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Faculty Perceptions of Student Use of Critical Thinking and Clinical Judgment in Prelicensure Alternative Pediatric Clinical Education

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Walden University

College of Nursing

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Vanessa Lee Lugo

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Walden University
2026

Abstract

Faculty Perceptions of Student Use of Critical Thinking and Clinical Judgment in

Prelicensure Alternative Pediatric Clinical Education

by

Vanessa Lee Lugo

MSN, Walden University, 2016

BSN, The Pennsylvania State University, 2009

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing

Walden University

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Abstract

Both the changing healthcare environment and diverse pediatric care needs highlight the importance of exploring nontraditional clinical placements for entry-level pediatric nursing students to assess their critical thinking (CT) and clinical judgment (CJ). Many graduates are unprepared for pediatric care, creating safety risks and gaps in meeting children's healthcare needs. The purpose of this study, guided by communities of practice theory, was to explore faculty experiences with and perceptions of CT and CJ use at alternative pediatric clinical sites for prelicensure undergraduate students in the Northeastern United States. Eleven nursing faculty with recent experience working in nontraditional pediatric sites and methods for evaluating CT and CJ were interviewed. Data analysis employed inductive thematic coding to identify two themes: available opportunities and the wholeness of the alternative experience. Faculty reported that alternative sites offered authentic learning experiences that fostered CT, captured under the theme *Available Opportunities*. The theme of *Wholeness* emphasized continuity, integrated learning environments, and structured reflection in promoting deeper learning. These findings suggest that alternative sites enrich teaching, support skill development, and align with CoP when creating intentional learning opportunities. This research cultivates positive social change by expanding the evidence base in pediatric nursing education and promoting improved practices across diverse healthcare settings. Future research should broaden the scope and methods by including diverse regions, larger samples, and student perspectives to enhance transferability and identify best practices for pediatric nursing education.

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Chapter 1: Introduction to the Study

Introduction

Pediatric nursing education is a specialized field that prepares nursing students to provide comprehensive care for children and adolescents. This area of nursing requires a deep understanding of pediatric growth and development, as well as the ability to address the unique health needs of younger patients (Institute of Pediatric Nursing [IPN], 2021). Traditional clinical placements for entry-level pediatric nursing students (ELPNS), such as hospitals and clinics, have long been a cornerstone of pediatric nursing education. However, there is a growing recognition of the need for diverse and alternative clinical environments to support the development of critical thinking (CT) and clinical judgment (CJ) among nursing students (IPN, 2021), ensuring adequate preparation for new nurses to work in this specialty.

Alternative clinical placements, such as summer camps, immersion models (hands-on clinical experiences where students work with live clients and address their needs in real-time, typically for a specified duration; Ex, preceptorships, community services, and creative projects), offer unique opportunities for nursing students to develop essential skills in nontraditional settings. These environments can foster problem-solving, decision-making, and creativity, which are crucial for CT and CJ (Assessment Technologies Institute [ATI], 2021). Communities of Practice (CoP) are groups of learners who share common interests or professions engaging in collective learning, collaboration, and knowledge sharing to improve their practice. These alternative settings enhance learning by providing a CoP (Wenger, 1998) as a supportive network where

faculty and students can share experiences, strategies, and insights. Despite the potential benefits of these alternative placements, there is a lack of comprehensive research exploring their influence on CT and CJ development, particularly from the perspective of faculty members.

The majority of existing studies that address the use of CT or CJ focus on specific educational strategies or settings without addressing alternative models, the impact of diverse clinical environments, or the broader generalizability of findings. Studies by Hendrickx et al. (2020) and Phillips et al. (2023) highlighted the value of immersive and nontraditional experiences, such as summer camp nursing and global programs, in fostering problem-solving, communication, and confidence; however, neither study addresses CT and CJ. Brand (2020) and Chicca and Shellenbarger (2021b) emphasized the role of mentorship in CT and CJ development, while Chen et al. (2023) discussed academic-practice partnerships, despite the challenges in sustaining them. Currie et al. (2023) and Kaveh et al. (2022) advocated for flexibility in nursing education, particularly in response to shifting healthcare demands. Despite these contributions, the influence of these unique settings on the development of CT and CJ remains underexplored, providing valuable insights into enhancing pediatric nursing education and highlighting the need for further research in this area.

In this study, I aimed to address the research gap by investigating alternative pediatric clinical placements in the Northeastern United States (Mid-Atlantic region: New York, New Jersey, Pennsylvania, Maryland, Delaware, and Virginia), focusing on the experiences and perceptions of undergraduate nursing faculty. By understanding faculty

members' perceptions of the development of CT and CJ, this research provided valuable insights into enhancing pediatric nursing education. Identifying effective settings that support the development of CT and CJ in diverse clinical environments can lead to better-prepared nursing graduates who provide high-quality care in various pediatric settings, ultimately improving patient outcomes and addressing workforce challenges in pediatric nursing.

In Chapter 1, I present an overview of the current state of pediatric nursing education, highlighting the need for alternative clinical placements and the problem statement. Next, I discuss the gap in understanding how alternative pediatric clinical settings influence the students' CT and CJ skill development. I then present the purpose, research questions, and theoretical basis for understanding CT and CJ in nursing education. Finally, I present the study's limitations and its significance.

Background

Pediatric nursing education prepares future nurses to deliver high-quality care to children and their families. Traditionally, clinical placements for nursing students have been conducted in hospitals, providing hands-on experience in a controlled environment (IPN, 2021). However, the availability of clinical placement sites has diminished in recent years due to faculty retirements, administrative support issues, and intensified competition among health professions schools for a limited pool of rotation sites (American Association of Colleges of Nursing, 2022; IPN, 2021). Clinical placement sites became especially scarce during the COVID-19 pandemic, as many facilities prohibited on-site student instruction (Kaveh et al., 2022; Ridgway et al., 2022). Nursing

schools in rural areas were particularly vulnerable, as placements in these areas were already limited prior to the pandemic (Hendrickx et al., 2020). Therefore, the evolving healthcare landscape and the diverse needs of pediatric patients necessitated exploring alternative clinical placements beyond conventional hospital settings to understand how they contribute to the acquisition of these essential skills (Kaveh et al., 2022; IPN, 2021; McCarthy & Wyatt, 2014).

Alternative clinical placements can include community-based settings such as schools, camps, and other environments where children live, play, and learn. These placements offer unique opportunities for nursing students to develop CT and CJ by exposing them to a broader range of real-world scenarios and diverse patient populations (IPN, 2021).

According to the American Nurses Association (ANA, 2024), “CT in nursing involves identifying a problem, determining the best solution, and implementing an effective method to resolve the issue using clinical decision-making skills” (para. 3). CT requires nurse educators and their students to use problem-solving to think about and work through the possible solutions and then choose the most appropriate or best method to solve the initial problem (American Psychological Association [APA], 2024, Society of Pediatric Nursing [SPN], 2017).

The ANA (2024) defined CJ as the ability to “prioritize a patient's care needs and adjust as changes occur. Gather the necessary information and determine what nursing intervention is needed” (para. 6), even when multiple options are available. After prioritizing interventions based on immediate concerns and potential complications

(ANA, 2024; APA, 2024; SPN, 2017), it becomes clear that, despite their possible advantages, empirical evidence remains limited regarding the impact of alternative pediatric settings on the development of CT and CJ among ELPNS.

Existing literature focused on specific educational strategies or settings without addressing the broader applicability of findings to alternative models. For instance, Shellenbarger (2021a, 2021b) discussed remote preceptorships and faculty roles in clinical preceptorships. However, they did not directly address the development of CT and CJ in nontraditional pediatric settings. Similarly, research by Currie et al. (2023) and Hendrickx et al. (2020) highlighted the development of clinical skills and explored camp nursing experiences, respectively, without linking CT and CJ to the setting.

The IPN (2021) further highlighted the need for diverse clinical experiences, emphasizing the importance of preparing nurses for the complexities of pediatric care through innovative placements and faculty development. However, the gap in understanding ELPNS development of CT and CJ in alternative pediatric clinical settings remains a significant challenge.

In pediatric nursing, the challenge of securing clinical sites has been further complicated by ongoing changes in practice that are shifting care from acute-care settings to community and home settings (IPN, 2021). These trends have posed growing challenges for faculty seeking to connect students to meaningful clinical learning, leading them to explore creative alternatives to traditional clinical placements. One promising new approach is the A/B model, in which students rotate from hospitals to community-based settings (IPN, 2021; Kaveh et al., 2022). A related idea is the use of summer camps

as clinical rotation sites. Several recent authors have reported on the feasibility and benefits of this novel approach (Hendrickx et al., 2020; Williams et al., 2024; Sherman & Johnston-Merickel, 2021).

I have addressed the gap by exploring faculty experiences and perceptions regarding the use of CT and CJ by ELPNS at alternative pediatric clinical sites in the Northeastern United States, Mid-Atlantic region. I sought to enhance pediatric nursing education and improve patient outcomes by understanding the influence of diverse clinical environments on CT and CJ development in ELPNS.

Problem Statement

There is an increasing number of ELPNS (IPN, 2021) who are unprepared to work in the pediatric specialty, which presents a problem for today's healthcare system and meeting client needs, as these new graduates lack the skills and abilities required to practice safely (Currie et al., 2023). This lack of ability among nurses new to the pediatric clinical area post-graduation includes using CT and CJ skills (IPN, 2021).

Nursing students who wish to become pediatric nurses require sufficient training to practice safely in the pediatric clinical setting, necessitating adequate pre-licensure clinical training (IPN, 2021; Sharun, 2023; Society of Pediatric Nurses, 2017). A strong clinical educational foundation may also encourage new nurses to pursue pediatric nursing opportunities during their careers (IPN, 2021).

Undergraduate nursing students typically complete most of their pediatric clinical rotations in the inpatient hospital setting. However, much of the care historically provided in these types of facilities is no longer relevant as pediatric care is shifting to the

community and home settings with shorter hospital stays and less acute needs (IPN, 2021; Kaveh et al., 2022; McCarthy & Wyatt, 2014; Williams et al., 2024). Additionally, nursing students participating in traditional clinical rotations, such as those in inpatient hospitals, may not have the opportunity to experience continuity of care, with limited face-to-face interactions with their pediatric clients and their families.

Traditional clinical education is often insufficient due to time and location constraints, as well as the lack of information on viable alternatives, leaving faculty to arrange these pediatric clinical experiences with little to no guidance (Chicca & Shellenbarger, 2021). There is a lack of knowledge about available resources among pediatric faculty (Currie et al., 2023) who aim to adequately prepare undergraduate nursing students to practice safe pediatric nursing care.

Traditional inpatient clinical experiences for pediatric nursing students involve hands-on learning in a hospital or other acute healthcare facility. Students can provide direct patient care under the supervision of experienced nurses and their clinical instructors. This experience typically includes administering medications, performing assessments, assisting with daily activities, and documenting patient information.

Alternative pediatric nursing clinical experiences for undergraduate students refer to nontraditional settings and methods that provide students with hands-on learning opportunities outside the typical hospital environment (IPN, 2021). These experiences provide diverse and comprehensive learning opportunities, allowing students to develop clinical skills and adaptability (IPN, 2021). Community-based placements enable students to complete clinical hours in community health centers, schools, camps, or

daycare centers, where they provide care and health education to children (IPN, 2021).

For example, home care provides opportunities to support medically fragile children as they transition from the hospital to home, with a focus on ongoing assessment and care coordination. Other options include therapeutic riding centers, where students observe and work with children with special needs in equine-assisted activities (Obarzanek & Pieper, 2020), and medical daycare, ensuring health and play for children with specialized medical or behavioral needs. Additionally, simulated virtual experiences with individualized patients offer a controlled environment for practicing clinical skills and decision-making, providing a valuable alternative to traditional clinical hours (Phillips et al., 2023).

Additionally, telehealth services enable students to provide remote care and consultations for pediatric patients, a practice that is increasingly relevant in today's healthcare landscape. Finally, camp nursing allows students to deliver healthcare at summer camps or specialized camps for children with chronic illnesses or special needs, enabling them to practice holistic care (Hendrickx et al., 2020). These alternative experiences help nursing students develop a well-rounded skill set and adapt to various healthcare settings, ultimately enhancing their ability to provide high-quality care to pediatric patients (IPN, 2021).

Despite research on alternative pediatric nursing clinical experiences, there is a lack of guidance for faculty on how to promote meaningful learning experiences that develop CT and CJ skills among their students once they are in these settings. Faculty face challenges in setting up and hosting pediatric clinical rotations in traditional formats

that are no longer relevant to the evolving healthcare landscape in the pediatric specialty (Chicca & Shellenbarger, 2021; IPN, 2021). Students need opportunities to practice their CT and CJ skills across various settings to stay current and align with the evidence of a changing pediatric healthcare landscape, thereby practicing safely as students and throughout their careers. As more children with complex medical conditions require care in the community, today's nursing students will need opportunities to practice their nursing skills on live clients at the population level (Currie et al., 2023; IPN, 2021).

Pediatric care is shifting to the community, and higher education should make efforts to meet the needs of the vulnerable pediatric population (IPN, 2021) by designing meaningful clinical experiences in these alternative pediatric settings (Chicca & Shellenbarger, 2021). Although there is literature on various alternative sites, the use of CT and CJ skills remains underexplored (Chicca & Shellenbarger, 2021; Currie et al., 2023).

Chicca and Shellenbarger (2021a) explored the challenges and opportunities of using alternative pediatric clinical sites for nursing students, emphasizing the need for innovative clinical experiences that align with the evolving healthcare landscape. They highlighted the importance of providing students with opportunities to practice CT and CJ in nontraditional settings such as community health centers, home care, and telehealth. The study underscores the faculty's need to develop the curriculum to ensure meaningful learning experiences occur in these alternative settings.

The IPN white paper (2021) addressed the growing demand for a practice-ready pediatric nursing workforce and the challenges in securing traditional inpatient pediatric

clinical experiences. The IPN advocated for using alternative clinical sites, such as community-based placements and simulated experiences, to provide students with diverse and comprehensive learning opportunities. It emphasized continuous professional development and the integration of CT and CJ skills to ensure high-quality care for pediatric patients.

Currie et al. (2023) also examined the shift of pediatric care to community settings and the implications for nursing education, highlighting the increasing need for nursing students to gain experience in community-based care, particularly for children with complex medical conditions. They suggested that higher education institutions should design clinical experiences that enable students to practice their nursing skills on live clients at the population level, emphasizing the importance of developing CT and CJ skills in these alternative settings to ensure safe and effective practice. Despite research on alternative pediatric nursing clinical experiences, there is little information on the use or development of CT and CJ at these sites. These studies collectively suggest that higher education institutions should design clinical experiences in alternative pediatric settings to meet the needs of vulnerable pediatric populations and support students' learning and development.

Purpose of the Study

The purpose of this qualitative study was to explore faculty experiences with and perceptions of the use of CT and CJ at alternative pediatric clinical sites for prelicensure undergraduate students in the Northeastern United States, specifically in the Mid-Atlantic

Region (comprising New York, New Jersey, Pennsylvania, Delaware, Maryland, and Virginia).

Research Questions

The research questions for this interpretive description (ID) qualitative study were:

RQ1: What are nursing faculty's experiences with alternative pediatric clinical sites?

RQ2: What are nursing faculty perceptions of student CT and CJ use at alternative pediatric clinical sites?

Conceptual Framework for the Study

The concept that grounded this study was CoP, first described by Wenger in the 1990s. CoPs are groups of people who share a concern or passion for something they do and learn how to do it better through regular interaction (Wenger, 1998). Initially developed for business, CoP has since been refined and widely adopted in healthcare. CoPs facilitate collective learning by allowing members to share knowledge, discuss successes and failures, and develop creative solutions (Wenger-Trayner & Wenger-Trayner, 2015). This collaborative approach contrasts with the individualized, trial-and-error method, promoting a safer, more efficient care environment. CoPs involve active participation from all members, including faculty and students, who contribute their experiences and perspectives.

Wenger and colleagues (2015) initially examined CoP through an apprenticeship learning model, highlighting the dynamic relationship between masters (faculty) and students. In CoPs, all members, regardless of their role, have something valuable to contribute (Wenger, 1998). CoPs support various functions, such as problem solving,

information sharing, and identifying knowledge gaps. These functions are crucial in healthcare, where collaborative environments enhance clinical learning and the use of CT and CJ (Wenger-Trayner & Wenger-Trayner, 2015).

In alternative pediatric clinical learning environments, CoPs are particularly relevant as they encourage collaborative problem solving and efficient resource utilization. Members share information and experiences, thereby enhancing the community's collective knowledge and facilitating more effective collaboration. This process helps members build confidence, develop new ideas, and create a valuable repository of knowledge (Wenger, 1998; Wenger-Trayner & Wenger-Trayner, 2015). Alternative sites were seen as CoPs because they involved groups of faculty and students (professionals and future professionals) who aimed to foster learning and enhance patient care.

CoPs are integral to ELPNS learning and professional development, including those in alternative pediatric clinical sites. These communities are not exclusive to traditional clinical settings but are also prevalent in various alternative environments where pediatric care is provided (Wenger, 1998). For example, nursing students may engage in clinical placements in community and home health care settings, where they work alongside experienced pediatric nurses. These settings allow students to participate in shared learning experiences and discuss patient care strategies while developing CT and CJ skills (IPN, 2021).

Another example comes from summer camps, especially those that focus on children with special or advanced medical needs, such as diabetes, hemophilia, or other

mental, emotional, or social health (MESH) diagnoses. These camps serve as alternative clinical sites where students can collaborate with healthcare professionals, engage in joint activities, and share knowledge and ideas, thus forming a CoP (Hendrickx et al., 2020; IPN, 2021). Additionally, pediatric ambulatory and outpatient clinics are also common alternative clinical sites. In these settings, nursing students interact with a multidisciplinary team, participate in case discussions, and contribute to the group's collective knowledge and practice (IPN, 2021).

Alternative pediatric clinical sites exemplify CoPs by fostering environments where nursing students and professionals engage in continuous learning and knowledge sharing (Wenger, 1998; Wenger-Trayner & Wenger-Trayner, 2015). These settings provide diverse and rich experiences that contribute to students' professional growth. The collaborative nature of these environments, in which students and practitioners work together to address patient needs (Wenger-Trayner & Wenger-Trayner, 2015), aligns with the core principles of CoPs. By participating in these communities, nursing students develop a deeper understanding of pediatric care, enhance their clinical skills, and build professional networks that support their ongoing development (Hendrickx et al., 2020). Overall, alternative pediatric clinical sites are valuable examples of CoPs, providing nursing students with meaningful, collaborative learning experiences essential to their professional development.

CoPs enhance CT and CJ by encouraging members to critically evaluate information, question assumptions, and consider multiple perspectives. This holistic approach to learning and professional development supports continuous growth through

mentorship and collaboration (Wenger, 1998). Ultimately, CoPs foster an environment that enables members to thrive, thereby improving practice and outcomes in healthcare and education. By regularly interacting, sharing knowledge, and learning from each other's experiences, CoP members develop the ability to analyze situations objectively and make informed decisions, thereby enhancing patient care and professional development (Wenger-Trayner & Wenger-Trayner, 2015).

Connections and Study Approach

The logical connections among the key elements of the CoP framework included the emphasis on social learning, shared practices, and collaborative problem-solving. These elements are essential for developing CT and CJ in nursing education (ATI, 2021; Society of Pediatric Nurses, 2017). The CoP framework, related to the study approach, provided a contextual lens through which faculty experiences and perceptions were explored.

