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Guideline Development for an Adjunct Faculty Orientation in Prelicensure Nursing Programs

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Walden University
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MSN, Kaplan University, 2013

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Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

A research study conducted by the National Council of State Boards of Nursing noted adjunct faculty educators have significant learning requirements and that nursing education throughout the United States has not met the basic needs of novice adjunct faculty educators. Adjunct faculty at a local community college noted a deficit in the orientation process for new clinical faculty. The purpose of this quality improvement project was to develop a guideline for new clinical faculty orientation. The sources of evidence were a literature review and a survey using the Delphi process with an expert panel comprising a group of 7 interested faculty, seasoned educators, and area hospital nurse educators. The Delphi process was used to achieve consensus on methods to orient adjunct faculty to their new role of clinical nurse educator. The knowledge-to-action cycle was used as the foundation for the adjunct faculty orientation recommendations. Benner's novice-to-expert theory was used as the framework to develop and to evaluate the competency level of adjunct faculty educators. Expert panelists recommended that clinical faculty orientation consist of a mixture of group orientation workshops, peer mentoring, seminar, role-modeling, role play, and written resources. An evidence-based adjunct faculty orientation guideline has the potential to positively affect social change by improving the teaching competence of nurse clinical experts who become new adjunct faculty nurse educators; thereby improving the quality of nursing care given by novice nurses beginning clinical practice, and ultimately, promoting positive outcomes in patient care.

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Section 1: Nature of the Project

Introduction

Nursing education programs are having difficulties hiring qualified faculty

members due to the nursing faculty shortage (National Council of State Boards of

Nursing [NCSBN], 2008). In order to meet the needs of undergraduate nursing programs

and nursing students, nursing programs are hiring clinical experts as adjunct faculty to

teach and supervise students' clinical education (NCSBN, 2008). The NCSBN, 2008,

study has shown that adjunct faculty members, who often do not have a master's degree

and/or experience in education, are not adequately prepared to teach in the clinical

setting. Adjunct faculty orientation guidelines would provide an opportunity to prepare

adjunct faculty members to educate nursing students in the clinical environment. Schaar,

Titzer, and Beckham, 2015, research findings have shown that a formal orientation

program enables clinical experts to successfully transition into their new role as an

educator. Due to the fact that adjunct faculty educators have significant learning needs,

the NCSBN, 2008, study recommended that novice adjunct faculty receive an orientation

that involves role modeling, curriculum integration, and ongoing staff development. A

National League for Nursing Position Statement (2006) stated that novice adjunct faculty

educators need mentoring by experienced educators to learn the best methods to teach

nursing students the critical thinking skills they will need in order to make safe decisions

in patient care activities. Adequately prepared adjunct faculty educators will be able to

provide in-depth learning experiences so that new graduate nurses are prepared to meet the future needs of nursing (NCSBN, 2008).

Problem Statement

Many schools of nursing are experiencing a shortage of qualified educators to fill full-time faculty positions and are increasingly using adjunct faculty educators to meet program needs (Roberts, Chrisman, & Flowers, 2013). Most adjunct faculty educators are hired to teach the clinical areas of the nursing program (Rice, 2016). In a research study conducted by the NCSBN (2008) it was noted that academic institutions within the United States are not providing an adequate orientation to meet the substantial learning needs of adjunct faculty educators. High-quality nurse educators are necessary in order to adequately prepare future nurses for the complexities of the health care environment. The local gap in practice is that adjunct clinical faculty at a local community college have noted a deficit in the orientation process for new clinical faculty.

High quality education is especially important in nursing clinical education. The clinical environment teaches nursing students to think and act like a professional nurse (Suplee, Gardner, & Jerome-D'Emilia, 2014). In addition, nursing programs that do not orient adjunct faculty educators to the didactic portion of the program are contributing to the theory-practice gap noticed in nursing students (Roberts et al., 2013). Despite the importance of clinical education, many new adjunct faculty members reported feeling uncomfortable with their role, unprepared to teach, having unmet needs, and difficulties in dealing with student issues (Roberts et al., 2013).   In order to improve nursing

education, it is important to develop an orientation program that will meet the needs of adjunct faculty members to promote better job satisfaction, decrease the theory-practice gap, align clinical teaching with classroom teaching, and promote better faculty-student relationships.

Purpose

The purpose of this quality improvement project was to develop a guideline for the orientation process for new adjunct faculty educators in undergraduate nursing programs. The purpose of developing the guideline was to improve the performance of adjunct faculty educators in order to improve the quality of nursing educational programs. According to Baker, 2010, an effective adjunct faculty orientation program promotes excellence in nursing education, improves adjunct faculty retention, and promotes continuing education for adjunct faculty. In addition, an environment conducive to improving adjunct faculty educators' satisfaction improves adjunct faculty retention and satisfaction which promotes higher quality student experiences (Hewitt & Lewallen, 2010). Conversely, an inadequate adjunct faculty orientation program can cause feelings of role dissatisfaction, isolation from the institution and curriculum, increased stress, and difficulties in developing student relationships (Owens, 2017).

The Delphi technique was the approach used to design the adjunct faculty orientation guideline. The Delphi technique uses a panel of experts to develop a consensus opinion for the development of recommendations (Grove, Burns, & Gray, 2013). This technique is consistent with the role of the Doctor of Nursing Practice (DNP)

student using literature in conjunction with expert opinion to improve the practice of the nurse educator. The guiding practice question for the doctoral project was: "Can an expert panel develop a guideline for an orientation program for clinical faculty members?"

Nature of the Doctoral Project

I addressed the gaps in the literature by using a Delphi survey of an expert panel to develop guideline recommendations for adjunct faculty orientation in undergraduate nursing education, defined the essential requirements for an adjunct faculty orientation program, defined a competent adjunct faculty member, and provided clear measures to improve adjunct faculty satisfaction, retention, and performance. A comprehensive literature review was completed to provide current knowledge about the topic. Textbooks were used as a resource for frameworks and data analysis. A group of interested clinical faculty, seasoned educators, and area hospital nurse educators from undergraduate nursing programs were convened to create an expert panel to help develop the adjunct faculty orientation guideline. This group of experts were selected using a consecutive, purposive sampling method in which a group of experts were selected from a population of nurse educators within an undergraduate nursing program and invited to join in the study during a specific time interval via email. The panel of experts received questionnaires via email to provide input until a consensus was reached for the guideline. Expert panels that remain anonymous to each other and have a variety of perspectives reduce bias (Grove, Burns, & Gray, 2013). This expert panel provided ongoing input

until most of the panel approved of the adjunct faculty orientation guideline recommendations.

A meta-synthesis of similar research studies involving adjunct faculty orientation was used to establish the essential requirements necessary for orienting adjunct faculty educators as they transition into the role of nursing clinical educator. The meta-synthesis combines the research findings from multiple journal articles in order to discover known knowledge (Grove et al., 2013). According to Polit and Beck, 2012, the Noblit and Hare approach to meta-synthesis involves deciding upon a phenomenon, deciding which studies were relevant, reading and re-reading each study, creating themes, translating the studies, and developing the themes. This approach was used to create themes which were included in the expert panel surveys. The expert panel provided a majority consensus opinion on the best method of orientation to meet each theme in the development of the guideline for an adjunct faculty orientation program. Each email survey clarified the best methods to address each theme and were used to create the adjunct faculty orientation program guideline.

Significance

Guidelines for an adjunct faculty orientation can significantly impact nursing education, the quality of nursing graduates, and the quality of nursing care practices. My comprehensive review of the literature revealed that adjunct faculty members have few opportunities to learn from experienced educators, are excluded from or fail to attend faculty meetings, and are not provided with opportunities for professional development

(see Santisteban & Egues, 2014). The lack of preparation for adjunct faculty educators in nursing education is a serious problem that needs to be addressed. Educators, who are not prepared to teach nursing students, can influence the quality of graduating nurses. The NCSBN (2008) research study discovered that well-prepared seasoned faculty members had significantly better student outcomes in regard to educating student nurses and in teaching student nurses to learn clinical reasoning skills. Clinical reasoning skills are necessary in the graduate nurse in order to provide quality care in nursing practice. Nursing education needs to focus on teaching strategies that promote critical thinking to prepare student nurses to make decisions that provide safe, competent nursing care (Davis, 2011). Adjunct faculty educators need to be prepared to meet the learning needs of student nurses. Forbes, Hickey, and White, 2010, research findings support the fact that adjunct faculty members are ranked as significantly less effective in their teaching abilities and are not consistently meeting course objectives.

In order to change the culture of nursing programs and to improve the performance of adjunct faculty educators, an expert panel was used to develop a guideline to improve the process for adjunct faculty orientation. As educators within the nursing program, the expert panel members were important stakeholders in the development of the orientation process guideline. Kumm and Fletcher, 2012, found that it was essential to include important faculty stakeholders in the consensus process in order to be able to effectively change the culture of adjunct faculty orientation within the academic setting. Input from faculty educators provided knowledge about the clinical

educator role and information about the perceived and actual needs of adjunct faculty educators to improve clinical education performance (see Roberts et al., 2013). Nursing programs need to prepare nursing students to practice safely in the practice setting as an employee and to be able to meet national practice standards for nursing (Davis, 2011). By involving stakeholders in the development process, the newly designed orientation program guideline will be feasible to implement and will be able to improve the adjunct faculty educator's skills to meet the learning needs of the undergraduate nurse.

Clinical nurse educators need to be able to teach nursing students to critically think and to make reasoned decisions in order to promote safe and effective nursing practice (NCSBN, 2008). The NCSBN (2008) research findings show that graduate nurses continue to lack the decision-making skills necessary to prepare them for their role as a nurse. This lack in graduate nursing skills may be directly linked to adjunct faculty performance, which may be related to an inadequate orientation. An inadequate adjunct faculty orientation may unintentionally lead to less effective clinical education (Forbes, Hickey, & White, 2010). Student nurses reported that their clinical experience influenced them the most in the development of their nursing skills, knowledge, and performance of the nursing role (Sedgwick, Osterbroek, & Ponomar, 2014). A quality adjunct faculty orientation program may improve the quality of the nursing program, the quality of graduate nurses, the quality of the nursing profession, and the quality of future patient care.

