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Nursing Students' and Novice Clinical Instructors' Experiences With Clinical Instruction and Assessment

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Bridgett A. Jackson

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Walden University
2015

Abstract

Nursing Students' and Novice Clinical Instructors' Experiences With Clinical

Instruction and Assessment

by

Bridgett A. Jackson

MSN, Walden University, 2007

BSN, Troy University, 2002

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Walden University

June 2015

Abstract

Adjunct faculty members make up a growing proportion of nursing school clinical faculty in the United States due to a nurse educator shortage in higher education. Many of the nurses hired as clinical faculty members have years of experience providing patient care, but they lack experience in clinical instruction and assessment. At a state community college in the southeastern United States, nursing students have expressed dissatisfaction in their course evaluations with inexperienced faculty in clinical programs. The experiences of both nursing students under the guidance of novice clinical instructors and clinical faculty were examined in this case study. The National League for Nursing's (NLN) standards for practice for academic nurse educators served as the conceptual framework for this study and was used to develop research questions related to clinical practice and assessment. Data were collected from 9 students and 6 clinical nursing faculty members who participated in anonymous, open-ended electronic questionnaires regarding use of the standards in instruction and assessment. Student clinical experience collective evaluations from 3 nursing programs across the state were also used for data collection and analysis. Data were coded and themes were identified and verified through triangulation. Themes were inconsistent with the NLN standards and included no formal orientation, no preparation for the clinical instructor role, use of subjective instructor evaluations, and lack of instructor feedback. Results were used to develop a professional development program to prepare novice clinical instructors for the clinical environment according to the NLN standards. This study may result in positive social change by improving clinical experiences for nursing students in community colleges, resulting in better patient care as they assume their roles in the larger medical community.

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Table of Contents

List of Tables	iv
Section 1: The Problem.....	1
Introduction.....	1
Definition of the Problem	4
Rationale	6
Evidence of the Problem at the Local Level.....	6
Evidence of the Problem from the Professional Literature.....	8
Definitions.....	9
Significance of the Problem.....	12
Significance of the Study	13
The Research Questions.....	14
Review of the Literature	15
Implications.....	26
Summary	27
Section 2: The Methodology.....	29
Introduction.....	29
Research Design and Approach	31
Conclusion	62
Section 3: The Project.....	63
Introduction.....	63
Project Purpose and Goals	63
Rationale	64

Review of the Literature	65
Implementation	72
Potential Resources.....	72
Potential Barriers	78
Proposal for Implementation and Timetable.....	79
Roles and Responsibilities of Student and Others	80
Project Evaluation.....	81
Implications Including Social Change	83
Local Community	83
Far-Reaching.....	84
Conclusion	84
Section 4: Reflections and Conclusions.....	86
Introduction.....	86
Project Strengths	86
Recommendations for Remediation of Limitations.....	88
Scholarship.....	89
Project Development and Evaluation.....	90
Leadership and Change.....	92
Analysis of Self as Scholar	93
Analysis of Self as Practitioner.....	94
Analysis of Self as Project Developer	95
The Project’s Potential Impact on Social Change.....	96
Implications, Applications, and Directions for Future Research.....	96

Conclusion	99
References	100
Appendix A: Professional Development	117
Appendix B	150
Appendix C	151
Appendix D	153
Appendix E	155
Appendix F	156
Appendix G	157
Appendix H	158
Appendix I	159
Appendix J	160
Appendix K	169
Appendix L	176
Appendix M	177
Appendix N	178
Appendix O	179

List of Tables

Table 1. Student Response Times on Electronic Questionnaire 50
Table 2. Clinical Instructor Response Times on Electronic Questionnaire 51

Section 1: The Problem

Introduction

The clinical experience is an integral component of training for student nurses. Clinical skill development is a significant facet of the nursing profession and largely occurs in the clinical setting. It is essential for student learning to occur in the clinical environment as student nurses are presented with opportunities to connect theory to practice. One of the key elements of a rewarding clinical experience for nursing students is the leadership and guidance of the clinical instructor. It is the clinical instructor's responsibility to foster student confidence through providing a confidence-rich learning environment (Lundberg, 2008). In the event a nursing student lacks confidence in his or her abilities, the clinical instructor should implement teaching strategies to develop the confidence that the student needs to be motivated to continue to improve clinical skills.

The problem motivating this study was the negative feedback on clinical evaluations done by nursing students that were in many of the inexperienced clinical nursing instructors' groups at a southeastern community college in the United States. Much of the prior research related to this issue emphasized the method of socialization to develop clinical instruction. Notzer and Abramovitz (2008) suggested providing brief workshops to develop instructor skills. Mentoring and social influence were suggested by other researchers as means of developing and understanding one's role (Cesareni, Martini & Mancini, 2011; Wilson, Harwood, Oudshoorn, & Thompson, 2010).

Due to the global shortage of nurses, particularly in the area of nursing education, part-time clinical instructors make up a substantial proportion of the clinical faculty in many nursing programs nationally and internationally (American Association of Colleges of Nursing [AACN], 2013; McDermid, Peters, Jackson, & Daly, 2012). The nursing school where the problem existed that prompted this research had 15 adjunct clinical, including three who had less than 2 years of clinical instructor experience. At the same institution, one fulltime nursing faculty had less than 2 years of clinical instructor experience. The AACN (2013) reported in 2011 that an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints caused many nursing schools in the United States to turn away qualified applicants. Many schools of nursing hire clinical instructors that are experienced clinicians with a wealth of experience in the clinical setting. However, seasoned clinicians may have strong nursing skills, but many lack the knowledge and the experience that is necessary to facilitate learning among a group of nursing students within the clinical setting. Davidson and Rourke (2012) reported that clinical nursing instructors are hired for their expertise in clinical practice and most of them have little to no experience in clinical instruction. Often times, the inexperienced clinical instructor assumes a role that he or she has not properly been trained to execute. Learning experiences should be structured in a way that will promote critical thinking, reflection, and deep learning (Killion, Reilly, & Gallagher-Lepak, 2011). Tanda and Denham (2009) suggested the use of skill laboratories, consistent clinical placement, effective clinical learning environments, and the appropriate coaching by clinical educators positively affects student learning outcomes.

Students have a richer clinical experience when the clinical instructors possess the ability to assist the nursing students with critical thinking, understanding nursing theory, and the application of newly acquired skills.

Clinical instructors who do not have a clear definition of their role will cause the student to suffer in the clinical area (Kowalski, et al., 2007). This was evident in a school of nursing at a community college in the southeastern United States where the students' clinical evaluations reflected decreased satisfaction in the clinical area with inexperienced instructors as compared to the student clinical evaluations from nursing students who were in the clinical groups of more experienced clinical faculty. Many of the student complaints about the inexperienced clinical faculty related to inconsistency in clinical expectations, untimely weekly instructor evaluations, lack of general knowledge about the clinical facility policies and procedures, and the need to connect clinical experience to what was being taught in the classroom.

In 2005, the National League for Nursing (NLN) published standards for practice for academic nurse educators and was titled, Core Competencies of Nurse Educators© with Task Statements. The competencies provide a comprehensive framework for the preparation of new nurse educators, implementation of the new nurse educator role, evaluation of nurse educator practice, and the advancement of faculty scholarship and lifelong professional development (Kalb, 2008).

The eight NLN core competencies of nurse educators include the following:

Competency I: Facilitate learning; Competency II: Facilitate learner development and socialization; Competency III: Use assessment and evaluation strategies; Competency IV: Participate in curriculum design and program outcomes; Competency V: Function as a change agent and leader; Competency VI: Pursue continuous quality improvement in the nurse educator role; Competency VII: Engage in scholarship; and Competency VIII: Function within the educational environment (NLN, 2005)

The lack of role orientation has resulted in difficult experiences for inexperienced clinical instructors and students at a community college associate degree nursing program in the southeastern region of the United States, which also has resulted in a continuous issue with the retention of adjunct clinical instructors. This local problem, which was the catalyst for the study, will be discussed in the following section. A description of how the problem unfolds in the local context and education situation will also be presented. The rationale for choosing this problem was to discuss how nursing students' clinical experiences with novice nursing clinical instructors affect their learning. Terminology associated with the research will be defined and the research question guiding the study will be provided as well as a review of the literature.

Definition of the Problem

Paulis (2011) suggested adjunct clinical instructors are often hired based solely on their clinical experience despite the importance of the clinical instructor's role in clinical

teaching. An individual is not necessarily proficient at teaching clinical skills even though he or she possesses superior clinical skills. Morren, Gordon, and Sawyer (2008) concluded that despite the various professional qualifications, experience, certifications, credentials, and professional organizational memberships obtained by the clinical instructor, the hypothesis was not supported that these factors were contributory to a more satisfying clinical experience. Clinical instructors are responsible for guiding nursing students through the application of fundamental principles of nursing as well as advanced nursing skills and dosage calculations while in the clinical setting. Even though these clinicians apply these principles and skills daily within their own professional practice, they do not possess the knowledge or the experience to effectively facilitate learning and apply instructional methodologies among the nursing students in their assigned clinical groupings.

The transition from experienced staff nurse to new nurse educator is often times frustrating for the instructor and the student. White, Brannan, and Wilson (2010) suggested novice faculty are frustrated due to a lack of preparation to teach and a limited understanding of what is required in the new role of nurse educator. White et al. also pointed out that new nurse educators often lack adequate guidelines of how to function in the role. Unless a nurse has obtained knowledge concerning nursing education, many are not trained to be facilitators of learning. The students are then subjected to inconsistencies among the faculty resulting in confusion and frustration among the nursing students assigned to the inexperienced clinical instructor clinical groups.

If clinical instruction is to be effective, it requires a properly developed infrastructure (Pugsley, 2009). Clinical instructors should be facilitators of learning and possess knowledge of how to connect theory to practice for nursing students in the clinical setting. The instructor should be required to teach the student instead of allowing the student to shadow a nurse and simply observe the nurse's patient care routine. For instance, patient selection should be relative to concepts and disease processes that the students are currently learning, which would connect theory to practice. Even when hospitals and nursing schools contract hospital employed employees to execute the clinical educator role, the registered nurses need adequate preparation for their role to support and supervise nursing students in clinical placement to ensure the safe development of student confidence and competence (Brammer, 2008). Therefore, inexperienced clinical instructors should be oriented to their role as nurse educators in order to facilitate learning in the clinical setting. In this study, I investigated inexperienced clinical instructors and how they impacted nursing students' clinical experiences.

Rationale

Evidence of the Problem at the Local Level

As noted, the clinical component for the student nurse is paramount relative to connecting theory to practice. Important empirical evidence concerning the influence of highly effective clinical teaching and student learning was presented in two studies by Blue, Griffith, Wilson, Sloan, and Schwartz, (1999) and Griffith, Georgeson, and Wilson (2000). Both studies revealed that clinical instructors had significant effects on student

learning. Despite the evidence that supports the importance of student learning from their clinical instructors during the clinical experience, a number of schools of nursing have no established orientation for the new role of nurse educator within their nursing departments in the region where the college is located that was the catalyst for the research.

The job description posted for adjunct clinical nursing faculty position, as approved by the State Department of Education, did not list teaching experience as a requirement. The essential duties and responsibilities of an instructor, as listed in the state approved job description included the following: commitments to students in the classroom, the teaching discipline, students outside the classroom, the college, and the community. These requirements may be difficult for a novice clinical instructor to achieve without prior teaching experience or orientation to the role for which they are expected to fulfill. A more detailed job description of nurse educator competencies and role attributes should have included: Demonstrating knowledge of and engagement with education theories, understanding and addressing multiple complexities related to learning, facilitating learning and creating effective learning environments, and the ability to disseminate nursing knowledge (Young, Frost, & Bigl, 2010). Additionally, Pratt, Harris, and Collins (2009) identified six factors that could positively influence clinical instruction which include the following: (a) meaningful and authentic engagement, (b) explanation of complex topics at the student's level of understanding, (c) role model desired behaviors, (d) display enthusiasm for teaching, (e) provide a safe and challenging environment for learning, and (f) setting clear expectations. Novice clinical instructors

have decreased experience in the implementation of these components of instruction and could benefit from an orientation to their role as a new nurse educator.

This project study may answer questions relative to how the lack of training of clinical nursing instructors affects the experiences of students in the clinical setting. The study may also make stakeholders, such as the Department of Postsecondary Education and the State Board of Nursing, aware of the disadvantages that the lack of training may cause in the clinical environment for inexperienced clinical nursing instructors and nursing students across the state. The research may also result in positive social change by having other nursing programs in the state consider developing a standardized role orientation for their novice clinical nursing faculty.

Evidence of the Problem from the Professional Literature

The clinical experience is how theory is connected to practice for the nursing student. Clinical faculty may have to be creative and implement techniques to motivate learning among students within their clinical groups. Clinical faculty, both adjunct and fulltime, serve as resources for students during their clinical experiences. The traditional clinical model that has been practiced historically puts students in the clinical setting, where they are assigned one to two patients, and are expected to take care of patients using linear thought processes through the use of the nursing process. This model is rooted in hospital-based apprenticeship models, and is no longer satisfactory for the modern, complex, and constantly evolving, health care system (Benner, Sutphen, Leonard, & Day, 2010). Expert clinical faculty play a vital role in aiding students to acquire the intellectual

knowledge, affective attitudes, and psychomotor skills required for professional practice (Gaberson & Oermann, 2007).

Phillips and Vinten (2010) developed an instrument, adapted from Bonk and Kim's (1998) list of sociocultural based teaching strategies for adults, to conduct a pilot study to measure intent of instructors to adopt innovative teaching strategies within their clinical practice. Some of the strategies included: role modeling, reflection and self-awareness, cognitive task structuring, and direct instruction. In order for these teaching strategies to be implemented in the clinical environment, the clinical instructor must have knowledge of the innovative teaching strategies to use them effectively in the clinical setting. The lack of training for the role results in many of the clinical instructors developing role strain and results in the intent to leave academia within 5 years (Cranford, 2013).

Definitions

The following terms that will be used throughout the research relative to the nursing profession are defined.

Advanced beginner: After considerable exposure to the clinical environment and situations, the nurse improves performance and mentoring and/or repeated experiences, begins to use more facts and is versed with the use of the rules. (Wilkinson & Treas, 2011). He or she has gained enough experience in actual situations to identify meaningful aspects that can be identified only through prior experiences (Craven, Hirnle, & Jensen, 2013).

American Association of Colleges of Nursing (AACN): This is an agency that establishes quality standards for nursing education and assists college administrators to implement those standards which influences the nursing profession, education, practice and research (AACN, 2013).

American Nurses Association (ANA): This is a nursing professional organization in the United States. Membership is open only to registered professional nurses and sets the standards of practice for nurses (ANA, 2010).

Competence: This is achieved after a few years of practice. Individuals deemed competent have had additional experience with more complex concerns. They are able to prioritize situations and get more involved in the caregiving role. (Wilkinson & Treas, 2011). This is reflected in individuals that have been on the same job for 2 or 3 years who consciously and deliberately plan nursing care in terms on long-range goals (Craven, et al., 2013).

Expert: Expert nurses are able to see that needs to be accomplished and how to do it. They possess a deep understanding of a situation and trust in their intuition. They have expert skills and are consulted when advice or assistance is needed. (Wilkinson & Treas, 2011). The expert nurse has an extensive background of experience and has an intuitive grasp of the situation and focuses on the problem (Craven, et al., 2013.).

National League for Nursing (NLN): A nursing organization that supports nursing education with the goal of producing a well-prepared and diverse nursing workforce (NLN, 2007).

Novice: This phase begins with the onset of education. The novice is receptive to education and is "learning the rules" of the profession. (Wilkinson & Treas, 2011). A person enters this situation when he or she has had no previous experience (Craven, et al., 2013).

Nurse Educator: A nurse that generally has specific clinical specialties and advanced clinical experience. People in this career role must continue to maintain expertise in the practice setting, develop expert knowledge of theory, perfect classroom presentation style, and have in-depth knowledge of curriculum development and higher education (Craven, et al., 2013).

Nursing process: A systematic problem-solving approach toward giving individualized nursing care. Nurses use the nursing process as a problem solving method in all settings with patients of all ages to identify and treat human responses to potential or actual health problems. (Craven, et al., 2013).

Nursing theory: provides the foundation for nursing knowledge and gives direction for nursing practice (Craven, et al., 2013).

Proficient: These nurses are resources for less experienced nurses. They are able to see the "big picture" and coordinate and forecast needs (Wilkinson & Treas, 2011). The proficient nurse perceives situations as a whole rather than in terms of aspects and manages nursing care rather than performing tasks (Craven, et al., 2013).

Socialization: This is a process that involves learning theory and skills and internalizing an identity appropriate to a specific role. (Craven, et al., 2013).

Significance of the Problem

In many health related disciplines, clinical instructors are not trained for the instructional roles for which they are hired. Many of these individuals develop their teaching skills through trial and error, reflecting on experiences as students, reading literature, and incorporating feedback from others (Buccieri, Pivko, & Olzenak, 2011). The retention rate for newly hired inexperienced clinical instructors at the institution of focus was low. Student clinical evaluations relative to their clinical experiences have had more negative comments from those who are in the groups of newly hired adjunct clinical instructors compared to fulltime nursing faculty. Some adjunct clinical instructors did not return after just 1 semester of clinical instruction possibly due to the negative comments from students. When individuals work competently within their scope of practice, their perceptions of the quality of work life is generally positive, but any deviation from these conditions led to a diminished quality of work life (Maddalena, Kearney, & Adams, 2012). The registered nurse accepted the position as a nursing clinical instructor without being trained in the role and did not progress from the novice level of proficiency. The need to provide support for novice nurses in the clinical setting has been established as should the support be established for those entering into the new role of clinical instruction without relevant experience as this may limit them to a novice level of performance (Benner, 1984). The nursing program of focus would like to retain competent adjunct nursing clinical instructors to enhance the clinical experiences of

nursing students. Craven, Hirnle, and Olzenak (2011) suggested the level of competency, the third step in the level of proficiency, is reflected by the nurse who has been on the same job for 2 to 3 years. Many of the past adjunct clinical instructors were not retained long enough to achieve the advanced beginner, which is the second level of proficiency. Novice clinical instructor confidence, competence, and capability have a greater chance to be facilitated and strengthened if the adjunct clinical instructor role is clearly defined so that the facilitation of learning may be perpetuated (Maguire, 2013). Despite the emphasis of the necessity of clinical instruction, there is limited literature that articulates principles to guide the process (Lynch & Happell, 2008).

Significance of the Study

This study may lead to positive social change by encouraging schools of nursing to implement the proper training of newly hired inexperienced clinical instructors for their role as a nurse educator, whether the instructor is a newly hired full-time nursing faculty member, is independently contracted, or has been hired through collaboration with a local healthcare organization. The study will also allow schools of nursing to understand how the nursing student learning experience is affected by the clinical instructor, with little educator experience, who may not fully understand how to provide clinical instruction and create an environment conducive to learning in the clinical setting for nursing students.

The Research Questions

The purpose of the study was to enable me to understand how the clinical experiences of nursing students were affected by the adjunct clinical nursing faculty. The research question was the following: Do novice nursing clinical instructors provide quality clinical experiences for students, as outlined by the National League for Nurses? The most appropriate research method to answer the research question was to conduct a qualitative case study. This type of qualitative nursing research allowed me to examine students' and instructors' subjective human experiences by using non-statistical methods of analysis (Ingham-Broomfield, 2015). A quantitative research study method would not have been used with this study because numeric and statistical data would not be relevant to an in depth exploration of the nursing students' experiences (Lodico, Spaulding, & Voegtler, 2010). Questions that were used to augment and support the research question included the following:

- How did the nursing students perceive the quality of learning they received from the novice clinical instructor in the clinical setting?
- What aspects of the learning experience in the clinical setting were most effective for the nursing students?
- What aspects of the learning experience in the clinical setting were least effective for the nursing students?

Collecting data relative to these questions identified areas in need of improvement that will benefit the novice clinical instructors as well as the nursing students.

Much of the literature has suggested the problem had been related to lack of faculty to accommodate the number of qualified applicants applying to nursing programs. This problem was evident at the local level. Due to the lack of qualified full-time faculty, many staff nurses take on the role of adjunct clinical faculty. What was missing from the literature was how most nursing schools were preparing these inexperienced clinical instructors for their new role. Adjunct instructors often function by teaching as they were taught and by trial and error. Many novice clinical instructors do not receive instruction in teaching, adult learning theory, or orientation to their role prior to going into the clinical setting with students.

In the clinical setting, students should be exposed to learning activities that extend beyond bedside direct patient care to stimulate critical thinking. These learning activities include but are not limited to role play, simulation, gaming, and the use of technology in the clinical setting. Such activities are used to enhance the learning experiences of the students in the clinical setting. The type of research that was needed to address the problem was a case study that focused on how novice clinical instructors affect clinical experiences of nursing students.

Review of the Literature

This review provides a detailed summary of the literature regarding the importance of clinical instructors' understanding of their roles while in the clinical setting, experiences of students while in the clinical setting, methods of nursing instructor

professional development, the nursing shortage, and the conceptual framework of the novice to expert theory.

Nursing and education databases were accessed in search of articles relative to student clinical experiences. Literature searches were conducted with the use of the Walden University online library, textbooks, and online nursing and health professional journals, googlescholar.com, and various nursing websites. Databases used for this literature search included EBSCO, MEDLINE, CINAHL, ERIC, Education Research Complete, and ProQuest Central. After a voluminous literature search, saturation was determined when search items became repetitious among the databases.

The topics that yielded the greatest results were *clinical experiences*, *clinical instruction*, *nursing instructor professional development*, and *the nurse faculty shortage*. A Googlescholar search did present a limited number of articles that focused on developing mentoring programs and using hospital employed nurses to partner with local nursing schools and the hospital to supplement the shortage of advanced degree qualified nurses to teach inside the classroom as well as the clinical setting.

The International Council of Nurses (ICN) identified the shortage of nurses as a crisis that has a negative effect on global healthcare. The shortage is also detrimental to nursing education. A major factor of the nursing shortage is there are decreased numbers of master's prepared and doctoral prepared advanced practice nurses (Nardi & Gyrko, 2013). Nursing school applicant numbers continue to increase, but many students are turned away due to insufficient number of faculty (Murray, Schappe, Kreienkamp, Loyd,

& Buck, 2010). Due to the shortage of qualified full-time faculty, adjunct faculty are used more in the clinical setting to allow the full-time faculty to have adequate preparation time to present theory in the classroom. Many clinicians who take on the role of educator have not been properly trained to facilitate learning for students. They literally move from a role as an expert clinician to a novice educator in the clinical environment (Cangelosi, Crocker, & Sorrell, 2009). How did the lack of experience and training in the role of nursing instructor affect the clinical experiences of nursing students?

Many health care organizations participate in clinical ladder programs, which recognize and reward clinical nursing practice. These provide a means for professional advancement through professional development. Benner's (1984) novice to expert model is the foundation for many of the clinical ladder programs around the nation. Her model indicated that a nurse may have a high level of expertise in one particular area and be novice in another. An example of this principle is a nurse who is an expert clinician but who may also be a novice clinical educator. The minimal ability of the clinical teacher or preceptor should be to understand the needs of the learner and be able to interpret and respond to verbal and non-verbal feedback on learner response. Just as health care organizations recognize and promote clinical expertise, so should schools of nursing promote knowledge and expertise with clinical faculty.

Davidson and Rourke (2012) conducted a study to identify the skills and knowledge required to be successful clinical instructors. A learning needs survey was used to measure the learning orientation needs of newly hired clinical faculty. Descriptive

analysis was the method used to identify the respondents identified as significant or insignificant to successful clinical instruction. The results of the study suggested orientation content should contain basic orientation needs such as tools and resources as well as information on student clinical policies and procedures, clinical simulation, student clinical evaluation, curriculum content, and objectives.

A naturalistic qualitative study was conducted by Condon and Sharts-Hopko (2010) to examine the socialization experiences of Japanese nursing students. The Japanese culture forbids the students to ask questions about content that is presented to them by their instructors. The students were not allowed to administer medications or perform invasive procedures on live patients. The students primarily observe the professional nurse in the clinical setting. The convenience sample participants were interviewed, and a journal of observations was kept by the researchers. Themes that emerged from data analysis include the following: The conclusion of this study suggested the Japanese students encountered barriers to free communication, development of professional values and behaviors, and interactive clinical experiences, which affected the socialization process of learning the roles of the professional nurse. In American culture, these components are essential for nursing instructors to use when they facilitate learning in the clinical environment.

Effective clinical instructors are essential for maximizing student clinical experiences (Parsh, 2010). Parsh conducted a qualitative study where students identified six areas for optimal clinical instruction via informal interviews. The areas identified

included: personality, teaching ability, evaluation, nursing competence, interpersonal relationships, and realism. A nursing school instituted a partnership with a local hospital where the full-time nursing faculty member was grouped with two full-time hospital staff nurses. The full-time hospital staff nurses were selected and paid by the hospital for their clinical expertise and their interest in teaching students. Delunis and Rooda (2009) suggested a potential disadvantage of the partnership was that although the staff nurses were clinical experts, many may have had limited competencies to facilitate student learning. The full-time faculty member was available to support and mentor the staff nurses during the clinical experience with the students. The hospital staff nurses were introduced to the instructor role by the full time nursing faculty member as they interacted with student nurses in the clinical environment.

