Clinical Teaching Competences of Nursing Demonstrators at Faculty of Nursing Post Intervention program

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Abstract

Background: Nursing demonstrators' clinical teaching competences is the application of knowledge and the interpersonal relationship, decision-making and psychomotor skills expected for the practice role. Six major categories of competency are needed for nursing demonstrator including; professional, interpersonal relationship with students, personal, teaching practice, student evaluation and availability to students competence. **Aim of the study** was to design, implement, and evaluate an intervention program for nursing demonstrators on clinical teaching competences. **Setting:** the study was conducted at all nursing departments Faculty of Nursing and nursing students' clinical training areas of Tanta Main University Hospitals.**Subjects: A**ll (75) nursing demonstrators who are responsible for students training in clinical areas. **Tools of data collection :**Two tools were used including actual performance of nursing demonstrators' observational checklist and knowledge about nursing demonstrators' clinical teaching competences questionnaire. **Results :** preprogram none of nursing demonstrators had good level of total practice score and knowledge about clinical teaching competences. Significant improvement of nursing demonstrators' practice and knowledge was found immediate post and three months post program than preprogram .**Conclusion:** nursing demonstrators at Tanta University Faculty of Nursing had unsatisfied level of knowledge and performance for clinical teaching competences. Those nurse demonstrators have great need to attend periodically educational program to improve their competency in clinical teaching. **Recommendation:** conduction pre-employment orientation and periodic educational training program and workshop about clinical teaching competences. **Key word**s: clinical teaching competences, nursing demonstrator, post intervention

Introduction:

Effective clinical teaching plays a crucial role in undergraduate nursing program. Not only does it provide opportunities for students to apply theory learned in the classroom to real world of clinical nursing, it is also a socialization process through which students are inducted into practices, expectations and real-life work environment of the nursing profession [1,2]. Clinical teaching develop in student professional skills and knowledge needed in life-long learning and critical thinking, create self-confidence as a nurse, and ensure that nurse is able to make her own decisions and be independent. Clinical teaching requires knowledgeable and experienced nursing demonstrators with ability to teach students effectively [3, 4].

Nurse demonstrators are experienced clinician with specific interest in teaching of pre- registration nursing students, and who had previously exhibited a talent for teaching clinical skills in the practice arena. Nursing is practice based discipline that is accountable to public for quality of care, therefore nurse demonstrator who teach students art and science of nursing should be not only academically rigorous but also clinically competent [5].

Clinical teaching competence of nursing demonstrator is categorized into six broad categories : professional competence, interpersonal relationships, personality competence, teaching ability, evaluation of student's competence and demonstrator's availability to student's competence. These categories are used as the organizing framework for effective teaching [6, 7].

Professional competence is defined as the demonstrator's knowledge base in the subject matter being taught. It includes the ability to perform the skills and engage in the behaviors appropriate for the professional practitioner of that discipline[8].**Interpersonal relationships** include develop relationships characterized by empathy, honesty, trust, tolerance, and awareness [9].**Personality** competence traits include the attitudes, emotional tendencies, and character traits that form the personality of the demonstrators [10].**Teaching Ability** competent requires demonstrator to have mastered the ability to teach. This ability includes the skills required to transmit knowledge, skills, and attitudes from the demonstrator to the student [11].**Students evaluation** competence include the amount and type of student's feedback and the demonstrator's skill in grading the students without belittling them [7, 9]. **Nursing demonstrator's availability to student competence** includes collaborating with students, telling them why you are doing

things and involving them in the decision-making and problem-solving processes [12]. Clinical teaching is more complex than traditional didactic instruction because of increased responsibility for patient safety as well as student learning. A variety of skills are required to ensure that nursing demonstrators are competent in their clinical specialization teaching area. Globally there is a need to create more competency based nursing education system and academic nursing centers, increasingly allowing the quality of teaching. So that the nursing demonstrators need complete preparation. Moreover there are many studies recommended that programs must be conducted for all nursing demonstrators to improve teaching strategies, teaching role and responsibilities in clinical teaching. Accordingly the clinical teaching competence program designed to develop clinical teaching competences of nursing demonstrators

Aim of the study: Designing, implementing, and evaluating an intervention program for nursing demonstrators on clinical teaching competences.

Research hypothesis: Nursing demonstrators clinical teaching competences expected to be improved.

Subjects and Method

Subjects:

Study design: Quasi experimental research design was used to achieve the aim of the present research.

Setting: The study was conducted in all nursing departments at Faculty of Nursing and in nursing students' clinical training areas at Tanta University Hospitals

Subjects : The study subjects consisted of all (75) nursing demonstrators who are responsible for students training in clinical areas.

Tools of data collection : To achieve the aim of the study the following tools were used.

Tool (I): Actual performance of nursing demonstrators' observational check list. This tool developed by the researcher guided by De Yong (2009) [6] and recent related literature to assess the actual performance of the nursing demonstrators in the clinical setting. It consisted of two parts:

Part (1):Identification data such as age, qualification, academic position, department and years of experience.