The CoP framework guided the development of interview questions, follow-up questions, and data analysis. For example, interview questions were designed to elicit faculty experiences with collaborative learning and their observations of student CT and CJ development in alternative clinical settings. Data analysis focused on identifying emerging themes related to the CoP functions, such as problem solving, information sharing, and confidence building, to understand how these elements influence CT and CJ development. A more detailed analysis of the CoP framework and its application to this study is provided in Chapter 2.

Nature of the Study

I conducted qualitative research using ID methodology. The rationale for selecting this design was its suitability for exploring complex phenomena in healthcare settings, where understanding participants' experiences and perceptions is crucial (Thompson Burdine et al., 2021). The ID approach facilitated a nuanced examination of faculty experiences and perceptions, providing rich, detailed insights essential to understanding the development of CT and CJ in nontraditional pediatric clinical settings (see Thorne, 2016).

The key concept investigated was the use of CT and CJ among prelicensure undergraduate nursing students in collaborative alternative pediatric clinical sites through the lens of CoP. CoPs are groups of individuals who share a common concern or passion and learn how to improve their practice through regular interaction and collaboration (Wenger, 1998). I explored how alternative clinical sites influence the development of essential nursing skills, like CT and CJ, by examining faculty experiences and perceptions.

The methodology involved collecting data from nursing faculty with experience in alternative pediatric clinical placements in the Northeastern United States. I gathered data through semistructured interviews, which allowed in-depth exploration of participants' experiences and perceptions. Interviews were audio-recorded and transcribed via Zoom software verbatim to ensure accuracy. Data analysis followed a thematic analysis approach, where the transcribed interviews were systematically coded to identify

emerging themes and patterns. This process involved multiple data readings, coding significant statements, and grouping these codes into emergent themes.

Definitions

Alternative clinical education site: The Merriam-Webster dictionary (n.d.) defined the word alternative as “different from the usual or conventional: such as existing or functioning outside the established cultural, social, or economic system” (para. 1). When referring to clinical education, these alternatives are outside the inpatient hospital setting traditionally used in nursing education. An *alternative clinical education site* is a location or facility outside traditional clinical education settings, such as hospitals or primary care centers, where students can gain hands-on experience. These sites may include community health centers, rehabilitation facilities, schools, telehealth platforms, summer camps, nature therapy, toy projects, or community service. They are designed to provide diverse learning opportunities, expose students to different patient populations, and address unique healthcare needs (IPN, 2021).

Alternative Pediatric Clinical Placement: Clinical sites where children and families reside, work, play, interact with, or learn in the community. It is outside the traditional inpatient hospital setting typically used in nursing education. It does not include a hospital, inpatient rehabilitation center, or other facilities with a mission and goal of providing medical care at a designated medical treatment facility. Alternative pediatric clinical placements may include community health centers, schools, medical/daycare, home care, therapeutic riding centers, telehealth, or summer camps. The IPN (2021) further describes opportunities for pediatric clinical learning, meeting them in

their natural environment where they are educated, engage in play activities, and live and interact within their community.

Community of Practice (CoP): A group of people who share a common interest or profession and engage in collective learning through regular interaction (Wenger, 1998). Members of CoPs collaborate to share knowledge, solve problems, and develop skills, enhancing their expertise and contributing to the group's overall growth (Wenger, 1998). Three key elements are required: shared domain (alternative pediatric nursing clinical), community (each clinical site), and practice (tools and resources used and developed collaboratively by participants). For this study, alternative clinical sites were considered CoPs, as they embodied the following principles of collaborative learning and shared practice:

- *Interprofessional collaboration*: Multiple healthcare professionals who assist in providing opportunities to learn various disciplines and perspectives (Wenger, 1998).
- *Community engagement*: Situation in community locations such as schools, summer camps, and other non-traditional settings where nursing care is provided (Wenger, 1998).
- *Problem solving*: Students often face unique challenges that are not typically present in traditional settings. This encourages collaborative problem solving, where students and faculty work together to address issues and improve care (Wenger, 1998).

- *Information sharing:* These sites promote the exchange of information among students, faculty, and other professionals. This continuous flow of information helps build a shared knowledge base and enhances learning (Wenger, 1998).
- *Confidence building:* Working in diverse and sometimes unpredictable environments helps students build confidence in the CT and CJ skills. Collaborative learning experiences contribute to this by providing support and feedback from peers and mentors (Wenger, 1998).

Clinical Judgment: Assessing and prioritizing a patient's care requirements, adapting to any changes, collecting relevant information, and determining the appropriate nursing interventions to implement (ANA, 2024), despite multiple options. Interventions are then prioritized based on the current issue and potential complications (ANA, 2024; APA, 2024).

Critical thinking: recognizing issues, evaluating appropriate solutions, and applying effective strategies to address challenges through clinical decision-making abilities. (ANA, 2024). CT requires nurse educators and their students to employ problem-solving skills to consider and evaluate potential solutions and select the most suitable or effective method to address the initial problem (APA, 2024).

Entry-Level Pediatric Nursing Students (ELPNS): Associate's or bachelor's level nursing students who are new to the concepts of pediatric nursing care. They are pediatric students when they take courses with a component or a primary focus on the growth and development of children and families, and on nursing care.

Traditional Clinical Placement: This includes hospitals, inpatient rehabilitation centers, or other facilities with a mission and goal of providing medical care in designated medical treatment settings. Traditional inpatient clinical experiences for pediatric nursing students involve hands-on training in a hospital or other healthcare facility. Students can provide direct patient care under the supervision of experienced nurses and their clinical instructors. This experience typically includes administering medications, performing assessments, assisting with daily activities, and documenting patient information.

Assumptions

Qualitative research is inherently subjective, as it relies on participants' varied experiences (Ravitch & Carl, 2019). My first assumption was that participants would provide honest and thorough accounts of their experiences, such as with CT and CJ. Researchers' experiences can influence data interpretation, highlighting the importance of acknowledging their role in the research process (Ravitch & Carl, 2016). Additionally, I assumed that the concepts of CT and CJ are widely understood and evaluated similarly by nursing faculty across different contexts. Furthermore, I assumed that alternative clinical sites contain the elements of a CoP, embodying principles such as collaborative learning, problem-solving, information sharing, and confidence building.

Scope and Delimitations

The scope of this study was to explore faculty experiences and perceptions regarding the use of CT and CJ at alternative pediatric clinical sites for prelicensure undergraduate nursing students in the Northeastern United States Mid-Atlantic region.

This included community-based settings such as schools, camps, and other environments where children live, play, and learn.

In designing this study, I considered several alternative approaches, including phenomenological, quantitative, hermeneutic, ethnographic, and case study methods. Each of these approaches offered unique strengths and potential insights; however, they were not selected for this dissertation. A phenomenological study is used to describe the essence of an experience or event, focusing on what it is like for individuals involved (Ravitch & Carl, 2016). In this study, phenomenology would have involved collecting data to understand the core experience of faculty at alternative clinical sites. However, the limitation was that phenomenology seeks to capture the essence of these experiences, which did not align with the broader purpose of examining specific aspects such as CT and CJ. Phenomenology tends to be broad (see Ravitch & Carl, 2021) and would not have captured the detailed nuances necessary to understand faculty perspectives on CT and CJ development in nontraditional pediatric settings.

I also considered conducting a quantitative study that would survey many nursing faculty to statistically analyze their experiences and perceptions of CT and CJ in alternative pediatric clinical settings. This method would have enabled the collection of numerical data and the identification of patterns and correlations through statistical analysis (see Creswell & Creswell, 2022). However, several reasons led me to choose a qualitative approach instead:

- **Depth of Understanding:** A qualitative study employing the ID approach would have a more in-depth exploration of faculty experiences and perceptions. It

provided rich, detailed insights into the complexities of CT and CJ development in nontraditional pediatric settings.

- **Contextual Nuances:** Qualitative research was better suited for capturing participants' contextual nuances and personal experiences (Creswell & Creswell, 2022). This is particularly important in exploring the faculty perspective on how pediatric alternative clinical sites influence the development of CT and CJ in nursing students, as these experiences are often subjective and multifaceted.
- **Flexibility:** The qualitative ID approach offered flexibility in data collection and analysis, allowing for the adaptation of interview questions and the exploration of emerging themes (Thorne, 2016). This flexibility was crucial for understanding the dynamic, evolving nature of faculty perspectives on CT and CJ use across diverse clinical environments.
- **Narrative Data:** The qualitative approach enabled the collection of narrative data, providing a more comprehensive understanding of the participants' experiences and perceptions (Creswell & Creswell, 2022). This was valuable for identifying the specific strategies and practices that contribute to the development of CT and CJ.

A hermeneutic approach focuses on interpreting texts and the meaning-making process (Ravitch & Carl, 2019). This method would have involved analyzing written or spoken narratives to understand the deeper meanings and contexts of faculty experiences. While hermeneutics would have provided profound insights into individuals' interpretive processes, it did not fully capture the practical aspects of faculty perceptions of CT and

CJ development in nontraditional pediatric settings. The emphasis on textual interpretation (Ravitch & Carl, 2019) limited the exploration of real-world applications and interactions in clinical environments.

Ethnography involves the in-depth study of people and cultures through participant observation and immersion in the field (Ravitch & Carl, 2019). An ethnographic study would have required the researcher to spend extended periods in alternative pediatric clinical settings (Creswell & Creswell, 2022), observing and interacting with faculty and students. Although this approach could yield rich, contextual data, it is time-consuming and was not feasible given the scope and resources of this dissertation. Additionally, ethnography focuses more on cultural practices and social interactions (Creswell & Creswell, 2022), which may have diverted attention from specific educational strategies and faculty perceptions regarding CT and CJ development.

A qualitative case study approach involves an in-depth, contextual analysis of a specific case or cases within a real-world setting (Ravitch & Carl, 2019). This method could have provided detailed insights into faculty experiences and perceptions at specific alternative pediatric clinical sites (Priya, 2021). However, the case study approach was limited in its application of these findings across different settings and populations. While it offered a comprehensive examination of specific instances, it would not have captured the broader trends and variations in faculty experiences and perceptions across multiple sites.

While the phenomenological, quantitative, hermeneutic, ethnographic, and qualitative case study approaches offered unique advantages, the qualitative ID approach

was chosen for its ability to provide a comprehensive and flexible exploration of faculty experiences and perceptions in alternative pediatric clinical settings (see Thorne, 2016). This approach best aligned with my objectives and the need to understand the intricate details of CT and CJ development across diverse clinical environments.

The delimitations of the study were the boundaries I set to narrow the focus and ensure manageability. I collected data in the Northeastern United States (Mid-Atlantic), which may have impacted the transferability of the findings to other regions. I recruited nursing faculty with experience in alternative pediatric clinical placements. I excluded faculty who had worked only in traditional pediatric hospital settings. The study focused on alternative (or nontraditional) pediatric clinical sites, excluding inpatient hospital settings and other conventional medical treatment facilities. I have included faculty with at least 1 year of experience in the last 5 years with prelicensure undergraduate pediatric nursing students and excluded graduate-level educators and other healthcare professionals who have not served in a prelicensure education role. I conducted the study within a specific time frame, which may have limited the ability to capture long-term trends and changes in faculty perspectives and student development.

For my study, I employed Wenger's (1998) CoP theory as the theoretical framework. This theory highlighted the value of social learning within a group where individuals share a common interest or profession (Wenger, 1998). The CoP aligned with the interactive and collaborative dynamics between faculty and students at an alternative pediatric clinical education site. Wenger's focus on learning as a social process directly

supported the goals and structure of my research, emphasizing the significance of shared practices and mutual engagement in fostering CT and CJ.

I evaluated other models and considered multiple learning and social theories, such as Kolb's experiential learning theory, transformative learning theory, and Povlika's conceptual model for service-learning partnerships. Each of these offered meaningful insights and shared certain overlaps with my study. However, none of them addressed the complete scope of my project. Kolb's (1984) experiential learning theory primarily centers on learning through reflection and experience, which was relevant but did not fully capture the social and communal aspects crucial to my research focus.

Transformative learning theory emphasizes significant, life-altering learning experiences (Merriam et al., 2025), but its scope does not closely align with the collaborative, group-oriented elements I am examining. Similarly, Polivka's (1995) conceptual model provided useful perspectives on community partnerships and engagement but lacked the specificity to analyze the dynamic interactions between faculty and students, particularly in relation to CT and CJ development.

While these theories have value, they did not address the communal and social components central to my study. Wenger's CoP framework stood out as the best fit for exploring how shared participation within a community can enhance students' development of CT and CJ. By applying Wenger's theory, I effectively captured the unique features of my research environment and highlighted the importance of collaboration and collective learning. This comprehensive approach made Wenger's theory ideal for my study. By defining these delimitations, the study aimed to provide a

focused, in-depth exploration of the research questions while acknowledging limitations in generalizability and scope.

Limitations

My study had several limitations, barriers, and challenges, and I wanted to be transparent about these factors as they relate to my research. First, my focus was on alternative pediatric clinical rotations in the Northeastern United States (Mid-Atlantic), which may limit the transferability of findings due to variations in demographics and population across different areas (see Theofanidis et al., 2018). Additionally, my study focused on faculty perceptions rather than students directly, which could have left a gap in understanding how these experiences are received from the learner's perspective.

Furthermore, as qualitative research, the data I collected cannot be easily replicated, which is a known limitation of this methodology (Theofanidis et al., 2018). Despite efforts to minimize bias, it was essential to recognize that the researcher is an integral part of qualitative research, shaping the study through their perspectives (Ravitch & Carl, 2019).

On a practical level, there were logistical barriers to this research. Locating and recruiting suitable participants proved to be challenging. The small number of faculty involved in these specialized experiences limited the pool of potential participants. Time and location constraints for conducting interviews and surveys further affected the responses I received (see Theofanidis et al., 2018). I was also aware that these clinical experiences do not always recur frequently, which may make it difficult for some faculty to recall specific details about fostering CT and CJ in these settings. Hence, the inclusion

criteria specified that the experience had occurred in the last 5 years. Moreover, variations in teaching methods and in the definitions of CT and CJ might have led to inconsistent data.

Lastly, I recognized my limitations as a researcher. My inexperience with data collection and analysis may have influenced how effectively I handled the information I gathered. Nonetheless, I remained committed to conducting this study to the best of my ability. It has provided valuable insights into how the alternative setting can enhance CT and CJ in pediatric nursing students. Despite the challenges, I viewed this research as a valuable opportunity to address gaps in nursing education, enhance student and healthcare system outcomes, and develop my own research skills.

Significance

This research was significant because it addressed a critical gap in nursing education regarding the use of alternative pediatric clinical placements to enhance CT and CJ in alternative pediatric nursing settings. Historically, securing and creating meaningful clinical learning environments in pediatric specialties has been challenging, and undergraduate curricula have largely emphasized inpatient and critical care, neglecting the growing need for community-based pediatric health education (IPN, 2021; McCarthy & Wyatt, 2014). By exploring faculty perceptions and experiences, this study sought to determine whether and how students use and develop their CT and CJ skills at alternative pediatric clinical sites. This topic remains poorly understood (Chicca & Shellenbarger, 2021a).

Failing to address the shift toward pediatric community health leaves nursing graduates unprepared to manage the broader healthcare issues of this population. This research is significant for its potential to uncover the quality and value of alternative placements, offering insights into how these settings can equip students with essential skills and ensure safe and competent practice. Additionally, by investigating faculty perceptions, the study helped fill the gap in guidelines and best practices, enabling nurse educators to create impactful learning experiences that align with the evolving needs of pediatric care.

Ultimately, the research fosters positive social change by expanding the evidence base in pediatric nursing education and promoting improved practices. Aligning with recommendations from Currie et al. (2023), this study examined how clinical practice environments influence nursing graduates' readiness to function as novice professionals. The findings empower educators to refine curricula and leverage alternative clinical placements to develop CT and CJ, thereby improving the quality of nursing care and addressing the evolving healthcare challenges pediatric populations face.

Summary

In summary, my purpose was to explore faculty experiences and perceptions regarding the use of CT and CJ in alternative pediatric clinical settings for pre-licensure undergraduate students in the Northeastern United States (Mid-Atlantic). The necessity of this study arose from the unclear value of these placements in developing CT and CJ in nontraditional pediatric settings. Existing studies focused on specific educational

strategies or settings without addressing alternative models or the impact of diverse clinical environments.

I included an overview of the current state of pediatric nursing education and an examination of the need for alternative clinical placements. The background of this study showed the importance of pediatric nursing education in preparing future nurses to deliver high-quality care to children and their families. Alternative clinical placements, such as community-based settings, offer unique opportunities for nursing students to develop CT and CJ by exposing them to diverse real-world scenarios. Despite the potential benefits, there was limited empirical evidence on how alternative clinical sites and varying educational strategies within these clinical sites influenced the development of CT and CJ among ELPNS. Furthermore, the dual research questions supported the study's focus on the experiences of nursing faculty with alternative pediatric clinical sites and their associated perceptions.

The connections among the key elements of the CoP framework emphasize social learning, shared practices, and collaborative problem solving. These elements are essential for developing CT and CJ in nursing education. The CoP framework, related to the study approach, provided a contextual lens through which faculty experiences and perceptions were explored. The research questions, which focused on nursing faculty's experiences with alternative pediatric clinical sites and their perceptions of student CT and CJ use, were grounded in CoP principles. The qualitative ID approach further supported this.

In Chapter 2, I present a review of the literature and search strategy, provide a detailed description of CoP as the conceptual framework, examine the key concepts supported by the literature, and draw related conclusions.

Chapter 2: Literature Review

Introduction

The growing number of entry-level pediatric nurses unprepared for pediatric specialties presents a pressing challenge to the healthcare system, as many new graduates and ELPNS lack the CT and (CJ skills essential for safe practice (IPN, 2021; Currie et al., 2023). While traditional pediatric clinical rotations often occur in inpatient hospitals, these experiences no longer align with the shifting focus of pediatric care toward community and home settings (IPN, 2021; Kaveh et al., 2022). Alternative placements such as community health centers, home care, telehealth, and camp nursing offer innovative opportunities for students to develop diverse clinical skills (Hendrickx et al., 2020; Phillips et al., 2023). However, due to limited guidance and data, nursing faculty face challenges in designing meaningful learning experiences in nontraditional settings (Chicca & Shellenbarger, 2021; Currie et al., 2023), which hinders nursing students' ability to adapt to the evolving healthcare landscape and emphasizes the urgent need for research into how CT and CJ are used in alternative pediatric clinical education.

Although research has examined various aspects of clinical nursing education, such as mentorship and skill development, there is a notable lack of information on optimizing CT and CJ development within alternative pediatric settings. Additionally, there is limited information on how alternative clinical placement sites are utilized to guide the development of CT and CJ skills in ELPNS.

Hendrickx et al. (2020) demonstrated the value of summer camp nursing as an alternative to traditional rotations, offering hands-on experience in a dynamic, natural

environment. Similarly, Phillips et al. (2023) highlighted the success of immersion models, such as the World Scout Jamboree, in improving problem solving and communication skills. Moore et al. (2023) and Williams et al. (2024) emphasized the importance of building confidence and understanding community health dynamics in these non-traditional environments.

Brand (2020) emphasized mentorship's role in fostering professional identity and CT and CJ through the CoP theory, while Chicca and Shellenbarger (2021) highlighted the complexities of faculty roles in preceptorships. Chen et al. (2023) emphasized the importance of academic-practice partnerships in supporting evidence-based practice, though challenges persist in sustaining these partnerships. Currie et al. (2023) and Kaveh et al. (2022) illuminated the need for flexibility in clinical nursing education, particularly in response to shifting care demands and post-pandemic challenges.

