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An investigation of the cognitive processes that contribute to faculty development among selected nursing educators in Michigan

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An Investigation of the Cognitive Processes that Contribute to Faculty Development

Among Selected Nursing Educators in Michigan

by

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Abstract

The purpose of this study was to provide insight into the issue of faculty development in nursing education. A qualitative, case-study research method was used to explore cognitive processes nursing faculty engage in for developing their student teaching/learning skills. Groups as well as individuals participated in this study, and data collection involved multiple methods, including group discussions, review of faculty education records at nursing schools, interviews with directors of nursing programs, multiple individual interviews with selected participants over a period of several months, focused journal writing, and electronic discussions.

Study participants consisted of 24 faculty and six administrators from six nursing programs across the lower half of Michigan. Four of the nursing programs were in community colleges, and two of the programs were in universities with baccalaureate and graduate-level educational programs that included nursing.

The research participants provided rich descriptions of their development activities and their thinking about teaching and learning. The nurse educators reflected on and identified their learning needs regarding the teaching role.

A model of faculty development emerged from the data that involves a process of reflection, planning, teaching, and returning to reflection within an environment that includes both supports and constraints. Implications for further research include this reflective process, advancement of the skill of thinking critically, removing barriers to growth for faculty, enhancing supports for that growth, and furthering the understanding of faculty development needs and processes.

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Chapter 1: Introduction

The National League for Nursing (NLN) warns of a "looming crisis in the supply of faculty to teach in schools of nursing." The NLN Board of Governors estimated a need for as many as 40,000 new nurse educators to meet the rising demand for preparing individuals for the profession (NLN, 2002, p. 2). Because the nursing education workforce is aging along with the nursing workforce, leaders in nursing education are challenged to increase the number of graduate nurses while also dealing with a concomitant shortage of nursing faculty.

During the 1990s, the number of students enrolled in master's degree programs in preparation for nurse educator roles declined (NLN, 2002), and many schools stopped offering nurse educator tracks in their master's programs. There is evidence of a reversal of this trend since the NLN report, such as master's in education programs recently started in southeast Michigan and schools that have revitalized their previous nurse educator tracks. A quick review of the Internet also revealed several on-line nurse-educator preparation programs offered nationwide starting in the 2006/2007 school year. However, effective nurse educators are needed now, and leaders in schools of nursing are faced with the task of providing on-the-job preparation of clinicians for the educator role.

Nurse educator preparation programs have not kept pace with the changing needs of nursing education in the type of preparation or the numbers of nurse educators prepared. Nurses often enter into the educator role right from a clinician role without any preparation in teaching/learning techniques. Furthermore, Zungolo (2004) stated that "the nursing profession has failed to develop expectations about the competencies of faculty, choosing to base the assessment of credentials on the acquisition of a master's degree in a

clinical specialty in nursing" (p. 19). Krisman-Scott, Kershbaumer, and Thompson (1998) stated that in 1991, only ten percent of nursing graduate students were preparing to become nurse educators and that this situation became worse throughout the nineties as graduate schools emphasized advanced clinician roles and administration in their programs rather than preparation as nurse educators. Johnson-Crowley (2004) stated that most of the teaching preparation courses that exist in nursing today are survey-type classes in which teachers transmit to students knowledge that they are expected to report back in papers, examinations, and limited practice sessions. In other words, these classes "do little to encourage students' perceptions of competence and confidence that are needed to incorporate new and innovative learning strategies into their teaching activities" (p. 35).

The NLN (2005) recently argued for changes in teaching/learning strategies in nursing schools to facilitate critical thinking and the use of modalities that engage the learner. Nurse educators have a different and dynamic role: preparing graduates for the changing demands in nursing practice. Ironside (2005) stated that "the rapidly evolving health care system is demanding that nurses be skilled in providing care in uncertain, ambiguous, and evolving situations" (p. 78). Although there has been a consistent emphasis on critical thinking in nursing, Shell (2001) stated that there is evidence that the emphasis on critical thinking is not being realized in student outcomes and that several barriers to teaching for critical thinking exist, including lack of time to learn new strategies for teaching. Bevis and Watson (2000) stated that all curriculum development commences with faculty development. The issue was further supported by a national

study of faculty role satisfaction in which nurse educators expressed a desire and a need for ongoing faculty development (NLN, 2003).

Significance of the Study

The need for effective and efficient faculty development and the acute shortage of prepared faculty is occurring at the same time that programs are admitting increased numbers of students to alleviate the current and future nursing shortage. The literature supported the need for effective faculty development in this time of a critical shortage of both nurses and nurse educators (Billings, 2003; Johnson-Crowley, 2004; Kelly, 2002; NLN, 2002; NLN, 2005; Riner & Billings, 1999).

Leaders in schools of nursing need strategies to bring expert clinicians into the educator role and to enhance the skills of experienced faculty. A study of the cognitive processes that contribute to faculty development for nurse educators could provide useful data for designing and implementing effective learning experiences for nursing faculty. A focus on faculty development is congruent with the goal of educating individuals for the complexities of nursing.