Summary

An Adjunct faculty orientation guideline has the ability to improve the quality of nursing education. Adjunct faculty orientation should provide an opportunity for the novice educator to successfully transition to their new role so that they can develop good instructor-student relationships, encourage the development of critical thinking in nursing students, and promote excellence in clinical teaching (Schoening, 2013). Nursing educational programs need to have qualified nurse educators teaching student nurses in order to graduate high-quality nurses. An expert clinical educator will have the ability to maintain academic standards by providing high-quality education in the clinical setting (Rice, 2016). Roberts, et al, 2012, noted that student performance in the clinical setting was directly linked to the ability of the clinical educator. An orientation program that addresses the needs of the adjunct faculty educator will improve the educators' performance and satisfaction which will be reflected in their attainment of educational competencies and will be demonstrated in the performance of the nursing students (Roberts et al., 2013). In order to improve the competence and effectiveness of adjunct faculty educators, an orientation program guideline is necessary to provide uniformity in nursing education and to improve the quality of education. Section 2 will provide the background and context for this project.

Section 2: Background and Context

Introduction

In the research study conducted by the NCSBN (2008), the findings showed that adjunct faculty educators were not being adequately oriented and prepared for their new role as an educator. The purpose of developing the adjunct faculty orientation program guideline was to improve the performance of adjunct faculty educators, to improve the performance of undergraduate nurses, and to improve the quality of nursing educational programs. Adjunct clinical faculty, who teach in undergraduate nursing programs, need a better orientation process in order to be prepared to meet the needs of the student and to feel comfortable in the teaching role. In order to develop a DNP project to create a best practice guideline for adjunct faculty orientation, a concise plan needed to be developed so that the problem could be resolved in a systematic manner. The guiding practice question for the doctoral project was: "Can an expert panel develop a guideline for an orientation program for clinical faculty members?"

Key concepts, models, and theories involved in the orientation process of adjunct faculty educators supported an organized method to implement the development of an adjunct faculty orientation guideline for undergraduate nursing programs. Concepts were defined and clarified to provide effective communication through the creation of a commonly understood language. Musker, 2011, state that the use of models and theories improves the comprehension of ideas and the application of knowledge into practice. In addition, McEwen and Wills, 2014, state theories link concepts to relationships in order

to understand the whole topic of interest in an organized manner. In order to understand the quality improvement processes in the development and implementation of the adjunct faculty orientation program guideline, key concepts, models, and theories were clarified.

Concepts, Models, and Theories

The concept of novice adjunct faculty educators guided this DNP project. Adjunct faculty was defined with the definition provided by Forbes, Hickey, and White (2010), as part-time faculty members who are not on the tenure track, who are primarily responsible for clinical education of undergraduate nursing students, and who provide specific expertise from their area of practice. Novice was defined as adjunct faculty educators with less than 2 years of experience teaching in the clinical areas of an undergraduate nursing program. Research findings from Duffy, 2013, show that it can take up to 3 years for new faculty members to become comfortable with their new role. The adjunct faculty educator was also be defined as educators who are part-time, have been in their new role less than 2 years, and are teaching undergraduate student nurses in the clinical portion of the nursing program. Orientation was described by Roberts, et al., 2013, as the formal and informal processes by which adjunct clinical faculty educators learn their role, responsibilities, and the policies and procedures of the program. Once the key terms were clarified, I developed a process to design and implement the orientation program guideline.

The knowledge to action cycle (KTA) was used as the conceptual model to design the adjunct faculty orientation program guideline. In the KTA, knowledge is created

through knowledge inquiry, synthesis, and the use of tools from research to create useful knowledge (Quality and Value Through Outcomes [EPI-Q], n.d.). Knowledge for developing an orientation guideline for adjunct faculty educators was derived from a meta-synthesis of the literature along with input from an expert panel of nursing faculty. Knowledge from evidence should be applied in an actual setting by tailoring the knowledge to the setting, by overcoming barriers, by involving stakeholders, and by meeting the needs of those intended to use the knowledge (Field, Booth, Ilott, & Gerrish, 2014). The Delphi process with the expert panel was used for the application phase of the KTA. Valid and reliable studies should be guided by theory (Field et al., 2014). An assessment and evaluation tool, Nursing Faculty Competency Assessment, developed by Baker, 2010, (see Appendix A) which incorporated Benner's novice to expert theory was used to help the expert panel apply the knowledge from the synthesis of the literature. The KTA framework, the theoretical assessment tool, and the Delphi process were used to design the adjunct faculty orientation program guideline and to establish a post orientation competency evaluation method. Benner's expert to novice theory stated that as nurses move from an area in which they are experts to a new area with a different role, they become novices again (Cangelosi, Crocker, & Sorrell, 2009). As novice nurse educators, newly hired adjunct faculty need to move through the stages of skill acquisition of advanced beginner (demonstrate acceptable performance but are rule and task oriented and need the assistance of those who are more experienced), competent (begins to recognize patterns but is more focused on time management and task mastery

and needs active coaching in order to improve), proficient (sees the whole picture and has an intuitive understanding of the situation and become more confident in abilities), and expert (has an intuitive grasp of the situation and is able to respond quickly with reasoning to solve a problem) (Alligood & Tomey, 2010). In Benner's theory of skill acquisition, each level of skill acquisition has essential teaching and learning needs (Alligood & Tomey, 2010). Research findings from the NCSBN (2008) study showed that novice nurse educators have significant learning needs and require faculty development in order to become proficient and to not become overwhelmed by the new role as a faculty member. The use of Benner's theory in the tool, clarified the steps of the orientation guideline and the development of competent nurse educators. Benner's skill acquisition theory has been used in nursing to design promotional ladders and to define skill sets for the novice, advanced beginner, competent, proficient, and expert nurse role (Alligood & Tomey, 2010).

In addition to developing the guideline, Baker's tool was used to evaluate the outcome of the orientation program. The development of achievable learning outcomes provides a focus for program effectiveness (University of Sussex, 2015). Competent adjunct faculty educators will be able to meet the needs of undergraduate nursing programs. With the use of the recommendations within the adjunct faculty orientation guideline, undergraduate nursing programs will be able to tailor their adjunct faculty orientation processes to meet the specific learning needs of their adjunct faculty and to effectively evaluate their orientation process. The KTA process of knowledge

development is active and the phases of the process may impact other phases which enables refining and redefining throughout the process (Field et al., 2014). The KTA cycle provides a fluid system of evaluation and improvement for the orientation process of adjunct faculty educators.

The expert panel of stakeholders consisting of seasoned educators, adjunct faculty educators, and area hospital nurse educators provided the inner circle of knowledge development of the KTA. This developed knowledge was used to provide recommendations for the orientation process within the guideline. Each academic institution will use the knowledge created by the expert panel to design an orientation program that is in alignment with the philosophy and practice at that academic site. Faculty members are more likely to adopt new innovations if they are involved in the design process (Kumm & Fletcher, 2012). Surveys via email were sent to the expert panel until there was a majority agreement for orientation program recommendations. A consensus decision-making process may take longer but will expedite the acceptance of the new intervention (Kumm & Fletcher, 2012). Expert consensus development of the adjunct faculty orientation process will improve the application of evidence into the practice setting of undergraduate nursing programs.

Relevance to Nursing Practice

Adjunct faculty educators usually perform education roles in the clinical education portion of nursing programs such as in clinical nursing education in the hospital setting, in clinical hours in the simulation laboratory, and/or in the general

laboratory setting (Roberts et al., 2013). Clinical education is a very important component of nursing education. The clinical experiences provided in nursing programs are the areas in which student nurses learn nursing skills, problem solving mechanisms, clinical reasoning, and the role of a nurse (Suplee et al., 2014). A study conducted by the NCSBN (2008) discovered that educators were not prepared to teach student nurses in the clinical setting due in part to the fact that schools of nursing were hiring nurses below the recommended minimum of a master's degree in nursing education as adjunct faculty educators (NCSBN, 2008). Lack of advanced education preparation is further compounded by the fact that most nursing programs do not invest time in orienting adjunct faculty educators. In a research study conducted by Suplee et al., 2014, it was discovered that 31% of clinical faculty stated they had no training for their role, 38% had gained some information in their graduate programs, and 53% had gained information in orientation at their educational institution. Developing a comprehensive orientation for adjunct faculty educators is necessary to fill the gaps in education.

Developing an orientation program guideline for adjunct faculty educators will improve the quality of nursing education. The study conducted by the NCSBN (2008) revealed that educators, who are prepared to teach in the clinical setting, provide better instruction to the student nurse because they are able to provide high-level questioning techniques that promoted critical thinking in nursing students. Nurses, who have strong clinical skills, but do not have a higher degree in education, offer a valuable service to nursing education. The NCSBN (2008) study also disclosed that clinical nurse educators

need to be competent in the clinical area they teach in order to serve as role models for the student nurse. A comprehensive orientation program can be used to help improve the competency level and ability of adjunct faculty educators in using educational modalities to teach nursing students (Rice, 2016). Better prepared adjunct faculty educators may provide better instruction to student nurses which has the potential to improve the ability of schools of nursing to graduate more qualified nurses. The complex health care system needs graduate nurses who can think and make decisions to improve patient care (National League for Nursing [NLN], 2006).

Previous studies within the literature have identified the need for an effective adjunct faculty orientation process and have explored the orientation needs of adjunct faculty educators. A research study conducted by Schoening, 2013, used a mentorship program to try to meet the needs of adjunct faculty, but mentioned that the chosen method may not be appropriate for nurses transitioning into the new role of adjunct faculty educator. A comprehensive review of the literature revealed that role-modeling through mentorships was very limited in adjunct nursing orientation programs related to the busy schedules of adjunct faculty, limited financial resources for adjunct faculty orientation, and exclusion from tenured faculty meetings and professional developmental opportunities (Santisteban & Egues, 2014). Investigating the problem of inadequate orientation for adjunct faculty members helped to discover evidence-based standards as well as provide further evidence for the type of resources and training that adjunct faculty members require to be prepared to teach in the clinical setting. The NCSBN (2008)

research study recommended that part-time, adjunct, and novice faculty members receive a comprehensive orientation with ongoing professional development opportunities. My project adds knowledge to fill gaps in the literature by developing an adjunct faculty orientation program guideline based upon a synthesis from the literature and a consensus opinion from an expert panel of nurse educators. The guideline provides a framework for creating an orientation program that will meet the learning needs of adjunct faculty educators while being flexible to meet the needs of individual undergraduate nursing programs. Program designs need to be flexible in order to meet the individualized needs of each setting (Kettner, Moroney, & Martin, 2017). This flexibility will help make the guideline more applicable to other undergraduate nursing programs.