Despite these contributions, faculty and administrators lack information on the use of CT and CJ in nontraditional pediatric settings, and it remains underexplored. Therefore, the purpose of this study was to explore faculty experiences with and perceptions of CT and CJ use at alternative pediatric clinical sites for ELPNS in the Northeastern United States.

In Chapter 2, I present a detailed description of the comprehensive literature search to identify relevant studies on CT and CJ in alternative pediatric clinical placements. I also describe the conceptual framework, highlighting Wenger's Community of Practice (CoP) theory and its relevance to understanding faculty guidance and collaborative learning in these settings. Next, I present an exhaustive literature review

that addresses key concepts, examines the importance of CT and CJ in pediatric nursing education, and synthesizes major themes from existing research.

Literature Search Strategy

I conducted a comprehensive literature search using Google Scholar and the Walden and Rutgers University Libraries, employing the following keywords: *clinical education, alternative clinical sites, pediatrics, CT, CJ, nursing faculty, higher education, exploratory, qualitative research, faculty experiences, faculty perceptions, interpretive description, Sally Thorne, CoP (CoP), Etienne Wenger, undergraduate education, nurse (-s, -ing), prelicensure nursing education, undergraduate nursing education, and 'entry-into-practice nurses (EIPNs)*. Boolean operators such as AND, OR, and NOT were used to refine searches and retrieve more relevant studies.

The initial literature search was limited to peer-reviewed journal articles published from 2020 to 2025, ensuring inclusion of the latest research and trends, particularly regarding the impact of COVID-19 on clinical nursing education. This timeframe allowed me to address contemporary issues surrounding alternative pediatric clinical rotations and their role in developing CT and CJ among undergraduate nursing students. However, due to the limited but growing amount of research available within this date range, the search criteria were expanded to include articles published from 2010 onwards to ensure a comprehensive review.

In addition to database searches, I cross-referenced citations within the identified articles, thereby uncovering foundational and seminal research relevant to the theoretical framework used in this study. This strategy enriched the depth and historical context of

the literature review. Professional organizations and journals, such as the IPN, Society of Pediatric Nurses, and CompassPoint from the Alliance for Camp Health (ACH), were also consulted to capture specialized study descriptions and practical insights specific to alternative pediatric clinical settings. These targeted searches ensured a comprehensive, multidisciplinary approach to addressing the research objectives.

Theoretical Foundation

Although learning communities are not new, Wenger first described CoPs as a social learning theory in the 1990s. The CoP was developed for use across various specialties, primarily in business (Wenger, 1998). In the early 2000s, Wenger and colleagues further refined the concept of CoP, and it became more widely used in healthcare. Wenger-Trayner and Wenger-Trayner (2015) defined a CoP as “groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly” (para. 5). They generally have some shared passion and aim to learn and do better through interaction with others in the group. A CoP ascertains a process of collective learning, whether intentional or unintentional (Wenger-Trayner & Wenger-Trayner, 2015).

The community is the basis for knowledge sharing. The learner observes and models learning behaviors to provide a safe and efficient care environment, rather than learning through individualized trial and error. The learner discusses their successes and failures so that others do not have to experience failure, and the learner can move on to creative solutions rather than learning from others’ mistakes. CoPs can be composed of various people, but the commonality lies in each group member contributing something

and learning from one another (Wenger, 1998; Wenger-Trayner & Wenger-Trayner, 2015).

The primary use and origin of CoP are grounded in learning theory, in which faculty and students are active participants in the process. Initially, Wenger (1998) and colleagues examined an apprenticeship learning model, revealing a unique relationship between the master and student, in this case, the faculty and nursing students.

Historically, the master was the authority figure (Wenger, 1998). At the same time, the student was a more passive learner, but in CoP, each involved party has something to offer the community, including their own experiences and perspectives (Wenger, 1998). CoP was created to dynamically explore the active and living curriculum for students, faculty, and anyone involved in the learning experience.

CoP also helps explain how students learn in partnership with their faculty and the experiences provided. Wenger-Trayner and Wenger-Trayner (2015) described the 11 essential functions and criteria for CoPs, including problem-solving, information sharing, and experience, as well as reusing and coordinating assets, building arguments and confidence, facilitating open discussion, and identifying knowledge gaps to close them (Wenger, 1998). For this study, alternative learning sites are viewed as CoPs. The functions of CoPs examined in this study are outlined in Table 1.

Table 1

Functions of a Community of Practice in an Alternative Pediatric Clinical Site

Category	Context of the study
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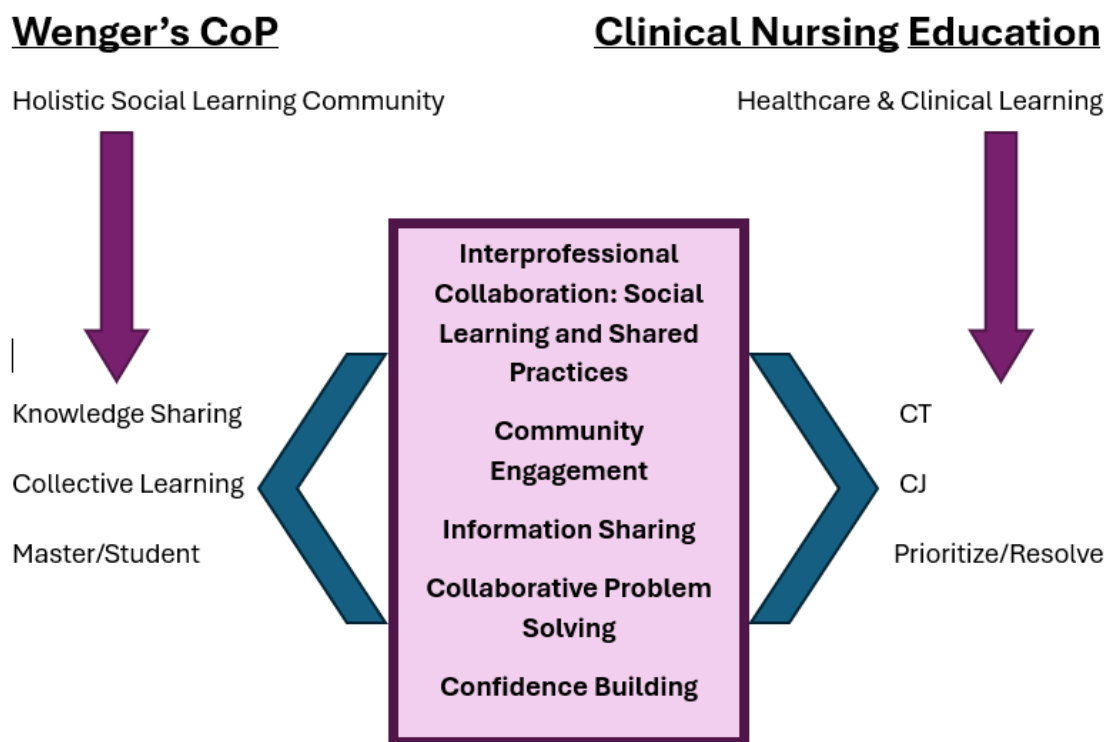
Problem solving	Faculty perceptions of how students apply CT and CJ in collaborative environments, and the methods used to evaluate these skills.
Request for information	Gathering information on sites that facilitate collaborative learning and shared practice.
Seeking experience	Understanding faculty observations and experiences regarding student use of CT and CJ in CoP settings.
Reusing assets	Evaluating the efficiency and potential for expanded site use within the CoP framework. (How do these sites demonstrate that they are a CoP?)
Coordination and synergy	Exploring opportunities for student collaboration at alternative sites and how each site impacts CT and CJ development.
Building an argument	Collaboration within a CoP allows members to work together to solve problems, share ideas, and develop new strategies, enhancing CT and CJ.
Growing confidence	Developing a strong professional identity within a CoP helps nurses feel more confident in their abilities, translating into better CT and CJ.
Discussing new developments	Innovation within a CoP encourages members to explore new approaches and solutions to clinical problems, impacting CT and CJ.
Documenting projects	CoPs facilitate knowledge and experience exchange among members, enhancing learning and professional development in CT and CJ.
Identifying gaps in confidence	CoPs provide a supportive environment where members can seek advice, feedback, and encouragement, identifying gaps in CT and CJ competence.
Knowledge sharing	The exchange of knowledge within a CoP encourages members to critically evaluate information, question assumptions, and consider multiple perspectives, enhancing CT and CJ skills.

The following graphic highlights the connections between CoP, healthcare, clinical learning in nursing, CT, and CJ. CoP theory, which emphasizes social learning and shared practices, fosters collaborative environments in healthcare where professionals can share knowledge and experiences (Wenger, 1998). Clinical learning,

essential for skill development, is closely linked with CT, which involves analyzing and evaluating information to make informed decisions. This CT is crucial for effective CJ, enabling sound decision-making in patient care (ANA, 2024; APA, 2024). Figure 1 demonstrates how CoP supports the development of CT and CJ through collaborative learning, ultimately improving patient outcomes and advancing the healthcare profession.

Figure 1

Communities of Practice and Clinical Nursing Education



Alternative pediatric clinical learning experiences, as CoPs, encourage collaborative problem-solving and efficient resource utilization. Members share information and experiences, thereby enhancing the community's collective knowledge. Coordination and synergy among members facilitate better collaboration and collective

effort. Building arguments and sharing evidence support the development of new ideas and practices within the community (Wenger, 1998). Participation in CoP helps members build confidence as they gain knowledge and skills from peers (Wenger-Trayner & Wenger-Trayner, 2015). Discussing new developments and documenting projects creates a valuable repository of knowledge for the community.

Alternative clinical sites, as CoPs, enhance CT and CJ by encouraging members to evaluate information, question assumptions, and consider multiple perspectives. This holistic learning and professional development approach supports ongoing growth by providing continuous learning, mentorship, and opportunities for collaboration (Wenger, 1998). Overall, CoPs foster an environment where members can thrive through knowledge sharing and collective effort, ultimately improving practice and outcomes in healthcare and education (Wenger-Trainer & Wenger-Trainer, 2015).

By fostering an environment where members regularly interact, share knowledge, and learn from each other's experiences, CoPs enhance CT skills (Wenger-Trainer & Wenger-Trainer, 2015). Members are encouraged to evaluate information critically, question assumptions, and consider multiple perspectives. This continuous exchange of ideas and problem-solving activities helps members develop the ability to analyze situations objectively and make informed decisions (Wenger, 1998). In the context of CJ, CoPs provide a supportive environment where healthcare professionals can discuss clinical cases, share insights, and learn from each other's experiences. This collective learning process enables current and future practitioners to refine their clinical reasoning

and decision-making skills, ultimately enhancing patient care and professional development (Wenger-Trainer & Wenger-Trainer, 2015).

Literature Review Related to Key Concepts

Development of Critical Thinking and Clinical Judgment

CT and CJ are fundamental components of nursing education and practice in all healthcare settings. Pediatric patients have distinct physiological and psychological needs, and CT and CJ enable nurses to effectively tailor care plans that address these unique requirements related to their growth and development (IPN, 2021). In pediatric settings, all nurses encounter complex, rapidly changing situations (IPN, 2021). CT and CJ are crucial for making informed decisions and solving problems efficiently, ensuring the best outcomes for young patients (ANA, 2024). By applying CT and CJ, nurses can deliver safe, effective, evidence-based care that meets the specific needs of pediatric patients.

Nursing education programs emphasize the development of CT and CJ skills through various teaching methods, including case studies, simulations, and reflective practice (Currie et al., 2023). When access to hospital-based rotations is limited, alternative clinical placements, such as community settings or virtual simulations, have been used to provide innovative opportunities for students to develop CT and CJ (Hendrickx et al., 2020; IPN, 2021; Kaveh et al., 2022). Alternative clinical placements enable students to apply theoretical knowledge in diverse, real-world settings, thereby enhancing their CT skills and enabling them to make informed CJs. Alternative clinical placements also provide innovative ways to ensure nursing students acquire the necessary

skills and experience. CT and CJ are indispensable in nursing education and practice. They are crucial for effective decision-making, problem-solving, and delivering high-quality care (Currie et al., 2023). Alternative clinical placements play a significant role in developing these skills, ensuring that nursing students are well-prepared to meet the demands of their profession (IPN, 2021).

CT and CJ are essential in nursing education and practice, particularly in pediatric settings where care must address the unique needs of young patients. These skills are crucial for decision-making, problem-solving, and delivering high-quality care (Currie et al., 2023). Alternative clinical placements offer an innovative approach to fostering CT and CJ, particularly when access to hospital-based rotations is limited (Hendrickx et al., 2020).

Synthesis of the Literature

The Role of Faculty

Building on the importance of faculty involvement and mentorship in developing students' CT and CJ skills, these elements are foundational to nursing education. Brand (2020) emphasizes mentorship as a key strategy for building professional identity, fostering a sense of belonging, and promoting the development of CT and CJ. However, focusing solely on mentorship may overlook other valuable educational strategies. Chicca and Shellenbarger (2021a) also highlighted the significance of structured guidance and faculty participation in preceptorships for CJ development. Nevertheless, both studies primarily focus on traditional mentorship and preceptorship models, leaving a gap in exploring alternative strategies that could complement or even replace these models.

The recent literature review suggests several alternative educational strategies, such as CoPs, that could enhance faculty roles in promoting CT and CJ. CoPs provide a collaborative environment where educators can share experiences and strategies, offering emotional support that enhances teaching effectiveness. While traditional mentorship and preceptorship models are vital, exploring and integrating alternative strategies, such as CoPs, can provide a more holistic approach to faculty involvement. These strategies support the development of CT and CJ in students and contribute to a more resilient and adaptive educational environment.

Innovative and Nontraditional Clinical Settings

Nontraditional clinical environments offer unique and valuable opportunities for nursing students to develop CT and CJ skills. These environments often present diverse and challenging scenarios that traditional clinical settings may not offer, fostering a broader range of student competencies. Hendrickx et al. (2020) demonstrated how summer camp placements can help nursing students develop decision-making and problem-solving skills. These placements immerse students in a dynamic environment that requires them to adapt quickly to various situations, enhancing their ability to think critically and make informed clinical judgments. However, the small sample size in this study limits the generalizability of the findings. Building on this work, this study includes a broader range of settings to expand upon their work, providing more robust evidence on the effectiveness of alternative pediatric clinical placements in developing essential nursing skills. Similarly, Phillips et al. (2023) documented improvements in communication, problem-solving, and cultural competence through the World Scout

Jamboree immersion model. This model exposes students to a multicultural environment, requiring them to navigate and manage diverse patient interactions. While the focus on a single event limits the broader applicability of the findings, the study highlights the potential of immersive experiences in developing essential nursing skills.

Creative projects also offer alternative educational strategies that can complement traditional clinical education. Woodley et al. (2023) described the Pediatric Play Project, which engages students in play activities with children to help them understand childhood growth and development in a practical, hands-on way. The project's supportive community environment enhances students' learning experiences, though the findings may not be readily transferable to other clinical settings. Similarly, Obarzanek and Pieper (2020) discussed equine-assisted programs that use interactions with horses to teach students about empathy, communication, and therapeutic techniques. The unique nature of equine-assisted learning provides students with a different perspective on patient care, promoting the development of CT and CJ skills. However, like the Pediatric Play Project, the applicability of these findings to broader clinical settings is limited.

While these studies highlight the benefits of nontraditional clinical environments, they also underscore the need for further research to examine the broader applicability and effectiveness of these alternative educational strategies. By integrating these nontraditional approaches with traditional clinical education, nursing programs can provide a more comprehensive and enriching learning experience for students.

Academic-Practice Partnerships and Communities of Practice

Academic-practice partnerships and CoPs play a crucial role in supporting evidence-based learning and providing immersive experiences for nursing students. Chen et al. (2023) emphasized that such partnerships enhance evidence-based practice by fostering collaboration between academic institutions and clinical settings. This collaboration supports faculty in guiding students' development of CT and CJ. However, challenges related to replicability and generalizability of these partnerships persist, indicating a need for further research to establish best practices.

Currie et al. (2023), Kubin et al. (2023), and Moore et al. (2023) explored the contributions of CoPs to various aspects of nursing education. Currie et al. (2023) highlighted the role of CoPs in interprofessional education, where collaborative learning environments facilitate the development of CT and CJ among students from different healthcare disciplines through shared experiences and knowledge exchange. Kubin et al. (2023) focused on virtual clinical learning, demonstrating how CoPs can facilitate online interactions and support students in developing essential clinical skills remotely. Moore et al. (2023) examined clinical immersion experiences and found that CoPs provide a supportive framework for students to engage deeply with clinical practice, thereby enhancing their CT and CJ.

Additionally, McCarthy and Wyatt (2014) and Ocean et al. (2022) identified CoPs as practical solutions to challenges in clinical placements. They advocated creating anti-oppressive, collaborative environments within CoPs to address issues related to clinical placements by providing alternative, supportive learning spaces. These environments

help students develop CT and CJ and promote inclusivity and equity in nursing education (Ocean et al., 2022).

Academic-practice partnerships and CoPs are instrumental in enhancing evidence-based learning and immersive experiences for nursing students. While challenges remain regarding replicability and generalizability, the collaborative nature of these approaches supports the development of CT and CJ. Further research is needed to refine these models and ensure their broader applicability in nursing education.

Framework and Methodological Approaches

Frameworks like the Paul-Elder Critical Thinking Framework (PECTF) provided a structured approach to promoting CT and CJ in nursing education. Rowles et al. (2013) examined how faculty apply PECTF principles to inform their teaching strategies, emphasizing the elements of thought, intellectual standards, and intellectual traits. These components offer a comprehensive structure for understanding and developing CT skills. However, Rowles et al. also highlighted challenges, such as time constraints and varying levels of student preparedness, that can hinder the effective implementation of PECTF in educational settings, rendering it impractical for this study.

Building on this, Yost et al. (2019) explored the role of faculty collaboration in integrating PECTF into teaching practices to enhance CT and CJ. Their study identified potential solutions and improvements in teaching practices, emphasizing the importance of collaborative efforts among faculty members. This collaboration not only helps overcome the challenges identified by Rowles et al. (2013) but also aligns with Wenger's (1998) concept of CoP. Yost et al. (2019) emphasized how faculty collaboration fosters a

collective identity and a supportive environment, both of which are crucial for the development of CT and CJ.

While the PECTF and CoP principles provide valuable insights into enhancing CT and CJ, this study focuses on using alternative clinical sites as CoPs to explore faculty perceptions of students' use of CT and CJ. The decision to use CoPs as the framework was based on the emphasis on collaborative learning and shared practice, which are integral to the environments at alternative clinical sites. This approach allowed for a deeper understanding of how these sites support the development of CT and CJ among nursing students. Although PECTF offered a structured approach to promoting CT and CJ, the unique characteristics of alternative clinical sites require a framework that captures the collaborative and dynamic nature of these environments.

Emotional Labor and Faculty Challenges

Emotional labor, the process of managing feelings and expressions to fulfill the emotional requirements of a job, plays a crucial role in faculty effectiveness, particularly in nurturing CT and CJ among students. Fisher (2021) examined how CoPs can help educators navigate these emotional challenges. By providing a collaborative and supportive environment, CoPs enable educators to share experiences, strategies, and emotional support, thereby enhancing their teaching effectiveness.

Thompson Burdine et al. (2021) and Kaveh et al. (2022) emphasized the importance of faculty flexibility and collaboration, particularly during crises such as the COVID-19 pandemic. These studies highlighted that during such challenging times, faculty's ability to adapt and collaborate is crucial for maintaining and promoting

meaningful clinical learning experiences. Flexibility enables educators to adapt their teaching methods to meet students' evolving needs, while collaboration ensures that faculty members can support one another and share best practices.