Part (2):Actual performance of nursing demonstrators included six competences subscales as follows:-

- Professional competence subscale includes: clinical competence, support

competence, and knowledge competence

- Interpersonal competence subscale

- Personal competence includes four subscales appearance, demonstrator's movement and body language, voice characteristic, and personality.

- Teaching practice competence includes four subscales as follows:-provide effective learning environment, plan and organize work during the clinical training, teaching technique, and provide feedback.

- Evaluation competence subscale

- Availability to students competence subscale

The response was measured by 4 points Likert Scale as follows: Always done =3 Rarely done = 2 Not done= 1 Not applicable= 0. Level of performance Level of good performance=>75%, Level of fair performance = 60% - 75%, Level of unsatisfied performance =< 06%.

Tool (II): knowledge about nursing demonstrators' clinical teaching competences questionnaire. This tool was developed by the researcher guided by recent related literature to test nursing demonstrators' knowledge about clinical teaching competences It consisted of (80) questions classified into 8 categories. Items related to clinical teaching and determinant of learning, items related to professional

competence and responsibilities of nursing demonstrators in clinical teaching, items related to interpersonal competence and communication items related to personal competence and critical thinking items related to teaching practice competence and educational objective, items related to teaching methods items related to students evaluation and items related to Nursing demonstrators availability to students competence and time management. Each item of knowledge test was allotted a score of (1) for correct answer and (0) for wrong answer. The level of nursing demonstrators' knowledge competence as follows:-

- Level of good knowledge=>75%

- Level of fair knowledge = 60% - 75%,

- Level of unsatisfied knowledge =< 06%.

Method

* An official letters were sent for administrators of faculty of nursing

* Tools I&II were submitted to ten experts in nursing administration to check content validity and reliability of its items. The experts responses were represented in four points rating score ranging from (4-1); 4= strongly relevant, 3= relevant, 2 = little relevant and 1= not relevant. Necessary modification was done. The content

validity was 98% for actual performance of nursing demonstrators' observational checklist

* A pilot study was carried out two times on 8nursing demonstrators. Croncbach Alpha coefficient test. Its value was 0.934for nursing demonstrator's clinical teaching competence performance and 0.886 for nursing demonstrator's clinical teaching competence knowledge.

* Nursing demonstrators were divided into ten groups. The program time was 16 hours for each group. One session every day for 8days, every session 2 hour, and program was conducted for nursing demonstrators at their departments in Faculty of Nursing.

*Actual performance of nursing demonstrators' observational checklist tool(I)and knowledge questionnaire about nursing demonstrators' clinical teaching competences, tool (II) was used before, after and 3 months after implementation of program.

Selection and organization of program contents

After determining objectives of program, the content was specially designed, method of teaching and evaluation was identified. The content was selected after carful assessment of subject needs. Simple and scientific language was used. This content was designed to provide knowledge related to clinical teaching competences.

Selection of teaching method

The methods used were lecture, group discussion, example from life and work situations.

The teaching aids used for attainment of program objectives were data show, handouts, flow sheet, pen, and paper.

Implementation of program

-The study was carried on 75 nurse demonstrators. The nurse demonstrators were divided into ten groups. The program time was 16 hours for each group. One session every day for 8days, every session 2 hour, and program was conducted for nursing demonstrators at their work in Faculty of Nursing.

The program includes 8 sessions as follows:-

1. Overview of clinical teaching and determinant of learning
2. Professional competence and responsibilities of nursing demonstrators in clinical teaching
3. Interpersonal competence and Communication
4. Personal competence and critical thinking
5. Teaching practice competence and educational objectives
6. Teaching method

7.Evaluation

8.Nursing demonstrators availability to students and time management

Results

Table (1) shows nursing demonstrators' characteristics. Age, marital status, qualification, academic degree, attended previous teaching program, years of experience, as well as departments were included. The age of nursing demonstrators ranged from 24- 37 years with mean 27.96±2.97.High percent (80.0%) of nursing demonstrators aged ≤ 30 years, 82.7% of them were married. More than half (54.7%) of them were having bachelor degree and 45.3% were assistant lecturer having master degree.

The majority(82.7%) of nursing demonstrators not attended previous teaching training program and 52% have≤5 years of experience with mean years of experience 5.17±2.64.

Figure (1): shows nursing demonstrator's level of total performance of clinical teaching competence pre, immediate, and 3 months post program. Preprogram none of nursing demonstrators had good level of total performance, improved to majority at immediate post and at three months post program.

Table (2):shows nursing demonstrators' levels of total performance of professional competence subscales pre, immediate, and 3months post program. There was statistically significant improvement of nursing demonstrators' level of performance in all professional competence subscales (clinical, support, and knowledge competences) at (p= 0.00).

78.7% of nursing demonstrators preprogram had unsatisfied level of clinical competence performance decreased to 5.3%, 20.0% immediate post and 3 months post program respectively. Preprogram 37.3% of nursing demonstrators showed unsatisfied level of support competence performance while there was no nursing demonstrators had unsatisfied level immediate and 3 months post program. Also preprogram 33.3% of nursing demonstrators showed unsatisfied level of knowledge competence performance while no nursing demonstrators had unsatisfied level immediate post and few percent(4.0%) showed unsatisfied level at 3 months post program.

