Clinical Instructor Academy

Module 1 – Transitioning From Staff Technologist to Clinical Instructor

Transcript
CIA Module Navigation

This guide is designed to help you view the Clinical Instructor Academy modules. The transcript corresponds to the audio and visual components of the module and replaces any closed captioning. Topic headings are represented in bold in the script and the text is the narration.

**Navigation controls**

1. **Pause/Play:** Pauses and restarts the presentation.
2. **Back:** Returns you to a previous section of the module.
3. **Fast Forward:** Click to advance at 2x speed; click a second time to advance at 4x speed. Click again to return to normal speed.
4. **Slider Bar Control:** Drag the indicator along the bar to navigate to any point in the presentation.
5. **Mute:** Turns the audio track on and off.
6. **Section Indicator:** Shows the current section and total number of module sections.
Clinical Instructor Academy
Module 1 – Transitioning From Staff Technologist to Clinical Instructor

Slide 1
American Society of Radiologic Technologists
essential education

Slide 2
Clinical Instructor Academy
Module 1 - Transitioning From Staff Technologist to Clinical Instructor

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Slide 3
Objectives
Here are the learning objectives for this module:

- Explain the dual role clinical instructor play in the clinical setting.
- List the characteristics students value most in their CIs.
- Identify key characteristics of successful CIs.
- Develop a personal plan for transitioning from staff technologist to CI.
- Identify the importance of periodic self-reflection.

Slide 4
Clinical Instructor
Hello and let me welcome you to the Clinical Instructors Academy. My name is Kevin Powers. I’ll be presenting this first module titled, “Transitioning From Staff Technologist to Clinical Instructor.” Let me first start by identifying how we will be using the term “clinical instructor” throughout this module. A clinical instructor typically is a technologist or practitioner that is employed by a given clinical setting that is either assigned or assumes the responsibility for overseeing the activities and performance of students in a given clinical environment.

- One of the most important positions in the scheme of an educational program.

Over the course of a student’s experience in an educational program, they’ll interact with faculty on campus for 50 minutes at a time, maybe a couple of times a week. Maybe they’ll be involved with interacting with the faculty in a lab that may extend over an hour or two, maybe a few times during the course of a semester. But for the clinical instructor, they’re with the students for an eight-hour day. They’re with a subset of students – a small pool of an overall class of students – for an eight-hour day. It may be several days over the course of the week. So the clinical instructor, in many cases, is spending more concentrated time with students in a given week over a given semester than full-time faculty.

The other thing to consider is that the clinical instructor also is the person who is essential to help the students understand how to take the theoretical principles that are covered in the classroom and put them into effect in a clinical environment – in an environment that is, in many cases, uncontrolled. In other words, there’s no guarantee of what the next patient coming in the door is going to present to both the student and to the clinical instructor in terms of opportunity to make that patient interaction a positive learning experience for the student.

- Where theory and clinical practice intersect.
So in many cases, the clinical instructor is the person who really helps to knit together the abstract theory to the real-world practical applications in the clinical environment.

- **Ideal opportunity to build one’s professional portfolio.**

Why would somebody be inclined to pursue this role of clinical instructor? For many people, this is an opportunity for them to build their professional portfolio.

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**Slide 5**

**Personal and Professional Portfolio**

- Communication skills.
- Management skills.
- Problem-solving skills.

Acting in the role of clinical instructor, you will develop enhanced communication skills, people and time management skills, and without any doubt, your problem-solving skills will be enhanced as a result of acting in your role of clinical instructor and managing and supervising and evaluating the performance of students in your local clinical environment.

- **Build relationships**

An equal benefit of assuming this role is the opportunity for you to also develop relationships with both the students and other practitioners in your department that tend to become lifelong relations.

**Why Do People Take On This Role?**

- **Personal calling.**

What leads people to seek out this role of clinical instructor? For many people, they wish to assume this role because of a personal calling. Maybe they’ve always wanted to be a teacher, they’ve always enjoyed ... when they were students, they liked the process of interacting with other students and so they see this as an opportunity to respond to that calling.

