# Journal Reflection: The Journey From Clinician to Educator

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The first section of Sorrell and Cangelosi's *Expert Clinician to Novice Nurse Educator: Learning from First-hand Narratives* focused on going from that expert clinician to a novice educator. Topics explored in the first chapter included the initial transition into an educator role from being an expert clinician and experiencing feelings such as uncertainty, discomfort, and fear (Sorrell & Cangelosi, 2016). Stories from nurses who had transitioned into the nurse educator role were shared that focused on trying to embrace the novice role and the satisfaction that will come out of being an educator. Others shared their own discomforts and fears with being a new nurse educator along with the lack of preparation one has for the role, especially as there are many times no set competencies or pathways of what a nurse educator should be competent in within the new role.

The second chapter shifted into how the role of the nurse educator changes how we make a difference. Some of the stories shared focused on how as a nurse, one feels that they are making a difference in other people's lives, however, as a nurse educator, you step away from that patient care and oftentimes are left to feel like you are no longer making that difference. However, as the stories within the chapter demonstrated, as a nurse educator, you are still making a difference, but in a different way, which is making the difference for the students and nurses being educated to make a difference in their patients' lives. Sorrell and Cangelosi (2016) described this as the "ripple effect" of "making a difference" (p. 20). In addition, it goes beyond the teaching the nurse educator provides and as one educator shared, it means to listen, empathize, and give every individual a chance to succeed (Sorrell & Cangelosi, 2016).

Sorrell and Cangelosi (2016) shifted to the tact of teaching in the next chapter, stating that it is an important concept that needs to be addressed by nurse educators so that students learn to apply knowledge within a learning context that values them. One of the stories shared

summarized this chapter so well. A student was caring for a patient in the ICU, who died that day from sudden complications, and no one took the time to explain to the student what had happened. However, the next day, one of the ICU nurses sought out the student, and talked to the student about her feelings and the situation, which brought a lot of comfort to the student and showed the student someone cared. Teaching goes beyond knowledge and includes being supportive and caring.

The evaluation of students must also be supportive, as Sorrell and Cangelosi (2016) discussed in chapter four. Another story summarized this chapter for me, as a student shared what an educator had stated to students that "if I ever made a medication error, I think I would have to leave nursing" (Sorrell & Cangelosi, 2016, p. 62). In order for students to learn, an environment must be safe, and making such strong statements only puts fear into students, making them retreat and hide mistakes that they do make, thus not learning. Other stories within the chapter focused on the importance of respect, open communication, collaboration, and helping students see the big picture of what their role is as a professional nurse. All of those concepts must be a part of properly evaluating students and giving them both positive and constructive feedback to help them grow in their role.

The section of the text concluded on the importance of going beyond being orientated and instead the concept of there being a mentor for individuals. An orientation process allows someone to identify the practical parts of a new role. Mentoring goes beyond that as it is a person that is a role model for someone who they can turn to for guidance and is also a friend. A mentor will be someone who is there throughout nursing school or a career. Orientation and preceptors are important components, but individuals, even new nurse educators, need to find those individuals that can be mentors to them (Sorrell & Cangelosi, 2016).

As noted in the summary, there were a few pertinent feelings and reactions I had to the reading. As a current novice nurse educator, I so easily related to chapter one, as I have often had fears over the last few months of wondering if I made the right choice, longing for the knowledge and expertise I had as a clinician, and feeling uncomfortable in my new role. I saw this section of the text, chapters one through five, as a sandwich, as it started with the novice feelings and concluded on how mentors are needed in order to be successful, from the students we teach to ourselves as we transition into a new role. I recognized that I went through the steps of orientation, learning the norms of the organization and my own department, but what I have lacked is defined pathway of my role as a nurse educator. As Sorrell and Cangelosi (2016) mentioned, this pathway many of us seek to learn our roles as nurse educators is not well defined and many of the organizations and academic institutions that require nurse educators are so in need of the role that there is no time to define it or to have new educators go through that process.

Shifting to nursing education, the most pertinent issue to me that stood out from the readings was ensuring that nursing students are well received by nursing staff during clinical learning experiences. I have personally been a part of or witnessed both sides of this issue. As a nursing student many years ago, the nurses on one of the units we had clinical were not very welcoming at all, and typically ignored us most of the shift. They literally saw us being there as their opportunity to not have to work that shift. Most of them could be found sitting at the nurse's station the entire shift, some even with their feet up on the desks. We were fearful if we really did need to ask them for something, and I am so thankful that I had the amazing clinical instructor that I did, as she did everything with all of us. I oftentimes wonder how she managed

and how she did it all completely calm and collected. Knowing now what I know, I think even more highly of her.

Fortunately, I also worked for an organization in which students were embraced, and while I will admit along with others to occasionally grumbling about "having a student," I never witnessed anyone treating a student poorly as everyone was usually glad we had those extra set of hands on a very busy floor. Yes, it was difficult some days to have a student, but more so because you wanted to teach them, but not every day allowed for it as you were lucky to keep your patients alive, stay on top of meds and new orders, and finish your charting by the end of your shift. When I instructed a clinical group last spring, I made it a priority to remember how some shifts felt and helped my students as much as I could with what the nurses could allow us to do.

