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Exploring Clinical Instructors' Perceptions of Competencies Required for Their Role in a Baccalaureate Nursing Program

By

Natalie Bownes

A Thesis
Submitted to the Faculty of Graduate Studies
through the Faculty of Nursing
in Partial Fulfillment of the Requirements for
the Degree of Master of Science in Nursing
at the University of Windsor

Windsor, Ontario, Canada

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“Exploring Clinical Instructors’ Perceptions of Competencies Required for Their Role”

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AUTHOR'S DECLARATION OF ORIGINALITY

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ABSTRACT

The purpose of this research was to conduct an exploratory study to identify Clinical Instructors' (CI) perceptions of the importance of the WHO competency domains and the importance of these competency domains to their current clinical teaching role in a baccalaureate nursing program in a southwestern Ontario university. A sample of 27 CIs participated in the study to evaluate the importance and implementation of the WHO competencies. The results were analyzed using Wilcoxan Signed Ranks. The findings suggest that 36 out of 37 of the competencies were considered important to the CI role and they implemented these competencies in their practice, but they need to be adapted to the CI-specific role.

DEDICATION

I wish to dedicate this work to my husband Tristan and children, Solveig and Jesper whom I hope will never stop pushing themselves beyond the boundaries of where their minds can take them.

ACKNOWLEDGEMENTS

I am grateful to each of my thesis committee members, whose efforts and guidance have made this endeavour an unforgettable experience, characterized by academic and professional growth and self-discovery. I wish to thank my primary advisor, Dr. Michelle Freeman for her academic and professional mentorship and for her work ethic; Dr. Maher El-Masri for his support and for his expert knowledge of nursing, statistics and the research process. I also wish to thank Dr. Todd Loughead for his kindness, support and valuable insights from an objective perspective.

Thank you to my amazing husband, children, and mother as well as my mother and father-in-law. I wish to thank my wonderful daughter Solveig who was excited that Mommy and she were going to start school at the same time (she started JK when I started down this path). I would like to thank my sweet son, Jesper who is easy-going like his Dad and allowed Mommy to do homework when he would have rather played with me. They endured many nights of sub-standard meals while Mommy did her homework. Thank you to my personal mentor, my husband Tristan who has coached me through this and has never doubted me, even when I doubted myself. I also wish to thank my mother and in-laws for their assistance with this personal goal. They always offered their babysitting services so I could meet my deadlines and provided me with assistance with housework, laundry, cooking and whatever else they could to help. The support of my colleagues and family has been overwhelming as I traveled this path toward my personal and professional dream.

Lastly, I wish to thank all the instructors who participated in my study. You are all such an integral part of the education of our future nurses and your role must be acknowledged.

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INTRODUCTION

Baccalaureate nursing education consists of theoretical as well as practical training that prepares students to assume the role of competent nursing care providers. Thus, the practical application of knowledge and skills in clinical settings is a vital component of undergraduate nursing curricula worldwide. Clinical experiences bridge the theory to practice gap, allowing students to apply both classroom theory and simulated experiences in a real-life setting where they can receive guidance and feedback (Cederbaum & Klusaritz, 2009). The environment for clinical experiences can be any setting where students interact with clients and their families to acquire the cognitive, psychomotor, and affective skills that are necessary for clinical reasoning and decision-making (Billings & Halstead, 2016). Clinical practice and experiences with clinical instructors (CIs) play an important role in shaping nursing students' professional identities and values (Dahlke, Baumbusch, Affleck & Kwon, 2012).

In the last few decades, the employment status of the Registered Nurses (RNs) who teach as CIs in nursing programs has changed. Nursing programs have become increasingly dependent on part-time CIs to assume this very important role (Davidson & Rourke, 2012). In 2016, the Canadian Association of Schools of Nursing (CASN) reported that 62% of faculty employed in Canada were hired part-time with less than one-year contracts. The hiring of part-time CIs is common with evidence in the literature suggesting that nursing programs could not sustain their nursing programs without them.

There are a variety of reasons for this shift in who assumes the role for clinical education. First, full-time faculty in nursing programs are increasingly expected to focus on theory teaching and research (Wong & Wong, 1987; Oermann, 2015). Second, the shortage in doctoral prepared nurses at Canadian universities has created a situation in

which academic faculty are forced to focus on academic scholarship and away from clinical practice. This shortage has been further complicated by the fact that full time tenured positions at universities have been reduced (often replaced) by non-permanent limited term positions (Sanders, 2011), which creates an added pressure on tenured full-time faculty to fulfill the service and committee needs of their faculties. Third, the exponential increase in the number of nursing students in Canadian nursing programs (Canadian Nurses Association [CNA] and CASN, 2013; Canadian Institute for Health Information [CIHI], 2016), has further strained the shortage in nursing educators (Bartfay & Howse, 2007; CIHI 2016; Billings & Halstead, 2016) and increased the reliance on part time educators to assume the role of CIs.

There is an assumption that RNs are prepared to teach upon completion of their undergraduate education. This is reinforced by entry-to-practice competencies that identify the expectation that new graduates are competent educators who assess, develop and implement learning plans in collaboration with clients to address specific client needs (College of Nurses of Ontario [CNO], 2014). In an undergraduate curriculum, nursing students are introduced to learning theory and have a fundamental understanding of the educator-learner dyad but are left on their own upon graduation to continue to develop the full set of knowledge and skills required to be competent educators. Teaching is a small component of the demanding role of the practicing RN and is usually limited to educating one patient at a time. Therefore, it is essential that as nursing schools hire these RNs, they prepare them to assume this new role as instructors in the clinical setting. The preparation of new faculty for clinical teaching however has received limited attention in the literature (Dahlke et al, 2012; Billings & Halstead, 2016). Therefore, the purpose of this study is to address this gap in the literature by exploring CIs perceptions

of international nurse educator competencies that they deem as important in their CI role and comparing them to the competencies that they currently perform in their CI role.

LITERATURE REVIEW

The literature search presented several challenges. First, clinical and tenured faculty role preparation were often discussed as if they were the same. Another was the varied terminology used for the clinical role; some used "clinical instructor" (Hewitt & Lewallen, 2010); others used "nurse educators" (National League for Nursing [NLN], 2005; Oermann, 2015), or "sessional instructors" (Wong & Wong, 1987). As a starting point, a search was conducted using Google and Google Scholar to determine the specific title and definition of nursing clinical instructors. An extensive review of the literature was completed using the electronic databases Cumulative Index to Nursing (CINAHL), Pubmed, ProQuest, Medline via Ovid, as well as ancestry searching and grey literature. The following keywords were used singly or in combination in either full or truncated forms during searches: "clinical instructor", "clinical instruction", "clinical teaching", "clinical education", "nurse educator" and were restricted to nursing contexts. The search results were then limited to include peer-reviewed, full text articles that were written in the English language from 2000-2018 and focused on clinical instructor preparation. Exceptions were made for six articles published outside of the initial search years because of their relevance. Exclusion criteria included material that focused on students' and academic faculty perceptions of clinical instructors' roles. Anecdotal reports were excluded. Findings included literature reviews, systematic reviews, and original research. There were few studies from Canada as most articles originated in the United States. The term Clinical Instructor was used in this study as it is delineated from the Nurse Educator by the Canadian Nurse Educator Institute (CNEI). A Nurse Educator

is defined as a nurse who teaches in academia. A CI is defined as a nurse who teaches in a wide-range of practice settings to prepare students to meet entry to practice competencies (CNEI, 2018).

Clinical Instructors' Role

CIs perform an essential but complex role in nursing programs. In Ontario, they are expected to assist students in meeting the one hundred CNO (2014) entry to practice competencies that include professional responsibility and accountability; knowledge-based practice; ethical practice, service to the public and self-regulation. They are required to have current knowledge of professional nursing standards, clinical practice (e.g., medications, procedures, equipment), understand how to link classroom theory to practice and how to teach and evaluate student nurses (Arnold & Boggs, 2016; Zabat Kan & Stabler-Haas, 2014; Reid, Hinderer, Jarosinski, Mister & Seldomridge, 2013; Duffy, Stuart & Smith, 2008; World Health Organization [WHO], 2016). The CIs must understand adult learning concepts and theories of teaching and learning; they are expected to be well versed in the domains of learning and offer different learners varied opportunities to absorb the content (WHO, 2016). They must gently guide the students who need more support while providing adequate challenges for the students who are over-achievers. They must also act as counsellors and possess emotional intelligence regarding the diverse personalities and backgrounds of the students they are teaching (Kilgallon & Thompson, 2012). The CIs must be experts in conflict management as they liaise between the unit staff and the students (Zabat Kan & Stabler-Haas, 2014). They act as diplomats who go into an agency to ease the transition of the students and develop strong collaborative relationships between the placement agency, the staff and the educational institution (Registered Nurses' Association of Ontario [RNAO], 2016). They

must coach and mentor the students, ensuring the students' bedside manner and professional skills are at the level expected of them as they graduate into the profession (Kilgallon & Thompson, 2012, Luhanga, 2018). They must be competent in the information technology systems of both the teaching institution and the hospital or agency in which they are teaching the students (Gazza & Shellenbarger, 2005). The skill set and responsibilities of CIs is enormous. Unfortunately, in most nursing schools they currently receive minimal orientation to this highly complex role (Institute of Medicine [IOM], 2011)

Clinical Instructors' Qualifications

Most nursing schools rely on hiring CIs to teach on a casual basis; therefore, the majority juggle several positions to maintain their income and clinical competency. In addition, an aging nursing workforce and an increasing demand for RNs in all settings means that schools must compete for these valuable RNs (Kwok, Bates & Ng, 2016). These factors contribute to the schools' challenges in filling the ever-increasing number of CI positions.