Clinical instructors influence the educational experience for students (Giordano, 2009). Clinical instructors have a vital role in teaching students to care for patients. The student clinical experiences should be filled with opportunities to relate theory to practice and provide development of knowledge, skill, and attitude to implement quality patient care. Rye and Boone (2009) conducted a qualitative survey on preceptor training needs and the results suggested that clinical instructors were set up to fail at this task without proper training and support. The authors also recognized that many clinical instructors are “thrown” into the position with little to no direction as to what is expected of their new role.

Elisha and Rutledge (2011) conducted descriptive research using cross-sectional survey methods on student registered nurse anesthetists (SRNAs) and found that even at this level of nursing education, most certified registered nurse anesthetists (CRNAs) in the United States do not receive instruction for their role as clinical educators. Most have had minimal exposure to principles of adult learning and experience in education theory. The researchers found that many students were dissatisfied with their instructors based on the display of poor teaching skills, limited access, lack of feedback, and inappropriate behaviors that were not conducive to learning in the clinical setting.

Ralph, Walker, and Wimmer (2009) conducted mixed-methods research on nursing students who had just completed their practicum before graduating from nursing school. The research was federally funded in Canada to compare and contrast post practicum student responses of students in three professional disciplines: nursing, engineering and teaching education. A survey was used to collect qualitative and quantitative data. Some of the negative aspects of the nursing practicum, according to the student nurses, were poor mentorship and assignment of unproductive tasks by some of their clinical instructors. This was consistent with some of the nurses not having a clear definition of their role as clinical instructors. The researchers wanted to use the negative aspects the students' responses to strengthen the clinical experience for nursing students.

Jahanpour, Sharif, Salsali, Kaveh, and Williams (2013) did a grounded theory study on the experiences of Iranian nursing students and their perspectives regarding factors that influenced their development of their critical thinking skills. Four main

themes were discovered in the data: clinical instructor incompetency, low self-efficacy, uncondusive learning environment, and the experience of stress. Some of the responses revealed the students' perspectives that some of their clinical instructors lacked clinical experience and practical skill, which resulted in decreased self confidence in their role. Instead of facilitating learning among the nursing students, some of the instructors encouraged the students to follow the routine of the nurses. By doing this, the clinical instructor put the students at risk for developing undesired habits and behaviors of the staff nurses they followed.

A phenomenological qualitative study conducted by Wetherbee, Peatman, Kenney, Cusson, and Applebaum (2010) was done to examine the perspectives of academic and clinical faculty concerning standards for clinical education. The perspectives of many of the participants in the study included training clinical personnel their role, specifically, teach them how to teach students. They should be taught how valuable their role is in developing the student for their professional practice within the clinical setting. Findings in the study suggested a need to support and develop clinical faculty.

A qualitative study conducted by Martens, et al. (2009) was conducted to examine student views on the effective teaching of physical examination skills. Focus group discussions, about teaching skills that helped them to develop physical examination skills, were conducted among 30 randomly selected students. The results revealed students wanted instructors to present didactic skills that stimulated deep and active

learning. These were skills that many clinical instructors did not possess due to lack of knowledge and experience.

James and Chapman (2009) conducted a qualitative study on nursing students' experiences in the clinical setting. The data collected from interviews of second year nursing students were analyzed using a hermeneutic phenomenological process to interpret the meaning of the students' experiences. One of the main themes that emerged was the students' perceptions of the preceptors. The students expressed their experiences, both negative and positive, that were directly influenced by their clinical preceptor. The researchers concluded that the students' clinical experiences may impact decisions about their future nursing practice. Therefore, preceptors should try to motivate students and facilitate positive experiences in the clinical setting.

Kapucu and Bulut (2011) conducted a qualitative study in Turkey to determine the perspectives of students toward their clinical learning environment. Semi-structured interviews were conducted with four groups of eight nursing students. The analysis of the data collected revealed that students were affected by their patients, clinical educators, and professionals in the clinical setting. The clinical educators were responsible for providing clinical experiences that would stimulate problem-solving, cognitive, psychomotor, and affective skills. Thus, an enriching clinical environment is an important component to achieve teaching and learning process goals.

Heydari, Yaghoubinia, and Rousdari (2013) conducted a qualitative study to explore the experiences of students and teachers and student-teacher relationships in the

clinical setting in Iran. Results showed that the clinical teachers displayed supportive actions toward the nursing students. Semi-structured interviews and observation of participants were used to collect data. The three major themes that emerged from the data were educational support, emotional support, and social support. The conclusion suggested clinical teachers should gain more knowledge on how providing support to students would influence their learning in the clinical setting.

Bengtsson, Kvarnhall, and Svedberg (2011) conducted a qualitative study to obtain a deeper understanding of the experiences of nurses who supervise students in clinical practice. Fifteen experienced nurses who conduct clinical were interviewed. A grounded theory approach was used to analyze the data. Four themes emerged from the analysis: sufficient time, working cooperation, sufficient knowledge, and confirmation. The conclusion suggested nurses should be prepared and possess knowledge to support student learning in the clinical setting.

All of the literature reviewed either reported data on perceptions of students, full and part-time faculty, or part-time clinical instructors. For this research, I used a qualitative case study design to address the local problem. This approach yielded data that were coded to identify themes from electronic anonymous surveys. I reviewed student clinical experience surveys for the past 3 years to support the findings for more credible results.

Conceptual Framework

The conceptual framework that was used for this study was the novice to expert theory developed by Benner in 1984. Another conceptual framework that supported the primary framework was the social cognitive theory developed by Bandura in 1986.

The primary conceptual framework that was used for the research was the novice to expert theory that was developed based on the study of acquiring and developing clinical nursing skills (Benner, 1984). This theory was adapted from the Dreyfus and Dreyfus (1980) model for skill acquisition. Benner (1984) identified five levels of nursing experience through which an individual progresses and demonstrates change based on their experiences. The five levels of nursing experience are (a) novice, (b) advanced beginner, (c) competent, (d) proficient, and (e) expert (Benner, 1984). The individual must complete the first level before progressing to the subsequent levels. This theory was meant to explain why some nurses excel in practice and others are stagnant. It represented the basis of how nurses learn and develop the skills of the profession. The same may be applied toward acquiring knowledge and skill when introduced to different roles in nursing practice (Benner, 2004).

The beginner has no reference to act according to situations they may encounter. Furthermore, the novice clinical nursing instructor has no prior experience to guide his or her actions in the clinical setting. They lack confidence in their ability to conduct clinical effectively. Instead, they operate by following rules and instructions because they lack discretionary judgment (Benner, 1984). The advanced beginner has developed knowledge

from past experiences to be able to make decisions in certain situations. They may have to consult more experienced individuals occasionally but are usually able to make sound decisions independently (Benner, 1984). The competent nurse is confident and able to solve problems based on organized, purposeful critical thinking. Competence is achieved after an individual has worked in the same capacity for 2 to 3 years (Benner, 1984). The proficient nurse views situations as a whole and considers outcomes instead of in pieces. The individual anticipates what to expect based on experiences and is able to make modifications in response to situational changes (Benner, 1984).

A conceptual framework that supported the study's primary conceptual framework was the social cognitive theory which started out as the social learning theory in the 1960s by Bandura. In 1986 the social learning theory evolved into the social cognitive theory when Bandura (1986) theorized that learning occurs through all developmental stages and occurs due to social interactions with people, behavior, and the environment. There were five constructs that made up the original social learning theory. A sixth construct was added with the evolution to the social cognitive theory. The constructs were (a) reciprocal determinism, (b) behavioral capability, (c) observational learning, (d) reinforcements, (e) expectations, and (f) self-efficacy (Bandura, 1986).

Reciprocal determinism was the central focus of the theory that was relative to the reciprocal interaction between individuals, behaviors, and the environment. An individual develops learned experiences in an environmental social context that results in specific behavioral responses (Bandura, 1986). Behavioral capability involves the individual

acquiring basic knowledge and skills to perform a specific behavior. An individual must possess the knowledge to know what to do and do it in a correct manner. People learn from the consequences of their actions, which ultimately affects their environment (Bandura, 1986). Observational learning is when individuals observe others performing a skill and replicate the actions. Individuals are able to correctly reproduce the behavior as a result of the behavior being modeled by someone who has knowledge of the desired behavior. (Bandura, 1986). Reinforcements are either initiated environmentally or are self-initiated. This construct is closely associated with environment and behavior. The reinforcements may be positive or negative and may influence whether a behavior continues or ceases (Bandura, 1986). Expectations are based on experience. Individuals contemplate the potential outcomes of their behavior before taking part in the behavior that may affect the culmination of the behavior. An individual weighs the value of their behavior and how it will affect the outcome (Bandura, 1986). Self-efficacy is relative to the individual's confidence level of performing a behavior. Environmental factors and personal abilities contribute to individual confidence levels (Bandura, 1986).

Implications

In the study, I endeavored to show the importance of novice clinical faculty understanding their roles as educators as it applies to the nursing students' clinical experiences. A nurse instructor role orientation was developed based on the findings of the data collection and analysis. The findings were that the omission of a role orientation for novice clinical instructors affected the clinical experiences of nursing students. Due to the various schedules of the clinical adjunct instructors, an online role orientation

would be more beneficial to offer to the novice full-time and part-time faculty rather than a face to face meeting that could have possibly conflicted with their work schedules. Moreover, an online role orientation would increase the number of those clinical adjunct instructors who would receive the knowledge that would result in a more effective teaching experience for the novice instructor and learning experience for the nursing student in the clinical setting. Much of the prior research has dealt with the effectiveness of face to face workshops and training for clinical faculty. Hence, the focus of this study was to examine how the nursing students' clinical experiences were influenced by the guidance of clinical instructors with limited experience in clinical instruction.

Summary

The problem that motivated this research, and described in Section 1, was the decreased student satisfaction noted on the clinical evaluations of a number of nursing students in novice clinical instructor groups at a nursing school in the southeastern United States. The rationale for choosing the problem was due to the lack of role preparation of the novice clinical instructor which may have led to the decreased student satisfaction of their clinical experiences. The nursing shortage, particularly in education, was identified as a tremendous factor in the increased use of hospital staff nurses as clinical adjunct instructors. These instructors were experienced clinicians; however, many lack experience with the facilitation of learning as they tried to function in their new roles. Most clinical adjunct instructors are consequently employed on semester to semester contracts. Due to the impermanent nature of the position, schools of nursing are continually recruiting nurses to the position (Andrews & Ford, 2013). Key terms relative

to the problem were defined. The local effects of the problem supported why the problem should be addressed. The significance of the study highlighted current research and how social change may be undertaken. The research question used to guide the study was identified. A thorough literature review was conducted and the conceptual framework was discussed. Implications for the study were also presented. Data collection and analysis will be discussed in Section 2.

Section 2: The Methodology

Introduction

Using the concepts of Benner's (1984) novice to expert theory, the purpose of the project study was to examine how adjunct clinical instructors that had 2 years of experience or less affected the nursing students' clinical experiences. The students who had experiences in clinical groups of clinical instructors with 2 years or less of clinical experience were sought after for the study because Benner (1984) suggested competence is achieved after an individual has worked in the same capacity for 2 to 3 years. Some of the students may not have known the experience of the clinical instructor, but their description of their clinical experiences with their instructor may have indicated the performance of a novice instructor. The clinical instructors with 2 years or less were ideal participants for this research; however, potential participants who wished to participate and had more than 2 years of clinical instructor experience were asked to reflect back to their performance during the 2 two years of their role as clinical instructor to answer the open-ended electronic questionnaire.

The research question was as follows: Do novice nursing clinical instructors provide quality clinical experiences for students as outlined by the National League for Nurses? Other questions that guided the study included the following: How did the nursing students perceive the quality of learning they received from the novice clinical instructor in the clinical setting? What aspects of the learning experience in the clinical setting were most effective for the nursing students? What aspects of the learning experience in the clinical setting were least effective for the nursing students?

A qualitative research design was used for the research. The specific type of qualitative research method was a case study. A case study requires a variety of data collection tools to gather data. Lodico et al. (2010) suggested no one qualitative method is used in a case study; instead, multiple techniques including focus group interviews, observations, and at times the examination of documents and artifacts may also be used. The data collection methods for the research included conducting an electronic open-ended questionnaire of nursing students at three participating nursing schools with the use of Survey Monkey®. All three nursing schools operated under the same statewide curriculum. The electronic questionnaire was mostly open-ended questions to explore the nursing students' perceptions of their clinical experiences.

A separate electronic questionnaire was conducted to explore the perspectives of inexperienced instructors and how they felt concerning their ability to provide effective learning environments for the students. Full-time and part-time novice instructors were asked to elaborate on their current clinical instruction methods, while more experienced part-time and full-time faculty were asked to reflect on their instructional methods during the first 2 years of their role as clinical instructor. The novice to expert theory (Benner, 1984) was the theoretical framework used to guide the methods for data collection and data analysis. The social cognitive theory (Bandura, 1986) was used to support the framework. The students and clinical instructors were from three other institutions in the same college system as the nursing program that prompted the study. Finally, documents such as student clinical experience evaluations were analyzed, within the three

participating institutions, to explore how the nursing students had described their clinical experiences over the past 3 years.

The research design and how it was derived from the research problem will be discussed in the following section. Participant selection, justification for the number of participants, methods for gaining access, and the course of action to protect the rights and identities of the participants will also be discussed. Data collection, data analysis, and methods to determine credibility will be described in detail.

Research Design and Approach

Design

A qualitative research design was used for the study. The type of qualitative research approach that was most appropriate was a case study. A case study focuses on small groups or individuals within a group and document the group's or individual's experience in a specific setting (Lodico et. al., 2010). The type of case study for the research was an instrumental case. Creswell (2012) defined an instrumental case as focusing a specific issue, which is the focus of the qualitative study, with a case or cases used to illustrate the issue. Stake (2003) described an instrumental case study as using a case study of one case to gain insight into a particular phenomenon, where there is likely to be a question or a set of predetermined criteria or a theory that is being explored or tested through the case study. In the case study, I explored how inexperienced clinical instructors influenced the learning environment of nursing students in the clinical setting. Creswell (2012) suggested either the case itself or a significant occurrence within the

case may be the focus of the research inquiry. Creswell also concluded that instrumental case studies are pursued in order to provide insight about a particular issue that may be generalizable. The case that was explored was the clinical experiences of students under the supervision of inexperienced clinical instructors. The phenomenon in question was how nursing students' clinical experiences were influenced by the inexperienced clinical instructors. In the research, I investigated how nursing students perceive their clinical experiences, and how nursing faculty perceived their instructional methods during the first 2 years in their role as clinical instructor.

Approach

A case study was used for the study to examine nursing students' clinical experiences in three college nursing programs in the southeastern United States. Purposeful sampling was used for participant selection. Lodico et. al. (2010) described purposeful sampling as participants being selected through nonrandom methods depending on whether those selected have vital information relative to the research question. All nursing students at the three participating institutions were invited to complete an electronic questionnaire. The ideal nursing student participant had to be at least 18 years-old and have completed at least 1 full semester of clinical. The division chairperson from each institution who agreed to participate in the research made my invitation (Appendix C) available for all nursing students. Eight to 10 student participants from the participating institutions was the ideal sample to provide valuable information concerning how their clinical experiences were influenced by their clinical instructors.

The division chairperson also made a separate invitation (Appendix D) available for all full-time and adjunct faculty participation. Three to five instructor participants from the participating institutions was the desired sample to provide rich information concerning how the instructors felt they fulfilled the role of clinical instructor during the first 2 years as facilitators of learning within the clinical setting with nursing students. The students and the nursing faculty that wished to participate in the research were asked to complete the electronic questionnaire by the 14th day after it had been made available to them.

Other types of qualitative research were not appropriate for this study. Ethnography was inappropriate because I was not investigating communities or cultures and the attitudes, knowledge, values, and beliefs that influence the behaviors of a distinct group of people (Lodico et al., 2010). Phenomenological research was inappropriate for the research because the study was not going to be conducted over a prolonged period of time to include observation and reflection of an individual's interpretation of his or her experiences (Lodico et al., 2010). Finally, a grounded theory research approach was not appropriate because multiple techniques of data collection over a long period of time to develop a theory was not the purpose for the research (Lodico et al., 2010).

Participants

This study included participants based on purposeful sampling. This type of sampling warranted the participants to be able to provide vital information that is meaningful to the research (Creswell, 2012). This type of sample also aided me to better

understand the problem and the research question (Creswell, 2009). The programs of study involving the nursing programs that were included in the research were composed of various nursing programs with semesters consisting of theory, lab, and clinical components that were consistent the state nursing standards of nursing education.

The nine student participants in the study, at minimum, were practical nursing students. There were three groups of nursing students, from three different nursing programs in the state other than where I am employed. The students did not necessarily belong to the same clinical groups, but they all should have had at least 1 full semester of clinical experiences. This allowed the students to present a variety of rich perspectives for data collection.

The six clinical faculty participants in the study had either practiced in the role of clinical instructor less than 2 years or were experienced faculty who were asked to reflect on their experiences during the first 2 years of clinical instruction. Full-time and adjunct faculty were invited to participate in the research.

The demographics of the students and nursing faculty that were included in the participant groups were diverse. The groups consisted of a representation of various ethnic and racial groups, gender, and age ranges. I did require that the participants be at least 18-years-old to participate in the research. Both traditional and nontraditional students were included in the participating groups of students. No interested participant who was at least 18 years of age was excluded from participating in the research. The diverse groups of nursing students provided an ample number of student perspectives

relative to their clinical experiences. This allowed the students to present a variety of rich perspectives for data collection.

Selection of Participants

A purposeful selection of nursing student participants required the students to have had clinical experiences for at least 1 semester in their nursing program. A qualitative research method was used for the research. Creswell (2012) suggested an objective of qualitative research was to present the complexity of a site of the information provided by individuals. I allowed the department chairpersons from the three nursing programs to decide the method that would be most appropriate to make the invitation available for the potential participants. An electronic post on a message board or hard copies in a common area where students frequent was suggested. The data provided by the students from each participating institution that completed the electronic questionnaire by the designated date was used for the research. The designated date was 14 days from the original posting of the invitation. The same procedure for participant selection was done for the nursing clinical faculty. The number of student and instructor participants varied based on the participation from each participating institution. The number of respondents who completed the electronic questionnaires consisted of nine students and six clinical faculty. After 14 days, all of the responses from the participants were collected. Due to the method of data collection the identity of all participants was anonymous.

The students' responses about their clinical experiences provided distinct perspectives on how their clinical experiences had been shaped by the instructor. The nursing faculty responses gave insight into how the instructors conducted clinical and how they felt about their ability to do so in an effective manner during the first 2 years of clinical instruction.

Gaining Access to Participants

Before moving forward with the study, I obtained approval from Walden University's Institutional Review Board (IRB). Any IRB applications required by the individual institutions were submitted and coordinated with the Walden IRB. To gain access to the participants, a letter of intent was mailed to the education coordinator of the Department of Postsecondary Education in the state where the research took place (Appendix G). The letter explicated the research, its purpose, and possible benefits to the organization. The letter explained that potential participant identities were going to be anonymous. Similar letters with the necessary information were mailed to the presidents/deans and/or other responsible individuals at the Colleges of potential participants, and the IRBs or Research Committees of the institutions that participated in the research (Appendix H). If the presidents/deans and/or other responsible individuals approved the study they responded in writing to me. The next step after the approval from the responsible individuals of the colleges was to notify the nursing division chairperson, if he or she was the responsible individual, with a letter acknowledging permission was granted to conduct the study within their program (Appendix I). The nursing chairpersons

were instrumental in assisting me by making the Letter of Invitation available to potential participants. Documents such as collective de-identified clinical experience evaluations were also used as a source of data.

Ethical Protection of Participants

The research was conducted at institutions other than my workplace. The groups of students and the clinical instructors from the three participating institutions were informed of the purpose of the research and ensured that their identities were to be kept anonymous in the Letter of Invitation (Appendices C & D). The potential participants were given 14 days to consider being a participant and complete the electronic questionnaire. The participants were informed in the invitation that the research was not for their institution, but solely for my research. All of the participants were also informed that they would not be compensated for choosing to participate in the research and there were no costs associated with this research other than the 15-20 minutes that may be required to complete the electronic questionnaire. The responses of the students and clinical instructors was an integral component in the data collection for the research. The research posed minimal risks to the participants. The questions included in the questionnaire may have resulted in possible discomfort of some participants. The participants were informed that their participation in the research was voluntary and their decision about whether or not to participate, or to stop participating prior to the completion of the electronic questionnaire, would not jeopardize their affiliation with the participating institution where they were enrolled. The participants was also informed

that they may choose not to answer some of the questions, withdraw from participating in the research, or not participate at all. I had no connection with the three nursing programs I utilized for the research.

Data Collection Methods

The study was approved by the Institutional Review Board (IRB) at Walden University. The approval number was 10-03-14-0036089. The IRB was provided with a copy of the research proposal and other documents relative to the research. Data collection did not begin until after participants had consented to participate and the researcher had received authorization to have access to the participants. Two of the participating community colleges did not require IRB approval from their organization. One of the participating colleges did require completion of a letter of interest in conducting research within their institution. I completed the required Research Request Submission Form, which had to be approved by the college's research committee. I waited three weeks for approval from the institution.

After I experienced a lack of participation with soliciting face-to-face interviews, I decided to change the method of data collection. I requested a change of procedure for data collection from Walden University's IRB by completing a Change of Procedure form. On the form, I indicated the reason for the change request, what the new procedure would entail, and that I had approval from my assigned committee chairperson, second committee chairperson, and University Research Reviewer (URR). I was later granted approval from the IRB and I was informed that I would use the same approval number

that I was previously given to conduct research (10-03-14-0036089) by a research ethics support specialist in the Office of Research Ethics and Compliance. I then notified my point of contact of the change of data collection procedures at the institution that required the research request. The institution informed me that I did not have to submit another form and the point of contact would make note of the change in my method of data collection.

Data collection and analysis for the research were relative to the identified problem and research questions. Data was collected using mostly open-ended questions on an electronic questionnaire for students and nursing faculty. The open-ended questions enabled the participants to provide the researcher with more in depth descriptions of their clinical experiences (Appendices E & F). The data that was collected and was stored on a USB flash drive and placed in a locked drawer within my home where it will remain for at least five years, after which it will be destroyed.

The use of a document in qualitative research often provides “written or recorded material” not prepared for the purpose of the evaluation or at the request of the research that may provide insight into a setting or a group of people (Guba and Lincoln, 1985). The clinical evaluation document that was used in the research was created, and had been used previously, to gather information from the nursing students relative to their clinical experiences. The clinical experience evaluation tools of the nursing programs that were analyzed for evaluation results that answered the research question. These clinical evaluation tools were used to gather data concerning the students’ clinical experiences at

particular clinical sites as well as their overall clinical experiences. There was a separate student clinical instructor evaluation that was not used during the research due to employee confidentiality issues. Neither were personnel faculty evaluations used. The clinical experience evaluation tools that were reviewed were collective and de-identified.

Electronic Questionnaires

A peer reviewer evaluated the questions for each questionnaire and informed me which questions required revisions. The majority of questions that were included in the questionnaires for the nursing students and the nursing faculty were open-ended. However, two closed-ended questions were also utilized in each questionnaire to support concepts and theories presented in the literature (Creswell, 2012). Open-ended questions on the questionnaires allowed the researcher to further explore the reasons the participants chose the responses to the closed-ended questions. The open-ended responses also allowed participants to elaborate beyond the closed-ended responses. The nursing students provided information about how their assigned clinical instructor influenced their clinical experiences. The full-time and part-time nursing faculty were allowed to give in depth accounts of how they felt they currently conduct, or previously conducted, clinical during the first two years in the role of clinical instructor. I used the data from the clinical instructors to determine the feelings, perspectives, and interpretations of their personal clinical performance as novices.

After the participants had been invited to participate in the research they were asked to complete an electronic anonymous questionnaire, which was accessible via a

link at the conclusion of the invitation. The overlapping data in the participants' responses was what I used to identify the themes that were mentioned by the participants. The questions that were included in the electronic questionnaires for the nursing students and nursing faculty were included in Appendices E and F, respectively.

Clinical Experience Evaluations

I traveled to each of the three participating institutions to review the collective de-identified clinical experience evaluation documents for the past three years. I spent 2.5-3 hours at each institution if paper documents were still used for the clinical experience evaluations, and 1.25 hours at the institution that had electronic records. I read through the documents at each organization to identify themes within each organization. After I gathered data from the clinical experience documents from each organization, I compared the data to identify themes among the three organizations to support the data that was collected from the student and instructor open-ended questionnaires. The clinical experience evaluations included data about perceptions of students' and instructors' experiences in the clinical setting that supported the data collected from the electronic questionnaires.