Managing emotional labor through CoPs and fostering flexibility and collaboration among faculty are essential strategies for enhancing teaching effectiveness, particularly in developing students' CT and CJ skills. This holistic approach supports educators in their professional roles and contributes to a more resilient and adaptive educational environment.

Research Gaps and Study Significance

The IPN (2021) addressed the challenges and opportunities in educating and expanding the pediatric nursing workforce, emphasizing the need for diverse clinical experiences to prepare nurses for the complexities of pediatric care, CT, and CJ. However, it remained unclear how these nontraditional pediatric clinical sites influence the development of CT and CJ for ELPNS. Many studies focused on specific educational strategies or settings without addressing alternative models, the impact of diverse clinical environments, or the broader transferability of findings. Additionally, empirical evidence directly linking faculty roles and educational strategies to the development of CT and CJ was limited.

In my exploration of this gap, I found that while Chicca and Shellenbarger (2021a) discussed remote preceptorships and explore faculty roles in clinical preceptorships, neither (2021a, 2021b) directly addressed the development of CT and CJ. Currie et al. (2023) synthesized evidence on clinical skill development, but not

specifically in nontraditional pediatric settings. Hendrickx et al. (2020) described camp nursing experiences, and Kubin et al. (2023) discussed virtual clinical learning, both of which are examined without directly linking faculty roles to CT and CJ. Moore et al. (2023) and Phillips et al. (2023) examined clinical immersion and innovative experiences, respectively, suggesting benefits for CJ, but neither focused on faculty perspectives. McCarthy and Wyatt (2014) reviewed the challenges of pediatric nursing education, while Obarzanek and Pieper (2020) explored equine-assisted programs, both of which are not directly linked to CT and CJ. Woodley et al. (2023) emphasized experiential learning, and the IPN (2021) discussed workforce challenges, highlighting the need for innovative placements and faculty development, but lacking empirical evidence on faculty roles in CT and CJ development. This gap showed the need for further research in this area.

My study addressed the gap by investigating the perspectives of undergraduate nursing faculty on CT and CJ in alternative pediatric clinical placements in the northeastern United States (Mid-Atlantic region: NY, NJ, PA, DE, MD, & VA). I focused on the experiences of ELPNS, providing valuable insights into the educators' perspectives on hosting alternative pediatric clinical placements. By examining the influence of unique clinical settings on CT and CJ development, my research offers a more comprehensive understanding of how diverse educational strategies and environments can enhance nursing education and practice.

Summary and Conclusions

The literature on CT and CJ in alternative pediatric clinical placements highlighted several key themes. Major themes included the value of mentorship in fostering a sense of belonging and professional identity (Brand, 2020), the effectiveness of hands-on experiences in nontraditional settings to enhance problem-solving and decision-making (Hendrickx et al., 2020; Phillips et al., 2023), and the importance of structured faculty guidance and academic-practice partnerships to support CT and CJ development (Chicca & Shellenbarger, 2021; Chen et al., 2023). Additionally, studies emphasized the role of creative and collaborative approaches, such as the Pediatric Play Project, in enriching students' understanding of pediatric care (Woodley et al., 2023), while reviews highlighted gaps in best practices and adaptability to challenges like the COVID-19 pandemic (Currie et al., 2023; Kaveh et al., 2022).

What is known is that alternative clinical placements provide meaningful opportunities for students to develop CT and CJ, particularly when guided by mentorship, faculty involvement, and collaboration with practice partners (IPN, 2021). However, what remained unclear was how nontraditional pediatric clinical settings specifically influence the development of CT and CJ in ELPNS. Additionally, standardized methods for measuring these constructs were lacking (Qasserras & Qasserras, 2023), as are strategies for broader applicability and scalability of alternative placements.

My study addressed these gaps by exploring faculty perspectives on the use of CT and CJ within alternative pediatric clinical placements. My research helped identify the effectiveness of alternative pediatric clinical sites, faculty observations and

experiences with CT and CJ, challenges encountered, and potential solutions, the dynamics within the collaborative learning experience, the impact of teaching methods, student engagement and performance, and recommendations for improvement.

In Chapter 3, I present the study design, the researcher's role, ethical considerations, and the methods for collecting and analyzing data.

Chapter 3: Research Method

Introduction

The purpose of this qualitative study was to explore faculty experiences with and perceptions of the use of CT and CJ at alternative pediatric clinical sites for ELPNS in the Northeastern United States (Mid-Atlantic). In Chapter 3, I present the rationale for using qualitative traditions, highlighting their suitability for capturing the complexities of human experience and for ensuring research integrity. Additionally, I present the role of the researcher, instrumentation, recruitment strategies, data analysis, and the study's trustworthiness.

Research Design and Rationale

The following research questions were used to guide this interpretive descriptive, qualitative study:

RQ1: What are nursing faculty's experiences with alternative pediatric clinical sites?

RQ2: What are nursing faculty perceptions of student CT and CJ use at alternative pediatric clinical sites?

Central Concepts of the Study

The central concepts of this study, CT and CJ, were integral to understanding how alternative pediatric clinical placements can enhance nursing education. CT involves analyzing information, evaluating evidence, and making informed decisions, which are essential for nurses in providing high-quality patient care. CJ refers to the ability to make decisions based on clinical knowledge and experience (ANA, 2024), allowing

nurses to respond effectively to complex clinical situations. CoP represents collaborative learning environments (i.e., alternative sites) where nursing faculty and students share knowledge and experiences (Thorne, 2016), fostering the development of CT and CJ.

ID, as a qualitative research methodology, focuses on understanding complex phenomena within real-world contexts (Thorne, 2016), making it particularly suitable for exploring how clinical environments influence the development of CT and CJ. Using the CoP framework, this study provides a comprehensive approach to investigating the influence of diverse clinical settings on pediatric nursing education and practice.

CT in nursing involves analyzing information, evaluating evidence, and making informed decisions (APA, 2024). It is a crucial skill for nurses, enabling them to assess patient conditions, identify potential problems, and develop effective care plans (SPN, 2017). CT encompasses various cognitive processes, including reasoning, problem-solving, and reflective thinking, all of which are essential for delivering high-quality patient care (Benner, 1984; SPN, 2017).

CJ refers to nurses' ability to make decisions based on clinical knowledge and experience. It involves interpreting patient data, recognizing patterns, and making decisions about patient care (APA, 2024). CJ is vital for ensuring safe and effective nursing practice, as it allows nurses to respond appropriately to complex and dynamic clinical situations (SPN, 2017).

CoPs are groups of individuals who share a common interest or profession and engage in collective learning (Wenger, 1998). Within nursing education, CoP involves nursing faculty and students collaborating to enhance learning experiences. A CoP

provides a supportive network where members can share knowledge, strategies, and insights, fostering the development of CT and CJ through shared experiences and collective expertise (Thompson Burdine et al., 2021).

These central concepts are integral to understanding how alternative pediatric clinical placements can enhance nursing education. By investigating faculty perceptions of CT and CJ development and the influence of alternative pediatric clinical sites, my study's findings may provide valuable insights into the experiences faculty have had at alternative versus traditional sites, their observations about student use of CT and CJ, and how other faculty may use these alternative sites to improve learning in the clinical setting.

The tradition I chose was ID, a qualitative research methodology that originated in nursing. ID is designed for applied practice, focusing on understanding complex phenomena within real-world contexts (Thorne, 2016). ID allows researchers to explore practical questions and generate insights directly applicable to clinical practice. This approach values participants' perspectives and emphasizes the importance of context in shaping experiences and outcomes. By using ID, researchers can gain a deeper understanding of how educational strategies and clinical environments influence the development of CT and CJ in nursing students.

Rationale for the Chosen Tradition

The ID tradition is particularly suitable for this study for several reasons. With a focus on practical applications, ID is well-suited to research that generates insights directly applicable to clinical practice. I investigated the influence of alternative pediatric

clinical placements on the development of CT and CJ in nursing students to enhance educational strategies and improve patient outcomes.

ID provides contextual understanding, emphasizing the importance of context in shaping experiences and outcomes (Thorne, 2016). By examining the experiences and perceptions of nursing faculty in alternative clinical settings, my findings may offer a nuanced understanding of how different environments influence the development of CT and CJ. In addition, ID places value on understanding complex phenomena, such as CT and CJ. Using ID enables me to provide a more in-depth examination of faculty experiences and the factors that impact their teaching practices and student interactions. ID offers flexibility and adaptability in observing and interpreting experiences within natural clinical settings. This is essential for capturing the dynamic and evolving nature of pediatric nursing education, especially in nontraditional or alternative clinical placements (Thorne, 2016). The collaborative nature of CoP aligns well with ID, as both emphasize the sharing of learning and the creation of collective knowledge.

Role of the Researcher

As the primary investigator, I conducted semistructured interviews to obtain my data. This means that I actively participated in the research. As the interviewer, I designed and conducted the interviews. This included preparing interview questions, scheduling interviews, and creating a comfortable environment for participants to share their experiences and perspectives. My goal was to facilitate open and honest communication (see Creswell & Creswell, 2022) so that faculty members could provide detailed insights into their experiences with alternative pediatric clinical placements.

As the researcher, I analyzed interview data to identify patterns, themes, and insights into the development of CT and CJ in ELPNS. This involved transcribing interviews, coding data multiple times, and interpreting the findings in the context of the research questions and objectives (Creswell & Creswell, 2022).

Personal and Professional Relationships

It was essential to disclose any personal and professional relationships between the researcher and participants, particularly those involving supervisory or instructional roles that could potentially influence the study (see Creswell, 2016). In this case, I did not have any direct supervisory or instructor relationships with the participants. However, due to previous collaborations or shared professional networks, I had connections with some of the nursing faculty involved in the study from previous employment, but with no history of supervisory roles. To manage potential conflicts of interest arising from professional connections, it is essential to maintain transparency by disclosing any prior collaborations or shared networks. To ensure the integrity and ethical conduct of the research, I maintained a clear boundary between my role as a researcher and existing professional relationships. Including a conflict-of-interest statement and adhering to ethical guidelines ensured credibility. I do not currently hold a supervisory role at the university and have no subordinates; there were no changes in my role during this time period. Additionally, I used journaling to document my reflections throughout the interview process, thereby supporting reflexivity.

Implementing independent review processes, using blinding techniques during data analysis, and seeking peer review helped mitigate bias in this study. These steps

collectively ensured that the research remains objective, ethical, and trustworthy. This also included obtaining informed consent from all participants and ensuring participation was voluntary and free from coercion or undue influence (Creswell, 2016).

Managing Researcher Biases and Power Relationships

Using several strategies, I managed and avoided potential researcher bias. I engaged in reflexivity throughout the research process, continuously reflecting on my own beliefs, values, and potential biases. I kept a reflective journal to document my thoughts and feelings, ensuring that I remained aware of how my perspectives might influence the study. I also remained transparent with participants about my role and the study's purpose. This included communicating the research objectives, methods, and my position as an observer-participant. Transparency helps build trust and minimizes the risk of power imbalances (Ravitch & Carl, 2019).

Obtaining informed consent from all participants was mandatory. I provided participants with comprehensive information about the study, including its aims, procedures, and potential risks and benefits, to help them understand their rights and the voluntary nature of their participation (see Ravitch & Carl, 2019). Additionally, participation in the study was entirely voluntary, with no coercion or undue influence. Participants were informed that they could withdraw from the study at any time without any negative consequences. I maintained strict confidentiality of all participant information. Data remained confidential, as I assigned a code to protect participants' identities. Any sensitive information was securely stored and accessed only by my dissertation committee and me.

Addressing Other Ethical Issues

Conducting research in educational settings, particularly involving faculty and students, requires careful consideration of various ethical issues to ensure the study's integrity and credibility. In this section, I outline the strategies to address potential ethical concerns not previously discussed, including conflict of interest, power differentials, conducting research within one's own work environment, and the lack of incentives.

Any conflicts of interest that arose were disclosed and managed in a manner that was appropriate and transparent. This included being transparent about any professional relationships with participants and monitoring their potential influence on the study's outcomes.

In order to address power differentials, I fostered an environment of mutual respect and collaboration to address power differentials. Power dynamics that could have come into play included the hierarchical relationship between faculty and students, as well as any perceived authority or influence the researcher may have. While eliminating these dynamics was not always possible, I adopted a listener-observer role to minimize this influence. This approach encouraged open communication and shared learning by actively involving participants in the research process and valuing their contributions. Additionally, I emphasized the voluntary nature of participation and ensured that all voices are heard and respected. Anyone in a position of authority over me, or anyone who reports to me, was excluded from the study.

Conducting research within one's own work environment can present challenges related to familiarity and potential biases. To address these concerns, I maintained a clear

boundary between my professional role as a nursing faculty member and my research activities, ensuring objectivity and impartiality in data collection and analysis. This included defining clear roles and responsibilities, establishing ethical guidelines per university requirements (emphasis on impartiality, confidentiality, and integrity in data collection and analysis), involving external reviewers, implementing blinding techniques and deidentifying data prior to analysis, maintaining detailed documentation (including decisions made for transparency and accountability), engaging in regular self-reflection, and seeking feedback from colleagues and peers. By incorporating these strategies, I created a robust plan to uphold objectivity and impartiality in my research.

To encourage participation in my research, I offered a \$15 Amazon gift card as an incentive. This incentive acknowledged the time and effort participants invest in contributing to the study. By providing a tangible reward, I increased engagement and motivated individuals to complete the research activities. It appeals to all interests and is convenient. Overall, the \$15 Amazon gift card served as a token of appreciation and helped to foster a positive participatory research environment at the end of the interview. The gift card was delivered digitally to the participant's email address, along with their interview transcript for review. Any clarifications were submitted to ensure an accurate representation of their thoughts and perceptions.

By implementing these strategies, I conducted the research ethically and responsibly, ensuring that the findings were credible and contributed meaningfully to the field of pediatric nursing education.

Methodology

Participant Selection Logic

The study population consisted of undergraduate pediatric nursing faculty who participated in alternative pediatric clinical placements. I recruited faculty members based on their experience and involvement in nontraditional pediatric clinical settings, which were crucial for understanding how these environments influence the development of CT and CJ in nursing students.

Sampling Strategy

For my initial sample strategy, I worked with organizations that serve and have resources in the Northeast, U.S Mid-Atlantic Region, such as the SPN and the Alliance for Camp Health (ACH), focusing on local chapters. Additionally, I used online platforms such as LinkedIn and Facebook to expand the reach of eligible participants. Participants were identified, contacted, and recruited through screening and referral. Then, I used snowball sampling to identify participants through referrals from initial contacts, leveraging professional networks to reach faculty members who met the criteria (see Ravitch & Carl, 2019). This method was particularly effective in reaching a specific, potentially hard-to-reach population. If in agreement after initial screening, they were asked to sign an informed consent (Appendix C)

Inclusion Criteria

Participants were recruited based on the following criteria:

- At least 1 year of experience with alternative pediatric clinical programs at the college level in the last five years,

- Faculty stated that they had a defined method of evaluating CT and CJ in students and possess knowledge and understanding of CT and CJ, as used at the location where they have hosted their alternative pediatric clinical experience. Their definitions and use of CT and CJ will be explored in greater depth during the interview.
- Faculty must have direct involvement in nontraditional pediatric clinical placements in the northeastern United States (Mid-Atlantic region: NY, NJ, PA, DE, MD, & VA) in the last 5 years. The initial inclusion question was “Have you had direct involvement in nontraditional pediatric clinical activities such as summer camps, immersion models, or creative projects in the last 5 years?”

Participants were identified as meeting the criteria through initial screening questions during the recruitment process (Appendix B). This included verifying and exploring their experiences with alternative pediatric clinical placements, their knowledge of CT and CJ, and their current location. The following questions were presented online:

- Are you over 18 years?
- Are you an enrolled Native American tribal member or descendant of a federally recognized Tribe?
- Are you an RN with current U.S. licensure?
- Are your professional activities primarily based in the northeastern United States (NY, NJ, PA, MD, DE, or VA)?

- Can you confirm your involvement as undergraduate nursing faculty in pediatric clinical programs at an accredited school of nursing situated in the Northeastern United States in the last 5 years for at least 1 year?
- Are you familiar with the concepts of critical thinking (CT) and clinical judgment (CJ) as defined in the nursing curriculum at your institution?

Participants also confirmed their understanding of CT and CJ upon volunteering and were asked to verbalize their methods for measuring their development during the interview.

Number of Participants

I recruited 11 participants to ensure a diverse range of experiences and perspectives while maintaining a manageable sample size for in-depth qualitative analysis. This number was loosely based on data saturation, where no new themes or insights emerged from additional interviews (see Saldaña, 2021). This was within the range of the estimated 10-15 participants I originally planned on. The ID methodology enabled iterative data analysis, leading to the conclusion that additional interviews would not likely yield different results.

Participants were identified, contacted, and recruited through screening and referral. The recruitment flyer is available in Appendix B. Initial contact began with those who contacted me after viewing the recruitment flyer on Facebook and LinkedIn. Then I explored existing professional networks to identify potential participants. I conducted a preliminary screening with each contact using an online form to determine if they met the inclusion criteria. Then, using snowball sampling to obtain referrals from initial contacts, I expanded the pool of participants as more participants were needed.

Saturation and Sample Size

Saturation is reached when additional interviews yield no new themes or insights (Ravitch & Carl, 2019). The relationship between saturation and sample size is critical in qualitative research, as it ensures the depth and richness of data. By aiming for 10-15 participants, I sought diverse perspectives and sought to achieve saturation, thereby ensuring comprehensive and meaningful findings. The flexibility of the ID methodology allowed me, as the researcher, to make this determination when it was unlikely that I would obtain new information from additional interviews.

Instrumentation

I served as the primary data collection instrument for this study, conducting interviews with faculty members. As the interviewer, I facilitated open-ended conversations to gather detailed insights into faculty experiences and perceptions of alternative pediatric clinical placements.

I developed the interview protocol to guide the interviews, and the questions are presented in Appendix A. This protocol included a set of structured and semi-structured questions designed to elicit information about faculty experiences, their understanding of CT and CJ, and the influence of alternative clinical placements on these skills (see Appendix A).

I audio-recorded interviews via virtual conferencing software or in person, depending on the location and availability of the participating faculty member, to ensure the accurate capture of the conversations. Audio recordings allowed for detailed transcription and analysis of the data, preserving the nuances of participants' responses.

Source for Each Data Collection Instrument

As the researcher, I developed all data collection instruments. The interview protocol was designed based on research objectives and the literature review, ensuring the questions were relevant and comprehensive. The interviews lasted approximately 30-45 minutes. I conducted audio recordings using Zoom, ensuring high-quality interviews. The interviews were conducted virtually on my laptop, except for one faculty member who requested an in-person interview while at a local conference. This was conducted in a private area and recorded on my password-protected iPhone; it was later transcribed using Zoom.

I did not use historical or legal documents as data sources. The focus was on contemporary experiences and perceptions of students learning from faculty members in alternative pediatric clinical placements, making direct interviews the most relevant and reliable data sources.

By utilizing these data collection instruments, I gathered rich, detailed information that may contribute to a deeper understanding of how alternative pediatric clinical placements influence the development of CT and CJ in nursing students.

Procedures for Recruitment, Participation, and Data Collection

- Recruitment:
 - Professional organizations that serve the Northeast U.S. (Mid-Atlantic region) were contacted for recruitment purposes, and I provided the recruitment flyer (i.e., SPN, ACH) (See Appendix B)
 - I posted a recruitment flyer (see Appendix B) on social networking

sites, including Facebook and LinkedIn. I also emailed flyers to nursing faculty from colleges in the Northeast, Mid-Atlantic regions with whom I had previous relationships.