Purpose of the Study

The purpose of this study was to provide insight into the issue of faculty development in nursing education. Insight was gained by exploring ways that nursing instructors continuously improve their craft of teaching/learning and identifying strategies that may promote effective and efficient faculty development in nursing education.

Research Questions

This study examined cognitive processes that may contribute to faculty development in nursing education. Specifically, the questions addressed were

1. What steps do nursing instructors take to develop and master their craft of teaching to model critical and reflective thinking and to prepare students for their role as critically thinking nurses?

2. What strategies and/or models for effective faculty development emerge as nursing faculty reflect on and share their learning needs regarding the teaching role?

3. What ideas for faculty development emerge as nursing faculty reflect on and discuss concepts related to effective teaching/learning in nursing education?

Research Methodology

A qualitative, case-study research method was used to explore the cognitive processes nursing faculty engage in as they develop teaching/learning skills as nurse educators. Groups as well as individuals participated in this study, and data collection involved multiple methods. Those methods included group discussions, review of faculty education records at nursing schools, interviews with directors of nursing programs, multiple individual interviews with some participants over a period of several months, focused journal writing, and electronic discussions.

Educational Research Traditions

Qualitative research is a more recent approach to educational inquiry than the traditional quantitative research that emphasizes "collecting and analyzing information in

the form of numbers" (Creswell, 2005, p. 41). Qualitative research involves a less structured approach with a focus on learning from the participants through general, open questions in order to explore and gain understanding of a phenomenon (Creswell, 2005). Schram (2003) stated that the fundamental assumption of qualitative inquiry is not a search for knowledge for knowledge's sake but a search for the significance of knowledge. Glesne (1999) stated that qualitative methods are generally supported by the interpretivist or constructivist paradigm that "portrays a world in which reality is socially constructed, complex, and ever changing" (p. 5). Qualitative researchers study a phenomenon through interaction with participants over a period of time, engaging in an active process of interpretation as opposed to gathering or generating facts (Schram, 2003).

Research Design

For the purpose of this study, a qualitative, case study research model was used. Stake (2003) stated that case study is defined by interest in individual cases and what can be learned from them. In this study, each discussion group and individual participant was a case to be studied for the purpose of providing insight into the issue of faculty development in nursing education. This approach was selected because the goal was to explore and interpret the lived experience of nurse educators as they engaged in developing their craft of educating nursing students. The participants actively engaged in the process of reflection and sharing in order to address the research questions and to explore strategies for faculty development. As described by Stake (2003), this process of reflection and sharing represented an instrumental, collective case study method in which

groups and individual cases were examined mainly to provide insight into the phenomenon of faculty development.

This study was based on the qualitative research tradition of phenomenology. "Phenomenological studies investigate the meaning of the lived experience of a small group of people from the standpoint of a concept or phenomenon" (Schram, 2003, p. 70). The concept or phenomenon under study was faculty development for the role of the nurse educator. The interpretation and meaning drawn from the experiences of nurse educators, as they reflected on faculty development, was a primary focus of the analysis of data.

Selection of Subjects

Directors/deans of state-approved, baccalaureate and/or associate degree nursing programs in the State of Michigan were contacted by phone to request the opportunity to conduct a discussion group with nursing faculty at their site. Five groups of four to six participants were sought from different programs. The groups selected resulted in a convenience sample starting with programs in the southeast and middle areas of the state and from there to farther areas until six schools were willing and able to participate. Written confirmations were sent to administrators at the six sites upon their agreement to participate in the study.

The directors/deans at each of the selected sites were asked to participate in the study by engaging in an interview to elicit their views on faculty development issues. They were also asked for permission to access records of faculty development activities that have occurred at their site within the previous year.

Following completion of the discussion groups, one volunteer from each of these groups was asked to become a participant as an individual case in a series of four follow-up interviews over a period of several months. Five of these six volunteers also submitted written reflections on faculty development in journal format and via an electronic discussion board.

Data Analysis

Data were analyzed throughout the study to let the story unfold as faculty shared their experiences and concerns about developing effective teaching/learning with their students. Interviews with participants were tape recorded and subsequently transcribed by a professional typist and the researcher. The transcribed and written data were analyzed using a coding scheme to name the "data bits" and to identify categories and subcategories (Glesne, 1999). A code list, derived from the research questions and concepts of interest, was created and revised as the research progressed.

Delimitations and Limitations of the Study

Participants were limited to faculty in nursing programs, whose directors/deans permitted access, and individual volunteers among instructors in those nursing programs in the State of Michigan. The study was limited to six nursing programs in the State with one group interview, one dean/director interview, a review of faculty development records, and one long-term participant from each program planned. Data were gathered during one academic year from Fall 2006 through Spring 2007.

Findings of this study can not be generalized to other nurse educators but could be useful as an opportunity for "vicarious experience" (Stake, in Denzin & Lincoln, 2003, p. 145) that could contribute to the promotion of effective strategies for faculty development

by individuals and by nursing leaders in education. A "good qualitative text invites you in. It encourages you to compare its descriptions and analyses to your own experiences and to, perhaps think differently about your own particular situation" (Glesne, 1999, p. 196). Examination of cognitive processes used by nurse educators that may contribute to faculty development could provide guidance to leaders in nursing education as they seek to continuously improve teaching/learning in their programs.