Local Background and Context

The adjunct faculty orientation program guideline was developed for adjunct faculty teaching in undergraduate nursing programs. A comprehensive review of the literature revealed that adjunct faculty lack support in learning the essential competencies needed for education (Santisteban & Egues, 2014). The NLN (2006) position statement recommended that novice adjunct nurse faculty be mentored by an experienced, flexible, and available nurse educator the entire first year to provide resources, to answer questions, and to provide information about knowledge, skills, behaviors, and values. The NCSBN (2008) study recommended that novice adjunct faculty receive a comprehensive and ongoing orientation due to their research findings that adjunct faculty educators have significant learning needs and are often overwhelmed by their new role.

An adjunct faculty orientation program guideline for undergraduate nursing schools supports the mission and vision of undergraduate nursing education. The mission of the practicum site is to provide high quality, affordable, accessible, and innovative lifelong learning (Anonymous Nursing Program, 2017-2018). Recommendations from a comprehensive review of the literature supported the use of an orientation guideline for adjunct faculty educators to meet the needs of adjunct faculty so that nursing programs can provide the best education for nursing students (Santisteban & Egues, 2014). The NCSBN (2008) recommended that the State Boards of Nursing assess the orientation processes of adjunct faculty when evaluating nursing programs. In order to meet accreditation requirements by their Board of Nursing, undergraduate nursing programs will need to have an approved orientation process for their nursing program (Lewallen, 2015). The vision of the practicum site is to be a premier learning community (Anonymous Nursing Program, 2017-2018). A premier learning college nursing program would be approved by external accreditation. A positive program evaluation by accreditors is an important standard to prove academic excellence as a nursing program (Lewallen, 2015).

Role of the DNP Student

My role was multifaceted. The first role was that of a facilitator of knowledge into practice. The DNP program prepares the graduate student to be able to design and to direct quality improvement projects and to apply knowledge to solve a practice problem (American Association of Colleges of Nursing [AACN], 2006). In order to solve the

problem of an inadequate orientation process for adjunct faculty educators, I formed an

expert panel from the undergraduate nursing program to help design the adjunct faculty

orientation guideline. The guideline was based upon the consensus input from the panel

of experts with the use of the Delphi process.

Using the Delphi process, I developed and sent questionnaires to the expert panel.

Each expert panel member provided their opinion for the best method to orient adjunct

faculty educators that met the competencies within Baker's tool and the learning needs of

adjunct faculty educators. The learning needs of adjunct faculty educators were provided

in the form of themes derived from the literature review. As per Grove et al., 2013, the

responses from the questionnaires were analyzed and summarized with additional

questionnaires until a consensus was reached. The DNP graduate student is prepared to

collect and analyze data (AACN, 2006). The anonymity of each panel member along

with the inability of the researcher to personally persuade the expert panel's opinion

decreases bias in the study findings (Grove et al., 2013). Information regarding consensus

opinion from the previous questionnaire was included in subsequent questionnaires. The

Delphi process continued until a majority consensus was achieved for best orientation

method to orient adjunct faculty educators that met the learning needs of adjunct faculty

and met the competencies within Baker's tool.

The DNP graduate student is prepared with the knowledge and the ability to

educate others (AACN, 2006). As an educator, I provided the expert panel with

information about the importance of the project, the goals and objectives of the project,

and the evidence from the literature synthesis. The DNP graduate student is equipped to

develop new approaches for practice based upon theory and evidence (AACN, 2006). In

addition to providing education, I acted in the role of a collaborator. The DNP graduate

student is adept in practicing in a collaborative manner with interprofessional teams and

facilitating team functioning by overcoming barriers in order to improve professional

practices (AACN, 2006). As a collaborator, I communicated with each panel expert

member throughout the Delphi process. Communication was provided to motivate the

panel to continue the process until a consensus opinion was reached. Once a consensus

opinion was reached, the data from the expert panel was used to design the orientation

program guideline. As the lead in the DNP project, I was the primary contact person for

all panel members, was responsible for sending emails, and was responsible for

compiling data.

In addition to being a DNP student, I am an adjunct faculty educator. As an

adjunct faculty educator, I have the unique perspective from within the adjunct faculty

educator role to improve the quality of the DNP project. An identified problem that one is

familiar with provides prior knowledge about the subject and can contribute to the quality

of the project (Polit & Beck, 2012). Often the evidence from the literature review, does

not provide enough information to design an intervention (Polit & Beck, 2012). Whereas,

understanding the perspective of the target audience can improve the design of the

intervention (Polit & Beck, 2012). As an adjunct faculty educator, I have an

understanding of the difficulties adjunct faculty educators encounter in their transition

from a bedside nurse to a nurse educator. This understanding can provide valuable insight into the development of an adjunct faculty orientation program guideline for undergraduate nursing programs.

Additionally, as an adjunct faculty educator, I needed to be aware of my beliefs and feelings in order to develop an unbiased adjunct faculty orientation program. It is important to understand potential biases in order to be objective about data results (Polit & Beck, 2012). In order to not accidentally affect the results of the study, the expert panel were contacted via email and utilized a tool designed by another. It is important to be careful that subtle communication does not inadvertently communicate preferred responses (Polit & Beck, 2012). Use of an existing tool for the project added validity and reliability to the results. The development of a new tool should be a last resort because it is difficulty to develop an accurate and reliable measuring tool (Polit & Beck, 2012). Written permission has been obtained from Baker, who designed the tool.

<div align="center">**Role of the Project Team**</div>

The DNP team consisted of an expert panel of interested adjunct faculty, seasoned educators, and area hospital nurse educators. The team utilized the Delphi technique to form a consensus opinion as to which method should be used to address the adjunct faculty educator's perceived needs when orienting adjunct faculty educators within undergraduate schools of nursing. The perceived needs of adjunct faculty educators were based upon evidence from the literature synthesis. In addition to meeting the needs of adjunct faculty educators, the Delphi process used the Nursing Faculty Assessment

Survey Tool with Benner's novice to expert theory as the foundation for achieving

competent nurse educators. The expert panel was tasked with the responsibility to reach a

consensus opinion about the best orientation method to meet each of the 16 competencies

within the tool. The responses from the expert panel formed the recommendations for the

adjunct faculty orientation guideline for undergraduate nursing programs.

The Delphi process along with the knowledge identified in the literature synthesis

completed the inner circle of knowledge creation within the knowledge to action cycle

(KTA). The KTA is dynamic process with phases that affect other phases of the cycle

(Field et al., 2014). Many of the phases occur concurrently (Field et al., 2014). Due to

the dynamic property of the KTA, the phases of the development of the recommendations

for the orientation guideline may occur simultaneously and one phase may affect another

which in turn creates change as the process moves forward.

Following a majority consensus as to which orientation method was preferred for

each component of the tool, Nursing Faculty Assessment Survey Tool, the orientation

guideline was developed. The outer portion of the action cycle of the KTA is fluid and is

portrayed as a circle that can move in multiple directions with problem identification,

adaptation of knowledge to local context, assessment of barriers to use, tailoring

implementation strategies, monitoring knowledge, evaluating outcomes, and sustaining

knowledge (Field et al., 2014). For the purpose of this project an evaluation tool, the

Nursing Faculty Assessment Survey Tool, was used to develop an orientation guideline

that is flexible so that individual programs can adapt the recommendations within the

guideline to meet the needs of their adjunct faculty educators and the needs of their nursing program. Each school of nursing will implement the recommendations within the guideline by adapting the recommendations to their school, by assessing individual school barriers that need to be overcome, by developing individualized strategies to implement the recommendations, by developing methods for monitoring and evaluating outcomes, and by sustaining the use of learned knowledge from the implementation of the recommendations. Implementation and evaluation will not be completed at the practicum site due to time constraints.

Summary

In summary, the expert panel used a majority consensus to provide the knowledge creation portion of the KTA cycle to provide the method they felt would best suited to provide competent adjunct faculty educators and to meet the learning needs of adjunct faculty educators. The recommendations within the guideline are intended to serve as the creation of knowledge for schools of nursing to develop an individualized adjunct faculty orientation program that would meet the needs of undergraduate nursing programs and the learning needs of adjunct faculty educators. Benner's novice to expert theory was the foundation for improving the competency level of adjunct faculty educators. The use of Benner's theory within Baker's tool, provides a method for nursing programs that are using the guideline to measure the effectiveness of their orientation program and to evaluate the competency level of their adjunct faculty educators. The team of experts consisted of interested clinical faculty, seasoned educators, and area hospital nurse

educators to ensure that the orientation program guideline and the adjunct faculty competencies were in alignment with the goals of undergraduate nursing programs. The DNP project gathered data from a literature synthesis and used the Delphi process to achieve a consensus opinion from the expert panel to create recommendations for the orientation program guideline. Section three will discuss the collection and analysis of evidence.

Section 3: Collection and Analysis of Evidence

Introduction

The purpose of this quality improvement project was to develop an orientation guideline for new adjunct faculty educators in prelicensure nursing programs. Local adjunct faculty educators noticed a deficit in the orientation processes for new clinical faculty and expressed a need for more information and education in the orientation process to assist them in meeting the needs of nursing students. Based upon evidence provided by the Faculty Qualification Committee findings in the NCSBN (2008) study, which recommended that novice adjunct faculty receive a comprehensive and ongoing orientation, the study committee revealed that adjunct faculty members have significant learning needs, are often overwhelmed by their new role, and require extensive orientation to become proficient educators. The purpose of this quality improvement project was to develop an orientation process for newly hired adjunct faculty educators in prelicensure nursing programs. An additional purpose of the DNP project was to reduce the gaps noted within the literature by developing a comprehensive adjunct faculty orientation program guideline that met the basic needs of adjunct faculty educators in undergraduate nursing education. The guiding practice question for the doctoral project was: "Can an expert panel develop a guideline for an orientation program for clinical faculty members?"

