

**New faculty often are at a loss in knowing where to begin when making clinical assignments for students. In your weekly reading of the textbook, chapter 18, Billings lists nine tips for making clinical assignments.**

**Prioritize your top three tips and provide rationale for why you chose those as your top three.**

1. Come to the unit with knowledge of specific student needs.
2. Talk to the nurse in charge and ask for brief suggestions about the patients on the unit. This simple act of communication is one way to build a trusting, supportive relationship with the staff on the unit, as they can be very helpful in guiding what patients will make for a good assignment.
3. Obtain patient and family permission, as this may prevent early morning assignment changes because a patient refuses to have a student.  
(Billings & Halstead, 2023, p. 406).

I chose these three tips because they are the three that I see supporting the student nurse in the best ways possible. Number one ensures that the clinical instructor has made an effort to pay attention to each specific student and that the student's learning needs have been taken into consideration when making their patient assignment. For instance, if I overheard a student say they don't like the idea of taking care of "old people" because they intend to be a pediatric nurse, I might choose to find an older patient who is willing to have a student for the express purpose of expanding the student's horizons and then making sure to explore their experience in post conference to delve deeper into their feelings and experience. I would also check in with that student frequently throughout the clinical day to offer support.

Talking to the charge nurse and asking for their suggestions about assignments accomplishes two things. First, charge nurses tend to have the best overview of the patient's history and plan of care. Secondly, speaking to them and asking their opinion is a nod to the fact that charge nurses are in possession of the unit for the day and that the clinical faculty member understands that and expresses thanks for their expertise and assistance with assignments. I intentionally did not choose the option of speaking to all the staff nurses because they may not be as experienced as the charge nurses or have the best interests of the patient and student foremost in their minds.

Obtaining the patient and family's permission for a student to be involved in their care is very important. I still remember the relief I felt when I knew that a patient was expecting a student nurse and had agreed to the arrangement. The stress of being a student nurse, meeting a patient for the first time, and trying to remember the exhaustive list of all the tasks I needed to accomplish was already daunting. The embarrassment of having to deal with a patient who did not want a student caring for them would have been emotionally crippling!

**Identify what you believe to be the most challenging aspect of developing academic–practice partnerships and identify a strategy for addressing it.**

Billings & Halstead (2023) found that developing academic-practice partnerships “requires having an understanding of the environment and the roles of the individuals within the environment, adapting teaching approaches to the situation, and establishing relationships aimed toward enhancing the educational experience” (p. 395).

My experiences being the bedside RN mentoring a student through a day in the hospitals where I have worked have included some very detached clinical instructors. This was off-putting to me as someone who was expected to assist with their teaching but did not feel that it was completely appropriate to have complete charge of their student. There were a few that were present and interacted with me as the bedside RN who would be with their student all day, but more often that was not the case. There were times I barely saw the instructor which indicated to me that they were not particularly interested in what the student was doing all day. When this happened, I did not have a good impression of the nursing program in which the student was enrolled.

I am now a vascular access nurse, so I practice throughout the hospital and outpatient clinics. When I am placing PICC lines, if possible I will find a student to come in and observe. It breaks my heart to see students sitting by themselves for quite a long time not engaged with any type of nursing task. I believe this is sometimes caused by apathy from the bedside RN, but I also have to say it feels like neglect on the part of the clinical instructor.

When these situations happen, I confess I form a negative judgment about the nursing program which can erode the academic partnership if the bedside RNs notice this as an ongoing situation. My strategy for addressing this issue would be to first reach out to the clinical instructor to let them know their student is not engaged because without the support of the bedside nurses, the partnership between the nursing school and the health care facility could be damaged. If I continued to see the same situation, I would escalate my concerns to my management team and to the management team on the floor where it was seen for further investigation.

### **Reference**

Billings, D. M., & Halstead, J. A. (2023). *Teaching in Nursing - E-Book: Teaching in Nursing - E-Book*. Elsevier Health Sciences.