Clinical Experiences Of Nursing Students At A Selected

Nursing student's experiences of their clinical practice provide greater insight to develop an effective clinical teaching strategy in nursing education. The main objective of this study was to investigate student nurses' experience about their clinical practice. The result of this study showed that nursing students were not satisfied with the clinical component of their education. They experienced anxiety as a result of feeling incompetent and lack of professional nursing skills and knowledge to take care of various patients in the clinical setting. The backmatter of the book contains a few articles concerning the merits of open access publishing.

The purpose of this qualitative study was to investigate and describe nursing students' and clinical instructors' understandings of critical thinking and to discover which clinical experiences were significant in allowing students to develop critical thinking abilities. Interpretive qualitative methodology was used to explore students' and instructors' perceptions of critical thinking experiences that occurred during clinical education. Data were obtained from 11 student participants and 4 instructor participants using responses to prompts defining critical thinking experiences and follow-up interviews. There were three overarching findings from this study: (a) students and instructors described similar characteristics of clinical experiences that were significant in developing critical thinking including complex situations warranting independent identification, interpretation, and decision making by students; (b) students and instructors described critical thinking as the ability to process an unclear situation, understand the significance of the context, and know what to do next; and (c) students and instructors revealed a disconnect regarding instructor significance and role during clinical experiences. The findings of this study have demonstrated the importance of clinical experiences and preparing for them and debriefing after them for students and the development of their critical thinking. Implications for nursing education include the need to implement certain strategies that maximize critical thinking experiences in the clinical setting, the need for education and training for clinical instructors, and the need for improved discourse between students and instructors regarding clinical experiences.

Print+CourseSmart

This eighth edition of Essentials of Nursing Research, written by AJN award-winning authors, along with its accompanying Study Guide for Essentials of Nursing Research, student learning ancillaries, and instructor teaching materials present a unique learning teaching package that is designed to teach students how to read and critique research reports, and to appreciate the application of research findings to nursing practice. New to this edition: New text organization with separate sections on quantitative and qualitative research offer greater continuity of ideas to better meet the needs of students and faculty. New online chapter supplements for every chapter expand student's knowledge of research topics. New chapter on mixed methods research, which involves the blending of qualitative and quantitative data in a single inquiry, responds to the surge of interest in this type of research. Increased emphasis on evidence-based practice (EBP) especially in the areas of asking well-worded questions for EBP and searching for such evidence guides the reader from theory to application. Enhanced assistance for instructors with numerous suggestions on how to make learning about and teaching research methods more rewarding.

Named a 2013 Doody's Core Title and Essential Purchase! Praise for the Third Edition: "I recommend this book as an introduction to new educators involved in clinical teaching." - Journal for Nurses in Staff Development

The fourth edition of this highly acclaimed text continues to provide a comprehensive framework for planning, guiding, and evaluating learning activities for graduate and undergraduate nursing students in numerous clinical settings. A respected resource for clinical faculty, it addresses the distinct requirements of clinical learning as opposed to classroom learning and provides proven strategies to maximize clinical education. The revision features expanded content on teaching graduate students, regulatory issues affecting distance education, and the use of social media. It covers establishing and using dedicated education units (DEUs), the challenges of student access to electronic health records and documentation of care, and reducing the demands of clinical staff members when multiple students rotate through a particular setting. Additionally, this edition provides guidelines for using preceptors, evaluating multimedia, and observing students in practice; sample observation guidelines, learning assignments, and clinical learning activities; and sample policies for clinical evaluation and adherence to professional conduct standards. It includes the latest revisions of the NCLEX test plan and the AACN Essentials guidelines for nursing education. The instructor's manual, which includes learning activities for each chapter and teaching suggestions, and PowerPoint presentations accompany the text. New to the Fourth Edition: Two completely new chapters: the first "Developing Clinical Learning Sites," and the second "Pedagogical Technologies for Clinical Education" Expanded approaches for meeting the clinical needs of graduate students Regulatory issues affecting distance education across state lines Using social media Discussion of benefits of DEUs and practical suggestions for developing them as clinical teaching sites Important content regarding the NLN CNETM Examination Detailed Test Blueprint Challenges of student access to electronic health records Guidelines for using preceptors, evaluating multimedia, and student observation Sample evaluation guidelines, learning assignments, and clinical learning activities and sample policies for clinical evaluation and professional conduct standards Would like to develop some strategies to manage knowledge deficits near misses and mistakes in practice? Are you looking to improve your reflective writing for your portfolio, essays or assignments? Reflective practice enables us to make sense of, and learn from, the experiences we have each day and if nurtured properly can provide skills that will you come to rely on throughout your nursing career. Using clear language and insightful examples, scenarios and case studies the third edition of this popular and bestselling book shows you what reflection is, why it is so important and how you can use it to improve your nursing practice. Key features: - Clear and straightforward introduction to reflection directly written for nursing students and new nurses - Full of activities designed to build confidence when using reflective practice - Each chapter is linked to relevant NMC Standards and Essential Skills Clusters