Table (3) shows nursing demonstrators' performance of items of interpersonal competence pre, immediate, and 3 months post program. Nursing demonstrators performance in all items of interpersonal competence was statistically significantly improved at immediate and at 3 months post program than preprogram at (p= 0.00). Preprogram nursing demonstrators 29.3% - 49.3% always don't criticize students in front of other ,communicate students in non-threaten manner, encourage students

to feel free to ask questions, accepting different opinions and encourage of mutual respect, while increased to 64.0% - 89.4% at immediate and 53.3% - 70.7% of nursing demonstrators at 3 months post program. Preprogram more than half (58.7%) of nursing demonstrators always listen to students in active manner , increased to be 82.7% of nursing demonstrators immediate and 62.7% at 3 months post program.

Table (4): presents nursing demonstrators' levels of total performance of personal competence subscales pre, immediate, and 3months post program. Immediate post and 3months post program showed statistically significant improvement of nursing demonstrators performance of all personal competences subscales at (P=0.00) .Regarding appearance about half (49.3%) of nursing demonstrators had good level of performance preprogram compared to 96.0%, 90.7% immediate and 3months post program respectively. Nursing demonstrators' movement and body language revealed that low percent (14.7%) of nursing demonstrators had good level of performance preprogram, while high percent (86.7%, 74. 7%) showed good level of performance immediate and 3 months post program respectively.

The nursing demonstrators voice characteristics showed that preprogram 5.3% had good level of performance which changed to be 84.0%, 74.7% at immediate and 3 months post program respectively. Regarding personality nursing demonstrators showed that preprogram 9.3% had good level of performance improved to 89.3 immediate post program, and 69.3% at 3 months post program.

Table (5):shows nursing demonstrators levels of total performance of teaching practice competence subscales pre, immediate, and 3 months post program. The table reveals statistical significant improvement of nursing demonstrators performance in all subscales of teaching practice competence immediate and 3 months post program than preprogram at (p= 0.00).The provide effective learning environment subscale showed that preprogram none of nursing demonstrators had good level of performance, while 44.0%, 36.0% had good level of performance immediate and 3 months post program.

Subscale of plane and organize work during the clinical training showed that preprogram low percent (1.3%) of nursing demonstrators had good level of
performance compared to 93.3%, 56.0% immediate and 3 months post program respectively. While   teaching technique subscale showed that preprogram low percent (1.3%) of nursing demonstrators had good level of performance, while

changed to 88.0%, 57.3% at immediate and 3 months post program respectively. The provide feedback subscale showed that preprogram 33.3% of nursing demonstrators were at good level of performance, compared to 93.3%, 88.0 at immediate and 3 months post program respectively.

Table (6) Shows nursing demonstrators' performance of items of student evaluation competence pre, immediate, and 3 months post program. The table reveals statistical significant improvement of nursing demonstrators performance of all items of student evaluation competence immediate and 3 months post program at (p= 0.00). Preprogram nursing demonstrators 10.7% - 92.0% always accurate in documenting students evaluation, orient students to evaluation sheet in each clinical area, seek students opinions related to their demonstrators' methods of training and evaluation, observe and assess students' performance, conduct formative evaluation, conduct summative evaluation, and provide opportunities for students re-practice and re-assessment. While these percent changed to be 57.3.0% - 98.7% at immediate and 50.7% - 97.3% at 3 months post program.

Table (7): Shows nursing demonstrators' performance of items of availability to students competence pre, immediate, and 3 months post program. Nursing

demonstrators performance in all items of availability to students competence was statistically significantly improved at immediate and 3 months post program than preprogram at (p= 0.00). Preprogram 62.7%, 82.7%, 48.0%, and 85.3% of nursing demonstrators not available to students when needed, not give appropriate amount of supervision, not attend at clinical area in time, and not maintain and manage students practical time well preprogram respectively. Also preprogram about half 49.3% of nursing demonstrators rarely share discussion time with all students in group. But post program high percent (81.3.0% - 89.3%) always done all items of availability to students competence at immediate post and 60.0% - 73.3% at 3 months post program.

Figure(2):Shows nursing demonstrators level of total knowledge of clinical teaching competence pre, immediate, and 3 months post program. Preprogram no nursing demonstrators had good level of total knowledge, but all nursing demonstrators showed good level of total knowledge immediate post program and more than half of the nursing demonstrators showed fair level of knowledge, and nearly half of nursing demonstrators showed good level of knowledge at three months post program

