2020

Perceptions of Clinical Adjunct Instructor Preparedness in Nurse Education

Melissa Ann Harvey
Walden University

Walden University

College of Education

This is to certify that the doctoral study by

Melissa A. Harvey

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Kathleen Claggett, Committee Chairperson, Education Faculty
Dr. Sydney Parent, Committee Member, Education Faculty
Dr. Marilyn Robb, University Reviewer, Education Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2020

Abstract

Perceptions of Clinical Adjunct Instructor Preparedness in Nurse Education

by

Melissa A. Harvey

Project Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Walden University

May 2020

Abstract

This project study addressed the perceptions of novice adjunct clinical instructors as they transition from clinician to novice educator within an associate degree nursing program in Ohio. Lack of formal training in educational preparation has caused the disorientation of effective supervisory practices in the clinical setting and prevents the optimal transfer of knowledge from educators to nursing students. Mezirow's transformative adult learning theory and Schoening's nurse educator transition model were the two conceptual frameworks that guided this study. A qualitative exploratory research design was used to study the role transition process and perceptions of supervision, challenges, and strategies or support. A demographic inquiry and in-depth interviews were conducted with 8 novice adjunct instructors with 3 years or less experience as a clinical educator. Verbatim transcripts were dissected line by line and a priori codes and descriptive coding methods were applied, yielding thematically categorized data. Lacking orientation and becoming an authority figure were a few of the emergent themes that offered insight into integral gaps in the orientation and training practices. An online professional development training program (PDTP) was subsequently developed as a result of the study findings and was designed using the study site's web-based Canvas learning management system. The learning objectives of this PDTP have been designed to remedy the identified gaps in practice and will serve as an ongoing resource and toolkit for all novice adjunct clinical instructors. The findings of this study will impact positive social change by improving job satisfaction, retention rates, and onboarding procedures as well as the quality of education provided to the next generation of graduate nurses.

Perceptions of Clinical Adjunct Instructor Preparedness in Nurse Education

by

Melissa A. Harvey

Project Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Walden University

May 2020

Dedication

My project study is dedicated to my loving and supportive parents who were with me in spirit every step of this journey. You were parents who always knew I was capable of anything I set my mind to, however, none of this would have been possible without the guidance and support I was given throughout my childhood and early adult years. You two were the best role models I could have had and instilled in me a rigorous work ethic balanced with taking time for family and leisure activities. Work hard and play hard was our family's code along with living with no regrets. Thank you from the bottom of my heart for being the best parents anyone could ever ask for. I know you are proud of me and are looking down with beaming smiles for all that I have accomplished.

Acknowledgments

Many individuals deserve recognition for helping to make my doctoral journey possible. I would like to thank my loving and supportive husband, Stephen Harvey, for sacrificing so much of our personal time for me to "work on my homework" and for your endearing words of encouragement. With your support, I was able to achieve my greatest educational goal. To my children, Krista and Kyle, my stepdaughters, Lauren, Brianne, and Morgan, and my siblings, Amy, Mark, and Diane, thank you for always believing in me.

To my committee chair members, Dr. Kathleen Claggett (Dr. Kass) (chair), and Dr. Sydney Parent (second chair), your feedback always challenged me to be a better and more thorough scholarly writer and my project study is of a higher quality because of your dedication. Dr. Kass, you have been a wonderful role model and mentor and I am honored to have been given the chance to work with and learn from you. Thank you for always being there for me no matter how trivial the question.

I would like to thank all of my co-workers and peers who traveled this journey before me. Thank you for your mentoring, support, and guidance through all of the stages of my doctoral endeavor. Your direction, insight, and suggestions helped shape and focus my study more than you know.

Table of Contents

List of Tables....v

Section 1: The Problem....1

Introduction....1

The Local Problem....1

Rationale....4

Definition of Terms....5

Significance of the Study....6

Research Questions....7

Review of the Literature....8

Conceptual Framework....9

Nurse Educator Role....12

Shortage of Nursing Faculty....14

Role Transition from Clinician to Educator....16

Challenges and Barriers....18

Implications....20

Summary....21

Section 2: The Methodology....23

Introduction....23

Qualitative Design and Approach....23

Participants....25

Establishing a Researcher-Participant Working Relationship....26

Protection of Participants' Rights 27
Data Collection 28
Instruments and Sources 28
Access to Participants 30
Role of the Researcher 31
Data Analysis Methods 32
Demographic Data 32
Evidence of Quality 36
Procedure for Discrepant Cases 37
Data Analysis Results 37
Demographic Data and Participants 37
Results for Icebreaker Question 39
Results for Research Question 1: Adjunct Instructors' Descriptions of Preparation 40
Results for Research Question 2: Perceived Challenges of Supervisors 44
Results for Research Question 3: Strategies and Support to be Effective Supervisors 50
Relationship of Findings to Conceptual Framework 56
Discrepant Data 57
Summary of Results 58
Section 3: The Project 60
Introduction 60

Purpose 60
Goals of the Project 61
Learning Outcomes 62
Rationale 63
Review of the Literature 64
Professional Development 65
The Project Based Upon Study Findings 67
Other Possible Considerations 70
Project Description 71
Resources Needed and Existing Supports 72
Potential Barriers and Solutions 73
Implementation and Timeline 74
Learner Responsibilities and Course Details 75
Project Evaluation Plan 77
Project Implications 78
Section 4: Reflections and Conclusions 80
Projects Strengths and Limitations 80
Recommendations for Alternative Approaches 81
Scholarship, Project Development, Leadership and Change 82
Scholarship 83
Project Development 83
Leadership and Change 84

Reflection on Self as Scholar....84
Reflection on Self as Practitioner and Project Developer....85
Reflection on the Importance of the Work....85
Implications, Applications, and Directions for Future Research....86
Conclusion....87
References....88
Appendix A: The Project....100
Appendix B: Interview Guide....122

List of Tables

Table 1. Demographic Information About the Participants.....33

Section 1: The Problem

Introduction

The nationwide shortage of nurses is well documented throughout the literature (Bittner & Bechtel, 2017; Owens, 2017; U.S. Bureau of Labor Statistics, 2018b; Yedidia, 2016). In response, nursing education programs are at full capacity or are being asked to increase the number of students that can be enrolled to help defray this looming shortage (Woodworth, 2016). Increasing the number of students in nursing programs might help combat this problem; however, statistically, there are not enough qualified nurse educators to handle the influx of nursing students, and therefore, schools of nursing are unable to increase enrollment and, in many instances, are turning away qualified applicants (National League for Nursing [NLN], 2017; Robeznieks, 2015; U.S. Bureau of Labor Statistics, 2018a). As a result of the shortage of qualified nursing faculty in the United States, a trickledown effect will further impede efforts to find a solution to the current and ongoing nursing shortage (American Association of Colleges of Nursing, 2017; Lloyd & Ferguson, 2017). Schools of nursing often hire clinical adjunct instructors as a creative and economical way to combat the nurse educator shortage because these instructors are not required to have the same credentials as instructors who teach nursing students in the classroom setting (Koharchik, 2017).

The Local Problem

The local setting for this project study was a 2-year associate degree nursing (ADN) program at a 2-year community college in Ohio. The Division of Health Sciences at this community college features eight associate degree programs and 11 certificate

programs, with the ADN program being the largest in enrollment. The faculty shortage is evident in this nursing program, and while full-time nursing faculty may be able to increase the number of students in their lecture halls, there are strict limitations on the student-to-instructor ratio in clinical settings based on each state's board of nursing guidelines. In Ohio, there is a 10:1 student-to-instructor ratio per clinical group for RN programs (Ohio Board of Nursing, 2017a). As a strategy to give the students a better clinical experience, the clinical coordinator for the ADN program at the center of this study indicated that they adhere to an 8:1 or less student-to-faculty ratio for all clinical experiences. To supplement full- and part-time faculty and to conform to the strict ratios, adjunct instructors are utilized in 97.7% of Ohio's ADN programs to supervise groups of students in the clinical setting (Ohio Board of Nursing, 2018b). These clinical adjunct instructors often work as full-time clinicians outside of the nursing program and, therefore, have dual responsibilities as a practicing nurse and educator (Billings & Halstead, 2016). Their responsibilities to their primary employer often take precedence over their commitment to the nursing program; therefore, hiring and retaining these clinical adjunct instructors has been an ongoing struggle for many years, according to the clinical coordinator at the study site.

Adjunct clinical instructors are RNs with a minimum of 2 years of experience as a full-time clinician in a practice setting (Ohio Board of Nursing, 2017a). Adjunct instructors are contractually hired by schools of nursing based upon meeting these minimum standards; however, the majority have no formal instruction in educational practices (Phillips, Bassell, & Fillmore, 2018; Rice, 2016; Stevens & Duffy, 2017). This

lack of formal training leads to a gap in the educational practices of these novice faculty members and generates questions about their ability to adequately prepare student nurses for the transition into practice. This gap in practice warrants further exploration into the preparation and training that novice clinical adjunct instructors receive before their first clinical assignment.

During a recent nursing advisory board meeting at the study site, several local hospital administrators expressed dissatisfaction with the quality of recent graduates' ability to think critically and apply problem-solving skills that are required of nursing professionals to promote patient safety. This expression of discontent parallels the findings in a study conducted by Sorrell and Cangelosi (2016), who reported that while 90% of nurse educators believed that their graduates were ready for entry-level nursing positions, only 10% of the acute care-based administrators agreed with the readiness of these novice nurses to practice in the hospital setting. Novice graduate nurses face many challenges including stress, lack of confidence, and insecurity in their new roles, and they should not be expected to be experts immediately (Bennett, Grimsley, Grimsley, & Rodd, 2017). According to Cooley and De Gagne (2015), the development of clinical decision-making skills in prelicensure nursing students is a complicated task that requires skills and preparation that are often inadequate in novice nursing instructors. This finding leads to questions as to how novice adjunct nursing instructors prepare nursing students to use their clinical judgment and critical-thinking skills in the clinical setting. Nursing education cannot prepare graduate nurses for every possible situation they could

encounter in the clinical setting; however, they should be equipped with core skills and abilities for safe and effective entry-level patient care.

The clinical adjunct instructor provides an essential role in preparing and cultivating the next generation of nurses (Brown, 2019). The instructional methods used by clinical nursing faculty can have a positive effect on the student's ability to think critically and make accurate clinical decisions (Bennett et al., 2017). The problem is that without formal training or instruction in educational practices these adjunct clinical instructors rely solely on their experience as a clinician, which raised questions about their perceptions of preparation for supervising nursing students in the clinical setting at a 2-year community college in Ohio.

Rationale

During the 2017–2018 school year, a total of 33 adjunct instructors were utilized in the clinical setting for the ADN program at the study site. Of these 33 instructors, 12 were newly hired and required orientation. Due to difficulties in hiring and retaining clinical faculty, the clinical coordinator of the research site indicated that new adjunct instructors were frequently hired days before the start of a new semester, and as a result, these new faculty members received a rushed and abridged orientation and training period. These facts provide evidence that these novice clinical instructors may not have been given adequate training and support before receiving their first teaching assignment. Initially, seasoned nurses who decide to enter academia as an adjunct clinical instructor to educate the next generation of nurses' experience feelings of anticipation, excitement, and purpose as they envision their ability to impart their years of clinical experience to

their eager students (Schoening, 2013). These feelings soon turn into disorientation, doubt, and isolation as they realize that they are now in a novice role instead of that of an expert (Schoening, 2013). This role transition phenomenon from an expert clinician to an educator is not new because it has been well documented in previous studies and articles and is also covered in educational texts (Billings & Halstead, 2009; Fritz, 2018; Sousa & Resha, 2019; Summers, 2017). However, there is little understanding as to novice clinical educators' experiences with orientation, mentorship, and training to the educator role. Rice (2016) indicated that improved orientation procedures and increased training programs for clinical adjunct instructors have decreased role strain and improved job satisfaction, which could have positive effects on the retention of these valuable educators. The purpose of this qualitative project study was to explore and understand clinical adjunct instructors' perceptions of their supervisory practices in the clinical setting, the challenges they face, and the support they need to effectively promote critical-thinking and problem-solving skills with their nursing students to prepare them for entry-level nursing practice.

Definition of Terms

I used various terms to describe the roles of nurse educators throughout this project study. All the nurse educators referenced in this study are RNs with a bachelor's degree in nursing (BSN) as their minimum level of education.

Adjunct clinical instructor: A part-time contractual employee of a nursing program who supervises and evaluates student nurses in the clinical setting on a term-by-term or contingent basis (Koharchik, 2017).

Novice: For the purpose of this project study, a novice instructor is one with 3 years or less of experience in nursing education. Novice instructors may be expert clinicians, but they lack preparation and experience in formal teaching and learning paradigms (Sorrell & Cangelosi, 2016).

Nurse educator: A nurse leader who has transitioned from the role of a practicing nurse in a clinical setting to the role of preparing students to become nurses in a variety of academic settings (Billings & Halstead, 2016).

Significance of the Study

Understanding the perceptions of adjunct instructors' supervisory role has the potential to influence social change. Discovery of positive support mechanisms can improve the focus of mentoring and training programs, which in turn can improve the quality of the clinical instruction provided to the nursing students. High-quality nursing education in the clinical setting can improve the preparation for transition into practice for new graduate nurses (Phillips et al., 2018). Well-defined responsibilities and job expectations that are a part of an in-depth orientation process can increase the adjunct instructor's satisfaction with the position of nurse educator (Brannagan & Oriol, 2014). Clinical RNs bring a wealth of nursing experience to the role of a clinical educator; however, this fact is not an indicator that the RN is equipped to be an effective educator. In this study, I addressed a local problem by exploring the supervisory procedures that adjunct faculty use while educating nursing students, the challenges that are experienced, and the support that they need to be effective educators. Understanding these perceptions could lead to the creation of a formal orientation and mentorship program that could

promote a higher level of teaching preparation in areas of adult learning, pedagogical principles, critical-thinking, and problem-solving.

According to the assistant dean of Health Sciences at the study site, all 16 of the current full-time faculty members' first experience in education was as a clinical adjunct instructor. Given this information, it is plausible to believe that many of the current novice adjunct instructors could go on to further their education, which may have a positive effect on the shortage of qualified nurse educators. The positive benefits of an individual passing on their knowledge, giving back to the profession of nursing, and challenging their practice are all reasons that clinical adjunct instructors have decided to further their education to the master's level to become a full-time nurse educator (Nowell, 2014). However, the reasons they forego furthering their education and follow a different path have been attributed to lack of mentorship, orientation, and guidance (Schoening, 2013). According to Summers (2017), more needs to be done for these novice faculty members to promote a healthy transition into the educator role. Valuable insight from these novice educators has been gained through this study, which will lead to an improved process of orientation and mentorship through professional development and training.

Research Questions

I used qualitative inquiry methods to guide and support the purpose of this project study, which was to explore and understand clinical adjunct instructors' perceptions of their supervisory practices in the clinical setting, the challenges they face, and the support they need to effectively prepare nursing students to enter practice. Schoening's nurse

educator transition (NET) model was used to understand the transition that nurses undergo as they begin their new role as a nursing educator as well as guide the qualitative data collection and analysis process of this study. The following research questions were addressed:

RQ1: How do clinical adjunct instructors describe their role in preparing nursing students to be critical thinkers and problem solvers?

RQ2: What do clinical adjunct instructors perceive are the challenges that have affected their ability to be effective clinical supervisors?

RQ3: What strategies or support do adjunct instructors perceive are needed to be effective clinical supervisors?

Review of the Literature

I conducted an extensive review of the literature using CINAHL, EBSCO, ERIC, PUBMED, SAGE, OVID, and Google Scholar online databases. The electronic databases were searched for articles, journals, and studies published between the years of 2009 and 2019. The search terms used were *nurse adjunct, nurse faculty shortage, nurse educator role transition, clinical adjunct instructor, novice nurse faculty, nurse faculty training, incivility in nursing education*, and *nurse faculty preparation*. The search of databases yielded over 355 articles. After removing duplicate titles, outdated sources, and those that lacked relevance to this study, I chose 46 that focused on the nurse educator role transition amidst a nursing faculty shortage to include in this literature review.

Conceptual Framework

One of the theories included in the conceptual framework that guided this study was Mezirow's (1991) transformative adult learning theory. The premise of this theory is focused on adult learners as autonomous beings whose past experiences and reflections help explain how and what motivates them to engage in new knowledge (Mezirow, 1991). The four guiding processes of transformative adult learning consist of experience, critical reflection, reflective discourse, and action, and when applied to nursing education, these guides provide an understanding of how learners transfer knowledge into nursing practice (Curran, 2014; Merriam, Caffarella, & Baumgartner, 2007; Mezirow, 1991). Learner-centered approaches that are meaningful in content, applicable to practice, and actively engage the adult student in the learning process have shown to increase the likelihood of knowledge retention (Curran, 2014). Mezirow postulated that as adults mature, their formerly held assumptions and perspectives change as a result of life events, interactions with others, discourse, dilemmas, and self-reflection. These collective events help shape the adult learner's motivation and reason(s) for seeking formal education (Merriam et al., 2007). Adult learners are self-motivated and acquire new information and skills that build upon their previously acquired knowledge (Knowles, Holton, & Swanson, 2015). By understanding theories of adult learning, the novice nurse educator will be able to plan activities in the clinical setting that are relevant to the learner, design strategies that apply to the learners' practice as a nurse, and create motivational approaches that encourage the learners to be self-sufficient recipients of knowledge.

I also used Schoening's (2013) NET model as part of the conceptual framework of this study because it provided a solid foundation for exploring the phenomenon that nurses experience during their transition from nursing practice to nursing education. Schoening identified four stages that a nurse goes through during their transition to academia: anticipation or expectation, disorientation, information seeking, and identity formation (Schoening, 2013). The qualitative study in which Schoening developed the NET model provided the major research for this framework. The four stages were used to develop an a priori codes template with which I analyzed the data collected through this study and further subdivided into codes and emerging themes. Valuable insight derived from the findings of Schoening's study provided an understanding of the transitional process that occurs when nurses enter academia and offered viable solutions that when integrated can advise and support administrators as they strive to reduce or possibly eliminate the disorientation phase of transition. Schoening recommended emerging strategies, such as integrating pedagogical principles into the curriculum of nursing graduate programs, faculty professional development sessions for new nurse educators, and the development of structured mentoring and orientation programs, based on the findings of the study.

A growing number of modern researchers have used Schoening's NET model as their conceptual framework or referenced the findings in their studies (Brown & Sorrell, 2017; Owens, 2017; Shapiro, 2018). Owens' (2017) study of the role transition phenomenon of part-time nursing faculty at a 2-year nursing program provided additional validation of the premise of the NET model. Part-time instructors identified that their

prior learning experiences and acquired skills facilitated their efficacious transition into the educator role (Owens, 2017). The NET model was also used as the conceptual framework in Shapiro's (2018) qualitative study of 14 full-time nurse educators in ADN programs to explore perceptions of their role transition from nursing practice to academia. Summers (2017) referenced Schoening's findings to validate the perceived challenges that novice nursing instructors encounter during role transition. Schoening's study was also featured in the literature review by Fritz (2018), who aspired to identify the barriers as well as supportive strategies for the nurse educator role transition experience. Brown and Sorrell (2017) identified a lack of pathways for novice nurse educators during the transition and referenced Schoening as identifying mentorship as an "essential pathway" for novice educators (p. 210). The consistent lack of adequate mentoring and orientation practices for novice nurse educators that Schoening discovered was also explored in Grassley and Lambe's (2015) integrative literature review.

According to the assistant dean of Health Sciences for the RN program at the center of this study, the nursing program has a conceptual framework that is comprised of five major concepts: patient-centered care, teamwork and collaboration, evidence based-practice, safety and quality, and informatics. These concepts are the foundation on which the achievement of course-specific learning outcomes are built upon, and I used them in addition to an a priori codes template based upon the NET model to categorically analyze the qualitative data collected throughout this study. The use of the RN program's concepts along with Mezirow's transformational adult learning theory and Schoening's NET model as a triangulated conceptual framework offered guidance on the facilitation

of transformative learning and the perceptions of novice adjunct instructors as they progress through the various stages of the role transition during their first year(s) of practice. Theoretical triangulation is used to support a study by enhancing validity and encouraging a broadened relevance to the findings (Ravitch & Carl, 2016).