"Qualitative Research in Nursing is a user-friendly text that systematically provides a sound foundation for understanding a wide range of qualitative research methodologies, including triangulation. It approaches nursing education, administration, and practice and gives step-by-step details to instruct students on how to implement each approach. Features include emphasis on ethical considerations and methodological triangulation, instrument development and software usage; critiquing guidelines and questions to ask when evaluating aspects of published research; and tables of published research that offer resources for further reading"--Provided by publisher.

Background: Sense of belonging is essential for nursing students to develop and grow within the nursing profession. Unfortunately, incivility threatens the sense of belonging in nursing students. Purpose: The purpose of this cross-sectional study is to determine the relationship between staff nurse incivility and undergraduate nursing students' sense of belonging in nursing school, describe the presence of incivility in minority undergraduate nursing students, and determine how semester in the nursing program and weight are associated with incivility and sense of belonging. Baumeister and Leary's (1995) need to belong theory was chosen as the framework for this study. Methods: A convenience sample of 123 junior and senior nursing students from two nursing schools in New Mexico were recruited to participate in this study. The concepts were measured using the Uncivil Behavior in Clinical Nursing Education (UBCNE) and Sense of Belonging in Nursing School (SBNS) surveys. Correlation coefficient, descriptive statistics, Fisher r-to-z
transformation, 95% confidence intervals were calculated. Results: One-hundred and twenty-three pre-licensure undergraduate nursing students completed the study, resulting in 44.7% response rate. The results showed a statistically significant, inverse correlation between the UBNE and SBNS. However, there was no association between staff nurse incivility and undergraduate nursing student sense of belonging among the cohort. Of the minority undergraduate nursing students, American Indian or Alaskan Native students reported the highest mean frequency of incivility. There was no significant difference noted between correlations based on level in the program or body mass index. Discussion: This was the first study to assess the relationship between staff nurse incivility and undergraduate nursing students’ sense of belonging in nursing school. As the experience of incivility increased in the clinical environment, the overall sense of belonging in nursing school decreased. Yet, staff nurse incivility was not associated with sense of belonging in the cohort, highlighting the impact of acceptance in the students’ social group. Conclusion: This study reported the relationship between incivility and sense of belonging in the nursing profession. The findings of this study may be useful for nursing educators, nursing students, staff nurses, and healthcare organizations who facilitate clinical experiences for nursing students.