The reality of it is however, that not every nurse is receptive of students, and not every instructor is like the one I had or perhaps not even like what I tried to achieve to be as an instructor myself. Sorrell and Cangelosi (2016) shared stories about physicians who have demanded students leave the room because they did not need to be there, or nurses simply ignoring students when they would try to communicate important information. Some instructors can also be judgmental and unsupportive of students. All of these factors are issues nurse educators will face, which is why it is pertinent to me in a nurse educator role.

The questions I have that surround this issue is how do we as nurse educators overcome difficult providers, nurses, and others who pose a roadblock to learning for students? Additionally, since nurse educators are not always going to be able to overcome judgement and negativity in a clinical experience setting, how can we help students overcome it and not question whether nursing is really for them? Most importantly, how can we as nurse educators

ensure that our students bring these concerns to us and work through them instead of choosing to leave nursing completely?

As both Sorrell and Cangelosi (2016) and Farzi, Shahriari, and Farzi (2018) pointed out, clinical educational experiences are crucial to education in nursing as those experiences allow the teaching-learning process to occur in a real setting. Sorrell and Cangelosi (2016) added that the learning experiences within clinical settings are crucial and when students are made to feel minimalized, it squanders the learning experience for the students. Without positive learning experiences through clinical, students will struggle to make the link between theory and practice that guides them to solving issues within healthcare and to think critically to provide safe patient care (Farzi et al., 2018).

One of the factors Farzi et al. (2018) notes that can help provide students with a positive clinical learning experience is to ensure clinical instructors are prepared for the clinical setting and have clinical expertise, otherwise their fears and anxiety can lead to a lack of being able to address issues students have in clinical settings. Sorrell and Cangelosi (2016) discussed the importance of instructor preparation and added that building a rapport with the unit and nurses in which clinicals will be occurring is critical. Having those relationships allows for the staff and the instructor to feel more comfortable with one another and taking issues to each other in regards to the students.

When I taught a group of clinical students, I already had a relationship with the unit and nurses the students would be working with, which was very beneficial. While I did not know each nurse personally, it helped to have an identity and familiarity with them through the past experiences I had in working on the unit and within the organization. I oftentimes was able to help the nurses out with questions, which built further trust among one another and the students I

instructed. For me, instructors in the clinical setting need to have a foundation created first before bringing the students into the environment. This can help deter negativity and gives the power to an instructor if issues arise in regards to the students not being supported. This is part of the nurse educator's responsibilities per the National League for Nursing Competencies for Nurse Educators, as nurse educators must be leaders and create a preferred future for nursing education while helping students develop as nurses (NLN, 2012).

Likewise, instructors also need to build relationships with the students. If students feel that they can come to an instructor and speak freely, this will help overcome concerns that they will want to leave nursing all together if a negative experience does occur. Students will also approach the instructor when they feel unsure instead of trying to figure it out on their own, which will help them learn even more. Both Farzi et al. (2018) and Sorrell and Cangelosi (2016) discussed how incessant criticism by instructors creates fear within students and further hinders learning. Farzi et al. (2018) shared one student's story of a dressing change and how an instructor questioned her throughout the process and afterwards in front of others. Sorrell and Cangelosi (2016) included a similar story about one student giving an IM shot, and the instructor brining forward many negative remarks about it in front of other students. Both of these examples highlighted how an instructor can easily tear down the foundation of a relationship and trust. Instructors need to share feedback and concerns with students privately and in a way that includes both positive and constructive feedback. Doing so will ensure learning and develop further trust. This is also a requirement for nurse educators per the NLN Nurse Educator competencies, as nurse educators are responsible for creating an environment that facilitates student learning and providing feedback that thoughtful and constructive (NLN, 2012).

This discussion has left me with the question of what do we as nurse educators do for other nurse educators who struggle to form those relationships or have the mindset of tearing down students? How do I as a novice nurse educator overcome the intimidation of instructors like that whom I may encounter during my new role?

The readings for this assignment and the journaling helped me to have a better awareness of issues that are going to arise as a nurse educator. As a new nurse, I can recall being intimidated by other nurses sometimes and especially providers. I overcame that, and I feel applying the same principles as I did with that, I will be able to as a new nurse educator as well. I need to be mindful that it may not happen immediately, but also reach out to the mentors I have when faced with such concerns and issues.

It is also important to frequently return to the NLN Nurse Educator Competencies as reviewing those help bring the focus back to the students and the importance of the role and responsibilities of the nurse educator. The competencies drive what a nurse educator should strive for, and I feel can also help overcome issues like incivility. Additionally, reflecting on this topic made me recognize that it is ok that as a new nurse educator that I do not have all the answers but that I do have resources. Much research has gone into these topics, and the experiences of others will also beneficial to me. Just like being a clinical nurse, you do not always know everything or have all the answers, but you can reach out to the resources you have to work through any situation.

Furthermore, the readings and journaling helped me see one of the most important resources you can have as a nurse educator, and that is a mentor or mentors. I recognized that I have not fully identified who those mentors could be for me, and I want to work to cultivate the relationships I have that could fulfill that role. My next steps also include being a little less

judgmental on myself as well as not comparing myself to others who have been in the role a lot longer than I have. With time, I know I will grow and learn more and more as a nurse educator, just as I did as a nurse at the bedside.

## References

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