Since the demand for CIs far outweighs the supply, formal teaching experience or credentials in adult education are infrequently required by nursing schools. CI qualifications vary greatly from school to school by expected level of degree preparation and years of experience. Currently the requirements of becoming a part-time CI in many Canadian universities are that the RNs are in good standing with their licensing body, possess a Bachelor of Science in Nursing degree and have recent clinical nursing experience in the area of clinical practice they will be teaching in (University of Windsor, 2018; Lakehead University, 2018; Seneca College, 2018). However, in the United States the recommendations from the National Council of State Boards of Nursing (NCSBN,

2008) indicate that nursing faculty in RN programs have either a master's or a doctoral degree in nursing. As well, the two American national education associations, American Association of Colleges of Nursing (AACN) and the NLN, have both taken positions that nursing faculty need graduate background in education coursework (AACN, 2008b; NLN, 2002).

This difference in educational qualifications required by nursing programs creates challenges. Schools of nursing hire expert clinicians to teach in the clinical setting. The RNs that are hired to teach in educational institutions may be clinical specialists in nursing, but many have little training as educators. According to WHO (2016), RNs who are nurse educators should meet specific nurse educator competencies, be a graduate of a recognized nursing education program, hold a current license/registration to practice nursing, have completed a minimum of two years' full-time clinical experience across the scope of practice within the last five years and acquired formal teaching preparation either before or soon after employment as an educator.

Formal teaching preparation is the missing link in most CI orientation or preparation programs. In Canada, as well as in other countries such as Australia, CIs do not undergo any mandatory credentialing process; they must simply possess a higher degree than the students they are teaching (Australian Nursing and Midwifery Accreditation Council, 2012; CNA, 2017). In children's sports in Ontario and across Canada, coaches must undergo a credentialing program to become certified to teach children (Coaches Association of Ontario, 2018), yet in nursing RNs are expected to teach with no specialized training or certification standards. In the United States, the NLN requires that nurse educators maintain competence in their teaching to continue using the specialty designation. The literature reveals that internationally, there is

inconsistency in how schools of nursing hire and prepare RNs to teach future health care professionals.

Orientation to New Role of Clinical Instructor

For decades, CIs have been recognized for their clinical expertise but bemoaned for their lack of teaching experience (Andrew, Halcomb, Jackson, Peters & Salamonson, 2010; Hewitt & Lewallen, 2010; Meleca, Schimpfhauser & Whitteman, 1981); it is clear however that the role requires both facets of practitioner and educator (Blauvelt & Spath, 2008). Many nursing schools focus orientations on full-time academic faculty and exclude CIs even though clinical teaching requires many of the same skills required of full time faculty (e.g., teaching small groups, assessment and evaluation of skills). It has been recommended that new CIs be assigned first to classroom teaching to familiarize themselves with the curriculum and to develop their confidence in teaching and assessing (Wong & Wong, 1987). Educators who teach theory and skills in a classroom pose no risk to patients. In contrast, CIs are the critical link between the student nurse and the patient. It is a role that bares a great deal of accountability and risk.

The hiring of CIs has been a necessary step in the evolution of nursing program delivery however, as outlined, the orientation and mentoring of these CIs has been inconsistent (Glynn, Kelsey, Taylor, Lynch & DeLibertis, 2014) considering the responsibilities that they assume. The need to provide CIs with a formal orientation program has been recognized in nursing literature for many years (Blauvelt & Spath, 2008). Although many schools offer orientations, most of these are not based on sound evidence or frameworks that support clinical content but based on assumptions of the learning needs of new instructors (Hutchinson, Tate, Torbeck & Smith, 2011; Hewitt & Lewallen, 2010; Davidson & Rourke, 2012). Therefore, CIs are thrust into challenging

and stressful clinical environments without taking formal courses to prepare them for the role and often lack ongoing support (Davidson & Rourke, 2012; Grassley & Lambe, 2014). The process of learning to be a CI has been described as experiencing uneasiness in being a novice again, being anxious about how one learns to teach students, and fear of failing in this new role (Cangelosi, Crocker, & Sorrell, 2009). Inadequate preparation often leads them feeling that they are "set up to fail" (Jones-Boggs Rye & Boone, 2009, as cited in Kapanke, 2016) and places them at risk of quitting.

There are numerous models reported in the literature for orienting and preparing expert nurse clinicians as CIs, but little consensus or research to support a single approach (Reid et al., 2013). The majority of studies on preparing CIs for their role had small sample sizes, occurred at a single school of nursing and/or at one specific point in time. Mentorship models have been included in a few schools of nursing as one part of the CI orientation process (Reid et al., 2013). In some schools, CIs are partnered with more experienced instructors. There is no evidence however to support that these methods of informal education support CIs in their role preparation.

A recurrent theme in the literature is that there are gaps in CI preparation, but little direction is offered on how to address this gap. For decades, studies have focused on the perspective of students and faculty through use of the Nursing Clinical Teacher Effectiveness Inventory (Knox & Mogan, 1987; Nehring, 1990). This tool asked students and faculty *how well* the CIs teach and the *characteristics of a good CI*. However, this approach fails to identify the required CI competencies. A large number of qualitative studies describes the *feelings* of CIs as they became new instructors (Dahlke, et al, 2012; Dickson, Walker & Bourgeois, 2006). However, this research had not resulted in a

consensus on core competencies until the NLN developed the Nurse Educator Core Competencies (NECC) in 2005.

Most textbooks are focused on skills required for the full-time faculty nurse educator (Billings & Halstead, 2016; Penn, 2000, Oermann, 2015) but are of limited use for the clinical focus of CIs. There are pocket reference guides for CIs, but these emphasize that they are not intended to replace the graduate programs that focus on teaching RNs how to become effective clinical educators (Zabat Kan & Stabler-Haas, 2014).

Clinical Instructor Competencies

The literature is clear that a formal competency-based education program is imperative for CIs (Davidson & Rourke, 2012). In Canada, many nursing specialties have competencies that outline the required knowledge, skills and attitudes for a nurse to become “a specialist”. Although the CNA offers RN certification in 20 nursing practice specialties (2018) there is no designated specialty nor are there established competencies for CIs in Canada. In the United States, the NLN has an accredited program for Certified Nurse Educators. It focuses on excellence for academic nurse educators and establishes nursing education as an advanced specialty area of practice. To be eligible to pursue this designation, nurses must first possess a master’s or doctoral degree as well as a current nursing license (NLN, 2018).

Best practice guidelines (RNAO, 2016) have been developed in Ontario to provide resources for nurses who are educating, precepting or mentoring undergraduate nursing students, however, these are three very different roles. Nurse educators are “those employed by an educational institution to provide integrative teaching that can be transferred from a classroom to a clinical environment” (CASN, 2011a, 2011b as cited in

RNAO, 2016). Precepting "is a formal one-to-one relationship of pre-determined length, between an experienced nurse (preceptor) and a novice (student/preceptee) designed to assist the novice in successfully adjusting to and performing a new role" (CNA, 2004, p. 13, as cited in RNAO, 2016, p.64). Mentoring is defined as less formal than precepting and involving a longer-term professional relationship between a novice nurse and a more experienced nurse CNA, 2004 as cited in RNAO (2016). Unfortunately, the guideline has treated the three very different roles as one which makes these recommendations of limited use in delineating the competencies required of CIs.

It has been acknowledged in Canada that there is limited research to inform CI competencies and the development of an effective clinical instructor certificate program (Glynn et al, 2014). This gap has been recognized and new programs have emerged in Canada. CASN, through the CNEI, offers an on-line Canadian Nurse Educator Certification (CNEI, 2018); this course is not clinically focused but is designed for the broader role of an academic nurse educator. They have also added the Clinical Instructor Certification Course which is working to bridge the gap for CIs. It is designed for RNs interested in becoming CIs and novice CIs with five years or less of clinical experience (CNEI, 2018). It is unknown what framework was used to develop these programs however and the courses are optional and expensive. The University of Toronto's Bloomberg School of Nursing offers a two-day course titled "The Foundations and Scholarship of Clinical Teaching" (Bloomberg School of Nursing, 2018); York University offers The Clinical Practice Nurse Educator Certificate Program (York University, 2018) and The Michener Institute of Education at the University Health Network has a certificate in Clinical Education (Michener Institute of Education, 2018) but this certificate is open to all health care professionals who may supervise students.

There is also a Provincial Nurse Educator Interest Group, an interest group of the RNAO, which includes members who teach in both academic and clinical education in Ontario. However, these programs are voluntary, expensive and are not connected to national certification through CNA. Canada has multiple professional nursing organizations that each have differing mandates, but none specifically represent nurse educators in clinical settings.

Nurse educator core competencies (NECC) have been developed by the NLN in 2005 in the United States and the World Health Organization [WHO] in 2016. The NLN is the American premier organization for nurse faculty and leaders in nurse education. The goal of the NLN Competencies for the Academic Nurse Educator are to promote excellence in the advanced specialty role of the academic nurse educator (NLN, 2018). The NLN developed their competencies at a national level. The WHO developed their NECC based on an extensive literature review, international consultation and the items were validated using three global Delphi surveys on nurse educator competencies across all six WHO regions. The competency categories in both frameworks are broad and focused on the nurse educator role. They are not specific to clinical instruction but offer guidance for CI competencies. A mapping exercise by the author revealed that the eight competency domains are similar. The WHO framework was chosen to guide this study because it was developed more recently, created for an international audience (not just the United States) and provided a more explicit articulation of the competencies. Also, WHOs (2016) goal was to have the competencies adaptable and accessible to strengthen nursing education worldwide and ultimately contribute to improving the provision of nursing care and outcomes of health services. It was decided to include all eight domains as the role of the CI is broad and encompasses competencies throughout all the domains.

There is one domain entitled nursing practice, but this is not all that the CIs do in their roles. (see Table 1).

Table 1: Domains of Nurse Educator Core Competencies (WHO, 2016).