Nursing students have identified the clinical learning environment as one of the most stress producing components of their nursing education. Past research has shown high levels of stress can lead to decreased learning, affect clinical performance, increase clinical errors, and threaten physical or psychiatric wellbeing. The primary responsibilities of nurse educators are to help students effectively cope with their initial stress and facilitate student learning by applying the knowledge they gain in the classroom to the clinical environment. To allow students the opportunity to integrate theory into practice, the use of high-fidelity human patient simulation is becoming more widely accepted in nursing education as an instructional methodology. This study demonstrated a relationship between the use of high-fidelity human patient simulation and the reduction of stress levels in novice nursing students that has not been previously reported in the literature. The purpose of this study was to investigate the effect of high-fidelity human patient simulation on the stress levels of associate degree novice nursing students prior to their first clinical experience. Fifty-five associate degree nursing students from one technical college tested the hypothesis that novice nursing students who receive practice on a high-fidelity simulator prior to their first clinical experience will experience less stress and increased client system stability than those novice student nurses who do not. This study used a quasi-experimental, pretest-posttest comparison group research design to examine self-reported stress levels on the Student Stress and Coping Inventory Clinical Experiences subscale (SSCI). Control group participants attended two clinical days in a skilled nursing facility on a long-term care unit. Intervention group participants attended a simulated clinical experience with a high-fidelity human patient simulator followed by a clinical day at the same skilled nursing facility as the control participants. The Betty Neuman Systems Model was used to investigate whether a simulated first day clinical experience will perform as a primary prevention as intervention method on system stability to reduce stressor reaction and protect the flexible line of defense for associate degree novice nursing students. Study results confirmed the hypothesis and revealed that intervention participants who did not report any experience in healthcare and participants who reported no employment in healthcare identified significantly lower levels of stress on their SSSI posttests compared to control group participants whose posttest stress scores increased. Preparation using a simulated first day clinical experience with a high-fidelity mannequin demonstrated to be a primary prevention as an intervention method and increased novice nursing student system stability. Research findings confirmed a significant difference in overall mean stress scores between the intervention and control group participants who did not report any experience in healthcare and those who were not employed in healthcare. Control group participants reported higher stress scores following their initial clinical experience whereas intervention participants reported a decrease in stress following a simulated first day clinical experience and their first clinical day. This study was conducted using an experimental research design to examine two clinical supervision models for junior level nursing student clinical experiences. The traditional model of one instructor supervising eight to ten students on one unit, was compared with the precepted model where one student was paired with one experienced, practicing registered nurse on a unit with regular visits by a faculty clinical instructor. The precepted model was proposed in this study as a model of clinical education that would be consistent with the Situated Learning Model with an emphasis on learning with a role model through observation and participation in the community of practice in authentic activities. This study included 107 junior level student participants (control group n=54; experimental group n=53), from one school of nursing. Students in both groups were enrolled in the same courses, assigned to general medical-surgical nursing units, in similar hospital settings in the same region, for the same number of hours. The Clinical Competency Rating Scale (CCRS) developed by Scheetz (1988) was used to rate clinical competency in three areas including: problem solving, applying theory to practice, and psychomotor skill development. Clinical competency was compared using t-tests, and analysis of covariance (ANCOVA) was used to control for differences in faculty experience level. The precepted model of clinical education did not yield junior nursing students who achieved higher levels of clinical competency compared to the traditional model. Students having traditional clinical experiences were rated higher in the psychomotor skill development variable with no consistent statistical difference in the other two variables. Suggestions for practice included: improving faculty preparation for rating students, performance, attention to preparing preceptors to specifically help students with psychomotor skill development when the precepted model is used, and monitoring clin. Praise for the First Edition: “[O]ffers advice on everything from organizing the clinical experience to understanding the legal issues of clinical education....The authors have 32 years of combined teaching experience and are able to offer quality, real life, clear instructions and advice in an easy-to-read book that easily slips into a lab coat pocket for a ready reference. This is a must have for the new clinical instructor as well as a concise reference for those who have been in the trenches but could use some streamlining to their teaching methods.” -- Nursing Education Perspectives This new
Nursing Student Engagement: Enhancing, Maintaining, Exceeding by Kathleen F. Hudson RN, MSN, MBA Nursing students’ sense of engagement in both classroom and clinical settings set the stage for their future functioning within complex health care settings. Nursing students with a sound sense of engagement will have depth and resourcefulness to engage, maintain, and exceed within the demands nursing roles they will face. This text highlights engagement’s evolution within nursing, along with providing classroom and clinical engagement strategies. This is followed engagement and ethics, and concludes with the future of engagement within nursing practice.

Clinical Nursing Education: Current Reflections was conceived as a unique resource for seasoned and novice faculty as well as graduate students on the nurse educator track. The book aims to help the profession re-imagine clinical education, historically, the essential core of nursing education, and examine the impact of new models for clinical education in an increasingly complex environment of health care delivery. It also provides readers a variety of reflections on simulation, performance evaluation, student experiences, and faculty responsibilities related to these critical aspects of a nurse’s education. The book grew out of the editors’ experiences as part of the NLN’s Task Group on Clinical Education, Blue Ribbon Panel on Research in Nursing Education, and Think Tank on Transforming Clinical Nursing Education.