Managing Collected Data

After the data was collected from the electronic questionnaires that were completed by the students and the nursing faculty, the data was organized, coded, and categorized. Creswell (2012) suggested the coding process of qualitative research should include: Reading through text data, dividing the text into segments of information,

labeling the segments of information with codes, and collapse the codes into themes. Due to the amount of data that was collected, I did the coding process by hand instead of using a coding computer software program. The codes that I found from the data analysis were reduced to themes. Themes were another way to analyze qualitative data by forming major ideas also known as core elements. Merriam (1998) declared themes reflect the purpose of the research study.

The themes that came from the data were classified with the use of the conceptual frameworks to answer the research question. The Novice to Expert theory, which was used as the conceptual framework for the study, justified the notion that nursing students' clinical experiences were facilitated by their clinical instructor and should assist students to progress in their clinical knowledge and demonstrate change in behavior that would resemble that of a professional nurse (Benner, 1984). The Social Cognitive theory supported the conceptual framework by the suggestion that learning occurs through developmental stages and occurs due to social interaction with people, behavior, and the environment (Bandura, 1986). The nursing instructors should make an attempt to control these major factors which greatly contribute to nursing students' experiences within the clinical setting.

Role of the Researcher

I am a full-time nursing faculty working in a community college associate degree nursing program. I had no association, personally or professionally, with the three other nursing programs that were included in the research other than being in the same state

community college system or under the same nursing education policies mandated by the State Board of Nursing. I have worked in this position for nine years. I am a lead instructor of various nursing courses and I supervise the adjunct clinical instructors that have been assigned to coordinate clinical experiences for my courses. Prior to working at the college, I worked as a staff registered nurse at a local hospital. I have a total of 18 years of nursing experience. I was initially a Licensed Practical Nurse (LPN). I furthered my education and obtained a Bachelor's of Science Degree in Nursing and a Master's of Nursing Degree with a Specialization in Nursing Education, respectively. The adult care areas that I have worked in include: Long-term care, orthopedics, oncology, neurosurgery, medical-surgical, surgery, the post anesthesia care unit, and nursing education.

One of the biggest dilemmas I have encountered while being employed at the college where I am currently, is the lack of role preparation for the clinical nursing faculty when they are hired. It has concerned me that there is a high turnover rate of clinical adjunct instructors and that many of the students in the clinical groups of these instructors are not satisfied with their clinical experience, according to their clinical experience evaluations and verbal accounts. However; these circumstances have caused me to vow to remain objective throughout the proposed research and not to rely on my own biases that could affect the outcome of the proposed research. I kept a journal containing reflective field notes throughout the research (Module O). Reflective field notes allowed me to reflect on my own feelings, experiences, and values to increase my awareness of my own biases and how they may influence my conclusions. I endeavored

to conduct research in the study that would positively affect teaching/learning in the clinical setting, which may result in positive social change within my work environment.

Data Analysis

Merriam (2009) described data analysis as a process of making sense out of data which involves, consolidating, reducing, and interpreting what participants have said and how the researcher makes meaning of the data. It was the process that was used to answer the research question. Creswell (2012) suggested reading through the data multiple times to prepare and organize the data. The next step was to review and explore the data, which involved gaining an overall idea of the contents of the data and whether the amount of data that was collected was sufficient. The third step was to code the data, which further identified recurrent themes that existed within the data. Small pieces of data were examined in order for a connection to be made between them so that general categories may be developed to organize information within the data. (Lodico et al., 2010) I repeated these steps until enough meaning was extracted from the data. The data was reexamined to ensure that valuable information was not overlooked and that the data was coded correctly. The next step was for me to develop a research report wherein I provided a 1-2 page summary of what the data meant and distributed it to all of the stakeholders at the participating colleges to include: The representative at the State Department of Education, the College Presidents/Deans/ or responsible college personnel, division chairpersons, nursing faculty and staff, and nursing students. The final step was to

develop a project based on my findings and disseminate it to my own institution stakeholders.

Evidence of Quality

Throughout the data collection and analysis process, I validated findings through data triangulation. Triangulation was the process of validating evidence from various individuals, type of data, or methods of data collection in descriptions and themes in qualitative research (Creswell, 2012). Triangulation has been found to be beneficial in providing confirmation of findings, increased validity, and enhanced understanding of studied phenomena (Bekhet & Zauszniewski, 2012). The data collected from the student and nursing faculty electronic questionnaires (Appendices J & K) was examined to find evidence to support themes that existed from the data. The data that was collected from both sets of electronic questionnaires was analyzed for similar themes. The perspectives of these two sources of data supported the validity of the findings better than from having one source of data.

Finally, the existing documents that were reviewed were the students' comments on previous student clinical evaluations of their overall clinical experiences for the past three years (Appendix L). Documents are sources that provide valuable information in helping researchers understand central phenomena in qualitative studies (Creswell, 2012). My review of the archival documentation of the students' clinical evaluations of their clinical experiences gave an in depth look into the students' clinical experiences. The student clinical experience evaluations were archival data that included students'

perspectives concerning their clinical experiences. Some of the similarities observed were as follows: students wanted more than one patient to care for, inconsistencies between class and clinical, clinical instructors not adhering to school policies, untimely feedback, and outdated teaching practices. These similarities are indicative of the inexperience of the clinical instructors. Most of the instructor responses to the electronic questionnaire indicated that they had no orientation to their role, which led them to conduct clinical the best way they knew how. The methods that many of the novice instructors used were those methods that were used by their instructors when they were nursing students. Many of those methods are antiquated and have been found to cause students to assume short cuts and undesired habits displayed by the nurse they had been paired with for observation. The review of this compilation of data allowed me to identify patterns that existed with students whose clinical experiences were under the supervision of novice clinical instructors.

Limitations

Limitations that presented themselves in this research include the time that was required to get clearance from all of the participating agencies to conduct research within their organizations. It was difficult to get in contact with two of the individuals that had been designated as my points of contact within the institutions. At times I became discouraged when responses to phone calls or emails were not returned in a timely manner. However, I did have tremendous support from one of the participating institutions' contact people. This individual was very prompt with responses via

telephone and email. She made the process seamless for my research. I used the experience with that institution to be the framework for how I collected data from the other programs.

Findings

The purpose of this study was to explore how novice clinical instructors effect the clinical experiences of nursing students in the clinical setting. The research question was: Do novice nursing clinical instructors provide quality clinical experiences for students as outlined by the National League for Nurses? Two questions that were used to support the research question were as follows:

- How did the nursing students perceive the quality of learning they received from the novice clinical instructor in the clinical setting?
- What aspects of the learning experience in the clinical setting were most effective for the nursing students?
- What aspects of the learning experience in the clinical setting were least effective for the nursing students?

The method of data collection chosen for this research was student and instructor electronic questionnaires, along with existing de-identified student clinical experience evaluations. For this study, three nursing schools agreed to participate in the research. The nursing schools gave students and instructors access to the invitation to participate in the research. This was done to offer the opportunity to a variety of participants. If the

students or instructor accepted the invitation to participate, they anonymously completed an electronic questionnaire. Nine students and six instructors took the time to complete the electronic questionnaires.

From the analysis of the data collected from this research, novice nursing clinical instructors provide clinical experiences for students, as outlined by the National League for Nurses, if they have been oriented to their role and taught how to be more effective in the clinical setting by more experienced clinical faculty. The instructor responses to the electronic questionnaires indicated that two out of the six instructors that participated in the research received some type of orientation to their role (Appendix K). The aspects of the learning experiences in the clinic setting that were most effective for the nursing students were (1) they felt that their instructors were approachable and (2) the instructors treated them with dignity and respect. (Appendix J). The aspects of the learning experience in the clinical setting that were least effective for nursing students were (1) inconsistencies between the classroom and clinical instructors; (2) knowledge deficits of clinical instructors relative to school policies and procedures and (3) the novice instructors' fear of allowing students to provide care for more than one patient (Appendices J & L). The data that were collected demonstrates an obvious gap in practice for newly hired clinical instructors.

Electronic Questionnaires

The student and instructor electronic questionnaires were accessed by the participants by using the link at the conclusion of the student or instructor invitations.

After the students or the instructors accessed the anonymous electronic survey, they answered a series of questions that were mostly open-ended (Appendixes E & F). This allowed the participant to give rich, detailed accounts of their experiences. Use of the SurveyMonkey® electronic questionnaires allowed the data to be collected and grouped according to the order the questionnaires were done. For the purpose of coding, student respondents were given numbers: S1, S2, S3, S4, S5, S6, S7, S8, and S9. The instructors were assigned numbers as well for the same purpose: I1, I2, I3, I4, I5, and I6.

The students completed the questionnaires within 14 days of them having access to the invitation to participate in the research (Appendix E). The amount of time the students took to complete the questionnaires ranged from a little over 13 minutes up to over 3 hours. The various times showed that students took the time to think about their responses to the questions to provide the valuable feedback that was desired for the data collection for this research. A list of the dates, and the amount of time to complete the student questionnaire is shown in Table 1. Question 2 was omitted by respondents S8 and S9 (Appendix J).

Table 1.

Student Response Times on Electronic Questionnaire

Student	Date questionnaire completed	Time to complete
S1	12-10-2014	21 min 17 sec
S2	12-10-2014	3 hrs 08 min 38 sec
S3	12-15-2014	18 min 17 sec
S4	12-29-2014	13 min 42 sec
S5	12-31-2014	18 min 57 sec
S6	1-02-2015	15 min 49 sec
S7	1-09-2015	12 min 10 sec
S8	1-12-2015	21 min 28 sec
S9	1-12-2015	24 min 52 sec

The participating instructors also completed the questionnaire within 14 days after they were given access to the questionnaire link. A list of the dates, and the amount of time to complete the instructor questionnaire is shown in Table 2.

Table 2.

Clinical Instructor Response Times on Electronic Questionnaire

Instructor	Date Questionnaire Completed	Time to Complete
I1	12-02-2014	21 min 48 sec
I2	12-03-2014	50 min 30 sec
I3	12-03-2014	30 min 31 sec
I4	12-05-2014	13 min 36 sec
I5	12-05-2014	2 hrs 58 min 08 sec
I6	12-13-2014	33 min 06 sec

All of the participating instructors completed all questions in the questionnaire (Appendix K).

Student Questionnaire

The first three questions of the student questionnaire were to gather data about how they perceive their clinical instructor conducts clinical (Appendix J). (1) *Please provide examples of how your clinical instructor assigns clinical activities which parallel current classroom instruction*, (2) *Describe how your clinical instructor explains disease processes, procedures, medications and clinical situations*, and (3) *What is your perception of your clinical experiences thus far?* After analysis, it was determined that four of the nine student respondents felt that their instructor did not provide clinical

activities that paralleled classroom instruction. Two respondents, S8 and S9, omitted question 1. For question 2, all of the respondents felt that their clinical instructor adequately explained disease processes, procedures, medication and clinical situations. Four of the nine student respondents felt that their clinical experiences were good, but could use some type of improvement that directly involved the clinical instructor in question 3. The responses to support the findings include, "...I wish they would allow us to have more than one patient sometimes because it seems to drag at times with just one patient" (S1), "Clinical would be much better if you have an instructor that will allow you to participate with total care of your patient and learn from not only the instructor, but nurses, doctors, and any other person involved with the patient" (S3), "The clinical experience was generally good, but could be improved by making sure students get an opportunity to practice skills taught in the classroom" (S4), and "Clinical has been good so far, but sometimes the instructor seems to spend more time with some students and I feel that others in the group miss out on learning opportunities because she takes up so much time with them" (S5).

Question 4, *Describe how your clinical instructor abides by clinical policies and procedures outlined in the Nursing Student Handbook*, was asked to gather information about how clinical instructors followed set institutional rules. All of the student respondents felt that their clinical instructors followed the school's policies and procedures. Respondent S3 answered, "My clinical instructor abided by clinical policies and procedures detailed for our program, but I feel we were limited when we cared for our patients because our instructor was afraid to allow us to do certain procedures." This

type of behavior by the instructor may lead the student to believe that the instructor did not have confidence in the students' abilities or the student may perceive that the clinical instructor may have been incompetent.

Question 5, *Does your clinical instructor display that he/she is approachable and treats students with dignity?* was asked to collect data about how the students felt they are treated by their clinical instructor. All of the student respondents felt that their instructor was approachable and treated them with dignity. However, respondent S3 said, "My clinical instructor was approachable and she did treat us with dignity. She was a very respectable person, she just seemed afraid to let us do certain things, like give narcotics, or care for a patient with tuberculosis." All of the things that the student spoke of that the clinical instructor would not let them do are important areas that the student should be exposed to during their clinical experience.

Question 6, *Describe how your clinical instructor provides pre and post conference activities*, was asked to find out what types of activities were facilitated by the clinical instructor in pre and post clinical. All of the students reported "discussion" for pre and post clinical conferences. Other methods such as, role play, concept mapping, and gaming could be used in the clinical setting in pre and post conference to encourage critical thinking among the students. These are tools that could be presented to clinical instructors in a formal orientation to be used to facilitate learning in the clinical setting.

Questions 7 and 8, (7) *What evaluation criteria does your clinical instructor use to provide feedback for written clinical assignments and clinical behaviors?* and (8) *Does*

your clinical instructor provide you with feedback in a timely manner?, asked about instructor feedback. For question 7, only three of the nine students (S1, S2 & S3) referred to the evaluation tool as being the criteria the instructor uses for written assignments and clinical behaviors. All of the student respondents felt that they were provided feedback in a timely manner. Three of the 9 student respondents, (S1, S3 & S6), reported that they received feedback from the clinical day on the next clinical day of the following week. Three of the 9 student respondents, (S2, S4 & S7), reported that their instructor gave them feedback immediately after they performed skills or at the end of the clinical day. This is the desired amount of time for clinical instructors to provide feedback to students. Two respondents, (S5 & S9), answered “yes” to the question, but did not explain their answers.

Question 9 asked the students to *List the qualities you feel that a clinical instructor should possess*. All of the students responded with descriptions of nurses in the clinical setting. None of the respondents mentioned experience in the role of clinical instructor.

Question 10 asked the students *Is there anything you would change about your clinical experiences thus far? Why?* There were various responses to this question. Respondent S1 said, “... I wish we were allowed to have more than one patient.” Respondent S2 said, “I would say increase hands on experience within the clinical setting....” Respondent S3 said, “Yes, we need to make sure the clinical instructor and the classroom instructor have some type of regular communication so that what we are

learning in the classroom can convert to some things we can pick up in clinical.”

Respondent S4 said, “Yes. Need more time in areas where students can practice skills more.” Respondent S5 said, “I would probably change hospital selection.” The other respondents, (S6, S8 & S9) reported they were satisfied with their clinical experiences.

Instructor Questionnaire

Questions 1 and 2 on the instructor questionnaire (Appendix K), (1) *How would you describe your leadership and guidance of the students in the clinical setting during your first two years as a full-time or part-time clinical instructor?*, and (2) *Describe how you connect theory to practice in the clinical setting*, are about the clinical instructors’ perceptions of their teaching abilities in the clinical setting. Respondent I2 reported, “I really did not have any orientation to the clinical area on the academia side so I drew on my experience as a nurse and clinical coordinator in the hospital.” Respondent I3 reported, “During the first year- I felt completely lost guiding students. I really was not given much direction at all.” Respondent I6 reported, “I instructed my students based mainly on my clinical experience. I focused on what I learned through my years of experience.”

Question 3, *How would you describe your rapport with other health care professionals in the clinical setting?* was asked to gather data on how the instructors felt about their relationship with other professionals in the clinical setting. All of the respondents felt that they had a good relationship with other professionals in the clinical

setting. They all felt a good rapport with other healthcare professionals in the clinical setting was very important for the students to have a good clinical experience.

Question 4, *Describe how you abide by policies and procedures outlined in the Nursing Student Handbook*, was asked to gather data on how the instructors feel they adhere to the organization's rules. Respondents I1, I2, I4, I5, and I6 all reported that they at least read the Nursing Student Handbook to make sure that were upholding standards when in clinical. Respondent I3 reported, "When I first started teaching clinical I never saw a nursing student handbook. It was later in my years that I was ever given a handbook, and I have taught for a variety of schools over the years."

Question 5, *Explain how you display that you are approachable and treat students with dignity in the clinical setting*, was asked to gather data on how the instructors perceived their relationship with the students. All of the instructors reported that they felt they were approachable and gave examples of how they demonstrate dignity when interacting with students.

Questions 6 and 7, (6) *Describe how you provide pre and post conference activities*, and (7) *Explain how to evaluate and give feedback for written clinical assignments and clinical behaviors*, were asked to gather data on their teaching ability facilitate learning and provide feedback in the clinical setting. All of the respondents, with the exception of respondent I3, reported that they have verbal discussion for pre and post conference. Respondent I3 reported, "Assignments may be given to bring back to post conference. I also review patients, discuss assignments, and provide teaching

activities for the students.” All of the respondents mentioned that they use the assessment tool as a guide to provide feedback in the clinical setting. Only respondent I2 mentioned a time frame for when they provide student feedback, which was “after the performance of clinical behaviors.”

Question 8, *During the first two years as a clinical instructor do you feel that you provided quality clinical experiences for your students? Please explain your answer,* was asked to obtain data concerning the instructors’ perceptions of the quality of clinical experiences they provided for their students. Respondents I1, I2, I4, and I5 felt that they provided quality experiences for their students during the first two years as a clinical instructor. Respondent I3 reported, “Not really. I did ok since it was my home unit. I learned something new every semester. I really would have enjoyed talking with the primary instructor to see exactly what I needed to cover.” Respondent I6 reported, “I think I did well with the skills part for my students, but I think I lacked the theory that they needed also.”

Question 9, *List the qualities you feel that a clinical instructor should possess,* was asked to gather data on the qualities a clinical instructor should have. All of the respondents, with the exception of respondent I1, listed qualities that were expected of a nurse. Respondent I1 listed, “Knowledge, passion for nursing, understanding of clinical procedures and role of the clinical instructor.”

Question 10, *How did you become oriented to your clinical instructor role?* was asked to gather data on how the instructor became acclimated to their role as clinical

instructor. All of the respondents, with the exception of respondent I6, reported that they were not given a formal orientation, they were self-taught, and learned on the job.

Respondent I6 reported, “I was oriented by a full time instructor at the college where I was going to act as adjunct. I also was given an orientation book for adjuncts.” There was no indication that this adjunct instructor got the orientation within the state where the research took place, but they had the ideal pre-clinical preparation before going into the clinical setting with students.

De-Identified Clinical Evaluations

The questionnaire components of the de-identified clinical experience evaluations from each nursing program was used as another method to collect data. The responses of the students to the questionnaire components of the clinical experience evaluations was desired because their responses were candid and uninhibited due to the anonymous nature of the clinical experience evaluations. These responses provided richer, detailed accounts of their clinical experiences, rather than the Likert-scale component that was used in two of the three clinical experience evaluation tools used by the participating nursing programs.

Some of the responses could support the answers to the student and instructor questionnaires. For question 7 on both questionnaires that asks about how feedback and evaluations are done, many of the responses on the clinical experience evaluations by the clinical instructor included: “She is doing great!”, “Good job!”, “Stays busy.”, “Lots of skills today.”, “Hard worker.”, and “I enjoyed being your instructor” (Appendix M).

These statements are superficial and do not give students a true evaluation of their skill performance and professional behavior. Many of the instructor listed skills that were performed during the clinical day with no mention of how well the student performed the skills. Some of the desired documentation that instructors included in the clinical experience evaluations were: “You did a great job with administering meds through a PEG tube today.”, “You did a good job with removing the Foley catheter with minimal assistance from me.”, “You did well teaching your patient the correct way to change the dressing on his leg,” and “Your documentation is getting better, but you still need to work on documenting your evaluations for your interventions” (Appendix N). These evaluations are specific and clearly identify where students are competent and where there are challenges.

The student responses on the clinical experience evaluations in reference to question 7, also contained details that support the lack of appropriate feedback from clinical instructors. One of the students wrote, “I received a score that equals below safe level of novice learner in clinical at the end of my clinical rotation, even though my instructor did not tell me what I was doing wrong along the way.”, “My instructor would identify problems with my skills, but did not offer solutions on how I could get better.”, and “I wanted my instructor to give more verbal feedback.” Here were examples of how feedback in a timely manner was so important for students.

Question 5 on the student questionnaires about treating students with dignity and instructor approachability, was supported by some of the comments made on the clinical

experience evaluations such as: “My instructor talks down to us. Nobody wants to asks questions.”, “My instructor embarrassed me in front of the clinical group when I had questions about a skill I was about to perform.”, “I heard my instructor tell one of the nursing staff that one of the other students in my clinical group would never make it as a nurse.”, and “My instructor seems to get irritated when anyone in my clinical group asks questions.” These responses showed that some instructors need training on how to be respectful of students and how to make themselves approachable.

Question 4 on both set of questionnaires focused on instructors abiding by policies and procedures. Some of the student responses on the clinical experience evaluations include: “We are not allowed to have our cell phones in clinical, but my instructor is seen texting all of the time.”, “My instructor wears artificial nails to clinical.”, “My clinical instructor wears fake eyelashes in clinical.”, “My instructor needs to communicate with my classroom instructor. One requires one thing and one another.” These behaviors were contrary to what the students were taught, which could have easily caused frustration among the students.

The Themes

The major themes that were identified during data analysis of the student and instructor anonymous electronic questionnaires (Appendices J & K) and the student clinical experience evaluations (in the order of the number of occurrences were: (1) *no formal orientation*, (2) *no preparation for the clinical instructor role*, (3) *self-taught to the role*, (4) *subjective instructor evaluations*, and (5) *lack of instructor feedback*. Both

the student and instructor questionnaires consisted of 10 questions. All 10 of the instructor questions were open-ended. Three of the student questions were closed-ended with an open-ended explanation added as a second part to the questions. All of the instructor respondents reported that they had no formal orientation to their role of clinical instructor. Two of the instructor respondents did report that they met with the lead instructor to discuss the student paperwork and shadowed a more experienced clinical instructor in the clinical setting for a few hours. *No preparation for the clinical instructor role* and *Self-taught to the role* were equal with 83% of the instructors' responses falling under these themes. Five of the six instructors reported that they felt they *had no preparation for the role* of clinical instructor. Five of the six instructors reported that they were *self-taught* when it came to preparing for the role of clinical instructor (Appendix K). Five of the 9 student respondents reported that their *evaluations were more subjective* than objective, even though the clinical instructors should have been following an evaluation tool (Appendices J & M). They reported that the written comments by the clinical concerning skills and behavior were not clear, and they did not offer solutions to the deficiencies that the students may have been experiencing in these areas while in the clinical setting. And finally, three of the 9 students reported that they had feedback from their clinical instructor the following week (Appendix J). One student expressed the need for more verbal feedback from her instructor (Appendix L). Students should receive feedback right after they complete skills and at least at the conclusion of the clinical day. The clinical experience evaluations contained student and instructor

feedback to support the identified themes from the student and instructor questionnaires.

The following sections will contain the data to support these themes.

Conclusion

Section two of this project study addressed methods of data collection and analysis. The research question was answered by utilizing a case study research design. Descriptions and justification for participant selection, participant criteria, and the process of gaining access to the participants was also discussed. Ethical collection and data analysis methods were also discussed. The researcher's role in the research was identified. The major themes that were identified included: (1) *no formal orientation*, (2) *no preparation for the clinical instructor role*, (3) *self-taught to the role*, (4) *subjective instructor evaluations*, and (5) *lack of instructor feedback*. The results of the research will hopefully cause nursing programs to take a closer look at how novice clinical instructors' guidance in the clinical setting may affect the experiences of students and will justify the need for an appropriate role orientation for novice clinical nurse educators.

I communicated my research findings to my committee and we agreed that a professional development program was the most appropriate project. After the committee's approval, I was allowed to progress to Section 3. The dissemination of the findings of the research will be discussed in the next section.

Section 3: The Project

Introduction

Data analysis showed that many of the student respondents would change something about their clinical experience that was directly related to the clinical instructors' performance in the clinical setting. Out of the clinical instructor respondents who completed the clinical instructor questionnaire, only one had some type of formal orientation for their role as clinical instructor. Therefore, a professional development program will be used to present a solution for the gap in practice. The professional development will be presented over a period of 3 days and will include various teaching strategies such as lecture with the use of PowerPoint, group discussion, interactive learning, and simulation (Appendix A).

Project Purpose and Goals

The purpose of the professional development is to offer learning opportunities for novice clinical faculty to conduct clinical in a manner that is conducive to learning for nursing students. The professional development will be designed to ease the transition from clinical nurse to nurse educator in the clinical setting. The target audience will be clinical instructors with less than 2 years of clinical instruction experience, as well as experienced clinical faculty who wish to stay abreast of best practice techniques to conduct clinical experiences with students. The program objectives (Appendix A) were created based on the findings from the research. The objectives will be used to determine if the clinical instructor has acquired knowledge and skill, and is able to demonstrate the behaviors that are necessary to meet the student learning needs in the clinical setting as a

result of attending the professional development program. The professional development will provide knowledge, skill, and the application of those skills to novice clinical instructors to utilize in the clinical setting to positively affect nursing students' clinical experiences. The project will include presentations in lecture form, group discussion, interactive learning, and simulation.