Competency Domains and Core Competencies	Competencies
Domain 1: Theories and principles of adult learning. Core Competency 1: Nurse educators possess a sound understanding of contemporary educational theories, principles and models underlying the design of curricula and the value of adult learning.	Competency 1.1: Exhibit an understanding of conceptual and theoretical foundations and principles related to health profession education and adult learning. Competency 1.2: Analyse domains of learning (cognitive, affective and psychomotor) and their application in different academic contexts. Competency 1.3: Demonstrate knowledge of curriculum development, which incorporates educational theories, principles and models.
Domain 2: Curriculum and implementation. Core Competency 2: Nurse educators demonstrate the skills and abilities to design, implement, monitor and manage curricula based on sound, contemporary educational models, principles, and best evidence.	Competency 2.1: Design curricula, which support context-based nursing practice needs and reflect current trends in the healthcare environment. Competency 2.2: Develop and implement a relevant course based on innovative teaching and learning strategies that facilitate active learning and achievement of learning outcomes. Competency 2.3: Facilitate theoretical and clinical reasoning among diverse learners with different learning styles and unique learning needs. Competency 2.4: Integrate evidence-based teaching and learning processes, and help learners interpret and apply evidence in their clinical learning experiences. Competency 2.5: Create and maintain a safe environment that is conducive to learning in theoretical, clinical simulation and practice settings. Competency 2.6: Use transformational and experiential strategies that develop context-based nursing knowledge, skills and professional behaviours. Competency 2.7: Incorporate and engage learners with the use of appropriate information technologies (including eLearning, eHealth) in teaching and learning processes. Competency 2.8: Formulate evaluation tools for teaching and learning experiences and use results to monitor learners' performance and desired outcomes of courses.

Domain 3: Nursing practice. Core Competency 3: Nurse educators maintain current knowledge and skills in theory and practice, based on the best available evidence.	Competency 3.1: Maintain competence in nursing practice. Competency 3.2: Practice nursing in ways that reflect evidence-based, up-to-date knowledge. Competency 3.3: Plan a variety of teaching and learning activities that foster creativity and innovation of nursing practice and the health-care environment.
Domain 4: Research and evidence Core Competency 4: Nurse educators develop their critical inquiry and the ability to conduct research and utilize findings to identify and solve educational and practice-based problems.	Competency 4.1: Synthesize, use and generate knowledge pertinent to nursing education and practice. Competency 4.2: Engage in debate and reflection with peers to generate and apply new ideas that contribute to the improvement of nursing education and practice. Competency 4.3: Develop future nurse scholars by nurturing a spirit of sharing, inquiry and self-reflection. Competency 4.4: Engage in scholarly writing and publication.
Domain 5: Communication, collaboration and partnership. Core Competency 5: Nurse educators demonstrate effective communication skills that promote collaborative teamwork and enhance partnership among health profession educational and clinical practice.	Competency 5.1: Demonstrate intercultural and interdisciplinary competence in the teaching and nursing practice. Competency 5.2: Communicate best practice in nursing education with peers, students and other stakeholders. Competency 5.3: Facilitate and foster teamwork and collaboration at educational and clinical institutions both locally and with the wider regional and international community
Domain 6: Ethical/Legal principles and professionalism. Core Competency 6: Nurse educators demonstrate professionalism including legal, ethical and professional values as a basis for developing nursing education policies, procedures and decision-making.	Competency 6.1: Promote social justice and the protection of human rights in teaching and learning processes and in the health care environment. Competency 6.2: Promote ethical and legal principles of integrity, academic honesty, flexibility and respect through role modelling. Competency 6.3: Participate in ongoing professional self-development and support the professional learning of colleagues. Competency 6.4: Facilitate professionalization for learners by creating learners' self-reflection, personal goal setting and socialization within the role of the nurse.

	Competency 6.5: Maintain a professional record (curriculum vitae and/or portfolio) that demonstrates current nursing and teaching competence.
Domain 7: Monitoring and evaluation Core Competency 7: Nurse educators utilize a variety of strategies to monitor and evaluate nursing programmes, the curricula and mastery of student learning.	Competency 7.1: Monitor, assess and evaluate teaching and learning methods and experiences in relation to nursing outcomes and learner needs. Competency 7.2: Evaluate own teaching competencies by seeking input from peers and students. Use feedback to improve role effectiveness. Competency 7.3: Develop a variety of assessment tools and methods to ascertain student competence in cognitive, affective and psychomotor domains. Provide timely constructive verbal and written feedback to learners. Competency 7.4: Foster learners' self-assessment skills and reflection on teaching and learning activities. Competency 7.5: Collaborate with colleagues to develop, manage and evaluate curriculum, programmes, courses, and clinical teaching and learning experiences.
Domain 8: Management, leadership and advocacy. Core Competency 8: Nurse educators demonstrate the skills of system management and leadership to create maintain and develop desired nursing programmes and shape the future of education institutions.	Competency 8.1: Incorporate the mission and strategic plan of the parent institution with the goals of the nursing programme when proposing and managing change. Competency 8.2: Assume leadership roles at various levels for institutional governance, education development and enhancing nursing practice. Competency 8.3: Demonstrate effective and efficient human and financial resource management. Competency 8.4: Engage in quality reviews to assess strengths and weaknesses of the programme based on set criteria and use the results for benchmarking and ongoing progress. Competency 8.5: Use a variety of advocacy strategies to promote nursing education and practice. Competency 8.6: Identify opportunities for positive change and effectively manage the change process both at individual and organizational levels.

Significance of Study

The shift in the delivery of nursing education, inconsistencies in CI orientation, and the lack of recognition of clinical education as a specialty has left clinical instructors feeling disconnected and ill prepared to manage their growing responsibilities (Carlson, 2015). They have limited opportunity to offer input into theory courses and may have no connection to theory instructors (Fressola & Patterson, 2017). This requires them to draw on their individual experience to guide their teaching (Dahlke, et al, 2012; Gaberson, Oermann & Shellenbarger, 2015) which may diverge greatly from the school-approved curriculum. Consequently, the CIs satisfaction level and lack of guidance negatively affects their desire to continue teaching (Hewitt et al, 2010) and they leave their positions. Nursing schools therefore lose valuable human resources. A standardized approach to educate CIs is needed to support nursing programs in meeting the current and future requirements to prepare RNs.

This study sought to address a gap in the literature regarding CI specific competencies. It strove to identify whether current CIs perceive the NECC as important in their CI role; in addition, they were asked if they currently practiced them to determine if these competencies are relevant to the current role. Clinical instructors, for the purpose of this study, were defined as RNs who work for a university nursing school on a contract basis and supervise students in the clinical setting; they do not teach theory courses in a classroom.

Purpose of the Study

The purpose of this research was to conduct an exploratory study to identify the CIs perceptions of the importance of the WHO competency domains and the importance

of these competency domains to their current clinical teaching role in a Baccalaureate Nursing Program in a Southwestern Ontario University.

Research Questions

1. What are the CIs perceptions of the importance of the eight WHO competencies?
2. What WHO competencies are CIs currently practicing in their role?
3. Is there a difference between the competencies that CIs perceive as important and the competencies that they use in their current practice?

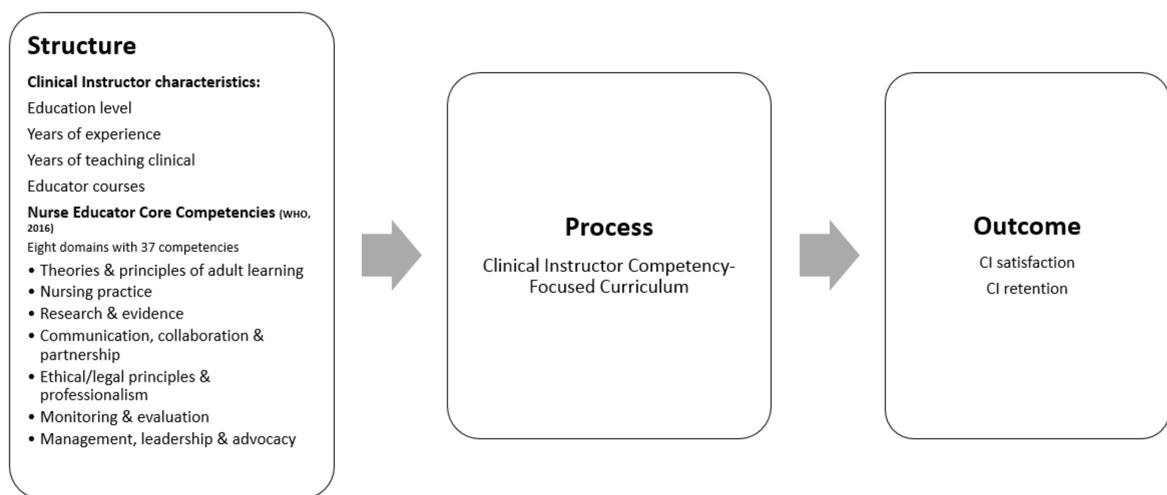
Conceptual Framework

Donabedian's (1966) structure-process-outcome conceptual framework guided this study. Donabedian's model was developed to assess the quality of medical care. This framework has been used by CNO (2016) for the new approval process for nursing programs in Ontario. Their application of this framework to nursing education programs has been used to inform the framework for this study.

The framework hypothesizes a sequential relationship between three dimensions that influence quality: structure, process and outcome (Donabedian, 1988). *Structure* represents the relatively stable characteristics of the setting or people who are being studied, the tools and resources they have at their disposal and the physical and organizational settings in which they work (Donabedian, 1988). In this study, structure variables include factors influencing CIs (education level, years of experience, clinical experience/expertise) and the WHO (2016) core competencies for educators. There are eight domains and 37 competencies. Donabedian (1988) emphasized that a sound structure increases the probability of a good outcome. *Process* is defined as the primary object of assessment (Donabedian, 1988) or the steps to achieve outcomes. In this study, the process is the future CI-specific competency-based curriculum that can be designed

based on the study findings. *Outcome* is defined as the change in current or future state that can be attributed to the structure and process (Donabedian, 1988). In this study, outcomes are competent CIs as evidenced by CI satisfaction rates leading to increased CI retention rates (See Figure 1).