Table (1): Nursing demonstrators related to their characteristics

| Nursing demonstrators characteristics	(n= 75)	
	No	**%**
Age (in years):		
≤30 years	60	80.0
>30 years	15	20.0
Range	**24-37**	
Mean±SD	**27.96±2.97**	
Marital status		
Married	62	82.7
Single	13	17.3
Qualification		
Baccalaureate degree	41	54.7
Master degree	34	45.3
Academic degree		
Demonstrator	41	54.7
Assistant lecturer	34	45.3
Attend previous teaching training		
No	62	82.7
Yes	13	17.3
Years of experience (in years)		
≤5 years	39	52.0
>5 years	36	48.0
Range	**1-10**	
Mean ± SD	**5.17±2.64**	
Department		
Med-surgical nursing department	17	22.7
Community health nursing department	11	14.7
Pediatric nursing department	11	14.7
Nursing services administration department	12	16.0
Psychiatric nursing department	10	13.3
Gynecological & Obstetric nursing department	14	18.7
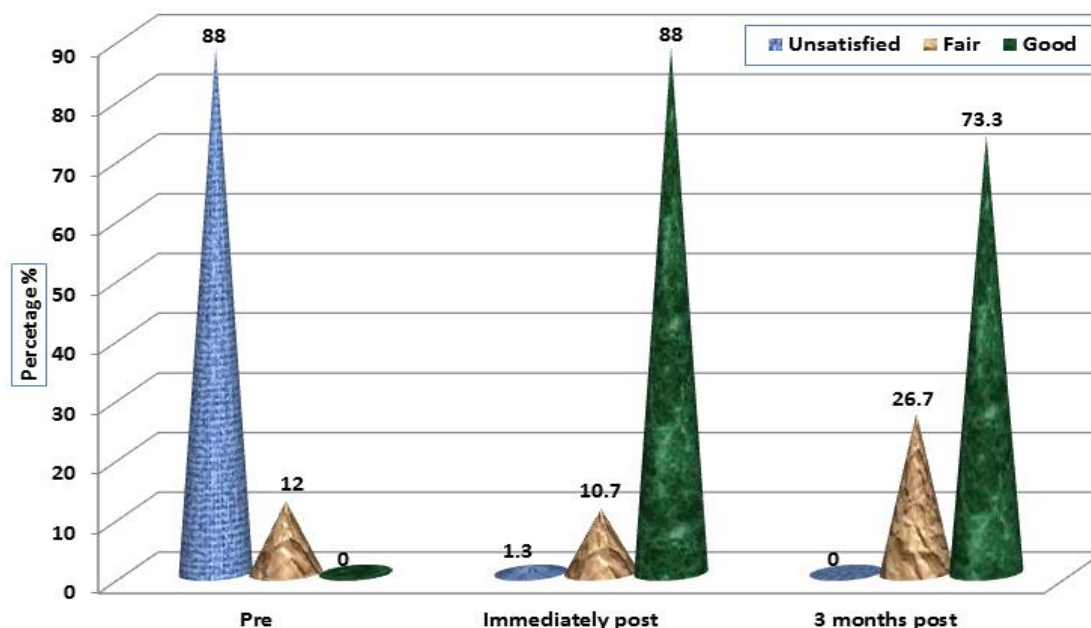
Figure (1): Nursing demonstrator's level of total performance of clinical teaching competence pre, immediate, and 3 months post program.

Table (2): Nursing demonstrators levels of total performance of professional competence

Professional competence subscales	nursing demonstrators performance (n=75)						χ^2 P
	Pre		Immediately Post		3 months Post		
	N	%	N	%	N	%	
Clinical competence							
- Poor	59	78.7	4	5.3	15	20.0	**105.61**
- Fair	16	21.3	37	49.3	31	41.3	**0.00***
- Good	0	0.0	34	45.3	29	38.7	
Support competence							
- Poor	28	37.3	0	0.0	0	0.0	**132.86**
- Fair	37	49.3	8	10.7	8	10.7	**0.00***
- Good	10	13.3	67	89.3	67	89.3	
Knowledge competence							
- Poor	25	33.3	0	0.0	3	4.0	**77.90**
- Fair	23	30.7	2	2.7	14	18.7	**0.00***
- Good	27	36.0	73	97.3	58	77.3	

* Significant at P < 0.05.

Table (3): Nursing demonstrators' performance of items of interpersonal competence

Items of interpersonal Competence	The nursing demonstrators performance (n=75)												χ^2 P
	Pre				Immediate post				3 months post				
	Not Applicable	Not Done	Rarely Done	Always Done	Not applicable	Not Done	Rarely done	Always done	Not Applicable	Not Done	Rarely Done	Always done	
	%	%	%	%	%	%	%	%	%	%	%	%	
Communicates students in non-threaten manner	0.0	25.3	32.0	42.7	0.0	6.7	28.0	65.3	0.0	16.6	30.7	53.3	**11.96** **0.018***
Encourage students to feel free to ask question	0.0	25.3	41.3	33.3	0.0	5.3	8.0	86.7	0.0	0.0	29.3	70.7	**60.16** **0.00***
Accepting different opinions	0.0	22.7	28.0	49.3	0.0	4.0	32.0	64.0	0.0	21.3	22.7	56.0	**12.79** **0.012***
Encourage climate of mutual respect	0.0	20.0	38.7	41.3	0.0	1.3	9.3	89.4	0.0	1.3	29.4	69.3	**49.21** **0.00***
Demonstrate interest: For students	0.0	10.7	18.7	70.7	0.0	4.0	2.7	93.3	0.0	2.7	10.7	86.7	**16.21** **0.003***
For patients	29.3	69.3	1.3	0.0	24.0	0.0	4.0	72.0	32.0	0.0	8.0	60.0	**159.40** **0.00***
For hospital health team	29.3	68.0	0.0	2.7	24.0	0.0	2.7	73.3	32.0	0.0	13.3	54.7	**163.03** **0.00***
Listen in active manner	0.0	8.0	33.3	58.7	0.0	1.3	16.0	82.7	0.0	1.3	36.0	62.7	**16.12** **0.003***
Does not criticize students in front of others	0.0	44.0	26.7	29.3	0.0	0.0	10.7	89.3	0.0	0.0	32.0	68.0	**96.30** **0.00***

