

Journal Reflection: Clinical Nurse Educator Role

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The readings for this journal reflection from Sorrell and Cangelosi's *Expert Clinician to Novice Nurse Educator: Learning from First-Hand Narratives* were reflections from different nurse educators. Each had a role in either in a baccalaureate nursing program, associate degree nursing program, or as a clinical nurse educator. Each educator shared what led them to become a nurse educator, what it was like to start as one, shared the resources they felt were necessary as a nurse educator, what their role entailed, and lessons they had learned transitioning into the nurse educator role.

Summary of Readings

Lorena Jung reflected on the role of a nurse educator in a baccalaureate nursing program. Her main reason to become a nurse educator was to share her knowledge of nursing with new nurses. She added that she felt she had just as much to learn from students as they did from her. However, when she started as a nurse educator, one of her concerns was that she would be asked a question that she may not be able to answer. She reflected that today, however, she knows that it is ok to not always have all of the answers. One of the most crucial resources for her was having the support of faculty and mentorship, which has been a consistent theme throughout many of the readings we have done this semester. Jung also shared how she prepared for clinical, stressing the importance of research and incorporating evidence-based knowledge into her teaching practice (Sorrell & Cangelosi, 2016).

Felicia Michelle Glasgow was the educator in an associate degree nursing program who shared her experiences. From the age of four, Glasgow knew she wanted to be a nurse as she wanted "to help people help themselves" (Sorrell & Cangelosi, 2016, p. 138). She started as a licensed vocational nurse and worked her way to earning a master of nursing science degree. Her role in education began as a community-based nurse educator and as a preceptor for nursing

students, admitting that precepting students was not easy, but it was enjoyable for her. She then went on to teach in an associate degree nursing program teaching in both the classroom and clinical setting. She reflected on her classroom teachings, sharing a story of one student who was so eager to learn and another who always seemed to have a negative attitude towards everything, showing the different dynamics of students we will encounter as nurse educators. She also shared what it was like in the clinical setting, a place she felt comfortable, but yet posed challenges for her, especially having 10 students all with varying levels of confidence and comfort. Like Jung and as others have reflected in the course readings, mentorship was one of Glasgow's keys to success as a nurse educator. Being able to continue developing professionally in her role was also an important resource for Glasgow. Glasgow overall shared how the nurse educator role for her and what she loved most about it was that every day was a new adventure for her. Glasgow shared how she prepared for her days, allowing for the unexpected too. One of her lessons learned from transitioning into a nurse educator role was that it takes a team approach to do so. As both Hunt (2018) and Sorrell and Cangelosi (2016) have discussed, a new nurse educator is often overwhelmed with everything it takes to be a nurse educator, and reaching out to other colleagues can help provide guidance to get through those moments.

The last reflection was from Meggen Platzar, an educator in the hospital setting. For Platzar, she knew as soon as she became a nurse that she also became an educator, pointing out how she feels all nurses are educators as nursing is the process of sharing knowledge. Her experiences as an RN led her to becoming a nurse educator and her role as a nurse educator started as a preceptor for new nurse graduates. The overarching theme of having a mentor was reflected in Platzar's description of transitioning into the role of a nurse educator. Additionally, building relationships with leadership and other nurses were also crucial to Platzar's role as she

stated it helped her build rapport and credibility. Challenges Platzar had in her new role as an educator reinforced the importance of keeping up with nursing practice and policies, which we have learned throughout our program is invaluable to nurse educators. Platzar also discussed the opportunities nurse educators in a hospital setting have, such as being part of a nurse residency program. She concluded her reflection with the lessons she has learned as a nurse educator, stressing again the importance of being involved and building relationships (Sorrell & Cangelosi, 2016).

Reactions and Initial Feelings

I was really looking forward to reading these chapters to see what nurse educators in the different fields shared about their roles in each. From Jung's reflection, it was reassuring to read that she worried about being asked a question that she would not know how to answer, a fear I often have. Both her and Glasgow reflected on those fears of not knowing an answer or mispronouncing a word, so it was reassuring to me that they overcame that. Jung and Glasgow also reflected on the students and how their abilities, confidence, and attitude can vary so greatly (Sorrell & Cangelosi, 2016). Teaching clinicals last spring, I had one of those students that was difficult, and no matter what I tried to do or say to him, he would challenge me, not make any attempt to improve, and always seemed to have a negative attitude. Reading through these reflections made me realize that there simply are going to be those students. We should still try with them, but not be brought down, because there are numerous other students that we are going to have an impact on and help.