Nurse Educator Role

The ADN program at the center of this study uses two types of nursing faculty: The first type is full- or part-time master- or doctoral-prepared instructors who can teach in the classroom, campus laboratories, and in the clinical setting; the second is contractually hired adjunct instructors with a minimum of a bachelor's degree who work on a part-time basis to supervise groups of students in the clinical setting (see Ohio Board of Nursing, 2017a). According to the Ohio Board of Nursing (2017b), 61% of Ohio nurses have baccalaureate degrees. In most nursing programs, the primary teaching responsibilities of part-time adjunct faculty are evaluating student performance in the clinical setting using student-centered pedagogical approaches (Meyer, 2017). The population of participants in this study was part-time clinical adjunct instructors who supervise nursing students in the clinical setting.

The nurse educator profession is a highly specialized subdivision of the occupation of nursing. Nurse educator positions require competence in the subject matter but also a high level of instructional aptitude (Billings & Halstead, 2016; Pennbrant, 2016). Nurses advance their degrees to enter academia for a variety of reasons, including a desire to have a positive impact on future nurses, better work hours with flexible schedules, scholarship with experienced faculty, and more autonomy (Laurencelle,

Scanlan, & Brett, 2016; Schoening, 2012). McAlister and Flynn (2016) initiated the Capabilities of the Nurse Educator Questionnaire to gain a better understanding of the complexity of the nurse educator role and discovered that increased amounts of educational preparation, professional development, and experience resulted in higher questionnaire scores. Being a competent nurse is not enough for nurse educators, they must also acquire crucial knowledge in pedagogy, student relations, and evaluation practices.

As bedside nurses gain experience and increase in age, they are attracted to positions that require fewer physical demands, advance their position, or have better working hours. Understanding what attracts nurses to pursue educator roles can help improve recruiting and retaining strategies (Laurencelle et al., 2016). Even though a career as a nurse educator is seen as a natural progression for many nurses, there are innate challenges to consider. In a literature review, Hickerson, Taylor, and Terhaar (2016) uncovered that there is a preparation-to-practice gap that exists in nursing education, and many new nurse graduates are not clinically prepared for entry-level nursing practice due to shortfalls of nursing education programs, poor workplace support, and stressful working conditions, causing a higher than expected turnover of novice nurses. Increased use of part-time clinical adjunct instructors with limited or no educational experience in place of full-time faculty could present a challenge in evaluating nursing student performance and the ability to transfer critical-thinking into nursing practice (Meyer, 2017). The next generation of RNs will benefit from clinical

nursing instructors who are not only experts in the practice of nursing but who are competent and effective educators.

Shortage of Nursing Faculty

The literature indicates that there is and will continue to be a shortage of nursing faculty. The U.S. Bureau of Labor Statistics (2018b) has projected that approximately 438,100 new RN positions will be needed due to institutional growth and replacement needs by the year 2026. Likewise, 16,300 postsecondary nursing instructor positions are projected to be needed (U.S. Bureau of Labor Statistics, 2018a). Without qualified nursing instructors to teach the next generation of nursing students, national shortages of RNs will continue. The NLN (2017) shortage fact sheet identified that in 2012, 45% of qualified prelicensure applicants were turned away from ADN programs, citing lack of faculty as the primary reason. The fact that qualified students are being turned away due to the nursing faculty shortage is creating a circularly patterned crisis in a time when there is a need for more RNs in practice (Robeznieks, 2015). These facts necessitate schools of nursing to review their recruitment and retention practices for faculty members at all levels.

There are numerous reasons for the shortage of nursing faculty. According to the National Advisory Council on Nurse Education and Practice (2010), reasons for the shortage of nursing faculty range from recruitment challenges, lack of educational preparation in nursing pedagogy, funding obstacles for nurse faculty programs, and the increase in retirement rates of current nursing faculty. Therefore, retaining current faculty is vitally important. Full- and part-time nursing faculty have identified that increasing

workloads, job-related burnout, less than optimal salaries, work to life balances, and retirement are all reasons they left their educational institution (Bittner & Bechtel, 2017; Owens, 2017). Data obtained from the Ohio Board of Nursing (2017b) indicated that of the 198,052 RNs who completed the workforce questionnaire from the 2017 license renewal period, only 4,482 (or just over 2%) reported working in education. This fact demonstrates the importance of recruiting novice clinical adjunct faculty who have the desire to continue their education to the master's level and become a full-time faculty member.

The fact that nurses enter academia later in life versus those in other educational professions is another key factor in the cause of the nursing faculty shortage, according to Yedidia (2016). Pettway (2018) postulated that there exists a misunderstanding among the nursing workforce in that they believe they must have 20 to 30 years of nursing practice before they can become a nursing educator, which is a fallacy. Most boards of nursing only require a few years of full-time nursing practice to qualify to become a nurse educator (Ohio Board of Nursing, 2017a).

The shortage of faculty is causing nursing programs to look at alternative ways of filling their vacant positions. One strategy in nursing programs at all levels is increasing the number of part-time adjunct faculty they use to fill vacant positions within their organization (Elder, Svoboda, Ryan, & Fitzgerald, 2016). There is little research to be found on the retention of part-time clinical adjunct faculty. Woodworth (2016) concluded that outside professional commitments, such as having a full-time nursing position, are a primary factor that decreased adjunct clinical faculty's intent to stay in the teaching role

along with lack of mentoring, lack of faculty inclusion, and lack of orientation or training initiatives. While part-time adjunct faculty are valuable members to schools of nursing, lack of preparation in educational principles is concerning.

Role Transition from Clinician to Educator

Clinical adjunct instructors are hired to fill part-time contractual positions based upon their nursing credentials without consideration of educational experience. While these nurses may be content experts when it comes to their field of nursing specialty, they have little to no experience in nursing instruction (Schoening, 2012; Shapiro, 2018). Nurses enter academia with a desire to make a positive contribution to their field by providing their expert clinical skills and guidance to the next generation of nurses during the anticipation phase of the role transition, according to Schoening's (2013) NET model. These novice instructors are eager to impart their years of experience to their students by guiding them through the clinical setting and showing them the "ropes" of nursing practice. Experienced nurses entering academia are often shocked that the nurse educator role is so much different than they had thought it would be (Cooley & De Gagne, 2015). Orientation practices that help facilitate the transition to this new role could benefit these novice instructors by giving them the tools to succeed.

The responsibilities and roles of an effective educator are often absent from the curriculum of graduate schools and therefore, those nurses who are qualified to become clinical adjunct instructors often lack exposure to teaching strategies, pedagogical principles, and evaluation methods (Booth, Emerson, Hackney & Souter, 2016). However, Shapiro (2018) concluded from a qualitative research study that even those

nurses who received advanced degrees in education were not fully prepared for the nurse educator role. This stark reality bodes even more concern when we look at the part-time clinical adjunct instructor. With more and more colleges of nursing hiring adjunct instructors to fill absent faculty positions, Paul (2015) revealed that existing faculty's expectations of these novice instructors are often unrealistic, lacking in support and communication, which can hinder effective role transition. While these experienced clinicians bring a wealth of practice-based knowledge to their faculty role and are eager to make a positive difference with their students, they are often discouraged and find the transition more difficult than anticipated (Fritz, 2018; Grassley & Lambe, 2015; Summers, 2017). Nursing program administrators must be made aware of these shortcomings and create programs to facilitate and support their novice faculty members.

Adjunct instructors primarily practice in the clinical setting and are removed from the primary teaching organization. This fact means that these faculty members have a very limited amount of interaction and collaboration with experienced full-time faculty (Sousa & Resha, 2019). Novice instructors who have a lack of training in academic supervisory practices and who learn their educational role "on the job" risk providing their students with poor quality clinical experiences (Gratrix & Barrett, 2017). This lack of quality in nursing education has the potential to create graduate nurses without essential skills necessary to transition into practice. Owens (2017) suggested that to facilitate the role transition and to develop their new professional identity, novice instructors need more support than simply drawing upon their past nursing experience to be successful and satisfied in their new roles. The creation of a structured orientation

program and collaborations between full-time faculty and part-time clinical adjunct instructors using a mentoring model could help promote a positive role transition (Owens, 2017).

Challenges and Barriers

Insight into the difficulties experienced by novice adjunct faculty as they transition from nurse to educator is present in the literature. Challenges to the role transition for novice faculty have been identified to include lack of formal education in pedagogical skills, unrealistic expectations, poor orientation procedures, lack of mentoring, and ambiguity of role responsibilities (Cooley & De Gagne, 2015; Fritz, 2018; Owens, 2017; Paul, 2015; Schoening, 2012; Shapiro, 2018). These challenges become evident during the second disorientation phase of the NET model, where there is a realization that they are now a novice after having been an expert in their previous nursing role (Schoening, 2013). The quick-hiring practices necessitated by faculty shortages create a challenge as clinicians are placed in academic positions in the clinical setting with little time for orientation to the educator role (Phillips, Bassell, & Fillmore, 2019). A similar study by Sousa and Resha (2019) revealed that most novice nursing instructors reported having little to no formal orientation before their first clinical assignment. Novice nurse faculty members want and need a structured formal orientation program to help facilitate the transition to their new role (Sousa & Resha, 2019). Lack of orientation was cited throughout the literature as one of the major challenges to role transition.

A growing concern in the profession of nursing education is incivility toward novice instructors by both experienced faculty members and nursing students. Incivility, coupled with inadequate compensation and pressure to further their education were identified as barriers to positive role transition for novice nursing instructors which also contributed to decreased retention rates of new faculty (Bagley, Hoppe, Brenner, Crawford, & Weir, 2018). Likewise, incivility, bullying, and feelings of abandonment were found to be prevalent in Jeffers and Mariani's (2017) study of novice nurse faculty as they were transitioning to the educator role. Casale (2017) also identified incivility as a challenging factor among nursing faculty with 91.3 % of the respondents admitting that horizontal incivility at their institution was a problem. Nursing program administrators must be aware of this concern and take steps within their organization to promote civility at all levels.

The salaries of nurse educators compared to other advanced practice nursing professions are on the low end of the spectrum, which is a deterrent for many clinicians who would have to take a pay cut to become an educator. Oermann's (2017) research described the barriers to nursing education to be a lack of nurses in graduate programs preparing to become nurse educators citing the disparity in the salary of nurse educators versus those in advanced practice positions as a major concern. Brown and Sorell (2017) identified a different challenge being lack of faculty support and mentorship, leaving novice faculty feeling unprepared. In a similar study, Summers (2017) identified a lack of faculty support, lack of mentoring, and lack of a "formalized orientation process" as impediments for novice nursing faculty (p. 263). While the salary disparity is of concern,

literature identified that more novice faculty cite a lack of orientation and mentoring as their major challenge.

Implications

The literature has provided substantial evidence that there exists a nation-wide shortage of qualified nursing faculty. Nursing programs are at their enrollment limits and some are turning away qualified students as a result of unfilled faculty positions. While there is no direct intention of significantly impacting the nursing faculty shortage, the findings of this study guided the creation of a professional development training program (PDTP) for newly hired clinical adjunct instructors (Appendix A). This professional development project incorporates an extensive orientation and training program using the study site's current online learning management system (LMS), which all new faculty currently receive training on. A course for newly hired clinical adjunct instructors was built within the LMS with assistance from the study site's information technology (IT) department. The use of an online course allows the novice instructors to access the professional development modules at their own pace and convenience. The new professional development modules contain a vast amount of training tools, resources, strategies, and examples for use by the novice instructors as they begin their new journey in academia. Additionally, a mentorship component has been integrated into this new orientation project and each new clinical adjunct instructor is assigned a seasoned full-time nursing instructor to be their mentor throughout their first years of employment. The research that has been gained through this study could have positive implications for novice clinical adjunct instructors by refining the processes used during role transition

into academia. Positive role transition improves job satisfaction, retention, and may stimulate a desire to further their education to become a full-time nurse educator. Student nurses stand to gain a higher level of clinical preparedness, including critical-thinking, problem-solving, and prioritization of care from clinical adjunct instructors who have received structured orientation and training in academic principles before their first teaching assignment.

Summary

The goal of this project study was to explore the perceptions of novice clinical adjunct instructors as they transition from being proficient clinicians to novice educators. In Section 1, I identified a local as well as a national gap in the educational practice of clinical adjunct instructors as they often enter academia with little to no formal instruction in educational practices. There exists a shortage of qualified nurse educators for a variety of reasons, including the retirement of aging faculty, inadequate salaries, lack of educationally prepared nurses, incivility, and heavy teaching loads. As a result of vacant faculty positions, contractually hired clinical adjunct instructors are a necessity to provide required clinical experiences for nursing students.

Section 2 is comprised of the methodology, including research design and approach, participant selection process, data collection, and data analysis procedures. A qualitative study that focused specifically on the novice clinical adjunct instructor provided needed insight into their role transition, challenges they face, supportive personnel and strategies, and their feelings concerning the orientation, mentoring, and training they received. In-depth interviews of the participants have yielded rich data that

were analyzed to gain valuable insight into the role transition phenomenon that is experienced by these novice instructors. Upon conclusion of the data collection process, the resulting information was analyzed, and the results were used to develop a professional development orientation and training program.

In Section 3, I will introduce the project that was created based on the findings from the analysis of the in-depth interviews. An extensive orientation and training program in the form of professional development was designed using the study site's online LMS platform. The goal of the professional development program will be to improve the role transition process of novice clinical adjunct instructors. The rationale for the creation of a structured orientation and mentoring program was based upon an extensive literature review.

In Section 4, I discuss the reflections and conclusions of the project study along with the strengths and limitations. Recommendations for alternative approaches to the research problem were addressed along with alternate solutions. A reflective analysis of the scholarship and project development has occurred, along with leadership and change implications. Finally, the potential impact of positive social change will be explored as the impact could transcend nursing programs across the nation.

Section 2: The Methodology

Introduction

The purpose of this study was to explore novice adjunct nursing instructors' perceptions of the challenges they face and the support they need while supervising nursing students to effectively promote critical-thinking and problem-solving skills in the clinical setting. I used an exploratory qualitative research design to address the following research questions:

RQ1: How do clinical adjunct nursing instructors describe their role in preparing nursing students to be critical thinkers and problem solvers?

RQ2: What do clinical adjunct instructors perceive are the challenges that have affected their ability to be effective clinical supervisors?

RQ3: What strategies or support do adjunct instructors perceive are needed to be effective clinical supervisors?

Qualitative Design and Approach

Qualitative research is used to gain an understanding of the ways that individuals view, assess, and experience the world around them; how they make sense of these experiences and related phenomena; and how they adapt thereto (Ravitch & Carl, 2016). I used a general, exploratory research approach in this qualitative study to gather perceptions from current clinical adjunct faculty with 3 years of experience or less who supervise students in an ADN program at a 2-year community college in Ohio. The use of Schoening's (2013) NET model, which was developed from the results of an extensive qualitative study, helped guide and add clarity to the role transition that these novice

clinical adjunct instructors experienced. When an issue has limited understanding in the literature and has uncertain outcomes, an exploratory qualitative design is the best option for studying the phenomenon in its natural setting to achieve rich and abundant data (Butin, 2010). Qualitative research is nonlinear, meaning there is no strict progression from one stage to another or set sequence; rather, it is a dynamic and interactive process that continually interacts cyclically (Ravitch & Carl, 2016).

Surveys and questionnaires may yield highly structured quantitative data that could provide supporting evidence; nevertheless, to answer the research questions in this study, it was necessary to explore the perceptions of novice clinical adjunct instructors' experiences as they transitioned from clinical practice to academia through qualitative methods, such as in-depth interviews (see Ravitch & Carl, 2016). Observation of participants in the clinical setting could have generated data through immersion in the practice environment; however, participants who know they are being watched may feel intruded upon or act differently than they would otherwise (see Lambert, 2012). For this reason, an ethnography research approach where an emphasis is placed upon observing participants in their environment and the use of resulting fieldnotes would not be desirable (see Ravitch & Carl, 2016). If the goal of this study was to create a specific theory of social phenomenon based upon how novice nursing instructors perceived their role transition, I would have chosen a grounded theory approach (see Schwandt, 2015). Schoening (2013) conducted a similar research premise and used grounded theory to frame the phenomenological study in which the NET model was created, which is used as part of the conceptual framework in this study.

Participants

The participants for this study were current adjunct faculty members with 3 years of experience or less supervising students in the clinical setting for the study site. The collection of thorough and rich data from individuals relevant to the study was paramount to answer the research questions (Butin, 2010) and helped provide a deeper understanding of participants' experiences, actions, views, and perceptions (Ravitch & Carl, 2016).

A demographic information inquiry provided another source of participant data, including age, gender, length of time as a nurse, length of time as a clinical adjunct instructor, area of practice or specialty, and level of education; however, other than the length of experience as an educator, I did not use any other criterion to determine inclusion or exclusion from participating. The collection of personal characteristic data helped provide an understanding of the diverse backgrounds of the participants. I sent a formal e-mail to invite those participants who met the eligibility criteria to participate in the study with directions to review the informed consent, complete the demographic inquiry, and respond to the e-mail within 1 week. If more than 10 prospective participants had replied, participants would have been selected on a first come, first serve basis. Upon receipt of e-mails from the prospective participants indicating that they consented to participate and upon review of the demographic information to confirm the length of experience eligibility, I sent a follow-up e-mail to inquire about scheduling the interviews.

My goal was to have seven to 10 participants volunteer for a 30 minute to 1 hour long, in-depth interview. Purposeful sampling was used as the primary method of participant selection. A purposeful sample of participants includes those with similar experiences and or specific demographic backgrounds who are selected for their unique ability to answer the research questions (Ravitch & Carl, 2016). Such a sample can facilitate connectivity of the findings to a larger population and provide rich data about this population as a whole (Seidman, 2013). Establishing the number of participants to achieve saturation of information can be a difficult task depending on the type of design and questions to be answered. Seidman (2013) described phenomenological interviewing as the essence of having participants reconstruct or reflect on their lived experiences and stated, "in-depth, phenomenological interviewing applied to a sample of participants who all experience similar structural and social conditions give enormous power to the stories of a relatively few participants" (p. 59). Therefore, the use of more than 10 participants could have resulted in a laborious process with the same information being reported over and over instead of gaining new information and insights (see Seidman, 2013).

Establishing a Researcher-Participant Working Relationship

In an exploratory study in which in-depth interviewing is taking place, it is necessary to establish a working relationship with the participants. I maintained this relationship with participants at a professional level throughout the process. While rapport is necessary, it must be controlled to keep the researcher from becoming too familiar or too distant from the participants (Seidman, 2013). Ravitch and Carl (2016) discussed the importance of building relationships in research and contended that the

researcher-participant working relationship is built upon mutual respect and must address the needs, resources, interests, skills, and concerns of the stakeholders. In this section, the stakeholders refer to the novice clinical adjunct instructors, full-time nursing faculty, and the nursing students. The cultivation of a trusting relationship is necessary and important; however, the researcher must realize that the process is time-consuming and will continue throughout the study (Ravitch & Carl, 2016). I developed an equitable research relationship with the participants by observing the attributes of honesty, transparency, respect, and authenticity while maintaining professional boundaries.

Protection of Participants' Rights

The participants' involvement in this study was strictly voluntary. As such, I did not bribe or use coercion to get potential participants to agree to an interview. Selected participants gave their informed consent to participate with the understanding that they could withdraw from the study at any time. A detailed confidentiality clause in the informed consent provided comprehensive and transparent information about how the participant's information would be used throughout the study. Additional efforts to preserve confidentiality, such as the use of pseudonyms, helped to allay any concerns that participants may have had about being included in this study. The use of pseudonyms throughout the research process, and not just in the final analysis, is an effective strategy that helps preserve the participants' confidentiality (Ravitch & Carl, 2016). Data collected during the interview process were kept in a locked file cabinet in my private home office. This locked cabinet is only accessible by me, and electronic files will be kept in a password-protected file on my personal computer for 5 years. Safeguarding the

participants' information while using electronic data collection methods requires the researcher to consider all possible ways that data could be breached and plan accordingly (Ravitch & Carl, 2016).

