

5. Stand out of the patient’s view in case you need to give nonverbal cues.

6. Intervene if you feel the procedure is being jeopardized, but make it feel natural to the student and the client. Do not berate the student in front of the client.

7. Analyze how the procedure went, and provide tips for improvement.

8. If a student denies the mistake or makes excuses, watch the student closely during future procedures.

9. If a student is unqualified for a procedure, develop an action plan and have the student practice the procedure in a skills laboratory. Recheck the student’s performance before returning to the clinical site.