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Review Article

Bridging The Gap: From Bedside Practice to Clinical Teaching

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Introduction

Bridging the Gap: From the bedside practice to clinical teaching is a training program that is planned for the adjunct/part-time nursing clinical instructors/new faculty who will be transitioning from bedside practice to teach in an academic setup. Every school of nursing should be committed to preparing clinical instructors who are competent and proficient and can prepare the nursing students efficiently who will be our future nurses. However, not every nursing organization have a standard mentorship program to prepare mentees to be successful in their roles. Through this program, we plan to do a gap analysis of the participants (part-time nursing instructors) and support them with the necessary resources that can help them to develop the knowledge and skills essential for success in their role.

Background

Every nursing program should help in the development of new faculty/part-time clinical instructors who can act independently to prepare the next generation of nurses. Flood and Robinia [1] stated that nurse educators are facing challenges in integrating theory to practice and in helping students use all the domains in caring for the patients. Clinical faculty should be prepared to coordinate and help in the transition of students learning from classroom to clinical setting. Standardized mentoring programs are available in a few schools that is offered for new full-time faculty and part time clinical instructors to help them identify the possible resources to grow independently and facilitate the overall development as an instructor. The mentoring program will help the participants to know their roles, responsibilities, use the organizational resources

effectively and facilitate an effective learning environment for their students.

PICO/Practice Question

(P) Clinical Nurse Faculty supporting Associate Degree Nurse Programs

(I) None

C) Novice and veteran clinical nursing faculty

O) Perceived confidence levels

Based on the following PICO components the following practice question was developed

What are the perceived confidence levels of novice and veteran clinical nurse faculty's knowledge of academic resource concepts and the need for implementation in clinical faculty's self-reported clinical practice?

Methodology and Implementation

The primary research methodology of the study was quantitative. Quantitative information was captured through the use of a 5-point Likert scale format. This survey was created by members of the Nurse Leadership Institute workgroup. The electronic survey was administered through Survey Monkey to experienced and novice nursing clinical faculty. This survey consisted of 17 questions following a demographic and background section. Questions focused on assessing attitudes, behaviors, resource accessibility, and clinical faculty topics for future education. A total of 33 responses were collected.

Review of Literature/Evidence

Hinderer, et al. [2] pointed out that “intentional mentoring” is one of the key elements to successfully transform an expert clinician to a nurse educator. Fountain and Newcomer [3] summarized the benefits of effective faculty mentoring programs. These benefits include enabling the recruitment and retention of the faculty, enhancing mutual relationships among the faculty, boosting productivity and increasing the organizational stability.

To develop an effective mentoring program to support the role of a novice clinical faculty, several vital factors were stated in some studies: the importance of a structured orientation program [4], constant support from the experienced faculty and the administrator and along with continuous evaluation and feedback for improvement [1], and establishing clear mentorship purpose and goals [5].

Study Findings

What support do you need from your mentor? (Figure 1)

- “Mostly direction”
- “Ability to ask questions”
- “Assistance with academic counseling/ probation, collaboration of ideas to improve the course”
- “Off hours’ support”
- “Administrative support”

What resources do you think will help you to be prepared to facilitate the learning for your students? (Figure 2)

- “Curriculum, Syllabus, Course Content”
- “A formal course/in-service related to expectations and clinical tools.”
- “Course Expectations”
- “Have more details about what they are learning, projects etc.”
- “Orientation to the course/Preceptorship”
- “Current nursing clinical practice guidelines”
- “Clinical outcomes, course outcomes, program outcomes”

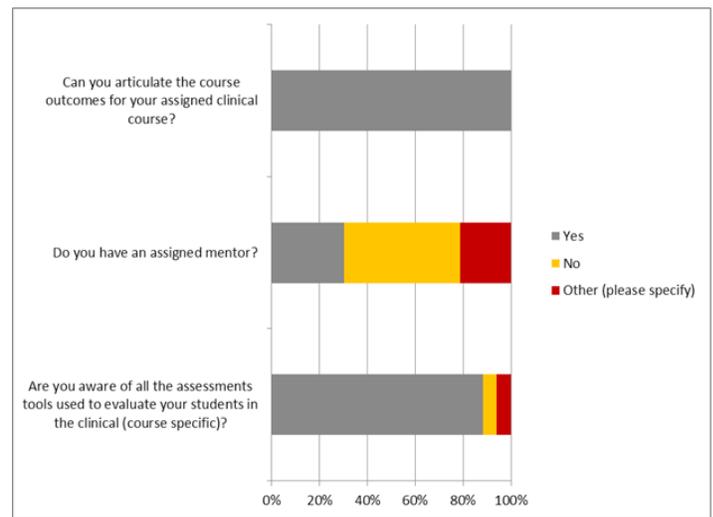


Figure 1: Survey questions- 1-3.

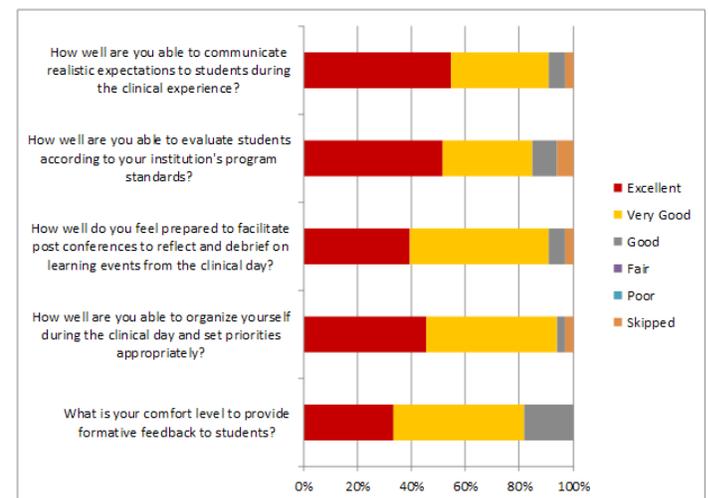


Figure 2: Survey questions- 10-15.

Translation/Recommendations

Our survey concludes that most schools do not provide a mentorship program to their clinical instructors and the presence of such would yield positive results. While most faculty felt comfortable with the daily coordination of clinical operations, the link between clinical practice and nursing education is divided. Participants reported the desire to participate in a formal

preparation program or receive informal mentoring by their associated schools to help navigate the students' learning needs and course curriculum. A more formalized resource would increase the ability to provide feedback to students and better prepare them for how their clinical experience fits into the larger program of study. As research suggests, without this integration, student learning becomes fragmented. Benefits to a cohesive relationship between didactic and clinical include "improved student outcomes, the promotion of collegial relationships between academe and practice, and enhanced faculty recruitment and retention" [1]. The mentors and the mentees individually gain from this experience both receiving constructive feedback and collaboration. A solid partnership in leadership is critical for both the organizations and individuals allowing both to be successful. The implications of these strengthened relationships affect general nursing practice and, ultimately, patient care.

References

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