Jung also pointed out to be cautious of behaviors seen from students, as sometimes when they lash out, they could be very stressed or overwhelmed. Glasgow also shared her own experience with how students are feeling, such as the anxiety and fear they have (Sorrell &

Cangelosi, 2016). As nurse educators, it is important to have a relationship with students and be considerate of those feelings, as they need just as much help working through that as they do with nursing tasks.

I also really related to Glasgow. She spoke of how she questioned the decision to become an educator instead of “staying in my familiar clinical territory” (Sorrell & Cangelosi, 2016, p. 144). I have asked myself that so many times, but what I recognized from the readings is that it is not related to teaching itself, but the role I am in because it is much different than what I learned through Platzar comprises an educator role in the hospital. I still absolutely miss the bedside and that comfort of knowing what I’m doing inside and out, but I have been able to see through lecturing in the classroom and participating in teaching students in skills lab, that I perhaps am meant to be more in an academic setting. Additionally, Glasgow pointed out that even nurse novice educators can still pull from experiences from the clinical setting to not only teach but also to problem solve (Sorrell & Cangelosi, 2016).

Lastly, the reoccurring theme of the importance of a mentor could be identified in all three of the reflections. As I have mentioned prior, this was a part that I was missing, especially in my nurse educator role at the hospital. Like Platzar, I have the support of my team, but I miss that mentorship. Unfortunately, since I have started in my role, only one of the educators I started with is still working there. However, if I do change roles in the future, I will heed Platzar’s advice and ensure I have that support and mentor quickly identified (Sorrell & Cangelosi, 2016).

Pertinent Concept

The most pertinent concept to me from the readings is that always remember the reason for becoming a nurse educator and what led you to it. Also, at times, the job will be

overwhelming or present challenges, but there are other times and students that will be so rewarding that the challenges will not be able to compare. A nurse educator has such a diverse role and as one of the educator's stated, every single day is different and a new adventure.

Questions Formulated About the Various Educator Roles

What other challenges might a nurse educator face? What are some ways those challenges can be overcome? How can a sense of routine be a part of a nurse educator's role?

Responses to Questions

From our course readings and webinars, I have identified many challenges that will occur for nurse educators. The Nurse Tim webinar this week talked about the various legal issues we must consider as nurse educators that goes beyond plagiarism and cheating. These included being knowledge of various laws such as the Americans with Disabilities Act and what resources there are to help navigate the system (Brett, n.d.). Other challenges may include student anxiety, low motivation, poor communication skills, and a lack of being able to develop professionally (Oprescu et al., 2017). The reflections from our readings this week spoke to student anxiety, and how important it is to be aware of what students are feeling as this can help nurse educators navigate students through the feelings (Sorrell & Cangelosi, 2016). Last semester we also discussed tests and the anxiety those can cause students, discussing ways we can help students overcome it or at least reduce it. One of the best ways to overcome any challenge is to work through it with the guidance of an experienced educator. As Brett (n.d.) explained in the webinar, using the resources available are key to ensuring you navigate through challenges properly. I feel this can apply to legal issues and any other challenge that may pose itself. The reflections this week spoke a lot of teamwork and mentors, and it is your team and the mentors in place that can help provide advice and help during challenges.

As for professional development, a nurse educator must be motivated to develop in this area. As Glasgow reflected, there are many opportunities to be a part of committees, and those are ways to not only advance oneself but to also establish yourself. Continuing to learn and research can also advance someone in their professional development (Oprescu et al., 2017).

In regards to routine, I reflect back to an article I read on the aspect of change in nursing. One of the recommendations to help nurses accept change is to ensure the environment is right for change and that a high level of planning goes into the change to help nurses transition without the fear of placing their emotional and physical well-being at risk (Salam & Alghamdi, 2016). Planning as with change is a key component of helping establish a sense of routine in the role of a nurse educator. If a nurse educator plans well, a routine is in place because the educator will be prepared for whatever may fall out of that routine or happen unexpectedly. At the bedside, I recall having a sense of routine, but also knew that routine could be placed out of balance. By planning and being prepared for the unexpected, when it did occur, it was not really out of the routine, because I had planned for it. It will be important to apply this same type of planning and preparedness in my role as a nurse educator to give me a sense of routine but ready to handle what may unexpectedly come, too.

Further Questions for Reflection

On those difficult days or with those difficult students, what will I do to ensure that I can overcome it? What process or plan will I have in place to help me overcome challenges?

Applying it to the Nurse Educator Role and Next Steps

The ways in which I will apply this to the nurse educator role is to be aware of the challenges that may arise. Additionally, I will want to plan and prepare for every day, even if it

goes in another direction. I will also continue to seek out and remember what resources I need and when to reach out to others as that novice nurse educator.

References

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