The changes in the healthcare environment, safety concerns of the practice setting and patient acuity has supported reform and research to identify areas for improvement (IOM, 2001, 2003). The Carnegie Foundation’s Educating Nurses, A Call for Radical Transformation (Benner, P., Surphen, M., Leonard, V. and Day, L., 2010) explored the state of American nursing education. Among the findings are: patient safety issues, higher patient acuity, the increased complexity of nurse’s work, shortages of nursing faculty and clinical learning sites, the current and predicted shortages of registered nurses, and the chaotic, fragmented hospital work environment. The call to action is to improve patient care through the education of nurses.

This book is a qualitative exploration of how nursing students develop practice knowledge in their undergraduate clinical experience. Clinical practice knowledge development is explored using the epistemological concepts of the discipline of nursing: empirics, aesthetics, ethics and personal knowing as described by Carper (1978), unknowing by Munhall (1984) and sociopolitical knowing as described by White (1995). The study utilized individual interviews exploring the learning processes of developing nursing practice knowledge by undergraduate baccalaureate nursing students from UMASS at Amherst who have had clinical experiences in both a Dedicated Education Unit (DEU) and non-DEU clinical settings. Change in the education of nurses must be guided by research to support best practices. Clinical education is a crucial aspect of the practice development of student nurses. The development of nursing practice knowledge comes together in a model of Synergistic Clinical Education, incorporating the identified attributes supporting learning: the student, learning environments and relationships. This study supports the utilization of Dedicated Education Units as a clinical education model providing an optimal learning environment in which the development of nursing knowledge and clinical practice is more likely to happen than in any other clinical experience setting. Keywords: knowledge development, nursing students, clinical learning

Thinking Like a NurseThe Impact of Simulation and Clinical Experiences on Clinical Judgment in Prelicensure Nursing StudentsThe Practice of Nursing ResearchConduct, Critique & Utilization

The Future of Nursing explores how nurses’ roles, responsibilities, and education should change significantly to meet the increased demand for care that will be created by health care reform and to advance the thousands of students who graduate from America’s increasingly complex health system. At more than 3 million in number, nurses make up the single largest segment of the health care workforce. They also spend the greatest amount of time in delivering patient care as a profession. Nurses therefore have valuable insights and unique abilities to contribute as partners with other health care professionals in improving the quality and safety of care as envisioned in the Affordable Care Act (ACA) enacted this year. Nurses should be fully engaged with other health professionals and assume leadership roles in redesigning care in the United States. To ensure its members are well-prepared, the profession should institute residency training for nurses, increase the percentage of nurses who attain a bachelor’s degree to 80 percent by 2020, and double the number who pursue doctorates. Furthermore, regulatory and institutional obstacles -- including limits on nurses’ scope of practice -- should be removed so that the health system can reap the full benefit of nurses’ training, skills, and knowledge in patient care. In this book, the Institute of Medicine makes recommendations for an action-oriented blueprint for the future of nursing.