Data Collection

Instruments and Sources

I collected answers to the demographic inquiry from potential participants before the interview process. Information gleaned from this inquiry was used to gain an understanding of the age, gender, length of time as a clinical adjunct instructor, length of time as a nurse, practice area or specialty, and level of education of the potential participants. Understanding the demographic information provided an overview of the population to be studied and their unique positions concerning the study setting (see Ravitch & Carl, 2016).

In-depth, face-to-face interviews took place with current clinical adjunct instructors with 3 years of experience or less in education and who voluntarily agreed to participate. The use of interviews as the primary method of data collection is appropriate when used to learn and understand an individual's perspectives or beliefs about events that occur in a specific setting (Roulston & Choi, 2018). I used an interview guide (see Appendix B) as a tool that provided an organized outline of questions to be asked of the participants. Interview guides provide a predetermined set of questions or topics that will elicit descriptive responses to provide answers to the research questions (Roulston & Choi, 2018). A semistructured interview approach was used, which allowed for follow-up inquiry to questions that may have needed additional probing to be fully addressed (see

Ravitch & Carl, 2016). Having a semistructured approach for the interviews increases the clarity of information obtained from the participants and decreases the risk of the researcher imposing their thoughts or biases (Seidman, 2013). The interview questions were piloted during a practice interview with an experienced peer reviewer. The feedback I received from this colleague was extremely valuable because she had extensive knowledge and experience in both nursing education and qualitative research. The use of a formative design process provided me with a critical reflection of the structure, validity, and practicality of the questions and allowed for revisions before the actual interviews (see Seidman, 2013).

I took hand-written notes in a research journal during each interview. Note-taking during interviews requires concentration, facilitates active listening, and helps the researcher to avoid interrupting or speaking while the participant is talking (Seidman, 2013). A research journal is an informal, real-time chronicling of ideas, reflections, and questions that are used throughout the research process on an on-going basis (Ravitch & Carl, 2016). Keeping notes in a research journal allowed for self-reflection of thoughts and feelings and created a habit for collecting ideas, questions, and references for future research (see Lambert, 2012).

I recorded each interview using a handheld, audio recording device. Audio recordings provided the main data collection source. Express Scribe Transcription software was used to transcribe the audio recording of each interview verbatim into Microsoft Word documents. The notes from the research journal helped to clarify sections of the interview that were unclear in the recordings (see Seidman, 2013). Each

interview was completely transcribed using the audio recordings and checked against the notes from the research journal to ensure validity. I e-mailed a one-page summary of the findings from each interview to the participants for member checking to ensure the interpretation of data was accurate for an additional layer of validity. Member checks provide the participants with an opportunity to challenge the researcher's interpretations of the responses and clarify or contradict a particular finding (Ravitch & Carl, 2016). Participants had the right to refute the summary by responding to the e-mail within 10 days with their concerns or questions.

The transcribed interviews, research journal notations, and the demographic inquiry provided triangulation of data collection strategies. According to Butin (2010), the use of a variety of methods of data collection enhances the validity of the researcher's interpretations and adds a stronger foundation for conclusion formation. Likewise, Lambert (2013) explained the process of triangulation as using two or more data sources or methods to strengthen or supplement the information being sought.

Access to Participants

I obtained approval to conduct this study through Walden University's Institutional Review Board (IRB) along with the review board of the research site before beginning data collection (Walden IRB Approval Number 08-28-19-0172659). To gain access to the participants, I requested permission from the president of the study site through a formal request letter. Upon IRB approval and approval from the study site, I requested a list of current clinical adjunct instructors with 3 years of experience or less in education from the ADN program's clinical coordinator. An invitation to participate

along with a demographic inquiry was sent out to potential participants via the study site's e-mail server using the list of names and e-mail addresses provided by the clinical coordinator. One reminder e-mail was sent to those potential participants who had not responded by the 10-day deadline.

Role of the Researcher

According to Herr and Anderson (2015), researcher bias and subjectivity can occur due to the researcher's own unique experiences and perceptions, however, it is necessary to identify these biases and develop a process for critical self-reflection. Very little bias or conflict of interest was expected between me and the participants at the study site. While I am a current full-time faculty member at the study site, I am the practical nursing (PN) coordinator and exclusively teach in the PN program. I do not have any association with the clinical adjunct instructors utilized by the ADN program nor do I have any authoritative powers over them. None of the clinical adjunct instructors who teach in the PN program were included in this study. Currently, there is only one clinical adjunct instructor who teaches in both the ADN program and the PN program, so this exclusion did not affect the overall sample size.

Researcher bias was controlled using semistructured, yet in-depth interviews with predetermined open-ended questions (Appendix B). I used open-ended questions to establish the topic to be explored and allowed for a broad range of answers without leading or influencing the response (see Seidman, 2013). These interview questions were reviewed and scrutinized by two experienced peer debriefers before use in the actual interviews. Interviewers who openly express their views and ask leading questions risk

jeopardizing the validity of their research (Roulston & Choi, 2018). There was a risk of this happening since I was once a novice clinical adjunct instructor with my own unique experiences and perceptions. To prevent this risk, I used critical self-reflection and kept personal feelings and assumptions out of the interview by writing them in a separate reflective journal. Researcher bias was prevented by this practice of keeping track of emerging understandings, which helped identify any preconceived notions or assumptions that I had during the interviews for later analysis.

My facial expressions were kept to a minimum and only used to validate that I understood what the participant was trying to convey, not that I agreed or disagreed with what they were saying. I used a neutral voice without putting unnecessary emphasis on any words or phrases that might indicate an inference that was not present. I smiled politely if the participant said something they felt was comical, to make them feel comfortable without interjecting any of my feelings. Because of the familiarity with the content of the questions and the position of being a former adjunct instructor, there were times that I would have liked to have carried on a casual conversation to continue the dialogue, however, these feelings were not acted on, rather they were identified and recorded in my reflective journal.

Data Analysis Methods

Demographic Data

Data analysis was initiated using the demographic inquiry that the participants provided to me via their college e-mail account. The demographic information was separated into eight categories which included the participants' age, gender, length of

time as a clinical adjunct instructor, length of time as a nurse, practice area or specialty, level of education, familiarity with the nursing unit assigned for clinical experience, and the stage of the NET model they self-identified with. This information was necessary to help familiarize me with the participants, gain an understanding of their backgrounds, and identify their nursing experience. Understanding this information about the participants enabled me to make connections about the data and the richness with which the participants answered each question. The data gathered from these demographic inquiries were tabulated and reported with appropriate descriptive statistics in Table 1.

Table 1

Demographic Information About the Participants

Age of participant	Range: 30–65 years, average age: 39 years, median age: 35 years
Gender of participant	8 female and 0 male
Length of time as a RN	Range: 5.5-41 years, Average: 13.5 years, Median: 9.75 years
Current practice area or specialty	Critical care (2), emergency room (1), informatics (1), operating room (1), obstetrics (1), occupational health (1), retired (1)
Highest level of educational preparation	Bachelor of Science in Nursing (6), Master of Science in Nursing (2)
Length of time as an adjunct instructor (3 semesters = 1 year)	Range: 0–2 years, average: 1.2 years, median: 1.17 years
Familiarity with nursing unit assigned for clinical experience	Yes (3), No (5)
Self-identified NET stage	Anticipation/expectation (0), disorientation (0), information seeking (7), identity formation (1)

Interview Data

The majority of the eight interviews took place in a small office on the campus of the study site that could be locked from the interior to provide the participants with privacy. A few of the interviews took place in private conference rooms at the participant's place of employment due to scheduling conflicts, time constraints, and travel concerns. The average length of each interview was anticipated to be

approximately 30–60 minutes long. The interviews ranged in length between 17 minutes and 51 minutes with the average length of time being 39 minutes. Each interview was conducted using the same set of questions from the interview guide (Appendix B). Notes and nonverbal expressions were collected throughout each interview and placed in a research journal. Using my former skills as a transcriptionist along with Microsoft Word and Express Scribe software, I transcribed each interview verbatim.

Researchers use a wide variety of methods for analyzing qualitative data depending on the type of information being studied. According to Saldaña (2016), coding is one of the most common and versatile methods for data analysis in qualitative studies. The transcribed interviews were initially analyzed using a priori codes developed from the NET model and the research questions. In studies where there are similarly unique characteristics among the population of participants, such as all being nurses and novice educators, pre-established codes that correlate to these distinctive attributes are essential in understanding their identities (Saldaña, 2016). This predetermined coding method provided the researcher with a provisional set of codes that reflected the study's conceptual framework and guided the analysis towards answering the research questions (Saldaña, 2016). The first cycle coding based upon the NET model and research questions used the following a priori codes:

- anticipation/expectation,
- disorientation,
- information seeking,
- identity formation,

- challenges,
- strategies/support, and
- critical thinking.

Upon completion of the first cycle coding, an in-depth and line-by-line analysis took place using Microsoft Word software to organize and categorize the data. Once the data were organized, pattern coding was used to identify recurring words or phrases in this second cycle of data analysis. The modest use of word-processing functions to assist in the analysis of open-ended interview questions in qualitative studies has been proven to be a valuable, colloquial, and inexpensive tool, especially for a relatively small-scale study (La Pelle, 2004). Upon completion of the pattern coding cycle, various related themes emerged that were in alignment with similar research studies. These patterns and themes, as well as excerpts from the transcripts, are reported in the final data analysis report.

Through the analysis and resulting findings of these data, answers to this study's research questions have emerged which provided a basis for the development of a professional development training and orientation program for newly hired adjunct nursing instructors. This could help facilitate a positive transition from clinical practice to academia. Additional possible benefits include improved job satisfaction, retention of faculty, improved student experiences, and higher levels of preparedness for graduate nurses.

Evidence of Quality

In qualitative research, the primary instrument is the researcher and as such they must apply the ethical standards of credibility, transferability, dependability, and confirmability to the rigor of their study (Ravitch & Carl, 2016). The credibility of the interview guide (Appendix B) was ensured through field testing by peer reviewers who have extensive knowledge of nursing education and experience with qualitative research. These peer reviewers either reviewed the interview guide or piloted the interview questions during a mock interview before use in the formal interviews.

While there were limitations due to the size and scope of this study, transferability is apparent through the context-relevant statements and findings that can be applied in broader settings (Ravitch & Carl, 2016). The relatively small sample size (n = 8) may not be seen as a true representation of all novice clinical adjunct instructors, however, I believe that saturation was achieved by using a detailed interview guide and open-ended questioning resulting in rich, descriptive data. No male participants were included in this study which limits diversity. Given the fact that approximately 90% of the nursing workforce in the United States is female, this lack of gender diversity while unfortunate was expected (see Nelson, 2016).

To achieve dependability, it is vital to use a solid research design and data collection plan (Ravitch & Carl, 2016). The use of in-depth interviews generated rich qualitative data that aided in ensuring the dependability of the findings (Seidman, 2013). Confirmability of the interviews was achieved through member checking to validate the preliminary findings by the participants (see Saldaña, 2016).

Procedure for Discrepant Cases

In all qualitative research studies, a process for dealing with discrepant or disconfirming cases is necessary. By looking for possible misinterpretations or cases that do not fit a pattern or theme the researcher can identify if data are accurately reflected in the analysis or if the outliers need further scrutinization (Ravitch & Carl, 2016). This process could cause the researcher to challenge or question their preconceived notions and themes (Ravitch & Carl, 2016). Discrepant cases identified in this study have been reported, evaluated, and analyzed in the Data Analysis Results section to gain an understanding of their premise, which could influence future research studies.

Data Analysis Results

Demographic Data and Participants

Each participant completed a demographic inquiry before their interview. The length of time as an adjunct instructor was reviewed to ensure that the prospective participant met the inclusion criteria of having 3 years or less experience. This was calculated using the formula of three semesters of teaching equaled 1 year of experience. Therefore, each prospective participant could have no more than nine semesters of teaching to equal 3 years or less of experience. Two of the respondents to my initial e-mail had over nine semesters of experience and were sent e-mails thanking them for their time with an explanation of why they were not being selected to participate. Six respondents to my initial e-mail met the criteria and were selected to participate. A follow-up e-mail was sent out to seven prospective participants who did not respond to the initial invitation e-mail within 10 days of being sent. Two adjunct instructors

responded to the second e-mail and both had less than 3 years' experience and were subsequently selected to participate. This gave me a total of eight participants who met the qualifications to be included in my study. My original plan was to interview between seven and no more than 10 adjunct instructors, so I was content to have eight qualified participants.

Each participant was assigned a pseudonym to protect their identity and to ensure the confidentiality of their interview was upheld. Each participant was provided with an informed consent which was incorporated into the invitation e-mail. The participants indicated an understanding of the consent by typing "I consent" in their return e-mail that also contained their answers to the demographic inquiry.

The demographic data reported in Table 1 indicates that the participants' ages ranged from 30 to 65 years old, with an average age of 39 years. All eight participants were females with a range of time as a registered nurse being 5.5 years to 41 years of service. Two of the participants hold Master of Science in Nursing degrees and the remaining six participants hold Bachelor of Science in Nursing (BSN) degrees as their highest level of educational preparation. Five of the participants were familiar with the nursing unit they were assigned to for their first clinical teaching experience and three of the participants indicated the nursing units were new to them. Upon my explaining the different stages of the NET model, all eight of the participants indicated that they had experienced going through the various stages. Seven of the participants felt that they were in the information-seeking stage and one of the participants felt that she was in the final identity formation stage. It is interesting to note that the adjunct instructor with the most

years' experience as a nurse was the only one who felt they had reached the identity formation stage of the NET model. These results were tabulated and reported in Table 1.

Results for Icebreaker Question

The participants were asked the icebreaker question, tell me what inspired you to become a clinical instructor? Understanding the attraction to academia is necessary for the development of strategies that will aid in recruiting and retention initiatives (Laurencelle et al., 2016). The inspiration to become a clinical instructor was overwhelmingly based upon the participants' prior experiences, both as a nursing student and as a nurse working alongside students and newer nurses. Lauren, a nurse of 9.5 years indicated "I've always really enjoyed educating patients and precepting new nurses." The participants overwhelmingly pointed out a desire to pass on their knowledge to the next generation of nurses. As a veteran nurse of 41 years, Bonnie stated, "I just felt like I had so much knowledge and experience that I wanted to share, the things that they don't learn from their books, the things that I have learned and done." Another instructor, Lisa, who has 12 years' experience as a nurse stated, "I like teaching and guiding new students, kind of inspiring them, I like that." Amy, who was at the beginning of her first semester as a clinical instructor, echoed this sentiment. "I just enjoy helping people learn and I just thought that this would be an opportunity to try something new." All of the participants answered with excitement and certainty, there were no long pauses or hesitations when responding to this question.

Results for Research Question 1: Adjunct Instructors' Descriptions of Preparation

Research Question 1 inquired, how do adjunct nursing instructors describe their role in preparing nursing students to be critical thinkers and problem solvers? The participants were asked a series of interview questions to help me understand their perceptions. Based on the analysis of the data from those answers, several themes emerged.

Themes from Research Question 1.

Theme 1: Asking "why" questions. The participants felt that inquiry was a good strategy for promoting their nursing students to delve deeper into their patient's specific situation.

Theme 2: Withholding direct answers. The participants indicated that withholding direct answers instead of giving the student the information causes the student to use their resources to find the answers to their questions, thus promoting critical-thinking.

Theme 3: Providing feedback through experience. Offering guidance based on past experiences while observing the students perform their psychomotor skills or interact with patients was a common theme among the participants.

Theme 4: Determining competency through observation. Watching the students as they perform their psychomotor and didactic skills to determine competency while completing patient care was a mutual feeling among the participants.

Theme 5: Determining student preparedness. Participants had shared feelings on ensuring that their students were prepared with the necessary supplies, skills, and knowledge to provide safe and effective care to their patients through direct observation.

Participant responses to Research Question 1. Clinical instructors are responsible for ensuring that their students are performing safe and effective patient care. To better understand the participants' perceptions, I asked study participants to tell me how they evaluate their students' performance in the clinical setting. Morgan has been a nurse for 10 years and she indicated that sometimes she has to figure out creative ways to explain a concept when a student is not picking up on a problem. The majority of participants indicated that feedback to students was a major source of their evaluation piece. Brianne, a nurse of 15 years stated that "before we do any procedure or pass meds or anything, we always do a run down before we get into the room which helps instill confidence in the student." Krista, an emergency room nurse of 5.5 years explained that she uses constructive criticism when evaluating her students because "there's always room for improvement, even if they are the best person in the clinical group." Another common evaluation method that was expressed was visually watching the students perform their skills, especially during the first few weeks of the term while the students are becoming acclimated to the setting.

The participants were asked to describe some of the strategies they use to help their students think critically or problem solve in the clinical setting. All eight of the participants indicated that they question their students in the clinical setting to get them thinking critically and using clinical judgment. The majority stated that they withhold direct answers and instead guide the students to where they can find the answers. Beth, a nurse with 6.5 years' experience in surgery stated, "I don't answer their questions normally, I talk them through it and I ask a lot of questions as well." Morgan specified

that she uses scenarios that may be more familiar to the student to help them think about what is happening or could happen depending on their patient's circumstances. She used the following example,

> If you were walking in and you saw your mom who has COPD coughing, what are you going to do? I try to get them to realize that their patient is going through the same thing and these are the things that you need to look for, having them tell me and then kind of pulling it out of them, not telling them the direct answer.

This use of analogies to help put a patient's condition into a familiar context was expressed by several of the participants as a useful strategy.

To gain an understanding of the participants' perceptions of supervision, they were asked to describe some of the supervisory activities they oversee in the clinical setting. "Being there" and "direct observation" were shared answers that arose as the vast majority of the adjunct instructors indicated that these were what their supervisory activities consisted of. While "being there" with the students as they are performing their skills as well as "direct observation" of the students throughout the clinical day are important, they are very low-level supervisory activities. Morgan maternally described her supervisory activities, "sometimes I feel like a mom [laughing] there is a lot of nurturing, just helping them organize and get prepared." Bonnie had a similar nurturing answer, "if they cannot hear a blood pressure, we will go in and do it together…and I will place their stethoscope right where I want it and I will ask them, what did you hear?" This nurturing of students is a very powerful supervisory activity, however, the majority

of the instructors felt that being present and reinforcing psychomotor skills, for instance, was the best way to supervise their students' activities.

The installation of critical-thinking and clinical judgment into nursing students is vital to the achievement of nursing program outcomes. Because healthcare is a complex environment where safety and quality care are expected, the use of reflection strategies helps instill a deeper understanding of clinical experiences (Asselin & Fain, 2016). To help identify their perceptions, the participants were asked to share an example of a time when they used their role as a supervisor to help their students think critically. "Questioning the students" was a common answer, with 7of the 8 instructors using it as their major strategy to help elicit a deeper understanding of what is happening with the students' patient assignment. Bonnie shared, "our postconference is not really structured, it's like okay let's talk about what happened today…I saw you do this, why did you do that?" While asking questions will help the instructor understand if the student is grasping a concept or idea, it may not be the best strategy for instilling critical-thinking into the students. According to Webber (as cited in Penn, 2008), asking nursing students to explore why a particular phenomenon is relevant is only a small part of the critical-thinking strategy of inquiry. The author further elaborated that deductive and inductive reasoning, data analysis exploring, pattern trending, reflection, and inquiry of not only why, but who, what, where, when, and how are strategies that have been proven to elicit a higher level of critical-thinking in nursing students (Webber, as cited in Penn, 2008).

The participants were asked if they could identify the ADN program's five major concepts that make up the student learning outcomes (SLOs), which is the foundation of

the nursing students' clinical evaluations. Three of the participants could not identify any of the SLOs and the remaining five participants were able to recite some of the concepts, but no one got all five. Beth stated,

> Quality and safety are big for me, um…informatics. I want to make sure they are charting appropriately because I'm a big advocate that if you don't write about it you didn't do it, so quality, safety, and informatics are the biggest ones that I am concerned with."