Sources of Evidence

Evidence was acquired through a literature synthesis of peer reviewed journals. A literature search can gather evidence for best practices to help improve practices (Stichler et al., 2011). The databases that were used were EBESCO, Science Direct, Academic Search Premier, CINAHL with full text, Science Citation Index, ProQuest, MEDLINE with full text, ERIC, Ovid, and Education Source. Key search terms were *adjunct faculty orientation, faculty development, faculty mentor, part-time nurse faculty, orientation, nurse clinician, faculty nursing shortage, novice faculty,* and *nurse educator orientation.* The search in the literature covered a period of 2 years. The types of literature included primary qualitative research studies, mixed-methods primary research, review of evidence-based articles with an expert panel consensus from the NCSBN (2008) study, the position statement from the NLN, comprehensive literature reviews, primary quantitative research, and a pilot study. The comprehensive review of the literature to discover current evidence to support the DNP practice question began in 2017 and continued throughout the DNP project.

The literature synthesis supported the learning needs of adjunct faculty educators as they transition into their new role of educator. This evidence was presented to the expert panel to help guide the design of the adjunct faculty orientation program guideline and was categorized with the use of themes. A literature synthesis is used to refine themes (Grove et al., 2013). The expert panel used the themes of learning needs for adjunct faculty educators from the themes from the literature review to develop the

recommendations for the adjunct faculty orientation guideline for undergraduate nursing programs. The evidence from the literature review was used to provide information for the expert panel as the orientation program guideline was developed. The expert panel reviewed the themes, prioritized the themes, and connected the themes to competencies and to interventions to develop the recommendations for the adjunct faculty orientation guideline. In addition to themes from the literature, the panel of experts were surveyed via email using the Delphi technique to develop a consensus opinion for recommendations within the adjunct faculty orientation guideline. The recommendations were developed with the use of Baker's tool of 16 competencies for educators along with the themes from the literature review. Each expert panel member selected an orientation method derived from the literature synthesis that they felt would meet the learning needs of adjunct faculty educators and would meet each of the 16 competencies for adjunct faculty within Baker's tool. The competency tool used by the expert panel, Nursing Faculty Assessment Survey, has been successfully used to gather comparable data to the data that was required to develop this adjunct faculty orientation guideline (see Baker, 2010). I received written consent from Baker to use the assessment tool for this DNP project. The tool used a 16-question instrument with a four-point Likert scale with Benner's novice to expert theory. In Baker's (2010) study, test results were used to determine the learning needs for newly hired faculty. The survey instrument was given to faculty in a pretest/posttest design to evaluate the outcome of faculty orientation (Baker, 2010). The goal of the instrument was to cultivate excellence and to provide ongoing

faculty development (Baker, 2010). I used the instrument in my project as the foundation for expert panel to make recommendations that would transition nurses from the bedside to competent educators. In addition, the tool serves as a built-in method for nursing programs to evaluate the effectiveness of their orientation program and the competence of their adjunct faculty educators after implementing the recommendations within the adjunct faculty orientation guideline.

Evidence Generated for the Doctoral Project

An expert panel consisting of a group of interested clinical faculty, seasoned educators, and area hospital nurse educators was contacted via sequential questionnaires using the Delphi process in order to develop a majority consensus for the development of an adjunct faculty orientation program guideline, for a majority consensus for adjunct faculty competencies, and for the development of a method to deliver an adjunct faculty orientation program within undergraduate nursing programs. Consents (per Walden IRB requirements) were obtained from each participant that said, "I consent". In addition, the survey contained a statement stating that by returning the survey, the participant has agreed to participate in the research study. Under regulations 45 CRF 46.116 and 45 CRF 46.117, implied consent is obtained when the participant returns the survey document (U.S. Department of Health and Human Services [HHS], 2013). The expert panel participants' identities remain confidential. Participants have the right to privacy, anonymity, and confidentiality (Whiting & Vickers, 2010). All individuals' identities within the expert panel remained confidential. The initial survey contained the tool (see

Appendix B) along with a thematic synthesis of the perceived needs of adjunct faculty educators as they transition to the education role.

Walden University's IRB approved all strategies for data collection and approved the letter of consent for the expert panel members. Walden provided an approval number for the study, 03-14-18-0736830, with an expiration date of March 13, 2019. This number was provided in the study literature for each participant as per Walden IRB requirements. All participants' identities have been kept confidential. Risks are minimal. Benefits are the ability to reflect upon orientation processes. The expert panel was given, in writing, the right to withdraw from the research study at any time. The expert panel of interested clinical faculty, seasoned educators, and area hospital nurse educators were recruited with the help of the site preceptor. At the end of the DNP project, the expert panel participants received a thank you card with a ten-dollar gift card to Amazon as a thank you for their time.

Analysis and Synthesis

Information from the expert panel was analyzed using measures of central tendency and dispersion. The Delphi technique analyzes data by utilizing measures of central tendency and measures of dispersion (Grove et al., 2013). The results of the analysis were returned to the panel of experts along with another questionnaire and this process was continued until a majority consensus was reached for the recommendations within the orientation program guideline. The goal of the DNP project was to develop an

adjunct faculty orientation program guideline to improve role transition, to improve clinical teaching, and to develop ongoing adjunct faculty professional development.

Summary

Many adjunct faculty members do not feel prepared for their role as an educator. Adjunct faculty, who do not have the education to prepare them for their role, can experience transition stress, uncertainty, isolation, decreased job satisfaction, difficulty developing student-faculty relationships, and lack of support (Owens, 2017). Improving adjunct faculty's performance and role transition will benefit nursing by improving student nurses' education. To provide excellent educational opportunities for students, academia needs to invest time in developing novice educators (Cangelosi et al., 2009). The data findings from the DNP project's expert panel were used to create a comprehensive adjunct faculty orientation program guideline. Section four will discuss the findings and recommendations in the adjunct faculty guideline.

Section 4 Findings and Recommendations

Introduction

There was a noted problem in providing an adequate orientation in undergraduate nursing programs for adjunct faculty educators. Many adjunct faculty educators are hired to teach in the clinical setting due to their clinical proficiency, but lack preparation in educational development (Shanta, Kalanek, Moulton, & Lang, 2011). This lack of experience and training in educational modalities is compounded by an inadequate orientation at the academic level. The undergraduate schools within the practicum site community do not have an adequate orientation for adjunct faculty to provide a quality educational experience for undergraduate nursing students. The clinical experiences the nursing program provides is where nursing students learn to act and think like a nurse (Suplee et al., 2014).

An effective orientation program should nurture newly hired faculty, provide professional development, and socialize new faculty to their role as an educator and to the academic environment (Morin & Ashton, 2004). Therefore, the development of a guideline for an orientation program can provide the framework for academic institutions to develop a high-quality adjunct faculty orientation program for undergraduate nursing programs. The purpose of this DNP project was to develop a guideline for the orientation of adjunct faculty educators for undergraduate nursing programs. The guideline was developed by using the Delphi technique with an expert panel of educators. The Delphi

technique forms a consensus opinion through a series of emails and provides a structure for group decision making (Hodges & Videto, 2011).

Findings and Implications

A literature synthesis was completed in order to find common themes of perceived needs of adjunct faculty educators for a suitable orientation program (see Appendix C). Common themes of adjunct faculty needs from within the literature synthesis were isolation/lack of support, establishing a student/faculty relationship, understanding the nursing program and policies, understanding the nursing curriculum and student objectives, assessing and evaluating student learning, using technology to teach students, handling difficult student issues, providing constructive student feedback, lack of pedagogical skills, facilitating pre/post conference, and lack of professional development opportunities. These themes, along with the competency tool provided by Baker (2010), were used as the basis for the questions emailed to the expert panel. The expert panel members were asked to select the best methodology for orienting newly hired adjunct faculty that would meet both the perceived needs of adjunct faculty educators and provide the skills necessary to be competent in the 16 competencies within the instrument. Methodologies for adjunct faculty orientation were obtained from the literature synthesis and were peer mentoring, role modeling, group orientation workshop, seminar, online orientation, role-playing, and written resource materials.

The expert panel consisted of seven nurse faculty members from undergraduate nursing education who had an average of 21 years of experience as a nurse and an

average of 7 years of experience as an educator. It is recommended that an expert panel

consist of five to seven people (Hodges & Videto, 2011). Seven expert faculty members

were recruited through purposive sampling on a volunteer basis. Purposive sampling is a

common method used to in Delphi surveys (Polit & Beck, 2012). In the sample of nurse

experts, one nurse faculty member did not complete the second round of questions. Data

from this faculty member from the first round was used in the results. Six of the seven

faculty members had a master's degree and one had a baccalaureate degree. Six of the

seven had additional certifications. Six of the seven were adjunct faculty educators and

one was an associate professor. Two rounds of email surveys were needed to reach a

consensus opinion regarding the best method to orient newly hired adjunct faculty in a

manner that would meet the perceived needs of adjunct faculty while achieving

competence.

The Baker instrument contained 16 areas for adjunct faculty competency (Baker,

2010). Each survey question asked the expert panel to choose the best orientation

methodology for orienting adjunct faculty to meet the competency of the question. Then

each expert panel member was asked to select all the adjunct faculty learning needs that

would be met by the chosen orientation methodology for each competency. Baker's

instrument was based upon Benner's novice to expert theory to evaluate faculty

competency (Baker, 2010). "Benner's (1984) model is based on the belief that

theoretical knowledge informs practice, and experience provides the context for this

knowledge" (Cangelosi et al., 2009, p. 370). After implementing an orientation program

based upon the recommendations within the guideline, the Baker instrument provides a
method to measure the effectiveness of the orientation program and the competency level
of adjunct faculty educators. Newly hired adjunct faculty can do a self-assessment prior
to orientation, a self-assessment after the initial orientation program is completed, and a
self-assessment after 1 year of mentorship to measure the effectiveness of the orientation
process. Pretest/posttest designs collect data at multiple points to assess for change within
a group (Polit & Beck, 2012). The use of the assessment guideline to assess adjunct
faculty learning throughout the orientation process will enable the undergraduate nursing
program coordinators to evaluate the effectiveness of the orientation program and to
make changes as needed while evaluating the competency level of each individual
adjunct faculty educator.

