how do you know if your students are well prepared for professional practice?

The traditional ways of teaching nursing do not prepare students for the inherent challenges of clinical practice.

- Nursing education is not only broken, it is in need of radical transformation.
- The traditional ways of doing things no longer work to prepare students for the demands of today's nursing practice.
- The current quality of nursing education needs to be improved.

This troubling assessment was contained in the Carnegie Foundation's research findings of nursing education in the United States led by Patricia Benner and published in Educating Nurses: A Call for Radical Transformation.

This trajectory can be changed. But in order to prepare students for practice, a transformational vision for nursing and nursing education must be embraced and implemented. Take textbook content and contextualize it to the bedside, integrate clinical and classroom learning, and emphasize clinical reasoning to ensure that students are able to THINK like a nurse.

TEACH Students to THINK Like a Nurse provides practical guidance to successfully strengthen student learning by emphasizing and integrating clinical reasoning in the curriculum. The authors draw on their real-world nursing experience to present numerous tools and strategies to empower educators to transform the classroom and clinical settings. Teach students to think like a nurse so they are well prepared for professional practice!

Keith Rischer, MA, RN, CEN, CCRN is an author, blogger, nurse educator, and staff nurse who has practiced for thirty-five years in a wide variety of clinical settings. Keith is a recognized authority on clinical reasoning and its relevance to nursing practice. His innovative work on clinical reasoning has been published in three nursing textbooks and is the author of the student textbook THINK Like a Nurse. He has presented his insights to nursing students and nurse educators at conferences and workshops across the country. His blog and creative tools to develop nurse thinking are available on his website, www.KeithRN.com.

Patricia Pence, EdD, MSN, RN has been a nursing professor for sixteen years. Her clinical nursing practice spans more than 28 years as a staff nurse and director of nursing in long-term care facilities. Dr. Pence was awarded the Innovations in Teaching Award in 2004, Illinois Board of Higher Education Nurse Educator Fellowship Award in 2010 and the Faculty Excellence Award in 2016 at Illinois Valley Community College. She is a reviewer for Nurse Educator and Teaching and Learning in Nursing.

*TEACH Students to THINK Like a Nurse provides nursing faculty with a much-needed “how-to” formula for contextualizing classroom content so that it is situated in clinical practice.”

Carol Huston, MSN, MPA, DPA, FAAN
President, Sigma Theta Tau, the International Honor Society of Nursing, 2007–2009

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Barb Hill, RN, MSN, CNE, CMSRN
Associate Professor
The Community College of Baltimore County, Baltimore, Maryland

*“The approach to teaching students outlined in TEACH Students to THINK Like a Nurse is reasonable, rationale, and REAL! This is a book I will turn to again and again for insight and support.”

Lin Rauch, MSN, RN, BSEd
Nursing Instructor
Western Technical College, La Crosse, Wisconsin

*“TEACH Students to THINK Like a Nurse contextualizes theory with the practical aspects of nursing and is easy to follow with practical steps to implement a transformational paradigm in curriculum design.”

Becky Craig, RNC, MN, EdS, PhD
Nursing Instructor
Nursing Tutorial Lab, Perimeter College, Clarkston, Georgia
Praise for

**TEACH Students to THINK Like a Nurse**

TRANSFORMATIONAL Strategies that will PREPARE Students for PRACTICE

“Keith writes in the same fashion that he practices nursing: with excellence, passion, and a pure unadulterated fervor for the profession. Keith generously shares his nursing knowledge and lived experiences within the context of evidence-based knowledge and practices, while simultaneously urging the reader to self-examine his or her individual and collective commitment to the profession. This provocative book provides a deep dive into the clinical practices of nursing and helps each and every one of us to think and act more like a nurse!”

—Cynthia (Cindy) Clark, PhD, RN, ANEF, FAAN
Founder of Civility Matters© and author of *Creating and Sustaining Civility in Nursing Education*

“TEACH Students to THINK Like a Nurse provides nursing faculty with a much-needed ‘how-to’ formula for contextualizing classroom content so that it is situated in clinical practice. Thus, classroom and clinical content become better integrated and clinical reasoning is strengthened. In addition, the book challenges long held beliefs and assumptions about the value of NANDA as a diagnostic tool, the need to shift from a focus on critical thinking to clinical reasoning, and the impact of incivility on nursing education. The call for transformation in nursing education continues!”

—Carol Huston, MSN, MPA, DPA, FAAN
President, Sigma Theta Tau, the International Honor Society of Nursing, 2007–2009

“TEACH Students to THINK Like a Nurse approach to teaching students is reasonable, rational, and REAL! This book addresses the struggles many nursing educators face. I found his insightful chapter on nursing civility provides an avenue not only for student discussions, but also faculty. This is a book I will turn to again and again for insight and support.”

—Lin Rauch, MSN, RN, BSEd.
Nursing Instructor, Western Technical College
La Crosse, Wisconsin

“TEACH Students to THINK Like a Nurse is written with sensitivity and passion for the art and science of nursing. Keith demonstrates how to enhance student critical thinking by interlinking the nursing process with the importance of identifying the relationships of clinical data to promote student clinical reasoning so vital to nursing. Invaluable tools are presented to enhance the nursing instructor’s ability to promote student clinical reasoning in both the classroom and the clinical setting. A very helpful book!”

—Janice Eilerman, MSN, RN
Assistant Professor, Rhodes State College
Lima, Ohio
“TEACH Students to THINK Like a Nurse has packaged the transformation to active learning we all strive to make happen in the clinical area and classroom as nurse educators. This book provides practical strategies to improve how we teach nursing and to connect the process of learning in the classroom and clinical from the perspective of an expert clinician. This book is very refreshing and contains ‘need to know’ how-tos for nurse educators.”

—Barb Hill, RN, MSN, CNE, CMSRN
   Associate Professor, The Community College of Baltimore County
   Baltimore, Maryland

“TEACH Students to THINK Like a Nurse contextualizes theory with the practical aspects of nursing. This book provides a very clear map of how to teach clinical reasoning to ‘rescue the patient’ before it is too late. It is also very easy to follow and has practical steps to implement a transformational paradigm in curriculum design.”

—Becky Craig, RNC, MN, EdS, PhD,
   Nursing Instructor, Nursing Tutorial Lab
   Perimeter College, Clarkston, Georgia
Praise for
Clinical Reasoning Resources on KeithRN.com

“I used the Clinical Reasoning Questions to Develop Nurse Thinking handout instead of our traditional care plan. Great success! The students loved it, I loved it, and they report feeling much better prepared for patient care.”

—Rob Morris, RN, MSN
Nursing Faculty
College of the Sequoias
Visalia, California

“The handout Clinical Reasoning Questions to Develop Nurse Thinking really helped my fundamental students focus on what is most important and hit the floor running strong!”

—Dawn Page RN, MSN
Nursing Faculty
Copper Mountain College
Joshua Tree, California

“The handout Clinical Reasoning Questions to Develop Nurse Thinking helped my students initiate the reasoning process, and ensured better patient care starting with the first patient contact. It also reveals how each student is thinking at the beginning of the shift, and provides a vehicle for guiding their learning.”

—Sherri Cozzens, MS, RN
Nursing Faculty
De Anza College
Cupertino, California

“I used the handout Clinical Reasoning Questions to Develop Nurse Thinking with my practical nursing students and they loved it! They felt better prepared to care for their patients.”

—Priscilla Anderson, RN
Assistant Professor of Nursing
NHTI Concord’s Community College
Concord, New Hampshire

“I recently used your Fundamental Reasoning clinical reasoning case studies and loved them! The students were able to see the importance and connection between patient history, clinical presentation and what to do with this information.”

—Lynn L. McClellan, MSN, BSN, RN
Nursing Faculty
McHenry County College
Crystal Lake, Illinois
“Your clinical reasoning case studies are excellent and help develop critical thinking by having students determine what clinical data is relevant, how should the nurse respond and evaluate after nursing interventions to determine if a problem is present.”

—Deb Aucoin-Ratcliff, DNP, RN
Nursing Faculty
American River College
Sacramento, California

“Your clinical reasoning case studies are challenging and an excellent resource for reinforcing knowledge and motivating my nursing students to pursue the "whys" of scenarios thus improving their ability to critically think.”

—Nancy Mackey, RN, MS
Medical Academy/Practical Nursing Instructor
Inlet Grove Community High School
Riviera Beach, Florida

“I love the way your practice based approach to clinical reasoning ties everything together, while not losing sight of the person. Your clinical reasoning case studies not only challenge, but allow students to transfer knowledge to the bedside so students will be well prepared for practice.”

—Meghan Picone, MSN, RN
PhD student at University of Massachusetts, Worcester
Mount Wachusett Community college
Gardner, Massachusetts

“I like how your clinical reasoning case studies break down the process of critical reasoning. Students just don't pick out abnormal information, they have to focus on what abnormal data is causing and contributing to which problem the patient is having, just like a nurse does in practice.”

—Jodi A Nelson, MSN, RN
Nursing Faculty
Southeast Community College
Lincoln, Nebraska

“Your clinical reasoning case studies make students think like a nurse and challenge them to think critically by recalling essential knowledge.”

—Ann S. Garton, MSN, RN, CNE
Nursing Faculty
St. Ambrose University
Davenport, Iowa
Dedicated to every nurse educator who desires or has already embraced a transformational vision for nursing education.

This book was written for you.
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I attended a conference session on active learning five years ago that showed how nursing could be taught in ways other than the traditional lecture. I then spent several months changing my next lecture into an active learning course. I knew there would be hurdles to cross and kept an open mind to adapt each week based on what worked well and what did not. After only the second week, I realized my attempts at active learning were not going as I had hoped. Students resisted the needed change to engage in active learning.

I had heard of Keith and his innovative strategies to bring active learning that emphasized clinical reasoning. I called him to learn more about his clinical reasoning case studies and other resources available on his website. After implementing his clinical reasoning case studies in my classroom, I had the results I had hoped for! My students were willing participants, and engaged. My class was transformed from passive lecturing to meaningful active learning that involved solving clinical puzzles in a patient-based scenario. This was the genesis that would transform my nursing classroom into a clinical setting and I have not looked back since.