- If the individual was interested in participating, they emailed me to indicate their interest in arranging an interview and then completed the prescreening questions. (I contacted them by email and arranged a convenient interview time after initial screening.)
- Once potential participants are identified, I asked them the following screening questions using an online platform.
 - Are you over 18 years?
 - Have you graduated from an accredited nursing school?
 - Are your professional activities primarily based in the northeastern United States (NY, NJ, PA, MD, DE, or VA)?
 - Can you confirm your involvement as undergraduate nursing faculty in pediatric clinical programs at an accredited school of nursing situated in the Northeastern United States in the last five years for at least one year?
 - Are you familiar with the concepts of critical thinking (CT) and clinical judgment (CJ) as defined in the nursing curriculum at your institution?
- If the individual answered all questions yes, I proceeded to the consent form.

- If the individual answered no to any of the questions, I thanked them for their interest. “Thank you for your interest!
- Consent (see Appendix A: Interview Guide):
 - I reviewed the consent process with the individual. If the individual was interested in participating in the study, I emailed the consent form to that individual. The consent form stated that if the individual understood the study and wished to participate, they should reply to my email with “I consent”. The individual could print a copy of their signed consent at that time.
- Study Data Collection:
 - After submitting the online consent form, I arranged an interview time and place online via Zoom or in person.
 - b. After confirming the interview, I had the participants complete the demographic data questionnaire (see Appendix D)
- Study Data Collection:
 - a. I conducted interviews with each participant via an online conferencing system or face-to-face, depending on the participant’s preference. I also recorded audio for each interview to allow for verbatim transcription and subsequent data analysis.
 - b. Each interview lasted no longer than 40 minutes.
 - c. The interview questions are in Appendix A.
- Member checking

- I contacted the interviewees by email for member checking twice. First, after transcription, to verify accuracy. Second, after coding and theme development, I verified that I accurately captured the participant's experience by sending a summary of my findings. The participants needed approximately 30 minutes for member checking. Five of the 11 participants indicated that they agreed with my findings.
- After the interview, I provided a thank-you gift of a \$15.00 Amazon gift card.

Recruitment of participants began with Institutional Review Board (IRB) approval. Once approval was obtained, I sent digital invitations with pre-screening questions (see Appendix C) for their consideration. Platforms, such as local chapters of professional organizations (SPN, ACH), social media (LinkedIn, Facebook), and professional contacts, were used to recruit potential participants. I sent a follow-up email to remind participants to maintain open lines of communication and to help determine their eligibility.

LinkedIn was an effective tool for recruiting faculty participants for this study on alternative pediatric clinical placements. By leveraging LinkedIn's professional networking capabilities, targeted search features, and professional context, I efficiently identified and connected with undergraduate nursing faculty who met the study's criteria. The platform's advanced search options enabled me to filter by job title, location, and experience, helping me reach qualified individuals. Additionally, LinkedIn's InMail and

direct messaging features facilitated personalized communication, while participation in professional groups and communities helped engage potential participants. This approach not only saved time and resources but also ensured access to a diverse pool of professionals who can provide valuable insights into the development of CT and CJ in nursing students. I also used the social networking site Facebook to widen my recruitment.

I distributed digital flyers to recruit faculty contacts through my role as a university maternal-child health and pediatric faculty member in collaboration with the Office of Research and Doctoral Studies (ORDS), which provided an efficient and credible approach to recruiting faculty participants for this study. By tapping into professional networks (SPN, ACH) and social networks (LinkedIn and Facebook), and by directly engaging with other professionals, I fostered trust. I encouraged participation to ensure access to a diverse, qualified pool of faculty members who could provide valuable insights into the development of CT and CJ in ELPNS. Additionally, IRB offered ethical oversight and support, ensuring that the recruitment process adhered to best practices and ethical standards.

When individuals agreed to participate, they were asked to sign an informed consent statement outlining the study's intent to minimize risk to the participants and maintain confidentiality. Once consent was obtained, participants were asked whether they preferred to be interviewed in person or via Zoom.

Before interviewing participants, they were reminded of the study's purpose and reassured that they could leave the study at any time with no repercussions. If they agreed

to proceed, I began the semi-structured interviews using the predetermined questions from the interview guide. Interviews took 30-45 minutes each and were recorded using software on my personal laptop.

All data was stored on my personal laptop, which is password-protected and requires fingerprint scanning, to which only I have access. I will retain all data for the minimum required timeframe as determined by the Walden University IRB. During the course of this dissertation, my personal computer stopped working, at which time I received a new laptop from my employer, which was also password-protected.

Follow-Up Plan

My recruitment efforts continued until I had enough participants, and my strategy remained unchanged. There were also no changes to the eligibility criteria, the incentive, or my communication methods. My initial follow-up plan was not used as it was deemed unnecessary.

Follow-up procedures were crucial for monitoring long-term effects and ensuring data accuracy (Creswell, 2016). Upon exiting the study, a structured process was in place to ensure participants' well-being and gather final data. This included a summary of my findings, which was sent via email. They were encouraged to respond to the findings and were also thanked for their contributions to this study (5 out of 11 responded affirmatively).

Data Analysis Plan

The purpose of the study was to explore the experiences and perceptions of nursing faculty regarding the use of CT and CJ in alternative pediatric clinical settings for ELPNS students in the Northeastern United States.

After de-identifying participants, I conducted thematic coding to analyze the collected data. The procedure began with initial coding, in which transcripts from interviews were read, and initial codes were assigned to segments of text that addressed the research questions (Saldaña, 2021). This was followed by focused coding, in which the initial codes were refined and grouped into broader themes that represent data patterns. Finally, axial coding identified relationships between themes, facilitating an understanding of how different aspects of the data connect. This systematic approach helped to ensure a comprehensive analysis (Saldaña, 2021) of faculty experiences and perceptions regarding CT and CJ in alternative pediatric clinical settings.

I used MAXQDA to efficiently organize, code, and analyze large volumes of text data. The transcription process, although time-consuming, allowed me to immerse myself in the data, which helped me understand the inner workings of transcripts and recordings. I used MAXQDA for its thorough consideration of groupings and categories, and it offers many tools to facilitate better organization. Despite the time-consuming nature of coding data in MAXQDA, proficiency improves with practice (Saldaña, 2021). This platform supported searching for specific words or phrases, enhancing the coding process. Initially, I planned to use Excel or Dedoose, but ultimately decided to purchase MAXQDA because of the many tools that support the coding process.

One discrepant case was examined in detail to understand its context and reasons for divergence. The final analysis included these cases to provide a comprehensive view of the data and ensure that all perspectives were considered. The findings discussed the discrepant case and the implications for the study's conclusions, ensuring a thorough and balanced interpretation of the research data.

Issues of Trustworthiness

Credibility

I used several strategies to ensure the credibility and confirmability of the research. Building community-focused relationships with the participants provided opportunities to build trust and gather in-depth insights (Ravitch & Carl, 2019). I conducted member checks by sharing findings with participants to validate interpretations and ensure accuracy. Interviews continued until no new information emerged, ensuring thorough coverage of the topic. To maintain reflexivity, I kept a reflective journal to document personal biases and their potential influence on my research. Finally, faculty review involved my committee members reviewing the data and findings to provide an external perspective and enhance the research's credibility. These strategies collectively ensured the study's credibility (Ravitch & Carl, 2019).

Transferability

To ensure the research's transferability, I employed two key strategies. Thick description involved providing detailed accounts of the research context, participants, and findings, enabling others to assess the applicability of the results to their own settings. This detailed description helped readers understand the nuances of the study and assess

its relevance across various environments (Saldaña, 2021). Variation in participant selection ensured a diverse range of faculty members from different institutions and backgrounds, making the findings applicable across contexts.

Dependability and Confirmability

To ensure the dependability and confirmability of the research, I maintained a clear audit trail by keeping detailed records of all research activities, decisions, and changes throughout the study. This allowed for external audits and ensured transparency (Ravitch & Carl, 2021). This comprehensive documentation helped me track the research process and provided a clear path for others to follow. My purpose in integrating this strategy was to enhance the reliability and robustness of its qualitative findings.

I ensured intra-coder reliability by implementing several strategies with faculty support. First, I watched training videos and sought guidance from faculty to understand the coding process and criteria thoroughly. This helped me develop a comprehensive codebook that outlined clear definitions and guidelines for coding. Regular check-ins with my faculty provided opportunities for feedback and ensured that I consistently applied the coding criteria. I participated in double-coding sessions with Walden faculty, in which we each coded the same data independently and then compared our results (Saldaña, 2021). This process helped me to identify discrepancies and refine the coding scheme, ensuring consistency and reliability in the analysis. By incorporating these steps, I aimed to maintain high intra-coder reliability and produce accurate and trustworthy research findings.

I kept a detailed codebook with clear definitions and examples for each code. Faculty reviewed and provided feedback on the codebook at regular check-ins to ensure it was comprehensive and accurate. I scheduled check-ins with faculty to discuss coding decisions and resolve any uncertainties. These discussions helped align interpretations and ensure consistent code application (Saldaña, 2021).

Although I was the primary coder, I periodically had my supporting Walden faculty review subsets of my coded data to provide an external perspective. This helped me to identify any inconsistencies and improve reliability. By implementing these strategies and leveraging faculty support, I ensured a consistent and reliable coding process, thereby strengthening the validity of my findings.

Ethical Procedures

I obtained approval from the Walden University IRB to gain access to participants and data (IRB Approval Number: 08-05-25-0421736; IRB Expiration Date: August 4, 2026). The IRB has outlined the terms and conditions for data access and participant involvement, ensuring compliance with institutional policies and ethical standards.

First, potential participants were provided detailed information about the study, including its purpose, procedures, risks, and benefits. Next, recruitment materials and processes were designed to avoid coercion or undue influence. Finally, to address these concerns, participants were informed that their involvement is voluntary and that they can withdraw at any time without any consequences.

Ethical concerns in data collection include participant privacy, power dynamics, and other potential risks. To address these concerns, I collected and stored data in a

manner that ensured participant confidentiality, with identifiable information anonymized or de-identified where possible (Saldaña, 2021). I minimized power imbalances between the researcher and participants, and excluded any subordinates, ensuring that participants felt comfortable and respected. Potential risks were explored and mitigated through careful planning and adherence to ethical guidelines, with participants informed of any risks and measures taken to minimize them. These strategies helped ensure ethical data collection practices, protected participant privacy, and maintained the integrity of the research process (Saldaña, 2021). They were detailed in the IRB application to demonstrate a commitment to ethical research practices and protecting human participants.

Treatment of Data

Data was treated as confidential in the context of my study. Confidential data includes Personally Identifiable Information (PII) and was protected from unauthorized access. Maintaining the privacy and security of participants' information was crucial; only I and my dissertation committee can access this data.

Protections for confidential data involved several key procedures to ensure participant privacy and uphold the integrity of the research process. Access to identifiable data was limited to individuals with legitimate need, such as the primary researcher, Walden University dissertation committee members, and others explicitly authorized by the IRB (Ravitch & Carl, 2019). All data were disseminated in a manner that safeguarded confidentiality, with digital files stored on encrypted, password-protected devices and any physical materials secured in a locked location accessible only to the researcher. Once the

data is no longer needed for research purposes, I will securely destroy it in accordance with IRB guidelines, institutional policies, and relevant regulations. The IRB application detailed the timeline and method for data destruction. By implementing these measures, I ensured ethical data handling, protected participant confidentiality, and supported the credibility of the research (Ravitch & Carl, 2019; Creswell & Creswell, 2022).

Summary

The purpose of this qualitative study was to explore faculty experiences with and perceptions of the use of CT and CJ at alternative pediatric clinical sites for prelicensure undergraduate students in the Northeastern United States. The research questions were: What are nursing faculty's experiences with alternative pediatric clinical sites? What are nursing faculty perceptions of student CT and CJ use at alternative pediatric clinical sites? I chose the design for this ID, qualitative study to align with the research question. The study participants were asked to participate in a semi-structured interviews to gather data to help answer the research questions. I coded data and identified common themes to gain insight that can be applied to practice. Strict attention was given to the study's trustworthiness, credibility, transferability, and dependability. IRB processes were strictly implemented and adhered to throughout the study.

I monitored and upheld ethical principles throughout the research study to ensure the safety and well-being of all participants. Informed consent, participant confidentiality, data confidentiality, and participant exploitation were also addressed to ensure the study methodology plan adheres to the highest ethical standards.

In Chapter 4, I present the study setting, demographics, data collection, data analysis, evidence of trustworthiness, and results in detail.

Chapter 4: Results

Introduction

In this qualitative study, I aimed to explore faculty experiences and perceptions regarding the use of CT and CJ at alternative pediatric clinical sites for ELPNS in the Mid-Atlantic region of the Northeastern United States. In Chapter 4, I present a comprehensive overview of the study's implementation and findings. I begin with a description of the study setting and outline any variant conditions that may have influenced the research context. Participant demographics are detailed to provide insight into the sample composition. I then explain the methods used for data collection and analysis, including the coding process that led to the emergence of key themes.

Discrepant cases were examined to highlight variations in participant responses, and evidence of trustworthiness is addressed through discussion of credibility, transferability, dependability, and confirmability. I also present the study's findings in relation to the research questions and offer a thematic interpretation of faculty experiences. Additionally, any deviations from the original research plan in Chapter 3 are discussed, including changes made during the study and any unusual circumstances that impacted its execution.

Setting

No personal or organizational conditions, such as health issues, family emergencies, job-related stress, or mental health challenges, were identified that could have influenced participants or affected the interpretation of the study results. In the

absence of these factors, there was no observable impact on participants' engagement with the study or on the generalizability and reliability of the findings.

At the time of data collection, I conducted interviews virtually via a private Zoom connection. Each session was scheduled at a time chosen by the participant and confirmed through email. Following each interview, participants received a transcript for review and a \$15 Amazon gift card as a token of appreciation, delivered via email. Of the 11 participants, four responded to the transcript review, indicating that no changes were necessary. Due to a data collection error in the recording software, one of the interviews was labeled as discrepant, and this participant did not have the opportunity to review the transcript. This participant also declined to accept the Amazon gift card.

Additionally, I met one participant at a regional pediatric conference, and the interview was recorded in a private space using my password-protected iPhone audio recorder. It was later transcribed using Zoom software. These procedures aligned with the original research plan outlined in Chapter 3.

Recruitment was initially conducted via LinkedIn and Facebook. After posting recruitment flyers, a sudden influx of email responses raised concerns regarding the authenticity of some individuals' nursing credentials and institutional affiliations. Suspecting potential misrepresentation, I consulted with my dissertation committee chair and subsequently submitted a request to the IRB to amend the screening process. The IRB approved the changes on September 12, 2025, and the original approval number remained unchanged. The revised screening protocol included two additional questions:

1. Licensure Verification: “Which state(s) is your nursing license valid in, and what type of license do you hold (e.g., RN, APRN)? (I will need to verify your license.)”
2. Institutional Affiliation Confirmation: “Please provide the domain of your institutional email (e.g., @university.edu) so I can verify affiliation.”

These questions enabled verification of nursing licensure through publicly accessible state databases and confirmation of academic affiliation via institutional email domains. After implementing the revised screening process, many of the initial email respondents could not be verified and were excluded from further participation. I continued recruiting on LinkedIn and Facebook while screening additional volunteers against the IRB criteria listed above.

Demographics

As part of the data collection process, participants were invited to complete a demographic survey administered via SurveyMonkey. The survey was designed in accordance with the IRB-approved protocol and included the questions outlined in Appendix D. Participants received the survey link after agreeing to participate in the study and scheduling their appointment. I gathered information on participants’ professional backgrounds, educational roles, licensure status, and institutional affiliations to contextualize their experiences as nursing faculty.

Although 11 interviews were conducted, demographic data were collected from 15 respondents. This was due to the initial influx of emails from participants who were scheduled for interviews but later excluded, after consenting, because they could not be

verified by their state nursing license or college domain. This may have skewed the results, but there is no way to separate those who were interviewed without interrupting the integrity of the anonymous survey link.

Participants were equally male and female, with most respondents falling within the 31-40 age range (40%). Additionally, their number of years as an educator and their current job may influence their interview answers. Results are presented in Figures 2 and 3 below.

Figure 2

Current Job Title

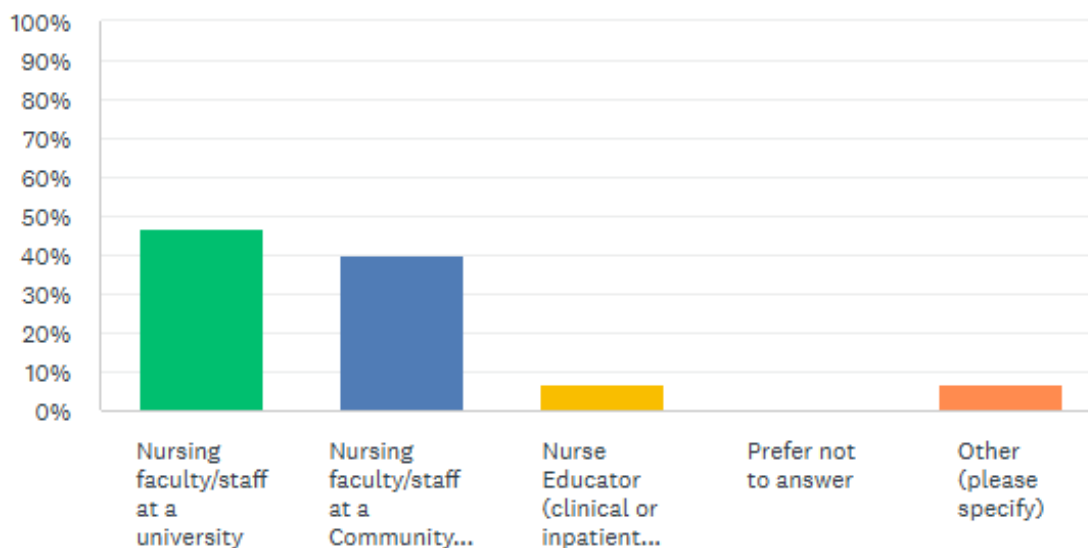
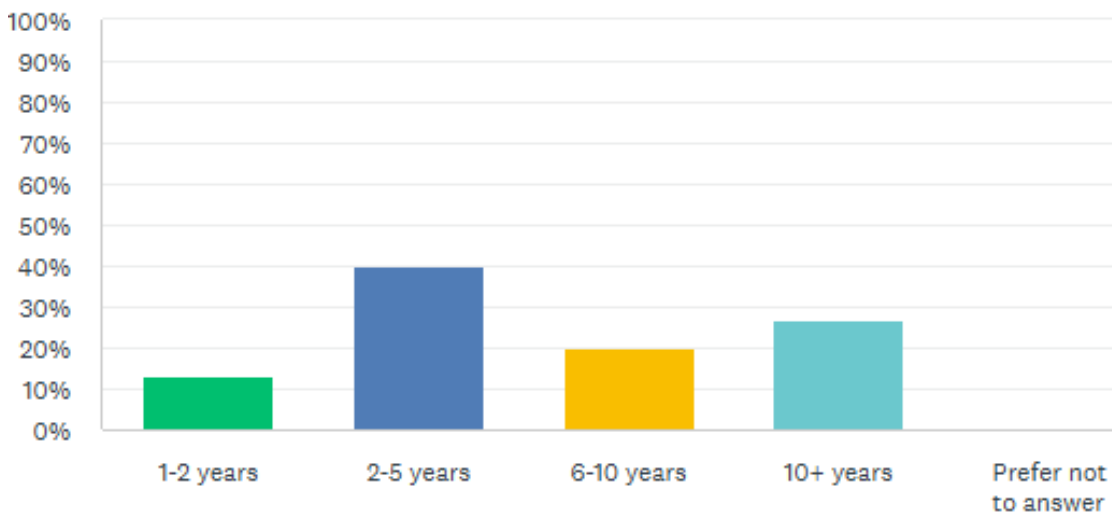


Figure 3*Length of Time in the Educator Role*

Participants' current job titles and the length of time they have been working as pediatric nurse educators may influence the findings, particularly within the CoP framework. These factors shape professional identity, perceived roles, and depth of engagement within the community (Wenger-Trayner & Wenger-Trayner, 2015). More experienced educators may offer richer reflections and insights into evolving practices, while newer educators might focus on learning and adaptation. Such variations can affect how participants interpret and describe their experiences, potentially influencing the study's themes and the applicability of its findings. This approach, however, aligns with qualitative research best practices, which emphasize understanding participants' contexts and maintaining reflexivity throughout the research process (Ravitch & Carl, 2019; Rubin & Rubin, 2012).