The five major concepts are patient-centered care, teamwork and collaboration, evidence-based practice, quality and safety, and informatics. This is an interesting finding that indicates a possible disconnect in how thoroughly the participants are evaluating their students in the clinical setting along with completing the weekly evaluation tool.

Results for Research Question 2: Perceived Challenges of Supervisors

What do adjunct instructors perceive are the challenges that have affected their ability to be effective clinical supervisors, was Research Question 2. Through the course of the interviews, the participants relayed information about the challenges that affected their ability to be effective clinical supervisors. The themes that emerged based on the interview questions and resulting data helped me understand these perceived challenges of novice clinical adjunct instructors.

Themes from Research Question 2.

Theme 1: Not jumping in and taking over. This sentiment was shared by every one of the participants. Having to take a step back and not doing the task or skill for the student was by far the biggest challenge expressed. Learning how to be hands-off instead

of hands-on, no longer the nurse caring for the patient, but rather the supervisor of students who were providing the primary care for the patient was a challenge.

Theme 2: Having to become an authority figure. This common theme came up in many of the interviews. The novice instructors indicated that they were not used to being authoritative and were afraid of facing conflict with their students. When confronted with conflict several of the instructors indicated that they sought out the guidance of the primary course lead instructor due to uncertainty in how to handle the situation.

Theme 3: Not wanting to fail the students. A large number of participants had this shared view of not wanting to make a mistake, say or demonstrate something wrong, or mislead the student, which could cause them to fail a test or fail at becoming a nurse.

Theme 4: Lacking in the orientation process. The data from the participants' interviews indicated that they all felt that the orientation process was lacking. Lack of support, guidance, organization, preparation, resources, clarity, and depth were all expressions used to describe the deficits of the orientation that was received by the participants.

Theme 5: Not giving up. The recurring theme of not giving up was present throughout the data. The instructors used words like perseverance, teamwork, peer support, and building rapport with staff as strategies that helped give them the strength to keep going.

Theme 6: Gaining adjunct experience. The shared theme of simply gaining experience as an adjunct clinical instructor was expressed as a major strategy the participants indicated that helped build their confidence.

Theme 7: Improving the transition. Data indicated that the majority of the participants agreed that the transition from bedside to academia could have been made more seamless throughout the orientation process. Some ideas for overcoming the identified challenges included shadowing a clinical day, shadowing a pre- and postconference, having a formal onboarding program, and receiving up-to-date course-specific resources such as PowerPoints, timelines, and textbooks.

Participant responses to Research Question 2. Participants were asked to identify some of their fears they had going into the clinical adjunct instructor position. A common answer to this question was "fear of being in an authoritative position." This was a major concern of Krista's due to her age and the age of her LPN to RN transition students, "a lot of them have been LPNs for a while and how are they going to feel about somebody younger than them teaching them." Amy shared a similar sentiment, "I've never been in an authoritative role before." Brianne shared that "I had fears on how I would be able to give constructive criticism without being demeaning or making a student cry…I don't like conflict." Lauren had similar fears, "I'm normally a pretty quiet and shy kind of person, having to be the one in charge of several people is a little bit scary." The findings of this question are typical and almost expected of a novice instructor. These clinical instructors need specific guidance on conflict resolution and how to be an authority figure and how to handle student conflict.

In connection with the previous question, the participants were asked to describe the strategies they used to alleviate those fears. The overwhelming response to this interview question was that this fear was alleviated through gaining experience. Lauren

stated, “I don’t know, I just jumped in and I guess honestly, that’s the biggest thing.” Beth shared a similar strategy, “I’m still a little nervous on day one and I just stand up and I just do it and with each passing semester I’ve gotten more comfortable with it.”

To gain an understanding of perceived challenges, the participants were asked what they felt their biggest challenge in transitioning from practice to education was. Several common answers were “not jumping in and taking over” and “having to take a step back.” These were some of the biggest challenges they faced as they became a clinical instructor. For Krista, this was a hard lesson to learn.

> Oh my goodness, not pushing them out of the way and saying just let me do it because I’m one of those who wants to just say let me do it and get it done because if you want it done right you have to do it yourself and I was always that mentality for a long time. I had to learn how to step back and say, okay you can do this, walk through this and just take the time with them.

Amy also shared these feelings, “The biggest challenge is not doing things for them, so it’s having patience and helping them figure out for themselves and not trying to take over.” Lisa stated that “the biggest challenge for me is letting them do stuff, not jumping in and doing it for them but standing back and letting them do it.” Experienced nurses have learned effective and time-conserving ways of completing their tasks that may or may not be considered the “textbook” way of performing a skill. Therefore, clinical adjunct instructors must be trained on the specific way in which nursing students need to complete certain skills according to research and the current Board of Nursing standards.

The participants were asked to describe the orientation process that they were given as a new college employee. Adjunct clinical instructors practice primarily off-campus and are typically given an abridged orientation which could result in these faculty members feeling left out as if they are nonessential members of the college community (Owens, 2017). This sentiment reverberated through the participant's answers to this question. Bonnie stated:

> It just seems like you are on the outside you know and even though you are an adjunct, they can't do this without us, and that's how I feel about it. They don't make you feel warm and fuzzy, not that I need that, but I want to feel like I am part of the team and you do not feel that.

A similar finding was observed by Lauren, "there was a lot of paperwork and not a whole lot else, that's pretty much it in a nutshell." Brianne stated, "there was a Canvas training that I went to one evening and that's really it, which didn't even apply because all they taught you was how to put grades in, and it wasn't anything that applied to me at all." Morgan had a similar experience, "I was given the email and the Canvas, and the Google Docs and then a binder but as a college employee, no there was nothing." These answers were alarming and validated what is commonly found in the literature as identified by Owens (2017).

The participants were asked to identify and describe any deficits of the orientation process that they received as a new adjunct instructor. Two common answers were "not having time to prepare" and "lack of guidance." As previously stated, many instructors are hired a few weeks to mere days before the start of a new semester to fill vacancies.

Brianne relayed her orientation experience as, “I was hired on 8/15 and clinical started on 8/20, so I was kind of a last-minute hire right before the semester started.” Bonnie had a similar experience with her orientation, “I just felt like it could have been explained better, I came in like a week before the start of the semester, I felt so disappointed because I was trying to get everything around for my students.” According to Lisa, “I remember feeling like I don’t know what I am doing because it is very brief and then as you’re thrown all of this information and then you kind of forget stuff.” in response to the orientation she received. Krista also had similar feelings about the orientation process, “I had to wing it pretty much, it was like being fed to the wolves…there was no communication whatsoever.” Several participants indicated that unclear expectations and lack of communication were other challenges. Lisa shared,

> I would tell the students like let’s do head to toe assessments and they will be like we haven’t even learned that yet and I will be like what do you mean you haven’t learned that yet? So now on the first day of clinical, I say, hey does someone have a copy of that timeline calendar so I can go make a copy so I can see where they’re at.

Unclear expectations and lack of communication could be causes for a clinical adjunct instructor to linger in the disorientation phase of the NET model.

In connection with the previous question, the participants were asked if they thought the transition from practice to education could have been made more seamless. There were many suggestions and ideas that the participants shared that they felt would have made their transition easier. Over half of the participants indicated that they would

have liked to have shadowed another instructor for part or all of a clinical day. Lauren stated, “just a chance to follow somebody around for a day who has been a clinical instructor for a while.” Brianne shared this suggestion, “if I had the opportunity to just even shadow one clinical, even like just a pre- or postconference, would have been a lot more beneficial.” Other ideas were a formal onboarding program, better communication, and clearer expectations.

Results for Research Question 3: Strategies and Support to be Effective Supervisors

Research Question 3 asked, what strategies or support do adjunct instructors perceive they have received or that are needed to be effective clinical supervisors? The participants answered a series of interview questions to elicit responses and data that were germane to answering this research question. The following themes emerged:

Theme 1: Overwhelming with lots of paperwork. The participants were given an orientation packet to complete and return to human resources as part of their orientation. The general formality of this paperwork and lack of guidance with completing it along with getting their resources set up, overshadowed the clinical training and instruction that the adjunct instructors received during their orientation sessions.

Theme 2: Self-directed learning. The participants admitted that they spent a lot of time on their own, completing research of the clinical site, contacting on-campus departments to gain e-mail access, their badging, access to the e-learning platform Canvas, and organizing their clinical materials.

Theme 3: One-on-one meetings. Participants liked the ability to meet one-on-one with the clinical coordinator and their lead instructor and felt that this was a strength of

the orientation that allowed for visualization of course-specific information, gaining advice, and having access to teaching resources.

Theme 4: Lead instructor as the go-to person. The majority of participants indicated that they used their course lead instructor as their go-to person when they had any questions or needed clinical advice. This would be a good strategy, except many indicated difficulties in connecting with their lead instructor due to heavy workloads, conflicting schedules, and miscommunication.

Theme 5: Other known instructors as go-to people. A large percentage of participants indicated that they used other experienced adjunct instructors as their major source of tips, support, and guidance throughout their early days of teaching. This is yet another example of self-directed learning that occurs, however, there is no way of knowing if the information being imparted is of high quality and accurate.

Theme 6: Using prior experiences as a nurse. A shared theme that helped the novice clinical adjunct instructors' transition from practice to academia was their years of experience as a nurse. Many of the adjuncts indicated that they were familiar with the unit they were assigned for their first clinical group, which made communicating with the unit manager and relating the unit-specific guidelines to the students easier.

Theme 7: Relying on tips and examples from experienced clinical adjunct instructors. Many of the adjunct instructors were introduced to the idea of becoming a clinical adjunct instructor by other experienced adjunct instructors. Easy, casual communication, friendships, and peer-related bonds with other clinical instructors were identified as positive support systems as many relayed stories of receiving tips, resources,

and examples of tried and true clinical instructional strategies that helped them become better supervisors of their clinical students.

Participant responses to Research Question 3. Participants were asked to describe some of the strengths of the orientation process that they received. The majority of the participants felt that being set up with their usernames, e-mail addresses, and given their course-specific materials by the lead instructor were the major strengths of the orientation process. Lisa indicated that she felt her orientation was positive and stated, "getting to meet one-on-one with the course leader and her giving me the binder, having your clinical days kind of all mapped out in one spot" was a strength. Lauren had similar feelings, "getting everything set up like I actually got to like log into the computer and like do that stuff that way if there were any issues while I was there, I could get that taken care of." Not all of the participants' experiences were as positive. As Morgan stated, "all of those pieces were there I just didn't know they were there, and I didn't know how to use them, so it was like someone somewhere knew I was coming." Bonnie had a similar experience, "there was a paper and I circled all of the things that we didn't cover, and I was like we never covered that, we never covered that, I was just so disappointed." These mixed reactions to the orientation process could indicate that there is inconsistency in how new adjunct instructors are being oriented.

The participants were subsequently asked to share any ideas that they had to make the orientation process or transition into their position more productive without being overwhelming. Transitioning to a new job or position can be overwhelming in itself. The participants shared several ideas that they felt could help the orientation process. One

idea that was shared by several participants was increased communication between themselves and the lead instructor for their assigned clinical course. Brianne expressed that a follow-up phone call asking, "how are you doing, what's going well, what's not going well?" would be helpful. Another common answer that was expressed was more in-depth orientation training, such as Lauren noted:

> Maybe something just to kind of like I guess teach you how to be a clinical instructor like you know we are all practicing nurses so we know how to actually do the stuff in the clinical setting, but as far as like what you're actually supposed to do would be a little bit more…..like a sit-down and go through the whole thing.

Beth indicated that being given examples of specific activities, checklists, and templates by another seasoned adjunct instructor were extremely helpful for her. She suggested that if there was a central location where those documents could be placed for other new instructors, it would be very beneficial to them.

None of the participants indicated that they were assigned a formal "mentor" upon being hired as an adjunct instructor when asked if they were assigned a mentor or someone who was their "go-to" person. Six of the participants felt that their go-to person was the lead instructor for the clinical course they were assigned to. Brianne echoed this feeling, "No formal mentor, but I took it as the course lead was my mentor because she was the lead instructor." Lisa answered similarly, "I don't remember, I don't think so, I mean I would talk to the course lead." Several participants answered that they felt their go-to person was the clinical coordinator. Bonnie stated, "No, I felt it would be the clinical coordinator, but it wasn't and to be totally honest, the course lead instructor is

really difficult to get into contact with and she rarely answers her e-mails. A few of the participants indicated that they knew other adjuncts or non-course specific faculty with more experience and would ask them for help when needed. According to Amy, her go-to person was an experienced clinical adjunct instructor who was assigned to the same nursing unit, she said, “I always talked to her if I had any questions.” All of the participants indicated that they were able to find a “go-to” person to ask when they had any questions. The lack of a formal mentor who is a full-time, experienced faculty member as a resource to provide sound advice and support through the transition period indicates that there is a gap in the orientation process.

The participants were then asked what helped adequately prepare them for their new role as an adjunct clinical instructor. The participants had a variety of answers, but the majority answered that site visits to their assigned facility and tips from experienced clinical instructors helped them the most in preparing for their new role. Krista stated, “I don’t know if anything really adequately prepared me, but I would talk to other clinical instructors and they would tell me this is what I do, and I was like okay.” Lauren had a similar answer, “there was information that other clinical instructors had put together it wasn’t like a how-to, but just general information, different tips and things of that nature, so that was helpful.” Bonnie felt that the site visits to her assigned clinical facility helped her and stated, “I sat with the Director of Nursing a couple times and we went through all of the residents and I had a lot of questions for her and she helped me learn about the facility, how to get into their computer and all of that.” Knowle’s adult learning theory posits that new knowledge acquisition is primarily a self-directed activity (Merriam et al.,

2007). The answers that the participants gave to this question help reinforce those theories of adult learning.

For the final interview question, the participants were asked to describe what it was like for them to transition from nursing practice to instructing students in the clinical setting. Many of the participants described their transition in positive tones, citing a few frustrations along the way, but overall the participants were enjoying their job as an adjunct instructor. Beth described her transition as "nervous but fun…I've learned something new every semester to change up on, so I've felt like it was a fairly easy, not difficult transition…a positive transition because I've enjoyed every step of the way." Morgan described her transition by stating, "A goal, fulfilling a goal…I was happy that I finally was like this is happening it's finally going to happen for me, and I made it happen." This sentiment was shared by Brianne who stated, "I just really enjoy it, I thoroughly like seeing students with their ah-ha moments where they finally get it, they realize that they do know what they're talking about and pulling all the information together." Lisa acknowledged that "it gave me a different perspective; I mean prior I only had my own experience going through nursing school and now I see a lot of different student's perceptions." Amy stated, "I think it's good, I really like it." Bonnie and Krista identified their transition as being frustrating. Krista reminisced,

> There were definitely some frustrations, a lot of it was just intro frustrations because I just want to do and if you're not a doer…just that first semester I did have frustrations, but as the semesters went on, it seemed to get better.

For Bonnie, her frustrations in transitioning from nursing practice to academia come from having to take a step back and not jumping in and doing the skills for the students, she related "I want to jump in, I still want to jump in and do things myself…I guess not being hands-on….. because I just want to do it, because I can do it so much faster." Lauren's described her transition as being a confidence builder. She stated, "I feel a lot more confident in my role and more aware and I feel like I'm more familiar with the unit and just what to expect out of the students and how to get what I expect out of them."

Relationship of Findings to Conceptual Framework

At the end of the interviews, I described Schoening's NET model to each of the participants. All eight of the participants agreed that they understood the NET model and could see that they had experienced these phases to certain extents. I then asked them to self-identify which phase of the NET model they felt they were currently in. As reported in Table 1, none of the participants felt that they were in the anticipation/expectation or disorientation phases. Seven of the participants identified being in the information-seeking phase and one participant felt that she was in the identity formation phase. These findings indicated that while the participants categorized themselves as being in only one of the NET phases, the data reflected that the participants sometimes revert to the disorientation and information-seeking phases as situations and circumstances change from semester to semester. Understanding these four phases of the NET model along with the circumstances that novice nursing faculty encounter as they transition from practice to academia provided the researcher with valuable insight. Strategies developed from this new understanding provided the basis for the creation of a professional development

program aimed at decreasing or eliminating the disorientation phase as defined in the NET model.

Nurses come to the role of a clinical adjunct instructor with years of experience in health care. The knowledge, experience, and relationships that have been gained throughout their years in the practice setting help guide their perceptions, expectations, and transition to their new role as a novice clinical adjunct instructor (Brown, 2019). According to Mezirow's (1991) transformative adult learning theory, these past experiences shape the adult learner's ability to transfer previously learned knowledge to new experiences to achieve transformation to higher levels of intellectual awareness. As identified in this study, the participants relied heavily on their past experiences as a nursing student and practicing nurse to guide them through their transition to the role of educator. Additionally, adults inherently have a desire to acquire new knowledge when said learning has a purpose, is self-directed, can be applied to problem-solving, and increases their understanding (Merriam et al., 2007). Many of the participants indicated that they had to seek out the required information on their own as a novice to become an effective clinical adjunct instructor, further validating the fact that adults are self-directed learners.

Discrepant Data

For the most part, the data indicate that there was a consensus among participants in their overall perceptions. There was discrepant data in several areas and when traced back to the source, one participant emerged as having these conflicting perceptions. When asked, could the transition from practice to education have been made more

seamless? Amy was the only participant who answered no to this question, stating, "No…I think it was okay." Amy was also the only participant who did not offer any ideas that would make the orientation process more productive. She stated, "I don't know…I feel like it went pretty smooth." It is interesting to note that this participant's interview was by far the shortest at only 17 minutes long. She was at the beginning of her very first semester as an adjunct instructor and had the least amount of experience in academia. This information could indicate that the participant is still in the anticipation/expectation phase of the NET model and had not yet experienced the disorientation phase. For future research, it may be beneficial to exclude participants who have not completed at least one full semester as a clinical adjunct instructor.

Summary of Results

The data identified that there are gaps in the orientation, preparation, and training that are provided to newly hired clinical adjunct instructors at a 2-year community college in Ohio. The problem that this study originally identified was that without formal training or instruction in educational practices, adjunct clinical instructors rely solely on their experience as a clinician, which raised questions about their perceptions of preparation for supervising nursing students in the clinical setting. While the results have shown that these novice adjunct instructors are self-directed and resourceful in gaining knowledge, they do rely heavily on their prior nursing experience to provide supervisory guidance to their students. Understanding how and why adults acquire new knowledge is paramount in developing a professional development orientation and training program.

The data further identified that all of the participants acknowledged going through

the various stages of the NET model with the majority acknowledging that they were in the information-seeking stage. Finally, the data from this study identified obvious shortcomings in current orientation procedures. There is evidence of inconsistent orientation practices among the lead faculty members which has contributed to feelings of confusion, frustration, and isolation. A structured professional development orientation and training program that utilizes the community college's Canvas e-learning platform will be developed. This professional development program will address the major areas of concern identified through this study's data and provide a valuable resource that can be mirrored throughout Ohio's nursing programs, nationwide, and across other allied health professions to close this evident gap in practice.

Section 3: The Project

Introduction

Based on the findings of this study, I chose a professional development training program (PDTP) using the community college's current Canvas e-learning platform as the best and most efficient option for increasing novice clinical adjunct instructors' understanding of academic principles and decreasing the length of time these instructors spend in the disorientation stage of the NET model. In this study, I identified that gaps were present in the orientation and training being delivered to newly hired clinical adjunct instructors. The PDTP was developed to address the major concerns identified through the data from this study and provide interactive learning modules with embedded course-specific resources, a mentor-mentee discussion board, video simulations, clinical site-specific resources, and PowerPoint training tools. In addition, this one-stop PDTP will guide the novice clinical adjunct instructor through human resource requirements as a new college employee as well as serve as a resource for getting their security badges, e-mails, and other technical requirements set up. This course is designed to be taken over 3 weeks; however, as previously discussed, many instructors are hired mere days before the start of a new semester, and as such, this course can be taken in an accelerated fashion to accommodate those with less than 3 weeks before their first clinical day.