Summary

This chapter introduced the study and its relevance to leadership in nursing education. The critical shortage of nurses accompanied by a looming shortage of nurse educators has presented nurse leaders with the problem of preparing more nurses for the educator role. The purpose of the study was identified along with the research questions addressed. A brief introduction to the methods used to select participants and gather data was given along with a summary of the data analysis strategies used. Subsequent chapters will review the relevant literature, describe the research design and methodology in more detail, present the data findings, and discuss conclusions and implications of the study.

Chapter 2: Review of Literature

Introduction

The first chapter identified the critical need for prepared nurse educators (NLN, 2002) and several issues revolving around the need to change teaching/learning strategies in nursing schools to meet the challenge of preparing individuals for the dynamic role of the professional nurse (NLN, 2005). This review of literature is focused on nursing education framed by the concepts of critical thinking, typology of learning, nursing faculty development, and possible models for faculty development.

Critical Thinking

Nursing students need to be prepared for a career that involves critical thinking because each patient's situation is unique and the nurse needs to be able to adapt care to those unique needs. "The widening responsibilities of nurses, coupled with multifaceted client health problems in increasingly complex environments, demand that nursing students, upon graduation, have the requisite skills to think critically and make independent decisions" (Cise, Wilson, & Thie, 2004, p. 147). The meaning of critical thinking in nursing education, as well as adequate ways to promote and measure student growth in this "highly valued educational outcome," remains elusive (Cise, et al., 2004, p. 147).

Scheffer and Rubenfeld's (2000) consensus definition of critical thinking stated that critical thinkers in nursing exhibit "confidence, contextual perspective, creativity, flexibility, inquisitiveness, intellectual integrity, intuition, open-mindedness, perseverance, and reflection" (p. 357) and that they "practice the cognitive skills of analyzing, applying standards, discriminating, information seeking, logical reasoning,

predicting and transforming knowledge" (p. 357). Alfaro-LeFevre (2004) distinguished between critical thinking in any setting and clinical judgment or clinical reasoning for nurses in the clinical context. The critical thinking indicators described by Alfaro-LeFevre are similar to Scheffer and Rubenfeld's (2000), including self-awareness, confidence, openness, creativity, reflexivity and participating in self-correction, flexibility, alertness to context, curiosity, patience, and persistence. Also, the cognitive skills practiced by critically thinking nurses in Scheffer and Rubenfeld's consensus definition are in evidence in Alfaro-LeFevre's (2004) list of indicators, including being analytical and insightful, logical and intuitive, improvement-oriented, proactive, and inquisitive.

Many terms for thinking critically in nursing continue to be used interchangeably, but there seems to be an increased emphasis on defining critical thinking more in terms of the context of clinical practice (Abel & Freeze, 2006; Brunt, 2005; Tanner, 2005; Tanner, 2006; Twibell, Ryan, & Hermiz, 2005). Along with discussion of the meaning of critical thinking, researchers continue to question whether nursing education has any impact on the promotion of vital critical thinking skills in nursing students. The problems for faculty and students, who are involved in reaching the goal of becoming critical thinkers within the complex context of nursing education and practice, persist as themes for research.

Staib (2003) identified teaching strategies that are being used to increase critical thinking in nursing and concluded that it is "difficult to operationalize critical thinking and translate it into teaching methods" (p. 503) and that methods to evaluate critical thinking are lacking. Another dimension to the problem was added by Shell (2001), who said that development of students' critical thinking is a top priority in nursing education

but that there are significant barriers to using types of active learning that would promote

such thinking in students. Shell stated "evidence suggests that nurse educators continue to

use teaching methods that hinder higher thinking development and that recent nursing

graduates are lacking in their ability to think critically" (p. 291).

Ironside (2005) documented "how teachers are using new pedagogies in ways that

shift their attention to teaching thinking and away from devising strategies to help

students memorize more content" (p. 441). The teaching/learning process described in

Ironside's study involved use of stories and experience to interpret, question, and think in

the context of nursing. The focus is on "engaging students in thinking about the

complexity of actual situations" (p. 447). The study participants included both faculty and

students who shared their experiences with the use of interpretive pedagogies.

Participants reported significant learning occurring when using these strategies, but the

amount of time involved for faculty and students remains problematic, and more

evidence is needed to demonstrate consistent effectiveness of these strategies.

Another teaching approach discussed by Randall, Tate, and Lougheld (2007)

shifts away from content and toward thinking. The authors proposed the use of "critical

questioning" to "serve as a trigger for thinking" (p. 61). Questions are used to initiate

dialogue to "guide students to a place where they are aware that they bring their client's

experience together with knowledge from nursing and other disciplines to their decision

making in practice" (p. 61). Examples were given, along with the process used to elicit

student thinking, but no evidence was presented as to the efficacy of this approach for

promoting critical thinking development in nursing students. Furthermore, the authors

acknowledged the tension that exists between use of these teaching strategies and the

"unchallenged valuing of empirical knowledge and the judgments that emerge from the behaviorist paradigm" (p. 63).