- **Act as a mentor or role model.**

Other folks may be – during the course of their clinical practice or from their own student experience – noticed others that were acting in the capacity of clinical instructor and saw the fulfilling experience it was for that individual and wanted to emulate them in terms of also pursuing the role of clinical instructor.

- **Student experience.**
  - Improve things for others.
  - Give back to others.

There are some folks that as a result of their student experience see this (assuming the role of clinical instructor) as an opportunity to improve things for others or an opportunity to give back. They are being grateful for the opportunities that were presented to them when they were a student and see this as an opportunity of giving back to the profession and helping to share their knowledge and experience with other students entering the field.

- **Just happened to be in the right place at the right time!**
And for some folks, they just happen to be at the right place at the right time; they had no intention of seeking out a clinical instructor position, but an opportunity presented itself. Like in the movies where people line up in a row and they ask for volunteers to step forward and everybody else in the line steps back and you’re the last one standing there in place. And all of a sudden, “presto change-o” you’re the new clinical instructor. Believe it or not, this does happen out there in the clinical environment where people either seek it out or not, they’re now deemed as the new clinical instructor. Before we continue with our presentation I’d like to share with you a little video titled “The Announcement.” I’m sure you are going to appreciate this video.

Slide 6
ASRT Essential Education
The Announcement

SCENE I – Radiology department manager Michele has called Lynette, a staff radiologic technologist into her office.

Lynette: Excuse me, Michele, you wanted to see me?

Michele: Lynette, yes; come, take a seat. I was glad to see you submitted a letter of intent for the Clinical Instructor position. As you may know, Jim and Stephanie have also applied for the job. I wanted to let you know that at tomorrow’s department meeting I’ll be making the announcement that you have been chosen for the position. Congratulations!

Lynette: Thank you, Michelle. When I put my name in for consideration, I really didn’t think I’d be selected. So I’m very excited!

Michele: Please try and keep this to yourself until I’ve had a chance to announce it to the staff, OK?

Lynette: Sure. You bet.

Michele: I’ll give Casey over at the college a call and let her know that you’re going to be our new CI and see when she can schedule some time to come over and talk with you. I’ll let you know when we’ve got something worked out. This is a wonderful opportunity for you, and I’m sure you’ll be great with the students.

Lynette: I’ll give it my best. Thanks again.

SCENE II – Lynette leaves Michele’s office and begins thinking as she walks down the hall.

Lynette: [Thinking aloud] Wow ... sweet! This is so exciting! Oh, no, I’m going to have to teach classes — I’ve never done that before. How are Jim and Stephanie going to take this? The new students will be here on Monday ... where do I begin?!? Will the students like me?
Slide 7
Staff Technologist One Day – Clinical Instructor the Next

I’m sure after watching that video, there are many people in the audience that can relate to that feeling of excitement about being identified as the new clinical instructor, followed shortly thereafter with that feeling of panic about “Golly, now I’m going to be responsible for the students, and am I ready for this responsibility? Are the students going to like me? Am I going to do a good job?”

Agent of the education program
- Managing and supervising student activities in the clinical setting.
Recognize in this new role of clinical instructor you’re going to be somewhat caught in the middle. What I mean by that is, you’re going to first be recognized now as an agent of the educational program – responsible for managing and supervising student activities in the clinical setting.

- Program policies and procedures.
You’ll also be responsible for ensuring that the educational program policies and procedures are properly implemented in your given clinical environment.

- Act as student advocate.
And finally you’re going to have the responsibility of being a student advocate, assuring that students are given a fair and equal opportunity to be exposed to the full range of learning opportunities that are available in your given clinical setting.

Agent of the clinical facility.
- Instil values of the facility.
- Maintain quality of patient service.
- Balance responsibilities of technologist and educator.
As much as you’re going to be seen as an agent of the educational program, you’ll also maintain your position of agent of the clinical facility – now responsible for instilling the values of that facility in those students that come through your department, while maintaining the quality of care that’s provided to patients while students are on site. And then also you’ll be responsible for balancing your two roles – role of clinical instructor, along with role as practitioner in your department.

