

Top 5 Qualities of a “Great” Clinical Instructor:

Based on years of student feedback, this “top 5” list includes those behaviors and skills that students perceive as defining a “great” clinical instructor. All CI’s, whether experienced or new to student supervision, can benefit from self-assessing their strengths/weaknesses in these 5 areas:

#5— **“Made the expectations very clear”**. It can be very confusing for a student to jump from one rotation/setting to another. Expectations regarding the student’s role in patient care can vary widely. A CI who (a) is familiar with Program expectations for the experience and (b) verbalizes on day 1 to the student what they anticipate in terms of level of independence and progression toward independent function is laying the groundwork for a “great” clinical rotation.

#4— **“Modeled ethical/professional behavior”**. Students are expected and required to demonstrate affective skills consistent with being a “professional” and they really notice and appreciate it when clinical instructors actively work to role-model those professional behaviors. CIs who, for example, point out the ethical importance of accurate billing and documentation, who manage to avoid inappropriate conversations about patients/staff/former students, who show strong work ethic, and who are passionate about their profession and the quality of their patient care get high marks from students.

#3— **“Gave me a lot of feedback”**. Students thrive on and grow from feedback that is (a) regular/frequent, (b) constructive and non-judgmental, and (c) delivered in private. One good technique to incorporate (using these above guidelines) is to share with the student following each patient interaction or treatment session what was good and what you might have done *differently* that may have been more effective or efficient.

#2— **“Challenged me to think critically”**. The ultimate goal of clinical education is to teach a student how to “pull together” information and see the “big picture”. CIs who ask students to look at a POC and come up with interventions, brainstorm when and how to progress a patient, or give rationales for decisions related to patient care are helping students achieve this goal. Additionally, students really like CIs who “think out loud” as they review exam findings, write goals, or modify a POC, modeling this critical thinking process.

#1— **“Was non-threatening”**. The process of learning will always include making mistakes and answering questions incorrectly. A “great” clinical instructor understands that a student’s natural tendency is to “feel dumb” and he/she works to take the pressure off—to encourage learning from mistakes without anxiety or fear of embarrassment.

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