Figure 1. Quality Improvement Framework for Systematic Review-Framework for Proposed Factors to Develop Competent Clinical Instructors. Adapted from Donabedian (1966).



METHODOLOGY

Research Design

The survey was conducted by convenience sampling of participants who are employed as CIs in a collaborative baccalaureate in nursing program in a southwestern Ontario university. It was an exploratory quantitative study. The faculty of nursing in this study employs approximately 65 CIs each semester on time limited contracts to teach one hundred groups of students. The total number of CIs on the roster that were available to participate in this study was 113. The response rate was 23.9% (*n*=27), which was far from the required power of 85%.

Inclusion Criteria

Participants were on the active roster as a CI and willing to participate. The CI in this study is a RN who is employed to teach a group of undergraduate nursing students during a clinical practice experience on a short-term contract of one semester. CIs who also taught theory courses were excluded.

Instrumentation and Measurement

A survey was developed**,** guided by the WHOs Nurse Educator Core Competencies (see Table 1) eight domains and their respective 37 competencies. The self-report web-based survey was comprised of three sections. Section one asked the respondent their level of agreement of the importance of the 37 competencies that a Clinical Instructor should know to assume the role of clinical instructor. Section two asked respondents to consider their own role as a Clinical instructor and rate their personal implementation of each of the 37 competencies in their current practice as a CI by identifying their agreement/ disagreement. Sections 1 and 2 used a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree).* Section three collected data on the demographic characteristics of interest. In addition, participants were asked to develop a unique code to allow for future follow-up studies.

Data Collection Procedure/ Ethical Considerations

Approval from the university's research ethics board (REB) was received. The researcher possessed knowledge of the CIs within the faculty of nursing at the university where the study took place, therefore to ensure anonymity was maintained, there were no personal identifiers including names or clinical assignments. As well, the researcher did not evaluate the CIs so there were no repercussions to the participants for completing the survey. The participants were guaranteed anonymity and were reminded that participation

in the study was completely voluntary and was not an assessment tool of their teaching ability. The survey was announced through an email sent to all CIs by a department secretary. To increase the response rate, a three-contact email strategy at weekly intervals was used (Dillman, Smyth & Christian, 2009). These points were included in the email that was distributed to the potential participants explaining the purpose and rationale for the study and data collection was conducted according to REB standards.

The survey was distributed electronically via Qualtrics and approval was sought and received by REB to distribute a paper survey to the CIs' mailboxes to increase response rates. No links to participant information and identity appeared in the completed research report. Respondents who completed the survey were invited to participate in a voluntary draw to win one of two $50.00 Gift Cards. Those who wished to be included in the draw were asked to provide their name and contact information voluntarily. This information was immediately separated from the completed questionnaire and kept in a separate location from the survey. Completion of the questionnaire constituted consent.

Data Screening and Analysis

Data analysis procedures were performed with the IBM SPSS Statistics (version 25). Prior to data analysis, data was screened and managed for issues in missing and outlier data points and to ensure an error-free data set (El-Masri & Fox-Wasylyshyn, 2005). Basic descriptive statistics, such as general frequencies of nominal variables and means and medians of continuous and ordinal variables were performed to describe the sample characteristics. Dependent data collected on the perceptions of the importance of the competencies and the practice of these competencies in their current roles as clinical instructors was compared using Wilcoxon signed ranks. This test is most appropriate for

analysis of small samples and ordinal data with no assumption about normal distribution. A two-tailed alpha of .05 was used to establish statistical significance. To assume a small-medium effect size of .3, using an alpha of .05 and 85% power, a sample size of 94 participants was required.

Some variables in the dataset were transformed, recoded or collapsed for ease of use. The demographic items *years of experience as a RN*, *number of groups taught*, and *highest level of education attained* were transformed from continuous variables to categorical variables. Some categories were collapsed and recoded to improve the distribution among the categories of variables. *Education*, for example initially had six levels. However, the decision was made to collapse *nursing diploma* and *BScN* into a single level called *BScN* as CIs need a minimum of a BScN to teach in a baccalaureate program and if they possessed a diploma, they also had a BScN. As well *MN* or *MScN*, *Nurse Practitioner* and *Master's in other field* were also collapsed into one variable called *Master's prepared* to delineate them from the BScN prepared CIs. The *other-certificate* was removed from this category as this question was asked again in another item. The variables *do you teach at other schools of nursing, how many clinical groups have you taught at the University of Windsor, have you taken any clinical teaching courses* were removed from the analysis as these did not inform the research questions in this study.

RESULTS

Survey Responses

The survey response rate was 23.9% (*n*=27). Ten participants were eliminated from the analysis because of not responding to any questions (n= 9) or completing less than 30% of the survey (n= 1).

Sample Characteristics

Descriptive statistics were used to describe the sample characteristics (see Table 1). There were 27 respondents, 19 of whom were master's prepared nurses and eight with a BScN as their terminal degree. Over half of the participants had 21 years or more of experience as RNs; 40% were employed solely by the university. The respondents were an experienced group with only four of them having taught between one and ten clinical groups, 11 of them have taught between 11 and 30 groups and 12 of them have taught 31 clinical groups or more. Six of the 27 respondents have taken a clinical teaching course.

Table 2 *Sample Characteristics*

Variable	N=27 (%)
Education	
BScN	8 (29.6%)
Master's prepared	19 (70.4%)
Years as RN	
4-6 years	1 (3.7%)
7-10 years	2 (7.4%)
11-15 years	8 (29.6%)
16-20 years	2 (7.4%)
21 years and over	14 (51.9%)
Employment in Addition to CI Role	
Not employed	11 (40.7%)
Casual	2 (7.4%)
Part-time	9 (33.3%)
Full-time	5 (18.5%)
Total Clinical Groups Taught	
1-10 groups	4 (14.8%)
11-20 groups	7 (25.9%)
21-30 groups	4 (14.8%)
31-40 groups	4 (14.8%)
41-50 groups	5 (18.5%)
51 or more groups	3 (11.1%)
Clinical Teaching Course	
Yes	6 (22.2%)
No	21 (77.8%)

Importance and Implementation of Nurse Educator Core Competencies by Domain

Domain 1: Theories and principles of adult learning

Domain 1 (WHO, 2016) identifies that nurse educators should possess a sound understanding of educational theories, the principles/models underlying the design of curricula, and value adult learning. The results are displayed in Table 3; there were no statistically significant results in this domain indicating that respondents agreed that the competencies were important or very important (*median* = 4 or 5) and they implemented

them in their CI role (*median* = 4). The item related to curriculum development scored lower as this is not a part of the CI role.

Table 3 *Domain 1 Theories and principles of adult learning: Importance and Implementation*

#	Competency	Importance for CI Role		Implementation in CI Role			
		M±SD	Median	M±SD	Median	Z	*p*
1.1	Exhibit understanding of conceptual and theoretical foundations related to health profession education and adult learning	4.44±.80	5.00	4.19±.79	4.00	-1.507	.132
1.2	Analyse domains of learning	4.26±.94	4.00	4.04±.71	4.00	-1.604	.109
1.3	Demonstrate knowledge of curriculum development	3.89±.85	4.00	3.59±.97	4.00	-1.537	.124

(*) indicates statistically significant results at an α of ≤ 0.05.

Domain 2: Curriculum and implementation

Domain 2 (WHO, 2016) identifies that nurse educators should possess the skills and abilities to design, implement, monitor and manage curricula based on sound, contemporary educational models, principles, and best evidence. The results are displayed in Table 4. Respondents identified that seven out of eight of these competencies were important for the CI role. They were not however able to implement five of them in their current CI role. They indicated that it was important to be involved in *curriculum design* but were not actively engaged in it (*median* = 2; *p* = .051). The results show they felt it was important to *develop and implement a relevant course*, but do not participate in course design (*p* = .005). They identified that they were not able to implement the competencies related to *engaging learners with use of appropriate IT* (*p* = .004) or *to formulate evaluation tools* (*p* = .006). In contrast, they strongly disagreed

(median = 1) that *creating and maintaining a safe environment conducive to learning* was an important CI competency; they strongly agreed however that they executed this in their role (median = 5; p <.001).

Table 4 *Domain 2 Curriculum and implementation: Importance and Implementation*

#	Competency	Importance for CI Role		Implementation in CI Role			
		M±SD	Median	M±SD	Median	Z	*p*
2.1	Design curricula	4.19±.83	4.00	2.78±.1.16	2.00	-1.951	.051*
2.2	Develop and implement relevant course	4.26±.76	4.00	3.74±.94	4.00	-2.828	.005*
2.3	Facilitate theoretical and clinical reasoning among diverse learners	4.37±.57	4.00	4.26±.71	4.00	-.832	.405
2.4	Integrate evidence-based teaching and learning processes	4.59±.57	5.00	4.41±.50	4.00	-1.667	.096
2.5	Create and maintain safe environment, conducive to learning	2.15±1.75	1.00	4.63±.57	5.00	-4.129	<.001*
2.6	Use transformational and experiential strategies that develop context-based nursing knowledge, skills and professional behaviour	4.15±.82	4.00	3.93±.68	4.00	-1.897	.058
2.7	Incorporate and engage learners with use of appropriate IT	4.19±.68	4.00	3.63±.93	4.00	-2.862	.004*
2.8	Formulate evaluation tools for teaching and learning experiences	4.19±.68	4.00	3.52±1.16	4.00	-2.753	.006*

(*) indicates statistically significant results at an α of ≤ 0.05.

Domain 3: Nursing practice

Domain 3 (WHO, 2016) identifies that nurse educators maintain current knowledge and skills in theory and engage in evidence-based practice. Results are displayed in Table 5. Respondents indicated that all these competencies were important for the CI role and they implemented them in their current role. However, only one of the core competencies, *practice nursing in ways that reflect evidence-based up to date knowledge* was statistically significant (p =.034); this means that although the CIs agreed this was important, they did not necessarily implement it in their teaching role.