Especially for the new clinical instructor – reaching the satisfactory balance, making sure your responsibilities of clinical instructor and your responsibilities as practitioner in your department are properly weighted so you are successful in both roles can often be a difficult task to succeed in.

Build a sense of shared mission.
Finally, in the role of clinical instructor one of the keys for you is to help to build a sense of shared mission between providing quality care to patients while maintaining a quality learning experience for students in your given clinical facility.

Relationships may change:
- With peers in the department.
One of the other things you’ll also need to be prepared for in assuming this new role of clinical instructor is to recognize that relationships may change in your given department. What I mean by this is, let’s say on Friday, you were a staff technologist working with students and working collaboratively
with other technologists on a daily basis and on now Monday you come in and you’re the new clinical instructor.

Expect – now that you’re the new clinical instructor – that any student problems that arise are now going to be your problem. Any issues that need to be corrected are going to be your responsibility for ensuring that are corrected. You may find that there may be a feeling that your peers are treating you a little bit differently than they did before and that now it’s your role to make their life better.

- **With students in and outside of the clinical setting.**

In addition to that, if on Friday you were accustomed to working with students and they sought you out for advice or little tips and tricks of the trade and things of that nature, and you had a warm and friendly relationship with the students. On Monday when you come in, don’t be surprised if your relationships with students change. You may get a feeling that students are treating you like the prince or princess of darkness, that they shy away from you now in the clinical setting.

A part of that is because before you were a colleague and somebody they could rely upon to help them. Now you’re somebody who’s going to be responsible for evaluating them and grading them and assigning a grade for their activities in the clinical setting. And students may be a little more reluctant now to seek you out if they have a question about a topic, particularly if it’s a question about a topic that at this point in time in the program they should know already or they should have experienced already. So they may be a little more reluctant to expose their weaknesses to you, where in the past they would have easily sought you out and sought your advice and guidance on items they were having difficulty with.

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**Slide 8**

**National Survey Results**

- Clinical instructor traits and characteristics.
- Clinical teaching techniques.
- Strategies to help motivate students

Planning for this academy, we conducted a national survey to recruit input from students, clinical instructors and program directors. First, to identify those traits and characteristics that they value most in clinical instructors. Next, to identify teaching techniques they thought were most appropriate to use in the clinical setting. And then finally, to identify those strategies that clinical instructors use to help motivate students in the clinical environment. Let’s take the next few minutes to look at a summary of written responses that were received through this national survey.

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**Slide 9**

**Clinical Instructor Characteristics**

**Student Survey Question:** Thinking of your clinical coordinator(s), what characteristics or traits do you feel are essential to a productive learning environment?

Student written comments:
Slide 10
Clinical Instructor Characteristics
CI Survey Question: Thinking of yourself as a clinical instructor, what characteristics or traits do you feel are essential to creating a productive learning environment?

CI written comments:
- Patience.
- Being knowledgeable.
- Enthusiasm/enthusiastic.
- Fairness.

Slide 11
Clinical Instructor Characteristics
PD Survey Question: Thinking of the clinical instructor(s) in your program, what characteristics or traits do you feel are essential to creating a productive learning environment?

PD written comments:
- Having adequate professional knowledge.
- Being patient.
- Ability to connect concepts.
- Active listening skills.

Slide 12
Clinical Instructor Characteristics
Students and CIs:
- Patience.
- Knowledgeable.
- Enthusiasm/enthusiastic.
- Being fair.

Let me start by saying that the number of comments you see on screen only represent a very small sampling of the overall number of comments that we received through our national survey. When we look at a summary of the comments regarding characteristics or traits that are valued in clinical instructors, you notice that both students and clinical instructors share some common themes. Those
themes being patience, clinical instructors that are knowledgeable, having enthusiasm or being enthusiasti
c about their role and also demonstrating a degree of fairness in how they deal with students in the clinical setting – are characteristics that are extremely important in the eyes of the students and clinical instructors.