Purpose

The purpose of this PDTP is to increase the knowledge of academic principles, improve retention, and decrease disorientation in newly hired clinical adjunct instructors. By providing these novice instructors with a comprehensive training and onboarding

program, the nursing students they serve will receive a higher quality clinical experience and be better equipped to enter the nursing workforce with improved critical-thinking and problem-solving skills. Novice nursing instructors inherently lack experience in academia and routinely receive little preparation or orientation to this new role (Schoening, 2013). Studies have shown that through effective orientation and mentoring practices, novice nursing instructors report improved job satisfaction and are more likely to remain in their educational roles (Brown & Sorrell, 2017; Grassley & Lambe, 2015; Hickerson et al., 2016). The creation of a comprehensive PDTP that includes a general college orientation, training in pedagogical principles, a mentoring component, and course-specific resources will enable the newly hired clinical adjunct instructor to acquire new knowledge and provide a site of reference when questions arise.

Goals of the Project

The goals of this new PDTP are to improve the training, orientation, and onboarding procedures for newly hired adjunct instructors. Based upon the findings of this study, the previous processes and procedures being used to orient and train newly hired adjunct instructors were inconsistent, lacking in substance, and did not provide the necessary resources needed for a positive transition into this new role. Newly hired adjunct instructors shall complete the unit-specific modules in no more than 3 weeks from the date of hire. Another goal is to provide high-quality training to the new faculty members, which in turn will give the nursing students a better clinical experience to prepare them for entry into practice. Ultimately, the goal is to have highly skilled and trained clinical adjunct instructors who because of their positive role transition decide to

further their education to become full-time nursing educators. This projected goal could positively impact the current shortage of qualified nurse educators, which in turn could increase the number of nursing students who are granted seats into this 2-year ADN program.

Learning Outcomes

I developed learning outcomes for each of the curricular units that comprise this online PDTP. Upon completion of the interactive PDTP, the newly hired clinical adjunct instructor will be able to discuss and apply the concepts of student evaluation using the clinical evaluation tool, develop strategies to prevent and negate potential student conflicts and disciplinary concerns, create activities to improve their students' critical-thinking and clinical judgment skills, identify additional needs and collaborate with their assigned mentor, and create a plan to conduct a meaningful pre- and postconference with their nursing students.

This PDTP is targeted specifically towards newly hired clinical adjunct instructors at a 2-year community college in Ohio. These novice instructors are vulnerable during their transition from nursing practice to academia and require training and orientation that is specifically designed to decrease or even eliminate the disorientation phase of the NET model. The major principles of this training program could be transferrable to any health science program that employs adjunct instructors to supplement the full-time faculty in providing educational experiences to college students.

Rationale

The findings of this study indicate that there is room for improvement in the current orientation and training processes for this study site's ADN program. The initial literature review revealed that this is not an isolated event (Elder & Ryan, 2016; Mann & DeGagne, 2017; Owens, 2017; Schaar & Beckham, 2015; Schoening, 2013; Yedidia, 2016). Lack of effective onboarding of novice clinical adjunct instructors is a nationwide problem as is the national shortage of qualified nursing instructors (Bittner & Bechtel, 2017; Pettway, 2018; Robeznieks, 2015; Woodworth, 2016). Given the knowledge that the adjunct clinical instructor pool is where the majority of full-time nursing faculty are recruited from, schools of nursing must take the necessary steps to ensure these valuable members of the faculty are given proper orientation and training, which will, in turn, promote job satisfaction and improve instructor retention rates.

To facilitate a solution to the orientation and training needs of the novice clinical adjunct instructor, I have proposed that a PDTP is the obvious choice to evoke a positive change in the shortest amount of time. An evaluation report or position paper would bring attention to the problem and highlight recommendations but would not necessarily solve the problem. A curriculum plan that spans a minimum of 9 weeks is not feasible for this population because some instructors are hired several weeks to mere days before the start of a semester and need to have access to an abridged yet thorough orientation and training program. Caffarella and Daffron (2013) explained that the use of technology, such as the Canvas interactive LMS, in program planning speeds up the implementation process and can reach individuals over a greater distance, "and provide them with a larger

toolkit with which to meet the demands of their trade" (p. 73). I was once a novice adjunct clinical instructor who remembers struggling in the disorientation phase of the NET model. By creating an online PDTP that can be implemented immediately upon approval by the dean of Health Sciences, the amount of time a novice clinical instructor spends in the disorientation phase will be significantly decreased.

The literature and the findings of this study alike indicated that clinical adjunct instructors are busy individuals, with the majority holding down another position as a practicing nurse, attending college to advance their degree along with their other personal, family, and civic responsibilities (Brannagan & Oriol, 2014; Elder & Ryan, 2016; Meyer, 2017). Given these facts, it would benefit these novice instructors to be able to complete this online PDTP around their demanding schedules and in their preferred environments. Access to a computer, tablet, or other electronic device connected to the Internet is all that is needed for the newly hired adjunct instructor to log-in and complete the required modules and access other valuable resources. Newly hired instructors receive training on the Canvas LMS as a part of their college-wide general orientation. This learning platform provides an economical and efficient modality with which to embed this PDTP. Budget constraints and seasoned full-time faculty who are already spread thin make a face-to-face training program unfeasible.

Review of the Literature

It is evident through research that shortfalls exist in the onboarding of novice adjunct faculty to the role of educator. To effectively perform their jobs, novice instructors begin the information-seeking phase of the NET model to find the necessary

resources, which include seeking out a mentor or experienced faculty member to guide them in the right direction (Schoening, 2013). As Mezirow (1991) identified, the adult-learner (in this case, the expert nurse clinician) will use their previously acquired knowledge to base their learning needs on as they seek clarification of their new role as a novice adjunct clinical instructor. Novice clinical adjunct instructors are often still practicing clinicians in the clinical setting where they teach, which is a great asset for clinical nursing instructors to possess because it promotes familiarity and continuity of patient care.

To seek out solutions for newly hired adjunct clinical instructors' onboarding and training needs, I reviewed the literature on this topic using CINAHL, EBSCO, ERIC, PUBMED, SAGE, OVID, and Google Scholar online databases. The search terms included *clinical adjunct training, adjunct faculty training, adjunct orientation, nursing mentor, novice nurse educator training,* and *nurse educator professional development.* The findings from this review of the literature indicated that novice clinical adjunct instructors will benefit from a professional development program focused on clinical evaluation strategies, handling difficult student situations, and conducting effective pre- and postconferences.

Professional Development

One common thread that was woven throughout the literature to promote a positive role transition from bedside nursing practice to academia was the creation of professional development programs for orientation, training, and mentoring of newly hired nursing instructors. According to Oprescu, McAllister, Duncan, and Jones (2017), a

key finding in their study of 138 nurse educators was a lack of confidence in teaching skills. Their findings supported the recommendation of professional development programs aimed at handling challenging student behaviors, designing learning activities, and creating critical-thinking activities to help improve the educators' confidence levels (Oprescu et al., 2017). Continuing professional development requirements for nurse educators was the topic of a workshop held to promote the understanding of necessary instruction and skills required for nurses to maintain and enhance their knowledge (Molato et al., 2019). Kiss, Simpson, and Smith (2020) identified that professional development programs play a huge role in nursing education programs and that the formation of academic-practice partnerships can increase student enrollment, offset faculty vacancies, and ensure continued clinical placement within partnering entities.

Mentorship by supportive, accessible, and experienced faculty is common throughout the research that provides key indicators of successful role transition for novice faculty members (Bagley et al., 2018; Casale, 2017; Grassley & Lambe, 2015; Mann & De Gagne, 2017; Nowell, 2014; Paul, 2015; Summers, 2017) Unfortunately, full-time faculty members have heavy teaching workloads and other academic responsibilities that limit the time they are available to mentor their peers (Brown & Sorrell, 2017). In addition to mentorship, Brown (2019) insisted that orientation programs and ongoing professional development are necessary to facilitate a positive role transition for novice clinical adjunct instructors and add an inherent benefit to the nursing students, including achievement of learning outcomes and improved scores on prelicensure examinations. Similar findings were expressed in Minor's (2019) study of eight novice

nurse educators in which collaboration, support, and mentoring were identified as determiners of a positive role transition. The quality of clinical education provided to nursing students is directly correlated to the clinical instructor supervising said students (Perry, Henderson & Grealish, 2018).

Creating a professional development program for orientation, training, and mentoring aimed at bridging the gap between clinician and educator is a positive progression for nursing programs. Johnson (2016) found that an effective strategy to improve novice clinical adjunct instructor's assessment of students in clinical courses using a student-oriented learning outline was the focus of a 4-hour faculty development workshop. In another study, a 10-step approach to a successful transition to the educator role was suggested that includes strategies, such as networking with mentors, balancing work and life commitments, and creating a faculty development plan (Kalensky & Hande, 2017). Based upon a needs assessment, Rice (2016) conducted a 1-day orientation program for adjunct nursing faculty in a face-to-face setting with a focus on achieving clinical education competency as the goal.

The Project Based Upon Study Findings

In this study, I discovered the concept of being in an authoritative position was an area of concern for new instructors. The novice clinical adjunct instructors were unfamiliar with strategies for commanding their group, including handling challenging student situations. In a recent article by Fuqua (2020), the importance of using self-assessment and reflection as tools to help defray reservations and nervousness surrounding assessment of student's clinical performance was discussed as a necessary

component for clinical adjunct instructors to recognize. Additionally, West, Novak, and Mueller (2016) discovered that novice faculty in higher education have limited knowledge concerning the rules and regulations surrounding students with disabilities, which should be included in their orientation training. Proper training on the challenges that the novice adjunct may encounter in the clinical setting will help defray these concerns.

The use of simulation is a common approach to nursing education at all levels. As this study identified, new clinical adjunct instructors are routinely hired shortly before the start of a new semester, which leaves little time to truly shadow another clinical instructor. A recent study by Badowski and Oosterhouse (2017) established that simulated clinical experiences can be as beneficial to nursing students as attending a traditional clinical experience. The use of simulation creates a pathway for the learner to acquire new knowledge, practice new skills, and build self-confidence in a safe, controlled setting (Jeffries et al., 2019). Similar findings were reported by Dunker, Duprey, and Ross (2019) who developed simulated based learning experiences to train novice clinical nursing instructors in areas such as student issues that arise during clinical and faculty roles and responsibilities. A recent study of advanced practice nursing programs found that 98% used simulation as an instructional method (Nye, Campbell, Herbert, Short, & Thomas, 2019). These learning strategies could be transferred to the training of new clinical adjunct instructors using videotaped simulated pre- and postconference clinical activities. This could be a creative and cost-effective resource

with a focus on specific areas of interest that best prepare clinical adjunct instructors for a positive transition to practice.

Professional development training for new adjunct faculty is vital for promoting positive outcomes for both the instructor and nursing student. Pete (2016) identified that said training resulted in higher levels of compliance and increased satisfaction when carried out in an online platform versus an on-campus training based upon a quantitative study of 69 adjunct instructors. In a recent article by Monsivais and Robbins (2020), an online faculty professional development program was implemented using 15 self-paced modules for nurse educators. Participants of this study indicated that discussions and module completion were more beneficial when completed by a group of educators where novice faculty members could learn from more experienced educators instead of in isolation.

During a recent nursing education symposium, Dr. Khurram Jamil discussed that professional development for nurses using traditional methods of e-learning, such as a pre-recorded webinar with basic information transfer, lacks individualism and is difficult to translate to actual nursing practice (Shinners & Graebe, 2019). Dr. Jamil suggested that an adaptive learning experience can be achieved using an e-learning platform that provides detailed and interactive learning experiences where the learner is engaged through a variety of resources and tools (Shinners & Graebe, 2019). Kemery and Serembus (2018) suggested the use of a faculty learning community using an online LMS to facilitate new faculty orientation, provide mentorship, and share teaching resources to increase job satisfaction and improve the quality of education being provided to nursing

students. A similar concept by Brannagan and Oriol (2014) is the online adjunct faculty mentoring model which provides an orientation platform for adjunct instructors to access course-specific information, promote networking and mentoring, provide technical support services, and provide educational professional development exercises. The use of an ongoing online learning community to promote adjunct clinical faculty success by fostering networking, mentoring, and inclusion as a faculty member is the premise of Koharchik's (2017) study. The creation of formal orientation and mentoring programs appear to have had positive outcomes for the respective nursing programs along with their novice nursing faculty and could be used by other nursing programs experiencing similar challenges.

Other Possible Considerations

Other strategies that have been used to promote a positive role transition are a reflective teaching practice and an orientation model based upon the national initiative QSEN which stands for quality and safety education for nurses. Legare and Armstrong (2017) contended that one strategy that can help improve teaching practice and effectiveness among novice nursing instructors is reflective teaching practice based upon Kim's critical reflective inquiry model, where instructors descriptively reflect upon their teaching events during their first year of practice. A critical reflective inquiry was used as a framework to explore the significance of past experiences in the clinical setting to promote nursing professional development using an assessment tool that measures reflective practices in a similar study by Asselin and Fain (2016).

Another strategy using QSEN to help bridge the gap in transition for novice clinical faculty is the QSEN-based orientation model, which is an orientation platform for adjunct faculty that emphasizes "patient-centered care, teamwork and collaboration, informatics, quality improvement, safety, and evidence-based practice" (Schaar, Titzer, & Beckham, 2015, p. 115). The QSEN premise is used throughout nursing education to help promote critical-thinking and improve safe practice in nursing students (Schaar et al., 2015). These QSEN initiatives are the major concepts that the student learning outcomes are built upon in the ADN program at the center of this study. The use of QSEN and reflective inquiry as orientation models could help provide valuable insight for nursing programs to use in the creation of formal orientation and mentoring programs for novice faculty.

Project Description

A 3-week online PDTP course that is divided into three 8-hour modules was developed using research-based, pedagogical strategies to help prepare experienced nurses coming into the academic realm. This course is a professional development course and as such, the preferred type of framework employed is conceptual scaffolding where learners identify pivotal notions that help them work through intricate issues they may encounter as a new educator (see Stavredes & Herder, 2014). This model will help guide the new nurse educators as they learn the necessary tools to be successful adjunct instructors in the clinical setting.

The ADDIE model which stands for analysis, design, development, implementation, and evaluation will be used to help with course design. The analysis

phase is the foundation of the online course design process. During this initial phase, the course designer seeks to gain an understanding of their learners and what their specific needs are to ensure that the course will meet those needs (Laureate Education, 2015a). Through the analysis of this study's data, I have first looked at the needs assessment for the problem, identified the learners, and set the goals for the course. I then decided the best source for delivering the course to the learners, whether it would be better as a face-to-face, online, or hybrid course (Laureate Education, 2015a). As stated earlier, the Canvas LMS will be used to deliver this online course.

Resources Needed and Existing Supports

The Canvas LMS is a web-based product that the participants can access through their home computers, via on-campus computer labs or through the Canvas mobile application. As such, access to the internet and the aforementioned electronic devices are resources that the learner would be required to obtain. The Canvas LMS is updated and maintained by the college's Center for Distance and Innovative Learning department's LMS coordinator and instructional designer along with other support staff. These individuals and their intellectual property are existing supports within the community college and are needed resources to implement this new online PDTP. This researcher has been in contact with the Center for Distance and Innovative Learning instructional designer and through said collaboration, the PDTP course shell has been created in Canvas to support this project. The Canvas learning platform will provide the participants with the ability to complete the learning objectives on their own time and when it is convenient with their schedules, as many adjunct nursing instructors are still full-time

nurses. Given the educational background of the participants, and the fact that all newly hired employees go through Canvas training, this LMS is an appropriate modality for the dissemination of an online PDTP for this population of learners.

The clinical coordinator of the ADN program will be the main moderator of this new PDTP. She is responsible for the training and evaluation of all the clinical adjunct instructors; therefore, it is logical that she would be the lead facilitator of this professional development offering. I will continue to help update and moderate the course to take some of the pressure off of the clinical coordinator. We will work as a team to provide feedback to the learners throughout the newly hired adjunct instructor's completion of this course. No hourly compensation will be sought for helping facilitate this PDTP. As part of our teaching contracts, we are required to provide service hours to the college and as such, the uncompensated time put into this PDTP will be a great way to give back to the college and will count towards this contractual commitment.

Potential Barriers and Solutions

There are several potential barriers to the implementation of this new online PDTP. One constraint that exists is available time for the novice clinical adjunct instructors to complete this online PDTP. As previously stated, most clinical adjunct instructors continue to work full-time in their primary nursing positions. This fact along with the reality that some instructors are hired shortly before the start of the semester could indicate a potential time barrier. This course is designed to be taken over 3 weeks, however, because it is a self-paced course, it can also be fast-tracked to be completed in

as few as 3 days to accommodate those instructors who are hired less than 3 weeks before the start of the new semester.

Another potential barrier is the lack of personal resources such as not having a home computer or a lack of Internet service. The fact that most individuals have a smartphone that is wi-fi capable could be the solution to this barrier. The Canvas mobile app would make it possible for the newly hired clinical adjunct instructor to complete the course requirements through their mobile device. Another benefit of the Canvas mobile app is that it is available as a free download, so there is no out-of-pocket cost to the learner.

A future barrier that could surface is if the current clinical coordinator or I change positions so that we are no longer able to facilitate the PDTP. The newly appointed clinical coordinator or another experienced faculty member would need to step in and take over the responsibilities of this course. This could be a barrier since the position is an uncompensated college service position. A solution would be to lobby for this to become a paid position rather than a volunteer.

Implementation and Timeline

The availability of necessary resources devoid of any additional expenses will make the implementation process a smooth evolution. Through this research project the course curriculum, objectives, and evaluation plan have been developed, a course shell has been created in the Canvas LMS platform, and the community college is on-board with implementing this new PDTP as an orientation requirement for all newly hired clinical adjunct instructors in the ADN nursing program. These factors will easily allow

for this new course to be up and running before the Fall 2020 semester for those clinical adjunct instructors who are hired over the summer break. This PDTP will be a "living" course that will be updated frequently by the clinical coordinator to coincide with the Ohio Board of Nursing and Accreditation Commission for Education in Nursing current guidelines for clinical practice, along with any course-specific changes that may occur.

This online PDTP is designed as a self-paced course that must be completed within three weeks of the start of the course. Since new adjunct instructors are hired at different times depending on the nursing program needs, the course will not have a predetermined start date, rather the start date will be when the nursing instructor has completed their college-wide orientation and Canvas training requirement. The learner will complete three self-paced modules that are set up by weekly units. By spreading the course out over 3 weeks, these new clinical adjunct instructors should be able to find the time to complete this requirement without it being a hindrance. Those instructors wishing to finish the course early would have that option as well.

Learner Responsibilities and Course Details

The newly hired clinical adjunct instructor is responsible for accepting the course invitation and completing all required modules before the start of their first clinical day. Upon entering the course, the learner will encounter the course's home page featuring detailed instructions for completing the training unit modules, along with contact information for the PDTP administrator, the college's help desk, and the clinical coordinator. Upon clicking and entering the modules tab from the sidebar, a "start here" module will appear, highlighting a welcome letter from the nursing program's clinical

coordinator. Another page will be embedded within this start-up module to provide detailed information on the steps that the newly hired adjunct instructor needs to follow to get their college e-mail set up, get their security badge, and to complete their contractual paperwork which is required for them to be compensated. The only other document that will appear in the start-up module is the PDTP course completion outcomes.

The major components of this PDTP are interactive modules arranged by three weekly "units" that have been designed to guide the newly hired clinical adjunct instructor through a variety of learning activities, including PowerPoint presentations, video-recorded simulations, required readings, and discussion forum postings. A schedule of instructional activities outlining the learning objectives, content outline, and relevant resources for each module will be the first tab the learner will see upon clicking on any of the unit modules. The learner must open this tab and complete the pretest before the unit module will open. Upon completion of the unit module, a post-test will open to allow the novice clinical adjunct instructor to participate in this assessment of learning. If there was only one newly hired clinical adjunct instructor who needed to take the course, an alternative assignment would be implemented along with the discussion post to take the place of required responses to their peers.