Table 5 *Domain 3 Nursing practice: Importance and Implementation*

#	Competency	Importance for CI Role		Implementation in CI Role		*Z*	*p*
		M±SD	Median	M±SD	Median		
3.1	Maintain competence in nursing practice	4.81±.40	5.00	4.63±.49	5.00	-1.667	.096
3.2	Practice nursing in ways that reflect evidence-based up to date knowledge	4.74±.45	5.00	4.52±.58	5.00	-2.121	.034*
3.3	Plan variety of teaching and learning activities that foster creativity and innovation	4.22±.64	4.00	4.19±.96	4.00	-.131	.896

(*) indicates statistically significant results at an α of ≤ 0.05.

Domain 4: Research and evidence

Domain 4 identifies (WHO, 2016) that nurse educators engage in critical inquiry, conduct research and utilize findings to identify and solve educational and practice-based problems. Results are displayed in Table 6. The data show that the competency *engage in debate and reflection with peers to generate new ideas* was statistically significant (p = .034); CIs agreed it was important but did not implement it in their role.

Table 6 Domain 4 Research and evidence: Importance and Implementation

#	Competency	Importance for CI Role		Implementation in CI Role		*Z*	*p*
		M±SD	Median	M±SD	Median		
4.1	Synthesize, use and generate knowledge	4.19±.83	4.00	4.33±.68	4.00	-.504	.614
4.2	Engage in debate and reflection with peers to generate new ideas	4.44±.58	4.00	4.11±.85	4.00	-2.124	.034*
4.3	Develop future nurse scholars	4.63±.57	5.00	4.44±.64	5.00	-1.508	.132
4.4	Engage in scholarly writing and publication	2.96±.71	3.00	2.63±1.15	2.00	-1.265	.206

(*) indicates statistically significant results at an α of ≤ 0.05.

Domain 5: Communication, collaboration and partnership

Domain 5 (WHO, 2016) identifies that nurse educators demonstrate effective communication skills that promote collaborative teamwork and enhance partnership among health profession education and clinical practice. Results are displayed in Table 7. Two items were statistically significant; *communicate best practice in nursing education* ($p = .046$) as well as *facilitate and foster teamwork and collaboration at educational and clinical institutions locally, regionally and internationally* ($p = .019$). In both items, the respondents rated that they agree that these are important in the role, but they are not implementing them in their practice as CIs.

Table 7

Domain 5 Communication, collaboration and partnership: Importance and Implementation

#	Competency	Importance for CI Role		Implementation in CI Role		*Z*	*p*
		M±SD	Median	M±SD	Median		
5.1	Demonstrate intercultural and interdisciplinary competence	4.22±.64	4.00	4.11±.64	4.00	-1.342	.180
5.2	Communicate best practice in nursing education with peers, students and other stakeholders	4.48±.58	5.00	4.19±.92	4.00	-1.999	.046*
5.3	Facilitate and foster teamwork and collaboration at educational and clinical institutions locally, regionally and internationally	4.30±.78	4.00	3.93±1.00	4.00	-2.352	.019*

(*) indicates statistically significant results at an α of ≤ 0.05.

Domain 6: Ethical/Legal principles and professionalism

Domain 6 (WHO, 2016) identifies that nurse educators demonstrate professionalism including legal, ethical and professional values as a basis for developing nursing education policies, procedures and decision making. Results are displayed in Table 8. There were no statistically significant results in this domain indicating that respondents agreed that the competencies were important or very important (*median* = 4 or 5) and they implemented them in their CI role (*median* = 4 or 5).

Table 8

Domain 6 Ethical/legal principles and professionalism: Importance and Implementation

#	Competency	Importance for CI Role		Implementation in CI Role		*Z*	*p*
		M±SD	Median	M±SD	Median		
6.1	Promote social justice and protection of human rights	4.48±.64	5.00	4.26±.71	4.00	-1.732	.083
6.2	Promote ethical and legal principles of integrity, academic honesty, flexibility and respect through role modelling	4.78±.42	5.00	4.67±.560	5.00	-1.134	.257
6.3	Participate in ongoing professional self-development and support development of colleagues	4.56±.58	5.00	4.26±.90	4.00	-1.642	.101
6.4	Facilitate professionalization for learners by creating learners' self-reflection, personal goal setting and socialization within the role of the nurse	4.33±.73	4.00	4.22±.80	4.00	-1.342	.180
6.5	Maintain professional record that demonstrates current nursing and teaching competence	4.15±.77	4.00	3.85±1.10	4.00	-1.662	.096

(*) indicates statistically significant results at an α of ≤ 0.05.

Domain 7: Monitoring and evaluation

Domain 7 (WHO, 2016) identifies that nurse educators utilize a variety of strategies to monitor and evaluate nursing programmes, the curricula and mastery of student learning. The results are displayed in Table 9. C*ollaborating with colleagues to develop, manage and evaluate curriculum* ($p < .001$) was statistically significant indicating that the respondents agree that this is important but do not implement it in their CI role.

Table 9

Domain 7 Monitoring and evaluation: Importance and Implementation

#	Competency	Importance for CI Role		Implementation in CI Role		*Z*	*p*
		M±SD	Median	M±SD	Median		
7.1	Monitor, assess and evaluate teaching and learning methods and experiences	4.33±.62	4.00	4.33±.56	4.00	.000	1.00
7.2	Evaluate own teaching competencies by seeking input from peers and students	4.56±.58	5.00	4.30±.87	4.00	-1.387	.166
7.3	Develop variety of assessment tools and methods to ascertain student competence in cognitive, affective and psychomotor domains	4.41±.64	4.00	4.19±.74	4.00	-1.428	.153
7.4	Foster learners' self-assessment skills and reflection	4.41±.69	5.00	4.30±.72	4.00	-.832	.405
7.5	Collaborate with colleagues to develop, manage and evaluate curriculum	4.11±.75	4.00	3.15±1.20	3.00	-3.579	<.001*

(*) indicates statistically significant results at an α of ≤ 0.05.

Domain 8: Management, leadership and advocacy

Domain 8 (WHO, 2016) identifies that nurse educators demonstrate the skills of system management and leadership to create, maintain and develop desired nursing programmes and shape the future of education institutions. The results are displayed in Table 10. There were four statistically significant results in this domain; *assume leadership roles at various levels* (p =.002), *engage in quality reviews to assess strengths and weaknesses of programme* (p <.001), *use a variety of advocacy strategies to promote nursing education and practice* (p =.006) *and identify opportunities for positive change and effectively manage the change process* (p =.001). All respondents indicated that these were important but did not agree that they implemented them in their roles as CIs.

Table 10

Domain 8 Management, leadership and advocacy: Importance and Implementation

#	Competency	Importance for CI Role		Implementation in CI Role		*Z*	*p*
		M±SD	Median	M±SD	Median		
8.1	Incorporate mission and strategic plan of parent institution with goals of nursing programme when proposing and managing change	3.78±.93	4.00	3.41±1.05	3.00	-1.781	.075
8.2	Assume leadership roles at various levels for institutional governance, education development and enhancing nursing practice	3.85±.66	4.00	3.07±1.07	3.00	-3.087	.002*
8.3	Demonstrate effective and efficient human and financial resource management	3.67±.78	4.00	3.59±1.12	4.00	-.504	.614
8.4	Engage in quality reviews to assess strengths and weaknesses of programme based on set criteria and use results for benchmarking	4.15±.66	4.00	3.07±1.17	3.00	-3.484	<.001*
8.5	Use a variety of advocacy strategies to promote nursing education and practice	4.37±.57	4.00	3.85±.91	4.00	-2.725	.006*
8.6	Identify opportunities for positive change and effectively manage the change process	4.26±.81	4.00	3.70±.87	4.00	-3.260	.001*

(*) indicates statistically significant results at an α of ≤ 0.05.

DISCUSSION

Clinical instructors (CIs) assume a very complex role in nursing schools and there are currently no specific competencies for this role in Canada. The purpose of this study was to explore whether CIs perceived the 37 (eight domains) WHO Nurse Educator Core Competencies (NECC) as important in their CI role and if they implemented them.

Although the sample size was small, the majority of participants in this study were experienced RNs with significant experience as CIs. Their responses provide valuable insights into the competencies that they deem as most important for this role and those that were not currently practiced. These findings have implications for nursing schools where CIs deliver the majority of education in the clinical setting.

There was agreement that 36 of the WHO competencies were important in the CI role. This is a first step in addressing a gap in the literature by identifying that these competencies are applicable to this role.

Some competencies (e.g., curriculum development, engaging in scholarly writing and publication, creating a safe environment, change management, institutional governance, human and financial resource management) were identified as less important. This is not surprising given that some of these are not currently expectations of the CI role. Some of these findings however should raise red flags for nursing schools. For example, the lowest scored item on both importance and implementation was engaging in scholarly writing and publication. This finding may have implications for university programs in Canada where competency in scholarly writing is an expectation for students. CIs employed in nursing programs should be competent in scholarly writing to be able to guide and evaluate students' clinical assignments (Jefferies et al., 2018). The finding may indicate a need to reword the competency (e.g., revise to emphasize engagement in scholarly writing and remove publishing) and identify that nursing schools need to emphasize the importance of scholarly writing as an essential CI role and responsibility. This requires exploration in future research.

Another finding of concern was focused on safety, where respondents disagreed that they controlled the creation and maintenance of a safe environment (although they

agreed that they implemented it in practice). One possible interpretation is that CIs see themselves as visitors on the unit or in the agency where they are teaching and therefore are not in control of the safety of the environment (Luhanga, 2018). Regardless of this finding, it is essential that CIs express confidence in their ability to create and maintain a safe practice environment. The wording of this competency needs to be explored and refined.