Program Directors:

- **Knowledgeable.**
- **Patience.**
- **Connecting concepts to practical applications.**
- **Active listening to connect with students.**

We look at program directors; they also share that interest in clinical instructors being knowledgeable and being patient or having patience with students in the clinical setting. But in addition to that, they also value the clinical instructor who can make that connection between the theoretical concepts and the practical applications in the clinical setting. Also those clinical instructors that demonstrate active listening skills and attempt to make that connection with students are things that program directors find are very valuable characteristics for clinical instructors to possess. Let’s next look at written comments regarding teaching techniques that are felt to be most appropriate for the clinical environment.

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**Slide 13**  
**Most Effective Teaching Techniques**  
**Student Survey Question:** What teaching techniques are most effective in a clinical setting?

Student written comments:

- Showing us how to do something and allowing us to do it, even if it takes a little bit longer.
- Patience is very important.
- The most important attribute a clinical instructor can have is the need to teach. It takes a patient and caring individual to be a teacher.
- Clinical instructors have to be able to handle a workload as well as teach students with passion.
- I would really appreciate it if my CI took time to review my images, critiquing them with me to help me understand how to be a better technologist.

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**Slide 14**  
**Most Effective Teaching Techniques**  
**CI Survey Question:** What teaching techniques are most effective in a clinical setting?

CI written comments:

- Allowing students to teach one another. The senior students are typically great at passing on their knowledge in a way that junior students can understand.
- See one, do one, teach one is a great way to learn!
• Letting students know that it’s OK to make a mistake! Let them know that making mistakes is part of the learning process.
• Some students beat themselves up after a mistake and get discouraged.
• Be sure to praise them as well as point out the things they need to work on.
• As much hands-on experience as possible. It is easy to “teach” techniques to students, but for them to actually display their skills in the real world is much more beneficial.

Slide 15
Most Effective Teaching Techniques
PD Survey Question: What teaching techniques are most effective in a clinical setting?

PD written comments:
• Serving as a liaison between students and clinical staff to ensure understanding on both sides of the learning process.
• Providing useful/constructive feedback.
• Having a sense of humor.
• Being enthusiastic about your profession.
• Model professionalism.
• Identifying a teachable moment, just-in-time teaching.
• Having clear expectations that are communicated to the student.
• Advocating for students with clinical staff.

Slide 16
Most Effective Teaching Techniques
Student written comments:
• One-on-one personal time.

If we summarize these written comments regarding teaching techniques applied to the clinical setting, notice that students value very much when clinical instructors spend one-on-one time or personal time with them in the clinical setting.

Clinical Instructors
• OK to make mistakes.
• Lessens fear and anxiety.

For the clinical instructors, they emphasize the value of letting students know it’s OK to make mistakes. This will help to lessen their fear or anxiety when tasked to perform things outside of their comfort zone.

Program Directors:
• Clear expectations.
• Sense of humor.
• Enthusiastic about your profession.
For program directors, I think there’re three things that are worth noting here – having clear expectations of student performance in the clinical setting; having a sense of humor when interacting with students; and then being enthusiastic about your craft and about your profession carries over to students when interacting with them in the clinical environment. Let’s look at the written comments we received regarding how clinical instructors can help motivate students in the clinical setting.

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**Slide 17**

**Most Effective Way To Motivate Students**

**Student Survey Question:** What is the most effective way for clinical coordinators to motivate students in the clinical setting?

Student written comments:
- I like it when the clinical instructors want to see you succeed.
- Clinicals can be intimidating and sometimes we feel like we should not ask questions: We should know the answer.
- Being open with students is vital to helping us succeed.

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**Slide 18**

**Most Effective Way To Provide Motivation**

**CI Survey Question:** What is the most effective way for you to motivate students in the clinical setting?

CI written comments:
- Letting students know they can learn, but being realistic at the same time that they will not know everything right away.
- Letting students know success comes with time and not to get discouraged.
- Encouraging students.
- Helping to create a safe and relaxed atmosphere. Students should feel like they can ask questions and make mistakes without being judged.
- Constructive criticism is not taken personally.

