

# So You Are a Clinical Instructor—Now What?

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Many nuclear medicine technologists find themselves in the role of clinical instructor, often without much in the way of educational background. This article provides a few recommendations on how to get started in this role. After distinguishing between the roles of affiliate education supervisor and clinical instructor, the article discusses 2 basic tools: the clinical course learning outcomes and the student handbook. Expectations for students are reviewed. An important aspect of clinical instruction is the attitude of the instructor. Clinical instructors can motivate students or demotivate them, with this choice having a significant impact on the student's development. Overall, the desire and determination to be pleasant and helpful to students make the greatest difference in their development into nuclear medicine technologists.

**Key Words:** clinical instructor; clinical education; student motivation

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In the world of health care, clinical instructors are a most important commodity. Nuclear medicine technology programs cannot accomplish their learning outcomes without providing students with extensive experience in the real world, and this experience must be directed by the nuclear medicine technologists (NMTs) at the clinical site. This article—which is intended for all potential clinical instructors, not just affiliate education supervisors—will describe what NMTs should be paying attention to and what they should generally be expecting of their students, thus making the transition into the clinical instructor role easier.

Let us begin by distinguishing between 2 roles among the NMTs at a program's clinical site. One NMT (in some cases more than one) is the designated affiliate education supervisor. This terminology and the abbreviation *AES* are used by the Joint Review Committee on Educational Programs in Nuclear Medicine Technology in its accreditation standards (1). The affiliate education supervisor is the official liaison between the clinical site and the program. The affiliate education supervisor in most cases determines the students' day-to-day schedule and assignments, communicates with the program about student progress, and helps

with any interpersonal difficulties between the department's NMTs and the students.

Clinical instructors, on the other hand, include all technologists who work directly with students in the clinical setting. (Although the accreditation standards do not specifically mention expectations for clinical instructors, the implication is that all NMTs on staff are expected to work with students, as a clinical site can have no more students than its number of full-time, credentialed NMTs allows (1).) Students find that they gain valuable insight from each NMT they work with. Even though "everyone does things differently" is a common complaint early in clinical training, students soon learn to appreciate the different perspectives and ways of approaching various tasks.

Because the education of most NMTs does not include any specific content related to serving as a clinical instructor, it can initially be surprising to find oneself in this position. The role can be challenging, as the primary expectations are unchanged—that patients be properly cared for, schedules maintained, and studies performed to normal standards—all while allowing a student to assist with or even independently perform the various studies of the day. The goal, of course, is to graduate those students into NMTs who can do the job themselves and who will carry on and advance our profession over the coming years. We do not arrive at that goal without considerable work.

## TOOLS OF THE CLINICAL INSTRUCTOR

The very first thing that a clinical instructor needs is the term-by-term clinical learning objectives for the program. These spell out expectations on what students should be able to accomplish by the end of each term. Over the course of multiple terms, the outcomes should increase in complexity as students advance from the basics to the higher-level studies and skills such as multitasking and analysis of images and scenarios. Review of the term's learning outcomes will allow an instructor to shape student activities for maximum benefit.

A second vital resource is the program's student handbook. This amounts to a contract between the program and the students in a given cohort. From the student handbook, a clinical instructor should be able to learn about the program's overall structure, including the various didactic courses and how they fit into and around the clinical experiences. The learning outcomes for the clinical terms will be found in the student handbook, as are expectations for student behavior. These can be mundane, such as requirements for attendance and timeliness

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at the clinical site, or nuanced and situation-specific, such as communications with patients and medical staff. A clinical instructor does not need to know the student handbook in detail but should know how it can be accessed and where to find those parts relevant to clinical education.

Many programs offer training to their clinical instructors. This may be in the form of a 1-d seminar or an in-service session by a program official. The offered training might be spelled out in the documents that are shared with the program's clinical sites. Some programs have specific recommendations on providing feedback, for example, or preferred ways to handle behavioral issues. The instructor should make good use of these opportunities. The more the individual can learn about what the program prefers, the easier it will be to function as a clinical instructor.

### **WHAT TO EXPECT FROM STUDENTS**

The expectations for student behavior vary to some extent from program to program, but they will in general include the following: functioning as part of the nuclear medicine team; cooperating for the good of the department; showing respect for patients, clinical instructors, and other medical staff; paying attention to their communications; making sure to understand and to be understood; taking initiative; not waiting to be invited to participate; taking responsibility for their own learning; accepting criticism and advice without becoming defensive; and engaging with the clinical department in ways that build trust.

