

**Nursing Education Research Conference 2020**  
**Qualitative Study of Adjunct Clinical Nursing Instructors and Their Preparedness for Teaching Critical Thinking**

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**Purpose:** The purpose of this study was to understand the perspectives of how adjunct clinical instructors prepare or learn to teach critical thinking in the clinical learning environment. Adjunct clinical instructors are hired for their clinical expertise to supplement the work load of full time faculty in the clinical learning environment. Preparation for the role of clinical instructor is varied and instructors not adequately prepared can impact student learning and patient safety. Clinical instructors' have a unique role of nurse and educator. The role of educator may be at the novice level, as described by Benner's Novice to Expert (2001) nursing theory. The necessary andragogic adult learning theory of Knowles (2005) might not be present to be effective. Historically, at the entrance level, nursing transformed from bedside handmaidens to educated patient advocates. In order to keep up with the transformation and change, nursing education is calling for a reform. Literature lacks research showing teaching critical thinking in the clinical environment such as at the bedside.

**Methods:** This study was a basic qualitative research study, where semi structured interview questions were used to obtain participants' perceptions of teaching critical thinking in the clinical learning environment.

**Results:** Four major themes were identified from the data, (a) modeling, (b) experience, (c) inquiry, and (d) information. The various educational background did not make a difference when teaching in the clinical environment. Each instructor stated they learned how to teach on the job. All were able to define critical thinking but had varying descriptions of how to teach critical thinking by examples in the clinical learning environment. Additionally, most did not perceive they were adequately prepared to teach critical thinking in the clinical learning environment.

**Conclusion:** Specifics found from this study were most clinical faculty learned how to teach critical thinking on the job, while teaching clinical. Those clinical instructors who had higher level degrees, did not receive education on how to teach in a clinical learning environment.

All clinical faculty were able to define critical thinking and provide safety related critical thinking strategies, recalling from personal experience. None of the clinical instructors had andragogy education until they pursued a higher degree of education. The use of inquiry and critical thinking was used however the level was undetermined. Faculty did not always recognize when a critical thinking teaching moment was occurring.

Faculty recommendations to improve their preparation for the role include: orientation with access to nursing and hospital policies, access to course syllabus, and text book. They described searching for hospital and nursing policies as administrative tasks that take time from clinical and critical thinking opportunities. Andragogy workshops are needed to further develop critical thinking and accommodate adjunct instructor schedules.

Findings from this study substantiated previous research on this topic is minimal. There is a gap in the educational process. This study contributes to the knowledge for nursing

education and identifies this gap. This study also creates a baseline of needs or recommendations by the adjunct clinical faculty of what would assist them to prepare to teach critical thinking.

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**Title:**

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**Keywords:**

adjunct instructor, clinical and critical thinking

**Abstract Summary:**

Qualitative study results reveal what today's adjunct clinical nursing instructors really need to teach critical thinking effectively in the clinical learning environment at the bedside.

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