 The perceived needs of faculty were developed for the study by a thematic
literature synthesis (see Appendix C). The themes for perceived faculty needs were
socialization and support, understanding program policies and procedures, understanding
program curriculum and student objectives, assessing and evaluation student learning, use
of technology to teach students, handling difficult student issues, providing constructive
student feedback, lack of pedagogical skills, facilitating pre/post conference, and lack of
professional developmental opportunities within the academic setting.

 The expert panel chose the group orientation workshop methodology more often
than any other method for an orientation program with peer mentoring second, followed
by seminar, role modeling, role-play, and a written resource to meet the competencies for

the tool and to meet the learning of adjunct faculty educators. Based upon data from the expert panel, an orientation program that uses a combination of the top four methodologies of orientation workshop, peer mentoring, seminar, and role-modeling should be able to meet all the perceived needs of adjunct faculty and be able to produce competent nurse faculty.

The expert panel consensus agreement determined that a group orientation workshop provided adjunct faculty with a venue for support and socialization, understanding program policies and procedures, understanding the curriculum and student objectives, assessing and evaluating student learning, use of technology to teach students, handling difficult student issues, providing constructive feedback for student learning, and facilitation of pre/post conference. The expert panel consensus agreement determined that peer mentoring provided adjunct faculty educators with the opportunity to become socialized in the role of the educator and to be provided support as they learn to establish student/faculty relationships, understand program policies and procedures, understand the curriculum and student objectives, learn to handle difficult student issues, provide constructive student feedback, learn pedagogical skills, and learn to facilitate pre/post conference.

Seminars were thought to be helpful in learning to establish student/faculty relationships, learning program policies and procedures, learning about the curriculum and student objectives, learning to handle difficult student issues, learning to provide constructive student feedback, learning pedagogical skills, learning to facilitate pre/post

conference. Role-modeling was found to be helpful for academic socialization, providing support, learning to establish student/faculty relationships, learning program policies and procedures, learning the curriculum and student objectives, assessing and evaluating student learning, using technology to teach students, learning to handle difficult student issues, learning to provide constructive feedback, and learning to facilitate pre/post conference.

Evidence from the literature supports the data results provided by the expert panel. Knowledge about the best method to orient new faculty is essential. The expanding need for more nurses has created a need for more nursing faculty which makes it imperative that nursing programs are able to hire and retain new nursing faculty (Forbes et al., 2010). An excellent orientation program for newly hired adjunct faculty educators improves the competency level of those newly hired while increasing retention rates (Baker, 2010). A group orientation workshop for orienting new faculty has been found to be beneficial. Orienting new faculty in a group format fosters a learning environment in which faculty can develop a collegial environment while learning from each other (Baker, 2010).

Adding a peer mentoring program to begin after the group orientation workshop will enhance the program's orientation methodology. Peer mentoring has been found to provide a comprehensive ongoing orientation that assists adjunct faculty in learning their new role while promoting professional development and career planning (Forbes et al., 2010). Peer mentoring has also been found to increase retention rates for newly hired

adjunct faculty educators (Forbes et al., 2010). In addition, the NLN (2006) position statement recommends using mentorship as a method of orienting new faculty.

The addition of seminars will help meet the needs of newly hired adjunct faculty. Seminars are effective in providing time for collaborative learning, information sharing, problem solving, and providing a venue to teach newly hired faculty about policies, procedure, the curriculum, and necessary teaching skills (Baker, 2010). Methods that integrate inexperienced adjunct faculty with full-time faculty improve role identity in newly hired educators (Forbes et al., 2010). The process of role-modeling involves inexperienced educators observing experienced educators to learn the knowledge and skills necessary to successfully transition into their new role by mirroring excellent clinical teaching strategies (Santisteban & Egues, 2014). The use of role-modeling is supported by the NCSBN study (2006) which recommended role-modeling for newly hired nurse educators so that the new educator could learn the culture, language, and practices for their new role.

Surprisingly, none of the expert panel members chose online education as a methodology for adjunct faculty orientation. The fact that online education was not chosen as a methodology to orient newly hired adjunct faculty is significant. This is an important finding because many nursing programs may be implementing online orientation modules for adjunct faculty due to ease of use. Many nursing programs are offering an online orientation for adjunct faculty because it is more convenient and efficient (Stinson, 2013). A study conducted by Gilbert and Womack, 2012, supported

the results of the expert panel as it was discovered that faculty feedback for an online orientation program was very negative despite the online orientation being accessible 24/7 with an assigned full-time faculty contact. Data from the survey results may impact the method undergraduate nursing programs may choose to orient adjunct faculty.

In addition, the expert panel did not feel that the orientation program methods provided an opportunity for ongoing professional development. Evidence from the literature revealed that ongoing professional development is necessary in order to provide high-quality student education in nursing. The NLN Position Statement (2006) recommended mentoring throughout the career of the nurse. The NLN (2006) position statement recommended early mentoring during the orientation period with an introduction to key personnel, resources, a review of the courses and curricula, and an introduction into the culture and politics of the faculty position. This initial orientation mentorship would then continue throughout the faculty career to promote individualized personal growth and leadership opportunities (NLN, 2006). Orientation needs to be more than an immediate effort to improve teaching effectiveness as it should be an ongoing practice to provide professional development and to improve academia as a whole entity (Morin & Ashton, 2004). The combination of both short-term and long-term mentoring has been found to be effective in promoting professional development of nurse educators (Schoening, 2013). Continuing a mentorship program following the initial orientation program will help to continue professional development of faculty throughout the duration of the nurse educator's career.

Implications for Nursing

Information from the expert panel informed recommendations for a guideline to help undergraduate nursing programs develop a comprehensive adjunct faculty orientation program. The guideline for a formal adjunct faculty orientation program for undergraduate nursing programs will provide valuable information on how to design an orientation program that will meet the needs of adjunct faculty and will provide competent adjunct faculty educators for their nursing program. Shoening (2013) reported that few undergraduate nursing programs have a formalized orientation process and that current orientation programs do not have a standardized method for orienting newly hired faculty. A guideline would help to standardize orientation programs for adjunct faculty and to provide a mechanism to ensure adjunct faculty competency. Scharr et al., 2015, identified a gap in the literature for articles that addressed developing the quality and the safety competency of adjunct faculty.

The use of adjunct faculty educators can positively impact an undergraduate nursing program. Adjunct faculty educators are necessary to help reduce the nurse faculty shortage and to ensure nursing programs have the available faculty members needed to teach future nurses (Owens, 2017). In addition, the clinical expertise provided by adjunct faculty educators, who are clinical experts, serves as an expert role-model for nursing students during clinical teaching (Roberts et al., 2013). An orientation program that provides competency in educating nursing students improves the quality of the nursing program. The NCSBN (2008) study stated that nursing programs need a balance of expert

clinicians to serve as role models, strong leaders, and support from related fields in order to provide the depth of student learning that nurses will need if the future to meet the demands of the complex health care environment. Expert nurse clinicians, who are prepared to teach nursing students, provide a valuable role in balancing the faculty team.

Recommendations

The data collected from the literature review and expert panel provide valuable information about developing an effective adjunct faculty orientation program for undergraduate nursing programs. The following are recommendations from the expert panel within the guideline based upon the Delphi technique responses:

Recommendation 1:

Continue to use the KTA cycle to design a customized adjunct orientation program that meets the needs of each individual undergraduate nursing program. This guideline provides the completion of knowledge creation within the inner circle of the cycle. The KTA begins with identifying a problem and is refined by the inner funnel that represents knowledge inquiry from the literature and the opinions from experts to develop a guideline for practice (Field et al., 2014). It is recommended that the individual undergraduate nursing program customize the guideline recommendations by continuing to use the KTA's outer circle. The outer circle consists of tailoring knowledge to meet individual practice needs by adapting the knowledge to the local context, assessing barriers, tailoring interventions, evaluating outcomes, and sustaining knowledge usage (Field et al., 2014).

Recommendation 2:

Base the adjunct orientation program upon Benner's novice to expert theory by using the Baker tool and feedback from the expert panel to design a customized orientation program for the undergraduate nursing program. The tool will provide adjunct faculty educators with a method for pre-orientation self-assessment and post-orientation self-assessment. Self-assessment strategies encourage engagement in learning and maintains ongoing inquiry for knowledge and professional development (Bradshaw & Lowenstein, 2014). Following orientation, the newly hired adjunct faculty educator and the mentor can use the self-assessment to individualize ongoing professional development. Self-assessment provides the learner and the mentor with information about areas of weaknesses and strengths so that further areas for learning will meet the individualized needs of the adjunct faculty member (Baker, 2010).

Recommendation 3*:*

At a minimum ensure that the top four orientation methodologies consisting of a group orientation workshop, peer mentoring, seminar, and role-modeling are included in the orientation program.

Recommendation 4:

The expert panel recommends the following orientation plan and modalities for each of the 16 competencies. The definition of each teaching modality is provided to eliminate confusion. Group orientation workshop is defined as a formal, structure orientation class with information about selected topics to enhance knowledge and

teaching skills that provide an opportunity to exchange ideas within the group (Forbes et al., 2010). In addition, the group orientation workshop provides an opportunity to meet key people within the nursing program, provides written resources, and answers newly hired adjunct faculty questions (Forbes et al., 2010). Peer mentoring is defined as providing a mentor/protégé relationship in which the mentor guides and advises, opens doors, teaches the role, and provides support to the protégé (NLN, 2006). Seminar is defined as a form of instruction that engages students on topics and provides a venue to exchange information via multiple meetings and group discussions that are led by a facilitator (Billings & Halstead, 2012). Role-modeling is defined as time spent observing a full-time faculty member in the role (Roberts et al., 2013).

1. *Explain the curriculum I have been assigned to teach:* Group orientation workshop to explain each of the courses in the nursing curriculum. Followed by peer mentoring for more detail on individual areas of clinical instruction.

2. *Develop the learning outcomes, syllabus, and plan:* Group orientation workshop.

3. *Facilitate effective student discussion:* Group orientation workshop with the addition of peer mentoring and role-modeling.