I then read Educating Nurses: A Call for Radical Transformation. Keith had stressed that the educational research presented in Educating Nurses provided the foundational framework for his clinical reasoning case studies. A new transformational vision is needed in nursing education. Continuing with the status quo was no longer acceptable. The exemplar teaching methods described in Educating Nurses was the stimulus I needed to develop other active learning strategies to complement Keith’s clinical reasoning case studies.

My active learning strategies were later published in the 2016 Teaching and Learning in Nursing journal in an article titled, “‘Flipping’ a first-year medical-surgical associate degree registered nursing course: A 2-year pilot study.” I also presented my work at the 2016 Organization of Associate Degree Nursing (OADN) convention. I met Keith at this convention and found him to be energetic and enthusiastic. His passion to empower nurse educators was palpable.

TEACH Students to THINK Like a Nurse is a practical guide and resource written for graduate students, novices, and seasoned nurse educators. It contains a new paradigm and vision to support the transformation of nursing education based on the best practice recommendations outlined in Educating Nurses.

TEACH Students to THINK Like a Nurse complements the student text, Think Like a Nurse, which Keith wrote to strengthen learning of students and new nurses. In TEACH Students to THINK Like a Nurse, you will find step-by-step explanations and guidance on HOW to implement a transformational vision for nursing education that includes an emphasis on clinical reasoning to bridge the current gap between theory and clinical practice. I highly recommend TEACH Students to THINK Like a Nurse if you are entering nursing education or seeking evidenced-based change in your teaching practice to engage and strengthen the learning of students.

—Dr. Patricia Pence, EdD, MSN, RN
Preface

My stomach was churning and I was so nervous I thought I was going to pass out! I was standing on the podium in 2012 before a packed room filled with over 200 educators at Elsevier Faculty Development Conference in Las Vegas, a national nurse educator conference. Even though I just completed my second year of teaching, I was invited to present how I had successfully transformed my classroom by incorporating the paradigm shifts in *Educating Nurses: A Call for Radical Transformation* by using clinical reasoning case studies I developed.

I made it through my 75-minute presentation and was humbled by the enthusiastic standing ovation I received afterwards. Little did I know it, but my life was about to change in ways I never expected. I received invitations to present my clinical reasoning strategies at colleges and conferences across the country. I quickly realized I could only be in one place at one time and needed to put in writing what I present so any educator could have access to the transformational strategies I developed to help students think more like a nurse.

Some would question if I am even qualified to write a book for nurse educators because of my academic inexperience. I believe I am uniquely qualified to write this book and that my lack of academic experience is an advantage. Let me explain. I am not beholden to the traditions of the past that hold many educators back by doing it the way it has always been done. This is what needs to change. Nursing education is broken and in need of radical transformation (Benner, Sutphen, Leonard, & Day, 2010). I view everything that is done in academia filtered through my lens of current clinical practice to facilitate needed change and transformation.

I have been a nurse for 35 years in a wide variety of acute care settings. I currently work at a large metropolitan hospital where I care for patients in critical care and the emergency department (ED). I am certified in these two specialty areas (CCRN & CEN). As a nurse educator, I have a unique bifocal lens because I never left the bedside of direct patient care and continued to work in clinical practice every weekend. I infused this clinical salience into all that I taught including the clinical reasoning case studies and scenarios I developed. As a practicing nurse, I know what it takes to prepare students for real-world practice.

As educators, we must never lose sight of the fact that nursing is a practice-based profession. It is not academic tenure, terminal degree, years or even decades of academic experience that ensure your effectiveness as an educator. In order to effectively prepare students for real-world practice, current clinical realities need to be authentically integrated in nursing education, especially the classroom (Benner, et al., 2010). We must never lose sight that the endpoint of everything that is done in nursing education is to teach students to THINK like a nurse (Tanner, 2006).

*TEACH Students to THINK Like a Nurse* was written to champion a new paradigm and transformational vision for nursing education. By embracing new ways of thinking; transformation can be realized. No curriculum change is required! This book will help educators incorporate best practices from the nursing literature. If you are a new educator, it will help you transition successfully to the academic setting.

*TEACH Students to THINK Like a Nurse* is unique when compared to other books written for nurse educators:

- **Personal.** As a newer nurse educator who has remained current in practice, I share my journey and personal observations how the current academic-practice gap can be bridged to better prepare students for real-world clinical practice. Dr. Pence also shares her journey as an experienced educator who also successfully transformed her classroom.
- **Practical.** In addition to sharing WHY nursing edu-
cation needs to change, this book reveals HOW it can be realized with numerous tools and strategies that have been successfully used by myself and educators across the country.

- **Contributions from nurse educators.** I solicited and received feedback from educators across the world who contributed practical, creative approaches they have successfully used to strengthen student learning in the class and clinical settings as well as pearls of wisdom to encourage new nurse educators.

Some may wonder if transformational change is attainable and if my experiences can be replicated. That is one reason I invited Dr. Patricia Pence to collaborate and contribute to this manuscript. As an educator with 16 years of experience, she was at one time stuck in the traditional ways nursing has been taught, but became “unstuck” by successfully implementing the best practice paradigm changes advocated in *Educating Nurses* and using the practical strategies advocated in this book.

Are you ready to embrace a transformational vision for nursing education and begin your own journey to step out and do things differently to strengthen student learning? Keep reading and let’s take that first step of your journey together!

—Keith Rischer, RN, MA, CEN, CCRN

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**References**


Nursing education needs to dramatically change. Nurse educators struggle to let go of the traditional model that may have worked in the past, but is no longer able to adequately prepare students for the complexities experienced in today’s practice settings. I am not alone in these observations. Dr. Patricia Benner, a FAAN “living legend” who led the Carnegie Foundation’s educational research detailed in *Educating Nurses* also came to the same conclusion. These are her observations (Benner et al., 2010):

- Nursing education is in need of radical transformation.
- The traditional ways of doing things are no longer working to prepare students for the demands of today’s nursing practice.
- The current quality of nursing education needs to be improved to reflect current nursing practice.

In other words, business as usual is no longer an option. It is time to embrace a new vision and transformational paradigm of nursing education to better prepare students for professional practice by being able to think like a nurse.

*Educating Nurses: A Call for Radical Transformation* (2010) summarized the Carnegie Foundation’s research findings of nursing education in the United States. This book was a wake-up call to challenge the status quo in nursing education. The Carnegie Foundation educational research findings contained in *Educating Nurses* identified that nursing education needs to be RADICALLY TRANSFORMED by implementing the following essential shifts of integration:

- Shift from covering decontextualized knowledge and content (textbook) to CONTEXTUALIZING classroom content so it is situated in clinical practice (at the bedside) so students can see why the content is relevant.
- Shift from sharp separation of classroom and clinical teaching to greater INTEGRATION of classroom theory and clinical content. They should not be kept in largely separate orbits in nursing education as it is typically taught.
- Shift from an emphasis on critical thinking to an emphasis on CLINICAL REASONING. Clinical reasoning is the ability of the nurse to think in action and reason as a situation changes over time by capturing and understanding the significance of clinical trajectories and grasping the essence of the current clinical situation (Benner, et al., 2010). Clinical reasoning is the essence of how a nurse thinks in real-world clinical practice.

Since *Educating Nurses* was published, progress has been made. Several states have implemented initiatives to transform nursing education. Other programs have implemented curriculum revisions and innovations in clinical education are taking place. But in order to see these changes last, it will depend on educators, nurses, and students to respond to the changes advocated in both education and practice settings (Benner, 2012).

But the quest to transform nursing education is far from over. Kavanagh and Szweda (2017) concluded that nursing education is losing ground in the battle for entry-level competency of graduate nurses into clinical practice. Of over 5,000 graduate nurses who were assessed, only 23 percent were able to demonstrate practice readiness by successfully evaluating a clinical scenario, identify the problem and use clinical reasoning to manage the problem correctly. Just because a graduate nurse passes the NCLEX, or a program has high NCLEX pass rates does not currently correlate to thinking like a nurse by graduates in the clinical setting.

I have worked with programs to implement needed change and have been encouraged by the passion and enthusiasm of educators that are committed to strengthen student learning. But some continue to resist change and ongoing work is still needed to close the practice–education gap once and for all.

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**Introduction**

Keith Rischer, RN, MA, CEN, CCRN
Clinical Reasoning Curriculum

In order to better prepare students for practice and realize transformational change in your program, begin by changing the way you teach your current content (Benner, et al., 2010). Integrate clinical reasoning throughout the curriculum so students have opportunities to repeatedly practice clinical reasoning and think more like a nurse. The essence of this transformational paradigm shift is a “clinical reasoning based curriculum” that integrates this emphasis in all aspects of classroom and clinical content beginning with the first semester.

So where and how do you begin to integrate clinical reasoning in your program? This is an ongoing struggle. To see where you are in your journey, use the following reflection questions that capture the essence of what a clinical reasoning based curriculum practically looks like and assess your progress.

1. Emphasizes relevance, NOT content.
TMI (too much information!) is an ongoing problem in nursing education.
   - Reflect: Do you filter the content taught so it represents content relevant to bedside practice?

2. Emphasizes DEEP learning of what is MOST important.
   - A&P. Pathophysiology must be DEEPLY under stood in order for students to make connections to the relationships of essential clinical data in practice.
     - Reflect: Do you emphasize and contextualize A&P in each presentation?
   - F&E. What labs are most important and why? Applied understanding of F&E is more important than memorizing the “hypo” and “hyper” of the most common electrolytes!
     - Reflect: Do you contextualize F&E content to the most common scenarios that nurses may encounter?

3. Content is contextualized to the bedside.
Nursing is a practice-based profession. Content or concepts that are taught must have a “hook” that contextualizes content to the bedside. Content-heavy lectures that highlight textbook content hinder student mastery of content that must be able to be applied, NOT memorized! If your program emphasizes concepts, then be sure to contextualize your concepts!
   - Reflect: In the classroom, do you contextualize content to the bedside using case studies or other active learning strategies?

4. Emphasizes clinical reasoning as “nurse thinking.”
Clinical reasoning is the ability of the nurse to think in action, reason as a situation changes, recognize relevant clinical data, and grasp the essence of the current clinical situation (Benner, et al., 2010).
   - Reflect: Do you teach clinical reasoning and other ways of nurse thinking besides nursing process and written care plans?
   - Reflect: Do you use strategies during clinical practicum that bridge classroom learning with patient care?