* Significant at P < 0.05.

Table (4) Nursing demonstrators' levels of total performance of personal competence

Personal Competences subscales	nursing demonstrators performance (n=75)						χ^2 P
	Pre		Immediately Post		3 months post		
	No	%	No	%	No	%	
Appearance							
- Poor	21	28.0	1	1.3	0	0.0	**64.18**
- Fair	17	22.7	2	2.7	7	9.3	**0.00***
- Good	37	49.3	72	96.0	68	90.7	
Demonstrators movement and body language							
- Poor	52	69.3	8	10.7	1	1.3	**125.47**
- Fair	12	16.0	2	2.7	18	24.0	**0.00***
- Good	11	14.7	65	86.7	56	74.7	
Voice characteristic							
- Poor	58	77.3	4	5.3	2	2.7	**148.52**
- Fair	13	17.3	8	10.7	17	22.7	**0.00***
- Good	4	5.3	63	84.0	56	74.7	
Personality							
- Poor	54	72.0	0	0.0	8	10.7	**130.95**
- Fair	14	18.7	8	10.7	15	20.0	**0.00***
- Good	7	9.3	67	89.3	52	69.3	

* Significant at P < 0.05.

Table (5): Nursing demonstrators' levels of total performance of teaching practice competence

Teaching practice competence subscales	nursing demonstrators performance (n=75)						χ^2 P
	Pre		Immediate Post		3 months Post		
	N	%	N	%	N	%	
Provide effective learning environment - Poor - Fair - Good	75 0 0	100.0 0.0 0.0	39 3 33	52.0 4.0 44.0	46 2 27	61.3 2.7 36.0	**47.36** **0.00***
plan and organize work during the clinical training - Poor - Fair - Good	63 11 1	84.0 14.7 1.3	1 4 70	1.3 5.3 93.3	3 30 42	4.0 40.0 56.0	**199.24** **0.00***
Teaching technique - Poor - Fair - Good	68 6 1	90.7 8.0 1.3	2 7 66	2.7 9.3 88.0	4 28 43	5.3 37.3 57.3	**196.11** **0.00***
Provide feedback - Poor - Fair - Good	39 11 25	52.0 14.7 33.3	1 4 70	1.3 5.3 93.3	7 2 66	9.3 2.7 88.0	**84.28** **0.00***

* Significant at P < 0.05.

Table (6): Nursing demonstrators' performance of items of student evaluation competence

Items of student evaluation Competence	Nursing demonstrators performance (n= 75)												χ^2 P
	Pre				Immediate post				3 months post				
	Not Applicable	Not Done	Rarely Done	Always Done	Not applicable	Not Done	Rarely Done	Always Done	Not Applicable	Not Done	Rarely Done	Always Done	
	%	%	%	%	%	%	%	%	%	%	%	%	
Accurate in documenting students evaluation	0.0	46.7	2.7	50.6	0.0	1.3	0.0	98.7	0.0	4.0	8.0	88.0	**75.05** **0.00***
Orient students to each clinical area evaluation	0.0	66.7	0.0	33.3	0.0	42.7	0.0	57.3	0.0	40.0	9.3	50.7	**25.38** **0.00***
Seek student's opinions related to demonstrator's	0.0	84.0	0.0	16.0	0.0	9.3	18.7	72.0	0.0	41.3	5.3	53.3	**90.11** **0.00***
Observes and assess students' performance	0.0	8.0	44.0	48.0	0.0	1.3	8.0	90.7	0.0	4.0	22.7	73.3	**33.32** **0.00***
Conduct formative evaluation	0.0	17.3	58.7	24.0	0.0	1.3	5.3	93.3	0.0	2.7	21.3	76.0	**86.43** **0.00***
Conduct summative evaluation	0.0	5.3	2.7	92.0	0.0	1.3	0.0	98.7	0.0	2.7	0.0	97.3	**6.19** **0.00***
Provide opportunities for re-practice and assessment	0.0	52.0	37.3	10.7	0.0	8.0	5.3	86.7	0.0	14.7	25.3	60.0	**93.71** **0.00***