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**Slide 19**

**Most Effective Way To Provide Motivation**

**PD Survey Question:** What is the most effective way for clinical coordinators to motivate students in the clinical setting?

PD written comments:
- Creating an environment in the clinical setting that allows students to feel free to ask questions and share information.
- Treat students like adults.
- Encourage students to “do the right thing.” Reinforce the need for quality performance.
- Reinforce accountability. Hold students accountable when expectations are not met.
- By being encouraging and enthusiastic in their modeling. CIs naturally create a buffer between staff and students.

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**Slide 20**

**Key themes:**
- Modeling professional behavior, while treating students as adults.
- Creating an environment with a low risk of personal judgment, while encouraging students to perform outside their comfort zone.

There are two key themes that we can take away from these written comments on how to provide motivation in the clinical setting. Starting with modeling professional behavior while treating students as adults, combined with an environment in which we lower the risk of personal judgment while we’re encouraging students to be successful in attempting new tasks that may be beyond their comfort zone. I think you’ll find this next set of written responses quite interesting. On our national survey, we asked people to identify a situation in which a clinical instructor played a role that made a clinical experience a positive one. Let’s start by looking at the written responses we received from students.

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**Slide 21**

**Helping Make a Clinical Experience Positive**

**Student Survey Question:** Thinking back to a positive clinical experience, what role did your clinical coordinator play?

**Student written comments:**
- Asked students questions to encourage understanding.
- Made the students feel comfortable enough to ask questions or ask for help without fear of reprimand or embarrassment.
- Always willing to answer questions and encouraging the students to ask questions.
- It is acceptable if the clinical instructor could not answer the question but was willing to find the answer for us.
- The most important thing any teacher can do is teach a student how to teach themselves.
- Instilling curiosity by enthusiastically welcoming questions is a good way to create better future technologists.

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**Slide 22**

**Helping Make a Clinical Experience Positive**

**CI Survey Question:** Thinking back to a student’s positive clinical experience, what role did you play?

**CI written comments:**
• Being a cheerleader and encouraging students to step out of their comfort zone.
• Being a conscientious and compassionate mentor has enabled students to welcome my presence at the clinical site.
• We, as instructors, must assure the students that our presence is to enhance their clinical experience and not to terrorize them with difficult questions or tasks.
• A recent graduate of mine was very quiet and shy, but had a lot of potential. I discovered some of her strengths and showed how they outweighed her weaknesses. She really excelled in our program after she had positive encouragement. At graduation, not only did I receive a thank you from her, but also from her parents thanking me for giving them the opportunity to see their daughter grow into a medical professional and mature adult.

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Helping Make a Clinical Experience Positive
Written comments:
• Encouraging.
• Welcoming.
• Helping students move outside their comfort zone.

One again, we see the theme of encouraging students and welcoming students and helping students to step out of their comfort zone. I don’t know about you, but that last written comment by a clinical instructor – about how we helped a young lady to be successful, not only in the program, but also to help her to grow into a self-assured young lady – if that doesn’t put a lump in your throat, I don’t know what will. That’s one of the many benefits of taking an active part in helping young adults be successful in their pursuit of their careers. Let’s look at the written comments from program directors.

Slide 24
Helping Make a Clinical Experience Positive
PD Survey Question: Thinking back to a student’s positive clinical experience, what role did the clinical coordinator play?

PD written comments:
• Being fair at all times.
• The clinical instructor has a huge role in the student’s clinical experience.
• The clinical instructor handles student-technologist concerns in a professional manner by having each side understand the importance of working together for the best learning outcome.
• A big role being the liaison between the facility and the program; knowing what is expected of the students and disseminating that information to staff technologists – this is a huge problem.
• Staff technologists may assume and not know what is expected of students at different stages of the program.
Suggested Topics for Professional Development

We also had a special section of the program directors survey instrument in which we asked program directors to identify or suggest topics for clinical instructor professional development. Here are some of the comments that we received from program directors.