Students often start at very different places in regard to these expectations, and it is the work of the program and of the clinical sites to help them to develop these qualities. It should be obvious that the listed expectations will make the student's time in the clinical site easier.

What does this mean in real life? One should remember that students work hard just to get into their nuclear medicine technology program, and they want to succeed. They want to do exactly what the instructor wants them to do. But this does not happen instantaneously, it takes work on both sides. It is necessary for the instructor to provide critiques of the student's work and ask the student to change actions and behaviors. Like a potter manipulating clay, good NMTs come about by being pinched and pulled and molded to acquire the right characteristics.

The presence of a new student will initially slow down the flow of work. It might be necessary for instructors to do some tasks themselves so that the overall patient load for the day gets done. Over time, however, the student will be able to do more tasks independently, and the clinical instructor will be able to step back a bit and enjoy the benefit of the hard work put in during those early days.

### **THE IMPORTANCE OF THE CLINICAL INSTRUCTOR'S ATTITUDE**

A clinical instructor's attitude plays a large role in making the student experience satisfactory for all sides. This has

been documented in several professions, including nuclear medicine (2). Various studies have reported that the best clinical instructors are friendly and approachable, supportive and helpful, accessible and available (3,4). "[I]t is a teacher's attitude toward students, rather than the teacher's professional ability, that is the crucial factor in whether the teacher is effective or ineffective" (5).

One might think initially that motivation in a clinical training program is all on the student, such that highly motivated students are more likely to be successful and less motivated students not so likely. This does not fully describe the relationship between motivation and success. A large, multiprofession study found that students' rating of their engagement directly correlates to their treatment by their clinical instructors (2). In that study, 18% of clinical instructors were identified as exhibiting behaviors that marked them as "demotivators." Students who identified their clinical instructors as demotivators worked less hard, paid less attention, and felt more frustrated than students who worked with motivating clinical instructors.

The good news is that the shift from demotivating to motivating behaviors is quite simple to make. Self-determination theory provides an easy-to-understand framework (2). This theory posits that people have 3 basic psychologic needs: autonomy, competence, and relatedness. Clinical instructors who behave in ways that support these needs encourage motivation, as is reflected by engagement on the part of the student. Clinical instructors who behave in ways that thwart these needs demotivate their students. Demotivated students in turn demonstrate disinterest, a desire to give up too soon, and minimal effort.

How can instructors act in ways that support autonomy, competence, and relatedness? One suggestion is for them to support autonomy by creating opportunities for student success, by supporting the students' needs in regard to each learning task, by tapping into the students' curiosity and need for challenge, and by allowing students the chance to correct their behavior. Another suggestion is for them to support competence by providing structure, by giving consistent guidance, by offering feedback that provides a measure of personal control, and by offering clarity as to way of achieving desired outcomes. Finally, instructors can support relatedness by communicating positively in both verbal and nonverbal ways, by providing a respectful and supportive environment, and by being concerned for the students' well-being and self-worth (2).

In studies of clinical instructor characteristics, interpersonal relationships are usually at or near the top of the list of characteristics most appreciated by students. These can be as simple as greeting students in the morning, smiling, looking students in the eye, and thanking students for their help (2). On the other hand, students react negatively to intimidation, embarrassment, and humiliation. Who would not?

One of the most deflating moments for students is when they hear, "I do not work with students." There are times, such as when a tech is new to a department, that are not

conducive to a tech's having a student. But outside those times, techs should not make this their standard line. This immediately cuts off the opportunity for sharing hard-earned wisdom about how to scan, how to interact with patients, and how to think like an NMT. It limits the number and variety of experiences the student will have. This statement is a primary demotivator for students (2).

## CONCLUSION

Being a clinical instructor can initially feel like an unpleasant and unwanted responsibility. But it is in fact a highly rewarding part of their job for many health care professionals. Spending some time with the clinical learning outcomes and the student handbook will help instructors set expectations for their students. And treating students as one would like to be treated is a primary factor in a happy relationship for everyone. Finally, the students that instructors work with today soon may become the instructors' professional colleagues.

It is worth the effort to make sure these future colleagues will do their job well.

## DISCLOSURE

No potential conflict of interest relevant to this article was reported.

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