* Significant at P < 0.05

Table (7): Nursing demonstrators' performance of items of availability to students competence

| Items of availability to students competence	nursing demonstrators performance (n=75)												χ^2 P
	Pre				Immediate post				3 months post				
	Not applicable	Not done	Rarely Done	Always Done	Not applicable	Not Done	Rarely done	Always Done	Not applicable	Not done	Rarely done	Always Done	
	%	%	%	%	%	%	%	%	%	%	%	%	
Available to students when needed	0.0	62.7	10.7	26.7	0.0	10.7	1.3	88.0	0.0	28.0	8.0	64.0	**60.39 0.00***
Share discussion time with all students in group	0.0	32.0	49.3	18.7	0.0	6.7	4.0	89.3	0.0	4.0	25.3	70.7	**88.38 0.00***
Give appropriate amount of supervision	0.0	82.7	8.0	9.3	0.0	0.0	14.7	85.3	0.0	25.3	8.0	66.7	**120.67 0.00***
Attend at clinical area in time	0.0	48.0	18.7	33.3	0.0	5.3	8.0	86.7	0.0	0.0	26.7	73.3	**83.73 0.00***
Maintain and manage the students practical time well	0.0	85.3	2.7	12.0	0.0	4.0	14.7	81.3	0.0	29.3	10.7	60.0	**108.69 0.00***

* Significant at $P < 0.05$
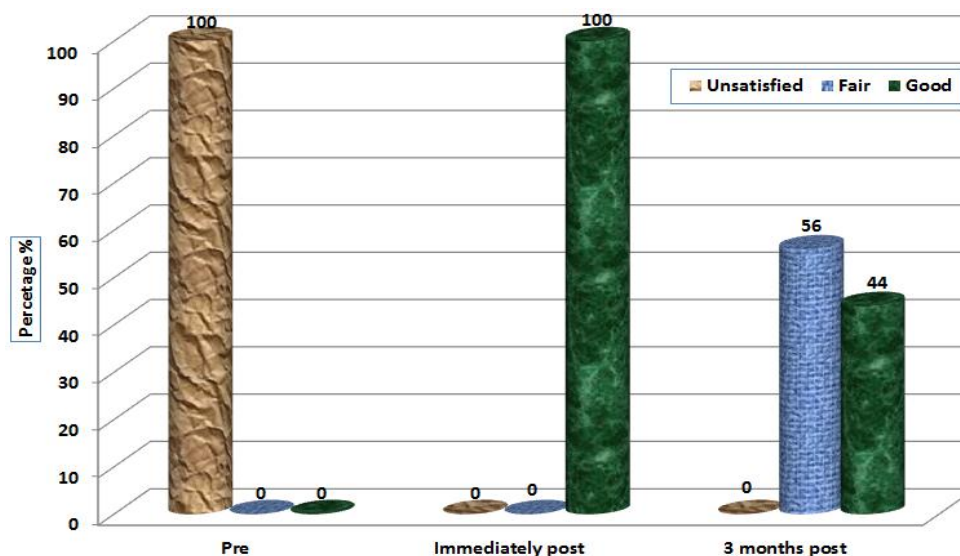
Figure (2): Nursing demonstrators' level of total knowledge of clinical teaching competence pre, immediate, and 3 months post program.

Discussion

The competent nursing demonstrators know how to function in clinical practice and can guide students in developing clinical competencies. The phenomenon of competence within the clinical teaching is highly challenged and motive issue. So, nursing demonstrators must possess clinical teaching competences including professional, personal, interpersonal, teaching practice, students evaluation, and nursing demonstrators availability to students competence.

Assessment of nursing demonstrators clinical teaching competences level of performance revealed that preprogram, the majority of nursing demonstrators showed unsatisfied level of performance positively correlated to their low mean score of knowledge about clinical teaching. Those demonstrators not attend previous training program about teaching competences and more than half of them were not having master degree. Actually those demonstrators were insufficiently equipped with clinical teaching knowledge and need appropriate teaching strategies to facilitate their acquisition of knowledge and improve their clinical performance and teaching competences. This may be through periodical training program on clinical teaching competences to keep continuously update of their knowledge and practice standard.

Atanga,et al(2011) [13] have observed that there are no guidelines to assist clinical teachers on how to effectively teach and supervise students in the clinical area and **Brykczynski (2012)** [14] indicated that the clinical teachers need assistance and education. While **Margaret Freundl (2012)** [15] revealed that a shortage of qualified nurse faculty and limitations in the number and variety of available clinical facilities have impacted the ability of schools of nursing to offer quality clinical education.

Chuan and Barnett(2012) [16] not support present result finding and reported that nurse educators use variety of learning opportunities to student which facilitated their learning. Also**, Nahal and Abu Soai(2011)** [17]not supported the present study findings and indicated that the majority of nurse educators had high level of facilitate learning competency, nursing educators are oriented to their role and they apply most of the tasks required to an acceptable level of competence.

No nursing demonstrators at present study preprogram showed good level of total professional competence**.** But they showed weakness by their fair or unsatisfied level competency and low mean score of

knowledge about professional competence**.** The potential source of their weakness may be due to limited formal preparation in their responsibilities for ensuring that their students learn theory, gain clinical experience, practice techniques, and develop into knowledgeable nurses.