Giddens and Brady (2007) also challenged the emphasis on content knowledge in nursing education and stated that content saturation is a very real problem for students and faculty. They further stated that there "continues to be a lack of concern regarding what constitutes essential content among nurse educators" (p. 66), making it difficult to determine what the emphasis should be for the short time that students are in nursing school. Rather than the current emphasis on content, which continues to grow while the time available to teach remains the same, Giddens and Brady recommended a conceptual approach to teaching nursing that would involve an identification and classification of concepts taught across the span of the program instead of course work organized by medical disciplines, such as medical, surgical, pediatrics, mental health, and maternal-child. For this shift to happen, faculty would need to fully embrace the change and let go of the emphasis on content, a challenging process when faculty come to nursing education with experience in specific disciplines but often lack experience or training in teaching (Krisman-Scott, Kershbaumer, & Thompson,1998; Siler & Kleiner, 2001; Kelly, 2002; Zungolo, 2004). Giddens and Brady (2007) further stated that conceptual teaching and learning challenges students to become increasingly skilled at thinking. Evidence to support that claim and how to implement a more context-based, relational teaching practice in the face of a persistent focus on content is still wanting.

Engaging the body and mind with the spirit of learning to promote critical thinking was proposed by Trapp (2005), but she did not provide any evidence of the efficacy of this strategy. The premise of the author's proposal is the use of brain-based

strategies, such as catching and keeping interest, focusing attention, and using multiple senses. Suggestions for implementing these strategies were made, but the connection to critical thinking development remained unclear. Shulman (2002) proposed a "new table of learning" (p. 38) that relates to Trapp's (2005) strategies and involves a cycle of learning from engagement and motivation to commitment and identity. Shulman (2002) emphasized the lack of attention in the past to the first item, engagement, and the increased emphasis now on "active learning" and evidence that "students are engaged in worthwhile educational experiences" (p. 40).

Nokes, Nickitas, Keida, and Neville (2005) studied the use of service learning to promote critical thinking and used a standardized measure of critical thinking as a pre- and posttest to measure changes in critical thinking dispositions. The scores on the critical thinking test decreased significantly after the service learning experience. Therefore, service learning was not supported as a teaching strategy for critical thinking development. The use of standardized measures for assessing critical thinking development is a concern, because these measures do not relate to the context of nursing. Nursing educators continue to struggle with implementation of more active learning strategies (Shell, 2001) as well as with ways to promote and measure critical thinking.

Walsh and Seldomridge (2006) stated that ongoing research on critical thinking and evaluation of teaching to develop critical thinking in students is imperative if nursing schools are to meet their desired outcome of graduating self-directed, critically thinking nurses. Their study used two measures of critical thinking: one that measured critical thinking dispositions and another that measured general reasoning skills. Neither of these tools is specific to nursing. The results were mixed, with a significant overall increase in

scores on the dispositions inventory and a small but significant overall decrease in scores on the general reasoning skills measure. Data were collected over six years with no consistent pattern from year to year. Walsh and Seldomridge's recommendations included developing and using measures more specific to nursing and structuring classroom activities and assignments to build critical thinking skills. No specific methods for accomplishing either of these goals were proposed.

A qualitative tool for development and evaluation of critical thinking skills was developed by Cise et al. (2004). In their nursing program, students and faculty reported that the instrument was valuable for promoting and measuring critical thinking development and that students did demonstrate improvement in this skill. More study of this tool is needed, but it does seem to add to the ability to promote and measure critical thinking in the context of nursing practice.

In another nursing program, Su (2007) implemented the use of context-dependent item sets to assess "students' abilities to solve problems that reflect life-like clinical situations" (p. 11). She stated that this strategy provided information on the decisions made as well as on the thought processes used by students, but the evidence demonstrating this is unclear. Similar to Shell's (2001) findings, students were initially resistant to this approach, although students' feedback at the end of the semester was "mostly positive" (Su, 2007, p. 14). More evidence of the efficacy of this approach is needed because it is difficult to construct context-dependent item sets to assess higher-order thinking skills, and the process is time-consuming for students and faculty to carry out (Su, 2007). If measurable improvements in thinking are evident from such

approaches, the time spent could be well worth it but, again, some shifts in thinking about how time is spent in nursing school will be necessary.

How students and faculty should use time was discussed by Walsh and Seldomridge (2006), who recommended that less time should be spent on fact acquisition and more time be spent on teaching by principles, modeling thinking, and using "thinking frames" (p. 217) in the classroom. They also stated that "pedagogical interventions and strategies to boost critical thinking have been largely unproven, ineffective, or of unknown utility" (p. 216) and that nurse educators "have little understanding of the specific types of reasoning we are trying to cultivate" (p. 216). This leads to another area addressed in the literature concerning what it means to think like a nurse (Tanner, 2006; Di Vito-Thomas, 2005).