Data Collection

I collected data from participants through two primary instruments: semi-structured interviews and a demographic survey. I conducted semi-structured interviews with 11 participants. Each of these individuals was also invited to complete a demographic survey via SurveyMonkey, as outlined in the IRB application. Ten interviews were conducted remotely via a private Zoom link from the researcher's home office, starting on August 27, 2025. One was conducted in a private conference room, recorded on a password-protected iPhone, and later transcribed using a private Zoom connection. The last interview was held on October 20, 2025. Each interview was scheduled at a time convenient for the participant and confirmed via email. Interviews occurred one-on-one and lasted an average of 26.1 minutes. The demographic survey was distributed electronically, allowing participants to complete it at their convenience, either before or after the interview.

All interviews were audio-recorded using Zoom's built-in recording feature, with participant consent. Recordings were transcribed automatically using Zoom software features, and each participant received a copy of their transcript for review and confirmation. Four participants responded to the transcript, indicating that no changes were necessary. In contrast, the remaining six did not respond, allowing me to assume they did not want any changes.

Following each interview, I reviewed the transcripts for accuracy and created a reflective memo in MAXQDA for each transcript, documenting key themes and impressions. These memos served as an additional layer of data, supporting the analytical

process by capturing immediate reflections and contextual detail. Additional details were updated in the memo after each review of the transcript. Each transcript was reviewed at least three times.

A minor deviation from the data collection plan outlined in Chapter 3 occurred when I conducted one in-person interview at a regional pediatric conference, despite the original plan to conduct all interviews remotely. This opportunity presented itself unexpectedly, and I proceeded using the resources available at the time, including a password-protected iPhone for audio recording.

While no unusual circumstances were encountered during data collection, one case was labeled as discrepant, as the Zoom recording failed to save properly and could not be retrieved. I relied on detailed notes from the session; this case was largely excluded from the final analysis due to the absence of a full transcript.

Data Analysis

I employed an inductive approach, systematically moving from coded units to broader categories and emergent themes. I began the data analysis process with Zoom interviews, which were audio-recorded with participants' consent. Zoom's automatic transcription feature was used to generate initial transcripts for each interview.

To ensure accuracy and fidelity to participants' original responses, each transcript was carefully reviewed and edited to ensure it matched the recording. I compared audio recordings to auto-generated transcripts, correcting transcription errors and clarifying ambiguous segments. This transcript-cleaning process was essential to maintaining data integrity. Participants were then invited to review their transcripts for accuracy. Of the

total number of participants, four responded to the inquiry, confirming their statements, while the other six did not.

I used MAXQDA software to code the data, which facilitated the organization and analysis of qualitative data. Each transcript was deidentified, and respondents were referred to only by a randomly assigned number. The program tracks and records when information is entered and keeps an outline of the coded units for analysis. Initially, I explored using Excel and Dedoose for coding, but ultimately decided to purchase the more versatile product, MAXQDA. Table 2 presents the codes, categories, and themes developed from this analysis.

Table 2*Codes, Categories, and Themes*

Coding 1	Coding 2	Categories	Themes
Alternative sites	Site usage	Unique clinical procedures: Site usage, teaching strategies and practices, use of CT/CJ, site-based learning, evaluation, and improvement	Available opportunities (Opportunities to practice skills and ideas not available at traditional clinical sites)
Teaching strategies Effect on teaching	Teaching strategies and practices		
Tools to develop CT/CJ	Use of CT/CJ	Diverse patient needs: Site usage, use of CT/CJ, interdisciplinary work, collaboration, and environmental adaptations	
Development of CT/CJ at the site	Evaluation and Improvement		
Evaluation of CT/CJ	Collaboration: Interdisciplinary work		
Student perceptions	Experiential Reflections	Autonomy: Teaching strategies and practices, use of CT/CJ, evaluation, and improvement	
Interdisciplinary collaboration			
Value of collaborative learning		Interprofessional collaboration: Interdisciplinary work, collaboration, teaching strategies and practices, site usage, evaluation and improvement	
Suggested improvements			
Challenges		Evaluation: Site usage, teaching strategies, experiential reflections, evaluation, and improvement	Wholeness of the alternative experience
		Learning environment coherence: Environmental adaptations, teaching practices, site usage, evaluation and improvement, and collaboration	
		Reflection and debriefing time: Teaching strategies, teaching practices, experiential reflections, Use of CT/CJ, evaluation, and improvement	

The coding framework for this study captured a range of concepts central to understanding faculty experiences and perceptions in nursing education, particularly within alternative clinical teaching environments and the use of CT and CJ. I developed the codebook by immersing myself in all interview transcripts, making memos and taking in-line notes, then conducting line-by-line open coding. I iteratively refined codes through constant comparisons, merging similar codes and splitting those that were too broad, and created structure while writing operational definitions and pasting exemplar quotes for each code. For example, the category Use of CT/CJ comprised the codes *Evaluation of CT/CJ*, *Tools to Develop CT/CJ*, and *CT Examples (negative, positive)*. Additionally, *The Use of CT/CJ* emerged through the many examples provided by the participants, such as one participant who stated that the alternative clinical setting: “Can require students to think Creatively, adopt new environments. You know, and it can help students develop their... Critical thinking skills as they learn to navigate unfamiliar settings and prioritize patient needs” (P6).

This data allowed me to then group related codes into higher-level categories aligned with the study frameworks, record analytic decisions in dated memos, re-code earlier transcripts for consistency, perform spot double coding with reconciliation, and produce a versioned codebook with an electronic audit trail in MAXQDA; this also outlined select raw excerpts to codes and categories to ensure transparency and traceability. Table 3 provides the frequency of each code and subcode used.

Table 3*Codebook*

1 Teaching strategies and practices	2
1.1 Effect on teaching	20
2 Site usage	36
3 Use of CT/CJ	25
3.1 CT example	28
3.1.1 Example-CT negative	7
3.1.2 Example-CT positive	17
3.2 Evaluation of CT/CJ	32
3.3 Tools to develop CT/CJ	32
4 Evaluation and improvement	28
4.1 Disadvantages of alt sites	11
4.2 Challenges with alt sites	20
5 Reflections	37
5.1 Student perception of experience	7
5.2 Connecting theory to practice	19
6 Collaboration	9
6.1 Interdisciplinary collaboration	12
6.2 Value of collab learning at alt site	16

The category *site usage* was highlighted in the following quote:

I think that in a daycare scenario, it's really providing the students to see, well, children in their perspective age groups, in their perspective stage of development and really be able to apply those theoretical principles to an actual child. (P4).

P4 identified the importance of students observing children in community settings to connect developmental theory with real-life practice. *Site usage* shows how students

engage with children across different age groups and developmental stages, helping ensure that their experiences align with educational goals. *Site usage* also serves as a tool for tracking, reflecting, and reinforcing the application of theoretical principles in authentic learning environments.

One participant emphasized the importance of creativity, risk-taking, and relationship-building in designing meaningful clinical experiences for students.

Creativity is a powerful tool when designing clinical experiences for students. I've learned to take risks and try things. And I'm not afraid to do that. I've learned that really valuable experiences don't come easily. You have to find them and work at them. And take risks to make them happen. I've really developed some wonderful relationships, with school nurses, with school principals, with, with, you know, interdisciplinary professionals, you know, the relationships, cultivating the relationships has been very, very important. (P2)

This quote directly related to the *Teaching Strategies and Practices* category by highlighting how innovative approaches and strong interdisciplinary collaborations can enrich student learning. The code captured and supported these strategies by documenting diverse teaching methods, fostering reflective practice, and encouraging educators to create dynamic, student-centered environments that go beyond traditional instruction. Additionally, it supported the development of CoP, where educators and students collaboratively share knowledge, reflect on experiences, and grow together through ongoing dialogue and mutual support.

Next, a participant also described an instance where students demonstrated the

Use of CT/CJ:

a handful of students and send them to our self-contained classroom for children on the autism spectrum. These are children who are mostly nonverbal, they're really challenged, and they will not be able to navigate the big teddy bear clinic group... So, I hand-picked an instructor and 3 students, and I put together a little mini teddy bear clinic kit, and I sent them into this classroom. I briefed them a little bit about, you know, what the kids there were like, and it was the most wonderful thing. (...) They had to figure out how to communicate with children on the autism spectrum who were completely nonverbal. And they did it... You could not duplicate that experience, for them to learn about, you know, what is it like to work with a child with a challenge like this, and figure out how to... how to meet your objectives with them... just being able to adjust and modify and problem solve like that, is what I see in those experiences for them. (P2)

Together, they illustrated how alternative clinical sites and tailored learning experiences foster students' CT and CJ development. The first quote emphasized how unfamiliar environments challenge students to think creatively and adapt, encouraging them to prioritize patient needs in real time. The second provided a concrete example of students working with nonverbal children on the autism spectrum, requiring them to problem-solve, modify their approach, and communicate effectively in a highly specialized setting. Additionally, the *Use of CT/CJ* captured the essence of experiential learning, highlighted

in CoP, where students must assess, reflect, and respond thoughtfully to real-world situations that go beyond textbook knowledge.

The category *Evaluation and Improvement* highlighted the need for ongoing assessment of clinical learning experiences to ensure they meet educational standards and student needs. One participant shared the logistical challenges, “Sometimes the alternative clinical activities aren't as long as a hospital day is. So, I have to be careful that we still fulfill our... our clinical hours, and I have to account for that” (P2).

Additionally, a participant talked about the student’s perspective, “I think sometimes that students feel like they're not prepared to, like, go and take NCLEX, and that they have... they feel like they don't have, like, the true feeling of taking care of the pediatric patient that's sick” (P11). Both quotes demonstrated the importance of continuously evaluating and refining clinical placements and teaching strategies to improve student confidence, competence, and alignment with the learning objectives.

Collaboration emerged as a key category in this study, particularly in how alternative pediatric sites foster interdisciplinary engagement. One participant described how students were encouraged to reflect on their interactions with professionals from various disciplines, stating,

We do have reflections in their camp journal that they have to talk to different disciplines, so we had a music therapist, there was a rec therapist, all these kinds of wonderful people there, like the volunteer coordinator, or the camp nurse, so that was one way we helped them to collaborate to kind of find out what it was that these people were bringing to camp. (P9)

This response illustrated how structured reflection and exposure to diverse roles supported students' understanding of collaborative practice. The collaboration also aligned with CoP, as students learn through participation in a shared professional environment, gaining insight into others' contributions and developing their own professional identity.

Lastly, *Experiential Reflections* emerged as a category in understanding how nursing faculty perceived student growth over the course of their clinical placements. One participant described a common shift in student perception, stating,

Most students, you know, initially Perception for me is kind of negative. You know they often feel like they are not getting a real nursing experience because they aren't walking in with high-tech equipment or critically ill patients. You know, they might express a desire to be in hospital. But, however by the end of the semester, their positions shift dramatically. (P5)

This reflection highlighted how students initially questioned the legitimacy of their learning experience but later recognized its value, suggesting a transformation in their understanding of nursing practice. These evolving perceptions demonstrated the importance of reflective learning and support the CoP framework, which shapes identity and meaning through participation and engagement in authentic professional environments.

Evidence of Trustworthiness

To ensure credibility throughout the research process, I used several strategies and adjusted as needed. Building community-focused relationships with participants helped

establish trust and encouraged open, in-depth dialogue, consistent with recommendations by Ravitch and Carl (2019). I conducted member checks by sharing preliminary findings with participants to validate interpretations and ensure accuracy. Data collection continued until no new information emerged, supporting the study's thoroughness but not necessarily indicating true saturation. Thorne (2016) argued that saturation is a misleading concept because it implies completeness; however, the goal was to demonstrate richness and credibility, not to claim exhaustive coverage.

I maintained reflexivity through a reflective journal, documenting my personal biases and considering their potential influence on data interpretation. Additionally, I consulted my dissertation committee members, who independently examined the data and findings to provide external perspectives and enhance analytical rigor. These combined strategies strengthened the credibility of the study and aligned with qualitative research best practices (Ravitch & Carl, 2019).

Second, variation in participant selection was intentionally incorporated to include nursing faculty from diverse institutions and professional backgrounds. I attempted to recruit participants from different types of institutions in all six states; participants hailed from four of them (NY, NJ, PA, and DE) with varying levels of prelicensure nursing education. This diversity enhanced transferability by ensuring that the findings reflected a range of perspectives and experiences, thereby making them more applicable across different educational contexts. These strategies were consistent with the plan outlined in Chapter 3 and were effectively implemented without requiring significant adjustments.

To ensure dependability and confirmability, I maintained a clear audit trail by documenting all research activities, decisions, and changes in both handwritten notes and MAXQDA. By systematically recording these elements, the study enabled external review and enhanced transparency, thereby supporting the reliability of the findings (Ravitch & Carl, 2021). This strategy was implemented as planned in Chapter 3 and required no major adjustments. The audit trail also contributed to confirmability by demonstrating that the findings were grounded in the data rather than researcher bias, thereby strengthening the overall trustworthiness and robustness of the qualitative analysis.

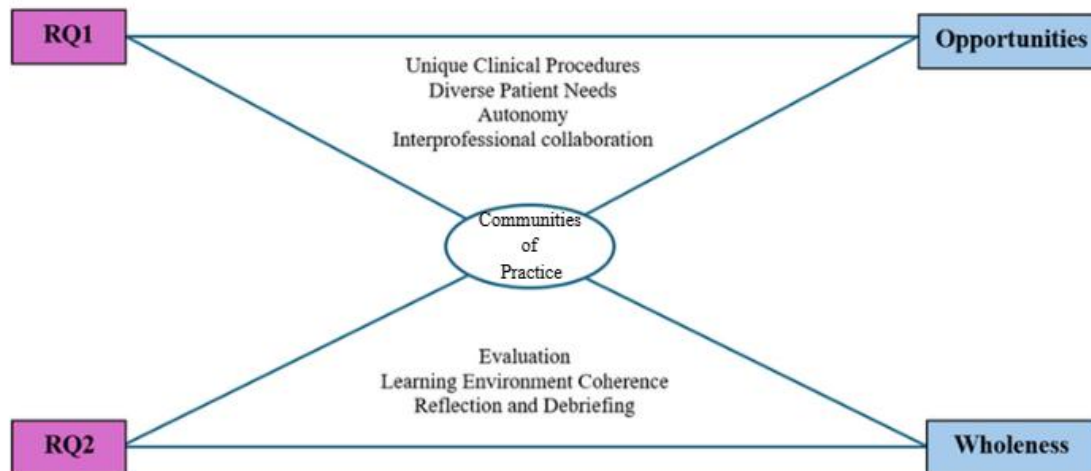
Results

Figure 4.3 illustrates the conceptual relationship between the two research questions (RQ1 and RQ2), the supporting categories, and the emergent themes. Positioned on the left, RQ1 and RQ2 represent distinct focal points of inquiry, while the themes of **Opportunities** and **Wholeness** anchor the right side as overarching interpretations of faculty perceptions. The supporting categories in the center act as bridges, showing how specific elements (*unique procedures, autonomy, evaluation, and reflection*) connect each research question to its corresponding theme. The diagonal lines emphasize that these categories are not isolated; instead, they intersect and contribute to both themes, highlighting the dynamic interplay between opportunities for skill development and the holistic nature of alternative clinical experiences. This structure conveys that faculty perceptions are shaped by multiple overlapping factors that

collectively inform the meaning and impact of alternative pediatric sites on student CT and CJ.

Figure 4

Conceptual Relationship with Research Questions



This conceptual structure not only mapped faculty perceptions but also aligned closely with established learning theories, particularly CoP. Developed by Wenger (1998) and Lave, CoP theory posits that learning occurs through social participation in a community where members share a domain of interest, engage in collaborative practices, and build shared meaning (Wenger-Trayner & Wenger-Trayner, 2015). Figure 4 reflects this framework by positioning RQ1 and RQ2 as domains of inquiry within a faculty community focused on alternative pediatric clinical education. The supporting categories (*evaluation, autonomy, and reflection*) represent the practices that faculty use and refine together. At the same time, the emergent themes of **Opportunities** and **Wholeness** embodied the community's collective interpretations and values. The figure's intersections and diagonal lines illustrate the socially constructed nature of learning, and

the faculty themselves function as a CoP through shared reflection, mentorship, and interprofessional collaboration.

Understanding faculty as members of a CoP provided a deeper lens through which to interpret their insights and pedagogical strategies. The first four categories, *Unique Clinical Procedures, Diverse Patient Needs, Autonomy, and Interprofessional Collaboration*, directly reflected RQ1, emphasizing skill development and clinical exposure. The latter categories, *Evaluation, Learning Environment Coherence, and Reflection and Debriefing Time*, aligned more closely with RQ2, focusing on student growth and the coherence of learning environments. Through ongoing dialogue and shared experiences, faculty collaboratively construct meaning around these categories, contributing to the evolution of practice and informing future approaches to alternative clinical education. This CoP perspective reinforced the idea that faculty learning and teaching are deeply social and contextually embedded processes.

Research Question 1

Theme 1: Available Opportunities

This theme captured the unique situational affordances offered by alternative pediatric clinical sites through specific tasks, procedures, and patient presentations that are often unavailable in traditional hospital settings. These **Available Opportunities** engaged students' cognitive engagement and created authentic teaching moments, such as supervising varied procedures, caring for diverse patient populations, and responding to unexpected scenarios. Opportunity, as a theme, aligned with concrete experiences such as guiding students through specialized interventions, managing diverse patient needs, and

leveraging unexpected situations for learning. The relevance of Opportunities to RQ1 lied in how faculty experienced these opportunities as both a challenge and a benefit, requiring creativity and adaptability while enabling students to apply theoretical principles in real-world contexts. These experiences highlighted the distinctive educational value of alternative sites and their role in fostering CT and CJ.

Faculty listed the opportunities they have created or facilitated for alternative pediatric clinical learning experiences. These included: K-12 Schools, daycares, medical daycares, community activities (health fairs, special projects, Teddy Bear Clinics), summer or specialty camps, respite camps, community projects or services, subacute/long-term care, and home care.

Table 4 illustrates how Theme 1 (**Available Opportunities**) related to supporting categories identified in the study.

Table 4

Theme 1, Research Question 1

Supporting category	Relation to Theme 1: Available opportunities
Unique clinical procedures	Alternative sites expose students to tasks and interventions not typically encountered in hospital settings, creating rich teaching moments for faculty.
Diverse patient needs	Faculty guide students in caring for children with varied developmental, behavioral, and medical needs, reinforcing adaptability and individualized care in the community.
	So they get a chance to see... the difference there is they're not critically ill children, But they do get a chance to take care of, like, everyday things, like kids who have diabetes, asthma, ADHD. There's one of the schools that actually does, kids who, like, have medical needs, such as, like, feedings. Things like that, so they get, like, to see that as well, even though they're not in the hospital setting. (P11)
Autonomy	Students often work more independently, giving faculty opportunities to observe and coach in decision-making and prioritization.