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Slide 22
Suggested Topics for Clinical Instructor Professional Development

PD Survey Question: What professional development topics do you feel are needed for clinical coordinators?

PD written comments:

- Providing constructive feedback.
- Managing stress associated with multitasking in the clinical setting and the additional responsibility of students.
- Recruiting other technologists to support student learning.
- Conflict management.
- Grading, interacting, understanding students.
- Understand program policies and Joint Review Committee on Education in Radiologic Technology (JRCERT), American Society of Radiologic Technology (ASRT), American Registry of Radiologic Technologists (ARRT) and state requirements.
- Relationship building with clinical staff.
- Objective documentation of clinical problems.
- Teaching techniques.
- I think there is too much focus on discipline and not enough on teaching.

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Slide 27
Suggested Topics for Clinical Instructor Professional Development

Program Director suggestions:

- Providing constructive feedback.
- Conflict management.
- Understanding program policies.
- Teaching techniques.
- Focus on teaching rather than discipline.
- Objective documentation.
When we look at this list of topics from program directors – providing constructive feedback, conflict management, understanding program policies, teaching techniques, not focusing so much on discipline but on teaching, objective documentation in the clinical environment – in many ways, these are aspirational topics that will lead to continued improvement and development of the clinical instructor in their role in their clinical setting.

Final thoughts:

- Give yourself permission to feel anxious.
- Everyone wants you to be successful!

Before I complete this portion of the presentation, I’d like to share a few thoughts. If you’re a new clinical instructor or someone who’s preparing to assume the role of clinical instructor, the first thing is to recognize that the first year in that new position – the first year is not your own.

Give yourself permission to feel anxious or unsure of what you’re doing. It’s acceptable; it’s reasonable; expect to feel that way. Have faith in the fact that the students, the staff in the department and the program faculty and program director do want you to be successful. They’re in your corner; they want you to be successful. And like with the students, they expect that you are going to make some mistakes during that first year – but it’s OK. Again, they want you overall to be successful.

- **Personal reflection:**
  - Helps you see your growth.
  - See areas for improvement that are within your grasp.

Another suggestion I have for you is to periodically take time to perform a personal reflection of your performance in your new role. What I mean by that is maybe at the end of a given month or at the end of every two months, sit down and really think back over that period of time about your performance. This will help you to see that you have grown and you have improved your performance in this role. In addition to that, it will also give you an opportunity to recognize those areas for improvement that are within your grasp. It will help you set personal goals for yourself for the next period of time, whether it’s the next month or the next two months.

- Does the position suit you?
In addition to that, I think you also need to perform a personal reflection to see if this role of clinical instructor really suits you and whether you really want to stay in this role or not.
Select the icons on this page to listen to bits of advice from fellow educators..
"The single greatest piece of advice I would give to someone starting out as an educator is to realize that the first year is not your own. There’s a whole lot of work that needs to be put into getting the material together, regardless of how well you know the material. Teaching it is a whole other story."

"The greatest bit of advice I would give somebody starting as an educator in the radiologic sciences is don’t take yourself too seriously. If you make mistakes, be willing to admit them and go back and fix them and use humor whenever possible."

"My least memorable experience occurred while teaching a class on electron therapy. A question was asked and my mind went blank. I couldn’t answer the question and had to give the class a break so that I could find the answer.”
Panel Discussion

Kevin: Hello, once again. At the completion of each module that makes up the Clinical Instructors Academy, we'll be conducting a discussion with our panel of subject matter experts. But before we begin our first discussion, I'd like each member of our panel to introduce themselves to you and tell you a little bit about their academic background. Let's first start with Angela Anderson.

Angela: I'm Angie Anderson. I'm currently the dean of health sciences at Prince George's Community College in Largo, Maryland, which is adjacent to the District of Columbia. I've been dean for about six months, and I'm currently transitioning out of my program director role, which I've been in since the fall of 2002. I started in radiography education as a clinical instructor at one of the hospitals, for another community college, and I did that for about three or four years. And then I came over here to Prince George's Community College as a didactic and clinical instructor and eventually taking over as program director in 2002. The module I developed for the Clinical Instructors Academy is “Balancing Education and Training.”

