

Interview with Tim Bristol

[VIDEO TRANSCRIPT – March 14, 2023]

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Lisa Bonsall: Hi, it's Lisa Bonsall, Senior Clinical Editor for Lippincott NursingCenter. I'm here at the Lippincott Nursing Education Innovation Summit, and right now I have the pleasure of speaking with Dr. Tim Bristol. And we're going to talk about his journey in nursing and a little bit about the next generation NCLEX. Thank you so much for joining me today.

Tim Bristol: Glad to be here.

Lisa Bonsall: Can you describe your career journey in nursing for us?

Tim Bristol: Sure. Absolutely. So high school was a bit rough. I had dropped out of high school in 11th grade, got a GED, joined the infantry, and I became very good at polishing boots, waxing the floors and shooting big guns. That's what we do in the infantry. After I got out of the infantry, I was really searching for what did I want to do?

And there were nurses in my family that I knew about. Never thought that would be something that would be for me. And I wanted to also be a missionary. But I was not pastor material, if you know what I mean. And I'm like, well, this nursing thing, I see nurses on the missions field. And so one thing led to another.

I'm like, you know, I've got a high school GED. I'm never going to get into nursing school, but I give it a shot. And one school accidentally let me in their program. They said it was because I was a veteran, so happy about that and made it through nursing school. And then I was like, well, I'd like to be a nurse practitioner.

So I tried that out and made it into an NP program, got through the NP program, but when I got out, I couldn't find a job that fit our family that was in our area. And so I got a couple of job offers to teach and I'm like, well, let me give it a shot, you know, and see how it goes.

And that was pretty bumpy. That was pretty bumpy. I, I was a bit scattered and not well-organized. And I had a degree as a nurse practitioner, not as an educator. And so the first few years of teaching were so rough, it caused me to do something really crazy. I went and got a Ph.D. in education, and it was at that point, all that schooling that I finally learned,

I never learned how to learn. And as I was going through this Ph.D. in education, I don't even have a doctorate in nursing, it became very evident that the way that they were teaching me, the things they were teaching me about in this Ph.D. in education were principles that I really needed to get back to

students. At the time, I was teaching in inner city. I was teaching a lot of students that had a lot of barriers to success.

And these principles that were not only helping me get through my Ph.D., I also was able to start to apply to my students. And so it was a very powerful time, as I was discovering this whole idea of learning how to learn.

Lisa Bonsall: Wow, that's great. And how did you come to be known as Nurse Tim?

Tim Bristol: Yeah, in my first teaching jobs, mostly a lot of clinical teaching being in the clinical environment. Any time a bald guy walks in the patient's room, the patient always goes, oh, good, the doctor's here. Well, I worked way too hard to be a nurse to be called the doctor. And I don't mean that I'm like, I am a nurse first and foremost.

I don't mean to slight anybody, but that's who I am. And so I would put it on my scrubs. I'd put it on my lab coats, really big print Nurse Tim. I'd still walk in the patient's room. They'd still say, oh, good, the doctor's here. So did it really work? I'm not sure, but it stuck. And I've been Nurse Tim for many, many years now, and that's where the Nurse Tim name came from.

Lisa Bonsall: Now let's talk about the next generation NCLEX. What do faculty need to know to best prepare students?

Tim Bristol: Okay, so for the next 3 hours, I will tell you, you know, so the next generation NCLEX is basically the focus of clinical judgment. Clinical judgment is the doing that happens after critical thinking. For the past 40 years in nursing education, we have spent a lot of time and energy focusing on critical thinking, and we've stopped at critical thinking.

And a lot of the research that National Council, I was doing the math earlier today with a couple of colleagues, the research that's gone into this new NCLEX has involved over a million subjects, over a million. It's one of the most powerful research studies ever done in health care on anything. And the exciting thing about this for me as a nurse educator is it's on the people that were in our programs.

These people are now nurses, they're new nurses out there. And so it's doing, it's all about doing. The reason I tell you that there's many different ways to teach clinical judgment in many different ways, but there is only one way to learn clinical judgment. The learner has got to do it every hour of every class. Starting day one of nursing school.

We know that semester one is the most important semester. If you're concerned about the work of a new nurse, it is the most important semester in the entire program. Day one of nursing school, the students have to be providing patient care. They have to be doing clinical judgment, not watching someone else do it, not watching the front of the room while you have two students working on a project, not watching the big screen while you do clinical judgment, they have to be in their seats with a buddy doing clinical judgment activities, doing patient care activities.

As I said in their seat. I prefer that they're standing. But I realize some of your classrooms are a little tricky when it comes to these activities. The clinical judgments, the doing, the learner has to be about doing every hour of every lecture across the pre licensure program.

Lisa Bonsall: Thank you so much for joining me today.

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