Tanner (2006) developed a research-based model of clinical judgment in nursing that provides "language to describe how nurses think when they are engaged in complex, underdetermined clinical situations that require judgment" (p. 209). Based on a review of nearly 200 studies on clinical judgment in nursing, the model involves noticing, interpreting, responding, and reflecting as nurses go about their work of caring for patients. Tanner described thinking like a nurse as a form of engaged moral reasoning. She said that educational practices "must help students engage with patients and act on a responsible vision for excellent care" (p. 209). Suggestions were offered for accomplishing this in the classroom and in the clinical setting, but whether or not these strategies are effective remains unclear.

Di Vito-Thomas (2005) offered strategies for promoting critical thinking by asking 134 nursing students for their stories on learning how to think like a nurse and

what teaching/learning strategies were the most helpful in developing those thinking skills. The strategies that these students described as most helpful were case studies displayed on concept maps, in-depth discussions with instructors while observing clinical dynamics, and making joint decisions on care. Di Vito-Thomas focused on the importance of exemplary, direct-care nursing models and clinical experience as the most important learning strategies in developing clinical judgment. Faculty perceptions of clinical reasoning development in students and strategies to promote thinking development may have a different focus, an idea supported by Walsh and Seldomridge (2006) who said that faculty lacked an understanding of the specific types of reasoning to cultivate critical thinking in nursing students.

Faculty perceptions of critical thinking in student clinical experiences were the focus of Twibell, Ryan, and Hermiz's (2005) study. A multiple case study approach was used with six clinical nursing instructors in a public school of nursing composing the sample. These faculty members perceived critical thinking as "putting it all together" (p. 73), which included subcategories of information seeking, reflecting on experiences, assigning meaning, problem solving, predicting, planning, and applying to novel contexts. The authors' findings supported Scheffer and Rubenfeld's (2000) results regarding reflection, prediction, and information gathering. The participants in Twibell et al.'s (2005) study also perceived that faculty teach critical thinking through approaches such as asking questions, reviewing written work of students, conducting clinical conferences, and evaluating student journals. There appeared to be a disconnect between findings of Twibell et al. about teaching critical thinking and the reports of students on how they learn to think like a nurse, as reported by Di Vito-Thomas (2005). The students'

reports of learning to think like a nurse involved more active strategies like participating in decisions about care and developing graphic organizers to examine case studies. The strategies reported by faculty, such as reading students' work and asking questions, seemed more passive on the part of the student. It still appears that faculty and students do not see this important concept and skill of critical thinking or thinking like a nurse in the same way so that coordinated, effective learning can occur. The students in Di Vito-Thomas's (2005) study expressed effective learning as more self- directed whereas, the faculty descriptions of strategies seem more teacher-directed (Twibell et al., 2005).

Typology of Learning

Bevis and Watson (2000) stated that a nursing education program will be most effective in preparing graduates for their professional roles if faculty and students work more in an educative mode than in a training mode. Educative learning is "the art of raising questions that provoke dialogue and facilitate insight, patterns, meanings, and all the other characteristics of education" (p. 12). The typology of learning proposed by Bevis and Watson involved a continuum that extends from item learning at the training extreme to inquiry at the educative extreme. Nursing instruction activities range across this continuum but the goal is to move toward the educative extreme as students progress through the program. Bevis and Watson further stated that "all education (as opposed to training) has the goal of graduating students who are independent, self-directed and self-motivated, and life-long learners with questing minds and a familiarity with inquiry approaches to learning" (p. 81). The model proposed by Bevis and Watson includes criteria for teacher-student interactions and for learning experiences where the learning is in an educative, rather than training, mode, which also promotes learner maturity.

The learner maturity continuum consists of five basic positions (Bevis & Watson, 2000) from the immature positions of charming, anticipatory-compliant, and resonating to the mature positions of reciprocating and generating. Reciprocating involves adult-to-adult interactions with exchange of ideas and mutual respect. Generating is a position in which learner involvement is high and teachers act more as expert consultants. Bevis and Watson stated that if teachers want to facilitate movement into these mature positions, they need to focus away from training and toward education and must act more as a coach or facilitator in the learning process. Higher education literature aside from nursing education also stressed the importance of movement toward higher levels of learning.

Perry (1970) conducted a study of male college students at Harvard University in the 1950s and 1960s with the initial goal of obtaining information about students' college experience. He was particularly interested in whether any change in development along the intellectual continuum from dualism to relativism occurred during the college years. From this study, Perry proposed a developmental scheme that has been critiqued and used extensively in subsequent research (Evans, Forney, & Guido-DiBrito, 1998). Perry (1970) stated that the "characteristic of the liberal arts education of today … is its demand for a sophistication about one's own line of reasoning as contrasted with other possible lines of reasoning; in short, it demands meta-thinking" (p. 33). Today, education is even more concerned with thinking abilities as colleges have stated goals such as developing critical thinking and problem-solving skills. Perry's scheme has been studied and applied throughout higher education and has implications for "grouping, curriculum design and teaching method" (p. 210). Even with its limitations, many researchers and educators found his scheme useful in understanding students' perspectives and in

determining more effective strategies for working with them to promote both personal and cognitive development while in college.