Most students seem to value the opportunity to, you know, lay in on alternative clinical site where they can apply theoretical knowledge to real-world practice. Okay, and ... students appreciate the increased autonomy. They have, you know, alternative sites where they can take ownership of their learning. And developed their critical thinking and clinical judgment skills (P6)

Interprofessional collaboration	Faculty and students interact with school nurses, therapists, and educators, modeling collaborative practice and expanding students' understanding of team-based care.
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In the site, you know, let me just say, more collaborative, I think, ... Unlike in the hospital, the students prioritological collaboration is, with their preceptor or another nurse on the floor. at the community site, students are part of A much larger, more diverse team, you know? They have to work with social workers to get their family into a full assistance program, or with a teacher to understand a child's behavior at school. You know, this teaches them to be a part of a true team where everyone's input is valued (P5)

Evaluation	Diverse experiences challenge faculty to rethink traditional evaluation tools, ensuring assessments align with learning objectives and context-specific skills.
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Learning environment coherence	Faculty strive to maintain consistency between classroom theory and alternative site practice, bridging gaps and reinforcing concepts.
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Reflection and Debriefing	Unpredictable scenarios prompt faculty to facilitate reflective discussions, helping students process experiences and connect them to theoretical principles.
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Theme 2: Wholeness of the alternative experience.

This theme explained whether those affordances merge into a meaningful learning environment that supports integrated reasoning, continuity, and deeper reflection.

Wholeness captured the qualitative dimensions of those experiences, such as coherence, continuity, team dynamics, logistical factors, and whether the site functioned as a complete learning environment that supports integrated, meaningful learning.

It was also noted that in many of these settings, students could see a more complete picture of the patient beyond a single aspect of illness, enabling more holistic

interactions and care planning. Seeing the patient in context (family, school, environment) helped students integrate psychosocial, developmental, and medical information, resulting in richer nursing assessments and more person-centered decision-making. However, faculty also noted that not all sites offer this level of wholeness, and outcomes may vary depending on site type, student level, and faculty experience.

Table 5 illustrates how Theme 2 (**Wholeness**) relates to supporting categories identified in the study.

Table 5

Theme 2, Research Question 1

Supporting category	Relation to Theme 2: Wholeness of the alternative experience
Unique clinical procedures	Faculty perceive the alternative experience as holistic, where unique procedures are integrated into a broader context of care rather than isolated tasks.
Diverse patient needs	The wholeness of the experience includes addressing varied developmental and behavioral needs, creating a comprehensive view of pediatric care.
Autonomy	Faculty observe students exercising independence within a complete care environment, reinforcing confidence and decision-making skills.
Interprofessional collaboration	Wholeness emphasizes collaboration with multiple professionals, showing students how teamwork contributes to comprehensive care.
Evaluation	Faculty recognize that evaluating the entire experience, not just isolated skills, requires adapted tools that capture holistic learning outcomes.
Every experience has a set of objectives. And every experience requires students to do a reflection paper where they answer some questions, and the questions are critical thinking questions, clinical judgment questions. So the students, do some writing, and each clinical instructor, reads those and provides some feedback. So there is, some, some written... Work that shows progress towards clinical judgment and critical thinking objectives (P2)	
Learning environment coherence	Wholeness reflects efforts to align theory with practice across all aspects of the alternative site, ensuring continuity and relevance.

I think it really makes you see how fragile the kids are. It really makes you see that the difference between them being out in this community setting, out in this alternative clinical site, versus being in a hospital (P10)

Reflection and debriefing	Faculty stress reflection to synthesize the complete experience, helping students connect diverse elements into a coherent understanding.
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Combined, the themes showed how alternative pediatric sites both expand what faculty can teach and shape the meaning of teaching. These opportunities not only shaped faculty experiences but also influenced how they perceived students' ability to apply CT and CJ in alternative pediatric settings, which is explored further in Research Question 2.

Research Question 2

Theme 1: Available Opportunities

For RQ2, this theme reflected faculty perceptions that alternative sites created conditions where students both demonstrated and struggled with CT and CJ. Faculty described supervising procedures, managing atypical pediatric or community-based cases, and observing students exercising autonomy and engaging in interdisciplinary teamwork. These experiences often required students to engage in on-the-spot reasoning, improvise with limited resources, and respond to higher-order clinical questioning.

When students encountered difficulties, faculty typically attributed these challenges to a lack of prior exposure rather than a lack of ability, reinforcing the view that alternative sites serve as catalysts for developing CT and CJ skills.

Table 6 illustrates how Theme 1 (**Available Opportunities**) under Research Question 2 relates to supporting categories identified in the study.

Table 6*Theme 1, Research Question 2*

Supporting category	Relation to Theme 1: Available opportunities (RQ2)
Unique clinical procedures	Students encounter unfamiliar tasks that require quick reasoning and adaptation.
Diverse patient needs	Managing complex developmental or behavioral challenges prompts problem-solving and prioritization.
	Flexibility and adaptability. Okay, when compared with the Traditional side. You know, the alternative site for me often requires students to be flexible and adaptable, working with diverse patient populations, and in non-traditional settings. And this flexibility encourages students to work collaboratively with others to achieve a common goal. (P6)
Autonomy	Greater independence forces students to make decisions and justify clinical choices.
Interprofessional collaboration	Working with diverse professionals requires communication and negotiation, which enhances judgment.
	The alternative side of things involves working with Interdisciplinary teams, including healthcare providers, community organizations, and family members. And this helped expose students to different perspectives and encourage them (P6)
Evaluation	Faculty note difficulty applying traditional tools to measure CT/CJ in these dynamic contexts.
Learning environment coherence	Faculty strives to connect theory to practice, guiding students through reasoning processes.
Reflection and debriefing	Faculty use debriefing to help students articulate thought processes and learn from challenges.

Theme 1 demonstrated that faculty perceive alternative pediatric sites as environments that actively stimulate students' CT and CJ. These settings presented unfamiliar procedures, diverse patient needs, and interdisciplinary interactions that required students to think on their feet, adapt to limited resources, and justify clinical decisions. Faculty noted that these experiences often lead to higher-order questioning and

improvisation, which are essential components of CT and CJ. When students struggled, faculty attributed this to a lack of prior exposure rather than a lack of ability, reinforcing the idea that alternative sites served as developmental spaces for these competencies rather than evaluative endpoints.

Theme 2: Wholeness of the Alternative Experience.

Wholeness of the alternative experience appeared in continuity across visits, in recognized debriefing time, in fuller care episodes, in the ability to follow outcomes, and in clearer teacher-to-student relationships. Faculty linked this continuity to improved reflection, transfer of learning, and more mature CJ as students connected assessment, planning, and outcomes over time. Additionally, the added capacity for students to view patients more fully and interact holistically further strengthened the educational value of these sites.

Table 7 illustrates how Theme 2 (**Wholeness**) under Research Question 2 related to supporting categories identified in the study.

Table 7

Theme 2, Research Question 2

Supporting category	Relation to Theme 2: Wholeness of the alternative experience (RQ2)
Unique clinical procedures	Integrated into full care episodes rather than isolated tasks, reinforcing contextual decision-making.
Diverse patient needs	Students manage complex cases longitudinally (in some cases), requiring sustained reasoning and adaptability.
Autonomy	Greater independence within a coherent environment strengthens confidence and prioritization skills.
Interprofessional collaboration	Continuous teamwork with school nurses, therapists, and educators models holistic care.
Evaluation	Faculty recognizes the need for tools that capture comprehensive learning outcomes, not just isolated skills.

we use a clinical evaluation tool, the Creighton Clinical Evaluation Tool. And we do measure critical thinking by their paperwork that they turn in. Okay. We do measure critical thinking by asking questions during clinical, quizzing them. We do measure critical thinking by observing what they do, and the things that they choose to do, and the safety that they keep helps me to think about, are they really critically thinking? (P9)

Learning environment coherence	Wholeness ensures alignment between theory and practice, supporting deeper understanding.
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Reflection and debriefing	Structured reflection synthesizes experiences, helping students articulate reasoning and judgment.
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If they can clearly define the learning objective and expectation for students in alternative site, ensuring They understand their roles and responsibilities. And also regular feedback and evaluations. You know, should be giving, like offer some regular feedbacks and evaluation to students helping them reflect on their experience (P6)

The **Wholeness** of the experience enhanced faculty perceptions of CT and CJ development by providing a complete learning environment in which students could observe, act, and reflect within a straightforward care process. This continuity allowed students to see the impact of their decisions, fostering higher-order reasoning and judgment. Faculty believed these experiences promoted maturity in CT compared to fragmented hospital rotations. However, this perception was context-dependent; not all alternative sites offered such wholeness, and outcomes varied by site type, student level, and faculty experience. Additionally, faculty bias and site-specific norms may have influenced these perceptions.

The two themes, **Available Opportunities** and **Wholeness**, together showed that alternative pediatric clinical sites broadened faculty teaching opportunities by offering new experiences, diverse patient populations, and teaching moments, while also shaping the quality and meaning of those experiences through coherence, continuity, team

dynamics, logistical factors, and the sense that the site functioned as a CoP with a complete learning environment that supported student clinical learning.

A limitation is that RQ2 was based on faculty perceptions, which may have reflected bias, selective recall, or site-specific norms; not all alternative sites will offer both opportunity and wholeness, and outcomes likely vary by site type, student level, and supervisory model. It is also important to note that the quality of each instructor's teaching may be affected by the site, prior experience, or level of teaching experience. Just as not all students learn in the same way, not all faculty are equally effective teachers.

Incidental Findings

An unexpected yet significant finding from the study was the *emotional dimension* of faculty experiences in alternative pediatric clinical education. Instructors reported feelings of pride, stress, and satisfaction when designing and facilitating innovative clinical experiences, revealing an affective component that was not initially targeted in this research. These emotional responses appeared to be shaped by the distinct and often unpredictable nature of alternative clinical environments, which differ from traditional hospital-based settings. This emotional labor may influence faculty effectiveness, potentially enhancing engagement and creativity, but also contributing to burnout if not adequately supported. Likewise, the emotional tone set by instructors can impact student learning, either by fostering a more empathetic and dynamic environment or, conversely, by transmitting stress and uncertainty. These findings suggested a need

for further exploration into how emotional factors affect both teaching quality and student outcomes in alternative pediatric settings.

The study revealed that strong, intentional relationships with school nurses, principals, and other interdisciplinary professionals are essential for securing and sustaining alternative pediatric clinical placements. Faculty emphasized that these connections, whether pre-existing or purposefully cultivated, served as the foundation for meaningful student learning experiences. Without them, access to alternative sites would have been significantly limited. One faculty member reflected:

I've learned to take risks and try things. And I'm not afraid to do that. I've learned that really valuable experiences don't come easily. You have to find them and work at them. And take risks to make them happen. I've really developed some wonderful relationships, with school nurses, with school principals, with, with, you know, interdisciplinary professionals, You know, the relationships, cultivating the relationships has been very, very important. P2)

This quote illustrated the proactive and relational work required to build trust and collaboration across educational and clinical boundaries. For schools of nursing, this showed the need to invest in long-term partnerships and community engagement strategies that support sustainable, quality clinical education.

The study also identified a recurring tension between innovative clinical teaching strategies and rigid programmatic or administrative structures. Faculty expressed a desire to implement creative, student-centered approaches in these sites but often encountered barriers, such as inflexible curriculum requirements and limited administrative support.

These challenges can hinder the ability to leverage the developmental value of non-traditional placements fully. Another faculty member shared, “the alternative site for me often requires students to be flexible and adaptable, working with diverse patient populations, and in non-traditional settings. And this flexibility encourages students to work collaboratively with others to achieve a common goal” (P6). This showed the importance of adaptability not only for students, but also within institutional structures. To support faculty innovation and ensure learning objectives are met across diverse settings, colleges of nursing must consider revising policies to allow for greater curricular and scheduling flexibility.

Another important consideration was raised about fairness and consistency in student learning experiences across alternative pediatric clinical placements. Faculty noted that while some students may have access to specialized opportunities, such as working in an autism classroom or performing specific procedures, others may not, depending on site availability and timing. This variability is not unique to alternative settings; it also exists in traditional clinical environments, where patient presentations and learning opportunities differ. While simulation offers standardized experiences, it cannot fully replicate the complexity or variability of live clinical encounters. These findings suggested that true equity in clinical education may not lie in uniformity, but in ensuring that all students have access to meaningful, developmentally appropriate learning experiences. For nursing schools, this emphasized the need to design flexible, competency-based curricula that accommodate diverse clinical exposures while

maintaining fairness in evaluation and outcomes. They must also consider the State Board of Nursing's curriculum requirements.

Finally, the study revealed that creativity plays a critical yet often undervalued role in designing meaningful clinical learning experiences. Faculty described the need for flexibility, innovation, and risk-taking to create engaging and developmentally appropriate opportunities for students. However, this creative effort was not always recognized or supported with formal teaching frameworks, and perceptions of its value may vary among faculty and students. One participant shared, “I try and keep it... the experience loose enough so that there's room for some creativity, and for them to have some ideas, and try some things. And, some really cool things happen because of that collaboration” (P2). For nursing schools, this highlighted the need to formally acknowledge and support creativity as a core teaching competency, especially in non-traditional clinical education.

Summary

For RQ1, faculty described a wide range of alternative sites, including schools, daycare centers, camps, community projects, and home care, that offered unique learning opportunities not typically available in hospital settings. These experiences were captured under the theme **Available Opportunities**, which highlighted how faculty facilitated diverse procedures, patient interactions, and unexpected scenarios that provoked student engagement, CT, and CJ. The theme of **Wholeness** further revealed that faculty valued sites that provided continuity, coherence, and integrated learning environments. Together, these themes show that faculty experienced alternative sites as both challenging and

enriching, requiring creativity and adaptability while offering meaningful teaching moments that support student development.

In relation to RQ2, faculty perceived alternative sites as environments that actively stimulate CT and CJ by placing students in unfamiliar, resource-limited, and interdisciplinary contexts. Under the theme **Available Opportunities**, faculty observed students improvising, reasoning through complex cases, and engaging in higher-order questioning. When students struggled, faculty attributed this to limited prior exposure rather than lack of ability, reinforcing the developmental value of these settings. The theme of **Wholeness** emphasized that continuity across visits, structured reflection, and the ability to follow care outcomes enhanced students' CT and CJ. **Wholeness** also demonstrates the more holistic view of the patient as a person. Faculty believed that these experiences promoted maturity in thinking and decision-making, particularly when the site served as a comprehensive learning environment.

Both research questions were answered through the identification of two core themes, **Available Opportunities** and **Wholeness**, which reflected how faculty experience and interpret alternative pediatric clinical sites. These sites not only broaden teaching possibilities but also shape the depth and quality of student learning. The findings aligned with CoP theory, suggesting that faculty and students engage in shared learning processes that are socially constructed, practice-based, and contextually embedded.

In Chapter 5, I present the interpretation of the literature findings and their implications. I also draw on theoretical frameworks and participant narratives to critically

examine the meaning behind the data and discuss how these insights contribute to nursing education practice and future research.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of my study was to explore nursing faculty experiences and perceptions regarding the use of CT and CJ among ELPNS placed in alternative pediatric clinical sites across the Northeastern U.S. and the Mid-Atlantic region. Using ID methodology, I sought to understand complex, practice-based phenomena within pediatric nursing education. Through semistructured interviews with faculty, I examined how alternative clinical environments influence the development of CT and CJ, guided by CoP theory. Thematic analysis of interview transcripts revealed rich insights into how faculty engage with and interpret students' learning in non-traditional pediatric settings, highlighting the pedagogical value of these sites and their role in fostering essential prelicensure nursing competencies.

The findings from this study revealed that nursing faculty experience alternative pediatric clinical sites as rich, dynamic environments that offer unique teaching opportunities and foster meaningful student learning. Through the themes Available Opportunities and Wholeness, faculty described how these sites (schools, camps, community events, home care, etc.) enable students to engage in diverse clinical learning opportunities, interdisciplinary collaboration, and real-world problem-solving. These experiences challenge students to apply CT and CJ in unfamiliar contexts, often requiring improvisation and higher-order reasoning skills.

Faculty also emphasized the importance of continuity, reflection, and coherence in these settings, noting that when sites function as complete learning environments, they

support deeper student development. The study's conceptual framework, aligned with CoP theory, illustrated how shared practices and collaborative meaning-making shape faculty perceptions, ultimately highlighting the pedagogical value and complexity of alternative pediatric clinical education.

Interpretation of the Findings

The findings of this study confirm several points established in prior research. Nontraditional clinical placements, such as summer camps and community sites, provide rich experiential learning opportunities that enhance CT and CJ (Hendrickx et al., 2020; Phillips et al., 2023; Williams et al., 2024). These settings expose students to family dynamics, holistic care, and community health; experiences often absent in hospital environments. Experiential projects like the Pediatric Play Projects similarly improve application of developmental principles and foster person-centered care (Woodley et al., 2023). Research also supports the importance of social participation and belonging, consistent with CoP theory, which this study echoes through faculty practices of mentorship, reflection, and collaboration (Brand, 2020; Chun & Williams, 2021).

Additionally, prior studies highlight the complexity of faculty roles and variability in clinical education strategies (Chicca & Shellenbarger, 2021; Currie et al., 2023), while Kaveh et al. (2022) demonstrated faculty adaptability during disruptions such as the COVID-19 pandemic. This aligns with my finding that faculty play a critical role in designing structured reflection and continuity to ensure meaningful learning in diverse settings.

Extension of Knowledge

This study extends the literature in several ways. The theme of Available Opportunities showed the diversity and pedagogical value of non-traditional pediatric clinical sites identified in this study, including schools, daycares, camps, special projects, and community events. These settings provide authentic learning experiences that challenge students to apply theoretical knowledge in unpredictable, real-world contexts, fostering improvisation, interdisciplinary collaboration, and higher-order reasoning. Faculty described these environments as rich with teaching moments that promote CT and CJ, particularly when students encounter unfamiliar situations requiring adaptive problem solving.

This finding aligned with prior research demonstrating the benefits of innovative placements. Hendrickx et al. (2020) and Phillips et al. (2023) reported that camp nursing and immersive experiences offer meaningful exposure to pediatric populations while meeting course objectives. Similarly, Woodley et al. (2023) confirmed that experiential projects deepen understanding of growth and development and enhance holistic care. However, my study extends the literature by emphasizing that opportunities are not solely about access to alternative sites; they also represent a shift in pedagogical design. Faculty perceptions suggest that these placements expand what can be taught and how it is taught, reinforcing their developmental value for students and their potential to address gaps created by limited inpatient pediatric rotations.

Viewed through the lens of CoP theory, these opportunities enable faculty and students to engage in shared practices (mentorship, reflection, and collaborative problem-

solving) that support professional identity formation and skill development. Thus, the theme of Available Opportunities highlights the importance of intentionally integrating diverse clinical experiences into the nursing curriculum to ensure both breadth and depth of learning.

The theme of Wholeness, emphasizing continuity, structured debriefing, and integrated reasoning, introduces a quality dimension to alternative placements, moving beyond exposure to highlight coherence as essential for deeper learning. This extends prior work that focused primarily on skill development (Hendrickx et al., 2020; Phillips et al., 2023).

The conceptual framework developed here integrates research questions, categories, and themes through CoP theory, adding theoretical depth and operationalizing CoP principles in clinical education. Finally, the study reveals variability in outcomes by site type, student level, and faculty experience, an insight largely absent from prior research focused on student outcomes.