Why Change?
Why should nursing education change by implementing these paradigm shifts and emphasize clinical reasoning? What is the consequence if students are unable to think like a nurse by being able to clinically reason? They are NOT fundamentally prepared to provide safe and competent patient care (Romyn, et. al. (2009). To prepare students for the current challenges and complexities of patient care will require an “all hands on deck” approach to embrace a transformational paradigm shift in nursing education. This paradigm shift includes a renewed emphasis on preparing students for clinical practice and a transformational vision of nursing education and of nursing itself; how nurses see themselves, and their role in health care.

Because clinical reasoning mirrors the way a nurse thinks and sets priorities in clinical practice, it is imperative that every nurse educator reflect and ask the following question:

“What will be the ultimate consequence if a student in my program who graduates to be a nurse in practice fails to clinically reason and think like a nurse by identifying a change in a patient’s status until it is too late?”

A patient will likely have an adverse outcome and may even die as a result. This is why nurse educators
must not see clinical reasoning as just another trendy pedagogy, or active learning strategy. The inability of a new nurse to think like a nurse and clinically reason can potentially be a matter of life and death!

I See Dead Patients

“I see dead people” was a famous quote by Cole Sears from the hit horror movie *The Sixth Sense* in 1999. Fortunately, it was only a movie. Unfortunately, I have seen clinical situations as a rapid response nurse that foreshadowed a patient death as the result of the primary nurse’s “failure to rescue” and clinically reason when there was a change of status that went unrecognized until it was too late.

Here is one of those scenarios. Jenny was a newer nurse who graduated a year ago. She had an elderly male patient named Ken. He had a perforated appendix, but it had been removed successfully two days prior and he was clinically stable. Around midnight, he became restless. His BP was slightly elevated at 158/90 and his HR was in the 100s. He had a history of mild dementia and was not able to readily communicate his needs, so Jenny gave him 1 tablet of oxycodone, assuming he was in pain. Two hours later, he continued to be restless and Jenny thought that she heard some faint wheezing. She noted that he was now more tachypneic with a respiratory rate of 28/minute. He did have a history of COPD and had an albuterol nebulizer PRN ordered, so that was given.

Two hours later, Jenny called me, as the rapid response nurse, to come and take a look at her patient. She was concerned but was unable to recognize the problem and wanted a second opinion. After Jenny explained the course of events that transpired to this point, I took one look at Ken and realized that he was in trouble. He was pale, diaphoretic, and his respirations had increased to 40/minute despite the nebulizer two hours ago. He was not responsive to loud verbal commands. The last BP was still on the monitor and read 158/90. I asked, “*When was the last BP checked?*” Jenny stated it was four hours prior. While obtaining another BP, I touched Ken’s forehead. It was notably cold, as were his hands. The BP now read 68/30.

Recognizing that Ken was in septic shock, and that IV fluids and vasopressors would be needed to save his life, I looked for an IV and found only one, a 24-gauge catheter in the left hand. This is the smallest size IV catheter and is typically used with infants and small children.

Ken needed a central line and there was little that could be done to initiate even the most basic life-saving treatments to rescue Ken on the floor. He was emergently transferred to ICU. Within 30 minutes Ken was intubated, a central line was placed, and three vasopressors—norepinephrine [Levophed], phenylephrine [Neosynephrine] and Vasopressin—were required to get his systolic blood pressure greater than 90 mmHg.

After this transfer was completed, I asked Jenny a simple clinical reasoning question: “*What was the most likely complication that Ken could experience based on his reason for being hospitalized?*” Jenny admitted that she hadn’t thought about it because she was so focused on getting all of the tasks done with her four other patients.

Had Jenny asked herself this question while caring for Ken, but more importantly answered it, she would have been thinking like a nurse. She would have vigilantly looked and assessed for EARLY signs of the most likely complication Ken could experience because of his perforated appendix…SEPSIS. Although early signs of sepsis were present at midnight, it was not recognized until it was too late for Ken. He died the next day.

This story illustrates the tragic consequences of failure to rescue that is documented in the nursing literature (Clarke & Aiken, 2003). Unfortunately, this patient death is not an isolated incident. Preventable health care errors in hospitals are now the third leading cause of death in the United States (Makary & Daniel, 2016). This is WHY students must be practically prepared for real-world practice by UNDERSTANDING and APPLYING clinical reasoning to the bedside. To think, or not to think like a nurse, is literally a matter of life and death. Nursing education does not need to remain broken. All it takes is nurse educators who are willing to resist the “status quo” and do things differently to bring needed change that emphasizes clinical reasoning so students are taught how to think more like a nurse.

Transformation Is Possible

Transformation of nursing education is possible and within your reach. I liken this objective to the exodus of the Israelites from Egypt over four thousand years ago. A lack of faith and the reality of “giants” kept them from
entering into the Promised Land, and, as a result, they wandered in the wilderness for 40 years. In the same way, your journey out of the current “wilderness” of nursing education is not going to be easy. You are going to face obstacles and giants that will challenge and test you. But numerous educators have successfully overcome the giants that include opposition from students and colleagues to do things differently.

Patricia Benner and the co-authors of Educating Nurses represent the leadership and direction that nursing education needs to follow in such a time as this. If nurse educators are willing to follow the educational best-practice recommendations of Educating Nurses, this is the path to transformation. Resist and go back to what is comfortable and the secure ways of the past will have disastrous consequences.

This book is uniquely structured to help any motivated educator successfully implement transformational change that will help students think like a nurse. Though tools and strategies are essential, transforming the educator and changing the way you currently THINK about nursing education is needed and is the focus of Part 1. Part 2 addresses the importance of transforming the content and what needs to be emphasized to strengthen student learning of what is most important. Part 3 addresses principles and strategies to transform classroom teaching, and Part 4 does the same with clinical instruction. We close with Part 5, transforming not only nursing education but the profession by emphasizing civility, addressing barriers that men in nursing education have encountered for over 150 years and recognizing the value and worth that nurses provide by caring and serving others. But before we go any further, whether you are a graduate student, new nurse educator transitioning to academia, or experienced nursing faculty, lets start with the key to successful change in nursing education—strengthening and transforming you, the nurse educator!

References


PART ONE

TRANSFORMING THE EDUCATOR
I have been a nurse for 35 years in a wide variety of clinical settings including mental health, long-term care, pediatrics, and cardiac telemetry. I currently practice in the critical care float pool of a large metropolitan hospital where I bounce between critical care, emergency department (ED), and the rapid response team. Over ten years ago, I was torn between a career path as a nurse anesthetist, where I would make well over six figures, or become a nurse educator and make not as much. I decided to follow my heart and pursue my passion to teach and obtained my masters in nursing education in 2007. I continue to work part-time in the clinical setting and never left the bedside as a nurse educator. I evaluate everything that is done in academia through the lens of clinical practice as well as through the writings of leading nurse educators such as Patricia Benner and Christine Tanner.

After my second year of classroom teaching, I began to feel disillusioned and discouraged. I did not know it at the time, but what I was experiencing was the well-documented academic-practice gap in nursing education. From my perspective, there was a clear disconnect between the realities of clinical practice and traditional nursing education. Content presented in the classroom and skills lab had little contextualization to practice. Textbook content was king. Classroom lectures were content heavy and students were clearly burdened and highly stressed by the heavy load I was inadvertently placing on them.

Because I was a nurse in practice, I had not read nursing textbooks for over 20 years. I immediately noticed that the med/surg textbooks had gotten heavier, thicker, and were now in two separate volumes! From my vantage point, the amount of content that students were expected to master was unrealistic and was a barrier to student learning.

I did my best to FILTER and emphasize the MOST important content for my students based on what was most relevant to bedside patient care. Between content-heavy lectures and NANDA-driven care plans that required a correctly-worded three-part nursing diagnostic statement, I was discouraged. I felt this accepted norm hindered the ability of students to think like a nurse in clinical practice. As I observed other faculty members in our department, nobody openly challenged the status quo. As a new nurse educator, I was expected to go with the flow, even if I felt it was taking our students in the wrong direction!

First Steps
Everything changed when, over winter break in 2011, I read Educating Nurses: A Call for Radical Transformation. This book directly addressed the source of my dis-
content by giving me permission to decrease content saturation, bring clinical realities to class, and emphasize clinical reasoning. I quickly realized that I had to do something different! I spent the last half of my winter break reworking my traditional, content-heavy PowerPoint presentations so that they would incorporate and apply these paradigm changes in my classroom. I was determined to do what was needed to strengthen student learning. I developed a series of unique clinical reasoning case studies based on “Mr. Kelly” that put a series of cardiac topics I was teaching that spring semester into context.

I entered my classroom apprehensive and nervous. I was not sure how my first lecture would go over with my students on the topic of atherosclerosis and hypertension. I was going to do things very differently that day. I was NOT going to lecture the entire hour. I cut my PowerPoint presentation in half by emphasizing the most important content of my topic. Then I would have the remainder of class to present a unique clinical reasoning case study I had created on Mr. Kelly, a middle-aged/overweight man whose clinical presentations would capture each of the cardiac content topics I was teaching. Each case study was a practical implementation and integration of the essential shifts of integration from *Educating Nurses*. Students were going to APPLY contextualized content knowledge as well as PRACTICE clinical reasoning in the classroom.

I posted a blank student version of the case study I created a week earlier. Students knew that they were required to read the corresponding chapter of this content, work through the case study on Mr. Kelly either individually or in small groups, and then come prepared to discuss and work through the case study together in class. Students were skeptical. “Is this going to be on the test?” was a common concern.

As I completed my lecture and had almost 25 minutes left of class, I began reading the presenting scenario of Mr. Kelly:

*Mr. Kelly is a 51-year-old male...who decided to have a physical when he recently became more easily fatigued, dizzy, and weak with mild activity. He currently has no health insurance. At the clinic, he had a routine physical exam and his BP was found to be 158/96 and 152/98 on two separate clinic visits. His labs were as follows...*

The case study slowly unfolded with labs, vital signs, and assessment data that had specific findings that needed to be recognized as relevant and why they were clinically significant. In addition to contextualizing content, the essence of clinical reasoning and thinking in action was established. Nursing priorities, plan of care, and essential medication knowledge were identified. Students were clearly engaged in this case study and Mr. Kelly’s story! Students in the back and throughout the classroom began to give their answers as they were called upon. Discussion, dialogue, and clarification took place as not every student response was correct. My role changed from “sage on the stage” to “guide on the side.” The classroom no longer felt like a classroom, but more like the clinical setting. Students were discussing and applying clinical realities to practice.