Matthew- Maich et al (2015) [18] showed that effective teachers were consistently professional and accountable for their actions and students learning. They are role -model professionalism to students by always being prepared, using professional communication, maintaining professional boundaries, and showing respect and fairness. **Wealth &Henning (2012)** [19] study about what makes a competent clinical teacher? provided that professional competence of clinicians was seen as important in order for them to be good role models in areas such as ethics, cultural sensitivity, reputation as skilled practitioners, and their ability to keep up to date.

The present study shows that preprogram few percent of nursing demonstrators had good level of performance on interpersonal competences. Mostly these because nursing demonstrators have unsatisfied level of knowledge and incomplete or incorrect answer about various items of interpersonal competence and communication**.**

Collier (2017) [20] suggests that the ability to develop interpersonal relationships is the most valued skill for clinical instructors. Overall, approachability emerged as the most important personality trait needed to be an effective clinical instructor. **Pournamdar (2015)** [21] showed interpersonal relationship as the most valued characteristic of clinical instructor. **Mohammed (2012)** [22] who support present study and revealed that highly percent of nurse teachers showed low level in their knowledge about communication. **Benner et al (2010)** [23] who indicated that the knowledge base in nursing education is insufficient particularly in the field of teaching and interpersonal capacities.

The present study revealed that preprogram low percent of nursing demonstrators had good level of performance on personal competences. Yet nursing demonstrators showed either unsatisfied or fair level of performance on personal appearance, personal movement and body language, personal voice characteristics, and personality. As well as they give incorrect answer about all items of personal competence and critical thinking. However the nursing demonstrators' personality

were essential because experiencing the proper pattern of clinical demonstrator's behavior is a motivation for educating students.

Matthew- Maich et al (2015) [18] stated that effective teachers were consistently passionate and positive in their approaches with students about nursing, teaching, the clinical area, flexibility, open-mindedness, and enthusiastic about teaching nursing. While study of **Hayaineh (2011)** [24]who emphasized that the second most effective clinical teaching characteristic by nursing students was the ability of the clinical instructors to ask questions relevant to clinical practice. With this, the student's critical thinking is enhanced; it also helps in retaining whatever is learned in the ward.

De young (2015) [6]**who** stated that nurse educators personal qualities include enthusiasm, willingness to admit errors, cheerfulness, consideration, honesty, calmness and poise, sense of humor, lack of annoying mannerisms, patience and neat appearance. The good nurse educator has to exhibit friendly behavior in clinical areas in order to promote self-confidence and security feeling among students. These behavior include being available in clinical area, providing conference time, being willing to help, answering questions freely, allowing students to recognize and correct errors, giving verbal encouragement, showing interest in students , conveying confidence in the students, and supervising without taking over.

The present study revealed that preprogram there was no nursing demonstrators showed good total level of teaching practice competence. The fact those nursing demonstrators showed not only unsatisfied level of teaching practice competence but also give incorrect answer about educational objective and teaching methods**.** They were at unsatisfied level of all teaching competence subscales including provide effective learning environment, plan and organize work during the clinical training, teaching technique, and provide feedback.

EL Banan&Elsharkawy (2017) [25]who stated that an effective teacher must have mastered the ability to teach. This ability includes the skills required to transmit knowledge, skills, and attitudes from the teacher to the student and also included the ability to develop an atmosphere that encourages student learning. However competent nurse educator demonstrate a significantly increased ability to implement a variety of teaching strategies appropriate to learner needs, desired learner outcomes, content, and context. They use teaching

strategies based on educational theory and evidence-based practices related to education and provide a positive learning environment that fosters a free exchange of ideas that facilitate learning.

Al Mutair (2015) [26]who indicated that effective demonstrators should present information in an organized manner, gives clear explanations and directions to students, answers questions clearly, and demonstrates procedures and other care practices effectively. Good demonstrators also, clarify ideas, emphasize important points during teaching and motivate students through active participation throughout their teaching practices. In addition, clinical teachers need to identify individual student needs and learning styles and plan supervision accordingly. Similarly, all the teacher needs to do is to gain their trust and give them more time to 'open up' and provide opportunities for them to share their knowledge with others.

The present study revealed that preprogram low percent of nursing demonstrators showed good level while majority get fair level of total performance of students evaluation competence. Those nursing demonstrators also showed unsatisfied level of knowledge with low mean score about evaluation competence. Only half of nursing demonstrators showed always

accurate in documenting students evaluation, observe and assess students' performance. But few of nursing demonstrators orient students to evaluation sheet in each clinical area. They rarely seek students opinions related to their demonstrators' methods of training and evaluation and rarely conduct formative and summative evaluation. They not always provide opportunities for students re-practice and re-assessment**.**

Koy (2015) [27]who revealed that the evaluation is second category and is very important for nursing students since specific suggestions for improvement, and feedback on students' performance were valued importantly. Clinical evaluation is one of the complex tasks of faculty and health instructors and a challenge for nursing and other health professions.