4. *Use small group activities to facilitate learning:* Group orientation workshop with role-modeling.

5. *Develop and give a lecture:* Peer mentoring.

6. *Use technology to assist in student learning:* Group orientation workshop.

7. *Assign grades to students:* Group orientation workshop combined with mentoring.

8. *Construct and analyze test items:* Group orientation workshop using seminar and providing a written resource.

9. *Select Clinical learning experiences:* Peer mentoring with role-modeling.

10. *Facilitate pre- and post-conference:* Peer mentoring.

11. *Guide student learning in the clinical setting:* Peer Mentoring.

12. *Supervise student performance of skill competencies:* Group orientation workshop.

13. *Provide feedback to students about their clinical and academic performance:* Peer mentoring.

14. *Evaluate students in the clinical setting:* Group orientation workshop.

15. *Use a variety of strategies to assist in student learning and remediation:* Seminar.

16. *Handle difficult situations with students*: Group orientation workshop with seminar and role-playing.

Recommendation 5:

Continue to provide ongoing peer mentoring beyond the initial orientation process. Peer mentoring is a means to orient new adjunct faculty as well to promote ongoing professional development and career planning (Forbes et al., 2010).

Recommendations for materials and topics to include in the orientation program can be found in Appendix D to help with the design of the customized undergraduate nursing program. Suggested content and methods with references are found in Appendices C and D.

Strengths and Limitations

Strengths of the guidelines included using an expert panel of nursing educators, consisting primarily of adjunct faculty educators, to guide the design of an adjunct faculty orientation program. The expert panel consisted primarily of adjunct faculty educators, who developed recommendations to guide the design of an adjunct faculty orientation program. Involving the target population in the design of a program increases the ability of the program to meet the needs the target population (Hodges & Videto, 2011). The intent of the adjunct faculty orientation program is meant to meet the learning needs and to provide resources for the target population.

An additional strength of the adjunct faculty orientation guideline is the use of Benner's novice to expert theory. Using theory as a framework for a program provides a foundation of nursing knowledge that can be applied to help guide and understand the practice problem (Alligood & Tomey, 2010). The knowledge attained from theory helps to explain the concepts and provides clarity to the topic. The topic is further clarified with the use of a competency tool based upon Benner's theory to evaluate the effectiveness of the orientation program and the competency level of each newly hired adjunct faculty educator.

Another strength within the guideline is the use of KTA framework for customizing the guideline to meet individual undergraduate program needs. The ability to individualize a program may initially be more complex, but ultimately be more attractive because it will be more effective than a one-size fits all program (Polit & Beck, 2012).

There were limitations to the development of the guideline. The guideline is intended for adjunct faculty practicing as clinical educators in undergraduate nursing programs. The guideline development was limited to one site.

There were limitations to the development of the guideline. The guideline is intended for adjunct faculty practicing as clinical educators in undergraduate nursing programs. Therefore, the orientation guideline is limited to undergraduate nursing programs. The recommendations for the guideline were developed by an expert panel of stakeholders consisting of seasoned educators, adjunct faculty educators, and area hospital nurse educators from one school of nursing. This limitation may affect the transferability of the guideline to other schools of nursing.

Summary

It would be beneficial to implement the adjunct orientation guideline. Implementation of the recommendations within the adjunct faculty guideline would provide an evaluation of its effectiveness and ease of use, would provide information about adjunct faculty satisfaction with the orientation program, and would provide an evaluation of the overall orientation program developed by using the recommendations within the guideline. Further development and refinement of the adjunct faculty orientation guideline will be necessary as the guideline is implemented into practice. Continued research is necessary in order to fully understand the orientation needs of adjunct faculty. Section five will discuss the plan for dissemination of learned information.

Section 5 Dissemination Plan

Dissemination

A plan to disseminate the information learned while developing the adjunct faculty orientation guideline was necessary in order to share findings with other professionals. As a DNP student, it is important to know how to disseminate findings to improve nursing practices and nursing as a profession. In the DNP Essential lll, scholarship and research are the hallmarks of doctoral education and the DNP graduate student has been prepared to design quality improvement methodologies and to disseminate findings in order to improve outcomes (AACN, 2006). The guideline developed by the expert panel has the potential to improve nursing as a profession by providing competent adjunct faculty educators to teach undergraduate nursing students. The NCSBN (2008) study found a significant difference in student outcomes when faculty in the clinical setting were competent and were able to generate in-depth conversations through the questioning of students. For this reason, sharing the information learned in the design of the adjunct faculty orientation guideline has the potential to improve the quality of education for undergraduate student nurses.

The first part of the dissemination plan included sharing the data results with the expert panel. The opinion of the expert panel was gathered with the use of the Delphi technique through a set of sequential emails in order to reach a consensus agreement. The strength of expert opinion comes from sharing knowledge learned from a specialty area to improve the understanding of the area specific strategies and reasonable suggestions in

the planning phases of a new program (Kettner et al., 2017). As stakeholders in the

design of the guideline, the expert panel shared information from their area of expertise

to develop the recommendations within the guideline. Therefore, it is important to share

findings from the round of questions with the expert panel. Findings should be

disseminated to stakeholders (Terry, 2018). Therefore, the expert panel was provided

with the results of the study.

A second part of the dissemination plan involves sharing the plan with the

undergraduate school of nursing faculty and administration. In order to be effective and

to make a difference, the guideline needs to be used in the practice setting. The

usefulness of the newly designed guideline is based upon relative advantage (is it useful),

compatibility (level of consistency), complexity (ease of use), trialability (can it be tried

on a limited basis), and observability (is it able to be measured) (Hodges & Videto,

2011). In order to meet the requirements to make the adjunct faculty orientation program

easy to use, the recommendations and support appendices were provided to help an

undergraduate program implement the guideline. Continued use of the KTA cycle was

recommended within the guideline for the design and implementation of a customized

adjunct faculty orientation program. The KTA is used to overcome barriers and to adapt

knowledge to fit the specific context in which knowledge is used (Field, 2014). Appendix

A has a visual representation of the KTA to help undergraduate nursing programs use the

guideline. In addition, a literature synthesis that provides important components to add to

an adjunct faculty orientation program was provided in Appendix D to help

undergraduate nursing programs develop a comprehensive adjunct faculty orientation program. Finally, the guideline is able to be measured by using the built-in Baker self-assessment tool using Benner's novice to expert theory. All the components within the guideline make the guideline recommendations easy to use in the development of a comprehensive adjunct orientation program for undergraduate nursing programs.

A third method for dissemination entails publishing the guideline for broader usage and dissemination to reach more undergraduate nursing programs. It is important to disseminate knowledge so that the main audience intended for the findings is reached (Polit & Beck, 2012). The guideline was written and was intended for use in undergraduate nursing education. Essential VIII of the DNP essentials states that DNP nurses are prepared to use their expertise in nursing specialties to guide, mentor and support other nurses to achieve excellence in nursing practice (AACN, 2006). Providing a guideline to improve the orientation processes for adjunct faculty educators in the specialty of nursing education has the potential to improve the quality of nursing education. The clinical experience for a student nurse has the ability to shape her/his future practice. Therefore, providing well-oriented, prepared, and qualified clinical educators can improve the quality of student nurses' clinical experience (Suplee et al., 2014). By publishing the guideline, more undergraduate nursing programs will be able to use the recommendations within the guideline to improve their adjunct faculty orientation program.

Analysis of Self

Developing a guideline to improve adjunct faculty orientation has been a wonderful learning process. Initially, a needs assessment was completed in order to fully understand the scope of the issue. Programs should be designed to meet the needs of the target audience (Kettner et al., 2017). The adjunct faculty orientation guideline was designed to meet both the needs of adjunct faculty educators and the needs of undergraduate nursing programs. After assessing needs, I decided to use the Delphi technique to gather data from an expert panel to provide a consensus agreement in the design of an adjunct faculty orientation program. Survey questionnaires were developed based upon a tool provided by Baker (2010) that used Benner's theory of novice to expert to produce competent nurse educators following the orientation process. Theory provides a foundation of knowledge (McEwin & Wills, 2014). The use of knowledge from a theory that would be easily understood by the target audience provided a foundation for the survey questions for the expert panel.

Once a method was determined for data collection, a literature synthesis was completed in order to provide the expert panel with information and to provide appropriate questions for the expert panel to answer. The development of the survey questionnaire was based upon the tool provided Baker (2010) that utilized Benner's theory of novice to expert theory. Baker's tool was used in previous similar research (see Baker, 2010). The use of a tool that has been tested provides validity and reliability to the collected data. The reliability of the results is more likely if tools are used that have been

previously tested (Polit & Beck, 2012). The use of Baker's tool added reliability to the adjunct faculty orientation guideline.

The process of completing the study provided me with valuable information regarding institutional review board (IRB) approval processes and techniques for communicating with stakeholders. It is important for a DNP nurse to understand the processes of gaining ethical approval for project proposals (AACN, 2006). In addition to understanding the use of the IRB, appropriate communication was required in order to effectively implement change in the practice environment. I learned throughout the process how to communicate with professionals to form an expert panel and to keep the panel engaged throughout the rounds of questioning. Good communication techniques improve the problem-solving ability of team members and improves the effectiveness of teams (Wang, Chen, Lin, & Hsu, 2010).

Throughout the process, learning innovative methods to analyze data was necessary due to the multifaceted points of data collection. Data is the heart of research and researchers should be careful when analyzing and interpreting study results (Hazzi & Maldaon, 2015). Whenever possible, data should be used from existing sources and primary data collection (Polit & Beck, 2012). Existing data was carefully collected through a synthesis of the literature. While primary data was collected from the expert panel. Both forms of data collection provided valuable information about orientation methods that would best meet the needs of adjunct faculty educators during the orientation process in undergraduate nursing programs. The combined information

gathered from the literature synthesis and the expert panel consensus agreement were used to develop the guideline recommendations and resources.

There were challenges throughout the study that provided an excellent learning experience. The process of sending and receiving surveys from the panel of experts was more time intensive than anticipated. One drawback to the Delphi technique is that it is time-consuming (Polit & Beck, 2012). Maintaining contact with the expert panel throughout the study became essential in order to engage each individual panel member in continuing with the study. Attrition bias is a problem when using the Delphi technique, so it is important to use communication techniques that keep the panel of experts motivated and involved in the study (Polit & Beck, 2012). In order to maintain interest, ongoing results were shared with the expert panel throughout the rounds of questionnaires.