Though there was some initial pushback by some students because of the extra work and desire to be “spoon fed” lecture content, I stayed the course, tying my remaining lectures to this new format. By the second lecture, students began to see the value of this applied learning because each case study emphasized content application. I did a simple survey at the end of the semester to see what students thought of this new approach. Student response was overwhelmingly positive. NOT ONE student said to go back to traditional content-heavy lectures but continue this emphasis on need-to-know concepts and clinical reasoning using case studies in the classroom!

One student comment summed it up for many:

“These clinical reasoning case studies were very helpful. I didn’t feel like I was memorizing for the test. I felt like I was able to apply the information. It helped put knowledge into practice and made it clear why it was relevant.”

Though I did not realize it at the time, what I had implemented in my classroom would be presented to a much larger audience of nurse educators in a matter of months.

**National Spotlight**

The same year, nationally-known nurse educator Linda Caputi was the keynote speaker at the annual Minnesota Health Educators spring conference. As a longtime advocate of applied clinical reasoning in nursing education, Linda’s emphasis and passion for clinical reasoning...
from her presentation dovetailed with the essence of the findings of *Educating Nurses*. After she presented, I found her alone in the hallway and wanted to let her know how much I appreciated her presentation. I shared in passing that I had created and implemented a series of clinical reasoning case studies the last semester based on an emphasis of the paradigm shifts from *Educating Nurses* that my students found meaningful to their classroom learning.

She casually replied, “Could you send those to me? Here is my card.” Unknown to me at the time, she was also on the planning committee of a large, annual national nurse educators conference (Elsevier’s Faculty Development Institute in Las Vegas). She was interested in what I had developed, and after she reviewed my case studies, I was invited to speak and share my work in a well-received breakout session at this conference.

**Next Steps**

I quickly realized that many other nurse educators recognized the need to do something different to strengthen their students’ learning. Knowing that there was an ongoing interest in clinical reasoning resources for nurse educators, I took the initiative to develop and build my website, KeithRN.com, in 2012. It contains numerous clinical reasoning case studies and related resources that emphasize and develop clinical reasoning and empower time-strapped educators to transform their content.

My practice-based approach to teaching clinical reasoning has been supported by prominent nurse educators including Patricia Benner, Carol Huston, and Shirlee Snyder, co-author of *Kozier & Erb’s Fundamentals of Nursing*. *TEACH Students to THINK Like a Nurse* was birthed by my desire to put into writing the essence of what I present in my full-day workshops that I have since presented across the United States and Canada. This book will empower any nurse educator to pursue transformational change in the class and clinical settings through practical strategies that incorporate the paradigm shifts advocated by *Educating Nurses*.

Can my experience be your reality where you teach? Based on the feedback and testimonials that I have received from nurse educators and students, the answer is an emphatic YES! The reason is quite simple. It is NOT about me and mirroring my example. The practical strategies I have developed are established on a much stronger foundation, the lifelong work of pre-eminent nurse educator and scholar of this generation, Patricia Benner, one of the co-authors of *Educating Nurses*. Every nurse educator who has heard the call to do things differently must embrace the responsibility to become a transformational nurse educator and do what is needed to strengthen student learning. But I quickly realized that despite the best intentions to initiate needed change, I was about to encounter some unexpected obstacles in nursing education. I asked questions of students and faculty, and soon found out that there was trouble in paradise…
I entered nursing education with “rose-colored glasses.” I worked hard and sacrificed much to complete graduate school so I could teach. Though I had visions (more like a mirage!) that this was going to be a “beach” experience with students who were eager to learn and hang on my every “pearl” of clinical wisdom, it did not take long for this idyllic vision of paradise in nursing education to come crashing down. It soon became apparent that there was trouble in paradise.

Though I experienced difficulties as a new nurse educator, I thought that they were unique to me. When I recently asked educators to share their greatest struggles through a random, open-ended survey, I received more than 200 responses. I was pleasantly surprised to see that many of the fears and struggles I had known as a nurse educator were NOT unique to me. My goal in sharing these findings with you is not to focus on what is wrong with nursing education, but to identify these struggles so they can be remedied. The remainder of the book will provide practical strategies to address these struggles so that nursing education can be strengthened and transformed.

Faculty Struggles

The majority of educators who responded to the survey identified four themes of struggles that are listed in order of prevalence:

1. Struggles with students
2. Struggles in the classroom
3. Struggles in the clinical setting
4. Struggles with faculty

Each struggle has the summary of educator responses and actual quotes that follow:

Struggles with Students

- Students who experience high stress/anxiety/burden
- Student entitlement
- Nursing school is not their highest priority.
- Unwilling to do the needed work/NOT buying the “flipped classroom”... wanting to be “spoon fed” as adult learners... “Just tell me what I need to know for the test.”
- Getting students to read/come prepared for class
- Lack of respect/incivility from students
  “I should get a good grade because I paid for it!”
  “Students expect that the instructor will give them EVERYTHING they need to know in order to pass an exam.”
  “My biggest struggle is to get the students to do
the required work with a minimal amount of complaining.”
“There is such a sense of entitlement that the student should do minimal work because they are already smart. Getting students to think like a nurse is a very difficult thing to do.”

Struggles in the Classroom
- Need practical strategies to DECREASE content and increase APPLICATION
- How to decide what is most important content/simplify textbook learning
- How to implement active learning/flipped classroom effectively
- Strategies to develop priority setting, critical thinking, and clinical reasoning
- How to get students to think more like a nurse and connect theory to practice
- How to keep students engaged
  “Students are so reliant on PowerPoint. They believe group work is not as valuable.”
  “I struggle to get students to buy into interactive classroom activities that bring the clinical into the classroom.”
  “Transitioning to a flipped classroom. I embrace the concept but need help and creativity to make it happen.”

Struggles in the Clinical Setting
- Too many students, too little time to spend with each student
- Guiding students to APPLY classroom content to practice. Some students not safe/failing in final clinical
- Simplify clinical paperwork so it is meaningful and not a struggle
- Students struggling to see the BIG PICTURE
- Transitioning students from being “task-oriented” to THINKING like a nurse
- How to develop critical thinking, clinical reasoning so they make correct clinical judgments
- Unable to make connections and recognize priorities
  “Getting the students past the focus on completing tasks and focusing on awareness of the total picture of the patient needs.”
  “How to bridge the gap between what we teach and what is being actually done in the clinical setting.”
  “Getting students to think critically and helping them put the pieces together.”

Struggles with Faculty
- NOT enough time to keep up with ongoing demands
- CHANGE… Not feeling safe with other faculty to make needed change… Turmoil that change causes… Difficulty getting senior faculty on board
- Incivility to one another
- Lack of confidence in teaching ability… “Not knowing what I don’t know”
- Working with faculty who are poorly motivated or inexperienced
- Lack of consistency between faculty members
  “Consistency among faculty to connect the threads of theory into clinical teaching and how caring is so important to provide for the holistic needs of clients.”
  “Getting all faculty to understand and use clinical reasoning. Many are very small-minded and refuse to expand and explore the possibilities.”

Student Struggles
I recently had an opportunity to ask nursing students from several different programs in Minnesota what their greatest struggle was as a nursing student. The following are their unedited comments. Consider their perspective and look for similar themes that may be present in your program to do what is needed to initiate and implement change.

These statements capture the essence of student concerns and struggles.

Struggles in the Classroom
  “Lecture almost seemed like a waste of time because we had already read the book. I was not taught how to prioritize.”
  “Professors who lacked passion and did not teach the content but merely read off of PowerPoint slides.”
  “Classes NOT relevant to practice.”
  “Provide rationale for answers so I know the WHY.”
  “Too much memorizing facts and too little application and what/how to apply to clinical practice.”
TMI (too much information!)
“How do you know what to study? It’s impossible to memorize everything.”
“Overload of information/overwhelming.”
“We are taught so many subjects and then none in depth.”
“We get so much information and thousands of pages to read. It is not possible to know it all.”
“Information overload! Too many details without clear instruction on the critical data. Unrealistic reading expectations.”
“We’re rushed covering the huge content in a small amount of time.”

Struggles in the Clinical Setting
“I did not have clinical instructors question or challenge me on doing what I’m doing.”
“We spent way too much time with care plans and not enough learning about patient care and other important information.”
“Too much time on care plans not on pathophysiology.”

Though these findings are based on my personal observations, as I consult with educators across the country, these same themes are prevalent in programs today. Though progress is being made to improve the quality of nursing education, these reflections are a reminder of the work that yet needs to be done.

Though pursuing your passion as a nurse educator is exciting, it also will challenge and stretch you in ways you never thought possible. You will wonder at times if you really have what it takes to be a nurse educator. That is the topic of the next chapter.

Reflect
1. What faculty struggles do you currently experience?

2. What is the TOP faculty struggle that needs to be addressed to maintain your joy, purpose, and passion as an educator?

3. What can YOU do today to take action to help remedy this struggle?

4. What student struggles do you currently experience?

5. What is the TOP student struggle that needs to be addressed to maintain your joy, purpose, and passion as an educator?

6. What can YOU do today to take action to help remedy this student struggle?
When I (Keith) wrote *THINK Like a Nurse: Practical Preparation for Professional Practice*, this book begins by asking students to reflect to determine if they had what it takes to be a nurse. Even though a student may have good intentions to be a nurse, a nurse in practice requires a certain set of traits and dispositions to be successful that students may or may not possess. A nurse educator is no different. In order to thrive in this role, you, too, must possess traits and abilities that are unique to academia. Cooley and De-Gagne (2016) identified four personal traits that lead to becoming a competent and successful nurse educator:

1. Dedication to the nursing profession
2. Obligation and responsibility to students
3. Diligence to teaching students well and responsibly
4. Understanding of the impact of their teaching

Additional expectations that students need in a nurse educator include:

- Demonstrate CARING and promote student personal growth
- Demonstrate RESPECT for students and prove yourself to be an educator who can be RESPECTED by students
- Be creative and use variety in how you teach
- Be APPROACHABLE as well as AVAILABLE to students
- Maintain healthy teacher-student boundaries
- Provide timely feedback to students (Schell, 2001)

What has prepared you best for teaching nursing students? Even though you may have years of clinical experience, this is not a guarantee that you will be an exceptional nurse educator. Knowing *what* to teach based on your experience does not mean that you will know *how* to teach students (Spencer, 2013). Novice nurse educators who have a strong clinical background may not necessarily have the expertise or educational preparation, and may have difficulty transitioning into a new teaching role. Being an excellent, experienced nurse will lay the foundation to prepare you to be an excellent educator. Your clinical experience and expertise with performing nursing skills, therapeutic communication, and care and compassion can help you gain confidence in teaching students these same skills during lab and clinical practice. Nursing education is a distinct discipline that requires clinical salience and educational preparation to effectively prepare students for nursing practice (Booth, Emerson, Hackney, & Souter, 2016). A lack of educational preparation can lead to stress, frustration, feelings of being overwhelmed, and difficulty during the transition from clinical practice to academia (Paul, 2015; Weidman, 2013).
So let’s reflect and answer the following questions to see if you have what it takes to be a nurse educator!