Kevin: Our next instructor is Nancy Johnson.

Nancy: Good afternoon. I'm working at Maricopa Community College in Phoenix. The college I'm associated with is Gateway Community College. I work in the health sciences department and with the medical radiography area and diagnostic imaging. My role is as a faculty member and as a clinical coordinator. I've been in this role since approximately 1992 and started in education a few years prior to that. So I've been in education about 30 years now. I earned my master's degree in education. Part of my work in education was with a limited license program in the private sector. I was the program director for that for a number of different years prior to coming into the public sector and the medical radiography program here at Gateway. I enjoy education. My CIA module that I developed is “Remediation: An Art and a Science.”

Kevin: Our next subject matter expert is Ms. Barbara Smith.

Barbara: Hi. My name's Barbara, and I work at Portland Community College in Portland, Oregon. I have been at that location since about 1984, so about 26 years. I started out as a lab instructor and about four years later I started teaching in the classroom and going out to clinic doing the clinical coordinator. I did that for a few years, and then they put me in the classroom full time. I've been full time in the classroom for over a dozen years now. I have a master's degree in education. My unit is “Facilitator of Learning.”

Kevin: Our final subject matter expert is Mr. Andrew Woodward.

Andrew: My name is Andrew Woodward, and I'm currently the clinical coordinator at the University of North Carolina in Chapel Hill. This position I've been in for five years. Prior to this, I spent approximately 18 years in the role as an instructor, clinical coordinator or program director. I have a master's degree in education. My module is the one on assessment.
Kevin: My name is Kevin Powers. I currently hold the position of director of education here at the ASRT. I have 30 plus years of experience in education. In a previous life, I had the good fortune of being a program director in both hospital certificate, junior college and university-based programs.

It certainly is a pleasure to work on this course with this impressive group of subject matter experts. We’ll now transition to our panel discussion for this first module, “Transitioning from Staff Technologist to Clinical Instructor.”
You have to remind yourself that there’s going to be periods where you’re going to be anxious. You’re not going to be comfortable with the role because you’re just learning it. But keep on task and bear with it and move forward, that eventually it does get easier as you move into subsequent years.

**Kevin:** I’d like to ask each one of you what you feel is the minimum time an individual should give themselves to start to feel comfortable in their role as clinical instructor. Let me first start with Barbara.

**Barbara:** As Angie mentioned, the first year is pretty hard because you don’t know what to expect. This is something you’ve never done before. In the second year, you’re going to start seeing some patterns based on your first year, but you’re still going to be somewhat uncertain. By the third year, you’re starting to get pretty comfortable. You’re going to be able to really start predicting what happens. You’re still going to have unusual things, but you won’t be as surprised as you were the first and second year. So I think by the third year, you start getting fairly comfortable and things get easier for you.

**Kevin:** Andrew, in your program, you have quite a number of clinical instructors that you deal with. What kind of time period do you feel is reasonable for a clinical instructor to feel comfortable in that role?

**Andrew:** Kevin, I’d say three years is a good ballpark. But in addition to the three-year number, you also want to look at how many students you deal with over that time frame. Someone who’s dealt with 30 students over three years versus 10 students over three years, experientially will have had a lot more time with different personalities, different student behavior. In a way, they will be ahead of the person with the fewer students in the three-year block of time. That can either shorten or lengthen depending upon the total number of students and the year time frame in there. But three years is a good solid figure to look at where your feet are definitely wet and you can navigate through on a daily basis without going, “Oh, my goodness. What have I gotten myself into?”

**Kevin:** Nancy, what are the things that you can cite as one of the areas of frustration for a new clinical instructor or one part of the role of a clinical instructor that maybe folks may not be properly prepared for.

**Nancy:** I think that clinical instructors are not necessarily given the right amount of time to do what it is that the job entails. Hopefully they understand the expectations. But many times I think that they find this position to be more than they expected. They really wanted to work with the students, and that’s why they took on this role, and they find out that there are many more issues that are involved. There’s administrative paperwork, rotations, daily issues that they need to participate and answer. And if they’re not given the proper resources or they don’t know their resources, I think that they become very frustrated.