Rationale

A professional development project genre was chosen because of the noted problem of transition from clinical expert to clinical educator. Garet et al., (2001) identified two distinct models of professional development. The traditional model of professional development categorizes instructors as similar individuals with congruent learning styles and needs who attend common instructional opportunities. The reform model of professional development categorizes instructors as individual learners who are involved with learning activities that are associated with their specific professional practice.

The reform model of professional development is the preferred method for this project. This model of professional development supports the idea that novice clinical nursing instructors should be involved in learning activities that assist them with the transition from clinical experts to effective nurse educators in the clinical setting (Garet, Birman, Porter, Yoon and Desimone, 2001). It also is the basis for the belief that professional development should be a continuous process by which clinical instructors

may gain and maintain the knowledge and skill of being effective facilitators of learning for students in the clinical setting.

Review of the Literature

The purpose of this literature review was to search the literature to support the subject matter and actual content of the project. The chosen method of delivery for this project study was a professional development program. Professional development programs should provide relevant content that creates an opportunity for reflection and personal growth (Kemp & Baker, 2013). The foundation of the professional development was grounded in the eight NLN (2005) core competencies of nurse educators that includes the following:

Competency I: Facilitate learning; Competency II: Facilitate learner development and socialization; Competency III: Use assessment and evaluation strategies; Competency IV: Participate in curriculum design and program outcomes; Competency V: Function as a change agent and leader; Competency VI: Pursue continuous quality improvement in the nurse educator role; Competency VII: Engage in scholarship; and Competency VIII: Function within the educational environment.

I also wanted to include the use of simulation that will allow the participants to apply the skills and knowledge they have acquired within a controlled environment to prepare them for real-life situations that may occur in the clinical setting with students. The use of simulation to teach novice clinical instructors may be a learning tool that they may

consider using when connecting theory to practice for nursing students (McNeill, Parker, Nadeau, Palayo & Cooke, 2012).

Rainsburg and Childress (2012) conducted a descriptive study that used a cross-sectional design to analyze the skill acquisition of nurse educators. The framework for their research was the Dreyfus model of skill acquisition (Dreyfus & Dreyfus, 1980) and the NLN core competencies for nurse educators, (NLN, 2005). A total of 339 nurse educators were surveyed using an instrument that assessed the skill among nurse educators. This method was designed to assess skill acquisition and to assist nurses with the development of personal development planning. The conclusion from this research was that the nurse educators who took part in the research felt that they were competent in their abilities, but the majority of the respondents reported that they had more than 5 years of education experience. They also concluded that attending professional development would allow nurse educators to achieve what is needed for them to operate effectively. Clinical instructors need to be excellent clinicians as well as good teachers, but they often lack formal education and professional development opportunities to meet the need that their role in the clinical setting requires (Altman, 2011; Dahlke, Baumusch, Affleck, & Kwon, 2013; McAllister, Williams, Malko-Nyhan & Jones, 2011; Zohar & Smith, 2010). I wanted to research the nurse educators who were considered novice in their instructor role to identify how they affected the clinical experience of students. I used the information that I gathered through the study to design a professional development program to prepare clinical experts for their new role of nurse educators.

Young and Shellenbarger (2012) discussed how the use of the NLN Jeffries framework, which is usually a learning tool for undergraduate students using simulation, may be used to teach clinical educators the knowledge and skill that is required to teach nursing students. The Jeffries framework is composed of five conceptual components: teacher factors, student factors, educational practices, simulation design characteristics, and outcomes (Jeffries & Rogers, 2007). They felt that the use of these components incorporated with the use of high fidelity simulations, which are true to life situations, were just as effective with preparing new nurse educators for their roles as it was with preparing nursing students for practice in the clinical setting. This will allow the more experienced instructors, who will serve as mentors, to provide constructive feedback for competencies that may require further development.

Stiles, Pardue, Young, and Morales (2011) conducted an interpretive phenomenological study to explore nurse faculty leadership. In the study, 24 nursing faculty were asked to describe their experiences of becoming nurse faculty leaders. Their findings revealed that leadership develops when individuals are proponents for change. The researchers concluded that advancing change in nursing education is essential for leadership development. Experienced nurse educators can be instrumental in facilitating the professional growth of novice nurse educators by helping them to overcome their challenges and fears associated with teaching and become leaders (Ashton, 2012). Faculty should strive to become leaders in order to create more effective learning environments for students to transform the nursing profession (Patterson & Krouse, 2015). Implementing change and leadership development are two of the NLN core

competencies for nurse educators. These two topics will be included in two of the modules that will be presented during the professional development.

Another phenomenological study conducted by Gardner (2014) was done to explore the nurses' experiences that contributed to their development and competence. Eight peer-nominated effective teachers participated in the research. The data showed that the faculty felt their development and competence was due to the support that they received from their peers and administrators, which led to their retention. The researchers concluded that the participants learning to teach was greatly influenced by the support they received. Retention and flourishing of the nurse educators will greatly depend on providing theory and evidence-based strategies for teaching and learning by more experienced nurses (McAllister, Oprescu, & Jones, 2014). One of the NLN core competencies for nurse educators is being willing to support the faculty, which will be included in the professional development.

The literature search also revealed other research related to the topic of supporting the faculty. Faculty development programs should be presented by expert faculty to support other nurse educators to emphasize the importance of education and to keep faculty current (Barksdale et al., 2011). The researchers also believed that this type of professional development prepares novice nurse educators and keeps experienced educators current in their roles. Many expert clinicians are transitioning to the adjunct clinical faculty role to supplement the decreased number of clinical faculty (Schaar, Titzer, & Beckham, 2015). Faculty support will be necessary to acclimate the faculty to

their role as quickly as possible. Supporting the faculty is a topic that will also be addressed in a professional development module.

The mixed-methods study conducted by Nishioka, Coe, Hanita, and Moscato (2014) concluded faculty-nurse relationships, rather than the traditional model of clinical education, provided a better clinical experience for students. The traditional model depicts nurse faculty as the primary clinical instructor for students. The dedication education unit (DEU) model, is based on faculty-nurse relationships. The nurse faculty trained interested staff nurses how to educate students in the clinical setting. The researchers discovered that the nurses who participated in the DEU model reported that their commitment to teaching improved their practice and their work satisfaction. In order to be prepared for their role, clinical instructors should possess a clearer professional identity (Adams, 2013). This supports the modules on how to facilitate learning in the clinical setting, continuous quality improvement, and the nurse educator's role within the educational environment.

Smith, Hecker-Fernandes, and Duffy (2012) conducted a study to describe the relationships between mentors and preceptors. The researchers described preceptorship as a quick method of instruction on "what to do." They concluded that mentoring, which results in a longer lasting relationship between individuals, is a better method for training novice faculty, which leads to a development of scholarship and ultimately, retention within the education environment. Formalized role orientation, to include mentoring, can prepare and socialize nurse educators for their academic roles, which will increase job

satisfaction and retention (Baker, 2010; Roughton, 2013; Wilson, Brannan & White, 2010). Clinical instructors should have a mentor who will assist them with being more effective in their role, function within the academic environment to be familiar with the curriculum, and properly evaluate student behavior (Weins, Babenko-Mould, & Iwasiw, 2014). The presence of a mentor is meant to encourage the novice clinical instructor to further develop their role. The role development is achieved by continuously seeking formal and informal professional development and continuing education related to their area of teaching and clinical practice (Tanner, 2010). This is how faculty may add scholarship to their faculty role, which is important when seeking and maintaining accreditation for nursing programs. The professional development will highlight the benefits of mentoring for novice clinical faculty and the importance of scholarship in the faculty role.

Suplee, Gardner, and Jerome-D'Emilia (2013) conducted a descriptive study that determined that gaps existed in the preparation of clinical faculty. Many clinical faculty conduct clinical in the manner they were taught as a student, instead of using evidence-based practice for the most effective and current methods of instruction. The researchers concluded that continuing professional development is essential to ensure clinical faculty are able to manage and evaluate student learning. The researchers also identified areas that were most challenging for the clinical instructors to include: working with students who have learning disabilities, physical disabilities, emotional disturbances, and incivility among students. Incivility and learning disability will be addressed during the simulation exercises.

A qualitative study conducted by Shahsavari, Yekta, Houser, and Guiyasvandian (2013) was done to identify primary factors that affected the student-instructor relationship within the clinical environment. The researchers concluded that a great deal of the relationship between the student and the instructor is built on trust. The researchers felt that an instructor that the students perceived as competent and professional was very important with forming a good student-instructor relationship. Student-teacher relationships will be discussed in the module that emphasizes learner development and socialization.

Nurse educators acting as change agents, is another facet of the core competencies that will be addressed in the professional development program. Schriener et al. (2010) are nurse educators who were instrumental with implementing change within a school of nursing. Lewin's (1951) change theory was the framework for the organizational restructuring that took place. Along with the college administration, the nurse educators were able to restructure their institution. Data collected from students and nursing faculty were instrumental with providing the proof that change was necessary and inevitable. As a result of the collaboration with the nursing faculty and college administrators, new positions were created, and there was more efficient use of their resources.

One of the most difficult responsibilities of the clinical instructor is to determine if the behaviors of students should result in failure of clinical. Tanicala, Scheffer, and Roberts (2011) conducted an inductive qualitative study on passing and failing clinical behaviors of nursing students. The focus of the study was to identify behaviors that were

considered to be unsafe in the clinical environment to prevent students from causing harm to patients. They concluded that clinical instructors should be able to discern the student behaviors that will ultimately result in patient harm. The evaluation tools that are used in the clinical setting serve as clearly defined expectations that are aligned with the nursing program conceptual framework and program outcomes (Hunt, Curtis, & Sanderson, 2013; Yonge, Myrick & Ferguson, 2011). An unambiguous, succinct, and adaptable evaluation tool is necessary when evaluating students' clinical performances (Walsh, Jairath, Paterson, & Grandjean, 2010). Patient safety and student behavior will be discussed in the module on assessment and evaluation strategies.

Implementation

After the training is completed, the novice participants will be assigned mentors, who are existing experienced clinical faculty. The mentors will periodically contact the novice clinical instructors to monitor their progress in the clinical setting. Also, the mentors will be available for the novice participants for questions and assistance with dilemmas that may arise in the clinical setting.

Potential Resources

Curriculum, defined by Keating (2006), is a formal plan of study that provides philosophical foundations, objectives, and guidelines for the delivery of a specific educational program. The training curriculum for the project will be congruent with the conceptual base of basic knowledge and skill necessary to facilitate learning in the clinical setting for students. Jarrett, Horner, Center and Kane (2008) identified examples

of basic knowledge and skill necessary to facilitate learning in the clinical setting to include: encouraging critical thinking, teaching-learning theory, ways to deal with challenging students, and how to make patient assignments to best connect theory to practice. The main objective of the training curriculum is to create effective clinical instructors. Billings and Halstead (2012) indicated effective clinical instructors are knowledgeable and know how to present concepts to students in engaging ways, are clinically competent, and have interpersonal skills that have a positive influence on students' learning.

The training curriculum was created based on the NLN Core Competencies, collaborative input from full-time and part-time clinical faculty, the data provided by students and instructors from the anonymous surveys, and the clinical experience evaluations also contributed to the development of the training curriculum. The clinical instructors will conclude the training with simulation wherein the participants will demonstrate how they will facilitate learning in the clinical setting. The simulation allows the instructors to practice the basic concepts they learn during the training in a safe practice environment and have constructive feedback from more experienced clinical faculty. An electronic version of a summary of the training, in the form of a PowerPoint, will be available as a reference for novice and experienced clinical instructors via the college "Y-drive", which houses documents utilized by various departments on the college campus.

Training Materials

The training that will be conducted is designed for the participants to gain knowledge about how to become effective clinical instructors and apply the knowledge they learn in the clinical setting with students. The type of materials used for the training is influenced by educational goals, content to be learned, learner developmental characteristics, and the design and availability of training materials (Mazgon & Stefanc, 2012). The training materials that will be used for the project will include: a checklist with training objectives; the departmental adjunct faculty orientation manual; faculty presented orientation and teaching, via PowerPoint, about the role and responsibilities of a clinical instructor; the Simulation lab; and an evaluation of the training experience.

Learning objectives depict the behavior change expected from the learner after training (Merli, 2011). A checklist with training objectives (Appendix A) will be used to ensure that the participants gain the desired knowledge and skill, and justify correction as necessary. The training facilitators will know that learning has occurred when the participants are able to display the behavior that is necessary to meet the course objectives, which will also be an indicator of course effectiveness.

Being that many clinical instructors are adjunct faculty, the departmental adjunct faculty orientation manual will be used to introduce them to various college and departmental policies during the training session that will be geared toward defining their place and responsibilities to the Health Sciences Department. Experienced clinical faculty

will use this portion of the training as a review and to receive clarification on policies and procedures.

PowerPoint will be used throughout the training to present the role and responsibilities of a clinical instructor. Dahlke, Baumbusch, Affleck and Kwon (2012) reported the characteristics of effective clinical instruction should include: setting clear student expectations, correct undesired behavior, is approachable, and display good nursing judgment and clinical skills. The clinical instructor will be taught to set clear expectations for the nursing students by setting an example of professionalism and provide bedside care in a patient-centered manner instead of a nurse-centered approach. Klunklin et al. (2011) believe an effective clinical teaching tool is role-modeling behavior. Clinical skills, critical thinking, and making sound nursing judgment will be critical areas of instruction for the training program. These areas are paramount when providing bedside nursing. The instructors will also be taught to connect classroom theory to clinical practice. Heshmati-Nevabi and Vanaki (2010) report clinical instructors should support students by possessing knowledge of both the curriculum and the clinical environment. The instructor must build a rapport with the student to be approachable, but still be objective and use clinical objectives and student learning program outcomes to correct undesired behavior. It is imperative that clinical instructors foster a supportive learning environment (Moscaritolo, 2009). Occasionally, students become anxious in the clinical setting when they have to use critical thinking to care for living, breathing patients, instead of the training mannequins that are used in the nursing lab. The clinical

instructor should be trained to identify students that lack confidence with their critical thinking skills and require assistance with implementing patient care.

The Simulation lab will be used to incorporate various situations that may occur in the clinical setting where the clinical instructor will be allowed to make decisions in a safe practice area. The instructor will make decisions using critical thinking skills that have been developed while attending the training. Elder and Paul (2010) describe critical thinking as using ongoing self-assessment to improve one's thinking ability. The clinical instructor will be taught to make decisions in the clinical setting by analyzing their thought process and knowledge base when facilitating learning and problem solving, rather than the use of random thinking that may cause the instructor to overlook pertinent factors or exacerbate issues that may be detrimental to students' competence and success in the clinical setting. Simulation provides transferable experiential learning which may be used to improve clinical and non-clinical skills (Roots, Thomas, Jaye & Birns, 2011).

Training Sessions

The training sessions to prepare nurses for the role of clinical instructor, will be implemented as a form of professional development (Appendix A) over the course of three days. The participants will be able to obtain continuing education credits (CEUs), which are required for biennial state license renewal for nurses. The institution that will host the professional development training is a state board of nursing approved continuing education provider. The state board of nursing issued a provider number to the institution which allows the institution provide courses or activities in a single session or

multiple sessions lasting at least 25 minutes, which would be equivalent to 0.5 contact hours. A continuing education contact hour would be equivalent to a session lasting at least 50 minutes. The sessions will include module formats prevalent to college and departmental policy and procedures, teaching and learning methods in the clinical setting, and technique implementation and critique with the use of simulation.

Continuing Education

Continuing education programs for nurses should be relevant to current clinical practice (Kowitlawakul, 2013). There are various continuing education programs that focus on specific clinical skills, disease processes, equipment, and other entities that are associated with patient care in the clinical setting. However, there are very limited continuing education programs available to nurses to increase the knowledge, skill, and interest of clinical instructors when it comes to best practice methods in the clinical setting.

In the last two years, the healthcare arena has had significant changes in the clinical setting with issues such as The Patient Protection and Affordable Care Act and the global effects of the Ebola virus. Ebola has emerged as a major public health and global humanitarian crisis (Piot, Muyembe, & Edmunds, 2014), and as we move closer to another election year, the discourse over the The Affordable Care Act will intensify, and the future of health care reform will be highly uncertain (Oberlander, 2014). These major issues in healthcare have introduced challenges in the clinical setting, not only for the medical staff and nurses caring for patients that may be affected by either of these

entities, but also the clinical instructors and students who are in the clinical settings. The clinical instructor should be knowledgeable on how to present up to date, effective, and safe, evidence-based practice to support and assess the competence of students while they are in the clinical setting (Gopee, 2010). This is where more nursing schools should be proactive and provide continuing education for clinical faculty on how to present these types of issues to students, as they emerge, while they are in the clinical setting.

Potential Barriers

A potential barrier may be the number of days and the times the training will be offered. It may be difficult for adjunct clinical instructors to attend a three-day professional development if they are employed full-time elsewhere. An incentive may be the opportunity for free continuing education credits (CEUs), which are requirements for the nurse licensure renewal within the state. The institution that will host the professional development is a state board of nursing approved continuing education provider site.

Another potential barrier is to get the buy in from college administrators and other nursing faculty. They will be presented with the results of this research so that they will have the necessary information to see the need for the professional development, and for consideration of the nursing faculty to have the event on the campus. I believe that once the gap in practice is presented with the results of the research, most will agree that the professional development is necessary.

Proposal for Implementation and Timetable

The data collected from the instructor questionnaire showed that all, but one of the clinical instructor participants, had some type of orientation before conducting clinical with nursing students. The data from the student questionnaire showed that most of the student participants felt that there should be changes to improve their clinical experience.

The project's case study design was based on the analysis of this study. The data analysis showed that there was an obvious need for training in the form of professional development. To implement the professional development, the project will first need to be presented to the division chairperson of health sciences. The next step is for the project to be presented to the nursing faculty in a faculty meeting so that the faculty is exposed to the purpose, content, and intended outcome of the project. The faculty was encouraged to participate in the project by offering content suggestions and to be responsible for various presentations to be included in the three day training sessions. Nursing students were also involved, on a voluntary basis to provide input about specific areas that they perceived as clinical instructor challenges in the clinical setting. The final step will be for the division chairperson to present the need for the training to the campus administration for immediate implementation.

The timing of the project is very important. It will need to be implemented before newly hired faculty go into the clinical setting with students. The time that will most likely be chosen for the professional development will be on days that the state has

designated for required faculty professional development. This time is usually between semesters when faculty are free from classroom and clinical obligations.

The venue for the training will need to be one that is spacious, has technological capability for projector use for PowerPoint presentations, and also include a simulation laboratory for implementation and critique of the learned skills. The hosting college may also invite other nursing program clinical faculty that are in close proximity to participate and provide training for other individuals that may be experiencing similar challenges in the clinical setting.

Roles and Responsibilities of Student and Others

My responsibility is to develop and facilitate the project. The full-time nursing faculty, and experienced clinical faculty, will provide input. The role of the full-time nursing faculty and the experienced clinical faculty is to assist with program facilitation as well as act as mentors to novice clinical faculty. The full-time faculty will be responsible for assisting with planning and implementing the modules included in the training sessions. The role of the clinical faculty, which may include newly hired full-time faculty as well as adjunct clinical faculty, will be that of learners. The novice clinical faculty will be responsible for attending the training sessions to acquire the knowledge to be facilitators of learning for nursing students in the clinical setting.

I will also be responsible for securing the location for the professional development, providing the purpose for the professional development to the clinical faculty, providing handouts and materials required for the workshop registration, and

have light refreshments available for breaks. Due to local and state budget cuts, lunch will be at the expense of the participants to maintain cost effectiveness for the event.

Project Evaluation

An outcomes-based evaluation will be used to ensure that the participants meet the objectives that will be presented at the beginning of the workshop. Formative and summative evaluations are also planned for the project deliverable. This will inform the project developers of what areas of the workshop were most effective and what areas need revision.

Evaluation Goals

Formative and summative evaluations will be used as evaluation tools for the professional development. Formative evaluations will be conducted throughout the three-day course. At the conclusion of each module, an anonymous paper evaluation will be distributed to the participants to make sure that the content in the presentations are clear and to identify areas that will require revision. The formative evaluation will also include an area for questions that will be answered at the start of the subsequent module included in the workshop (Appendix A).

Summative evaluations will be used at the conclusion of the workshop to assess how effective the participants felt the three-day workshop equipped them to be facilitators of learning in the clinical setting with nursing students. The summative evaluation will also allow the participants to anonymously present their concerns and offer suggestions for improvement for future professional development workshops. As a

program developer for this project, I will strive to make improvements based on the participant feedback.

Outcome Measures

The outcome measures will be based on the NLN (2005) core competencies of nurse educators© which includes the following:

Facilitate Learning, Facilitate Learner Development and Socialization,
Use Assessment and Evaluation Strategies, Participate in Curriculum Design and
Evaluation of Program Outcomes, Function as a Change Agent and Leader,
Pursue Continuous Quality Improvement in the Nurse Educator Role, Engage in
Scholarship, and Function within the Educational Environment.

There are tasks statements that exist under each heading. Those tasks statements that directly relate to facilitating learning in the clinical setting will be used as outcome measures. Some of the tasks that are under such competencies as, “Pursue Continuous Quality Improvement in the Nurse Educator Role” and “Engage in Scholarship,” will be presented to the participants in a presentation, but will be evaluated at another time, possibly during yearly faculty evaluations.

Key Stakeholders

Key stakeholders include nursing students, clinical instructors (full-time and adjunct), full-time and adjunct classroom nursing faculty, college administrators, and the post-secondary agency administrators in the state.

The nursing students will benefit from having clinical instructors that are well-trained in their roles as facilitators of learning, which will increase nursing student clinical experience satisfaction. Clinical instructors (full-time and adjunct) will benefit by gaining knowledge on how to practice in the clinical setting with confidence as a result of well-defined roles and best practice teaching and learning techniques. Full-time nursing faculty will have the support from the clinical faculty to connect theory to practice in the clinical setting. The clinical faculty will be equipped with the tools to provide the nursing students' with a learning clinical experience. They will also be able to objectively evaluate how students apply the skills they have learned in the nursing lab to real-life patient situations in the clinical setting.

Implications Including Social Change

Local Community

The goal of the local community is to provide clinical experiences for nursing students that are commensurate with the learning experiences that are presented in the classroom setting. A key element in starting a training program for clinical instructors is to get the stakeholders to recognize the need for the program and provide support to the program developers. The data that was collected from this research will be used to inform the college administrators of the problem of student dissatisfaction that exists with the clinical experiences of many nursing students. The administrators will also be informed that the problem can be resolved within the Health Sciences department in a manner that is timely and economically feasible for the college.

Far-Reaching

If nursing students are to have a clinical experience that is an environment conducive to learning, the clinical instructor should be equipped with the knowledge and skills necessary to transform the clinical setting into a bridge where theory and clinical skill make a connection. The clinical instructor has a direct influence on the clinical experience of the student. The facilitation of learning, or the lack thereof, by the clinical instructor impacts how the student views the clinical setting. Social change will occur if the coordinated efforts of those that are responsible for the knowledge that nursing students receive in the clinical area, are directed toward providing training and clearly defined roles for the clinical instructors who are entrusted with providing quality learning experiences for students in the clinical setting.

Conclusion

Through data collection, and analysis, I discovered that professional development for novice clinical instructors is greatly needed. According to the student questionnaire, most of the student felt that they would make changes, if they could, concerning their clinical experiences. The changes that were mentioned were directly related to the responsibilities of the clinical instructor. All but one of the clinical instructor participants' responses on the questionnaire reported that they did not have any introduction to their role as clinical instructor before going to the clinical setting with students. The lack of preparation for the role of clinical instructor had a direct influence on the clinical experiences of the students that were assigned to that instructor. This project will aid the novice clinical instructors by equipping them with the knowledge and tools necessary to

incorporate teaching and learning techniques in the clinical setting. Social change may be achieved by presenting the research data to stakeholders so that they may understand how important a workshop, that clearly defines the role of clinical instructor, is to the novice clinical instructor and nursing students that are assigned to that instructor.

Section 4: Reflections and Conclusions

Introduction

This study project was developed to improve the clinical experiences of nursing students by providing the training that is necessary for clinical instructors to be effective facilitators of learning within the clinical setting. Data were collected using a qualitative method. Based on the data that were collected, I decided the project should be in the form of a professional development workshop that focused on preparing nurses, who are expert clinicians, for the roll of adjunct clinical faculty. In this section, I will review the project's strengths and limitations, recommendations for alternative approaches, and possible impact on social change. My perspective concerning scholarship, project development, leadership and change, and my reflection on the importance of the work will also be discussed. This section will also contain project implications, applications, and directions for future research.