Respondents agreed with the importance and practiced the competencies in adult learning principles (domain 1). This is not surprising given that these are identified as entry-level RN competencies. However, there is limited content in undergraduate curricula on adult learning theory and it is mostly focused on one-on-one education with patients (CNO, 2014). These findings might reflect the education and extensive experience of the participants. The competencies were supported as important to the CI role.

In the curriculum and implementation domain (domain 2), participants reported that they valued these competencies in the CI role but did not practice them. Historically CIs have not been expected to develop courses or formulate evaluation tools as this has been work that is done by full-time faculty. The competencies related to curriculum design need to be revised to better articulate the role expectations. For example, CIs might play a role in contributing to curricular design by informing the nursing school on current best practices in the clinical setting so that these can be implemented into the curriculum.

Valuable insights were revealed in the competency on information technology (IT). It was deemed important but not practiced by the CIs. Gaps in IT competence have been identified in nursing education, so this finding is consistent with the literature.

CASN (2013) has developed a toolkit on nursing informatics to provide support for nurse instructors to teach this concept in curricula. Also, numerous definitions of information technology in healthcare exist and can be confusing, (International Council of Nurses, 2009). It is important that CIs are competent to teach IT as it is an entry to practice competency for RNs in Ontario (CNO, 2014). IT competencies, although essential to the CI role will require education and support for CIs to meet them.

Respondents in this study agreed with the importance of up-to-date knowledge and evidence-based practice (domain 3) but did not practice it in their role. These competencies are essential to the CI role. Evidence based practice is an expectation of all nurses in Ontario. To meet this competency CIs may require clarification of evidence-based, up-to-date knowledge as it pertains to nursing education.

Respondents indicated that they are not actively engaged in contributing to improving nursing education and practice (domain 4). The difference in the importance versus the implementation of this competency may reveal that debate with peers isn't something that schools of nursing are supporting. Hartin et. al. (2017) reported that fostering a climate of healthy debate can further knowledge and teach CIs the art of respectful deliberation; this has been linked to the development of clinical reasoning in nursing students. Opportunities to engage with peers are limited in the CI role because their work is in clinical placements outside of the school setting. There is an opportunity for nursing schools to support this engagement in forums that allow them to contribute to addressing gaps in the curriculum by sharing their clinical experiences. Giving CIs an active voice in improving/adapting the curriculum to the evolving clinical world would help to address the theory to practice gaps. This role and responsibility should be included in the CI job description to emphasize its' importance.

Communication, collaboration, and partnership (domain 5) was one of the domains wherein the CIs felt these competencies were important, but they were not implementing them in their role. Two specific items in this domain regarding *communicating best practices in nursing education* and *facilitating and fostering teamwork and collaboration at educational and clinical institutions locally, regionally and internationally* were noteworthy. Communicating best practices (Wittmann-Price & Godshall, 2009; Oermann, 2015) has been identified as a responsibility of CIs. It is not clear, without further research, why they were not engaged in this practice. The broad wording of the scope of fostering teamwork and collaboration might have contributed to the findings; CIs might contribute locally but not regionally or internationally.

Ethical/legal principles and professionalism (domain 6) were identified as important competencies that were practiced. This is not surprising as they are consistent with the standards of practice expected of all nursing professionals, regardless of their role (CNO, 2002). However, respondents identified that they had lower agreement on maintenance of a professional record on nursing and teaching. Keeping a professional record that demonstrates nursing and teaching capability spans two of the requirements of the CNO's Professional Standards for RNs (2002). Although this is an expectation of the profession, nursing schools may need to develop mechanisms for supporting the documentation of teaching experience for the CIs.

Monitoring and evaluation (domain 7) was perceived by most of the respondents to be important and was implemented in their practice. This finding supports the importance of these competencies for CIs. The development of curriculum, programmes and courses however is not a current requirement of the CI role; it is recommended that this competency be revised to better reflect role expectations.

Respondents agreed with the importance of four out of six of the items in the management, leadership and advocacy domain (domain 8) but did not practice them in their CI role. These items were related to the development of educational programs, leadership at various levels of institutional governance and change management. Leadership (e.g., change management) is a major concept expected to be taught in the classroom and clinical settings in undergraduate programs (CASN, 2015). These competencies reflect appropriate roles for the CI but require revisions to better reflect the CI role and responsibilities; orientation programs and forums could encourage the development of these competencies as they pertain to the role of the CI.

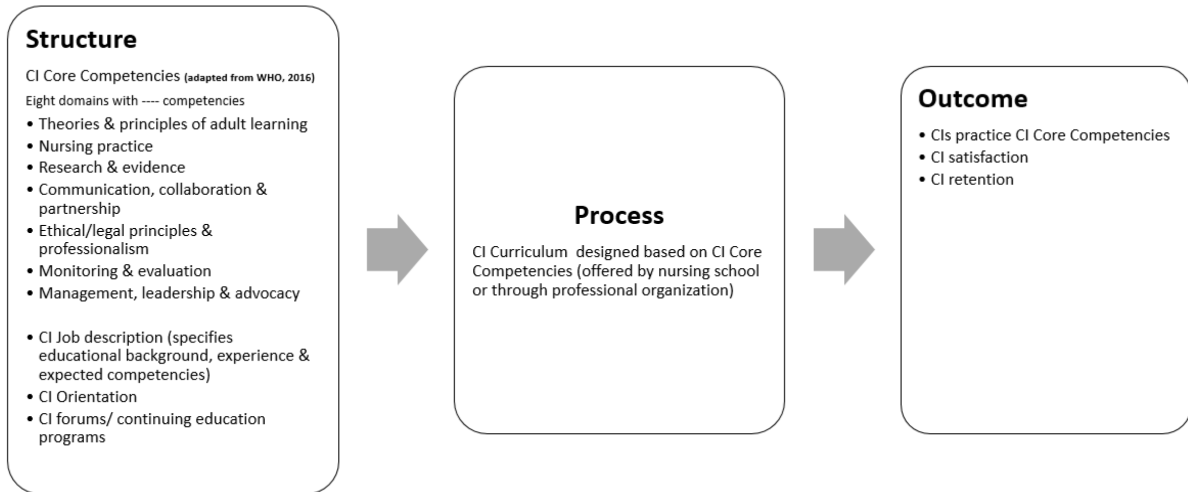
Review of the study results confirms that all the NECC have merit but need to be adapted to a CI-specific role. This is a multi-phased research project and the findings of the study have implications for all stakeholders, including schools of nursing and CIs. Ongoing research is required to inform the policy direction as it pertains to the CI-specific role and competencies in Canada.

Implications for Schools of Nursing

WHOs' NECC (2016) were designed for the broadest role of the nurse educator, those who teach theory and clinical and are involved in curriculum and course design; competencies designed specifically for the clinical teaching role are lacking. Based on the study findings and the literature review, the next step is establishing CI-specific competencies that better align and clarify the roles and expectations of the CI.

Donabedian's framework (structure-process-outcome), used to guide this study, provides a framework to guide and support the further development of the CI role. The model has been adapted to illustrate the study results and literature (see Figure 2).

Figure 2. Framework to Support the Clinical Instructor Role



Structure is important in supporting CIs; it identifies the nursing school's policies, procedures and resources that are required to support the CIs to meet their role and responsibilities. *Structure* has been modified to include specific factors that have emerged as important based on the literature and study findings. These include: core competencies for CIs (CI-specific), CI job description (with required CI-specific experience, education and competencies), CI orientation program (that introduces/ supports development of CI competencies) and CI forums/continuing education programs. The *process* reflects a curriculum that prepares the RN to meet the competencies expected for the CI role. A curriculum, focused on CI-specific competencies, could be offered by nursing schools or through professional organizations and is essential to support this role and the desired outcomes. *Outcome* reflects the effectiveness of the structure and process. These include CIs who report that they are prepared to meet the CI competencies (as indicated by knowledge and practice of them), CI role satisfaction and CI retention. The WHO (2016) recommends that schools of nursing develop a competency-testing tool to monitor and evaluate aspects of the eight domains, core competencies and the related competencies

that includes both quantitative and qualitative dimensions to evaluate the usefulness of the competencies (p. 18). This framework is a unique contribution to this area of study.

Implications for Research

The next phase in this research is to adapt the NECC wording to the CI-specific competencies and establish face and content validity of these competencies (Waltz, Strickland and Lenz, 2016). Establishing the face validity will measure whether the competencies accurately illustrate the CI-specific role competencies. Content validity will be established by consulting with a panel of content experts to determine if the competencies are relevant to the CI role.

The future goal is to develop a psychometric instrument that could be used to monitor and evaluate the CI-specific competencies. This will require that the competencies are demonstrated to be both appropriate and accurate and that reliability (internal consistency, stability and equivalency) be established (El-Masri, 2016).

Implications for Policy

WHO (2016) recommends that nurse educator competencies be assessed at three levels: by the educator for self-evaluation, by the training institution to assess education and professional development needs of the clinical faculty, and nationally to evaluate whether program standards are being met and to inform planning for appropriate interventions. Valid CI-specific competencies would guide interventions at all three of these levels in Canada.

Limitations

There are several limitations to this study. The first was a small sample size. The results may not be robust because of self-selection bias that may occur in convenience sampling (Grove, Burns & Gray, 2013). All research participants were drawn from one

school of nursing and the findings may not be generalizable to other populations. Future research should include larger samples from different locations.

The survey was a structured questionnaire with Likert responses and respondents were unable to provide comments on their interpretation of specific competencies. The self-report nature of the data carries the possibility of social desirability (Johnson & Fendrich, 2005), as the CIs work for the university where the study was done, and the respondents may perceive that their results would be identifiable by the researcher, even though the study was anonymous.