Barr and Tagg (1995) stated that a paradigm shift from teaching to learning is taking hold in higher education. The new paradigm is that an institution exists to produce learning and "to create environments and experiences that bring students to discover and construct knowledge for themselves" (p. 3). Shulman (2002) stated that "professional education must have at its core the concept of ongoing collective and individual learning" (p. 39). Emes and Cleveland-Innes (2003) reported on a project in 80 undergraduate college programs in which a learner-centered curriculum was developed and implemented. The intent of this project was to promote full engagement of the students in the learning process, including shaping curriculum and constructing learning activities. Implementation did not, however, "create a dramatic shift to a fuller student participation" (p. 66). Fuller student participation in learning and progress in intellectual development toward contextual thinking, educative learning, and learner maturity is certainly something nurse educators want to promote.

The benefits of learner-centered approaches to nursing education were investigated by Candela, Dalley, and Benzel-Lindley (2006), emphasizing, like many others, (Di Vito-Thomas, 2005; Giddens & Brady, 2007; Ironside, 2005; Randall et al., 2007), a movement away from the heavy content imbedded in nursing programs. Candela et al. (2006) proposed a model focused on student learning outcomes with steps to help faculty determine what is most important to meet the goal of "producing nurses with critical thinking skills" (p. 65). Some concrete guidance was offered to faculty for engaging in a process of making the shift from content-laden curricula to learning-

focused, outcomes-based curricula. No evidence was given of implementation and evaluation of such a process. Still needed is more study of the effectiveness of processes for faculty development that support this movement to learner-centered, educative learning.

Support for faculty development that moves toward educative learning was evident in a study reported by Tienken and Achilles (2003). In this study, the researchers found that teachers who received a job-embedded professional development intervention "taught differently from when they started and from the control group" (p. 160). The study was limited by the small sample size (two teachers in the experimental group and three teachers in the control group) but was strengthened by the inclusion of measures of student achievement. The researchers found that "students in classes taught by the experimental-group teachers performed better on the narrative writing assessment than did students taught by the teachers in the control group"(p. 163). The experimental group in this study moved toward a mode that facilitates student reflection and self-assessment, a mode similar to the educative mode described by Bevis and Watson (2000).

Bevis and Watson (2000) stated that "faculty development for an educative-caring curriculum has as a primary goal that faculty change their traditional roles with students" (p. 119). Glendon and Ulrich (2005) reinforced the need to change from an authoritative approach to teaching to a more active learning process for nursing students and educators alike. They stated that faculty teach as they were taught, modeling the authoritarian approach of their own teachers. This practice continues to occur despite the "evidence that students learn and retain more if they are active participants in the learning process" (p. 188). Glendon and Ulrich indicated the need for faculty development to promote

change away from the authoritarian approach in teaching/learning. Some suggestions were made for accomplishing this, such as reading, having discussions with peers, and attending conferences.

Beers (2005) also supported more active strategies in nursing education by comparing problem-based learning with traditional lecture in relation to objective test scores in a medical/surgical course. Beers sought to demonstrate that content learning is just as effective with the problem-based learning as it is with traditional lecture. Beers stated that she wanted to demonstrate this because of the fear of knowledge gaps with the use of problem based learning that had been identified in earlier studies. The results supported the null hypothesis that there was no difference in objective content test scores between the two methods. The question then becomes, why use a method such as problem-based learning, which takes more time and effort on the part of both faculty and students? The answer is that it is more satisfying for both and is supported as an effective method for learning, shifting the emphasis, again, from teaching to learning (Beers, 2005). This shift in emphasis from teaching to learning in nursing education is further supported by Giddens and Brady (2007), who stated

> The nursing literature has long called for a shift from teacher-centered teaching to student-centered learning. The connections students need to make in a concept-based curriculum must be supported by teaching approaches that allow students to construct deep meaning and understanding: this is not the typical outcome of a teacher-centered approach. (p. 68)

How to prepare faculty for this dynamic role continues to be problematic, particularly since nursing faculty often enter into their teaching role as expert clinicians

without preparation as educators (Krisman-Scott et al.,1998; Siler & Kleiner, 2001; Kelly, 2002; Zungolo, 2004). Giddens and Brady (2007) stated that moving faculty in the direction of student-centered learning may be the greatest challenge and that a comprehensive faculty development plan that includes consultants and faculty mentoring is necessary.

Nursing Faculty Development

The NLN (2002) statement on the preparation of nurse educators affirmed the importance of having nurse educators who are expert clinicians and who also possess skills and knowledge in teaching/learning. Kelly (2002) stated that "the transition from practitioner to educator necessitates learning an entirely different body of knowledge" (p. 25). She added that expert clinicians may "dazzle the students" but may not be able to reach the students at their level to help them develop their own essential thinking and task skills (p. 25).

Although the NLN (2002) called for a significant increase in the development of the science of nursing education, the knowledge in this area is currently lacking. Siler and Kleiner (2001) stated that clinicians are socialized differently than academicians and that novice faculty are being recruited to academia with little or no preparation for the requirements of the role. Siler and Kleiner found that new faculty had expectations about their role that did not correspond to their actual experience. New faculty expected, for example, to be mentored in their new role much as they were in their new role as graduate nurses when, in fact, they were generally left on their own to prepare for classes, evaluate student performance, and evaluate their own performance. They were able to approach more experienced colleagues with questions but found that those experienced

educators were not able to articulate how teachers teach. This sink-or-swim mentality is evident in primary and secondary education as well.