Research shows that the sharing of personal, first-hand stories not only enhances learning and eases the transition to a new role, but also helps novice educators to understand that their challenges are shared by others. With the goal of improving the experience of nurses transitioning from clinician to educator, in hospitals as well as schools of nursing, this unique book presents the stories of nurses who made this transition. It presents the findings of several qualitative studies including the question, iWhat is the lived experience of clinicians as they assume new roles as clinical nurse educators?? These narratives describe the challenges they faced and transformations in each nurses’ identity and relationships during the transition process. The text includes recommendations from the Carnegie Foundation for the Advancement of Teaching and specific problem-solving strategies that have worked for others. The narratives are from nurse clinicians, nurse educators, and students who provide insights into such common dilemmas faced by novice educators as iHow do I keep a patient safe while allowing the student nurse to practice a skill for the first time?? If a student is slow to catch on to a procedure, how long do I wait before they fail?? iHow do I help provide a safe and effective learning environment for new graduate nurses?? The book includes stories of students who describe caring and uncaring experiences with clinical nurse educators. Stories address cultural diversity, bullying, and dilemmas related to critical and ethical thinking. Nurse educators themselves share insights into what they wish they had done differently to guide students and new graduate nurses in their learning. While these storytellers had diverse clinical and educational backgrounds, there were consistent similarities between the experiences they described. One common thread was the need to embrace the role of a novice in order to succeed.
The book will serve as a valuable text for graduate students in nurse educator courses as well as students and nurses seeking support, insight, and inspiration in their transition to the clinical nurse educator role. Key Features: Presents experiential narratives from nurses who made the transition from clinician to educator. Describes important aspects of a nurses’s transition from the role of clinical expert to that of a novice educator. Includes research-based insights in a highly accessible style and format. Integrates National League for Nursing Core Competencies into the text. Provides inspiring, helpful, and comforting guidance for nurse clinicians feeling lost or confused in a new role. The state-of-the-art concept-based, student-centered introduction to nursing: first of three volumes, focused on 21 indispensable biophysical concepts. Today, nurses must be able to transfer their knowledge to new situations, and stay current with new disorders, treatments, and evidence-based practice. Nursing: A Concept-Based Approach to Learning, Volume I, Second Edition will help them achieve all these goals. Its concept-based approach requires students to participate actively, assume more responsibility for their knowledge, integrate concepts, apply information, and use clinical reasoning. Instead of memorizing thousands of alterations, students gain in-depth knowledge of selected alterations, and learn how to apply that knowledge as new challenges and client presentations come their way. The first of two volumes, this fully-updated Volume I focuses on 21 crucial biophysical concepts: acid-base balance; cellular regulation; comfort; digestion; elimination; fluids/electrolytes; health, wellness, and illness; immunity; infection; inflammation; intracranial regulation; metabolism; mobility; nutrition; oxygenation; perfusion; perioperative care; sensory perception; sexuality; thermoregulation, and tissue integrity. These concepts are illuminated with nearly 100 exemplars covering the entire lifespan. CONSISTENT PEDAGOGY FOR IMPROVED KNOWLEDGE RETENTION: The textbook series has an updated concept-level template that presents each concept and exemplar in the same manner. Each CONCEPT follows the following template: Normal Presentation - Developmental Considerations - Alterations - Related Concepts - Physical Assessment - Diagnostic Tests - Interventions & Therapies Each EXEMPLAR follows the following template: Overview - Pathophysiology and Etiology - Clinical Manifestations and Therapies - Nursing Process - Nursing Care Plan - Relate and Reflect Teaching and Learning Experience This concept-based, student-centered text will help nurses master the essential biophysical concepts of nursing, and apply critical thinking to deepen and extend this knowledge throughout their nursing careers. Concept-based approach helps students synthesize today’s most important nursing concepts, and extend their knowledge as new evidence and standards of practice arise. Replaces rote memorization with a deeper understanding of the most crucial concepts, supported with exceptionally relevant and useful examples, and the critical thinking skills needed to extend them. Up-to-date, thorough coverage of the 21 most crucial biophysical concepts every nurse should understand: Shows how core concepts recur throughout multiple body systems and alterations, providing a