The remainder of this PDTP course will serve as a "toolkit" of resources for the newly hired clinical adjunct instructors. There are seven separate clinical courses that newly hired clinical adjunct instructors could be assigned to. Therefore, a separate module that contains course-specific resources based upon the specific course they have

been assigned to instruct in will also be featured. The community college at the center of this study uses a wide variety of healthcare facilities over several counties in Ohio. Each healthcare facility has its specific guidelines and training materials that novice clinical adjunct instructors need to review before their first clinical day along with the site's clinical coordinator contact information. A clinical site-specific module will be developed into this "toolkit" area for the placement of this specific information. A final module will be used to place any additional "tried and true" resources from seasoned clinical instructors that they have found to be helpful. The adjunct clinical instructors will not lose access to this course and will be able to revisit it whenever a question arises during their first years of practice.

Project Evaluation Plan

Evaluation of a newly developed program is necessary to ensure it is meeting the needs of the learner, providing a means for the learner to achieve the outcomes, includes high-quality, up-to-date information, and allows for critical reflection for course improvement (Walvoord, 2010). The evaluation goals of the PDTP will be to obtain feedback at the end of each semester, which will be used for future enhancement and improvement to the quality of the PDTP. Therefore, a summative evaluation method will be employed to obtain feedback upon completion of the course. As previously stated, it could be possible that several learners are taking this course with different start dates or are taking it in a fast-track fashion. The benefit of evaluating the program at the end is that all of the learners will have completed the course work and the summative evaluation will show the results for the entire PDTP (Billings & Halstead, 2009).

Each unit module will include a pre- and post-test to evaluate the learner's understanding of the content presented. Upon completion of the course, participants will be required to complete a Likert type survey based upon the learning outcomes. Information gleaned from the surveys will be reviewed each semester once all newly hired instructors have completed the course. The information and feedback will be used to update and enhance this PDTP before the beginning of the next semester.

The nursing program's clinical coordinator and I as the program planner, will be the moderators of this PDTP and as such will be the main evaluators of the course. The key stakeholders are the novice clinical adjunct instructors who will be pivotal to the evaluation process of this PDTP. Any necessary modifications or improvements will be implemented before the start of the next semester based upon any curriculum changes in the ADN program, Ohio Board of Nursing law and rule changes, and the information from the PDTP summative evaluations. The results of the evaluation process will be reported to the assistant dean of Health Sciences and nursing faculty during the nursing total faculty meetings held each fall and spring semesters.

Project Implications

The implications of this PDTP are numerous and overwhelmingly positive. The nursing program at the center of this study does not currently have any type of formal onboarding or training for its newly hired clinical adjunct instructors. As such, the implementation of a detailed PDTP will provide a vital learning resource for this specific population of learners.

This project study was not designed specifically to combat the looming nationwide nurse educator shortage; however, research has shown that improving the orientation and training processes that an organization uses could improve job satisfaction and increase retention rates among faculty members (Elder, et al., 2016; Pettway, 2018; Woodworth, 2016; Yedidia, 2016). The nurse educator shortage is evident in the community college at the center of this study. At present, there are two full-time faculty positions and two part-time faculty positions that remain unfilled. Full-time faculty members have been routinely urged to take overload to help cover all of the clinical groups in addition to their regularly scheduled teaching loads. Decreasing the nurse educator shortage has the potential to influence social change by increasing the number of seats available in nursing programs, which in turn will increase the number of graduate nurses available to fill the vast amount of unfilled nursing positions.

Another benefit of this PDTP project is improving the ability of newly hired clinical instructors to instill a higher level of critical-thinking and clinical reasoning into their nursing students. As previously discussed, nurse managers are routinely dissatisfied with the lack of new graduate nurses' ability to apply critical-thinking and clinical reasoning with their patient assignments (Hickerson et al., 2016; Sorrell & Cangelosi, 2016). Improving these essential elements could impact social change by improving patient outcomes and preventing new graduate nurses from becoming overwhelmed with complicated patient scenarios for which they are ill-equipped to handle.

Section 4: Reflections and Conclusions

Projects Strengths and Limitations

I designed the PDTP described in Section 3 using the latest evidence-based pedagogical practices for professional development programs in higher education environments. This product will provide newly hired nursing clinical adjunct instructors with valuable resources necessary for a positive role transition from bedside nursing to academia. The strength of the PDTP is its inclusiveness of necessary training resources and tools that were previously nonexistent at this 2-year community college. Another strength lies in its ability to be self-paced to accommodate the needs of the learner.

This PDTP is not a static course; rather, it will remain a living and evolving program that changes to adapt to the needs of the ADN nursing program. Course curriculum changes, Ohio Board of Nursing law and rule modifications, and results from the PDTP course evaluations are a few of the driving forces that could prompt changes being made to improve the program for future offerings. Course updates would be largely the responsibility of the project planner and clinical coordinator but could be delegated to other experienced nursing faculty.

A limitation of this PDTP is the fact that previously hired novice adjunct instructors with less than 3 years of experience will not be required to complete this program because it will be implemented as a requirement for any new clinical adjunct instructor hired to begin in the fall of 2020. Another limitation of this PDTP is that it is specific to nursing clinical adjunct instructors, even though many allied health programs on the campus of this 2-year community college also use clinical adjunct instructors;

therefore, there are limitations on the overall impact of a PDTP that is narrowly focused solely on nursing.

Another limitation is that mentoring will not directly be addressed as a strategy to help novice adjunct instructors through the PDTP. The first step in creating a positive mentor-mentee affiliation is to provide education to potential mentors to promote a positive and effective relationship (Bagley et al., 2018; Summers, 2017). According to the assistant dean of Health Sciences, all course lead instructors are automatically assigned as the mentors of the adjunct instructors who teach in their clinical course. A separate mentoring professional development course needs to be created for all course lead instructors. Many of the course lead instructors do a good job of mentoring their clinical adjunct instructors; however, as identified in this study, there remains room for improvement.

Recommendations for Alternative Approaches

Other approaches could have been considered for the orientation and training of newly hired clinical adjunct instructors. One such alternative is a face-to-face, 3-day, on-campus professional development program. The learners would have access to essentially the same materials and resources; however, the training would be delivered by one of the nursing program's seasoned full-time faculty members in a traditional, face-to-face format. The benefits of a face-to-face training program include tangible social presence for collaboration and discussions and the opportunity for real-time communications, which provides instantaneous feedback (Davey, Elliott & Bora, 2019). However, the fact that there may only be one newly hired clinical adjunct instructor in a given semester

who needs this orientation and training would put an economic strain on the nursing program that would have to provide 24 hours of supplemental pay for a faculty member to teach the 3-day course. As stated previously, most of the clinical adjunct instructors continue to work in their primary nursing positions and requiring them to participate in a 3-day, on-campus orientation and training program could cause them scheduling hardships or even cause them to reconsider accepting the position.

Another viable option for a PDTP could be a hybrid course offering that would include a 1- or 2-day, on-campus, face-to-face orientation along with an online training component. This would incorporate the benefits of a face-to-face learning environment along with the flexibility of an online learning platform. However, there would still be the concern of having to recruit a qualified seasoned faculty member to teach the face-to-face portion, and the on-campus requirement may still cause hardship to the learner.

Scholarship, Project Development, Leadership and Change

Throughout this study and the development of the resulting project, I learned many lessons. First and foremost, I learned that with time, perseverance, and a good support system, anything is possible. Another valuable lesson that I learned is to expect the unexpected. While there were clear expected outcomes from this study, there were also unexpected revelations as well. Moving forward, I will take the lessons I learned from this process and use them to improve many other higher education deficiencies with confidence in my leadership abilities and the scientific rationale to back it up.

Scholarship

The interview process was enlightening in many areas. I attained a higher level of understanding concerning the perceptions of novice clinical adjunct instructor's preparedness in nursing education. Extensive research along with the answers to the research questions yielded the basis for the creation of a PDTP to help promote and support novice clinical adjunct instructors through the disorientation phase of the NET model to the information-seeking phase and beyond. While the focus of this project study was on improving the quality of nursing clinical adjunct instructors in a 2-year ADN program, its premise applies to any novice nursing faculty member in 1-year PN programs as well as 4-year BSN programs. The specific content, structure, and functions can be altered and adapted to fit other programs in allied health disciplines that utilize adjunct clinical instructors. Collaborative partnerships across other nursing and allied health programs could result in a higher level of scholarship and innovation.

Project Development

Through the PDTP course development, I learned that the first step is analysis. I had to analyze where the perceived deficits were, the specific needs of this population of learners, and the most effective means of delivering the resulting product. I then had to develop the design for the PDTP course. I used a scaffolding design where the bones of the course stemmed from the Canvas LMS course blueprint. The course was developed to be an economical option for a professional development project utilizing the existing learning modules that are built into the community college's Canvas LMS. Content outlines and objectives flowed from the identified shortcomings of this study, required

orientation topics, and training resources for clinical adjunct instructors. The resulting course will be subsequently implemented beginning with all newly hired clinical adjunct instructors for the Fall 2020 semester. Plans for evaluation of the PDTP are embedded into each module within the Canvas LMS course, an end of course evaluation, and a subsequent evaluation after the instructor's first semester of teaching in the clinical setting to assess the appropriateness, relevance, and inclusivity of the PDTP course.

Leadership and Change

As a current mentor for undergrad nurses who are pursuing a higher degree, I use my leadership skills to promote nursing education and the many benefits of being in academia. The processes of researching text and scholarly articles, conducting a study, analyzing the results, and creating a professional development program have proven to be a challenge that increased my leadership skills and abilities. Going forward, I will use what I have learned throughout this process to help facilitate positive change initiatives that will help promote nursing education and create programs to facilitate positive social change in higher education.

Reflection on Self as Scholar

As I reflect on myself as a scholar, I understand the importance of backing up any data with evidence. In all of my future endeavors, I will utilize what I have learned about research, evidence-based practice and scholarly writing to improve current practices in nursing education. My future research goals are to focus on areas of greatest concern within my discipline, effect positive change, and concentrate on quality improvement in nursing educational practices locally as well as nationwide.

Reflection on Self as Practitioner and Project Developer

Nursing and healthcare are fields of practice that are ever-changing, which requires practitioners to stay up to date with current trends, educational movements, and evidence-based practices to ensure that they are imparting the most current and relevant information to their subjects. As a practitioner and project developer, my goal throughout this process was to find a solution to a problem that I struggled with early in my career as a novice clinical adjunct instructor and I continued to see happen with others. While I know that this PDTP will not fix this problem overnight, I believe this is a step in the right direction and will continue to promote continuing education and professional development for future program improvements.

Reflection on the Importance of the Work

By incorporating this PDTP, the 2-year community college at the center of this study will be providing a higher quality orientation and training for the newly hired clinical adjunct instructors in the ADN nursing program. As previously stated, the implications are farther reaching than this Ohio campus because the premise of the PDTP is applicable over a variety of nursing and allied health programs. The nursing students in this ADN program will benefit from having adjunct instructors who have been given thorough training instead of improvising with limited knowledge in the clinical setting. The implications continue further because new graduate nurses will enter the workforce with the ability to utilize critical-thinking and clinical judgment when presented with challenging patient scenarios.

I did not directly focus on the looming national shortage of nurse educators in this study nor did I focus on the national shortage of RNs. However, as previously disclosed, 100% of the full-time nursing faculty members at this 2-year community college started as an adjunct clinical instructor while either finishing up their graduate degrees or continuing to work in the nursing field. This indicates that future full-time faculty positions will most likely come from the present pool of clinical adjunct instructors. Promoting a successful transition from bedside nursing to academia promotes retention and satisfaction as our clinical adjunct instructors are groomed to be the next generation of full-time nursing faculty members. Schools of nursing that are fully staffed with qualified nurse educators will be able to offer the maximum number of seats available to qualified student applicants within their nursing program. This has the potential to help keep student enrollment at its peak while ensuring a high-quality education, which will in turn decrease the shortage of RNs.

Implications, Applications, and Directions for Future Research

Through the findings of this study, I addressed the research questions, resulting in the development of a PDTP to effect positive social change at this 2-year community college in Ohio. The results of this study can be replicated utilizing a similar demographic population of clinical adjunct nursing instructors in other 2-year nursing programs across the nation. However, I did identify limitations to this study that open the door for future research for 1-year PN programs up to and including 4-year BSN programs.

Increasing the participant pool to those adjunct instructors in PN as well as BSN programs would increase the depth and scope of similar research. This study was further limited by only recruiting participants from one college campus. The use of multiple colleges of nursing could identify specific challenges or strategies that are inherent in other demographic areas. The fact that the participants in this study were all female was another limitation. By expanding the research to include male participants, the reliability of the findings would be amplified. Finally, restricting the participants to only novice clinical adjunct instructors could limit the transferability of the findings to other nursing faculty positions. I wanted to specifically target this population to address the local problem identified in this study.

Conclusion

The results of this study confirm the need for intervention in the current orientation processes for newly hired clinical adjunct instructors at a 2-year ADN program in Ohio. Specifically, a comprehensive PDTP needed to be developed to help bridge the gap in the practice of current nurses who are hired to instruct students in the clinical setting without any formal training in academia. With the PDTP that was subsequently developed, I sought to address the specific challenges identified throughout this study by providing novice adjunct instructors with appropriate orientation directives, training on pedagogical principals, and resource tools necessary to become successful nursing educators in the clinical setting.

References

American Association of Colleges of Nursing (2017). *Nursing faculty shortage*. Retrieved from http://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Faculty-Shortage

Asselin, M. E., & Fain, J. A. (2016). Content validation and utility of a critical reflective inquiry assessment tool. *Journal for Nurses in Professional Development, 32*(5), 232–241. doi:10.1097/NND.0000000000000279

Badowski, D. M., & Oosterhouse, K. J. (2017). Impact of a simulated clinical day with peer coaching and deliberate practice: Promoting a culture of safety. *Nursing Education Perspectives*, *2*, 93-95. doi:10.1097/01.NEP.0000000000000108

Bagley, K., Hoppe, L., Brenner, G. H., Crawford, M., & Weir, M. (2018). Transition to nursing faculty: Exploring the barriers. *Teaching & Learning in Nursing, 13*(4), 263–267. doi:10.1016/j.teln.2018.03.009

Bennett, L. L., Grimsley, A., Grimsley, L. & Rodd, J. (2017). The gap between nursing education and clinical skills. *The ABNF Journal, 28*(4), 96-102. Retrieved from www.tuckerpub.com/abnf.htm.

Billings, D. M., & Halstead, J. A. (2016). *Teaching in nursing: A guide for faculty* (5th ed.). St. Louis, MO: Elsevier.

Bittner, N. P., & Bechtel, C. F. (2017). Identifying and describing nurse faculty workload issues: A looming faculty shortage. *Nursing Education Perspectives, 38*(4), 171–176. doi:10.1097/01.NEP.0000000000000178

Booth, T. L., Emerson, C. J., Hackney, M. G., & Souter, S. (2016). Preparation of

academic nurse educators. *Nurse Education in Practice, 19,* 54–57. doi:10.1016/j.nepr.2016.04.006

Brannagan, K. B., & Oriol, M. (2014). A model for orientation and mentoring of online adjunct faculty in nursing. *Nursing Education Perspectives, 35*(2), 128–130. doi:10.5480/1536-5026-35.2.128

Brown, S. M. (2019). Cultivating adjunct clinical nursing instructors for clinical education. *Maryland Nurse, 20*(2), 12. Retrieved from https://www.nursingald.com/publications_archive/24

Brown, T., & Sorrell, J. (2017). Challenges of novice nurse educator's transition from practice to classroom. *Teaching and Learning in Nursing, 12,* 207–211. doi:10.1016/j.teln.2017.03.002

Bureau of Labor Statistics, U.S. Department of Labor (2018a). *Occupational outlook handbook: Postsecondary teachers*. Retrieved from https://www.bls.gov/ooh/education-training-and-library/postsecondary-teachers.htm

Bureau of Labor Statistics, U.S. Department of Labor (2018b). *Occupational outlook handbook: Registered nurses*. Retrieved from https://www.bls.gov/ooh/healthcare/registered-nurses.htm

Butin, D. W. (2010). *The education dissertation: A guide for practitioner scholars*. Thousand Oaks, CA: Corwin.

Caffarella, R. S., & Daffron, S. R. (2013). *Planning programs for adult learners: A practical guide*. (3rd ed.). San Francisco, CA: Jossey-Bass.

Casale, K. R. (2017). Exploring nurse faculty incivility and resonant leadership. *Nurse Education Perspectives*, 38(4), 177–181. doi:10.1097/01.NEP.0000000000000171

Clement, S. A., & Welch, S. (2017). Virtual mentoring in nursing education: A scoping review of the literature. *Journal of Nursing Education and Practice, 8*(3), 137-143. doi:10.5430/jnep.v8n3p137

Cooley, S. S., & De Gagne, J. C. (2016). Transformative experience: Developing competence in novice nursing faculty. *Journal of Nursing Education*, *55*(2), 96-100. doi:10.3928/01484834-20160114-07

Davey, B., Elliott, K., & Bora, M. (2019). Negotiating pedagogical challenges in the shift from face-to-face to fully online learning: A case study of collaborative design solutions by learning designers and subject matter experts. *Journal of University Teaching and Learning Practice, 16*(1).

Dunker, K. S., Duprey, M. D., & Ross, J. G. (2019). Simulation strategies used in the transition from expert clinician to novice educator. *Nursing Education Perspectives*. Advance online publication. doi:10.1097/01.NEP.0000000000000531

Elder, S. J., Svoboda, G., Ryan, L. A., & Fitzgerald, K. (2016). Work factors of importance to adjunct nursing faculty. *Journal of Nursing Education, 55*(5), 245-251. doi:10.3928/01484834-20160414-02

Fritz, E. (2018). Transition from clinical to educator roles in nursing: An integrative review. *Journal for Nurses in Professional Development*, *34*(2), 67-77. doi:10.1097/NND.0000000000000436

Fuqua, S. (2020). Incorporating student self-assessment in the clinical setting. *Nurse Educator*. Advance online publication. doi:10.1097/NNE.0000000000000789

Goodrich, R. S. (2014). Transition to academic nurse educator: A survey exploring readiness, confidence, and locus of control. *Journal of Professional Nursing, 30*(3), 203–212. doi:10.1016/j.profnurs.2013.10.004

Grassley, J. S., & Lambe, A. (2015). Easing the transition from clinician to nurse educator: An integrative literature review. *Journal of Nursing Education*, *54*(7), 361-366. doi:10.3928/01484834-20150617-01

Gratrix, L., & Barrett, D. (2017). Desperately seeking consistency: Student nurses' experiences and expectations of academic supervision. *Nurse Education Today, 48*, 7–12. doi:10.1016/j.nedt.2016.09.005

Herr, K., & Anderson, G. L. (2015). *The action research dissertation: A guide for students and faculty* (2nd ed.). Thousand Oaks, CA: SAGE.