Project Strengths

The purpose of the study was to explore the experiences of nursing students under the guidance of novice clinical instructors at a college in the Southeastern United States. The qualitative data that were collected showed that most clinical instructors had no structured introduction to their role as an educator. It was determined that professional development, in the form of a 3-day training session, was necessary to provide a solid foundation to facilitate learning when conducting clinical with nursing students. The professional development will highlight the perceptions of nursing student participant experiences, as well as the clinical instructors' perceptions of how they performed in their

new role. Novice nursing faculty have found the transition from the clinical role to the educator role as stressful with little guidance to help them adjust (Shoening, 2013). Therefore, this project may be the start of required orientation programs for newly hired clinical faculty.

One of the strengths of the project is that the data that was collected confirmed that a need exists for professional development for novice clinical faculty. Another strength is that the data collected also identified specific areas of weakness that may be developed by the full-time and more experienced clinical faculty to meet the needs of the novice clinical instructor.

Project Limitations

Although this study and project was based on research findings, there are limitations that exist. One of the greatest limitations of the study is the projected length of the clinical faculty training. Specifically, the plan for this workshop is to be conducted over a 3-day period, but due to work schedule conflicts, it is unrealistic that a clinical adjunct will be able to attend the entire workshop. Since a great number of clinical faculty are employed by colleges and universities on a part-time basis, and may be employed full-time in a clinical setting, it may be difficult for adjunct faculty to attend 3 days' worth of training sessions. This will require them to have to take time off of their full-time jobs to attend training for a part-time commitment, which may result in a lack of participation and a decrease in the number of clinical adjunct faculty as a whole if the training will be mandatory. Both full-time and adjunct clinical faculty have time restraints

that will make on-site mentoring and orientation sessions difficult, which would warrant an online orientation as an alternative (Fura & Symanski, 2014). Often times, colleges and universities may recommend adjunct faculty attend a faculty meeting at least once per semester, but it is not required because many have full-time employment with some local healthcare organization

Another limitation to the project is the possible lack of buy-in from the faculty to assist with the presentation of the training. Often times, it is difficult to initiate change and have everyone agree that change is even necessary. The nursing faculty already have a number of duties, other than teaching students, that may discourage them from wanting to take on another initiative such as assisting with professional development training sessions. Mentoring junior faculty and fulfilling traditional responsibilities of teaching courses, adds to the faculty workload (Waldrop & Chase, 2014). If there is limited acceptance of the need and development of the training by key stakeholders, there will be very limited project effectiveness if the project is implemented.

Recommendations for Remediation of Limitations

The professional development time may be more flexible by using technology as a training resource. Technology-based learning is on the increase and is perceived as an excellent resource that offers flexibility (McColgan & Rice, 2012). Due to this fact, many healthcare organizations use the computerized version of the American Heart Association© basic life support and advanced life support training instead of 2 days of physical classroom training. I believe that the clinical instructor should be given the

option to attend a physical classroom setting or use technology for the content that will be presented in the classroom, with the exception of the simulation and critique. Simulation will enable the clinical instructors to apply what they have learned in the training session, whether the training took place in the classroom setting or with the use of technology-based learning, if the instructors are only able to attend the day that includes the use of simulation, they will still gain a wealth of knowledge from the decision-making that is displayed in the simulation presentation.

Scholarship

As a scholar, one of the things that intrigued me the most during the literature search was that one of the many definitions of teaching described it as a scholarly endeavor, especially in nursing education. The role of the faculty must continue to evolve to meet the trends and needs of the population. Currently, the need to involve technology in content delivery is a great challenge for many nursing programs. Electronic and traditional methods may be used to facilitate student learning in the classroom and clinical environments. Billings and Halstead (2012) felt that the heart of the faculty role could be found in the scholarship of teaching. They suggested that it is most important that the faculty has the ability to effectively communicate knowledge they possess to students. This is the premise of the training for professional development for the novice clinical faculty.

I have been very grateful for the insight that I received from the input of my coworkers at my place of employment. I have also benefitted from the critique and

expertise of my committee chairperson and second committee chairperson. The multiple submissions for IRB approval also greatly added to my learning experience throughout this journey. I learned that clarity and incisiveness are the leading attributes when wanting others to read and understand what I want to express through my writing.

Project Development and Evaluation

The purpose of the research was to analyze and seek a solution for the gap that existed within my professional practice. After collecting and analyzing the data, I wanted to share the information that I had discovered with stakeholders that include: full-time nursing faculty, college administrators, part-time and full-time clinical instructors, and nursing students. All nursing faculty, veteran or novice, would benefit from the data that were obtained during the research process to create a better learning environment for students in the clinical setting.

I had originally planned to conduct focus group interviews with nursing students who had completed at least 1 semester of clinical, and face-to-face interviews with clinical instructors that had less than 2 years of clinical instructor experience. I submitted student and instructor invitations to three nursing programs that agreed to participate in my research. The division chairpersons of each of the participating programs posted my invitation electronically and physically in areas where nursing students and clinical instructors frequent. I only had two student responses and two instructor responses after the invitations had been available for 1 month. I brought my concerns to my committee chairperson about the lack of participation. He helped me to realize that even though the

invitation mentioned that identities would be kept confidential, individuals still may not have felt comfortable sharing their perspectives with me. He told me to consider another method to gather data. I then decided to conduct separate anonymous electronic questionnaires for students and clinical instructors.

Before I could employ the alternate method, I had to notify Walden University's IRB and submit a form that indicated the changes in my research process. After I got approval for the change from the IRB, I asked the division chairpersons from each of the three participating colleges to post another invitation letter for nursing students and clinical instructors that included a web link to the anonymous survey. I broadened the potential participants for clinical instructors by inviting all clinical instructor to participate, instead of just those who had 2 years or less of clinical instructor experience. If they had more than 2 years of clinical instructor experience, I asked them to reflect back to their first two years of conducting clinical. I also broadened the potential participants for nursing students by inviting all nursing students to participate as long as they were 18 years of age and had completed at least 1 semester of clinical.

The final step in the data collection process was to review clinical experience evaluations that had been completed by nursing students over a 5-year span. Data from the anonymous electronic questionnaires of the students and clinical instructors and the nursing student clinical experience evaluations for the past five years were triangulated as a final step to assist me in deciding the project that would be most beneficial to address what I discovered from the data.

The coding process, which involved reading and rereading the responses of the instructor and student questionnaires, assisted me with identifying themes within the data. From those themes and triangulation with the use of the existing data of the nursing student clinical experience evaluations, I determined that professional development, in the form of a 3-day workshop, would be the most beneficial method to present teaching and learning methods to novice clinical faculty. Even though the workshop will be geared toward novice clinical instructors, experienced clinical instructors will also be encouraged to attend so that they may stay abreast of the latest best practice methods as well as take advantage of the continuing education units that will be offered for attending and participating in the interactive learning activities.

Leadership and Change

I have become a leader among my colleagues in the work place. Because they practice as nurses, they seek evidence to support the best-practice teaching and learning techniques currently used. I have also led the way by being the first person in the history of the nursing program to successfully obtain a doctorate degree at the completion of this program. I was also successful with leading two others within my department to pursue their doctoral degrees at Walden University.

In order for change to occur, someone must take the initiative to lead the way. Throughout my doctoral journey, I was encouraged by some of my colleagues to share what I was learning with them. I was elated to inform them about the data collection process and what I discovered through data analysis. Billings and Halstead (2012)

believed that nursing is an evidence-based practice profession, which builds on the knowledge generated by the scholarship of discovery. The process of coding the data identified common themes within the participant responses that directed me to seek a solution to the problem that existed with the majority of clinical instructors that worked less than 2 years as clinical instructors. I will use that evidence to evoke change within my department within my workplace.

Analysis of Self as Scholar

When I began my doctoral journey, I was oblivious to the amount of time and commitment the entire process would take. Now that I am at the end of this journey, I have discovered that I enjoyed the research process and I am actually looking forward to the next research challenge within my professional practice. I also am confident that I may effectively assist my colleagues who are pursuing their doctoral degrees by acting as a peer reviewer if they desire my input concerning their research.

One of the challenges I faced as a scholar was using all of the critique and recommendations of my work as learning experiences. I became frustrated with the number of revisions I encountered during the process of submitting my work to the Walden University IRB for approval. I was encouraged by the insight and support of my committee chairperson, methodologist, and university research reviewer. I also repeatedly encouraged myself to take each revision recommendation as a learning experience to improve my writing. As I reviewed the revision recommendations, I realized that I needed to clarify what I was writing so that others understood what my intentions were.

the amount of time that was put toward revisions ended up being a lot more than I had anticipated in my semester plan. Another time factor was the time that was spent waiting on potential participants to respond to my initial method of data collection. Through self-reflection, I am able to understand that those occurrences were obstacles that I had to overcome on this journey to reach my goal.

I am thankful that I was able to find a balance with my studies, work, and other social obligations. During this journey, I had to learn to say no to individuals and turn down invitations to events due to assignments and work deadlines. I found myself actually sitting down and weighing the consequences of my actions if I chose one thing over another. Of course, I had to meet my work obligations to maintain an income, but I often did not attend social functions or participate in activities that I have deemed hobbies because I chose to make my studies a high-ranking priority. My mentor constantly reminded me that this journey was a temporary interval that was meant for me, which would allow me to impact others for a lifetime. I am forever grateful for his stimulating conversation and the invigorating confidence he had in me, even when I lacked confidence in myself.

Analysis of Self as Practitioner

As a nurse educator, I realized that difficulties and gaps existed within my professional practice, but I was unaware of the correct approach to implement change within my organization. The professions of nursing and education are similar in that they both rely heavily on the most current information to support best-practice methods in the

respective fields. My coursework has aided me in how to identify challenges and how to search classic and current literature to discover what research has been conducted relative to the identified challenges. The doctoral program coursework also served as a guide for me to develop my own research project.

After I had chosen my research topic, I encountered other areas in my professional practice that could be further developed and revised as a result of research. I hope to conduct future studies to enhance student learning and best-practice methods for instructors within the classroom and clinical setting. I am also interested in research to identify the best nursing program entrance criteria to predict student success. The results of that particular research would be very beneficial to the state's effort to keep admission policies and procedures standardized.

Analysis of Self as Project Developer

During the process of developing this project, I became very frustrated due to some of the outcomes of my carefully thought-out plans. I experienced major setbacks with slow responses to invitations to participate in the research, making changes to my methodology, and unexpected major internal changes within one of the participating institutions. There were times that I would ask myself if all of this stress and disappointment that I was enduring was worth it? I would then think about why I chose nursing education as a career. I often reminded myself that I was not only fulfilling a personal goal, but I was possibly making positive changes to how clinical instructors influence nursing students' clinical experiences. I kept telling myself that, ultimately, my

greatest responsibility is to the student. It is my quest to make sure that they receive the greatest clinical experiences within the clinical setting as they progress through the nursing program.

The Project's Potential Impact on Social Change

If nursing students are to have clinical experiences in environments that are conducive to learning, the clinical instructor should be equipped with the knowledge and skills necessary to transform the clinical setting into a bridge where theory and clinical skill make a connection. The clinical instructor has a direct influence on the clinical experience of the student. The facilitation of learning, or the lack thereof, by the clinical instructor impacts how the student views the clinical setting. Social change will occur if the coordinated efforts of those that are responsible for the knowledge that nursing students receive in the clinical area, are directed toward providing training and clearly defined roles for the clinical instructors who are entrusted with providing quality learning experiences for students in the clinical setting.

Implications, Applications, and Directions for Future Research

As I reflect on the importance of the work, I think about those nursing students whose outlook on their career path in the nursing profession, was either positively or negatively influenced by their clinical experiences while in nursing school. The initial perception of the clinical environment is greatly influenced by the clinical instructor. The instructor should be able to provide a structured environment that is conducive to learning.

Clinical evaluation is a very important part of the clinical experience. Clinical faculty should be versed on presenting feedback and evaluation in nonjudgmental verbiage to the student. The instructor should provide the feedback to the student in a timely manner, so that undesired behavior may be identified and corrected. Most of the clinical instructor participants in my project study were vague with their responses on how they evaluate the students and give feedback. My past experience with reviewing comments from clinical instructors within my own workplace showed that many of the newer instructors were more subjective than objective when evaluating students. Comments such as: “You are doing great!”, “Hard-worker,” and “Stays busy” do not provide the information that students need to give a true depiction of their clinical performance. To be able to do this, the clinical instructor must be educated on best-practice teaching and learning techniques to be exercised in the clinical setting.

During the process of implementing the project study, I was forced to change the method of data my collection, due to the lack of participation in my original data collection methods. I had originally planned to conduct face-to-face interviews of novice clinical instructors and group interviews of nursing students. After I did not get my desired response from potential participants, I decided to conduct electronic anonymous surveys of clinical instructors and nursing students. I realized the participants may have been reluctant to share information with me during face-to-face and group interviews.

The research showed that it is essential that novice clinical instructors are taught how to be effective facilitators of learning in the clinical environment, which will create

more satisfying student clinical experiences. The clinical experience has the greatest impact on students when the clinical instructor has the ability to provide various learning opportunities to cultivate a rich learning environment that will keep students engaged and show relevancy for critical nursing judgments. The research also showed that students want feedback in a timely manner. Students want to be validated when they do well and most desire constructive feedback when they do not perform as well as they thought they would in various circumstances. Most clinical instructors were nurses first, then became teachers. The lack of teacher skill set for most novice clinical instructors is a collective weakness which results in frustration when presented with the task of providing instruction and evaluating learning in the clinical environment.

This study was not without limitations. The sample size of both the instructors and students slightly exceeded my expectations, but I believe a larger participant pool of both entities would provide a greater representation of how clinical instructors impact the clinical experiences of nursing students. Three different programs from across the state agreed to participate in the research. Nine students and 6 clinical instructors completed an anonymous electronic survey. I had asked that the participating institutions provide 5 years of clinical evaluation data, but since the state requires 3 years of data to be maintained, none of the participating schools could supply 5 years of data. They each had 3 years of accessible data to provide for my research. One of the schools kept electronic data while the other two participants maintained paper records.

Future research should include a larger sample size and a comparison of student satisfaction of students that are in clinical groups of clinical instructors that have had a formal orientation to their role and those that have not. I believe that this type of study will provide a true representation of how much clinical instructors influence students' clinical experiences.

Conclusion

The data that was gathered from this project study was used to provide the foundation for a professional development program to train novice clinical faculty. The last sections of this study included strengths and limitations of my project study, an analysis of my learning, and a self-analysis. The self-analysis was a reflection of my development as a researcher. I feel that this journey has enlightened me on what is required to be an effective researcher. As a novice researcher, I have identified areas of research where I am confident and areas that will require further development.

The outline of the professional development topics and the program agenda will provide stakeholders with information for them to recognize the gap in practice that many nurse clinicians are presented with when they agree to take on the new role of clinical instructor. The implementation of a program of this type could be a tool that is used to equip novice clinical instructors with the knowledge and skill they need to provide a teaching and learning environment that will enhance the clinical experiences of future nursing students.

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Appendix A: Professional Development

(Please See Next Page)

Cultivating the Clinical Faculty

This is a professional development program that was designed for registered nurses who are currently, or considering, practicing in the role of clinical instructor.

Objective: To understand the role of the clinical instructor and how to provide best-practice knowledge and skill for the most effective clinical instruction for nursing students in the clinical setting.

Program Commitment: Three days; two full days of interactive instruction to provide knowledge and skill, and one half-day to demonstrate learned knowledge and skill with the use of simulation.

Cost: Free

Continuing education credits: 13.5 CEUs will be awarded at the conclusion of the program on the third day for those that attend all three days.

If you are currently practicing as a registered nurse and you would like to attend the program, you may contact

Bridgett Jackson at 334-291-4972 or bridgett.jackson@cv.edu to reserve a space.

Registration is due a week prior to the program date. Late registrants will be accepted on the day of the program based on space availability. All preregistered participants will be sent an email confirmation which will include registration material to be turned in on the first day during the registration period.

Day 1 Agenda

- 8:00 a.m. Registration
Continental Breakfast
- 8:30 a.m. Welcome and Instructions
- 8:45 a.m. *How to Facilitate Learning in the Clinical Setting*
- 10:00 a.m. Break
- 11:15 a.m. *How to Facilitate Learner Development and Socialization*
- 12:30 p.m. Lunch (on your own)
- 1:15 p.m. *Effective Assessment and Evaluation Strategies*
- 2:15 p.m. Break
- 2:30 p.m. *Curriculum and Program Outcomes*
- 3:00-3:30 p.m. Summary and Dismissal

Day 2 Agenda

- 8:00 a.m. Announcements/
Questions from day 1
- 8:30 a.m. *Nurse Educators as Change Agents*
- 9:45 a.m. Break
- 10:00 a.m. *Continuous Quality Improvement of the Nurse Educator*
- 11:15 a.m. Lunch (on your own)
- 12:30 p.m. *The Importance of Scholarship in the Faculty Role*
- 1:45 p.m. Break
- 2:00 p.m. *Your Role within The Educational Environment*
- 3:00-3:30 p.m. Summary and Dismissal

Day 3 Agenda

- 8:00 a.m. Announcements/
Questions from day 2
- 8:30 a.m. Simulations 1 & 2
- 9:30 a.m. Simulations 3 & 4
- 10:30 a.m. (Break)
- 10:45 a.m. - Debriefing and Dismissal
- 12:00 p.m.





**CULTIVATING
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A Professional Development
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nursing. This three-day program is
approved for 13.5 contact hours

For registration information

Call or email
Bridgett Jackson

**Cultivating the Clinical Faculty
Session Topics, Objectives, and Time Lengths**

Session Topic	Program Objective	Session Length
Welcome and Instructions	Identify the purpose of the Cultivating the Clinical Faculty program and the importance of defining roles of Clinical instructors.	15 minutes
How to Facilitate Learning	Identify how to create an environment that facilitates student learning in the clinical setting.	75 minutes
How to Facilitate Learner Development and Socialization	Describe approaches to help nursing students develop values and behaviors expected of a nurse.	75 minutes
Effective Assessment and Evaluation Strategies	Discuss how to objectively assess and evaluate nursing student clinical performance and behaviors.	60 minutes
Curriculum and Program Outcomes	Discuss how to assist nursing students with identifying learning objectives and how those objectives relate to program outcomes.	30 minutes
Nurse Educators and Change Agents	Describe approaches to function as a leader and change agent for nursing education and nursing practice.	75 minutes
Continuous Quality Improvement of the Nurse Educator	Discuss the importance of maintaining competency in the role of clinical instructor.	75 minutes
The Importance of Scholarship in the Faculty Role	Discuss how scholarly activity is essential when practicing as clinical faculty.	75 minutes
Your Role within the Educational Environment	Understand the role of clinical instructor within the educational environment.	60 minutes
Simulation and Debriefing	Demonstrate the knowledge and skill acquired for effective teaching and learning in the clinical setting.	195 minutes

Cultivating the Clinical Faculty

Day 1



Good morning, my name is Bridgett Jackson and I would like to welcome you to “Cultivating the Clinical Faculty.” This program was designed to help you to understand your role as a clinical instructor and to provide best-practice knowledge and skill. You will also have an opportunity to demonstrate learned knowledge and skill with the use of simulation. The foundation for this professional development is based on some of the task statements NLN Core Competencies of Nurse Educators (2005).

Purpose

- ▶ This is a professional development program that was designed for registered nurses who are currently, or considering, practicing in the role of clinical instructor.



This program is meant for registered nurses who are currently, or considering practicing in the role of clinical instructor. There are also experienced clinical faculty here that will assist you with getting better acclimated to your new role, and some are here to learn new methods to implement in their clinical to provide a more effective experience for students as well. Before we go any further, bathrooms and water fountains are located right outside the auditorium door on either side. Snack machines are located on the floor above us to the left of the elevators.

Day 1 Objectives

- ▶ Identify the purpose of the Cultivating the Clinical Faculty program and the importance of defining roles of Clinical instructors.
- ▶ Identify how to create an environment that facilitates student learning in the clinical setting.
- ▶ Describe approaches to help nursing students develop values and behaviors expected of a nurse.
- ▶ Discuss how to objectively assess and evaluate nursing student clinical performance and behaviors.
- ▶ Discuss how to assist nursing students with identifying learning objectives and how those objectives relate to program outcomes.

After today's presentations, you all will be able to.....

Why is this Professional Development Course Important to You?

- ▶ Clinical Expert vs. Novice Clinical Instructor
- ▶ Role Definition
- ▶ Philosophy of Clinical Teaching



Let's get started with discussing why this program is important to you. Feel free to add to the discussion or ask questions as we go along. You all are clinical experts in your chosen area of nursing and you have embarked on a new role of clinical instructor. Dr. Patricia Benner, a nursing theorist, used the Dreyfus model as the framework to develop her Novice to Expert theory for how nurses acquire knowledge in practice. Those of you that have less than two years of clinical instructor experience are considered to be novices. During this time, role definition is very important for you to understand. You closely follow the rules and policies. You ask a lot of questions because you are not so sure of what you are supposed to do and how you are supposed to do it. You have taken on a role that will require you to provide clinical teaching and guidance through activities that will greatly impact the students' clinical experiences. Now, let's talk about your philosophy of clinical teaching. Talk with two people around you and I would like for you to share your beliefs about clinical and what you think is necessary for you to teach students. Let's take 5 minutes to do this and we will discuss some of your answers. (After 5 minutes--- have volunteers share their thoughts). Your clinical philosophy, or beliefs on what you think the clinical instructor should do, how they should act, and how to evaluate the students will affect the students' clinical experiences.

How to Facilitate Learning in the Clinical Setting

- ▶ Implement a variety of teaching strategies
- ▶ Ground teaching strategies in evidence-based teaching practices
- ▶ Recognize factors that influence teaching and learning
- ▶ Self-reflection and continued learning
- ▶ Technology in the teaching-learning process
- ▶ Model critical and reflective thinking
- ▶ Create critical thinking and critical reasoning opportunities
- ▶ Show enthusiasm
- ▶ Respect for students



As a clinical instructor, you will be responsible for creating an environment that is conducive to learning in the clinical setting. First of all, find a place that is quiet and secluded to conduct pre and post clinical conferences with students. This will allow you all to speak freely about patients, their disease processes, and treatments, while maintaining patient confidentiality. Some teaching strategies that you may try are: gaming, role play, and problem-based learning. (Give examples of each, have experienced faculty share things they have done.) These various methods are evidence-based, and have been proven to create an environment of critical thinking and critical reasoning. Culture, gender, and experiences are factors that influence teaching and learning. Many of you will teach clinical based on your own clinical experiences as a student. Think about what your clinical instructor did that worked and what you would change. (Turn to two people and discuss what worked and what you think should have been changed during your own clinical experiences. take 10 minutes. Let volunteers discuss. Ask them why they think the things they identified didn't work.) Self-reflection- they will see things that work and some that don't---try to identify why methods did not work and revise them. Continue to search literature, and attend sessions such as this to continue to learn new methods to try. Technology- use of electronic documentation on their tablets, use of patient case scenarios on electronic resources for the course during down time in clinical. Also, the use of the electronic medication administration record (EMAR) for verifying and documenting medication administration is an example of the use of technology to administer patient care. What are other examples of how technology is used in the clinical setting (Allow audience to answer). Show students how to critically think and use reflective thinking during patient care. Share past experiences with patients (i.e. two diabetics with different sets of problems, how needs were met based on individual assessment and implementation). Create critical thinking/reasoning scenarios for them to work through as a group. Be enthusiastic! Congratulate them publically when they do well. Show respect---- if a student is having trouble with a skill or concept, speak with them privately. (Take 10 minutes with two other people to discuss behaviors that you would applaud and behaviors you would provide constructive feedback, then allow volunteers to share). Let's take a 15 minute break and we will discuss how to facilitate learner development and socialization in the next session. Please fill out the evaluation for this session and place it in the box in the back.