foundation for students to extend their learning throughout their careers. Multiple pedagogical features to promote more effective learning: State-of-the-art teaching features make key concepts more accessible and intuitively understandable. NEW! The cover of the textbook no longer references North Carolina which reflects the more nationally-focused approach in the second edition. NEW! More equal distribution of content between volumes 1 and 2 so that there is no longer such a significant difference in the sizes of each volume. Reproduction and psycho-social concepts are now printed in volume 2. NEW! "Concepts Related To" tables appear in each module and demonstrate for students how concepts are integrated. NEW! Case Studies appear in each module. Modules in Parts I – III contain a three-part longitudinal case study to help students apply the content. NEW! Community-Based Care features are designed to show how nurses can help their clients manage their care in the community. THREE (3) NEW CONCEPTS: NUTRITION PERIOPERATIVE CARE DIGESTION, includes the following exemplars: -Gastroesophageal Reflux Disease -Hepatitis -Malabsorption Disorders -Pancreatitis -Pyloric Stenosis SIX (6) NEW EXEMPLARS: Diabetes in Children (in METABOLISM Concept) Adjustment Disorder with Depressed Mood (In the MOOD AND AFFECT Concept) The Nursing Plan of Care and Prioritizing Care (In CLINICAL DECISION-MAKING Concept) Groups and Group Communication (In the COMMUNICATION Concept) Just Culture in the module on Legal Issues Safety Considerations Across the Life Span and Workplace Safety (in SAFETY Concept) The Annual Review of Nursing Education addresses trends, new developments, and innovations in nursing education over the past year. Chapters provide practical information and new ideas that educators and administrators can use in their own nursing programs. Volume 6 looks at such intriguing topics as innovations in clinical teaching and evaluation, partnerships for clinical teaching, selecting clinical sites, how students view their clinical experience, grade inflation in nursing, and using case studies for promoting critical thinking, among others. Curriculum Development in Nursing Education, Second Edition continues its dedication to the advancement of nursing education, and in particular, to the ongoing development of relevant yet dynamic nursing education curricula. This Second Edition offers current, accessible, and comprehensive tips and tools and incorporates a balance of theoretical perspectives and practical applications. The Second Edition has been completely revised and updated and includes an expanded focus on developing a context-relevant curriculum. A major determinant in any nursing education curriculum is the context in which the curriculum is developed and offered. This context is the professional, societal, health care, and educational situations to which the curriculum must respond, and is what makes each school’s curriculum unique. Curriculum Development in Nursing Education helps nurse educators create a program of study that will meet the contextual needs of their individual setting. What’s New: Expanded focus on developing a context-relevant curriculum. New sections on educational technologies, distributed learning, and curriculum evaluation. New chapters on preparing for external program review, building a curriculum, and evaluation of a curriculum. This instructor’s manual accompanies third edition providing step-by-step guidance for critiquing, using and conducting quantitative and qualitative nursing research, with an aim to help the reader make informed choices about their approach to research. Information is included on phenomenomologial research, grounded theory research, ethnographic research, historical research, philosophical inquiry and critical social theory. Teaching nursing students in a clinical setting with patients differs greatly from teaching in a classroom. It can be a daunting task if one is not prepared and mentored. This book provides a concise and accessible guide for nursing instructors leading students in the healthcare agency for the first time, as well as experienced educators who are interested in exploring new teaching strategies. It covers many aspects of the clinical instructor role including: meeting the nurse manager exploring and documenting your clinical day creating clinical student assignments objectively evaluating student’s individual performance acknowledging diversity and inclusiveness tracking progress and handling student errors. In addition, the book discusses some of the more complex issues surrounding the role of the clinical instructor such as accountability for nursing care, documentation and medication administration carried out by students. The book features numerous forms and charts to assist in organizing and managing the teaching experience, as well as situational scenarios to help prepare instructors for unique situations that arise during the clinical experience. Written by authors with extensive experience in clinical care and teaching, this book will be an invaluable guide for all clinical...
nursing instructors, both novice and experienced. Examples of tools in the book and online downloadable forms to support an organized clinical experience for a new instructor accompany this publication.