Reflection Questions
1. What is your passion and motivating drive in life?
2. Why do you want to be a nurse educator?
3. Do you enjoy and find fulfillment in serving others?
4. What biases and attitudes may you possess?
5. Do you possess a strong work ethic?
6. Do you consider yourself a lifelong learner?
7. Do you have a natural aptitude for science?
8. How well do you perform under stress?
9. How well are you able to multitask?
10. Do you readily recognize your limitations and what you do/don’t know?
11. How well do you handle responsibility?
12. How well do you communicate with others?
13. How much do you value relationships?
14. How well do you work together with others?
15. How well do you handle conflict with others?

Reflection Responses
1. What is your passion and motivating drive in life?

One practical way to determine your personal passion and motivating drives in life is to ask yourself, “What would I be willing to do even if I did not get paid because I enjoy doing it?”

One of the reasons nurses choose to become a nurse educator is because of their passion for teaching and developing others, even though it pays substantially less than clinical practice. Although your motivations may be to serve and teach students, it is worthwhile to prepare for the reality that teaching salaries may be less than what you anticipated. The lower salary for teaching compared to nurses in clinical practice has been a source of dissatisfaction reported by novice nurse educators and a critical barrier to filling vacancies (Oermann, Lynn, & Agger, 2015; Roughton, 2013). Will the reality of lower pay influence your decision to become a nurse educator?

When I was considering a change in career paths, I shadowed a nurse anesthetist for a day to see what this scope of practice would involve. At the end of the day, it left me bored and uninspired. Though nurse anesthetists are a valued and needed member of the health care team, it was not a good fit for me.

At this same time, I was reading *Wild at Heart* by John Eldredge when this quote literally jumped off the page:

“Don’t ask yourself what the world needs. Ask yourself what makes you come alive, and do that. Because what the world needs are people who have come fully alive.”

(Eldredge, 2001, p. 200).

I realized how much I enjoyed mentoring new nurses in the emergency department and watching the “light-bulb” turn on when what I shared was understood and incorporated into practice by other nurses. This quote gave me permission to pursue what I believe is my God-given passion and talent in nursing, the ability to teach. So, after completing my BSN, instead of pursuing the path of what I thought was NEEDED as a nurse anes-
Theist, I pursued my PASSION and entered a master’s in nursing education program.

To transform nursing education, more than pedagogy needs to change. Transformation flows through the heart passions of the EDUCATOR. Everything that the educator communicates is influenced by what the teacher IS. Teaching is not merely the performance of an hour in class. It represents the outflow of the passions in the life of the educator. It takes years of clinical practice to formulate and deliver a powerful and authentic lecture, because it takes years in practice to make the nurse who is now the nurse educator. Authentic, transformational teaching is an outflow of a person’s life.

Where are Nightingale’s teachings? They are long gone and have died with the students that she taught over 150 years ago. But the woman who is Florence Nightingale is much greater than any of her best lectures. She lives forever as a passionate and transformational nurse educator even today. Your teaching is but a voice. Much of what you have spoken will be forgotten. But the person who communicates a passion for nursing and the value of serving others will live forever in the hearts of your students if you live this out in academia.

What about you? What makes you come alive as you consider becoming a nurse educator? If serving and teaching others is an internal passion of yours, then this is clearly an indicator that you are on the right path in your decision to become a nurse educator.

2. Why do you want to be a nurse educator?
When the road gets bumpy and you encounter unexpected obstacles in academia, you will question yourself and ask, “WHY did I ever choose this path?” When you know your WHY, you will be much more likely to persevere and transition successfully even when you encounter major turbulence. Your WHY reflects your primary motivation. So why do you want to be a nurse educator? You know what the expected and “right” answer is: “Because I want to teach students.” But is this really true for you?

If the personal benefits are your primary motivation to enter/consider nursing education, carefully examine your choice to become a nurse educator. Nursing education is in need of radical transformation, and it may require extra time, energy, and giving of yourself to see it realized. Some faculty want to do only what is needed to maintain the status quo. This is no longer an option. Carefully reflect on your WHY, and pursue your passion wherever it may lead you.

3. Do you enjoy and find fulfillment in serving others?
The essence of nursing practice is serving others in a time of need. Serving others is not highly valued in our culture yet it is the essence of the mindset of not only the professional nurse, but also the nurse educator. The best nurse educators have a strong desire to serve their students. Nurse educators serve students, foster their students’ personal and professional growth and development, while helping them learn how to serve others (Robinson, 2009).

The desire to serve needs to be present regardless of how the student may respond to you. Maintaining empathy remains important for academic practice. Can you still teach students even if it appears you are unappreciated? If you remain empathetic and do not take things personally, you will be an excellent nurse educator in practice.

As a nurse educator, you can bring the concept of serving to teaching and learning by applying these steps:
1. Provide a classroom and clinical environment where students feel comfortable, valued, and supported.
2. Tell students that their growth and success is the ultimate goal.
3. Acknowledge students who are having difficulty and be willing to work with these students in a way that will promote their success.
4. Create an environment where students are comfortable discussing their mistakes and errors. Work with the student to analyze the cause and create a plan to avoid future mistakes or errors.
5. Make time to listen and respond to students’ concerns.
6. Be willing to change from traditional lecture to active, student-centered learning.
7. Reflect on teaching practice for improvement.
8. Collaborate and build consensus with students.
9. Implement strategies to promote healing for students who have experienced failure, incivility, or bullying.
10. Work toward building students’ confidence, self-esteem, and success.
How to THRIVE, Not Merely Survive, as a Nurse Educator

Keith Rischer, RN, MA, CEN, CCRN
Patricia Pence, EdD, MSN, RN

What do you need to know to successfully transition to the academic setting? This chapter will share principles to help prepare not only those who are new to academia but those who are already educators. By successfully navigating the most common pitfalls, you will see that it really is possible to not just survive, but actually thrive personally and professionally as a nurse educator!

1. Make enough time
2. Take care of business…you!
3. Have realistic expectations
4. Pursue excellence
5. Use the power of passion
6. Be a lifelong learner
7. Find ways to recover from reality shock
8. Face and overcome your fears
9. Write down your goals
10. Always reflect
11. Understand learning theories

Make Enough Time

Time is a precious commodity as a nurse educator. The trap that many educators fall into when encountering the numerous and ongoing demands in academia is that what is most important in life (taking time to cultivate relationships) does NOT need to be done immediately. But the URGENT things or never-ending tasks on ones to-do list demand immediate attention and action. Without realizing it, we become slaves to the TYRANNY of the URGENT. By choosing to focus on the urgent, we can begin to neglect what is really MOST important in life.

In clinical practice, your work is left behind you when the shift is over. When I (Keith) began working as a nurse educator, I quickly realized that the work never leaves you! There are numerous urgent things that continually call and need to be done: Emails require a response, paperwork to grade, or presentations to develop. Though I was working full-time as a nurse educator during the week, I continued to work clinically every Friday and Saturday night. I was working 60-plus hours a week and, though I loved what I was doing in both education and clinical practice, I was a man in motion with the URGENT dictating my schedule. By the end of the school year, I was physically, emotionally, and spiritually drained. I was a slave to the tyranny of the urgent.

In the classic article “Tyranny of the Urgent” (1967), Charles Hummel insightfully stated that there is a constant tension in our life between the URGENT and the IMPORTANT. Filter each day by identifying what is “NICE to do” and what is “NEED to do.” The urgent tasks that continually press are NICE to do, but the most important things in your life are the NEED to do and must become your priority. I have observed that the URGENT tasks will always be present in one form or another, but the things that are most IMPORTANT may not.
For me, the most important things in my life are RELATIONSHIPS. As a Christian, my relationship with God is my first priority. My wife, five children, and now two grandchildren follow closely. My work in clinical practice and with KeithRN is third.

Our five children have left our home and we now have an empty nest. In the past two years, one of my closest friends suddenly died of a massive myocardial infarction, and another has stage IV small cell lung cancer. The old Joni Mitchell song got it right, “You Don’t Know What You Got ’Til It’s Gone.” What about you? What is most important to you? Do you consistently make time for it in your busy schedule? I would encourage you to make this a priority and schedule time for it, before it’s too late.

**Take Care of Business...You!**

Motivation matters. Most educators teach because they love what they do. But unfortunately, this passion for teaching that makes you come alive can slowly fade and ultimately lead to burnout. The end result is that you become a “dead man or woman walking,” putting in your time with no fire, only a trail of smoke. Nurses have one of the highest rates of burnout among all health care professionals. Don’t become a casualty. Instead, determine to take care of yourself to go the distance in academia or you will be just another statistic.

**Value of Self-Care**

To maintain a healthy balance and prevent burnout in practice, educators must be proactive and embrace the necessity of self-care. Though academia will consume you with new challenges, do NOT let nursing education become your life! Pursue and fight for balance by establishing “margin” in your life. Margin is the space between your current demands and your limit to handle them (Swenson, 2004). Those blank spaces on the sides of each page of a book have a purpose, as do margins or blank spaces in your daily life. If you continually push yourself, you will soon find out that this cannot be sustained for the long haul of nursing education.

The perpetual “gerbil wheel” you experience as an educator with its incessant, ongoing demands requires you to be fully aware of the need to renew your body, mind, and spirit. If your “tank” of personal renewal is empty or dangerously low, this will directly affect your ability to be fully engaged and passionate as an educator. Many of the stresses in academia are NOT easily changed or within your direct control. You must learn to accept those things, but recognize that you have the power to directly control and change your RESPONSE to them.