How to Facilitate Learner Development and Socialization

- ▶ Meet the needs of multiple learning styles
- ▶ Encourage self-reflection and personal goal setting
- ▶ Aid in developing students' cognitive, affective, and psychomotor abilities
- ▶ Recognize how your teaching style and personal interactions affect student learning
- ▶ Assist students in constructive self and peer evaluation
- ▶ Model professional behaviors



One of the things you should remember as an instructor is that individuals learn differently. You can ask the students what type of learner they are, or use a learning assessment that you may find on line. This will show the student that you are interested in how they learn. Just think about how that will affect the student! You have taken a personal interest in their learning experience! This will be useful when assisting with the development of their cognitive, affective, and psychomotor abilities. Showing videos, referring them to a textbook for reading, attending hospital sponsored in-services, or the use of demonstration, are learning tools that can be applied in the clinical setting to meet various learning needs. Can you think of a situation where you may use those methods mentioned or other methods to facilitate learning? (Take 10 minutes to discuss with two people. Have volunteers discuss what they came up with). Encourage students to use self-reflection.....What have I learned through my experiences that I may want to continue or change? What do you think some of their responses will be? (Take 10 minutes to discuss with two people. Have volunteers discuss what they came up with). How can self-reflection be used to set personal goals? (Let anyone in the audience answer). Assist students when conducting constructive self and peer evaluations. Often times, we are harder on ourselves than anyone else. Why do you think that is so? How can we direct students to identify areas of strength and those areas that need further development? An easy objective way to do that is getting them familiar with the clinical evaluation tool. Help them to identify the essential behaviors that they must achieve, as well as those that they are in the process of development while they are nursing students. As the clinical instructor, the students are going to look at you first as an example of what a professional nurse should be. Everything from your appearance, your attitude, and your interaction with other professionals will be observed by the student. What are some ways that you model professional behaviors? (Get together in groups of three or four, take 10 minutes to come up with a two minute skit on how you may or may not model professional behavior--- and present it). One of the most obvious ways that you model professional behaviors for the students is how you follow the Nursing Student Handbook. They need to understand that the rules apply to everyone, including you. Now it is time to break for lunch. When we return, we will discuss effective assessment and evaluation strategies. Please fill out the evaluation forms and place them in the box in the back.

Effective Assessment and Evaluation Strategies

- ▶ Use evidence-based assessment and evaluation practices
- ▶ Use a variety of methods to assess and evaluate learning goals
- ▶ Use assessment and evaluation data to augment teaching and learning
- ▶ Provide constructive feedback in a timely manner



Welcome back. I hope you enjoyed your lunch. Now, let's continue on to the next session. One of the most important things to remember is that you are in clinical with nursing STUDENTS. They are not nurses and you can be assured that they are going to make mistakes. You are there to make sure that the mistake that they make will not harm the patient in any way. Also, you are responsible for teaching the student that if a mistake is made, they should own up to it, especially if a patient safety issue results. In the real world, trying to hide a mistake may be detrimental to the patient's safety. The evaluation tools are specific and they identify the desired behaviors of a professional nurse. The evaluation tool is based on NLN and QSEN competencies. What other methods may be used to assess and evaluate learning goals other than observation? (For 10 minutes turn to two other people and discuss. After the 10 minutes, have participants and experienced clinical instructors respond). The data that you gather from assessment and evaluation can be used to enhance the teaching and learning process. Give examples: Critical thinking activities, documentation activities, assessment activities, developing a care plan. I like doing activities, like the ones mentioned, in a group. This allows group discussion and peer teaching. Students are able to relate to other students and assist them with developing the areas of deficiency. One of the most beneficial actions an instructor can do for students is provide constructive feedback in a timely manner. We used to say "constructive criticism," which seems to have a negative connotation. Feedback is more positive in the student's eyes. Feedback may be negative or positive. I try to have as much positive feedback as I do constructive feedback. Providing the feedback in a timely manner is of utmost importance, especially if the feedback is for undesired behavior. Undesired student behavior may be a safety risk for the patient, so it is important to address concerns as soon as possible in order for the undesired behavior to be identified and changed by the student. How would you evaluate an ESL student that almost made a medication error because she told you that the medication she was about to give was a "look alike and sound alike drug" as she had learned in pharmacology? (Take 10 minutes to discuss your thoughts with two other people. After 10 minutes, have volunteers (novice instructors first, then experienced instructors) voice how they would evaluate the student). As the clinical instructor, you will have to decide when to fail an unsafe student, based on the evaluation tool. It is essential that you document, document, document to support the student's actions that constituted the clinical failure. Now, we will take a 15 minute break and prepare for our last session of the day. Please fill out the evaluation form for this session and place it in the box in the back.

Curriculum and Program Outcomes

- ▶ Demonstrate knowledge of curriculum development
- ▶ Clinical partnerships
- ▶ Promote continuous program quality improvement



The nursing program operates on a state-wide curriculum. Currently, the curriculum is in the process of revision. A new curriculum is being developed to follow concepts, rather than the medical model. The medical model is relative to specific disease processes, while the introduction of concepts such as oxygenation, perfusion, and mobility, will encompass similar disease processes, treatments, and nursing interventions. This will decrease the amount of memorization on the part of the student. They will have fewer concepts, as compared to diseases, to learn and apply. You will receive a class syllabus that will contain student learning outcomes. The clinical setting is where many of those outcomes will be accomplished. This will assist you to know what clinical behaviors are expected of students at various levels within the program. What are some learning activities that you may do in clinical to help the students to apply concepts to patient care? (Take 10 minutes to discuss with two other people, and then allow volunteers to share). This will be important in the clinical setting when providing patient care based on assessment data. One of the areas that you may not think about that is of importance, is the development and maintenance of clinical partnerships. When healthcare organizations allow us to conduct clinical within their facilities, we must remember that we are guests. It is a privilege, not a right, that we have access to clinical space within local facilities. For that reason, we want the clinical faculty and students to provide a favorable representation of our nursing program. We want to make a good impression while we are there in order to maintain clinical placement in the future. What is your definition of quality improvement? (Allow audience to respond). We are constantly striving to make improvements to our program. You can assist us by letting us know if you come across problems or you notice inconsistencies in the clinical area. Often times, it is the new person that may be catalysts for change because the more experienced instructors may just continue to “do things the way they have always been done.” As the newer, less experienced person, you may notice that there may be a better or more efficient way to do something that we have always done. We welcome your insight on how we can improve our program. Can you think of anything right now that you feel needs improvement? (Take 10 minutes to discuss with two other people and share). Let’s review what we have gone over today.

Day 1 Summary

Today, we have discussed:

- ▶ How to facilitate learning in the clinical setting
- ▶ How to facilitate learner development and socialization
- ▶ Effective assessment and evaluation strategies
- ▶ And curriculum and program outcomes

Think about what we have discussed today. If you have any questions, you are welcome to leave questions in the question box located at the rear of the auditorium. We will address your questions at the start of tomorrow sessions. Please fill out the evaluation for the last session and place it in the box in the back. Thank you for attention and participation. I will see you on tomorrow. Have a good evening.



Cultivating the Clinical Faculty

Day 2

Good morning! Welcome to day two of Cultivating Clinical faculty.

?QUESTIONS?



Let's start by addressing the questions we had from yesterday's sessions.....

Day 2 Objectives

- ▶ Describe approaches to function as a leader and change agent for nursing education and nursing practice.
- ▶ Discuss the importance of maintaining competency in the role of clinical instructor.
- ▶ Discuss how scholarly activity is essential when practicing as clinical faculty.
- ▶ Understand the role of clinical instructor within the educational environment.

After today's sessions, you should be able to

Nurse Educators as Change Agents

- ▶ Be culturally sensitive
- ▶ Organizational effectiveness
- ▶ Strategies or organizational change
- ▶ Innovative practices in the educational environment
- ▶ Leadership skills



Cultural sensitivity is essential when providing patient care. We as nurses, recognize that differences exist, but we maintain a nonjudgmental stance when providing patient care. We must also possess the same perspective when teaching our diverse group of students. (Experienced clinical faculty will be asked to provide examples of displaying cultural sensitivity they encountered while in the clinical setting with students.) Another area where nurse educators are effective is organizational effectiveness. Clinical instructors are instrumental with providing information on student performance in the clinical setting. Clinical instructors can inform classroom faculty about deficiencies the students have. The classroom instructor is able to revise classroom delivery to meet the needs of the students in the clinical setting. Clinical instructors have a voice when completing clinical evaluations. They should be encouraged to report inconsistencies and problems that may lead to organizational change. Sometimes, a simple phone call may be what is needed to bring about change. (Take 10 minutes to discuss with two other people, things that may be reported on a clinical evaluation. Don't be afraid to try new teaching and learning methods in the clinical setting. Use reflection to determine if the methods you used work, or need revision. Leadership skills are essential when implementing change. What are qualities that you feel a good leader should possess? (Allow audience to answer). An excellent communicator is one of the key qualities of a leader. Clinical instructors should be leaders that are able to present their concerns and strategize how to bring about change to better the learning environment for students in the clinical setting. Let's take a 15 minute break. Please complete the evaluation for this session and place it in the box in the back.

Continuous Quality Improvement of the Nurse Educator

- ▶ Knowledge brings about change in the role
- ▶ Professional development
- ▶ Use feedback
- ▶ Socialization to the role
- ▶ Support colleagues



You already know that nursing is a profession that requires a commitment to life-long learning to develop and maintain competence. Those that practice as nurse educators must also commit themselves to acquire more knowledge to maintain competence and be exposed to best-practice methods for optimal effectiveness as facilitators of learning. You will become more acclimated to your role as you acquire knowledge and you evolve from a novice to an expert clinical instructor. You will eventually use your instincts for decision making when teaching students, just as you use your instincts in your clinical practice. (Take 5 minutes to share experiences when you used your instincts in your clinical practice with two other people, allow volunteers to share). Professional development programs, like the one you are attending, will provide you with knowledge to be more effective in your role. Try to attend at least two professional development programs annually to further develop your competence as a clinical instructor. Feedback from supervisor evaluations, students, and self-evaluations, should be used to improve your effectiveness as an instructor. (Take 10 minutes to do a self-evaluation. On your paper, write two columns. Title one column “Strengths” and the other column title “Develop.” Refer to your list on occasion and update it as you become more comfortable in your role). Nursing is a subculture of its own. There are behaviors, attitudes, and skills that are accepted in professional practice. Just as we use socialization to teach nursing students how to develop those facets of professional nurses, it can also be used to develop new nurse educators. What methods of socialization may be used to help you develop as a clinical instructor? (Allow the audience to answer). Supporting your colleagues is another way to provide continuous quality improvement in the nurse educator role. Throughout this professional development program, you have experienced clinical faculty that took the time to provide their support by sharing their experiences with you. They know what it was like to make the transition from clinical expert to novice faculty. They have committed themselves to be resources for you all as you transition and develop within your new role. They have placed their business cards on the back table for you to take and have access to them when you have questions or concerns. We will now break for lunch. Take time to meet your colleagues that are here to support you. Please complete the evaluation for this sessions and place it in the box in the back.

The Importance of Scholarship in the Faculty Role

- ▶ Spirit of inquiry
- ▶ Scholarly activities
- ▶ Share your knowledge with others



Welcome back! I hope you enjoyed your lunch. We will now discuss the importance of scholarship in the faculty role. First, you need to develop a spirit of inquiry. Why do I do the things I do? Is the way that I am doing it the best way? Questions such as these spark the interest of individuals to seek knowledge in their specific areas of expertise. What are some examples of things that have changed in clinical practice as the result of evidence found in research? (Allow the audience to answer). The same applies to seeking knowledge in the area of teaching and learning. Why do I facilitate learning this way? What is the best way, based on research, to do what I do? We can benefit from, or provide scholarly activities for those seeking knowledge. Examples of scholarly activities include, but are not limited to: Conducting research, poster presentations, workshop presentations, and published articles in peer-reviewed journals. Scholarly activities usually identify problems and offer solutions in specific areas of expertise. The purpose of scholarly activity is to share the knowledge you have acquired with others to better the profession. Now that you have accepted the position as a clinical instructor, what type scholarly activities will you participate in? (Take 10 minutes to discuss with two other people, and allow volunteers to share). Scholarship is truly an important component in the role of clinical faculty. Let's take a 15 minute break. Please make sure that you complete the evaluation for this session and place your forms in the box in the back.

Your Role within the Educational Environment

- ▶ Maintain collaborations
- ▶ Development of students and teachers
- ▶ Managing issues



Within the educational environment, one of your responsibilities as a clinical instructor is to assist with maintaining partnerships within the academic community at the parent institution. If students are not proficient in the area of dosage calculations or advanced dosage calculations, they can be referred to the math lab for tutoring. Also, if students express the interest in furthering their education, the lead instructor should be notified to ensure the student takes classes that will transfer and fulfill another institution's program requirements. It is understood that your role as a clinical instructor involves developing students in the clinical setting. You are also responsible for the development of teachers. Just as your colleagues have committed themselves to your development, hopefully, you will be involved in the development of future instructors. Your experience as a clinical instructor will be valuable for nurses that will transition from the clinical role to the educator role. What have you heard from your more experienced colleagues today that you found to be the most beneficial to you? (Allow audience to respond). You will be responsible for managing issues that may arise in the clinical setting. You should consider the goals of the nursing program and the mission of the parent institution. The goal of the nursing program and the mission of the parent institution is to prepare students for immediate entry into the workforce upon graduation. Get with two other individuals and discuss: How will you manage a student that is not prepared for clinical? How will you manage the student that has not completed their paperwork for the day? How will you manage a student that does not perform a focused assessment correctly and misses valuable information as the result of an incomplete assessment? (Take 15 minutes for group discussion and allow the groups to share).

Day 2 Summary

Today, we have discussed:

- ▶ Nurse Educators as change agents
- ▶ Continuous quality improvement of the nurse educator
- ▶ The importance of scholarship in the faculty role
- ▶ Your role within the educational environment

We have concluded the sessions for day two. Now, go home and think about what we have discussed today. If you have any questions, you are welcome to leave questions in the question box located at the rear of the auditorium. We will address your questions at the start of tomorrow sessions. We will apply what you have learned with the use of simulation scenarios on tomorrow. Please fill out the evaluation for the last session and place it in the box in the back. Thank you for again for your attention and participation. We will meet in the simulation lab on tomorrow. Have a great evening.



Cultivating the Clinical Faculty

Day 3

Good morning! Welcome to day three of Cultivating the Clinical Faculty! For the last two days, we have defined the clinical instructor role and discussed your responsibilities based on the NLN Core Competencies for Nurse Educators. Now we are going to have fun as you apply what you have learned with the use of simulation. Your more experienced colleagues will participate in the simulation and will have assigned parts in all four simulation scenarios.

?QUESTIONS?



Before we start the simulations, let's address questions from yesterday's sessions.....

Day 3 Objective

- ▶ Demonstrate the knowledge and skill acquired for effective teaching and learning in the clinical setting.

After you participate in the simulation scenarios today, you will be able to..... You all will get into groups of eight and, simultaneously, rotate through the four simulation scenarios stations within the SIM lab. You will be asked questions in each scenario. You may consult each other and discuss how you would manage each situation. The more experienced clinical faculty will provide input after you answer the questions. After you have rotated through all four stations, we will go back into the auditorium for debriefing. I hope you enjoy your simulation experience.

Simulation 1

You are the nursing instructor in charge of 8 students. You are on a medical-surgical unit and one of the nurses on the unit asks the student to give a pill to the patient in room 240 by the window. The student gives the patient the pill without letting you know. After the patient takes the pill, the nurse realizes the pill should have gone to the patient by the door in room 240. The student is devastated. How would you manage this situation?



Experienced clinical faculty will play the parts of the student and the nurse. The “student” will administer the pill without permission from the instructor, and without doing patient identifiers (10 minute simulation skit). The question would be posed to the attendees. After they discuss what they would do, the more experienced faculty will comment on the responses and identify any information that the attendees omitted. Simulation 1 will last 30 minutes.

Simulation 2

A student performed an assessment on the diabetic patient she was assigned. When she reports her findings to you, she leaves out pertinent information, which impacts her plan of care for the patient. When you inform the student that she left out the pertinent information, she begins to loudly challenge you in the hallway near the nurses' station. How would you manage this situation?



Experienced clinical faculty will play the part of the student and the clinical instructor, as well as the nurses sitting in the nurses' station. The simulation skit will last 10 minutes. The question will be posed to the attendees. They will discuss how to manage the situation within the group. When they are done responding to the question, the more experienced clinical faculty will have input. Simulation 2 will last 30 minutes. The attendees will be given a 15 minute break after Simulation 2.

Simulation 3

A student rushes into clinical, barely making it on time. After pre conference, another student tells you that the student that got to clinical just in time, had been out partying the night before and she has had two hours of sleep. How would you manage this situation?



Experienced clinical faculty will play the parts of the two students and the instructor. The simulation skit will last 10 minutes. The question will be posed to the attendees. After discussing the situation among themselves, they will give various answers. The experienced faculty will have input. Simulation 3 will last 30 minutes.

Simulation 4

A student accidentally got a needle stick with a dirty needle when attempting to recap the needle after giving an injection. The patient that she just gave medication via an intramuscular injection is HIV positive. The student is visibly upset. How would you manage this situation?



Experienced faculty will play the parts of the student, the patient, and the instructor. The simulation skit will last 10 minutes. The question will be posed to the attendees. After discussing the situation among themselves, they will give various answers. The experienced faculty will have input. Simulation 4 will last 30 minutes. The attendees will be asked to reconvene in the auditorium for debriefing.

Simulation Debriefing

- ▶ What factors led you to manage each of the simulation situations in the manner that you did?
- ▶ Do you think gender or cultural differences would affect how you managed the situation?
- ▶ What resources could be used to assist you with managing each of the situations?
- ▶ When managing the simulation situations, what input from the experienced clinical faculty was most valuable to you?
- ▶ How do you think managing situations that occur in clinical will differ as you gain more experience?



Video of each of the four simulation scenario will be viewed. Each simulation will be discussed in detail. The attendees will respond to the questions. Experienced faculty will also provide input. At the conclusion of the debriefing, the attendees will be asked to complete a summative evaluation of the professional development.

Sample Formative Evaluation
Cultivating the Clinical Faculty

Session: How to Facilitate Learning in the Clinical Setting (Day1 Session 1)

	Poor	Fair	Satisfactory	Very Good	Excellent
1. Your level of knowledge/skill at start of course	—	—	—	—	—
2. Your level of knowledge/skill at end of course	—	—	—	—	—
3. Clarity and organization of presentation	—	—	—	—	—
4. Presenter's ability to stimulate interest	—	—	—	—	—
5. Presenter's knowledge of subject matter	—	—	—	—	—
6. The contribution of this course to your instructor role	—	—	—	—	—
7. The quality of the handouts for presentation	—	—	—	—	—
8. The quality of the equipment used for presentation	—	—	—	—	—
9. The time allotted for the module	—	—	—	—	—
10. Please identify aspects of the course you found most useful for learning.					
11. What suggestions would you make to the presenter for improving the presentation?					

Sample Summative Evaluation
Cultivating the Clinical Faculty
August 5-7, 2015
Evaluation Form

Please rank each of the following by circling the appropriate number. On a scale of 1(Not Useful), 2 (Somewhat Useful), 3 (Useful), 4 (Very Useful), and 5 (Extremely Useful).

	Rating	Comments
Day 1 How to Facilitate Learning in the Clinical setting	1 2 3 4 5	
Day 1 How to Facilitate Learning in the Clinical Setting	1 2 3 4 5	
Day 1 How to Facilitate Learner Development and Socialization	1 2 3 4 5	
Day 1 Effective Assessment and Evaluation Strategies	1 2 3 4 5	
Day 1 Curriculum and Program Outcomes	1 2 3 4 5	
Day 2 Nurse Educators as Change Agents	1 2 3 4 5	
Day2 Continuous Quality Improvement of the Nurse Educator	1 2 3 4 5	
Day 2 The Importance of Scholarship in the Faculty Role	1 2 3 4 5	
Day 2 Your Role within the Educational Environment	1 2 3 4 5	
Day 3 Simulations and Debriefing	1 2 3 4 5	
Facility Rooms/Setup/Location/Snacks/equipment	1 2 3 4 5	
Break and Lunch Time Frames	1 2 3 4 5	

What was the most valuable part of the workshop?

What could have been improved in the workshop?

Cultivating the Clinical Faculty Student Learning Outcomes

Clinical Instructor Task	Date Observed	Observer Initials
Facilitates Learning		
Implements a variety of teaching strategies		
Teaching strategies based on evidence-based teaching practices		
Recognizes diversity influences on teaching and learning		
Uses self-reflection and continuing education to improve teaching methods		
Uses technology to support student learning		
Incorporates critical thinking and reflective thinking for student learning		
Creates critical thinking and critical reasoning learning opportunities for students		
Is enthusiastic, motivating, and inspires students		
Shows interest and respect for students		
Facilitates Student Development and Socialization		
Uses resources that help meet individual student learning needs		
Creates learning environments that use socialization to prepare the student for the role of the nurse		
Assists with developing the cognitive, psychomotor, and affective domains of students		
Uses their teaching style and interpersonal interactions to assist students to meet their learning outcomes		
Assists students to use self and peer evaluations for their development in the nursing role		
Models professional behaviors for students		
Uses Assessment and Evaluation Strategies		
Uses evidence-based assessment and evaluation practices that are appropriate for the learner		
Uses various methods to assess and evaluate student learning in the cognitive, psychomotor, and affective domains		
Uses assessment and evaluation data to guide the teaching-learning process		
Provides feedback to students in a timely manner		
Understands Curriculum Design and Evaluation of Program Outcomes		
Demonstrates knowledge of the curriculum and program outcomes		
Maintains clinical and community partnerships that support the program education goals		

Collaborates with the faculty on program assessment that promotes quality improvement		
Function as a Change Agent and Leader		
Models cultural sensitivity		
Assists with providing strategies for organizational change		
Clinical Instructor Task	Date Observed	Observer Initials
Completes an evaluation of organizational effectiveness in nursing education		
Demonstrates innovative practices in the clinical setting		
Seeks opportunities to develop leadership skills		
Seeks Continuous Quality Improvement as a Nurse Educator		
Participates in professional development programs to develop and maintain competence in the role		
Recognizes the changes occur through experience in the role		
Uses feedback (self, peer, students, administrators) for improvement		
Participates in activities that promote socialization to the role		
Supports and mentors the faculty as needed		
Participate in Scholarship		
Displays a spirit of inquiry about teaching and learning		
Implements scholarly activities concerning their area of expertise		
Function within the Educational Environment		
Assists with developing and maintaining partnerships to support nursing within the academic community		
Supports the organization with the development of teachers and students		
Incorporates the goals of the nursing program when managing issues in the clinical setting		

Appendix B

Sample Letter of Cooperation

[Mailing address of Institution]

Date: _____

Dear Bridgett Jackson,

Based on my review of your research proposal, I give permission for you to conduct the study entitled "Nursing Students' and Novice Clinical Instructors' Experiences With Clinical Instruction and Assessment" within **The State Community College**. As part of this study, I authorize you to contact the Division Chairperson to have a letter of invitation accessible to nursing students to invite them to participate in research and for member checking at the conclusion of data collection. You are also authorized to contact the Division Chairperson to provide the letter of invitation to clinical instructors with less than two years of clinical instruction experience to be invited to participate in the research and for member checking at the conclusion of the data collection. Individual participation will be voluntary and at their own discretion. Their names, email addresses, and responses will be kept confidential, as well as the identification of this institution. The results will be disseminated to all participants, and this institution, via a 1-2 page summary via email. You are also authorized to review de-identified collective clinical experience evaluation data for the past two years.

We understand that our organization's responsibilities include: Providing a private area to conduct the focus group interview of the participating students, and an area to review the de-identified collective clinical experience evaluations. We reserve the right to withdraw from the study at any time if our circumstances change.

I confirm that I am authorized to approve research in this setting.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the research team without permission from the Walden University IRB.

Sincerely,

_____ (Electronic signature with title)

Walden University policy on electronic signatures: An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically. Electronic signatures are regulated by the Uniform Electronic Transactions Act. Electronic signatures are only valid when the signer is either (a) the sender of the email, or (b) copied on the email containing the signed document. Legally an "electronic signature" can be the person's typed name, their email address, or any other identifying marker. Walden University staff verify any electronic signatures that do not originate from a password-protected source (i.e., an email address officially on file with Walden).

Please return to Bridgett Jackson

Appendix C

Student Invitation to Participate in the Research Study

Nursing Students' and Novice Clinical Instructors' Experiences With Clinical Instruction and Assessment

Student Questionnaire

You are invited to take part in a research study entitled, **Nursing Students' and Novice Clinical Instructors' Experiences With Clinical Instruction and Assessment**. You are encouraged to participate in this research if you are a nursing student that has completed at least one semester of clinical. As such, you are a valuable resource for this pending study. Please read this form and ask any questions you have before agreeing to participate in this study. This research study is being conducted by Bridgett Jackson, who is a doctoral student at Walden University and employee of a community college within the state. The role of the researcher will be separate from her work role as an educator. The research is being conducted for Walden University and not your institution.

Background Information:

The purpose of this research study is to explore the clinical experiences of nursing students under the guidance of novice clinical instructors. The specific research question to be answered is: *Do novice nursing clinical instructors provide quality clinical experiences for students as outlined by the National League for Nurses?*

Procedures:

After you read this invitation in its entirety, you are asked to complete a questionnaire that may be accessed at the link at the conclusion of this invitation. If you are a full-time or part-time nursing faculty and you have completed more than two years in your role as clinical instructor, please reflect back during your first two years as a clinical instructor and answer the questionnaire based on that time frame. If you are a full-time or part-time nursing faculty and you have not completed two or more years in the role of clinical instructor, please complete the questionnaire based on your current role as clinical instructor. Your identity will be kept anonymous.