Conclusion

Clinical Instruction is an area of nursing which deserves to be acknowledged as a specialty. The literature confirms that nursing education has changed over the past few decades and the reliance on part time educators to assume the role of CIs has increased. There is currently a lack of consensus on the education or orientation required for them to deliver the clinical components of the nursing curricula. There is a clear need to establish standardized competencies for the increasingly complex role of the CI. The purpose of this research was to explore CIs perceptions of the importance of the WHO's nurse educator competencies and whether they were practiced in the current clinical instructor role. These competencies were identified as relevant to the CI-specific role but require additional refinement to improve their relevancy to a CI-specific role and to establish an identifiable standard for CI preparation.

The purpose of the WHO's nurse educator competencies (2016) is to "enable educators to effectively contribute to the attainment of high quality education and the production of effective, efficient and skilled nurses" (p.5). CIs will be able to contribute

more effectively to these outcomes with CI-specific competencies to guide their preparation and practice of this role.

National standardized CI-specific competencies will provide a strong foundation for CI preparation in Canada. They will strengthen the student experience and increase clinical faculty job satisfaction and retention, improve the quality and safety of clinical education, and lead to a more consistent delivery of undergraduate curricula, which will ultimately impact all recipients of care in the healthcare system (Oermann, 1998; IOM, 2011).

Appendix A: Participant Survey

Survey

Dear Participant;

I invite you to complete the following survey that I have adapted from the *World Health Organizations' Nurse Educator Core Competencies*. The survey is composed of 3 sections that elicit data on your (1) perceptions of what competencies Clinical Instructors **should know** to effectively fulfill their role; (2) your perceptions of whether you practice these competencies in **your current role** as a Clinical Instructor; and (3) demographic information.

In the future, I may ask you to complete this survey again as a part of a follow up study to establish the validity and reliability of this survey. To help protect the anonymity of your responses while enabling me to link your initial and follow up responses, I kindly ask that you create a unique code that will be known only by you according to the instructions described below.

Month of birth/the year in which you bought your first car/the first initial of your mother's first name/last letter of your first name.

-- -- / --- --- ---- ---- / -- / --

Section 1

This section asks your perceptions of the competencies Clinical Instructors **should know** to assume the role of clinical instructor. Please rate the importance of the competencies by identifying your level of agreement/ disagreement with each statement.

	Clinical Instructors Should:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	Exhibit an understanding of conceptual and theoretical foundations and principles related to health profession education and adult learning.	1	2	3	4	5
2	Analyse domains of learning (cognitive, affective and psychomotor) and their application in different academic contexts.	1	2	3	4	5

	Clinical Instructors Should:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
3	Demonstrate knowledge of curriculum development, which incorporates educational theories, principles and models.	1	2	3	4	5
4	Design curricula, which support context-based nursing practice needs and reflect current trends in the health-care environment.	1	2	3	4	5
5	Develop and implement a relevant course based on innovative teaching and learning strategies that facilitate active learning and achievement of learning outcomes.	1	2	3	4	5
6	Facilitate theoretical and clinical reasoning among diverse learners with different learning styles and unique learning needs.	1	2	3	4	5
7	Integrate evidence-based teaching and learning processes, and help learners interpret and apply evidence in their clinical learning experiences.	1	2	3	4	5
8	Create and maintain a safe environment that is conducive to learning in theoretical, clinical simulation and practice settings.	1	2	3	4	5
9	Use transformational and experiential strategies that develop context-based nursing knowledge, skills and professional behaviours.	1	2	3	4	5
10	Incorporate and engage learners with the use of appropriate information technologies (including eLearning, eHealth) in teaching and learning processes.	1	2	3	4	5
11	Formulate evaluation tools for teaching and learning experiences and use results to monitor learners' performance and desired outcomes of courses.	1	2	3	4	5
12	Maintain competence in nursing practice.	1	2	3	4	5
13	Practice nursing in ways that reflect evidence-based, up-to-date knowledge.	1	2	3	4	5
14	Plan a variety of teaching and learning activities that foster creativity and innovation of nursing practice and the health-care environment.	1	2	3	4	5
15	Synthesize, use and generate knowledge pertinent to nursing education and practice	1	2	3	4	5
16	Engage in debate and reflection with peers to generate and apply new ideas that contribute to the improvement of nursing education and practice.	1	2	3	4	5

Clinical Instructors Should:		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
17	Develop future nurse scholars by nurturing a spirit of sharing, inquiry and self-reflection.	1	2	3	4	5
18	Engage in scholarly writing and publication.	1	2	3	4	5
19	Demonstrate intercultural and interdisciplinary competence in the teaching and nursing practice.	1	2	3	4	5
20	Communicate best practice in nursing education with peers, students and other stakeholders.	1	2	3	4	5
21	Facilitate and foster teamwork and collaboration at educational and clinical institutions both locally and with the wider regional and international community.	1	2	3	4	5
22	Promote social justice and the protection of human rights in teaching and learning processes and in the health care environment.	1	2	3	4	5
23	Promote ethical and legal principles of integrity, academic honesty, flexibility and respect through role modelling.	1	2	3	4	5
24	Participate in ongoing professional self-development and support the professional learning of colleagues.	1	2	3	4	5
25	Facilitate professionalization for learners by creating learners' self-reflection, personal goal setting and socialization within the role of the nurse.	1	2	3	4	5
26	Maintain a professional record (curriculum vitae and/or portfolio) that demonstrates current nursing and teaching competence.	1	2	3	4	5
27	Monitor, assess and evaluate teaching and learning methods and experiences in relation to nursing outcomes and learner needs.	1	2	3	4	5
28	Evaluate own teaching competencies by seeking input from peers and students. Use feedback to improve role effectiveness.	1	2	3	4	5
29	Develop a variety of assessment tools and methods to ascertain student competence in cognitive, affective and psychomotor domains. Provide timely constructive verbal and written feedback to learners.	1	2	3	4	5
30	Foster learners' self- assessment skills and reflection on teaching and learning activities.	1	2	3	4	5
31	Collaborate with colleagues to develop, manage and evaluate curriculum, programmes, courses, and clinical teaching and learning experiences.	1	2	3	4	5

Clinical Instructors Should:		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
32	Incorporate the mission and strategic plan of the parent institution with the goals of the nursing programme when proposing and managing change.	1	2	3	4	5
33	Assume leadership roles at various levels for institutional governance, education development and enhancing nursing practice.	1	2	3	4	5
34	Demonstrate effective and efficient human and financial resource management.	1	2	3	4	5
35	Engage in quality reviews to assess strengths and weaknesses of the programme based on set criteria and use the results for benchmarking and ongoing progress.	1	2	3	4	5
36	Use a variety of advocacy strategies to promote nursing education and practice.	1	2	3	4	5
37	Identify opportunities for positive change and effectively manage the change process both at individual and organizational levels.	1	2	3	4	5

Section 2

This section asks you to consider **your own role as a Clinical instructor**. Please rate **your** personal implementation of each competency in **your current practice as a CI** by identifying your level of agreement/ disagreement with each statement.

	As a Clinical Instructor, I:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	Exhibit an understanding of conceptual and theoretical foundations and principles related to health profession education and adult learning.	1	2	3	4	5
2	Analyse domains of learning (cognitive, affective and psychomotor) and their application in different academic contexts.	1	2	3	4	5
3	Demonstrate knowledge of curriculum development, which incorporates educational theories, principles and models.	1	2	3	4	5
4	Design curricula, which support context-based nursing practice needs and reflect current trends in the health-care environment.	1	2	3	4	5
5	Develop and implement a relevant course based on innovative teaching and learning strategies that facilitate active learning and achievement of learning outcomes.	1	2	3	4	5
6	Facilitate theoretical and clinical reasoning among diverse learners with different learning styles and unique learning needs.	1	2	3	4	5
7	Integrate evidence-based teaching and learning processes, and help learners interpret and apply evidence in their clinical learning experiences.	1	2	3	4	5
8	Create and maintain a safe environment that is conducive to learning in theoretical, clinical simulation and practice settings.	1	2	3	4	5
9	Use transformational and experiential strategies that develop context-based nursing knowledge, skills and professional behaviours.	1	2	3	4	5
10	Incorporate and engage learners with the use of appropriate information technologies (including eLearning, eHealth) in teaching and learning processes.	1	2	3	4	5
11	Formulate evaluation tools for teaching and learning experiences and use results to monitor learners' performance and desired outcomes of courses.	1	2	3	4	5
12	Maintain competence in nursing practice.	1	2	3	4	5

	As a Clinical Instructor, I:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
13	Practice nursing in ways that reflect evidence-based, up-to-date knowledge.	1	2	3	4	5
14	Plan a variety of teaching and learning activities that foster creativity and innovation of nursing practice and the health-care environment.	1	2	3	4	5
15	Synthesize, use and generate knowledge pertinent to nursing education and practice	1	2	3	4	5
16	Engage in debate and reflection with peers to generate and apply new ideas that contribute to the improvement of nursing education and practice.	1	2	3	4	5
17	Develop future nurse scholars by nurturing a spirit of sharing, inquiry and self-reflection.	1	2	3	4	5
18	Engage in scholarly writing and publication.	1	2	3	4	5
19	Demonstrate intercultural and interdisciplinary competence in the teaching and nursing practice.	1	2	3	4	5
20	Communicate best practice in nursing education with peers, students and other stakeholders.	1	2	3	4	5
21	Facilitate and foster teamwork and collaboration at educational and clinical institutions both locally and with the wider regional and international community.	1	2	3	4	5
22	Promote social justice and the protection of human rights in teaching and learning processes and in the health care environment.	1	2	3	4	5
23	Promote ethical and legal principles of integrity, academic honesty, flexibility and respect through role modelling.	1	2	3	4	5
24	Participate in ongoing professional self-development and support the professional learning of colleagues.	1	2	3	4	5
25	Facilitate professionalization for learners by creating learners' self-reflection, personal goal setting and socialization within the role of the nurse.	1	2	3	4	5
26	Maintain a professional record (curriculum vitae and/or portfolio) that demonstrates current nursing and teaching competence.	1	2	3	4	5
27	Monitor, assess and evaluate teaching and learning methods and experiences in relation to nursing outcomes and learner needs.	1	2	3	4	5

As a Clinical Instructor, I:		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
28	Evaluate own teaching competencies by seeking input from peers and students. Use feedback to improve role effectiveness.	1	2	3	4	5
29	Develop a variety of assessment tools and methods to ascertain student competence in cognitive, affective and psychomotor domains. Provide timely constructive verbal and written feedback to learners.	1	2	3	4	5
30	Foster learners' self- assessment skills and reflection on teaching and learning activities.	1	2	3	4	5
31	Collaborate with colleagues to develop, manage and evaluate curriculum, programmes, courses, and clinical teaching and learning experiences.	1	2	3	4	5
32	Incorporate the mission and strategic plan of the parent institution with the goals of the nursing programme when proposing and managing change.	1	2	3	4	5
33	Assume leadership roles at various levels for institutional governance, education development and enhancing nursing practice.	1	2	3	4	5
34	Demonstrate effective and efficient human and financial resource management.	1	2	3	4	5
35	Engage in quality reviews to assess strengths and weaknesses of the programme based on set criteria and use the results for benchmarking and ongoing progress.	1	2	3	4	5
36	Use a variety of advocacy strategies to promote nursing education and practice.	1	2	3	4	5
37	Identify opportunities for positive change and effectively manage the change process both at individual and organizational levels.	1	2	3	4	5

Section 3: This next set of questions is a demographic questionnaire. Please complete the questions below.