**Self-Care for Nurse Educators**

I (Keith) tend to be an unbalanced, Type A, driven individual who sometimes does not know when to stop. I will virtually pour myself out and do whatever is needed to promote the learning of my students. Though this may benefit my students in the short term, it ultimately takes a toll on me in the long term. True wisdom is realized when we learn from the life lessons of others and do NOT repeat them ourselves. If you can identify with my struggle and disposition, I would like to share a few things I have learned along the way in the desire to strive for balance and margin in nursing education.

First, establish well-defined “margin” boundaries. As a new full-time nurse educator, I soon realized the reality and power of “job creep” and the ever-pressing demands of things that need to be done. This is one of the greatest distinctions between clinical practice and academia. In practice, you are paid by the hour and when your shift is done, so are you. But in academia this is hardly the case. There are always loose ends that need to be tied up, some more pressing than others.

A practical strategy to establish healthy boundaries and balance is to set STOP times in your evenings for all school-related work. Resist the temptation to keep going, just to finish off whatever is on your platter as the evening wears on. Communicate to staff and students that your weekends are sacred and you will NOT respond to emails until Monday unless it is urgent. Do what works for you but draw some lines in the sand, or the “tyranny of the urgent” will define your life in academia!

**Burnout Warning: Nurses (and Educators!) at Risk**

Burnout has been described as the progressive loss of the initial idealism, passion, energy, and purpose to enter the profession (Edelwich, 1980). It can also be defined as the loss of human caring, or stated another way, the separation...
of caregiving and caring (Benner & Wrubel, 1989). When a nurse initially enters the profession, he or she is motivated and engaged to begin this journey of a new career. If this same new nurse has unrealistic expectations or has not been prepared for real-world practice, the gap between individual expectations and the reality of clinical practice begins to widen, causing frustration and disappointment (Maslach, 2003). This can lead to job dissatisfaction, loss of confidence and enthusiasm. This is why it is so important to prepare students for real-world clinical practice and provide realistic expectations in various care settings after graduation. This could prevent unrealistic expectations that could eventually lead to burnout.

Slow Fade, Stage by Stage
When the consequences of burnout were summarized in the literature, the impact to nurses’ emotional and mental health was dramatic. Nurses became hardened, oblivious, robot-like, depressed, frightened, and worn down (Swanson, 1999). It must be noted that nurse educators are at the same risk of developing burnout as a result of the inherent ongoing stress that is present in academia.

Burnout develops insidiously over time for nurses and nurse educators. This is another reason why reflection is essential to professional practice and needs to be encouraged. Burnout that is not identified until the later stages may take months or even years to fully resolve (Lyckholm, 2001). Burnout has five distinct stages that represent a predictable progression. Reflect on these stages yourself and teach your students the key characteristics of each stage to identify burnout EARLY and prevent needless progression.

Stage 1
- Mental and physical exhaustion
- Emotional emptiness
- Little or no desire to relate or engage with patients

Stage 2
- Indifference
- Cynical, uncaring
- Dehumanize patient and family

Stage 3
- Feelings of failure as a nurse
- Feelings of helplessness

Stage 4
- Feelings of failure as a person
- Self-hatred, isolation
- Increased absenteeism from work

Stage 5 (complete burnout)
- Performs responsibilities of nurse with no involvement, commitment, or enthusiasm
- Completely disengaged
- Contemplates leaving nursing (Spinetta et al., 2000)

My Story
Though I did not experience burnout in academia, I have experienced it as a nurse in the ED. When I first started in this clinical setting, it was a dream come true. The adrenalin rush that came with caring for critically ill patients and the wide range of clinical presentations provided a stimulating and invigorating environment for me. I became more proficient in clinical skills and critical thinking as I drew from my prior years of clinical experience in critical care. I was engaged and truly cared about what happened to each patient in my care. I enjoyed what I was doing so I began to pick up overtime on a regular basis because it was readily available. I became more physically and emotionally tired, but I did not realize it at the time. I was beginning to DRIFT.

Slowly but gradually over time, I began not to care. What I once enjoyed was now just a job and putting in my time. Patients became burdens. I had critical patients and some of them died as a result of their injuries or illness. I did not engage or truly care. When I began to reflect and saw how far I had fallen from my original motivation to care for others, I knew I had to do something dramatic to recapture my heart. I left the ED and renewed my passion for caring in an entirely different environment in acute care. In addition to a change of scenery, I also needed REST, which led to RESToration.

I have experienced in my journey the wisdom of Benner and Wrubel who wrote:

"It is a peculiarly modern mistake to think that caring is the cause of the burnout and that the cure is to protect oneself from caring to prevent the ‘disease’ called burnout. Rather, the loss of caring is the sickness, and the return of caring is the recovery." (1989, p. 473)

If you are a nurse educator and have also experienced
burnout in clinical practice or academia, do not hesitate to share the power of your story and what can be learned from it with your students. By being authentic and transparent, you are modeling the professional values you want your students to embody. What could you have done differently to prevent burnout? What have you done since to prevent it? By sharing your journey, your students will benefit and you will be an educator who will positively impact your students and make a lasting difference.

Have Realistic Expectations
When I (Keith) first became a nurse educator, I had numerous unrealistic expectations that almost set me up to fail. I thought all students would share my love for learning and nursing and that my well-polished PowerPoint lectures would keep them engaged for the entire lecture. I also thought that all students would value active learning that made them think and use knowledge in the classroom. If you have had any experience teaching, you know that these expectations were delusional thinking on my part.

As if student struggles weren’t enough, I also experienced unexpected difficulties with colleagues. When I attended department meetings, it was obvious that some faculty did not respect or even like one another. Some faculty were targeted and their input and perspective was not valued or appreciated. Some faculty had a varying commitment toward teaching. When I suggested innovative strategies that could strengthen student learning, some were more interested in maintaining the status quo. Though each department is unique, never settle and accept an unhealthy status quo! Embrace your role to be a transformer that will move the ball forward to bring needed change in your department!

Students Do NOT Define You
I took my student evaluations seriously, but did my best not to take it personally. I have seen colleagues crushed and in tears from negative student feedback. I believe a better response is to reflect, look for THEMES of feedback that communicate a concern in your teaching, and see if the shoe fits. If not, let it go and take the shoe off. If there is more than one theme of similar concerns, take this at face value and see if there is an opportunity for growth.

Depending on the culture of your department, student evaluations and the fear of negative feedback prevent some faculty from bringing needed change. It is imperative that leadership recognize the need for change and support faculty who are courageous enough to do things differently! Leadership should be the final word of your evaluation as an educator, NOT students who as novice nurses have no idea what is required to prepare them for professional practice.

Pursue Excellence
Do you know what separates nurse educators who are passionate to bring needed change and make a difference from those who resist change and are content with the status quo? The desire to be excellent and excelling to be the best educator that you can possibly be. The final chapter of the nursing leadership textbook, The New Leadership Challenge by Grossman & Valiga, is a must-read for every nurse educator. It is titled “Leadership, Excellence, and Creating the Future of Nursing.” Excellence is a choice and a habit. It does not just happen by chance or by accident. It is always the result of sincere effort and strong intention.

Excellence is inwardly motivated and is present because you cannot imagine doing anything less than your very best (Grossman & Valiga, 2013). Remember the old Gatorade commercials with Michael Jordan sweating Gatorade that correlated with the commercial message, “Is it in you.” In the same way, the pursuit of excellence represents this inward motivation that is consistently demonstrated in those educators who will not settle for just getting by.

What Does Excellence Look Like?
Qualities associated with excellence are taking risks, being unconventional, and being on the cutting-edge of teaching and learning (Tagliareni, 2008). When daring to achieve excellence and bring about needed change, you must be willing to face less than satisfactory student evaluations, as well as become comfortable with insecurity and anxiety (Tagliareni, 2008; Valiga, 2010).

So how do nurse educators demonstrate excellence? Here are practical ways to bring excellence into your teaching practice:

- Develop innovative strategies based on evidenced-based literature that promote student engagement, instead of relying on tradition or your past experiences.
- Document the results of using effective strategies.
• Share your insights with other educators through a presentation or publication.
• Create a classroom where teachers and students learn together.
• Use strategies to develop effective learning.
• Focus on DEEP learning of the MOST important information, rather than covering content.
• Admit to students when you do not know the answer.
• Partner with students to determine learning objectives or assignments.
• Challenge yourself, your colleagues, and your students.
• Set high standards for student performance. (Ironside & Valiga, 2006; Valiga, 2010)

The National League for Nursing Task Force defined 30 characteristics or traits as Hallmarks of Excellence in Nursing Education (http://nln.org). The list above and the Hallmarks of Excellence are not all-inclusive, but can stimulate active dialogue among nurse educators to guide movement toward excellence in nursing programs. Reflect and ask yourself, “What does excellence mean to me? What risks am I willing to take toward achieving excellence?”

**Role Model Excellence**

Nehring (1990) identified that, from a student’s perspective, being a good role model as a professional nurse is the most important characteristic that distinguishes the best from the worst-rated clinical faculty. Students value educators who demonstrate by their example that they enjoy nursing and teaching, are well prepared, demonstrate clinical excellence, are approachable, display self-confident, encourage mutual respect, and provide support and encouragement to students. Make it a priority to live out these values and be the nurse you want your students to aspire to become.

What does your example communicate? Do you demonstrate the values and ethics of the nursing profession that include caring, compassion, and respect consistently in all that you do? If there is a lack of integrity demonstrated by faculty due to an inconsistency between what is taught and what is modeled, students will readily recognize it. They are more likely to model what they see lived out. Tanner (1990) recognized the power of the “hidden curriculum.” It is not what is in the syllabus that students really learn, but the values and example that are role-modeled to students that influence the formative development of students.

**What Is the Culture in Your Department?**

When nurses work on units where excellent nursing is the norm, nurses strive to continually reach the level of excellence they see in their nurse colleagues. But the converse is also true. When nurses practice on a unit where the standard of care is poor or merely average, the other nurses are satisfied with merely maintaining the status quo and doing just enough to get by (Grossman & Valiga, 2013). What is the culture in your nursing department? How would you honestly describe it? Are educators on the same page pursuing excellence and applying educational research to practice and encouraging others through their example to be the best for their students? Do educators strive for transformation through continuous growth, improvement, and understanding? Do faculty trust the recommendations made by committee members that are sound and well thought out? (Ironside & Valiga, 2006). Or are faculty in “silos,” doing just what is needed to get by, regardless of how it may impact student learning?