Voluntary Nature of the Questionnaire:

The questionnaire may be accessed at the link at the conclusion of this invitation. Your participation in completion of the questionnaire is voluntary. This means that you will not be penalized for deciding not to participate by anyone. No one employed with the state's community college system will treat you differently if you decide not to participate in the interview or to be associated with this study in general. If you feel stressed during the process, you can withdraw your participation at any time.

Risks and Benefits of Answering the Questionnaire:

There is the minimal risk of psychological stress while answering the questionnaire. If you feel stressed at any time, you may withdraw your participation. To minimize any risks, you may choose not to answer some of the questions, withdraw your participation, or not participate at all. The benefit of participating in this online questionnaire is to give you an opportunity to provide leadership in increasing the effectiveness of clinical instruction.

Compensation:

There is no compensation for completing the questionnaire.

Anonymity:

Any information you provide will be kept anonymous. Your name, or anything else that could identify you, will be included in any reports of the study.

Contacts and Questions:

The researcher's name is Bridgett A. Jackson. You may ask any questions you have now. Or if you have questions later, you may contact the researcher via phone or email. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Director of the Research Center at Walden University. Her phone number is 1-800-925-3368, extension 312-1210.

You may keep a copy of this form for your records.

Thank you for your participation,

Bridgett A. Jackson, RN, MSN

Questionnaire link:

<https://www.surveymonkey.com/s/HV5QRTW>

Appendix D

Faculty Invitation to Participate in the Research Study

Nursing Students' and Novice Clinical Instructors' Experiences With Clinical Instruction and Assessment

Full-time and Part-time Nursing Faculty

You are invited to take part in a research study entitled, **Nursing Students' and Novice Clinical Instructors' Experiences With Clinical Instruction and Assessment**. You are encouraged to participate in this study because you are a full-time or part-time nursing faculty member that is currently, or has worked, in the role of clinical instructor. As such, you are a valuable resource for this pending study. Please read this form and ask any questions you have before you decide to participate in this study. This research study is being conducted by Bridgett A. Jackson, who is a doctoral student at Walden University and employee of a community college within the state. The role of the researcher will be separate from her work role as an educator. The research is being conducted for Walden University and not your institution.

Background Information:

The purpose of this research study is to explore the clinical experiences of nursing students under the guidance of novice clinical instructors. The specific research question to be answered is: *Do novice nursing adjunct clinical instructors provide quality clinical experiences for students as outlined by the National League for Nurses?*

Procedures:

After you read this invitation in its entirety, you are asked to complete a questionnaire that may be accessed at the link at the conclusion of this invitation. If you are a full-time or part-time nursing faculty and you have completed more than two years in your role as clinical instructor, please reflect back during your first two years as a clinical instructor and answer the questionnaire based on that time frame. If you are a full-time or part-time nursing faculty and you have not completed two or more years in the role of clinical instructor, please complete the questionnaire based on your current role as clinical instructor. The questionnaire should take 15-20 minutes to complete. Your identity will be kept anonymous.

Voluntary Nature of the Questionnaire:

The questionnaire may be accessed at the link at the conclusion of this invitation. Your participation in completion of the questionnaire is voluntary. This means that you will not be penalized for deciding not to participate by anyone. No one employed with the state's community college system will treat you differently if you decide not to participate in the interview or to be associated with this study in general. If you feel stressed during the process, you can withdraw your participation at any time.

Risks and Benefits of Answering the Questionnaire:

There is the minimal risk of psychological stress while answering the questionnaire. If you feel stressed at any time, you may withdraw your participation. To minimize any risks, you may choose not to answer some of the questions, withdraw your participation, or not participate at all. The benefit of participating in this online questionnaire is to give you an opportunity to provide leadership in increasing the effectiveness of clinical instruction.

Compensation:

There is no compensation for completing the questionnaire.

Anonymity:

Any information you provide will be kept anonymous. Your name, or anything else that could identify you, will be included in any reports of the study.

Contacts and Questions:

The researcher's name is Bridgett A. Jackson. You may ask any questions you have now. Or if you have questions later, you may contact the researcher via phone or email. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Director of the Research Center at Walden University. Her phone number is 1-800-925-3368, extension 312-1210.

You may keep a copy of this form for your records.

Thank you for your participation,

Bridgett A. Jackson, RN, MSN

Questionnaire link:

<https://www.surveymonkey.com/s/BZPZL6K>

Appendix E

Nursing Student Questionnaire

Purpose of Study and Questionnaire: This research study will explore the clinical experiences of nursing students in clinical groups of novice clinical instructors. The questionnaire should take 15-20 minutes to complete. **Your responses will be kept anonymous.**

Questions:

1. Please provide examples of how your clinical instructor assign clinical activities which parallel current classroom instruction.
2. Describe how your clinical instructor explains disease processes, procedures, medication and clinical situations.
3. What is your perception of your clinical experience thus far?
4. Describe how your clinical instructor abides by clinical policies and procedures outlined in the Nursing Student Handbook.
5. Does your clinical instructor displays he/she is approachable and treats students with dignity? Please explain your answer.
6. Describe how your clinical instructor provides pre and post conference activities.
7. What evaluation criteria does your clinical instructor use to provide feedback for written clinical assignments and clinical behaviors?
8. Does your clinical instructor provide you with feedback in a timely manner? Please explain your answer.
9. List the qualities you feel that a clinical instructor should possess.
10. Is there anything you would change about your clinical experience thus far? Why?

Thank you for participating in this process. Please remember that your identity will in no way be revealed to anyone.

Appendix F

Full-time and Part-time Nursing Faculty Electronic Questionnaire

Purpose of Study and Questionnaire: Purpose of Study and Questionnaire: This research study will explore the clinical experiences of nursing students in clinical groups of novice clinical instructors. The questionnaire should take 15-20 minutes to complete. **Your responses will be kept anonymous**

Questions:

1. How would you describe your leadership and guidance of the students in the clinical setting during the first two years as a full-time or part-time clinical instructor?
2. Describe how you connect theory to practice in the clinical setting.
3. How would you describe your rapport with other health care professionals in the clinical setting?
4. Describe how you abide by policies and procedures outlined in the Nursing Student Handbook.
5. Explain how you display that you are approachable and treat students with dignity in the clinical setting.
6. Describe how you provide pre and post conference activities.
7. Explain how you evaluate and give feedback for written clinical assignments and clinical behaviors.
8. During the first two years as a clinical instructor do you feel that you provide quality clinical experiences for your students? Please explain your answer.
9. List the qualities you feel that a clinical instructor should possess.
10. How did you become oriented to your clinical instructor role?

Thank you for participating in this process. Please remember that your identity will in no way be revealed to anyone.

Appendix G

Letter Requesting Permission to Access Participants from Selected
Community Colleges within the State

Bridgett Jackson
Mailing address

M _____:

My name is Bridgett A. Jackson, a doctoral student enrolled in the Richard W. Riley College of Education and Leadership at Walden University and an employee of the community college system in this state. I am interested in conducting a qualitative case study entitled, **Nursing Students' and Novice Clinical Instructors' Experiences With Clinical Instruction and Assessment**. The study will explore the clinical experiences of associate degree nursing students that are in an adjunct clinical instructor group whose instructor has less than two years of clinical experience and who agrees to participate in the research.

The purpose of the pending study is to examine the clinical experiences of nursing students that are supervised by clinical instructors. Ideal student participants for the study are at minimum, practical nursing students that are at least 18-years-old. Part-time and full-time nursing faculty that have worked in the role of clinical instructor greater than two years will be asked to reflect on the first two years of their clinical instruction. Part-time and full-time nursing faculty that are currently working in the role of clinical instructor will be asked to complete the questionnaire based on their current practice in the roll of clinical instructor. The students and instructors should complete an electronic questionnaire in 15-20 minutes. The student and nursing faculty will remain anonymous and the identity of the participating organizations will be kept confidential in educational materials submitted to Walden University. I would also ask that I may view student collective and de-identified clinical evaluations of their clinical experiences for the past five years at each participating organization. **The results of this study will be used to complete educational requirements at Walden University and will also be shared with you, the nursing faculty and administration of participating institutions, and the research participants.**

This study poses little to no risks to participants. The findings from this study could be helpful in increasing novice clinical instructor effectiveness with the facilitation of learning experiences for nursing students in the clinical setting. Upon your approval, letters will be sent to the Presidents/Deans of the Community Colleges you recommend.

If you agree to allow me to conduct the proposed research, please reply in writing to the above address. You can also send written acknowledgement to me via email. Thank you for your cooperation in advance.

Sincerely,

Bridgett A. Jackson

Appendix H

Letter Requesting Permission from the Community College President/Dean or Responsible Individual
and College IRB to Access Participants from their Institution

Bridgett A. Jackson
Mailing address

Dr. _____:

My name is Bridgett A. Jackson, a doctoral student enrolled in the Richard W. Riley College of Education and Leadership at Walden University and an employee of the community college system in this state. I am interested in conducting a qualitative case study entitled, **Nursing Students' and Novice Clinical Instructors' Experiences With Clinical Instruction and Assessment**. The study will explore the clinical experiences of nursing students that are in a clinical instructor group whose instructor has less than two years of clinical experience and who agrees to participate in the research.

The purpose of the pending study is to examine the clinical experiences of nursing students that are supervised by clinical instructors. Ideal student participants for the study are at minimum, practical nursing students that are at least 18-years-old. Part-time and full-time nursing faculty that have worked in the role of clinical instructor greater than two years will be asked to reflect on the first two years of their clinical instruction. Part-time and full-time nursing faculty that are currently working in the role of clinical instructor will be asked to complete the questionnaire based on their current practice in the roll of clinical instructor. The students and instructors should complete an electronic questionnaire in 15-20 minutes. The student and nursing faculty will remain anonymous and the identity of the participating organizations will be kept confidential in educational materials submitted to Walden University. I would also ask that I may view student collective and de-identified clinical evaluations of their clinical experiences for the past five years at each participating organization. **The results of this study will be used to complete educational requirements at Walden University and will also be shared with you, the nursing faculty and administration of participating institutions, and the research participants.**

This study poses little to no risks to participants. The findings from this study could be helpful in increasing novice clinical instructor effectiveness with the facilitation of learning experiences for nursing students in the clinical setting. Upon your approval, an email will be sent to the Nursing Division Chairperson.

If you agree to allow me to conduct the proposed research, please reply in writing to the above address. You can also send written acknowledgement to me via email. Thank you for your cooperation in advance.

Sincerely,

Bridgett A. Jackson

Appendix I

Letter Acknowledging Permission Granted to Conduct Research Study
Nursing Division Chairperson

Bridgett A. Jackson
Mailing address

Nursing Division Chairperson:

This correspondence is to invite your institution to participate in a research study entitled **Nursing Students' and Novice Clinical Instructors' Experiences With Clinical Instruction and Assessment**. I am a doctoral student enrolled in the Richard W. Riley College of Education and Leadership at Walden University and an employee within the community college system of this state. I will be conducting a study that will explore the clinical experiences of associate degree nursing students that are in novice clinical instructor groups.

The purpose of the pending study is to examine the clinical experiences of nursing students that are supervised by clinical instructors. Ideal student participants for the study are at minimum, practical nursing students that are at least 18-years-old. Part-time and full-time nursing faculty that have worked in the role of clinical instructor greater than two years will be asked to reflect on the first two years of their clinical instruction. Part-time and full-time nursing faculty that are currently working in the role of clinical instructor will be asked to complete the questionnaire based on their current practice in the roll of clinical instructor. The students and instructors should complete an electronic questionnaire in 15-20 minutes. The student and nursing faculty will remain anonymous and the identity of the participating organizations will be kept confidential in educational materials submitted to Walden University. I would also ask that I may view student collective and de-identified clinical evaluations of their clinical experiences for the past five years at each participating organization. **The results of this study will be used to complete educational requirements at Walden University and will also be shared with you, the nursing faculty and administration of participating institutions, and the research participants.**

This study poses little to no risks to participants. The findings from this study could be helpful in increasing novice clinical instructor effectiveness with the facilitation of learning experiences for nursing students in the clinical setting. I will need your assistance with making the invitation and electronic questionnaire link to participate in the research accessible to potential participants. Please be aware that the names of chosen participants will remain confidential. If you agree to participate, I will contact you in the future to discuss meeting times for viewing of the student clinical evaluation documents. I can be reached via phone or email. Thank you in advance for your consideration.

Sincerely,

Bridgett A. Jackson

Appendix J

Student #1 Transcript **12-10-14** **21:17**

Q1: Please provide examples of how your clinical instructor assigns clinical activities which parallel current classroom instruction.

The newest clinical instructor we were assigned to had a syllabus at the clinical site and would pair the students (us) up with patients who were diagnose conditions that were similar to what we had already learned or were currently learning.

Q2: Describe how your clinical instructor explains disease processes, procedures, medication and clinical situations.

First they would ask what we already know, then make us think about the pathophysiology of the disease, if we were unable to correctly answer we would all chime in and she would clarify any misunderstandings, describe the procedures and medications to correct the problems and allow us to get hands on experience with the steps in the nursing process. I.E.: Initially assessing the patient and obtaining as much information through subjective and objective gathering, and so on and so forth until we were able to evaluate the effectiveness of the treatment (if feasible). All clinical instructors were very thorough in helping us learn as much as possible.

Q3: What is your perception of your clinical experiences thus far?

I wish they would allow us to have more than one patient sometimes because it seems to drag at times with just one patient.

Q4: Describe how your clinical instructor abides by clinical policies and procedures outlined in the Nursing Student Handbook.

All rules apply. We have to be on time or go home. We have to provide for the safety of the patients first and foremost and if we violate, it's very serious. We are always professionals and representing the school and future nurse so they are very serious about conduct and patient interaction.

Q5: Does your clinical instructor display that he/she is approachable and treats students with dignity? Please explain your answer.

They are our role models and very appropriate in communicating with us at all times. Because of their vast knowledge in the nursing field it can be a little intimidating, but they understand that and never have a problem making us critically think about why we are doing what we are doing.

Q6: Describe how your clinical instructor provides pre and post conference activities. Every morning we meet and discuss last clinical questions in regards to graded papers, clinical workshops, concept maps, etc., and we get our assignments for that day. Post conferences are about what we learned from the patients and what they learned from our teachings and questions are answered.

Q7: What evaluation criteria does your clinical instructor use to provide feedback for written clinical assignments and clinical behaviors?

We get a satisfactory based on conduct outlined in our clinical handouts or unsatisfactory based on behaviors not appropriate or violating safety of the patients. These have always been available to us and are explained.

Q8: Does your clinical instructor provide you with feedback in a timely manner? Please explain your answer.

Feedback is given as necessary or within a week and provides us with areas of weakness of strengths. i.e. good report with patients, excellent interpersonal communication, wordiness in the nurses notes, poor assessments on not thorough enough.

Q9: List the qualities you feel that a clinical instructor should possess.

Assertiveness, because they cannot be timid and allow students to walk all over them. Consistency because if are not consistent they will get walked all over Knowledge, we are not asking for someone to know everything, but if every question that is asked does not have an answer it makes us wonder if the nurse is a paper pusher who has lost a lot of her skilled nursing.

Q10: Is there anything you would change about your clinical experience thus far? Why? I don't think so.... I wish they would allow us to have more than one patient sometimes because it seems to drag at times with just one patient!

Student #2 Transcript

12-10-14

3:08:38

Q1: Please provide examples of how your clinical instructor assigns clinical activities which parallel current classroom instruction.

When learning about different topics usually the clinical site/floor compares to topics taught in class. While studying cardiac we were on the cardiac floor which assisted in recognizing various cardiac strips.

Q2: Describe how your clinical instructor explains disease processes, procedures, medication and clinical situations.

When explaining these things she would always try to give us real life examples so that we would be able to relate it so something else. When explaining processes, procedures, or clinical situations she would always try to include medications that may be used when presented with these various situations. Or we would have to look them up so that would in turn help us remember them and know what they are for.

Q3: What is your perception of your clinical experiences thus far?

I have thoroughly enjoyed my clinical experience thus far. My best clinical experiences have occurred over the summer and fall semesters of 2014. The clinical instructor I had realized the importance of hands on experience and really made clinical enjoyable. She showed such compassion, faith, and confidence in our abilities, in which this assisted us with our nervousness.

Q4: Describe how your clinical instructor abides by clinical policies and procedures outlined in the Nursing Student Handbook.

Tardiness was not tolerated. It was important to be timely and organized.

Communications was a big thing, if we were going to be absent for whatever reason it was important to communicate that information. She always remained professional, whether it was by attire or attitude.

Q5: Does your clinical instructor display that he/she is approachable and treats students with dignity? Please explain your answer.

Absolutely! So far all of my clinical instructors have been very approachable. However, as mentioned before my clinical instructor from this summer and fall was exceptional.

She displayed so much faith and confidence in us, more so than we did in ourselves. She showed amazing dignity and respect for us as students. Never once doubting our abilities, although often times we doubted ourselves.

Q6: Describe how your clinical instructor provides pre and post conference activities.

During pre-conference activities we will discuss the patients that we will assess that day and what we should look for and pay attention to. We would also discuss any pre-clinical assignments that needed to be completed. During post conference activities we would discuss our day and our patients. The experiences we had and what we learned from the day.

Q7: What evaluation criteria does your clinical instructor use to provide feedback for written clinical assignments and clinical behaviors?

This evaluation criteria was provided by the school on paper initially, however now the same lay out is provided outline at e-value.net.

Q8: Does your clinical instructor provide you with feedback in a timely manner? Please explain your answer.

Yes, my clinical instructor this past summer and fall would give us feedback immediately upon completing a task or at the end of the day at post conference. She would inform us of improvements we can make or things that we accomplished well.

Q9: List the qualities you feel that a clinical instructor should possess.

Compassion, intelligence, a willingness to teach, a love to teach, ability to explain things without belittling, patience, and having faith and confidence in your students that they can complete the tasks without always taking over or finishing it for them.

Q10: Is there anything you would change about your clinical experience thus far? Why?

I would say increase hands on experience within the clinical settings. As far as IV's, giving meds, etc. this is important along with understand the disease process.

Student #3 Transcript

12-15-14

18:17

Q1: Please provide examples of how your clinical instructor assigns clinical activities which parallel current classroom instruction.

My clinical instructor did not assign activities that were parallel to current classroom instruction. We were assigned pre-clinical homework that was to be completed prior to clinical, but it never lined up with what was being discussed in the classroom at that time.

Q2: Describe how your clinical instructor explains disease processes, procedures, medication and clinical situations.

My clinical instructor for the past two semesters never explained disease processes or procedures. We did however have to go over what each medication was and why we were giving this particular medication to our patient.

Q3: What is your perception of your clinical experiences thus far?

Clinical can be a very promising experience so long as you have an instructor that will allow you to participate with total care of your patient and learn for not only the instructor but the nurses, doctors, and any other personnel involved with the patient.

Q4: Describe how your clinical instructor abides by clinical policies and procedures outlined in the Nursing Student Handbook.

My clinical instructor abided by clinical policies and procedures detailed for our program, but I feel we were limited when we cared for our patients because she was afraid to allow us to do certain procedures.

Q5: Does your clinical instructor display that he/she is approachable and treats students with dignity? Please explain your answer.

My clinical instructor was approachable and she did treat us with dignity. She was a very respectable person, she just seemed afraid to let us do certain things, like give narcotics, or care for a patient with tuberculosis.

Q6: Describe how your clinical instructor provides pre and post conference activities.

Yes my instructor provided pre conference with the entire class, but post conference was usually on an individual basis.

Q7: What evaluation criteria does your clinical instructor use to provide feedback for written clinical assignments and clinical behaviors?

She generally takes our paper work home and she reads over it and provides feedback on the paperwork if there were any discrepancies found.

Q8: Does your clinical instructor provide you with feedback in a timely manner? Please explain your answer.

Yes, we met every week and she would always return the paperwork the following week.

Q9: List the qualities you feel that a clinical instructor should possess.

Leadership, confidence, guidance, protection, logic thinking, critical thinking

Q10: Is there anything you would change about your clinical experience thus far? Why?

Yes, we need to make sure the clinical instructor and the classroom instructor have some type of regular communication so that what we are learning in the classroom can convert to some things we can pick up in clinical.

Student #4 12-29-14 13:42

Q1: Please provide examples of how your clinical instructor assigns clinical activities which parallel current classroom instruction.

I am not sure if the clinical instructor assigned activities that paralleled classroom instruction. Often the quality of the clinical experience was based on the nurse that volunteered to assist the student with practicing skills.

Q2: Describe how your clinical instructor explains disease processes, procedures, medication and clinical situations.

We talk about most of these things in pre-conference when we get our patient assignments.

Q3: What is your perception of your clinical experience thus far?

The clinical experience is generally good, but could be improved by ensuring students get an opportunity to practice skills taught in the classroom.

Q4: Describe how your clinical instructor abides by clinical policies and procedures outlined in the Nursing Student Handbook.

Clinical procedures and policies were reviewed prior to onsite clinical visits and clinical instructor provided personal guidance during onsite clinical assignments as well as prior to any clinical procedures.

Q5: Does your clinical instructor display that he/she is approachable and treats students with dignity? Please explain your answer.

All clinical instructors treated students with dignity and were approachable.

Q6: Describe how your clinical instructor provides pre and post conference activities. Pre conference activities consisted of reviewing assignments. Post conference activities consisted of reviewing nursing notes and discussing skills practiced.

Q7: What evaluation criteria does your clinical instructor use to provide feedback for written clinical assignments and clinical behaviors?

Evaluation criteria for written clinical assignments were vague and feedback was provided post assignments. Evaluation criteria for clinical behaviors were provided in written format prior to clinical assignments.

Q8: Does your clinical instructor provide you with feedback in a timely manner? Please explain your answer.

Feedback was timely. Clinical instructor usually provided feedback at the end of the day of clinical or directly after observing a skill.

Q9: List the qualities you feel that a clinical instructor should possess.

The clinical instructor should be approachable, honest, trustworthy, and possess relevant knowledge.

Q10: Is there anything you would change about your clinical experiences thus far? Why? Yes. Need more time in areas where students can practice skills more, such as ER.

Student #5 Transcript

12-31-14

18:57

Q1: Please provide examples of how your clinical instructor assigns clinical activities which parallel current classroom instruction.

My instructor makes assignments based on what our subject matter is we are studying.

Q2: Describe how your clinical instructor explains disease processes, procedures, medication, and clinical situations.

My instructor has pre and post clinical and we discuss varies disease process of our assigned patients.

Q3: What is your perception of your clinical experiences thus far?

Clinical has been good so far, but sometimes the instructor seems to spend more time with some students and I feel that others in the group miss out on learning opportunities because she takes up so much time with them.

Q4: Describe how your clinical instructor abides by clinical policies and procedures outlined in the Nursing Student Handbook.

Yes

Q5: Does your clinical instructor display that he/she is approachable and treats students with dignity? Please explain your answer.

Yes

Q6: Describe how your clinical instructor provides pre and post conference activities. We discuss our current patients disease and medications and any procedures any patient has or had during our clinical day.

Q7: What evaluation criteria does your clinical instructor use to provide feedback for written clinical assignments and clinical behaviors?

She uses a clinical evaluation form.

Q8: Does your clinical instructor provide you with feedback in a timely manner? Please explain your answer.

Yes

Q9: List the qualities you feel that a clinical instructor should possess.

Competent in his/her specialized area.

Q10: Is there anything you would change about your clinical experiences thus far? Why?
I would probably change hospital selection. I would make it where clinical could be done at a hospital close to where students live versus over 30 miles away.

Student #6 Transcript

1-2-15

15:49

Q1: Please provide examples of how your clinical instructor assigns clinical activities which parallel current classroom instruction.

My instructor somehow made it to what material we were learning in the classroom we were visually seeing in our clinical. I owe a lot of my memorizing skills that...visually seeing what we were reading in our textbooks.

Q2: Describe how your clinical instructor explains disease processes, procedures, medication and clinical situations.

I had difficulty putting disease processing into perspective. Mrs. Jackson explained all mentioned above in a way that you got it. I believe with her medical background and life experiences this provided her with the tools to be able to do so.

Q3: What is your perception of your clinical experiences thus far?

I have loved every minute of it. I have loved reading material and not completely understanding the material than, be able to go to clinical and see it.... Made the light bulb go off.

Q4: Describe how your clinical instructor abides by clinical policies and procedures outlined in the Nursing Student Handbook.

She stands by rules...period. She explained that rules provide structure and all should be obeyed.

Q5: Does your clinical instructor display that he/she is approachable and treats students with dignity? Please explain your answer.

One of the most approachable people I have ever met. Her smile demeanor and attitude welcomes all who come into contact with her.

Q6: Describe how your clinical instructor provides pre and post conference activities.

We were given a syllabus that outlines what we would go over before and after clinical so it provided us with a basis of material we needed to know or be aware of.

Q7: What evaluation criteria does your clinical instructor use to provide feedback for written clinical assignments and clinical behaviors?

On all of our assignments our instructor wrote information that would guide us in a way to be the best nurses we could be. She would also talk to each individual personally and in a group to provide feedback in clinical.

