



## Introduction

Recently, the demands of our society have changed; the faculty role in higher education has grown from the singular colonial Unitarian mission of teaching to a multifaceted challenge of teaching. Over time as nursing education moved from the service sector to college and university campuses. The role of the assisting teaching staff ATS also evolved and become increasingly complex (**Billings and Halestead, 2009**). Increased complexity of health care environments, there has been an identified need to provide clinical experiences that assist nursing students and graduates to make the transition to work setting with more realistic expectations and maximal preparations (**Mills, et al., 2000; De-Guzman, et al., 2007; Khoo and Teoh, 2007**).

In today's complex and rapid changes in health care environment and higher education, students need varied, high quality experiences to be ready to practice. Innovative teaching strategies are required to meet the challenge of educating nurses for the twenty one century. One strategy that offers promise is the effective ATS that carefully plans experiences to provide opportunities for the students' development (**Throne, 2006; De-Guzman, et al., 2008**). Clinical nursing education underwent revolutionary changes during the twenty century. Changes from apprentice training to faculty responsibility; from free labor work to educational accountability; and from the ATS authority role to students claiming rights have all affected clinical nursing education, particularly the ATS role (**Tang, et al., 2005**).

Quality teaching is defined as a specific educational act that meets the demonstrated educational needs of the clients (**Salah, 2009**). Additionally, nursing education consists mainly of theoretical and practical components (**Technical and Vocational School Guide, 2006**). Theoretical nursing education is defined as "the part of education which provides the students with knowledge, understanding and professional skills required in order being able to plan, offer, and assess the overall care given by nurses"(**Billings and Halstead, 2005; Bastable, 2008; and Salah, 2009**).



The clinical experience is a cornerstone of undergraduate education and an important vehicle to facilitate students' acculturation as insiders. Also clinical education is a critical component of professional allied health education in which ATS plays an important role. The acquisition and practice of nursing in clinical setting has been acknowledged as being the "heart" of nursing education (**Meyer, 2003; Steves, 2005, Soliman, et al., 2006**). Clinical teaching is the vehicle that provides students with experiences in real-life situations involving actual patients, and it offers students the opportunity to apply theory to practice while fostering problem solving, decision making, and critical thinking. In clinical education settings, students practice and develop psychomotor skills and incorporate the attitudes, values, and beliefs of professional practice (**Lauber, et al., 2003; Boychuk, et al., 2004; Elcigil and Sari, 2008**).

Over the next several decades as nursing education evolved, the hospital based setting was replaced with that of an academic locus placing nursing faculty in control of both didactic and clinical teaching. In the traditional faculty supervised clinical program, a nursing faculty member provides direct supervision to a group of 6 to 8 nursing students in the clinical setting. To better prepare students for the clinical setting, ATS have sought to improve clinical teaching strategies/skills that enhance knowledge and skills as well as role adjustment (**Udlis, 2008; and Salah, 2009**).

In a clinical setting, supervision of the ATS is vital to maximize student's learning and skills (**Paton et al., 2005**). Faculty teaching in the clinical setting is the crucial link to successful experiences to the students. Research in nursing education indicates that effective ATS are clinically competent, know how to teach, have collegial relationships with students and agency staff, and are friendly supportive and patient (**Paton, 2007; Hessler and Humphreys, 2008**). The ATS who is knowledgeable and clinically competent will generally be an effective role model to the students (**Hessler and Ritchie, 2006; Penz and Bassendowski, 2006; Hanson and Stenvig, 2008**).



**Yoder and Saylor, (2002)** found that the qualities of a good ATS is concern, competence and has a sense of humor. **Poorman, et al., (2002)**, noted ATS as having both helping and hindering attributes. **Weiland and Reitz, (2005)** cited that more experienced fulltime faculty is more rigid in their expectations, while adjunct faculty members may be perceived by students as easier and less demanding (**De-Guzman et al., 2007**).

The ATS are the key persons in clinical teaching and they plays a crucial role in the process of students' clinical teaching, training, and evaluation in the laboratory, hospital, and different clinical settings; **Meyer (2003)** described the role of ATS as a spiritual teacher, while **Paton, et al., (2005)** defined the role as supporter, director, motivator, facilitator, problem-solver, troubleshooter and advocate. The role of the ATS is multifaceted and complex, requiring the ATS to juggle many responsibilities and respond to completing demands (**Oermann, 2008**). Therefore the ATS should be acquiring high levels of competencies that enable them to act as problem solvers, managers, assessors, guiders, facilitators and advocates for both students and patients (**De-Guzman, et al., 2008; Strom and Nortvedt, 2008**).

Students have various expectations of ATS as they pursue their learning tasks but these are only fixed in the student's minds and not clearly communicated to the ATS (**Poorman et al., 2002**). Mismatch expectations might contribute to lower enthusiasm for learning and teaching because teachers/ ATS and students understand the teaching role differently (**Yoder and Saylor, 2002; and Carillo, 2007**). Among the expectations of the ATS roles is to conduct the clinical component of the assigned course so that students are able to face realities of the clinical settings, besides facilitating the students achievement of the course objectives and preparing them to move forward in the program (**Mckenna and Wellard, 2004; Tang, et al., 2005; Soliman, et al., 2006; De-Guzman, et al., 2008**).



## **The Significance of the study**

The effective performance of the ATS in the clinical settings plays an important role in nursing education. Nursing requires a competent ATS who can help students nurse to gain knowledge, skills, new behavior, take decision, and link theory with real situation in different clinical setting. This in turn encourage the intention to investigate information about needs, problems, and factors affecting the ATS performance which might be useful to future nursing education as well as nursing profession in several ways.

The problem here was how the ATS could be able to teach, learn, train, observe, and evaluate the students in the clinical setting without enough experience and preparation especially in the clinical teaching. Moreover, there are many recent researches have clearly indicated that programs must be conducted for all ATS to improve their performance in the clinical settings (**Brownstein, et al., 1998; EL-Sayed, 1999; Zohoor and Eslaminjad, 2004; Soliman, et al., 2005; Molodysky, et al., 2006; Leone, and Gray, 2007; Mahfouz; 2007; Vanguri, and Konin, 2008; and Salah, 2009**). Additionally **Soliman, et al., (2006)**, stated that there is extensive preparation required for clinical teaching. For that reason this study could be helpful for the ATS to work at their own pace to develop their clinical teaching skills in the clinical settings and increasing their students' level of satisfaction.