Vince Lombardi, the former coach of the Green Bay Packers, said, “The quality of a person’s life is in direct proportion to his or her commitment to excellence, regardless of the chosen field of endeavor.” Pursuing excellence affects not just the quality of the nurse educator you will become, but all areas of your life! Make it a priority to pass the mirror test. Honestly look at yourself in the mirror each day knowing that you have done your very best in all that you do as a nurse educator.

**Use the Power of Passion**

What is it that separates those who are successful in everything they do and those who are not? Is it intelligence, education, or social status? No. The most important characteristic of your success as a nurse educator will be your passion. Passion is “the essence of excellence” (Valiga, 2003, p. 276). You must have a burning desire to be the best and overcome any obstacles that may be in front of you. If you have this burning passion, even if you are average or ordinary in your abilities, you can and will achieve and accomplish great things! This is why nurturing and cultivating passion is so important (Maxwell, 1999).

Passion is the first step to accomplishing your goals.
Those who live extraordinary lives have great desire. Passion makes the impossible possible. If you have a burning fire in your heart, this will lift everything in your life (Maxwell, 1999). This is why passionate educators excel. Passion is also contagious. If you possess this fiery passion, you will impact and influence your students and colleagues and lead by lived example.

What Is Your Temperature?
Do you desire to be the best nurse educator you can be? Or are you overwhelmed and just want to survive each day? To be passionate, the following are practical strategies to see this realized in your life (Maxwell, 1999):

- **Take your temperature.** How passionate are you about nursing education? Does it show? Ask those around you, including your students and trusted colleagues, about your level of desire and if it is hot, cold, or waning.

- **Return to your first love.** Too many educators allow the tyranny of the urgent and stress of nursing school to get them off track and steal their joy and passion. Look back to when you were just starting out as a nurse educator. Try to recapture this enthusiasm. Then evaluate your current passion in light of those former desires.

- **Associate with people of passion.** Birds of a feather really do flock together. If you’ve lost your passion and desire, you need to get around some “fire-lighters”! Because passion is contagious, make it a priority to have friends and colleagues who will infuse you with passion instead of stealing your joy with their negativity.

There are numerous barriers that prevent change in nursing education. Transformational change is hard and requires additional time and energy. It is the passionate nurse educator who possesses not only the energy, but also the commitment and DESIRE to see it realized. It is NOT that transformation is too hard; the greatest barrier is that nurse educators do not want or DESIRE it badly enough.

**Be a Lifelong Learner**
Your journey of learning does not end once you are a nurse educator. It has only begun. You must have a thirst and desire to learn and grow as an educator throughout your career in order to provide the best current and evidence-based teaching your students deserve. Health care, nursing, and nursing education are continually changing based on new research. Change is a given.

To keep abreast of change requires continual learning. Treatments and nursing procedures change with evidence-based practice findings. Embrace this reality. But when you enjoy the journey, you will have the aptitude that will lead to your ongoing success and professional development as a nurse educator. Make it a priority to subscribe to relevant nursing journals that will keep you abreast of current research findings and feed your knowledge as a lifelong learner.

**Incorporating Evidence-Based Practices into Your Practice**
As a nurse educator, you likely have your students complete an evidence-based practice assignment. Nurse educators not only have a responsibility to keep abreast of clinical best practices, but just as important, if not more so, is educational evidence-based practice. This is why the recommendations of the Carnegie Foundation to improve nursing education contained in Educating Nurses: A Call for Radical Transformation must not be seen as optional to embrace; it is educational evidence-based practice that must be implemented.

To keep abreast of changes and opportunities to incorporate evidence-based practice, read appropriate and relevant nursing journals. As a nurse educator, my favorite journal is The Journal of Nursing Education. For practice, The American Journal of Nursing (AJN) is an excellent resource that is relevant for all clinical practice settings. Nurse Educator, Journal of Nursing Education, and Teaching and Learning in Nursing are excellent journals to maintain educational best practice. One of the blessings of being an educator is access to every journal relevant to nursing and nursing education through your institutional library database.

**Find Ways to Recover from Reality Shock**
Reality shock is when you first enter nursing education and feel unprepared and overwhelmed. What does reality shock look like? Feelings of fear, anxiety, and lack of feeling prepared. If you can identify with these feelings, know that you are not alone! Because of a lack of educational experience, the full force of reality shock will
intensify the normal stress and anxiety that any person experiences when starting a new position. You don’t need to know everything as a new educator! Now is the time to develop realistic expectations. It will take at least one to two years to learn and grow in your new role.

How to Cope
It is one thing to experience the painful feelings that accompany reality shock; it is another to cope and to overcome them. The following are some practical strategies that you can incorporate to help you cope and overcome reality shock as a new nurse educator.

- Develop meaningful relationships with your mentor and new co-workers.
- Share your struggles and feelings with a trusted nurse colleague or mentor. This is another reason to establish meaningful relationships with others in your department.
- Know how to access practical resources that will develop you as a nurse educator. (Patricia Benner and her body of work became my mentor as well as the book Educating Nurses: A Call for Radical Transformation.)
- It is normal to experience some dissatisfaction with your new role and work environment. Have realistic expectations and be kind to yourself!
- Pattern your practice after educators who are excellent role models.
- Use reflection to identify what is going well and what can be improved. Celebrate and acknowledge what you are doing well and do not focus on the negative!
- Keep a journal so you can reflect on your practice and acknowledge your feelings. This will help you to see the progress you are making on your journey!
- Identify and manage conflicts as they arise. Be direct with communication. Do not allow inevitable conflict with co-workers to steal your joy and exacerbate reality shock (Ferris, 2012).

Face and Overcome Your Fears
Fear is one of the primary emotions present when you embark on a new journey as an educator as well as a red flag that reality shock is present. Some of the fears that I (Keith) experienced entering academia included:

- Fear of the unknown
- Fear of doing things differently
- Fear of student and faculty acceptance

When I conducted a survey of my readers, asking, “What is the most significant barrier to realize transformation in nursing education?” the most common response was the willingness of faculty to change. You need to dig beneath the surface to understand WHY faculty struggle with and even resist change. I believe the primary reason is fear. To thrive and bring needed transformation to academia, reflect and determine what specific fear(s) that may be holding you back. Once this fear is identified, it can be confronted and will lose its power to keep you from being successful as an educator.

Let me share an example from my life that demonstrates how facing your fears can actually be liberating and life changing. My daughter Nikki was traveling with me in Southern California and she found a Groupon for half off skydiving and was excited to do something she had always wanted to do at a discount. I had absolutely no desire to follow in her steps, but was glad to see her go for it. But as she enthusiastically pursued her passion to jump off a plane, I began to confront my fears. What was I afraid of? Jumping out of a plane at 14,000 feet could be a lot of fun and something I could cross off my “bucket list.” But it could also kill me!

Realizing that this was a once-in-a-lifetime father-daughter experience, I decided to go for it at the last minute. As a result, we shared an awesome experience together. I will never forget the deep fear I felt being connected to my jumper who had a belt connecting me to him. I hoped the parachute was packed correctly and would open as planned. But the most gut-wrenching aspect of this jump was facing my fear of possible death. Looking down 14,000 feet through the open jump door of the plane and rolling out the door on the count of three made me seriously want to reconsider, but it was too late. Once I jumped out of the plane, I was free-falling for a full minute at 120 mph and was exhilarated by this incredible experience! The chute opened, and I could now enjoy the ride and the view as I drifted gently to earth.

Here are five principles derived from my “near-death” experience that can help you face and overcome your fears in academia:

1. **Identify your specific fear.** Though I have no fear of heights, that fear was palpable as I prepared to
jump out of an open door at 14,000 feet. If you or
other colleagues you work with are struggling to im-
plement needed change, there is a reason! Dialogue
with your colleagues and explore what is holding
you or them back. Once the fear or barrier to change
has been identified, it is time to take the next step.

2. **Overcome the fear.** I had to decide if my fear was
going to hold me back from what could be the ulti-
mate experience of my life. Fears are meant to be
overcome if they are barriers to change. Are your
fears rational or irrational? You need to work with
experienced colleagues for guidance. Once the fear
is identified, you must decide how to respond and
develop a plan to do things differently.

3. **Find supportive colleagues who are willing to**
**jump with you.** If my daughter had not encouraged
and supported me to “go for it,” I would have never
left the ground. You need the support of colleagues
who will encourage and support you as your friend
and mentor. Identify those supportive colleagues and
you are on your way to making a difference! Had I
not been strapped to an expert jumper, there is no
way I could have taken a life-threatening plunge. The
experts in academia who have been instrumental
when I first took the transformational “plunge” are
Patricia Benner and Christine Tanner. Their insight,
wisdom, and evidence-based practice will provide
expert support and guidance for you, too.

4. **Take the plunge!** Though I had come as far as being
inside the plane at 14,000 feet, I still had to decide
whether I had the courage (or folly!) to jump out.
Facing your fears and talking about transformation
is NOT the same as doing it. You must commit to
take the plunge. Commit to implementing needed
change and do not look back!

5. **The time is now!** Though I could have rationalized
my fear and said I will jump out of a plane another
time, I knew it was then or never. Because so much
is riding on the need to transform nursing educa-
tion, including student learning and the lives of pa-
tients that students will care for, recapture that
sense of urgency and make it a priority to do what
is needed today.

As you face your fears and step out to bring needed
change, commit to see it through. I can promise a few
bumps and some student resistance along the way. But

if you face your fears and persevere with transforma-
tional change, you will be THAT educator students will
contact after graduation and say, “THANK YOU!
Though you made me think and work hard to apply my
learning to be the best nurse possible, you were the edu-
cator who prepared me well for professional practice!”

**Write Down Your Goals**

There is a part of me that does not like to write down per-
sonal goals. I rationalize that if I don’t write them
down, I do not have to feel like a failure when I fail to
meet them. But those who write down their goals and
review them regularly are much more likely to meet
them. Patient goals/outcomes using nursing process are
taught to be:

- Specific
- Measurable
- Realistic
- Time limited

Use this same process for writing out goals for trans-
forming your content. Don’t write, “I will use more ac-
tive learning in my classroom,” State, “I will use a case
study or group learning activity that situates clinical re-
alities for 15-30 minutes for every hour of every class-
room lecture.” When you write your goal in this manner,
you will know whether it was met or not. Every lecture
may not be realistic for some. Then rewrite the goal so it
not only stretches your abilities, but is able to be consis-
tently attained!