Glickman (2004) wrote that "teaching is the only profession in which a novice is expected to assume the same (or more) responsibilities at the same level of competence as experienced colleagues" (p. 26). An aspect of this problem stems from the pervasive attitude of independence and academic freedom, which has come to mean that teachers do not help one another and leave neophytes to fend for themselves. The attitude of *academic freedom* has also presented difficulties in the development of schools because research in primary and secondary education has shown that more effective schools are characterized by norms of collegiality, continuous improvement, collective action, agreed-on purpose, and belief in goal attainment (Glickman, 2004). Glickman further asserted that effective teachers reflect on their work, consult with others for ideas, and take students' perspectives into consideration. This process is contrary to the norm of many schools, including nursing education programs. Creating learning communities for nurse educators (Glendon & Ulrich, 2005), in which faculty reflect on their practice and design ways to improve, is talked about, but progress toward the goal has been slow.

Krisman-Scott et al. (1998) concurred that clinically skilled experts in nursing education frequently teach as they have been taught, and that their skill or lack of skill has implications for the profession and for the public. Riner and Billings (1999) conducted a statewide needs assessment in one midwestern state to determine faculty development needs, and they identified areas for continuing education, such as learning the basics of teaching, curriculum, evaluation, and developing and refining the faculty role. According to Riner and Billings, significant faculty development is necessary, and

such endeavors can improve teaching and learning outcomes and provide a mechanism for socializing and mentoring new faculty. How faculty can effectively engage in this process remains unclear. Johnson-Crowley (2004) stated that new approaches to teacher preparation need to be considered and that there is little research studying the effectiveness of teacher preparation programs in nursing.

A model for teacher preparation that is grounded in constructivist theory and designed to help the student examine beliefs about nursing education so that new ideas of teaching and learning will be incorporated into their teaching repertoire was proposed by Johnson-Crowley (2004). She offered a new approach but did not provide evidence of improved effectiveness in teaching as a result. The Johnson-Crowley model was designed for formal nurse educator preparation programs, which still does not solve the problem of the need for better-prepared practicing faculty. Furthermore, even experienced faculty need renewal and preparation to address the changing health care environment in which graduates must work (Riner & Billings, 1999).

Sweitzer (2003) offered an approach to faculty instruction that focused on development of a teaching philosophy as a reflective pathway to learning about teaching and improving teaching practice. This method is similar to that described by Johnson-Crowley (2004) in that the strategy is meant to assist the learner with examining beliefs and forming new beliefs as flaws in thinking are exposed. The skills and habits of reflection were the focus of this suggested faculty development process.

Neese (2003) also presented a process of critical reflection, along with mentoring, as a pathway to growth in becoming a more effective nurse educator. Neese described a process of first unlearning in order to move forward with innovative teaching/learning

strategies. She stated that "failure to engage in critical reflection and unlearning results in educators lapsing into teaching as they were taught which may not be the best practice" (p. 259). This author described her own transformational journey toward becoming a better educator and stated that critical reflection on her own experiences, as well as the assistance of a mentor, helped her to make a successful transformation from clinician to educator. She emphasized that clinical expertise alone is not a qualification for being an educator and that learning to attend to process in teaching requires being open to self-examination. Other authors (Johnson-Crowley, 2004; Sweitzer, 2003; Valiga, 2003), also discussed how nurse educators should be prepared by the practices of reflection, transformation, experiential learning, and socialization, for the very different role of the nurse educator.

With the current critical shortage of nurses and nurse educators to prepare the vital health care workforce of the future (NLN, 2002), more prepared educators are needed through both graduate programs to prepare new nurse educators and faculty development for current faculty. Ongoing faculty development is needed to move toward innovative educational practices that will promote educative learning and the development of higher level thinking skills in nursing students. It is one thing to read about what educative learning would look like and quite another to practice it.

Johnson-Crowley (2004) stated that there is little research focused on the effectiveness of teacher preparation programs in nursing. Further, she said that there are "virtually no research studies that identify the impact of alternative forms of teacher preparation on the skills and activities of nursing educators" (p. 36). The challenge of the NLN (2002) to develop the science of nursing education seems particularly appropriate in

these trying times of critical shortages of both practicing nurses and prepared nurse educators. Ironside (2001) stated that the profession of nursing needs to address the challenges of preparing students for future practice by "creating, utilizing, and evaluating alternative approaches to education" (p. 85). Evidence is needed to show what works to promote effective education of nurses and of those who teach them.