Disconfirmation and Nuances Differences

The findings challenge overly generalized claims about alternative placements being uniformly positive. Unlike prior studies that emphasize consistent benefits (Hendrickx et al., 2020; Phillips et al., 2023; Woodley et al., 2023), I found variability in wholeness and coherence, suggesting that not all sites provide equally rich experiences. Additionally, while Chen et al. (2023) reported superficial academic-practice partnerships, my results suggest that deep engagement through reflective dialogue and mentorship can transform collaborations. Finally, the identification of technological

limitations, such as reduced depth in Zoom interviews, introduces a methodological constraint not addressed in earlier research, adding nuance to the discussion of virtual learning environments (see Kaveh et al., 2022).

The themes of Available Opportunities and Wholeness of the experience collectively illustrate the dual dimensions of quality in alternative pediatric clinical placements. Available Opportunities emphasize the breadth of diverse, non-traditional sites that provide authentic, hands-on learning and foster CT and CJ through real-world challenges. Wholeness complements this by addressing depth, highlighting the importance of continuity, structured reflection, and reasoning skills to ensure coherence across learning encounters. Together, these themes reinforce the argument that alternative placements are not only a viable solution to clinical site shortages but also pedagogically rich environments when intentionally designed. They align with CoP principles by enabling shared practices, mentorship, and collaborative meaning-making, thereby advancing both student learning and faculty development.

Overall, this study confirms the value of experiential learning and CoP principles, extends knowledge by exploring the concept of Available Opportunities and introducing the concepts of Wholeness and faculty perspectives, adding nuance to discussions of variability and potential constraints. These contributions strengthen the argument for diversifying pediatric clinical education while emphasizing the need for intentional design and institutional support to ensure coherence and depth. This work moves the conversation from “alternative sites work” to “how and under what conditions they work best to foster meaningful learning experiences”.

Alignment with CoP

The conceptual framework guiding this study connects RQ1 (faculty experiences with alternative pediatric sites) and RQ2 (faculty perceptions of student CT and CJ) through the supporting categories of autonomy, evaluation, and reflection, and the overarching themes of Available Opportunities and Wholeness.

Available Opportunities directly address RQ1 by illustrating the diversity of alternative sites and their potential to foster authentic, meaningful learning. These opportunities challenge students to apply theoretical knowledge in unpredictable, real-world contexts, supporting higher-order reasoning, CT, and CJ. Supporting categories, such as autonomy, serve as mechanisms that enable these opportunities to translate into meaningful learning experiences.

The Wholeness of the experience bridges RQ2 by emphasizing continuity and coherence in learning, thereby enhancing CT and CJ. Structured reflection and the ability to follow care outcomes allow students to integrate psychosocial and medical perspectives, reinforcing holistic care. This interpretation demonstrates that Wholeness is not solely dependent on the type of site but also on pedagogical design elements such as debriefing and longitudinal exposure. Together, these themes show that faculty perceptions of Available Opportunities and Wholeness are interdependent. Opportunities provide breadth, while wholeness ensures depth and integration.

CoP theory suggests that learning occurs through social participation in a shared domain, and the findings of this study reflect this principle in several ways:

- Faculty as a CoP: Faculty engage in mentorship, interprofessional collaboration, and reflective dialogue, which are hallmarks of CoP. These practices create a shared repertoire of strategies for teaching CT and CJ in nontraditional settings.
- RQ1 and RQ2 as Domains of Inquiry: These research questions represent the domain around which the community organizes its practices. Faculty collectively interpret how alternative sites shape student learning, reinforcing shared values about experiential education.
- Supporting Categories as Shared Practices: Autonomy, evaluation, and reflection are not isolated actions; they are communal practices faculty use to scaffold student learning. These practices strengthen the CoP by promoting consistency and adaptability across diverse sites.
- Themes as Collective Meaning-Making: The themes, Available Opportunities and Wholeness, reflect the community's negotiated understanding of what constitutes quality learning. They embody the CoP's commitment to balancing exposure with coherence, ensuring that students develop both adaptability and integrated reasoning.

Alternative pediatric sites are not merely logistical solutions to placement shortages; they are pedagogical spaces where faculty enact CoP principles. By leveraging shared practices and reflective dialogue, faculty transform these sites into environments that foster CT, CJ, and holistic care. The interpretation demonstrates the importance of intentional design and collaborative engagement in creating meaningful clinical learning experiences.

Limitations of the Study

While the ID methodology was well-suited for exploring the complex experiences of nursing faculty in alternative pediatric clinical settings, several limitations to trustworthiness emerged during the study. First, participant selection was limited to faculty in the Northeastern United States, which may limit the transferability of the findings to other regions or institutional contexts (see Ravitch & Carl, 2020). Second, conducting interviews via Zoom introduced potential limitations in depth due to technological constraints, lack of physical presence, or participant discomfort with virtual formats (see Ravitch & Carl, 2020). Third, researcher positionality and prior familiarity with the topic may have influenced interpretation during thematic analysis, despite intentional efforts to bracket assumptions and maintain reflexivity throughout the research process.

Unlike ethnographic or field-based studies, there was limited interaction time with participants. The use of a single Zoom interview may have constrained the depth of rapport and the richness of data that could be obtained through prolonged engagement. As a novice interviewer, I encountered challenges in maintaining consistency across all participant interviews. While I used my semistructured guide, I did not ask all questions in the same way for each participant. This variability may have influenced the depth or direction of responses and introduced limitations in comparing data across interviews. However, this flexibility also allowed participants to share experiences more organically, thereby enriching the data.

As qualitative research, the data I collected cannot be easily replicated, which is a known limitation of this methodology (see Theofanidis et al., 2018). Despite efforts to minimize bias, it was essential to recognize that the researcher is an integral part of qualitative research, shaping the study through their perspectives (Ravitch & Carl, 2019).

To enhance confirmability, member checking was incorporated through transcript review and post-interview summaries, allowing participants to verify the accuracy of their contributions. Nonetheless, the study's scope and sample size may not fully capture the diversity of faculty experiences across all types of alternative pediatric sites. These limitations should be considered when interpreting the findings and their implications for nursing education and practice, particularly regarding generalizability and contextual variability.

I acknowledge the limitations of my role as a novice researcher. My limited experience with data collection and analysis may have influenced the depth and precision with which I managed and interpreted the information gathered. Despite these challenges, I approached the study with diligence and rigor, ensuring that the process adhered to ethical and methodological standards. Conducting this research provided valuable insight into how alternative pediatric clinical settings may enhance CT and CJ in pediatric nursing students. Beyond addressing gaps in nursing education, this study provided an opportunity to improve student outcomes and, ultimately, better healthcare delivery. It also facilitated my growth as a researcher, strengthening my skills in qualitative inquiry and interpretation.

Recommendations

Building on the strengths of this study, future research should expand the geographic scope beyond the Northeastern U.S. to explore regional and institutional variations in pediatric clinical education. Given the limitations related to sample size and virtual data collection, studies involving larger, more diverse participant groups and in-person engagement may yield a more profound understanding and enhance transferability. Comparative research across non-traditional settings (camps, schools, community programs) could identify best practices for achieving coherence and depth in learning.

Additionally, further research should directly examine students' perspectives, particularly regarding their development of CT and CJ in alternative settings, to triangulate faculty perceptions and enrich the findings. Exploring student views complements faculty viewpoints and provides a more comprehensive understanding of how these placements affect CT and CJ. This recommendation addresses a limitation of the current study, which focuses exclusively on faculty experiences.

Given the variability noted in the quality of **Wholeness** across sites, additional studies should examine which site characteristics and pedagogical strategies most effectively promote continuity, integrated reasoning, and structured reflection. The literature and this study highlight the importance of faculty adaptability (Kaveh et al., 2022). Future research should investigate the impact of these roles on faculty workload, well-being, and professional development, as well as strategies for institutional support to sustain high-quality teaching in diverse environments.

Next, the findings suggested that academic-practice partnerships are critical for the successful implementation of alternative placements (Chen et al., 2023). Additionally, mixed-methods studies incorporating quantitative measures of student performance and confidence, as demonstrated by Phillips et al. (2023), could strengthen evidence for the effectiveness of alternative placements.

The literature on CoP suggested that collaborative learning environments are essential for professional growth (Wenger-Trayner & Wenger-Trayner, 2015); therefore, future studies could investigate how CoP structures are formed and sustained across different types of clinical sites. Longitudinal research may also be valuable in assessing how repeated exposure to alternative settings influences CT and CJ over time.

Finally, given the noted variability in faculty preparedness and orientation practices, research into faculty development programs and standardized orientation models for alternative pediatric clinical placements could inform best practices and improve consistency in student learning outcomes. Faculty should also be carefully selected, as not all possess the same skill level or capabilities in their teaching practice, which can significantly influence the quality of clinical education. By addressing these areas, future research can build on the strengths of this study and the existing literature to advance evidence-based strategies for diversifying pediatric clinical education while ensuring coherence, quality, and sustainability.

Implications

To ensure alignment with learning objectives, faculty should implement standardized yet adaptable evaluation tools to assess students' CT & CJ. Validated

instruments, such as the Creighton Clinical Evaluation Instrument, can provide consistency while allowing thoughtful adaptations to maintain relevance across alternative clinical settings. This approach ensures that evaluations accurately measure the competencies students are expected to achieve.

Evaluation criteria should explicitly address CT and CJ by assessing problem-solving, adaptability, and communication in unfamiliar environments, making the assessment a direct reflection of skill acquisition. Kaveh et al. (2022) emphasized the need for adaptability in clinical education, specifically highlighting the flexibility of both faculty and students in unfamiliar environments. Faculty collaboration is essential; sharing best practices and co-developing tools tailored to alternative sites fosters consistency and collective improvement (Chen et al., 2023). These tools should be applied uniformly to promote fairness, while still accommodating the diversity of student experiences (Phillips et al., 2023). Phillips et al.'s (2023) study on immersive experiences showed the importance of faculty support and structured evaluation to ensure fairness and effectiveness.

Finally, faculty should engage in continuous improvement by gathering feedback on evaluation tools from both students and instructors (Chicca & Shellenbarger, 2021a; Chicca & Shellenbarger, 2021b). This iterative process creates a feedback loop that strengthens assessment practices over time, ensuring they remain responsive to evolving educational needs.

The study's findings supported positive social change by suggesting that alternative pediatric clinical sites offer unique, real-world learning opportunities that

fostered CT and CJ (Williams et al., 2024; Hendricks et al., 2020). Colleges of nursing can respond by expanding clinical placements to include these non-traditional settings and by revising curricula to emphasize continuity, reflection, and interdisciplinary collaboration. Phillips et al. (2023) supported the idea that immersive, non-traditional clinical experiences enhance communication, cultural awareness, and problem-solving skills. Their findings advocated for innovative placements and faculty support. By developing the curriculum, these changes ensure that students are better prepared for diverse healthcare environments and align with national nursing education standards.

Faculty in the study acted as a CoP, engaging in mentorship and reflective dialogue to support student learning. This highlighted the need for faculty development programs that promote inclusive teaching, awareness of bias, and the use of innovative pedagogical strategies. By investing in faculty training, colleges can enhance instructional quality and ensure that educators are equipped to guide students effectively in both traditional and alternative clinical settings (Chun & Williams, 2021).

The findings of my study highlighted the transformative potential of alternative pediatric clinical education in developing CT and CJ among ELPNS. By applying these findings at the organizational level, through curriculum innovation and faculty development, colleges of nursing can create more inclusive, reflective, and practice-ready learning environments. These changes not only align with contemporary educational frameworks but also prepare future nurses to meet the complex needs of diverse pediatric populations.

Conclusion

Alternative pediatric clinical placements are more than logistical solutions; they are transformative learning environments that, when intentionally designed, foster CT, CJ, and holistic care. By leveraging diverse sites and embedding continuity, reflection, and collaboration, nursing programs can align with national standards and better prepare students for the complexities of today's healthcare. Faculty plays a pivotal role in operationalizing these experiences through shared practices and partnerships, ensuring that non-traditional placements deliver both breadth and depth of learning.

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Appendix A: Interview Guide

What are nursing faculty's experiences with alternative pediatric clinical sites?		
	Question	Rationale
1	Please describe your experiences with alternative pediatric clinical sites and collaborative learning. (e.g., summer camp, schools, community locations, other clinical projects, etc.)?	Share their holistic perspective and insights without constraints, capturing their personal/professional experiences.
2	What factors influenced the decision to use these sites for clinical education? a. What was your role in this decision?	Seeks to uncover the motivations, constraints, or institutional factors that led to the choice of alternative sites. They may not have the authority to select sites.
3	What challenges have you encountered while using alternative pediatric clinical sites?	Challenges often highlight potential areas for improvement or barriers that need addressing.
4	In your opinion, what are the advantages of alternative clinical sites compared to traditional pediatric sites? a. Can you describe any disadvantages you have identified?	Focuses on the perceived benefits of these sites, offering a balanced view of their value in clinical education
5	How have these sites impacted your teaching methods or strategies? a. At the clinical site b. In the traditional setting	Explores whether and how faculty adapt their approaches to teaching when working in alternative environments.
What are nursing faculty perceptions of student CT and CJ use at alternative pediatric clinical sites?		
	Question	Rationale
6	How do nursing faculty evaluate or measure student progress in critical thinking and clinical judgment at these sites?	Faculty assessments provide measurable insights into student progress. Exploring how they evaluate CT and CJ at alternative sites offers valuable information on the effectiveness of these environments.

7	Based on your observations, how do students demonstrate critical thinking at alternative pediatric clinical sites?	Probes into observable behaviors and actions that exemplify critical thinking
8	What strategies or tools do students seem to rely on to develop clinical judgment at these sites? a. How do students collaborate with other healthcare professionals or community members at alternative clinical sites?	Seeks to identify the practical approaches or resources students use, giving insight into their learning processes.
9	How do alternative clinical sites influence the development of students' critical thinking and clinical judgment skills compared to traditional sites? a. In what ways, if any do alternative clinical sites foster a collaborative learning environment compared to traditional sites? b. How do students perceive the value of collaborative learning at alternative clinical sites? c. How do you assess the effectiveness of collaborative learning activities at these sites?	Compares the impact of alternative and traditional sites, helping to assess the relative effectiveness of these environments.
10	Can you share student CT and CJ use examples at these sites that exceeded or fell short of expectations?	Focusing on specific instances, this question elicits concrete data that adds depth
11	What improvements, if any, would you suggest for enhancing student learning related to CT and CJ at alternative pediatric clinical sites?	Faculty suggestions could uncover valuable strategies or areas for program development, tying their experiences to actionable outcomes.
Additional Questions for Consideration		
	How do faculty expectations of student CT and CJ compare to what they observe in practice at alternative sites?	Understanding gaps between expectations and actual observations can provide insights into whether alternative sites meet educational goals and where adjustments might be necessary.
	Which characteristics of the clinical site where you teach/taught enhanced or limited the development of CT and CJ?	Each alternative site comes with unique characteristics. Site-specific barriers and advantages related to CT and CJ development may be

	<p>a. Can you share any lessons learned from facilitating collaborative learning at alternative pediatric clinical sites?</p>	<p>identified by exploring how these influence student learning.</p>
	<p>How do nursing faculty perceive the development of CT and CJ in students across different types of alternative sites?</p> <p>a. How do students perceive the value of collaborative learning at alternative clinical sites</p> <p>b. What feedback have you received from students about CT, CJ, and collaborative learning?</p>	<p>Different types of alternative sites (e.g., community-based clinics vs. simulation labs) may have varying impacts on CT and CJ development. Comparing these settings helps identify their strengths and weaknesses.</p>

Appendix B: Recruitment Flyers and Invitations

EMAIL**Subject line:**

Interviewing Pediatric Nurse Educators Summer 2025 (\$15 Amazon thank you gift card)

Email message:

There is a new study about the faculty perceptions of student use of critical thinking and clinical judgment in prelicensure alternative pediatric clinical education to better understand and help nurse educators and the students they serve. For this study, you are invited to describe your experiences with students at alternative pediatric clinical sites.

About the study:

- One 30-45 minute Zoom interview that will be audio-recorded (video-recorded via Zoom for transcription, participants will be asked to keep their camera off)
- You would receive a \$15 Visa gift card as a thank you
- To protect your privacy, the published study will not share any names or details that identify you

Volunteers must meet these requirements:

- 18 years old or older
- Pediatric nursing faculty with an RN license in the U.S.
- At least 1 year of undergraduate clinical teaching experience in a non-hospital setting
- Familiarity with the concepts of critical thinking and clinical judgment

This interview is part of the doctoral study for Vanessa Lugo, a Ph.D. student at Walden University. Interviews will take place during the Summer of 2025 (June through August).

Please email to let the researcher know of your interest. You are welcome to forward it to others who might be interested.

Social Media Invitation Template



There is a new study about the faculty perceptions of student use of critical thinking and clinical judgment in prelicensure alternative pediatric clinical education to better understand and help nurse educators and the students they serve. For this study, you are invited to describe your experiences with students at alternative pediatric clinical sites.

About the study:

- One 30-45 minute Zoom interview that will be audio-recorded (video-recorded via Zoom for transcription, participants will be asked to keep their camera off)
- You would receive a \$15 Amazon gift card as a thank you
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- 18 years old or older
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This interview is part of the doctoral study for Vanessa Lugo, a Ph.D. student at Walden University. Interviews will take place during the Summer of 2025 (June through August).

Please message Vanessa privately or email to let them know of your interest.

Flyer



There is a new study about the faculty perceptions of student use of critical thinking and clinical judgment in prelicensure alternative pediatric clinical education to better understand and help nurse educators and the students they serve. For this study, you are invited to describe your experiences with students at alternative pediatric clinical sites.

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This interview is part of the doctoral study for Vanessa Lugo, a Ph.D. student at Walden University. Interviews will take place during the Summer of 2025 (June through August).

To confidentially volunteer, contact the researcher: Vanessa Lugo

Appendix C: Participant Screening Questions

Initial Participant Screening Questionnaire

- Are you over 18 years?
- Are you an enrolled Native American tribal member or descendant of a federally recognized Tribe?
- Are you an RN with current US licensure?
- Are your professional activities primarily based in the northeastern United States (NY, NJ, PA, MD, DE, or VA)?
- Can you confirm your involvement as undergraduate nursing faculty in pediatric clinical programs at an accredited school of nursing situated in the Northeastern United States in the last five years for at least one year?
- Are you familiar with the concepts of critical thinking (CT) and clinical judgment (CJ) as defined in the nursing curriculum at your institution?

Appendix D: Demographics of Participants

1. What gender do you identify with?
 - a. Female
 - b. Male
 - c. Prefer not to answer

2. What age are you?
 - a. 20-30
 - b. 31-40
 - c. 41-50
 - d. 51-60
 - e. 61+
 - f. Prefer not to answer

3. What is your race/ethnicity?
 - a. Caucasian
 - b. Black/African American
 - c. Asian American
 - d. Hispanic/Latino
 - e. Indian American
 - f. Native American
 - g. Other (please specify)
 - h. Prefer not to answer

4. What is your current job title?
 - a. Nursing faculty/staff at a university
 - b. Nursing faculty/staff at a Community College or Proprietary school
 - c. Nurse Educator (clinical or inpatient facility)
 - d. Other (please specify)
 - e. Prefer not to answer

5. How long have you been in your role as an educator?
 - a. 1-2 years
 - b. 2-5 years
 - c. 6-10 years
 - d. 10+ years
 - e. Prefer not to answer

6. What is your highest level of education?
 - a. Bachelor's degree
 - b. Master's Degree
 - c. PhD or EdD
 - d. Prefer not to answer