At the end of the study, when recommendations were being written, I realized that information regarding what to cover in the orientation process would be helpful and an additional appendix was provided with orientation topics (see Appendix D). This added additional unplanned time as articles needed to be read one more time to develop the appendix. But the addition of the table will make the guideline easier to use and will help undergraduate nursing programs successfully implement the recommendations within the guideline to improve the orientation processes for adjunct faculty educators within undergraduate schools of nursing. Often, evidence is not translated into practice due to a lack of time and resources (Catallo & Sidani, 2014). Providing resources for the adjunct

faculty orientation guideline will improve ease of use and increase the likelihood of translating the recommendations within the guideline into the practice setting.

Summary

The literature review supported the identified problem that adjunct faculty orientation processes in undergraduate nursing programs are not inadequately meeting the needs of adjunct faculty educators and are not adequately preparing newly hired adjunct faculty educators to proficiently teach undergraduate nursing students. Adjunct faculty educators are usually expert clinicians who lack experience in the academic setting and who do not have a formal education for teaching (Santisteban & Egues, 2014). Due to this lack of formal education in teaching, the NCSBN (2008) survey found that adjunct faculty educators had significant learning needs to be able to be effective educators for undergraduate nursing students.

The significant learning needs of adjunct faculty can be met by providing a comprehensive adjunct faculty orientation program within undergraduate schools of nursing. The NSCBN (2008) study recommended that adjunct faculty educators receive a comprehensive orientation with ongoing professional development in order to be able to effectively educate undergraduate nursing students. The adjunct faculty orientation guideline will help undergraduate nursing programs develop a comprehensive adjunct faculty orientation program. Undergraduate schools of nursing need effective faculty members to successfully graduate nursing student that are capable of meeting the complex needs of nursing practice in the health care environment of today and in the

health care environment of the future. The recommendations within the guideline will help schools of nursing meet the learning needs of adjunct faculty educators and will provide a method to evaluate both the competency level of adjunct faculty educators and the effectiveness of the orientation process. Use of the guideline in undergraduate schools of nursing will standardize the process of designing adjunct faculty orientation programs.

The guideline provides program design supports and resources so that each school of nursing can customize their adjunct faculty orientation program to fit the needs of their adjunct educators and their undergraduate nursing program. The customizability and resource provisions provided within the guidelines will make it easier for individual programs to use the recommendations. Systems of support have been found to improve the use of research practices in the practice setting (Catallo & Sidani, 2014). Furthermore, the use of evidence in the practice setting will reduce the knowledge-to-practice gap noted within the literature (Andermann, Pang, Newton, Davis, & Pannisset, 2016). The NCSBN (2006) study found that experienced and competent educators within the clinical environment improved the quality of nursing education. The adjunct faculty orientation guideline provides a mechanism to both develop and to evaluate the competency level of adjunct faculty educators teaching within undergraduate schools of nursing. The development of comprehensive adjunct faculty orientation programs will have the ability to improve nursing as a profession by improving the quality of education for student nurses within undergraduate nursing programs.

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Appendix A: Knowledge to Action Cycle
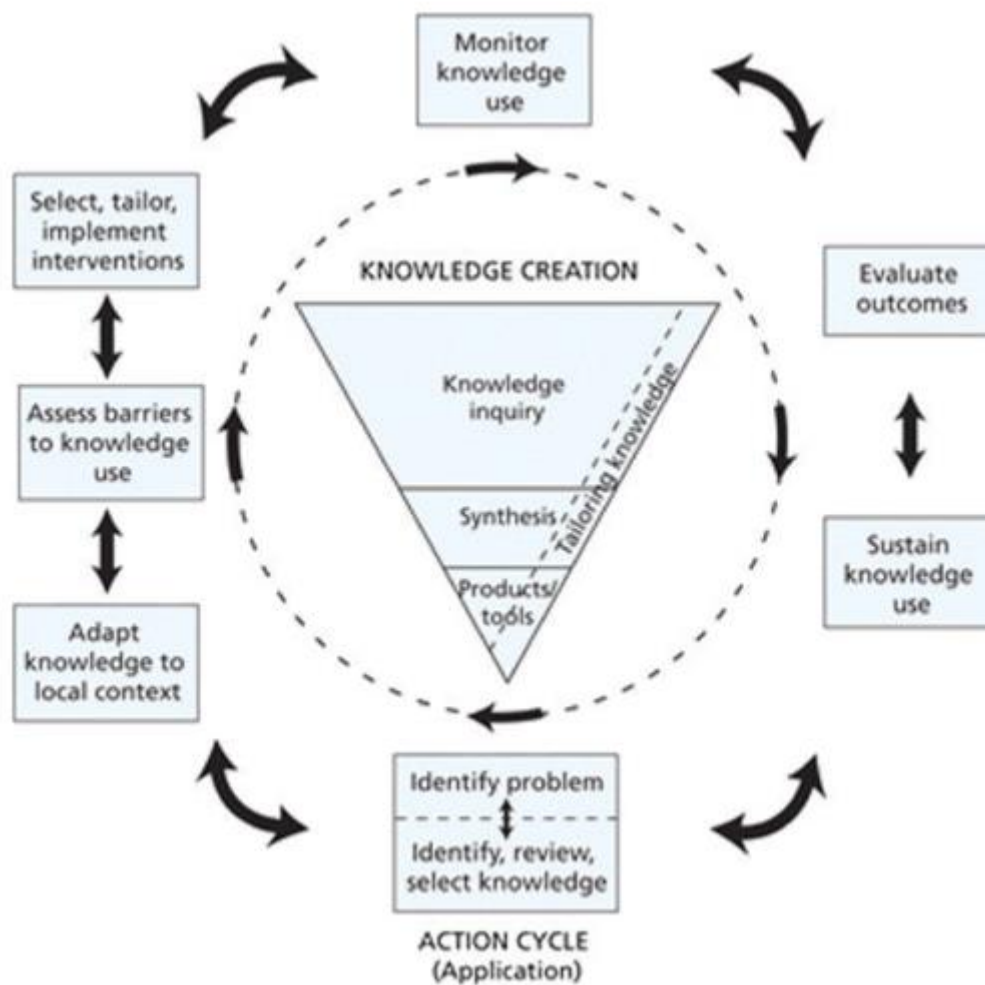
Note. From "Sexual and reproductive health, Knowledge-to-Action (KTA) Framework" by UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction Department of Reproductive Health and Research (HRP), 2019. Available from https://www.who.int/reproductivehealth/topics/best_practices/Great_Project_2010.pdf

Appendix B: Nursing Faculty Assessment Survey

NURSING FACULTY ASSESSMENT SURVEY

Please rate your competence or knowledge in the following subject areas:

a. *Not competent or knowledgeable*
b. *Somewhat competent or knowledgeable*
c. *Competent or knowledgeable*
d. *Very competent or knowledgeable*

Explain the curriculum I have been assigned to teach.

a. Not competent or knowledgeable
b. Somewhat competent or knowledgeable
c. Competent or knowledgeable
d. Very competent or knowledgeable

Develop the learning outcomes, syllabus, and lesson plan.

a. Not competent or knowledgeable
b. Somewhat competent or knowledgeable
c. Competent or knowledgeable
d. Very competent or knowledgeable

Facilitate effective student discussion.

a. Not competent or knowledgeable
b. Somewhat competent or knowledgeable
c. Competent or knowledgeable
d. Very competent or knowledgeable

Use small group activities to facilitate learning.

a. Not competent or knowledgeable
b. Somewhat competent or knowledgeable
c. Competent or knowledgeable
d. Very competent or knowledgeable

Develop and deliver a lecture.

a. Not competent or knowledgeable
b. Somewhat competent or knowledgeable
c. Competent or knowledgeable
d. Very competent or knowledgeable

Use technology to assist in student learning

a. Not competent or knowledgeable
b. Somewhat competent or knowledgeable
c. Competent or knowledgeable
d. Very competent or knowledgeable

Assign grades to students' work.

a. Not competent or knowledgeable
b. Somewhat competent or knowledgeable
c. Competent or knowledgeable
d. Very competent or knowledgeable

Construct and analyze test items.

a. Not competent or knowledgeable
b. Somewhat competent or knowledgeable
c. Competent or knowledgeable
d. Very competent or knowledgeable

Select clinical learning experiences.

a. Not competent or knowledgeable
b. Somewhat competent or knowledgeable
c. Competent or knowledgeable
d. Very competent or knowledgeable

Facilitate pre- and post- conferences.

a. Not competent or knowledgeable
b. Somewhat competent or knowledgeable
c. Competent or knowledgeable
d. Very competent or knowledgeable

Guide student learning in the clinical setting;

a. Not competent or knowledgeable
b. Somewhat competent or knowledgeable
c. Competent or knowledgeable
d. Very competent or knowledgeable

Supervise student performance of skill competencies.

a. Not competent or knowledgeable
b. Somewhat competent or knowledgeable
c. Competent or knowledgeable
d. Very competent or knowledgeable

Provide feedback to students about their clinical and academic performance.

a. Not competent or knowledgeable
b. Somewhat competent or knowledgeable
c. Competent or knowledgeable
d. Very competent or knowledgeable

Evaluate students in the clinical setting.

a. Not competent or knowledgeable
b. Somewhat competent or knowledgeable
c. Competent or knowledgeable
d. Very competent or knowledgeable

Use a variety of strategies to assist in student learning and remediation.

a. Not competent or knowledgeable
b. Somewhat competent or knowledgeable
c. Competent or knowledgeable
d. Very competent or knowledgeable

Handle difficult situations with students.

a. Not competent or knowledgeable
b. Somewhat competent or knowledgeable
c. Competent or knowledgeable
d. Very competent or knowledgeable

Note: Reprinted with permission from author, S. L. Baker.

