

Philosophy of Clinical Nursing Education  
Children’s Mercy (CM)  
July 2018

“As dedicated CM clinical instructors, we commit to providing clinical nursing education that integrates the essential threads and dimensions of nursing core values, knowledge acquisition, caring relationships, clinical reasoning, evidence base practice and theory application, patient safety, quality, collaboration, and professionalism. As a tool for improvement, this philosophy guides clinical nursing education at CM with student and staff relationships, decision-making, conducting education research and implementing innovative teaching strategies.”

CLINICAL ENVIRONMENT
As consistent with the Essentials of Baccalaureate Education and the Quality Caring Model, we believe in a “collective responsibility” in the provision of a civil, non-threatening, engaging, supportive and student-centered learning environment that embraces the student as members of the health care team. We are committed to any actions necessary to support and maintain this learning environment. Underpinning the active learning environment for nursing students at CM are Magnet designation, adoption of the Quality Caring practice model, and nursing staff clinical competencies and professional development program.

CM CLINICAL INSTRUCTORS
CM clinical instructors meet on a regular basis to promote scholarship, open dialogue and discussions, engage in project work, brainstorm new teaching strategies and review current nursing education research. We meet and maintain standard clinical competencies in our areas of clinical expertise. We strive to establish a caring, professional relationship with our patients, students and co-workers. As clinical instructors we connect to students through role modeling, inviting creative and innovative thinking, creating a safe environment for learning and evaluating teaching effectiveness.

TEACHING METHODS
We acknowledge that students vary in their knowledge and experiences. As such, we commit to establishing a caring relationship with each student individually and crafting the clinical learning experience to facilitate the greatest growth. CMH clinical instructors use current institutional policies, protocols and procedures to support evidence based practice in nursing. We believe clinical reasoning is central to the nursing process and encourage and expect students to practice making clinical decisions and judgments. We support and encourage the use of applicable human simulation exercises as a compliment to clinical experiences.

STUDENT EVALUATION
We support the use of the American Nursing Association’s nursing practice and professional behavior standards and believe it provides a consistent and reliable format of evaluation for clinical experiences. We believe in forming clear, achievable goals for each individual student in concurrence with the school of nursing’s course objectives and goals. We believe in providing ample time for learning prior to final evaluation. We support the use of a combination of evaluation methods, to include, but not limited to case scenarios and studies, observation of
daily clinical work, role-playing, individual student feedback, group discussion and written
documentation.

RELATIONSHIPS WITH SCHOOLS
We highly value each school’s unique vision and philosophy of nursing education. We commit
the integration of those beliefs and elements into the clinical learning experience at CM. We
support the development of professional, working relationships with course coordinators and
faculty at each school of nursing. We commit to familiarizing ourselves with the course syllabi
and clinical objectives, and strive to assist each student in meeting and exceeding these
objectives. We rely on reciprocal support from faculty and clinical coordinators, with
reinforcement of clinical instructor judgement for evaluation of student performance.

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