Q8: Does your clinical instructor provide you with feedback in a timely manner? Please explain your answer.

Yes. We met 1 to 3 times a week. We always got feedback from the previous clinical by the next clinical.

Q9: List the qualities you feel that a clinical instructor should possess.

Approachable qualities Knowledge Time Confidence Symphony Empathy Leadership all of these and so much more is what my clinical instructor possesses.

Q10: Is there anything you would change about your clinical experiences thus far? Why? I would not change nothing. I have been truly blessed and my life has been changed for the best by what I have seen and couldn't have had a better instructor.

Student #7 1-9-15 12:10

Q1: Please provide examples of how your clinical instructor assigns clinical activities which parallel current classroom instruction.

Instructors were provided with syllabus from the classroom, and assigned patients on the floor with diagnoses related to students weekly progress in the classroom.

Q2: Describe how your clinical instructor explains disease processes, procedures, medication and clinical situations.

Instructors used the nursing process explaining how the care of a patient in a cyclical process beginning with assessments through evaluation. Incorporated procedures and medications in explaining disease process inside the clinical setting outside the classroom.

Q3: What is your perception of your clinical experiences thus far?

Great! Got to see what we learned about in classroom, show up in the clinical setting.

Q4: Describe how your clinical instructor abides by clinical policies and procedures outlined in the Nursing Student Handbook.

Yes, my instructor obtained a copy of the nursing student handbook, and went over it with us in clinical.

Q5: Does your clinical instructor display that he/she is approachable and treats students with dignity? Please explain your answer.

Yes, my clinical instructors were nonjudgmental and treated all students the same.

Q6: Describe how your clinical instructor provides pre and post conference activities.

In post conference we talked about how our day went, what we saw, what happened, in pre we were asked what all we would like to see, and what we might see.

Q7: What evaluation criteria does your clinical instructors use to provide feedback for written clinical assignments and clinical behaviors?

Evaluation sheet, evaluated each day in clinical and went over with instructors.

Q8: Does your clinical instructor provide you with feedback in a timely manner? Please explain your answer.

Yes, when I was not going in the right direction for a procedure or intervention, my instructor stopped me and allowed me to critically think my way to right answer and focused me in the right direction.

Q9: List the qualities you feel that a clinical instructor should possess.

Compassion, integrity, stamina, and common sense and as well as be nonjudgmental.

Q10: Is there anything you would change about your clinical experiences thus far? Why?

Not applicable---different personalities to clinical instructors was helpful in clinical settings with different teaching styles.

Student #8 **1-12-15** **21:28**

Q1: Please provide examples of how your clinical instructor assigns clinical activities which parallel current classroom instruction.

Respondent skipped this question.

Q2: Describe how your clinical instructor explains disease processes, procedures, medication and clinical situations.

Before giving our patients any medication she requires us to look the medication up and to know what side effects the medication.

Q3: What is your perception of your clinical experiences thus far?

The experience has been great.

Q4: Describe how your clinical instructor abides by clinical policies and procedures outlined in the Nursing Student Handbook.

She holds us accountable for our time, clinical paperwork, and patient safety.

Q5: Does your clinical instructor display that he/she is approachable and treats students with dignity? Please explain your answer.

Yes, she always greet us with a smile. She doesn't answer all my questions sometimes because she requires us to look the information up before giving us an answer.

Q6: Describe how your clinical instructor provides pre and post conference activities.

Pre conference we were assigned patient discussed the issues the patient had. Post conference we talked about how our day went, what we did and how the patient diagnosis related to what we learned in class.

Q7: What evaluation criteria does your clinical instructor use to provide feedback for written clinical assignments and clinical behaviors?

She goes over our clinical paper work with us one on one in post conference.

Q8: Does your clinical instructor provide you with feedback in a timely manner? Please explain your answer.

Yes our clinical paper work is always ready by our next clinical with her.

Q9: List the qualities you feel that a clinical instructor should possess.

Understanding, friendly, fair, and knowledgeable of nursing and the ability to listen.

Q10: Is there anything you would change about your clinical experiences thus far? Why?

I wish the clinical schedules were more flexible.

Student #9 Transcript **1-12-15** **24:52**

Q1: Please provide examples of how your clinical instructor assigns clinical activities which parallel current classroom instruction.

Respondent skipped this question.

Q2: Describe how your clinical instructor explains disease processes, procedures, medication and clinical situations.

She explains all of these multiple ways so that everyone is able to understand. One thing that I really like is that she makes it interactive and makes you think through it.

Q3: What is your perception of your clinical experiences thus far?

It has been a very good process thus far. I feel that I am able to learn a lot.

Q4: Describe how your clinical instructor abides by clinical policies and procedures outlined in the Nursing Student Handbook.

She abides by all rules and outlined in the handbook. One example is the attendance policy.

Q5: Does your clinical instructor display that he/she is approachable and treats students with dignity? Please explain your answer.

Yes she does, I feel like any issue that I may have I can approach her and talk about it.

Q6: Describe how your clinical instructor provides pre and post conference activities.

Prior to going on the unit we have a pre huddle and discuss the plan for the day, and once the day is completed we have a post conference and we are able to discuss our day and receive feedback.

Q7: What evaluation criteria does your clinical instructor use to provide feedback for written clinical assignments and clinical behaviors?

The clinical paperwork and also post conference and one on one.

Q8: Does your clinical instructor provide you with feedback in a timely manner? Please explain your answer.

Yes, I always receive feedback within a timely manner.

Q9: List the qualities you feel that a clinical instructor should possess.

Knowledgeable, approachable, good people skills, and a good teacher.

Q10: Is there anything you would change about your clinical experiences thus far? Why?

No

Appendix K

Instructor #1 Transcript 12-02-14 21:48

Q1: How would you describe your leadership and guidance of the students in the clinical setting during your first two years as a full-time or part-time clinical instructor?

It was a learning experience, for sure. I had to make sure I displayed knowledge, but also demand respect. As an adjunct the student don't really know you, and will try to see what they can get away with.

Q2: Describe how you connect theory to practice in the clinical setting.

I would assess the syllabus and try to associate things they were learning in class to do what we saw in the clinical setting. I would reinforce this in post-conference.

Q3: How would you describe your rapport with other health care professionals in the clinical setting?

Great. I show respect and I receive it. I don't act amid and ask questions if I don't know where something is. If a physician is performing a procedure, I ask if students may watch and use as a learning experience. They see you are teaching the next generation of nurses and usually oblige.

Q4: Describe how you abide by policies and procedures outlined in the Nursing Student Handbook.

I read over them before clinical and keep a copy in my clinical notebook, so it is readily available if I need to access it.

Q5: Explain how you display that you are approachable and treat students with dignity in the clinical setting.

I learn the names very quickly and make a few nursing jokes, usually about myself. It shows how human I am and yes, I make mistakes. If they are shy or standoffish, I go up to them and start talking about the day and make sure they know to ask if they have questions.

Q6: Describe how you provide pre and post conference activities.

In pre-conference I explain what is expected and what is going on with the patients. I also give assignments. In post conference, I allow each student give report on their patient, tell how they feel about the day, how they think they performed, and how they met goals for the day.

Q7: Explain how you evaluate and give feedback for written clinical assignments and clinical behaviors.

I have used written feedback on concept maps and care plans as well as E-Value. I look at the medical diagnoses and nursing diagnoses and assess the student's interventions for appropriateness. I also read nurses' notes for good assessment quality and flow.

Q8: During the first two years as a clinical instructor do you feel that you provide quality clinical experiences for your students? Please explain your answer.

Yes, I talked to my students and tried to gauge their level of understanding. I adjusted my teaching methods to help them understand procedures and concepts better by association. I also give prompt feedback, which students appreciate, whether it is positive or negative. I also tried to make them feel comfortable, assuring them we have all been in that

position and they won't learn everything at once, but continue to build upon knowledge as they go.

Q9: List the qualities you feel that a clinical instructor should possess.

Knowledge, passion for nursing, understanding of clinical procedures and role of the clinical instructor, personable.

Q10: How did you become oriented to your clinical instructor role?

Mostly from other clinical instructors from the past. I watched them, learned their way, and took that into account as to whether or not I would do certain things. I continue to learn and adjust each semester.

Instructor #2 Transcript 12-03-14 50:30

Q1: How would you describe your leadership and guidance of the students in the clinical setting during your first two years as a full-time or part-time clinical instructor?

I really did not have any orientation to the clinical area on the academia side so I drew on my experience as a nurse and clinical coordinator in the hospital. I was more of mentor and although rocky at first things became better as I gained more experience.

Q2: Describe how you connect theory to practice in the clinical setting.

I like for the students to be able to relay pathophysiology of the disease process and why procedures are being performed on the patient and the outcomes. What types of diagnostics and labs should be expected for the type of situation.

Q3: How would you describe your rapport with other health care professionals in the clinical setting?

I have an easy rapport with other health care professionals when engaging in the clinical setting. I always view myself in the visitor role and make sure that I am doing what they expect of me as an instructor while ensuring that my students learning needs are met.

Q4: Describe how you abide by policies and procedures outlined in the Nursing Student Handbook.

Students must follow all guidelines, I believe that this is how they will learn work ethic. If students are not dressed properly even not wearing a name tag, they are sent home. I make sure that they have all health requirements and ensure that they meet the standards on the evaluation.

Q5: Explain how you display that you are approachable and treat students with dignity in the clinical setting.

I treat people with respect and do not act like I am better than they are just because I am an instructor. I do not make the student feel stupid or inferior if they do not know an answer but guide and assist them to learn.

Q6: Describe how you provide pre and post conference activities.

During pre-conference, I use that time for the students to gain an understanding of items from paper-work turned in the week before and to ask any questions they may have regarding their assignment. Post-conference, I usually have an assignment for the students based on what they are learning in class to correlate with clinical and then I might bring something in that happened during the clinical day so that they have a better understanding of the situation.

Q7: Explain how you evaluate and give feedback for written clinical assignments and clinical behaviors.

I will talk one to one with the student regarding the behavior prior to and then after the assignment of clinical behavior has been documented I will review with the students to make sure that it is clear to the student and have the student to sign and make sure they understand what is needed to rectify the situation.

Q8: During the first two years as a clinical instructor do you feel that you provide quality clinical experiences for your students? Please explain your answer.

I believe so because I just remembered what it was like as a new nurse and I tried to make sure that the students gained as much knowledge as possible and I tried to be the mentor that they needed to be successful.

Q9: List the qualities you feel that a clinical instructor should possess.

Strong clinically, have professionalism and poise, be objective and fair. Make sure that they clearly state what they expect of the students and do not waiver from that when dealing with the students.

Q10: How did you become oriented to your clinical instructor role?

I oriented myself. I was basically given my assignment and I called the floor and made an appointment to go to the floor for orientation prior to the first day with the students.

Instructor #3 12-3-14 30:31

Q1: How would you describe your leadership and guidance of the students in the clinical setting during your first two years as a full-time or part-time clinical instructor?

During the first year- I felt completely lost guiding students. I really was not given much direction at all. I oriented with an instructor for a few hours and then she left. I used that information to guide the entire clinical rotation. Luckily, the clinical rotation was on the floor I currently worked. That was a big help! I was able to educate and ask questions of the students based on the patient population since I was very comfortable in the setting. I think if I had been on a floor where I had never worked and started teaching clinical, I would have been done after my 1st semester. It was hard for me at first to write information about student issues, unless the issue was critical. I just let it slide. I definitely did a better job with leadership and guidance after a few semesters.

Q2: Describe how you connect theory to practice in the clinical setting.

Well to be honest I very seldom ever got a syllabus form the instructors so I would ask the students and base the theory off what was happening in class and the patients on the floor.

Q3: How would you describe your rapport with other health care professionals in the clinical setting?

I have a rapport with the health care professionals in the clinical setting. Everyone was always happy to see myself and the students. We always worked very hard and the nurses were thankful for everything we did.

Q4: Describe how you abide by policies and procedures outlined in the Nursing Student Handbook.

When I first starting teaching clinical I never saw a nursing student handbook. It was later in my years that I was ever given a handbook. I have taught for a variety of schools over the years, since my background is pediatrics.

Q5: Explain how you display that you are approachable and treat students with dignity in the clinical setting.

I go over my expectations on the first clinical day. I review the paperwork in detail. I found it is best to let them know everything you expect. For example- if we need to give a blood pressure medicine- a current BP is needed. I tell them the things that irritate me. I do not show favorites. I treat them all the same. I will listen to their questions and work hard not to show what I am thinking on my face.

Q6: Describe how you provide pre and post conference activities.

Go over patients and expectations during preconference. Assignments may be given to bring back to post conference. Review patients, discuss assignments, and teaching activities.

Q7: Explain how you evaluate and give feedback for written clinical assignment and clinical behaviors.

It depends on the semester of the student- first semester will focus on assessment feedback and as the student progresses it will be based on issues. If they have issues with meds- we will talk about it and I expect them to learn and remember the issue so when we do it again they will be ok. I do not embarrass the student in front of the patient or family. Then outside the room or in a separate area we will discuss the issue. Feedback for the behavior depends on the issue- I usually stop the student and discuss at the moment if possible.

Q8: During the first two years as a clinical instructor do you feel that you provide quality clinical experiences for your students? Please explain your answer.

Not really- I did ok since it was on my home unit. I learned something new every semester. I really would have enjoyed talking with the primary instructor to see exactly what I need to cover.

Q9: List the qualities you feel that a clinical instructor should possess.

Patience!! Understanding!! Remaining calm when they drive you crazy and ask you the same questions over and over and over again!! Experienced and confident in yourself and your clinical skills.

Q10: How did you become oriented to your clinical instructor role?

On my own! I had very little guidance when I first started. I just showed up, left early, and did not have a clue about time. I did not know that hours was such a big deal. I learned from other instructors, I talked to nurses, got feedback from the students when I tried different things.

Instructor #4 12-05-14 13:36

Q1: How would you describe your leadership and guidance of the students in the clinical setting during your first two years as a full-time or part-time clinical instructor?

I would describe my leadership in the clinical setting as a “hands on” approach. The guidance I provide is based on the situation and the students involved.

Q2: Describe how you connect theory to practice in the clinical setting.

Connecting theory to practice in the clinical setting should be the foundation for the teaching experience. I applied the education theory to the setting, making sure students taught patients and families regarding care and treatment.

Q3: How would you describe your rapport with other health care professionals in the clinical setting?

The rapport with other healthcare professionals in the clinical setting is an important factor to the success of the rotation. It is a professional relationship.

Q4: Describe how you abide by policies and procedures outlined in the Nursing Student Handbook.

I read and refer to the handbook on occasion.

Q5: Explain how you display that you are approachable and treat students with dignity in the clinical setting.

Introductions and post conferences provided.

Q6: Describe how you provide pre and post conference activities.

Pre conference is usually a tour of the unit on the first day. Post conference is a verbal wrap up of our experiences.

Q7: Explain how you evaluate and give feedback for written clinical assignment and clinical behaviors.

Based on the schools evaluation paperwork.

Q8: During the first two years as a clinical instructor do you feel that you provide quality clinical experiences for your students? Please explain your answer.

Clinically- yes. Provided a variety of situations for them.

Q9: List the qualities you feel that a clinical instructor should possess.

Clinical skills and professionalism are the most important qualities that a clinical instructor should possess.

Q10: How did you become oriented to your clinical instructor role?

None given. I was introduced to the paperwork, the course syllabus. No specific role orientation.

Instructor #5 12-05-14 2:58:08

Q1: How would you describe your leadership and guidance of the students in the clinical setting during your first two years as a full-time or part-time clinical instructor?

My leadership and guidance with students was very strict and black and white. I following all guidelines as outlined by the school of nursing. The clinical setting was very structured and organized in an effort to provide the students with a professional environment. This was also to provide the student with a professional nursing role model.

Q2: Describe how you connect theory to practice in the clinical setting.

I use the course outline/syllabus/schedule. I guide clinical practice based on what the students should be learning for that assigned day or week.

Q3: How would you describe your rapport with other health care professionals in the clinical setting?

Excellent. I have an excellent rapport with nursing and non-nursing staff. This is important because it helps students understand the interdisciplinary approach to healthcare.

Q4: Describe how you abide by policies and procedures outlined in the Nursing Student Handbook.

Policies and procedures are strictly adhered to. The handbook is followed and students are directed to the handbook when needed.

Q5: Explain how you display that you are approachable and treat students with dignity in the clinical setting.

Students are approached in a personable, yet professional manner. Student are spoken to in a courteous and respectful manner. I let at the student know that I am open to all concerns. All feedback is given to students in a constructive manner without judgement.

Q6: Describe how you provide pre and post conference activities.

Post clinical activities are done by discussing patient care and determining what could been better patient student or staff in order to provide quality care, discussing concepts that students encounter throughout the day.

Q7: Explain how you evaluate and give feedback for written clinical assignment and clinical behaviors.

In a constructive manner and in a private setting with just myself and the student. This gives the student the opportunity to ask questions if needed.

Q8: During the first two years as a clinical instructor do you feel that you provide quality clinical experiences for your students? Please explain your answer.

Yes. Students were given the opportunity to work closely with primary nurse. I ask the students critical thinking questions and provided activities throughout the clinical day to make the student think about patient's care.

Q9: List the qualities you feel that a clinical instructor should possess.

Patience, honesty, and understanding.

Q10: How did you become oriented to your clinical instructor role?

I learned on the job. There was no formal orientation.

Instructor #6 12-13-14 33:06

Q1: How would you describe your leadership and guidance of the students in the clinical setting during your first two years as a full-time or part-time clinical instructor?

I instructed my students based mainly on my clinical experience. I focused on what I had learned through my years of experiences.

Q2: Describe how you connect theory to practice in the clinical setting.

I did not connect the theory when I first started instructing students in the clinical setting.

Q3: How would you describe your rapport with other health care professionals in the clinical setting?

Good, I was able to take some of the patient load from them. They liked to see the students because they knew we would be taking some of their patients.

Q4: Describe how you abide by policies and procedures outlined in the Nursing Student Handbook.

I reviewed the adjunct orientation information before I went to clinical. I made sure I followed what I learned from the orientation book. I knew the limitations for myself and my students in the clinical setting.

Q5: Explain how you display that you are approachable and treat students with dignity in the clinical setting.

I gave the students my number and contact information on the first day. I tell them that I am available outside of clinical if they needed additional instruction. I also treat all the students with respect.

Q6: Describe how you provide pre and post conference activities.

I met with students before clinical time to review their preparation tools. Post conference was determined by what we encounter during the clinical time. Every student had to state what they learned during the clinical time.

Q7: Explain how you evaluate and give feedback for written clinical assignment and clinical behaviors.

I use a clinical assessment tool where they get rated as satisfactory or unsatisfactory. It reveals the areas that they need to work on for next time, I discuss it with them before we leave the clinical setting.

Q8: During the first two years as a clinical instructor do you feel that you provide quality clinical experiences for your students? Please explain your answer.

Yes, the hands on was great for my students. But, I think I lacked the theory that they needed also.

Q9: List the qualities you feel that a clinical instructor should possess.

Patient, knowledge, kind, caring, professional, relaxed to provide comfortable learning environment. The instructor must also hold the student accountable to the standards set in the clinical setting.

Q10: How did you become oriented to your clinical instructor role?

I was oriented by a full time instructor at the college where I was going to act as an adjunct. I also was given an orientation book for adjuncts.

Appendix L

Examples of Narrative Clinical Experience Evaluation Student Responses**Institution A**

“My clinical instructor is on her cell phone a lot, even though we are not supposed to have our phone in clinical”

“She talks down to some of the students.”

“Some of the students in the group get more attention than others.”

“My instructor did not comment on my performance, but she gave me a low level of performance on part of my clinical evaluation.”

“I liked the critical care quizzes she gave us in post conference.”

“This was the best clinical ever!”

“I wish she would let us do more skills.”

“My instructor wears artificial nails to clinical.”

“Our patients we were given did not match what we were learning in class.”

Institution B

“My clinical instructor seemed afraid to let us do certain skills and take care of patients with certain infectious diseases.”

“She was not specific enough when she told me I needed to work on my documentation. I never seemed to get it right for her.”

“I need more verbal feedback.”

“My instructor embarrassed me in front of my group by telling me that I should know how to formulate a patient care plan by now.”

“She seems to be easily frustrated.”

“I wanted to be assigned more patients.”

“I wish we could work with a partner like other clinical groups in my class.”

“My clinical instructor was new and seemed to be unsure of some things we were allowed to do.”

Institution C

“My instructor is very patient and knowledgeable.”

“We often stayed late, but never left early for the time we stayed over.”

“Sometimes my clinical instructor and the classroom instructor would say conflicting information for what was required in clinical. There needs to be better communication between the two of them.”

“Sometimes the clinical paperwork is not graded by the start of the next clinical. She sometimes gives us the paperwork back later in the clinical day and I find that I have made the same mistake that she pointed out in the paperwork she just gave us back.”

“I wish I could have had another clinical instructor. I have had better clinical experiences in the past.”

“I don't like being paired with another nurse on the floor. I wasn't comfortable about questioning her about a skill that I think she may have not done correctly.”

Appendix M

**Examples of Narrative Clinical Experience Evaluation Instructor Responses
(Vague)****Institution A**

“She is doing great!”
“Had a good day”
“Good job!”
“Stays busy”
“Work on self-confidence”
“I think you are doing well”
“Hard worker”
“Skills are improved with practice”
“Work on documentation”

Institution B

“Review skills from lab”
“Work on care plan”
“I enjoyed being your instructor”
“You are a very sweet young lady”
“Work on critical thinking”
“Good bedside manner”
“Lots of skills today”
“Very busy day”

Institution C

“Not confident enough with skills”
“Care plan”
3 instructors listed skills performed, no feedback provided (1 student received below safe level of novice learner with no instructor comments to support evaluation)
“Time management”
“Great student!”
“Work on meds”
“Learn procedures”

Appendix N

**Examples of Narrative Clinical Experience Evaluation Instructor Responses
(Desirable)****Institution A**

- “Work on developing time management and organizational skills.”
- “Finish your initial assessment in a timely manner.”
- “You did a great job with administering meds through the PEG tube today.”
- “Displays good critical thinking with making decisions involving patient care.”
- “You showed good patient teaching when you showed them to correct way to change the dressing on his leg before discharge.”
- “Displays professionalism when interacting with hospital staff.”

Institution B

- “Frequently seeks learning opportunities.”
- “Displays confidence by working independently without guidance, but recognizes her limitations.”
- “Great job with removing the Foley catheter with little assistance from me.”
- “Go to the skills lab and practice IM injections.”
- “Your documentation is too wordy. Remember, you don’t use complete sentences.”
- “There is too much communication with staff and patients about your personal life. Remember to maintain professionalism.”
- “Review the steps for sterile dressing changes in your book.”

Institution C

- “You need to practice using IV pumps in the skills lab.”
- “Ask me about procedures before we go into the patient’s room.”
- “Your initial focused patient assessment should be done before you go to the chart.”
- “Your paperwork was incomplete. We will work on your care plans”
- “Your first IV attempt was unsuccessful. Next time decrease the angle of your catheter.”
- “Don’t forget to sign and include your title with each documentation entry.”
- “Thank you for leading the discussion in post conference today.”

Appendix O

Field Notes

1-27-15

Tomorrow I will visit my 1st participating institution. I want to be objective when collecting data and not use any bias to influence my findings.

1-28-15

I traveled to the 1st participating institution. The institution still used paper clinical experience evaluations for the last three years for the practical and associate degree nursing students. Stacks and stacks of papers! The Division Chairperson had a space available to me where I could review documents without interruption. I recorded samples of "vague" vs. "descriptive" clinical instructor responses. There were some responses by students that should lead cause for concern with how students perceive their clinical experiences.

2-22-15

Tomorrow, I go to the 2nd institution. Again, I will try to be as objective as possible when collecting and analyzing the data.

2-23-15

I traveled to the 2nd participating institution. This institution used electronic clinical experience evaluations. Thank goodness! I reviewed the electronic documents for the last three years. The electronic record was easier to analyze. I observed similar responses as the 1st participating institution. I included examples of data from the open ended sections of the evaluation, as I did with the 1st institution. I again, reviewed clinical experience documents and recorded samples of vague and descriptive clinical instructor responses.

3-4-15

Tomorrow I will visit the 3rd and final institution. I have to prepare myself for the paper evaluations.

3-5-15

I traveled to the 3rd participating institution. The same data collection process was done and again, similar responses were collected. This institution also still uses paper clinical experience evaluations. I included examples of data from the open ended sections of the evaluation. I also reviewed clinical experience documents and recorded samples of vague and descriptive clinical instructor responses.

3-10-15

I have started the coding process for the data collected from the open ended section of the clinical experience evaluations.

3-16-15

I have identified themes based on the information gathered from the three institutions. I must admit that I was not surprised by my findings. They are consistent with some of the responses from the institution that inspired the research.

3-20-15

I used triangulation to make the research more comprehensive and valid. Responses from the student and instructor questionnaires, as well as the clinical experience evaluations were compared for similarities.