Appendix C: Adjunct faculty Learning Needs Literature Synthesis

Citation	Adjunct Faculty Learning Needs	Orientation Methodology	Adjunct Faculty Difficulties
Baker, S. L. (2010, September). Nurse educator orientation: professional development that promotes retention. *Journal of Continuing Education in Nursing*, *41*(9), 413-417. Retrieved from http://dx.doi.org.lib.kaplan.edu/10.3928/00220124-20100503-02	Support Resources Professional growth Role preparation Social network/socialization Curriculum development Testing Evaluation Classroom instruction Program orientation of mission, goals, policies, and procedures Development of lesson plans Grading Handling student issues Technical support	Mentorship Library materials Informal support group Group meetings for new faculty Seminar Self-assessment survey	Burnout Job stress Frustration Role strain Decreased job satisfaction
Forbes, M. O., Hickey, M. T., & White, J. (2010, March). Adjunct faculty development: reported needs and innovative solutions. *Journal of Professional Nursing*, *26*(2), 116-124. http://dx.doi.org/10.1016/j.profnurs.2009.08.001	Role identity/strain Teaching effectiveness r/t course inconsistencies Grading students Resources i.e. reference manual/handbook Pre/post conference teaching Evaluation of student clinical skills Use of technical equipment for teaching Need go-to-person Textbooks Course materials Knowledge of test questions	Mentorship Simulation	Role frustration Turnover Multiple commitments Role conflict/ambiguity Feeling out-of-touch with full-time faculty Isolation

Hewitt, P., & Lewallen, L. P. (2010, September). Ready, set, teach! How to transform the clinical nurse expert into the part-time clinical nurse educator. *Journal of Continuing Education in Nursing*, *41*(9), 403-407. https://doi.org/10.3928/00220124-20100503-10	Strategies in assisting students to achieve course objectives Evaluating students Grading Role identity Knowledge of policies/procedures Knowledge of school philosophy Consistency Curriculum content Objectives/learning outcomes Support Facilitation of clinical learning Teaching strategies such as questioning Handling difficult students Selection of student assignments Time management Pre/Post conference facilitation	Checklist Faculty resource	Turnover Frustration Stress Turnover
National Council of State Boards of Nursing. (2008). Nursing faculty qualifications and roles. Retrieved from http://www.ncsbn.org/Final-08-Faculty-Qual-Report.pdf	Knowledge of curriculum Faculty development Clinical expertise High-level questioning skills Understand educational methodologies Evaluation/assessment of student Planning clinical assignments Ongoing development	Mentorship Simulation Role-modeling	Overwhelmed by role
National League for Nursing. (2006). Mentoring of nurse faculty. Retrieved from http://www.nln.org/docs/default-source/advocacy-public-policy/mentoring-of-nurse-faculty.pdf?sfvrsn=0	Ongoing career development Support and recognition Resources Knowledge of courses/curriculum Knowledge of nursing program Policies Professional development Social networking	Mentorship Workshops Seminars	
Owens, R. A. (2017, January). Part-time nursing faculty perceptions of their learning needs during their role transition experiences. *In Teaching and Learning in*	Learning pedagogy skills Role transition Role identity	Mentorship	Stress Anxiety Role ambiguity

Nursing, *12*(1), 12-16. http://dx.doi.org/10.1016/j.teln.2016.10.002	Resources Socialize to new role Support Establishing student-faculty relationships Policy and procedures Curriculum content/objectives/development Use of technology Assessment and evaluation of student learning Facilitate student learning Handling student issues Use of effective teaching strategies Organizing clinical experiences Providing effective student feedback Maintain competence in clinical practice		Isolation Decreased job satisfaction
Roberts, K. K., Chrisman, S. K., & Flowers, C. (2013, September/October). The perceived needs of nurse clinicians as they move into an adjunct faculty role. *Journal of Professional Nursing*, *29*(5), 295-301. http://dx.doi.org/10.1016/j.profnurs.2012.10.012	Learn role expectations Handle student issues, dealing with difficult students Knowledge of the culture of education Support Role identity Coaching students Guiding and assisting student learning Facilitating pre/post conference Clinical evaluation methods Student course related materials Grading paperwork Connection with academic institution Professional development opportunities Knowledge of curriculum Course requirements and policies	Mentor Shadow a clinical instructor Role-modeling	Confusion about responsibilities Feeling unprepared Role conflict Disconnectedness

Santisteban, L., & Egues, A. L. (2014, July). Cultivating adjunct faculty: Strategies beyond orientation. *Nursing Forum*, *49*(3), 152-158. http://dx.doi.org/10.1111/nuf.12106	Educational foundation Curriculum development and knowledge Clinical teaching strategies Student assessment and development Support Professional development Facilitating student learning Socialization Resources Guidance Technical support	Shadowing a colleague Group learning Role-modeling Mentoring Resource manual Small group orientation sessions Seminars Workshops In-services Guest speakers	Role transition Detachment
Shanta, L. L., Kalanek, C. B., Moulton, P., & Lang, T. (2011, November). Evidence for policy and regulation: A model to address development of unqualified faculty. *Policy, Politics, and Nursing Practice*, *12*(4), 224-235. http://dx.doi.org/10.1177/1527154411429863	Understanding educational processes Socialization Collegiality and professional acceptance Support Knowledge of curriculum Knowledge of policies and procedures Student evaluation Technology Clinical teaching strategies	Mentorship Role models	Isolation
Suplee, P. D., Gardner, M., & Jerome-D'Emilia, B. (2014, March). Nursing faculty preparedness for clinical teaching [Supplement]. *Journal of Nursing Education*, *53*(3), S38-S41. http://dx.doi.org/http://www.slackinc.com/	Academic and clinical policies Curriculum Course content Student evaluation Simulation Grading Clinical evaluation Make clinical assignments Teach critical thinking Work with difficult students Teaching strategies Strategies for pre/post conference	Mentorship	

Appendix D: Orientation Materials and Topics

Citation	Orientation Topics
Forbes, M. O., Hickey, M. T., & White, J. (2010, March). Adjunct faculty development: reported needs and innovative solutions. *Journal of Professional Nursing*, *26*(2), 116-124. http://dx.doi.org/10.1016/j.profnurs.2009.08.001	Handbook or reference manual Topics for pre- and post-conference Methods to enhance teaching with technology Use of audio-visual equipment Use of Blackboard Textbooks List of test questions Go-to person Orientation to course by course coordinators Information on teaching diverse learners Test construction
Hewitt, P., & Lewallen, L. P. (2010, September). Ready, set, teach! How to transform the clinical nurse expert into the part-time clinical nurse educator. *Journal of Continuing Education in Nursing*, *41*(9), 403-407. https://doi.org/10.3928/00220124-20100503-10	Guidance in selecting student assignments Salary and benefits Contact person School philosophy Curriculum sequencing Course information Clinical unit requirements Orientation to clinical site Student handbook Clinical evaluation and tips Time management information Mechanism for checking student charting List of topics for pre- and post-conference Processes for grading Expectations for student clinical evaluation
National League for Nursing. (2006). Mentoring of nurse faculty. Retrieved from http://www.nln.org/docs/default-source/advocacy-public-policy/mentoring-of-nurse-faculty.pdf?sfvrsn=0	Introduction to key personnel Resources Review of courses and curriculum Job benefits Administrative and governance structures Mentorship program for each stage in the career
Roberts, K. K., Chrisman, S. K., & Flowers, C. (2013, September/October). The perceived needs of nurse clinicians as they move into an adjunct faculty role. *Journal of Professional Nursing*, *29*(5), 295-301. http://dx.doi.org/10.1016/j.profnurs.2012.10.012	Effective teacher behaviors Legal/ethical issues regarding evaluation of student performance Learning-opportunity to identify a student problem/potential solution How to develop a lesson plan How to use creativity in the classroom Prepare a teaching plan Write two practice test questions with experienced faculty feedback Teaching strategies Learning theory Practical tips for clinical teaching Weekly course outline with information about classroom theory

	Clinical evaluation tool Course-related materials Shadow clinical instructor in clinical setting Offered continuing educational opportunities Grade paper with experience clinical instructor Invitations to faculty meetings
Santisteban, L., & Egues, A. L. (2014, July). Cultivating adjunct faculty: Strategies beyond orientation. *Nursing Forum*, *49*(3), 152-158. http://dx.doi.org/10.1111/nuf.12 106	Chain of command Reportable issues Departmental/institutional bylaws, policies. Procedures Dress code and how it is reinforced Attendance policy Process for completing forms Evaluation of clinical learning and skills Test/test review policies Student supervision and assignment policies Teaching practices Providing optimal learner situations Clinical site requirements Testing/training of students prior to clinical Examples of clinical documentation Topics/processes for pre/post conference Storage of clinical documentation Have adjuncts attend faculty meetings Workshops Guest speakers How to reinforce classroom learning in the clinical setting Teaching with technology Opportunities for mentorship Resource manual Provide ample time for dates
Schaar, G. L., Titzer, J. L., & Beckham, R. (2015, February). Onboarding new adjunct clinical nursing faculty using a quality and safety education for nurses-based orientation model. *Journal of Nursing Education*, *54*(2), 111-115. Retrieved from http://www.slackinc.com/	Adjunct faculty role in the curriculum Questioning methods to develop critical thinking Evaluation and identification of at-risk students Examples of student behaviors that require immediate action Information as to when to contact course coordinator Example of typical clinical day How to access class documents Hospital EHR system overview Example clinical evaluation form with student performance linked to outcomes Curriculum design, course design and sequencing Safe medication administration Program-specific policies for student safety

Appendix E: Permission from Baker

Baker, Sandy
Fri 8/25/2017, 2:07 PM
Pamela A. Nehring

👍 ↩ Reply all | ⌄

Inbox

You forwarded this message on 2/20/2018 10:25 PM

Sure, no problem!

Best,

Sandy
...

From: Pamela A. Nehring
Sent: Tuesday, August 22, 2017 8:10 AM
To: Baker, Sandy
Subject: [EXTERNAL SENDER] Nurse Faculty Assessment Survey

Dear Dr. Baker,
I am a DNP student and my project involves developing an evidence-based adjunct faculty orientation program. I would like to have permission to use your self-assessment survey Nursing Faculty Assessment Survey in a survey for my project and to use as a basis to develop a self-report ongoing professional development process.

Look forward to hearing from you and can be reached through this email

Thank you,
Pamela Nehring, RN, MSN, CPN