Part of this occurs ... in our statistics it says that we have a three-year time frame that these people work in and then they move on to a new position. Is it because they’re frustrated? Is it because it wasn’t what they wanted, and it’s not meeting their exceptions? I’m not sure. But if they’re only staying three years, then it does make it so that they’re rotating, and we have to deal with that.
Kevin: That's a very good point. One of the other bits of data that we got from our survey was the fact that the lion's share of the people that are currently in the position of clinical instructor have been in that role three years or less. And the dominant number of people that are new in that role of clinical instructor don't plan on spending a whole lot of time remaining in that role. I think you're right. It may be an indicator that folks are unaware of the full range of responsibilities that they're going to be burdened with in interacting with students and coordinating student activities in the clinical setting.

Barbara, you mentioned in your program you have quite a number of clinical instructors that remain in your program for quite a long period of time.

Barbara: Right. We have 12 big sites, and we have three small clinic sites. We have a number of sites and, actually, many of our clinical coordinators last much longer than three years. Some of them retire out as a clinical coordinator while others move on to advanced positions, but they've been a clinical coordinator for a number of years. It's kind of a stepping stone helping them to advance to other areas. Not all, but many of our locations are that way.

Kevin: One of the themes in this module was the idea that in the role of clinical instructor, individuals are going to experience and gain a set of skills that goes way beyond just interacting directly with students. Their time management skills, their administrative skills, their documentation skills can do nothing but be enhanced by assuming this role of clinical instructor.

Angie, I'm going to ask you: With your clinical instructors, have you seen many of your clinical instructors go on to other higher levels of responsibilities in your clinical sites?

Angela: It's mixed. Like Barb, we have some clinical instructors that have been in that position since before I came to the college in the mid 90s. In other cases, we do have clinical instructors who will stay in the role for several years and then they move on, not necessarily in education, unfortunately. A lot of times they, for various reasons, move into one of the other modalities like CT or MRI, or in some cases, they get out of the profession in general and just go off in a different direction.

Kevin: Andrew, has this been your experience as well?

Andrew: It's a mix, Kevin. I think the bulk of the reasons why I've seen people stop, not wanting to be a CI, is that balance between being an instructor and an enforcer. It can be exhausting to constantly be the person who enforces the rules. You have to have that happy balance. Some leave and move on into advanced modalities. There's no doubt about that. But oftentimes they've just tired of working with the students in a short period of time. You have to figure out to make that balance so you don't burn out, because it's definitely a position of quick burn out.

Kevin: There's also a need for the administration to commit to the role of clinical instructor to give that individual enough time to attend to the needs of the role to fulfill the responsibilities they have. They shouldn't have to feel like they need to take work home with them to get that work done during the course of a given week.

Andrew: I agree with that.

Kevin: One of the other themes in our presentation was to suggest that for the new clinical instructor the very important task of periodically doing a form of self-assessment. Maybe every month or every
two months, sit down in a quiet spot and reflect over that period of time to get a sense for those little bits of growth or professional development that have occurred over that period of time. Also, set goals for the next period of time.

Angie, what do you feel about suggesting that to a new clinical instructor?

Angela: It's really important. I also like to do short-term goals and long-term goals so that you can have short-term goals that you can accomplish within a relatively short period of time, like a month or two, as opposed to long-term goals. That way you have a mix so that you can celebrate achieving the short-term goals while still working toward the long-term goals.

Kevin: Would you suggest sharing those goals with the faculty?

Angela: It's a good idea. That way they can help you get more acclimated to the role and point out resources that may help you achieve the goals.

Kevin: I think that idea about building that partnership between the program faculty and the clinical staff is extremely important.

Angela: Yeah, absolutely.

Kevin: It's time to bring this panel discussion to a close. I want to thank you very much for your thoughtful comments.

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**Slide 35**

Production Credits

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**Slide 36**

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