Hickerson, K. A., Taylor, L. A., & Terhaar, M. F. (2016). The preparation-practice gap: An integrative literature review. *Journal of Continuing Education in Nursing*, *47*(1), 17-23. doi:10.3928/00220124-20151230-06

Jeffers, S., & Mariani, B. (2017). The effect of a formal mentoring program on career satisfaction and intent to stay in the faculty role for novice nurse faculty. *Nursing Education Perspectives, 38*(1), 18–22. doi:10.1097/01.NEP.0000000000000104

Jeffries, P. R., Bigley, M. B., McNelis, A. M., Cartier, J. M., Williams, D. B., Pintz, C.,… Zychowicz, M. E. (2019). A call to action: Building evidence for use of simulation in nurse practitioner education. *Journal of the American Association of Nurse Practitioners, 31*(11), 627–632. doi:10.1097/JXX.0000000000000335

Johnson, K. V. (2016). Improving adjunct nursing instructors' knowledge of student assessment in clinical courses. *Nurse Educator, 41*(2), 108–110. doi:10.1097/NNE.0000000000000205

Kalensky, M., & Hande, K. (2017). By faculty for faculty: Transition from expert clinician to novice faculty: A blueprint for success. *The Journal for Nurse Practitioners, 13*, e433–e439. doi:10.1016/j.nurpra.2017.06.005

Kemery, D. C., & Farley-Serembus, J. (2018). An innovative approach to onboarding and supporting adjunct faculty in nursing. *Nursing Education Perspectives, 40*(4), 250-251. doi:10.1097/01.NEP.0000000000000353

Kiss, E., Simpson, A., & Smith, C. M. (2020). Nursing professional development practitioners in leadership roles: Leading academic-practice partnerships. *Journal for Nurses in Professional Development, 2,* 99-103. doi:10.1097/NND.0000000000000605

Knowles, M. S., Holton, E. F., III, & Swanson, R. A. (2015). *The adult learner: The definitive classic in adult education and human resource development* (8th ed.). Abingdon, United Kingdom: Routledge.

Koharchik, L. (2017). Supporting adjunct clinical faculty. *AJN: American Journal of Nursing, 117*(9), 58–62. doi:10.1097/01.NAJ.0000524551.58567.c6

Lambert, M. (2012). *A beginner's guide to doing your education research project*. Thousand Oaks, CA: SAGE.

La Pelle, N. (2004). Simplifying qualitative data analysis using general purpose software tools. *Field Methods, 16*(1), 85–108. doi:10.1177/1525822X03259227

Laurencelle, F. L., Scanlan, J. M., & Brett, A. L. (2016). The meaning of being a nurse educator and nurse educators' attraction to academia: A phenomenological study. *Nurse Education Today, 39,* 135-140. doi:10.1016/j.nedt.2016.01.029

Laureate Education (Producer). (2015). *The ADDIE model* [Multimedia file]. Baltimore, MD: Author.

Legare, T. L., & Armstrong, D. K. (2017). Critical reflective teaching practice for novice nurse educators. *Teaching & Learning in Nursing, 12*(4), 312–315. doi:10.1016/j.teln.2017.05.004

Lloyd, J., & Ferguson, S. L. (2017). Innovative information technology solutions: Addressing current and emerging nurse shortages and staffing challenges worldwide. *Nursing Economics, 35*(4), 211-212. Retrieved from http://www.nursingeconomics.net/

Mann, C., & De Gagne, J. C. (2017). Experience of novice clinical adjunct faculty: A qualitative study. *The Journal of Continuing Education in Nursing, 48*(4), 167–174. doi:10.3928/00220124-20170321-07

McAllister, M., & Flynn, T. (2016). The capabilities of nurse educators (CONE) questionnaire: Development and evaluation. *Nurse Education Today, 39,* 122–127. doi:10.1016/j.nedt.2016.01.022

Merriam, S. B., Caffarella, R. S., & Baumgartner, L. M. (2007). *Learning in adulthood a comprehensive guide*. San Francisco, CA: Jossey-Bass.

Meyer, J. R. J. M. (Ed.). (2017). Administrator perspectives of advantages and challenges of employing part-time faculty in nursing education programs: Two sides of the same coin. Nursing Education Perspectives, 38(2), 80-84. doi:10.1097/01.NEP.0000000000000121

Mezirow, J. (1991). *Transformative dimensions of adult learning*. San Francisco, CA: Jossey-Bass.

Miner, L. A. (2019). Transition to nursing academia: A positive experience. *Journal of Continuing Education in Nursing*, *50*(8), 349-354. doi:10.3928/00220124-20190717-05

Molato, B. J., Rakhudu, H., Phiri-Moloko, S., Baakeleng, G., Tsagae, M., Gause, G.,… Matsipane, M. (2019). Continuing professional development for nurse educators by the nursing education association. *Africa Journal of Nursing & Midwifery*, *21*(2), 1–2. doi:10.25159/2520-5293/4615

Monsivais, D. B., & Robbins, L. K. (2020). Better together: Faculty development for quality improvement in the nurse educator role. *Teaching & Learning in Nursing*, *15*(1), 7-8. doi:10.1016/j.teln.2019.08.004

National Advisory Council on Nurse Education and Practice. (2010). *The impact of the nursing faculty shortage on nurse education and practice*. Retrieved from https://www.hrsa.gov/advisory-committees/nursing

National League for Nursing. (2017). *Faculty census survey of schools of nursing 2016 – 2017: Executive summary.* Retrieved from www.nln.org/docs/default-source/default-document-library/2017-survey-of-schools---executive-summary.pdf?sfvrsn=0

Nelson, L. (2016). Why men should be nurses. *Nurse.org*. Retrieved from https://nurse.org/articles/Male-Nurses-And-The-Profession/

Nowell, L. (2014). The lived experience of neophyte nursing instructors: Mentorship and its role in their development. *Nursing: Research and Review, 4,* 117-127. doi:10.2147/NRR.S70216

Nye, C., Campbell, S. H., Hebert, S. H., Short, C., & Thomas, M. (2019). Simulation in advanced practice nursing programs: A North-American survey. *Clinical Simulation in Nursing, 26,* 3-10. doi:10.1016/j.ecns.2018.09.005

Oermann, M. H. (2017). Preparing nurse faculty. *Nurse Educator, 42*(1), 1. doi:10.1097/NNE.0000000000000345

Ohio Board of Nursing. (2017a). *Law and rules.* Retrieved from http://codes.ohio.gov/oac/4723-5-09v1

Ohio Board of Nursing (2017b). *Ohio workforce data summary report*. Retrieved from http://nursing.ohio.gov/PDFS/Workforce/2017RN/Ohio_2017_RN_Workforce_Data_Summary_Report.pdf

Ohio Board of Nursing. (2018a). *Nursing education annual reporting spreadsheet*. Retrieved from http://www.nursing.ohio.gov/Education.htm

Ohio Board of Nursing. (2018b). *Pre-licensure nursing education programs summary of annual reports.* Retrieved from www.nursing.ohio.gov/PDFS/Education/AnnualProgSummaries/AnnualExecSummary2018.pdf

Oprescu, F., McAllister, M., Duncan, D. & Jones, C. (2017). Professional development needs of nurse educators. An Australian case study. *Nurse Education in Practice, 27,* 165-168. doi:10.1016/j.nepr.2017.07.004

Owens, R. A. (2017). Part-time nursing faculty perceptions of their learning needs during their role transition experiences. *Teaching and Learning in Nursing*, *12*, 12–16. doi:10.1016/j.teln.2016.10.002

Paul, P. A. (2015). Transition from novice adjunct to experienced associate degree nurse educator: A comparative qualitative approach. *Teaching and Learning in Nursing*, *10*, 3–11. doi:10.1016/j.teln.2014.09.001

Pennbrant, S. (2016). Determination of the concepts “profession” and “role” in relation to “nurse educator.” *Journal of Professional Nursing*, *32*(6), 430–438. doi:10.1016/j.profnurs.2016.02.003

Perry, C., Henderson, A., & Grealish, L. (2018). The behaviours of nurses that increase student accountability for learning in clinical practice: An integrative review. *Nurse Education Today, 65,* 177-186. doi:10.1016/j.nedt.2018.02.029

Pete, E. (2016). Online training impact on adjunct faculty compliance and satisfaction with professional development. *ScholarWorks*. Retrieved from https://scholarworks.waldenu.edu/dissertations/2041/

Pettway, A. (2018). The nursing educator dilemma: Maintaining a commitment to diversity amid a faculty shortage. *INSIGHT into Diversity*, *90*(4/5), 54–56. Retrieved from http://www.aarjobs.com/

Phillips, C., Bassell, K., & Fillmore, L. (2019). Transforming nursing education through clinical faculty development. *Teaching and Learning in Nursing*, *14*, 47–53. doi:10.1016/j.teln.2018.09.007

Ravitch, S. M., & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual, theoretical, and methodological*. Thousand Oaks, CA: Sage Publications.

Rice, G. (2016). An orientation program for clinical adjunct faculty. *ABNF Journal*, *27*(1), 7–10. Retrieved from http://www.tuckerpub.com/

Robeznieks, A. (2015). Looming nursing shortage fueled by fewer faculty, training sites. *Modern Healthcare*, *45*(4), 9. Retrieved from http://www.modernhealthcare.com

Roman, T. (2018). Novice and expert clinical instructors: A method to enhance teaching capabilities. *Nursing Education Perspectives*, *39*(6), 368–370. doi:10.1097/01.NEP.0000000000000293

Roulston, K. & Choi, M. (2018). *Qualitative interviews*. In: The SAGE handbook of qualitative data collection. doi:10.4135/9781526416070

Schaar, G. L., Titzer, J. L., & Beckham, R. (2015). 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. doi:10.3928/01484834-20150120-02

Schoening, A. M. (2013). From bedside to classroom: The nurse educator transition model. *Nursing Education Perspectives, 34*(3), 167-172. Retrieved from http://www.nln.org

Schwandt, T. A. (2015). *The SAGE dictionary of qualitative inquiry* (4th ed.). Thousand Oaks, CA: SAGE.

Shapiro, S. (2018). An exploration of the transition to the full-time faculty role among associate degree nurse educators. *Nursing Education, 39*(4), 215–220. doi:10.1097/01.NEP.0000000000000306

Shinners, J., & Graebe, J. (2019). The future of professional development: A recap of the 16th annual American nurses credentialing center continuing nursing education symposium. *Journal of Continuing Education in Nursing*, *50*(9), 386–388. doi:10.3928/00220124-20190814-02

Sorrell, J. M., & Cangelosi, P. R. (2016). *Expert clinician to novice nurse educator: Learning from first-hand narratives*. New York, NY: Springer Publishing Company.

Sousa, M. P., & Resha, C. A. (2019). Orientation learning needs of adjunct clinical faculty in the United States. *Nursing Education Perspectives*, *40*(4), 222-227. doi:10.1097/01.NEP.0000000000000462

Stavredes, T., & Herder, T. (2014). *A guide to online course design: Strategies for student success*. San Francisco, CA: Jossey-Bass.

Stevens, K. E., & Duffy, E. A. (2017). Practice pearl: A toolkit for nursing clinical instructors. *Teaching and Learning in Nursing*, *12*, 170–172. doi:10.1016/j.teln.2016.04.003

Summers, J. A. (2017). Developing competencies in the novice nurse educator: An integrative review. *Teaching and Learning in Nursing*, *12*, 263–276. doi:10.1016/j.teln.2017.05.001

Walvoord, B. E. (2010). *Assessment clear and simple: A practical guide for institutions, departments, and general education* (2nd ed.). San Francisco, CA: Jossey-Bass.

Webber, P. B. (2008). Facilitating critical thinking and effective reasoning. In B. K. Penn (Ed.), *Mastering the teaching role: A guide for nurse educators* (pp. 361-384). Philadelphia, PA: FA Davis Company.

West, E. A., Novak, D., & Mueller, C. (2016). Inclusive instructional practices used and their perceived importance by instructors. *Journal of Postsecondary Education & Disability*, *29*(4), 363-374.

Woodworth, J. A. (2016). Predictive factors impacting intent-to-stay teaching for associate degree adjunct clinical nurse faculty. *Teaching and Learning in Nursing*, *11*, 147–151. doi:10.1016/j.teln.2016.06.006

Yedidia, M. J. (2016). Evidence for improving preparation, recruitment, and retention of nurse faculty: Findings from EIN-funded studies. *Journal of Professional Nursing: Official Journal of the American Association of Colleges of Nursing*, *32*(3), 159–160. doi:10.1016/j.profnurs.2016.04.002

Appendix A: The Project

Welcome Letter

Dear New Clinical Adjunct Instructor,

I wanted to take this opportunity to welcome you to the _____ College Associate Degree Nursing Program. My name is Professor Melissa Harvey and I will be one of the facilitators for this 3-week professional development training program (PDTP). Your decision to become a clinical nursing adjunct instructor is a direct reflection of the commitment you have for the profession of nursing. The ability to help shape nursing students into graduate nurses is very rewarding. One hundred percent of our full-time nursing faculty started right where you are, as an adjunct clinical instructor. This training program is designed to help take your years of valuable nursing experience and apply it to helping nursing students develop the skills necessary to bridge into professional practice. You will discover that even though you are an experienced nurse, you are a novice educator and as such have unique learning needs that are specific to the role of a nursing instructor. As you go through your first several semesters as a new adjunct, you will transition through four phases on this journey according to Anne Schoening (2013), anticipation/expectation, disorientation, information seeking, and identity formation. My job is to minimize the time you spend in the disorientation phase. Please review the course outline and weekly course modules to gain an understanding of the layout and expectations of this course. Welcome aboard and I look forward to working with you over the next few weeks.

Melissa Harvey, EdD(c), MSN, RN

Clinical Adjunct Instructor Professional Development Training Program (PDTP) Course Outline			
Project/Week	Learning Objective	Learner Activities	Resources needed
Week 1 Unit 1	The learner will discuss and apply the concepts of student evaluation using the clinical evaluation tool.	1. Complete Class Café Introductory Discussion 2. Complete Module 1 PowerPoint (including the pre-& post-test) 2. Review week 1 resources and view the example of a completed student evaluation tool 3. Complete Discussion 1	Access to Computer, Tablet or Smartphone, Internet Access, and Access to Canvas LMS
Week 2 Unit 2	The learner will develop strategies to prevent and negate potential student conflicts and disciplinary concerns.	1. Complete Module 2 PowerPoint (including the pre-& post-test) 2. Read posted article by Gerald Armada. 3. Review week 2 resources and view “Dealing with difficult students” video 4. Complete Discussion 2	Access to Computer, Tablet or Smartphone, Internet Access, and Access to Canvas LMS
Week 3 Unit 3	The learner will create a plan to conduct meaningful pre- and postconference with their nursing students that foster critical thinking.	1. Complete Module 3 PowerPoint (including the pre-& post-test) 2. Review week 3 resources and view “How to conduct an effective pre-& postconference” video 3. Complete Discussion 3 4. Complete Final Project: Create a postconference learning activity for your students on a nursing topic of your choice that fosters critical thinking. 5. Complete PDTP course evaluation	Access to Computer, Tablet or Smartphone, Internet Access, and Access to Canvas LMS

Week 1, Unit 1 Module Content

Class Café Introductory Discussion:

Welcome new clinical adjunct instructors.

Please take a few minutes to introduce yourself to the class. In addition to your introduction, please include the following information: the nursing semester you will be instructing in, your nursing background, your biggest fear as you start this new journey, and the reason you decided to become a clinical nursing instructor.

This initial discussion post should be completed no later than day 3 of week 1.

Week 1, Unit 1 Pre-test

True or False

_____ Question 1: The clinical evaluation tool assesses the five major concepts of the associate degree nursing program?

_____ Question 2: Clinical evaluations must be filled out each week leaving no empty or blank spaces?

_____ Question 3: Only full-time faculty members fill out the weekly clinical evaluation?

_____ Question 4: You can find an example of a completed clinical evaluation under this week's module?

_____ Question 5: You are responsible to make sure each of your students signs their signature page each week?

Week 1, Unit 1 Discussion

Clinical Evaluation Tool Discussion

Once you have reviewed this week's learning resources, please respond to the following discussion prompt by day 3 of this week:

What do you feel is the most important aspect of the student's clinical evaluation? What do blank spaces left on a student's clinical evaluation imply? How do you know if a student is meeting the clinical outcomes? Discuss the required elements for weekly anecdotal notes and instructor feedback.

After reading your peers' posts, select at least 2 posts to respond to by day 7 with a question or personal experience that adds to the quality of the discussion.

Week 1, Unit 1 Post-test

True or False

_____ Question 1: The clinical evaluation tool assesses the five major concepts of the associate degree nursing program?

_____ Question 2: Clinical evaluations must be filled out each week leaving no empty or blank spaces?

_____ Question 3: Only full-time faculty members fill out the weekly clinical evaluation?

_____ Question 4: You can find an example of a completed clinical evaluation under this week's module?

_____ Question 5: You are responsible to make sure each of your students signs their signature page each week?

The Clinical Evaluation Tool

By Melissa Harvey, EdD(c), MSN, RN

What is the clinical evaluation tool?

- The clinical evaluation tool is an electronic document that encompasses all of the clinical days during a semester in which a student is enrolled into a clinical course and expected to attend.
- Each clinical course has specific student learning outcomes (SLO's) that are embedded into the clinical evaluation tool as a way for the instructor to determine if those SLO's are being met each week.
- The tool is also a vessel for instructors to deliver weekly feedback in antidotal notes to the student based upon their performance in the clinical setting.

ADN Conceptual Framework's Five Major Concepts

- The five major concepts of the ADN program include: patient-centered care, teamwork and collaboration, evidenced based-practice, safety and quality, and informatics.
  - **Patient-Centered Care** is therapeutic, focused, respectful interactions with patients and their families.
  - **Teamwork and Collaboration** involves coordinating with patients, health care team members, families and communities in shared decision making to achieve quality patient care.
  - **Evidence-Based Practice** (EBP) integrates best current practice with clinical expertise and patient/family preferences and values for delivery of optimal health care. The foundation for EBP includes previously learned concepts and principles from the sciences and humanities as well as nursing education.
  - The concept of **Quality and Safety** includes competent, organized care to minimize the risk of harm to patient(s), optimize health care outcomes through nursing management and cost effectiveness.
  - **Informatics** is the use of information and technology to communicate, manage knowledge, mitigate error and support decision making.

What needs to go into the clinical evaluation?

- Each clinical course may have its own specific guidelines, but typically each week you would include:
  - the date of the clinical experience
  - if the student was on-time and prepared
  - the assigned patient's initials, age, and diagnosis.
  - any nursing skills that the student successfully performed that day, including treatments (dressings, etc.)
  - any nursing skills that the student needs to improve upon
  - Any nursing skills that the student performed unsatisfactorily.

Week 2									
Date	2/6/19	Absence	N	Arrived on time	Y	Followed dress code	Y	Clinically prepared	Y
Patient diagnosis	59 y.o./Female - Generalized muscle weakness								
Skills Performed Satisfactorily	Vital signs, physical assessments, documentation, therapeutic communication, PO meds								
Skills that Need Improvement	None								
Skills Performed Unsatisfactorily	None								

What is an anecdotal note?

- Anecdotal notes are a synopsis of the clinical day, and would include how the student interacted with their peers, the nursing staff, and their patient. See example
- Was there any special experiences that the student participated in? If so, this would go in your antidotal notes.
- If there is no specific space on the evaluation for the skills performed during the clinical day, you would want to include them into your note as well.

Instructor Comments
Arrived to clinical on time. Obtained vital signs and completed head-to-toe physical assessment on assigned clinical resident. Documented vital signs and assessment findings in resident's electronic medical record. Provided adequate and thorough medication research prior to administering medications to assigned clinical resident. Successfully administered PO medications to assigned clinical resident, demonstrating proper technique and proficiency in completing 3 checks of seven rights of medication administration. Completed a concept map regarding needs for patient and highlighted abnormal assessment findings within concept map. Demonstrated organizational skills throughout clinical day and required minimal corrects to assessment narrative. Accepted feedback from clinical instructor regarding corrections. Great job this week!!——B. Instructor, BSN, RN

How do I know if the students are reading my feedback?

Clinical Signature Form

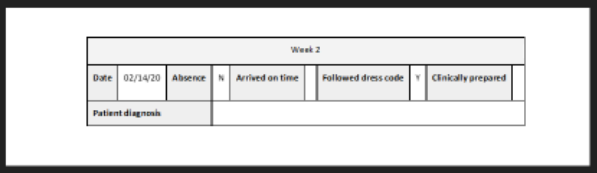
Entering your name below is the electronic equivalent to a signature. Entering your name does not indicate that you do or that you do not agree with the grade/evaluation you have received; it only indicates that you have read your weekly evaluation.