To accomplish your goals as an educator, you must
have a target. Have a clear sense of direction of where
you want to go at the beginning of the school year and
you are well on your way to bring about needed change
and accomplish what is most important.

**Always Reflect**

To improve your craft as a nurse educator, honestly and
authentically reflect to determine what went well and
what did not with your teaching. Just as REFLECTION
is central to clinical practice, it remains relevant to you
as an educator. I was crushed by some of the student
evaluations I received as a new nurse educator. I had to
remind myself that students are NOT the final determi-
nant of the effectiveness of my teaching, but their input
needs to be considered.

Though students can rate their satisfaction with
your teaching methods and organization, they are unable to judge the accuracy, depth, and educational best practices. Keep student comments in perspective. Student comments reflect their views at one point in time in the program. Students realize only later WHY a course or assignment was taught the way it was that proved critical to their learning (Oermann, 2017). Evaluating how students respond to your teaching is essential in continuing to improve in all that you do in the class or clinical settings.

To be proactive with student evaluations and improve the effectiveness of your teaching, ask your students the following three questions midpoint in the semester (Oermann, 2017):

1. Are you satisfied with your learning in this course?
2. What is going well in this course?
3. What recommendations do you have to improve the course?

Though Tanner’s model of clinical judgment (2006) is patient-practice based, it can be applied and adapted to the practice of nurse educators. Step four of Tanner’s model includes the importance of reflection-IN-action. This is the ability to accurately interpret the patient’s response to an intervention in the moment as the events are unfolding. In nursing education, the nurse educator needs to assess the student’s response to the effectiveness of what and how content was taught.

Three Reflection Questions

After every classroom lecture or when implementing a new active learning strategy, use these three questions to help you transfer what went well and leave behind what did not, next time you teach.

1. **What can I learn from this?** Be honest and determine if student learning actually improved with any new approaches or techniques used in your classroom. Though a new approach may look good when presented in an educator conference setting, this does not mean that it will be a hit in your class or clinical.

2. **What would I do differently (if applicable) using this pedagogy?** Be willing to be flexible and change if needed. If you did something new and obtained the desired response, then stick with it and persevere. Fine tune as needed.

3. **How can I use what I have learned from this situation to improve student learning in the future?** Use what has been learned to see if it could be improved to strengthen and engage student learning for next semester. Adjustments are to be expected!

Every nurse educator as well as nurses in practice should adopt the motto of the Home Depot, “Never stop improving!” Reflect and determine what went well and contributed to student learning and what did not this past semester. Using these three reflection questions influenced by Christine Tanner’s model of clinical judgment can help you refine and improve your practice as an educator to strengthen student learning.

Understand Learning Theories

Nursing theory was not my favorite class as a graduate nursing student, but I was surprised by how much I understood the bigger picture of nursing practice when theory was applied to nursing. In the same way, when different theories are understood regarding how students learn, it will strengthen your ability to teach and make it stick when these theories are applied in your teaching.

Following is a quick summary of relevant learning theories to integrate into your practice (Billings & Halstead, 2016):

**Cognitive Learning Theory**

Emphasizes the mental structures of learning that include perception, thinking, understanding, and knowledge acquisition. Learning is defined as processing information and is experiential. Nurse educators can apply this to practice by making learning ACTIVE instead of passive and developing students’ ability to THINK more like a nurse. Content presentation is not enough; students must discover meaning by USING knowledge.

**Situated Learning and Situated Cognition**

This is the standard of nursing education that must be realized to bring needed transformation (Benner et al., 2010) by integrating clinical and classroom experiences. Situated learning takes place in the context of the clinical setting. The primary objective is bringing clinical to class so students can develop skills relevant to practice and are better prepared when they are in the actual clinical setting. Case studies, role play, and simulation are examples that emphasize APPLICATION to clinical practice.
Adult Learning Theory
Adults learn best when information is perceived as important and relevant and they are asked to use their prior life experiences to apply knowledge and solve problems. Adult learners are also self-directed. Because adults fear failure, work to create an atmosphere of trust and respect to facilitate student empowerment by guiding students in a collaborative relationship. Learning activities should include independent study and inquiry as well as reflective journaling.

Novice to Expert
Benner (1982) states that nursing expertise develops over time and passes through five stages. In order to progress and develop, there is no substitute for clinical experience to strengthen and develop expertise. Educators must identify the level of the students they are working with to develop realistic expectations based on prior clinical experience. This theory will be discussed in depth later in the book.

Caring Theory
The concepts of Watson’s (1989) caring theory emphasize the practice of loving-kindness, authentic presence, and cultivation of one’s own spiritual practice. These concepts can become the framework for a caring curriculum in academia that can include addressing ways to eliminate adversarial relationships with students and faculty, and maintain open, honest, caring, and supportive relationships. Integrating questions that highlight the importance of caring in the context of patient care are addressed in detail later in this book.

Neuroscience Theory
Current research findings have revealed that the brain continues to adapt and change even as an adult as new neuronal connections are made. It’s called neuroplasticity (Kalial, 2008). REPETITION of key content can speed processing time through neural networks.

Brain-based Learning
Focuses on optimal conditions for the brain to learn. The way the brain learns is influenced by multiple factors including the time of day, nutrition, and stress (Jensen, 2008). Once these factors are taken into account, learning can be maximized by enhancing the conditions when the brain learns best. Brain-based learning is fostered through activities that require knowledge construction (I have a case study tool that can develop this and is addressed later in the book) and making connections to prior knowledge. Case studies and simulation are effective tools to develop.

Steps to Transition Successfully as a New Educator
If you are new or have recently transitioned to nursing education, the following practical strategies will help you transition from clinical practice to academia:

1. Get a mentor. Make this a priority if you are new to academia. Identify faculty who are excellent, experienced, and model the essence of the nurse educator you aspire to be. Your mentor can be official or unofficial, depending on where you work and the orientation process. A good mentor will imprint the intangibles of nursing education that will positively influence your professional development in this new setting. If you are an experienced educator, embrace the responsibility to take a new educator under your wing. Make yourself available and schedule regular times to meet to discuss struggles and challenges before they become a crisis. Welcome, guide, nurture, support, and positively impact the transition of novice nurse educators (Bellack, 2016; Weidman, 2013). Paul (2015) proposed that these topics for orientating novice nurse educators are NEED to know. Be sure that these topics are included in your department orientation for new educators.

   - Strategies to handle student behaviors and unprofessionalism
   - Orientation to simulation and laboratory equipment
   - Learning theories and teaching techniques
   - Expectations for the course and student performance
   - Guidelines and logistics for clinical
   - Changes in the NCLEX
   - Available student resources
   - Evaluation processes

2. Network with other faculty and find a solid support system. A healthy department is comprised of positive and meaningful relationships with col-
leagues. Make it a priority to engage with your colleagues and take advantage of opportunities to go out after work or any outside activities planned by other staff. Identify faculty who are supportive so you have someone who not only understands academia, but can share your thoughts, feelings, and struggles as a nurse transitioning from practice to academia.

If you are not already on LinkedIn, make it a priority to set up a profile and begin to establish an online network of nurse educators. Start with colleagues you already know and those you personally meet at educator conferences. The power of online networking begins when you search for educators who have presented at conferences or authored journal articles or books. Once they accept your invitation you are in the “circle” and can message them with any question or comment you have and receive a response. There are also nurse educator groups that you can be a member of and participate in forums that will also be a source of support.

3. **Speak up and contribute.** New nurse educators who are current in clinical practice are the greatest asset to any nursing program. Their input and perspectives strengthen the content and curriculum of the program and must be valued and considered. Educators who are recent or current in practice can be the bridge and catalyst to bring a practice-based emphasis to the program and realize transformational change.

4. **Take care of yourself.** Take time for adequate rest and do not feel guilty if you need to call in sick. By practicing self-care you will be less likely to burn out and will persistently carry the passion to prepare the next generation for professional practice.

5. **Give yourself grace to be a new nurse educator.** Just as it was essential to give yourself grace to be a new nurse after graduation, this also applies once you enter academia for the first time. Remember that it takes at least two years to be competent and comfortable in practice (Benner, 1982). As you transition to a completely different role, this principle now applies to you! There is no substitute for experience in academia. Expect to struggle as you learn how to write test questions, develop lectures, and bring relevant active learning to your content. This will change, and your proficiency and comfort level will increase over time as you acquire needed experience!

6. **Assume the best of your colleagues.** You will be stressed and pulled in ways you never thought possible as an educator. As a result, you may find it all too easy to assume the worst of those around you. Be slow to make judgments about your colleagues. Get a thick skin. You will work with colleagues and primary care providers who will irritate you and may rub you the wrong way. Don’t take every interaction personally and give grace to others for being stressed, tired, and not always kind and gracious with every interaction they have with you. Remember that you, too, will need this same grace extended to you at times as well!

7. **Get certified as an educator.** Once you have been an educator for two years or more, make it a priority to pursue your certification as a nurse educator (CNE). Just as in clinical practice, certification validates your knowledge and expertise as an educator. Obtaining your CNE recognizes the unique knowledge, skills, and abilities needed to be successful as an educator.

**Reflect**

1. How do you prioritize your schedule to ensure that the most important things get done each day?

2. What are the most urgent things in your schedule that keep you from the most important?

3. How do you pamper or take care of yourself in a practical way that communicates that you are a person of value and worth?

4. How have you encouraged or brought needed change to your department by your example of excellence?

5. What have you learned in your journey to keep your passion burning in nursing/academia?
6. What journals do you subscribe to, what websites do you regularly review to maintain your passion for lifelong learning?

7. What expectations have you had to change since you entered academia?

8. What obstacles or struggles do you anticipate or have experienced in teaching?

9. What was your primary emotion as a new educator? Have you overcome it?

10. How have you overcome your fear of change? Was it worth it and what did you learn in the process?

11. What goals will you pursue to bring needed change to your program?

12. What went well this past semester in your class or clinical setting? What not so well? What will you do differently to strengthen student learning?

13. Who is your mentor in academia? What have you learned from this relationship?

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