The present study revealed that low percent of nursing demonstrators showed good level but most of them showed unsatisfied level of total performance of availability to students competence preprogram**.** Result showed that those nursing demonstrators get unsatisfied level of knowledge with low mean score about availability to students competence and time management. Actually high percent of those nursing demonstrators were not available to students when needed, not give

appropriate amount of supervision, not attend at clinical area in time, and not maintain and manage students practical time well.

Unfortunately they do not know the importance of demonstrators' availabilities to students. Those nursing demonstrator need to know that their availabilities to nursing students is very important when needed, especially when students be in stressful clinical situations as well as helping students give nursing care, giving appropriate amounts of supervision, freely answering questions, and acting as a resource person during clinical learning experience. Also they should know that competent nursing demonstrators have to manage student's practical time well and share time of discussion with all students during clinical teaching.

Smedley& Morey (2010) [28]and **Ramos et al(2013)** [29] revealed that closed relationship and supportive behavior with students encourage their motivation, their work in clinical practice, increases criticism acceptance, better adaptation to stress and giving attention to the educational content obtainable by the clinical instructor.

Awad (2015)[30] revealed that the important clinical instructor's characteristics being accessible all times

for answering carefully and precisely questions raised by students.

Result of present study post program implementation revealed that there was significant improvement in nursing demonstrators' knowledge and performance about clinical teaching competences. The fact is that the knowledge and performance level were unsatisfied preprogram implementation, but it was significantly increased to become at good level post program. However a slight decline occurred in nursing demonstrators' knowledge and performance about clinical competences after three months post program in relation to immediate post program implementation, this indicate the need for orientation program for new appointed demonstrators and periodical training program for them.

The decline in knowledge and performance of nursing demonstrators at three month post program implementation could be explained by gradual decrease in the nursing demonstrators knowledge and performance over time due to many causes such as; there no continuing training and education programs, increasing work overload, , nature of nursing demonstrators work, large numbers of students and increasing psychological pressure.

However the improvement in present study nursing demonstrators could have resulted from utilizing creative teaching approaches that can facilitate the interactions and collaboration in the learning process and this might have finally increased the effective learning performance for nursing demonstrators.

This could direct the attention that the implementation of current educational program was succeed as mean for improving present study nursing demonstrators knowledge and performance. That orientation educational program assist those nursing demonstrators on how to be at good level of clinical teaching competences, having ability in their profession, being independent, having control over their work, and be self-directing.as well as they possess good knowledge and effective clinical teaching skills to perform their roles effectively.

Results is in agreement with **Mohammed (2012)** [22] support present study and revealed that the majority of nurse teachers failed to demonstrate an acceptable level of performance and practice regarding clinical teaching skills before implementation of training program with significant improvement in both post and follow up phases. **Hassan (2011)** [31] also support present study and revealed that

there was general improvement in clinical teaching skills knowledge and performance of assisted teachers' staff immediate and follow up phase as compared to pre course skills.

Clinical teaching program providing opportunity for nursing demonstrators to have expertise and strengthen their performance, improve clinical competence, confidence, and comfort is likely to improves clinical teaching environment and maintain current information in changing world. This program provided nursing demonstrators to share expertise with each other thus strengthen their knowledge base and performance, in addition to the nursing demonstrators must adequately prepared to teach students therefore this educational program should give for those nursing demonstrators.

Apparently nursing demonstrators need to know that the main and first responsibility is to teach and identify the student learning needs through constructive interpersonal relationships with them, during which facilitate personal and professional growth of their student nurse. The primary responsibility of the nursing demonstrators is to provide an appropriate environment and every opportunity for the student to learn and meet course competencies. They need to make every effort to meet these

responsibilities by utilizing multiple strategies that are student centered and may be found by evidenced-based practice. **The American Nursing Association, Scope and Standards of Nursing Practice(2010)** [32]stated in its code of professional conduct that continuing professional development for nurse educator can't be simply achieved by attaining training but, they should recognize the importance of education and lifelong learning strategy which aims to ensure that all nurse educator are equipped with the right skills, knowledge and attitudes to deliver the services expected, to be fit for purpose and continue to develop competency. The nurse educator participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development. The nurse educator collaborates with other health professionals and the public in promoting community, national, and international efforts to meet education needs.

Conclusion &Recommendation

Nursing demonstrators at Tanta University Faculty of Nursing showed unsatisfied level of knowledge and performance for all clinical teaching competences subscales including professional, personal, interpersonal, teaching practice, students

evaluation, and nursing demonstrators availability to students competences. They showed need to improve their competence in clinical teaching. Implementation carefully designed program on clinical teaching competences lead to significant improvement in all nursing demonstrators at all department. Their knowledge about clinical teaching competences and their performance in clinical teaching improved. But after three months their knowledge and performance were slightly declined. So we recommended with conducting pre-employment orientation and periodic educational training program and work shop about clinical teaching competences and supervising nursing demonstrators during training of nursing students at clinical areas

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