Week	Student Signature	Date
Week 1	Mary Smith	01/11/20
Week 2	Mary Smith	01/18/20
Week 3	Mary Smith	01/25/20
Week 4		
Week 5		
Midterm Eval		
Week 6		
Week 7		
Week 8		
Week 9		
Week 10		
Final Eval		

- Each student in your clinical group are responsible for reviewing their clinical evaluation tool each week and must indicate that they have read and understand their evaluation by typing their name into their Google doc's signature page link they were provided by the course lead instructor.
- You will be able to view the clinical signature form for each of your students in your Google docs folder.

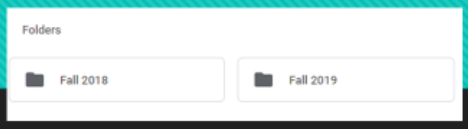
Blank Spaces and Not Applicable Info

- Please be sure to fill in all blank spaces in your student's clinical evaluation tool. Blank spaces lead to questions about the validity of the student's experience.
- Remember the student's evaluation tool will be evaluated by the Ohio Board of Nursing to ensure that each student is getting significantly the same clinical experience as the next.
- Do not use "N/A" anywhere on the clinical evaluation. If the student did not have any skills that they were unsatisfactory in, please indicate "none" instead of "N/A".



Week 2								
Date	02/14/20	Absence	N	Arrived on time		Followed dress code	Y	Clinically prepared
Patient diagnosis								

How do I get into my clinical groups' Google Doc's Folder?



- Each clinical course has a Google account set up that you will be given access to. You will log-in to the Google account and select the "drive" icon. This will take you to the folders for each semester.
- Find the semester you are teaching in and click into that folder. You should have a folder set up with your name on it within that semester's folder. Click on the folder with your name on it and your clinical group's evaluation tools and signature pages will appear and be arranged according to the student's name.
- Specific log-in information will be provided to you by your course lead instructor prior to the start of the semester. If you have not been provided with this information prior to the start of your clinical rotation, please contact the clinical coordinator.

What do I do if a student is absent?

- If a student misses a clinical day, they should contact you prior to the start of the clinical day to let you know they will not be there.
- Indicate on their clinical evaluation tool that they were absent and type in the antidotal notes section what if any make-up they are required to do.
- Each semester has different requirements for clinical make-up, so please ask your course lead instructor for specific details.

When in doubt……

- Contact your course lead instructor for clarification first.
- If they are unavailable, contact the clinical coordinator.
- Other experienced clinical instructors can be a great resource, but keep in mind that each semester may have different requirements and your lead instructor should be your first contact.

Week 2, Unit 2 Module Content

Week 2, Unit 2 Pre-test

True or False

_____ Question 1: All situations involving a difficult student in the clinical setting must be handled by the course lead instructor?

_____ Question 2: According to Gerald Amada, the seven disruptive personality characteristics are: explosive, antisocial, passive-aggressive, narcissistic, paranoid, litigious, and compulsive?

_____ Question 3: As an adjunct clinical instructor, you have the authority to place the student into a Stage I verbal warning?

_____ Question 4: A student who is tardy to the clinical site will receive an "NI" for a first offense?

_____ Question 5: HIPAA violations by students is not as serious as employee violations of HIPAA?

Week 2, Unit 2 Discussion

Student Conflicts and Disciplinary Concerns Discussion

Once you have reviewed this week's learning resources, please respond to the following discussion prompt by day 3 of this week:

What is the first step in resolving student conflicts? Where would you find information on the college's student code of conduct and disciplinary policy? What is your understanding of the chain of command for addressing disciplinary actions? List several strategies for the successful negation of student conflicts.

After reading your peers' posts, select at least 2 posts to respond to by day 7 with a question or personal experience that adds to the quality of the discussion.

Week 2, Unit 2 Post-test

True or False

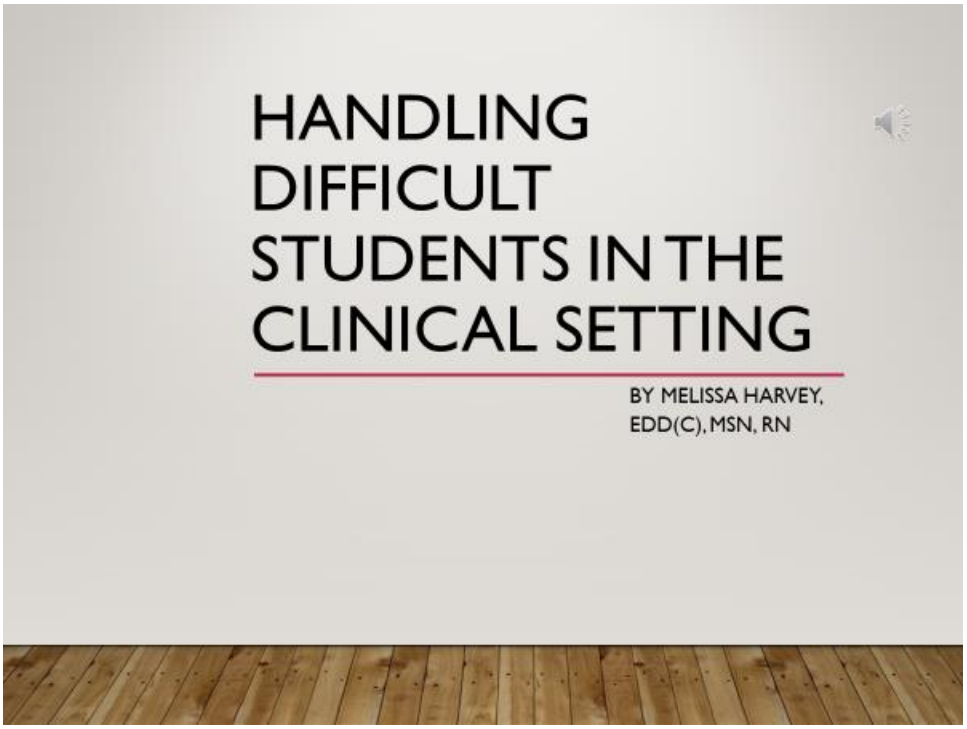
_____ Question 1: All situations involving a difficult student in the clinical setting must be handled by the course lead instructor?

_____ Question 2: According to Gerald Amada, the seven disruptive personality characteristics are: explosive, antisocial, passive-aggressive, narcissistic, paranoid, litigious, and compulsive?

_____ Question 3: As an adjunct clinical instructor, you have the authority to place the student into a Stage I verbal warning?

_____ Question 4: A student who is tardy to the clinical site will receive an "NI" for a first offense?

_____ Question 5: HIPAA violations by students is not as serious as employee violations of HIPAA?



DIVISION OF HEALTH SCIENCES PROFESSIONAL BEHAVIOR & STUDENT CONDUCT POLICY

- Stage 1
  - The student is given a verbal warning by faculty regarding any unprofessional behaviors witnessed on campus or in the clinical setting. The faculty is required to keep an anecdotal record of this warning but such records will be purged at the point of student program completion. Faculty will require the student to sign this note to provide evidence of the communication.

DIVISION OF HEALTH SCIENCES PROFESSIONAL BEHAVIOR & STUDENT CONDUCT POLICY (CONT'D)

- Stage II
  - The student is given a written warning of a second affective skill infraction from the Assistant Dean of Health Sciences/Nursing. This warning will require the student's signature. A corrective action plan is then developed by the student within 24 hours. If the student and Assistant Dean agree to this plan, both will sign off on the plan with a copy kept by both the Assistant Dean and student. This written warning will join the continuing program student record that is purged according to the records retention policy.

DIVISION OF HEALTH SCIENCES PROFESSIONAL BEHAVIOR & STUDENT CONDUCT POLICY (CONT'D)

- Stage III
  - If a student fails to successfully follow the corrective action plan and is found to continue with unprofessional behaviors, the program faculty and Assistant Dean will prepare a written accounting of the events leading to this third stage. The Dean of Health Sciences will then hold a hearing with the faculty, Assistant Dean, and student. This hearing will allow a full review of the facts leading up to a Stage III hearing. All present will be invited to share their thoughts, concerns and positions. The dean will deliberate and determine if 1) the evidence clearly suggests a student is not professionally competent or 2) there is sufficient reason to believe the student is minimally professionally competent.

DIVISION OF HEALTH SCIENCES PROFESSIONAL BEHAVIOR & STUDENT CONDUCT POLICY (CONT'D)

- Stage III (Continued)
  - Students who are found to be deficient in the professional skills, including classroom, lab, or clinical setting are no longer eligible for clinical practice which includes campus and clinical affiliate-based clinic laboratory components of their curriculum. Because clinical and laboratory education is corequisite to continuing in all programs, loss of eligibility for clinical and laboratory practice will result in the student exiting the program. Students required to exit the program through this process will then follow the divisional readmission process as outlined in the division and program policy and procedure handbook. All proceedings of stage III findings and actions will be added to the continuing program record and will be purged according to the records retention policy.

COMMON TYPES OF DIFFICULT STUDENT SITUATIONS:

- Student who is always running late
- Student who comes unprepared
- Student who doesn't stay busy
- Student who is disruptive
- Student who violates HIPAA
- Student who is unsafe

hunter.cuny.edu

STUDENT WHO IS ALWAYS RUNNING LATE

- Student demonstrates a pattern of tardiness
  - Life happens and being late is usually a one-time occurrence.
  - Give an "NI" needs improvement for professionalism for first offense.
  - For a second offense, the student would receive a "U" for unsatisfactory professional behavior and would require a face-to-face meeting with you to discuss this behavior.
  - Repeat or recurrent offenses would result in a "U" or unsatisfactory clinical grade.

dreamstime.com

STUDENT WHO COMES UNPREPARED

pinterest.com

- Students must be in their full college nursing uniform (clean without excessive wrinkles).
  - Must wear college issued name badge at all times.
  - Hair longer than shoulder length must be worn up.
  - Must wear watch with a second hand and bring stethoscope, pen light, drug cards, writing utensils, textbook and/or other required reference materials.
  - Refer non-compliant students to the student handbook for specific guidelines and rules.
  - First offense "NI" then "U" for repeat offenses.

STUDENT WHO DOESN'T STAY BUSY

- Caught on cell phone.
- Sitting in break room, lounges or other areas when supposed to be on nursing floor.
- Working on homework or other tasks when supposed to be caring for patients.
  - First ask them what they are doing and if they are on a break. If not, give them something to do. I always have note cards on me with names of diagnostic tests and procedures that I give to students to research and present in post conference. That will keep them busy and usually keeps them from repeating this behavior in the future.

sciencephoto.com

STUDENT WHO IS DISRUPTIVE

- These situations are rare, but if a student altercation occurs, remove the student from any patient care areas.
  - Calmly inquire what the issue is
  - Assure the nursing staff or management that you will handle the situation with your student.
  - If student is at fault, may be asked to leave the facility.
    - If this occurs, contact the course lead instructor to inform them of the situation.
    - Clinical facilities have the right to refuse to allow a student to return.

peoplespharmacy.com

STUDENT WHO VIOLATES HIPAA POLICY

latintimes.com

- Students are not allowed in hospitals or other clinical sites during non-clinical education hours unless visiting according to facility policy.
  - Computer access at the clinical facility is for educational purposes only.
- Taking pictures of or with patient.
  - Students should not have cell phones in patient care areas.
- Leaving patient charts open in public areas.
  - Some facilities still use paper charts and these must be kept in nurses' station when not in use.
- Leaving computer without logging out.
  - Students must log out of the patient chart if they get up from computer.
- Looks up information on a patient that is not theirs.
  - Students may know one of the patients or it could be a relative, but they are forbidden from looking up any information on a patient they are not directly involved with.
- Talks about a patient to those without a need to know.
  - Students are taught not to speak about a patient or patient situation outside of the clinical setting. "What happens in clinical, stays in clinical"

UNSAFE NURSING PRACTICE

- The instructor has the right to dismiss a student for the clinical day if the student consistently performs in an unsafe manner or requires an inordinate amount of supervision. The dismissal from the clinical day will be counted as a clinical absence. Any recommended dismissals from clinical must be reported to the Assistant Dean of Health Sciences/Nursing.

EXAMPLES OF STUDENT WHO IS UNSAFE

- Leaves medication out or forgets to lock the medication cart.
  - "NI" for first offense, "U" thereafter
- Re-caps a used needle.
  - "U" for unsafe practice. Script back to nursing lab for practice and remediation.
- Uses unsafe body mechanics to move or ambulate a patient.
  - Coaching about proper techniques.
- Breaks sterile technique while performing a sterile skill.
  - "U" for unsafe practice. Script back to nursing lab for practice and remediation.
- Forgets to wash hands before or after patient care.
  - "NI" for first offense, "U" thereafter

WHEN IN DOUBT……

- If you ever have a situation occur that you are unsure about, consult with the course lead instructor.
  - They are your "go to" person for all questions and additional resources.
  - Remember, you are there to facilitate, guide and supervise learning, not to be the bearer of major disciplinary actions and consequences.

Week 3, Unit 3 Module Content

Week 3, Unit 3 Pre-test

True or False

_____ Question 1: Conducting pre- and postconference with your clinical group is an optional activity?

_____ Question 2: The purpose of preconference is to review the daily focus, provide patient assignments, and discuss relevant information before student/patient contact?

_____ Question 3: Focused topics for postconference are assigned by the course lead instructor?

_____ Question 4: Students will be assigned to present a variety of projects to the clinical group during postconference activities?

_____ Question 5: Postconference activities are not evaluated by the clinical instructor?

Week 3, Unit 3 Discussion

Student Conflicts and Disciplinary Concerns Discussion

Once you have reviewed this week's learning resources, please respond to the following discussion prompt by day 3 of this week:

What do you feel is the main reason to conduct a pre-conference with your clinical group? What information should be given to the students during the pre-conference? What is the purpose of holding a postclinical day conference? What determines the focus for information discussed during the postconference? List several strategies that can be used during postconferences to elicit critical thinking and clinical judgment?

After reading your peers' posts, select at least 2 posts to respond to by day 7 with a question or personal experience that adds to the quality of the discussion.

Week 3, Unit 3 Post-test

True or False

_____ Question 1: Conducting pre & postconference with your clinical group is an optional activity?

_____ Question 2: The purpose of preconference is to review the daily focus, provide patient assignments, and discuss relevant information before student/patient contact?

_____ Question 3: Focused topics for postconference are assigned by the course lead instructor?

_____ Question 4: Students will be assigned to present a variety of projects to the clinical group during postconference activities?

_____ Question 5: Postconference activities are not evaluated by the clinical instructor?

BY MELISSA HARVEY, EDD(C), MSN, RN

CLINICAL DAY ACTIVITIES AND CONDUCTING EFFECTIVE PRE & POST-CONFERENCES

FIRST CLINICAL DAY/ORIENTATION TO CLINICAL FACILITY

- During your first clinical day you will need to provide your clinical group with an orientation that includes:
  - Facility and nursing unit tour (scavenger hunt)
  - Computer training, including charting expectations
  - Training on any specialized equipment (glucometer, medication dispensing system, IV pump, etc.)

FIRST CLINICAL DAY/ORIENTATION TO CLINICAL FACILITY (CONT'D)

Other activities for the first clinical day:

- Homework expectations & how to access and sign clinical evaluation tool
- Disciplinary policy
- How a typical clinical day will run, including break times, daily/hourly activities, when to wrap up and report for post-conference

PRE-CONFERENCE

- Should include the following information:
  - Focus for the day
  - Patient assignment and short patient report
  - Discuss any relevant information needed to complete patient assignment
  - Review any homework to be assigned

POST-CONFERENCE

- Should last 1-2 hours and include the following activities:
  - Any student presentations scheduled for the week
  - A recap of how the day went along with any unusual patient experiences by students
  - Discuss weekly focus topic and have students relate their patient experience to the topic

POST CONFERENCE (CONT'D)

- Pick out several patient scenarios that happened throughout the clinical day and use strategies such as reasoning, exploring, trending, reflection, and inquiry to help elicit critical thinking and clinical judgment.


New graduate nurses have difficulty being able to identify and recognize clinical cues. This difficulty has been researched back to lack of critical thinking exposure during nursing school and/or clinical experiences.
Some ways to help your clinical students think critically include:
Incorporate case studies into your post-conference that requires student participation
Have students reflect on "what if" scenarios from the day's experiences with their patient
CRITICAL THINKING STRATEGIES

End of PDTP Course Survey

Circle your numeric response to each question below where 1 = strongly disagree, 2 = disagree, 3 = Neutral, 4 = Agree, and 5 = strongly agree:

1.	The PDTP course increased my knowledge as a new clinical adjunct instructor.	1	2	3	4	5
2.	The format of the course was easy to navigate and understand.	1	2	3	4	5
3.	I had access to the necessary resources to be able to complete the PDTP course.	1	2	3	4	5
4.	The PDTP increased my confidence as a new adjunct clinical instructor.	1	2	3	4	5
5.	The information provided in the PDTP course was appropriate for my learning needs.	1	2	3	4	5
6.	The time allotted for completion of the course was adequate.	1	2	3	4	5
7.	If I have any questions about my new position, I know who and how to contact them.	1	2	3	4	5
8.	I am confident that I will be able to handle a difficult student situation should one arise.	1	2	3	4	5
9.	I will be able to conduct meaningful and effective pre & postconferences.	1	2	3	4	5
10.	I have a better understanding of the clinical evaluation tool.	1	2	3	4	5

Additional Comments:

_____

_____

_____

Appendix B: Interview Guide

Icebreaker questions:

- Tell me what inspired you to become a clinical instructor? (*anticipation/expectation*)
- Can you explain the process that you went through to be hired for this position? (*anticipation/expectation*)
- Were you familiar with the unit you were assigned to for the clinical experience or was it a new facility or unit? (*anticipation/expectation*)

Research Question #1:

How do adjunct nursing instructors describe their role in preparing nursing students to be critical thinkers and problem solvers? (*critical thinking*) (*information seeking*)

- Can you tell me what the ADN student learning outcomes are for your students in the clinical setting? (*information seeking*)
- Can you tell me how you personally evaluate your students' performance in the clinical setting? (*identity formation*)
- What are some strategies that you use to help your students think critically or problem solve in the clinical setting? (*critical thinking*)
- Describe some of the supervisory activities you oversee in the clinical setting. (*critical thinking*)
- Please share an example of a time where you used your role as a supervisor to help your students think critically. (*critical thinking*)

Research Question #2:

What do adjunct instructors perceive are the challenges that have affected their ability to be effective clinical supervisors? (*disorientation*) (*challenges*) (*strategies/support*)

- What were some of your fears you had going into this new position? (*disorientation*)
- What strategies did you use to alleviate these fears? (*strategies/support*)
- What do you feel was your biggest challenge in transitioning from practice to education? (*challenges*)

- What are some of the deficits of the orientation process that you received? (*challenges*)

- Could the transition from practice to education have been made more seamless? (*information seeking*)

    - If yes, what do you feel would have helped? (*strategies/support*)

- Can you share any ideas you have that would make the orientation process or transition into this position more productive without being overwhelming? (*strategies/support*)

Research Question #3:

What strategies or support do adjunct instructors perceive they have received or that are needed to be effective clinical supervisors? (*strategies/support*) (*information seeking*) (*identity formation*)

- Please describe the orientation process that you were given as a new college employee. (*information seeking*)

- What are some of the strengths of the orientation process that you received? (*strategies/support*)

- Were you assigned a mentor or someone who was your "go to" person? (*strategies/support*)

    - If yes, how long did the mentoring phase last, and were you satisfied with your mentor? (*strategies/support*)

    - If no, where did you go or who did you ask for assistance if you had questions or needed help? (*information seeking*)

- Specifically, what things helped adequately prepared you for your role as a new clinical instructor, for example, training, site visits, printed materials, individuals, etc.)? (*strategies/support*)

- Can you describe to me what it was like for you personally in transitioning from nursing practice to instructing students in the clinical setting? (*identity formation*)

Possible Probing Statements:

- Please give me an example of what you mean.
- Can you tell me more about that?
- How does your experience at that time compare to your experience now?
- Please tell me more about that specific experience.
- If you could change anything about that experience, what would it be?