Much of nursing education takes place in clinical settings. Student nurses are socialized into the culture of nursing through experiences with staff nurses in those settings. This socialization often forms the base on which nurses build values and careers. Uncivil interactions with staff nurses have the potential to significantly impede student learning. The purpose of this qualitative descriptive study was to examine student nurses' experiences with incivility arising from interactions with clinical agency staff during required clinical experiences. Undergraduate students participated in semi-structured individual interviews and were asked about their experiences with incivility in clinical settings. Students described both positive and uncivil behaviors of nursing staff as well as the impact the behaviors had on their learning. Four key themes were identified: acceptance, willingness, advocacy, and compromise.

Purpose: The purpose of this paper is to explore the impact of academic-clinical partnerships on the clinical education experiences of undergraduate nursing students, staff nurses, and clinical faculty.

Design: An integrative literature review was conducted using 12 research studies that examined academic-clinical partnerships in healthcare education. Etienne Wenger's concept of communities of practice was used as the framework for the review. Methods: Studies from peer-reviewed journals published between 2011 and 2015 were included in the literature review. The studies were retrieved from an online database using the search terms “academic partnership,” “clinical partnership,” “nurse education,” “collaboration” and “clinical model.” The findings from the literature review were grouped according to common themes.

Findings: Academic-clinical partnerships were shown to result in student, staff and faculty satisfaction. They were also found to make the clinical learning experience more valuable and realistic. Conclusion: The findings suggested that academic-clinical partnerships positively influence nursing student, staff and faculty satisfaction. They also afforded a valuable and contextual learning experience. Relevance to Nursing Education: As the nursing profession continues to evolve parallel to the needs of modern-day healthcare, organizations such as the Institute of Medicine have called for a transformation in the delivery of nursing education. Academic-clinical partnerships have been identified as a means to provide more satisfactory and comprehensive learning experiences.

The purpose of this study was to identify characteristics and teaching techniques of effective clinical instructors that can be utilized to improve the student nurses' clinical experience. Clinical instructors are an integral part of a quality clinical experience. They help students transfer didactic information to the practice setting. The clinical nursing experience is a vital component in the developmental process of the nursing student. Research has been conducted on this subject, but gaps remain. The need for a more in-depth understanding of students' perceptions of the characteristics and teaching techniques that best aid their comprehension and learning will help instructors to maximize student learning experiences. This qualitative research study utilized the phenomenological research method. Phenomenology is a method that interprets the lived experience by listening to the different stories of participants. The method examines the phenomena through the subjective eyes of the participants. Three open-ended questions were posed to 14 nursing students to identify the characteristics and teaching techniques they believed comprised an effective clinical instructor. Individual interviews were conducted, and transcribed interviews were reviewed to identify common themes. Three faculty members provided member checking to prevent bias. Participants identified four main themes which included a trusting relationship, experience or knowledge, coach, and role model. The students found that they gained more knowledge, developed more critical thinking, and felt more confident with instructors who utilized characteristics and techniques from these four areas. Clinical instructors play an important role in preparing the student nurse in becoming a competent nurse in the practice setting. This information can be used to provide a foundation in creating an educational opportunity to inform nurse educators in ways to become a more effective clinical instructor.

Clinical Instruction and Evaluation: A Teaching Resource, Third Edition is designed to guide instructors through the learning process by providing clinical nurses with the theoretical background and practical tools necessary to succeed as a clinical nursing instructor. The theory used to support the practice of clinical education is presented in a straightforward, easy-to-understand manner. This text offers approaches to structuring clinical experiences for students, evaluating student performance, and solving problems encountered in clinical settings. The Third Edition has been completely revised and updated and now includes a larger focus on teaching people from other cultures and traditions as well as the critical issues around the nursing shortage. The nursing shortage has increased the demand for nursing educators and as a result, nursing programs are now turning to clinically expert nurses to play a role in the educational process. Clinical Instruction and Evaluation helps the clinical nurse make a smooth transition to nurse instructor. Key Features:

Emphasizes the clinical component of the faculty role Emphasizes the process of teaching in the complex clinical area accessible Chapters can be used independently allowing instructors to use content creatively without being bound by the organization of the text Unique focus on the interpersonal relationship between the instructor and student found in specific chapters (15 &16) as well as throughout the text Provides concrete examples for instructors to leverage in the classroom to elicit critical thinking and clinical judgment responses from students"
best practices in healthcare are constantly evolving in an effort to ensure patient safety and positive patient outcomes. The focus on restructuring nursing education to improve nurse competency and preparedness for practice has been a key component. High fidelity simulation (HFS) is a pedagogical tool gaining popularity in nursing education as it has been recognized that HFS would train novice practitioners, build problem solving, and crisis management, which would reduce the incidence of medical errors; thereby, improving patient safety (IOM, 1999). The purpose of this study was to examine how making a mistake in simulation impacts the clinical experiences of nursing students. Using a qualitative approach, the researcher conducted two focus groups of undergraduate Bachelors of Science in Nursing (BSN) students to ask questions about their experiences in simulation and in clinical. Content analysis of focus group responses indicate that students learn from the mistakes they make in simulation and in clinical rotations. Mistakes serve a purpose in the learning process of nursing students. Specifically, mistakes in simulation can prevent mistakes in high stakes clinical situations.

Copyright: 003be844f5386d5bf6c609d53ab6cf03