1. What is your education background? Check all that apply:
    - Nursing Diploma
    - BScN
    - MN or MScN
    - Nurse Practitioner
    - Master's in other field
    - Other-certificate
2. How many years have you been a Registered Nurse?
    - 3yrs or less
    - 4-6 years
    - 7-10 years
    - 11-15 years
    - 16-20 years
    - Over 20 years

3. Approximately how many clinical groups have you taught at the University of Windsor since you were hired here?

4. Do you teach at other schools of nursing?

   Yes/No If yes where?__________________

5. How many clinical groups have you taught at all schools of nursing during your career?

6. Have you taken any nursing clinical teaching courses or received any clinical teaching certification?

   Yes/No If yes, what were they? ________________

7. Are you currently employed in another RN role outside of the university?
   Yes/No
   If yes please indicate: Full-time
   Part-time
   Casual

8. What is/was your specialty of nursing work outside of the university?
    - Community
    - Acute care hospital

- Complex continuing care or rehabilitation hospital
- Long-term care
- Administration
- College/university
- Other

9. I am satisfied with my preparation for my CI role at the University of Windsor

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
o	o	o	o	o

10. I see myself continuing to teach at the University of Windsor for the next two years.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
o	o	o	o	o

Thank you for your participation.

Appendix B: Letter of Permission from Dean of Nursing

University of Windsor
Faculty of Nursing

From: Linda Patrick
Sent: February 13, 2018 12:49 PM
To: Natalie Bownes <nbownes@uwindsor.ca>
Subject: Re: Letter of Permission to Send Survey to Clinical Instructors for Thesis Work

Hello Natalie

I support your request to send your study survey to our sessionals. This permission is of course dependent on you have an expedited clearance from ethics for your study.

Linda

From: Natalie Bownes
Sent: February 13, 2018 11:18 AM
To: Linda Patrick
Subject: Letter of Permission to Send Survey to Clinical Instructors for Thesis Work

Hi Linda,

I'm writing to you to ask for your permission to send my survey "Exploring Clinical Instructors' Perceptions of Competencies Required for Their Role in a Baccalaureate Nursing Program" to the current Clinical Instructors that are on the active roster via email.

Thanks for your consideration.

Regards,
Natalie

Appendix C: Research Ethics Board Approval, University of Windsor

Office of the Research Ethics Board
401 Sunset Avenue
Windsor, Ontario, Canada N9B 3P4
T 519-253-3000 ext. 3948
www.uwindsor.ca/reb

Today's Date: March 19, 2018
Principal Investigator: Ms. Natalie Bownes
REB Number: 34766
Research Project Title: REB# 18-043: "Exploring Clinical Instructors' Perceptions of Competencies Required for Their Role in a Baccalaureate Nursing Program"'
Clearance Date: March 16, 2018
Project End Date: December 01, 2018
Milestones:
Renewal Due-2018/12/01(Pending)

This is to inform you that the University of Windsor Research Ethics Board (REB), which is organized and operated according to the Tri-Council Policy Statement and the University of Windsor Guidelines for Research Involving Human Subjects, has granted approval to your research project on the date noted above. This approval is valid only until the Project End Date.

A Progress Report or Final Report is due by the date noted above. The REB may ask for monitoring information at some time during the project's approval period.

During the course of the research, no deviations from, or changes to, the protocol or consent form may be initiated without prior written approval from the REB. Minor change(s) in ongoing studies will be considered when submitted on the Request to Revise form.

Investigators must also report promptly to the REB:
a) changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;
b) all adverse and unexpected experiences or events that are both serious and unexpected;
c) new information that may adversely affect the safety of the subjects or the conduct of the study.

Forms for submissions, notifications, or changes are available on the REB website: www.uwindsor.ca/reb. If your data is going to be used for another project, it is necessary to submit another application to the REB.

We wish you every success in your research.

Dr. Suzanne McMurphy, Ph.D.
Chair, Research Ethics Board
2146 Chrysler Hall North
University of Windsor
519-253-3000 ext. 3948
Email: ethics@uwindsor.ca

c.c. Dr. Michelle Freeman, Supervisor, Nursing

Appendix D: First Email Invitation to Participate in Survey

University of Windsor
Faculty of Nursing

Hello Clinical Instructors,

I am writing to invite you to participate in a survey that I am conducting on Clinical Instructors' perceptions of competencies required for your role in teaching in a Baccalaureate Nursing Program.

Your responses to this survey are very important. This is the first study that assesses the World Health Organization's Nurse Educator Core Competencies in Canada. The findings will be used to inform the Faculty of Nursing at the University of Windsor as well as schools of nursing across Canada of the competencies that are necessary to perform this complex role. It may help to develop orientation and education programs for nursing clinical instructors to help support you in your role.

This on-line survey takes approximately 20 minutes to complete. Please click on the link below to go to the survey website (or copy and paste the survey link in your web browser).

Survey link: https://uwindsor.ca1.qualtrics.com/jfe/form/SV_7P4wdagvgp8KOH3

Your participation in this study is entirely voluntary and all of your responses will be kept confidential with no personal identifiers. You will be presented with a letter of information before you begin the survey which will describe your rights as a participant in this study.

This research study has received clearance from the Research Ethics Board at the University of Windsor. Should you have any further questions, please feel free to contact me at bownes@uwindsor.ca or 519-253-3000 ext 4814.

I appreciate your time and consideration in completing this survey. Your responses will provide important insights into the expected and existing perceptions of competencies for Clinical Instructors.

Many thanks,
Natalie Bownes

MScN Student, University of Windsor

Appendix E: Second and Third Email Invitation to Participate in Survey

University of Windsor
Faculty of Nursing

Hello Clinical Instructors;

If you have already completed this survey, thank you and please disregard this email. Because the survey is anonymous, I am unable to exclude anyone from this follow-up reminder.

I am writing to invite you to participate in a survey that I am conducting on Clinical Instructors' perceptions of competencies required for your role in teaching in a Baccalaureate Nursing Program.

If you have not yet responded to this survey, please read the information below and then use the link to take the survey. Your responses to this survey are very important.

This is the first study that assesses the World Health Organization's Nurse Educator Core Competencies in Canada. The findings will be used to inform the Faculty of Nursing at the University of Windsor as well as schools of nursing across Canada of the competencies that are necessary to perform this complex role. It may help to develop orientation and education programs for nursing clinical instructors to help support you in your role.

This on-line survey takes approximately 20 minutes to complete. Please click on the link below to go to the survey website (or copy and paste the survey link in your web browser).

Survey link: https://uwindsor.ca1.qualtrics.com/jfe/form/SV_7P4wdagvgp8KOH3

Your participation in this study is voluntary and all of your responses will be kept confidential with no personal identifiers. You will be presented with a letter of information before you begin the survey which will describe your rights as a participant in this study.

This research study has received clearance from the Research Ethics Board at the University of Windsor. Should you have any further questions, please feel free to contact me at bownes@uwindsor.ca or 519-253-3000 ext 4814.

I appreciate your time and consideration in completing this survey. Your responses will provide important insights into the expected and existing perceptions of competencies for Clinical Instructors.

Many thanks,
Natalie Bownes
MScN Student, University of Windsor

Appendix F: Reminder Flyer to Participate in Survey

Hello Clinical Instructors;

If you have already completed this survey, thank you!

I'd like to invite you to participate in a survey that I am conducting on Clinical Instructors' perceptions of competencies required for their role in teaching in a Baccalaureate Nursing Program. **Please complete by April 30, 2018.**

Upon completion of this survey you have the option of entering your name in a draw for two $50 gift cards.

Your responses to this survey are very important. This is the first study that assesses the World Health Organization's Nurse Educator Core Competencies in Canada. The findings will be used to inform the Faculty of Nursing at the University of Windsor as well as schools of nursing across Canada of the competencies that are necessary to perform this complex role. It may help to develop orientation and education programs for nursing clinical instructors to help support you in your role.

This on-line survey takes approximately **20 minutes** to complete. Use the survey link or scan the QR Code below to access the survey from your phone.

Survey link: https://uwindsor.ca1.qualtrics.com/jfe/form/SV_7P4wdagvgp8KOH3

This research study has received clearance from the Research Ethics Board at the University of Windsor. Should you have any further questions, please feel free to contact me at bownes@uwindsor.ca or 519-253-3000 ext. 4814.

I appreciate your time and consideration in completing this survey!

Many thanks,
Natalie Bownes, MScN Student, University of Windsor

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