Possible Models for Faculty Development

In the 1960s, Hersey and Blanchard (as cited in Hersey, Blanchard, & Johnson, 2001) developed a situational leadership model for organizations suggesting that leading people who are in new roles requires adapting to the situation and using strategies that are appropriate to the individual. It cannot be assumed that someone competent in one area is, or can easily become, competent in another. The model of leadership presented by these authors is three-dimensional and involved selecting strategies that take into account the task readiness, willingness, or confidence of the individual and the relationship between the individual and the leader. In preparing nurses for the teaching role, the process involves assessing the new nurse educator and building a trusting relationship between her and the person who will be guiding her professional development. The model of Hersey and Blanchard indicated that persons who are new to a task will be led more effectively if a telling style is used. The telling style involves spending time directing the new individual in the correct performance of the tasks of the new role. This model, which has been thoroughly analyzed in relation to other motivation and leadership theories, seems to make sense although, for expert clinicians transitioning to the role of educator, a telling style may not be an effective approach.

Glickman (2004) offered a situational approach to faculty development in primary and secondary education and recommended strategies that are collegial in nature. He took into account the level of motivation and level of thought of the teachers when designing supervisory support and also considers the influence of the work environment and the teaching profession when working with new teachers. Principles of adult learning and constructivism pervaded his approach to faculty development. He stated that the goal is to improve instruction and learning by "enabling teachers to become more adaptive, more thoughtful, and more cohesive in their work" (p. 96). In Glickman's developmental model, the supervisor's movement toward peer- and self-monitoring of teacher behavior and improvement is emphasized. This is similar to the stated goals of Cognitive Coaching [SM], a faculty development approach in use in primary and secondary education that works from the learner's perspective and emphasizes peer coaching rather than supervisor intervention (Costa & Garmston, 2002). This approach to learning for professionals is nonjudgmental and focuses on cognitive development.

One of the underlying principles of Cognitive Coaching [SM] is honoring autonomy in the process of assisting another to learn and grow. Autonomy is a valued concept in higher education as well as in professional nursing. The purpose of the cognitive coaching model is to "enhance the individual's capacity for self-directed learning through self-management, self-monitoring, and self-modification" (Costa & Garmston, 2002, p. 5). In this model, one educator assists another educator to identify her or his own capacities for educating students effectively and to search for ways to improve constantly. Cognitive Coaching [SM] "strengthens professional performance by enhancing

one's ability to examine familiar patterns of practice and reconsider underlying assumptions that guide and direct action" (p. 5).

Three mental maps guide the cognitive coach. These are the planning conversation, the reflecting conversation, and the problem-resolving conversation (Costa & Garmston, 2002). The planning conversation occurs before a teaching event and is intended to assist the educator in refining the process of planning. This could include delineating processes or activities that the teacher wishes the coach to observe during the teaching event. The reflecting conversation focuses on the teacher's look back on a teaching event to assess, analyze, and construct new meaning from the experience. The problem-resolving conversation is not part of the normal coaching cycle but is used when the teacher identifies a particular problem or crisis for which additional help from the coach is desired.

Cognitive Coaching [SM] builds on the constructivist theory of learning, which focuses on how people make sense of their experiences (Merriam & Caffarella, 1999). Both constructivism and cognitive coaching focus on the learner and movement toward learner-directed education. The educative types of learning discussed by Bevis and Watson (2000) coincide with constructivism with the emphasis on student involvement, making meaning out of learning experiences, placing learning in the context of their own lives and the nursing profession, seeing the wholes, and creatively exploring new approaches to patient care.

A "constructivist stance maintains that learning is a process of constructing meaning; it is how people make sense of their experience" (Merriam & Caffarella, 1999, p. 261). It is not a process of imparting knowledge but rather of assisting another to place

new learning in the context of previous learning and previous life experience. Constructivism allows for and encourages the process of discovery and making relationships in learning. There have been several perspectives on constructivism but all fall on a continuum from individual to social learning (Merriam & Caffarella, 1999). Nursing education encompasses both extremes of this continuum because the task of educating new nurses involves individual growth as well as socialization into the profession of nursing. Learning the practice of nursing involves gaining significant knowledge and critical thinking skills, as well as learning to work in partnership with the patient and colleagues in nursing and other health care disciplines.

Constructivism is congruent with adult learning theory (Merriam and Caffarella, 1999) and, in nursing education, educators are not only adults but also they are professionals who have gained considerable expertise in the practice of nursing. Further, the novice teachers will themselves be working with adults as they educate their students for the responsible role of the professional nurse. It would seem that students moving toward learner maturity would be more likely to occur in an environment where the educators are also experiencing movement in the same direction. A constructivist approach also supports educating for the caring aspect of nursing because "in educative-caring models of curriculum, teachers and other co-learners become part of the experience" (Bevis & Watson, 2000, p. 126). The literature supporting a reflective, constructivist, coaching approach to staff development is extensive in primary and secondary education but is minimal in post-secondary education and in nursing education.

Peter (2005) reported on the use of a coaching strategy implemented to assist at-risk students in a department of nursing at a large university. At-risk students are those identified as likely to perform poorly or even fail courses resulting in dismissal from the program. The author and a core group of faculty in the nursing department engaged in learning coaching strategies to use with at-risk students. The faculty trained as coaches and then worked with identified at-risk students for one semester to develop those students' learning skills, improve their academic performance, and retain them in the program. The students who participated performed "as well as, or nearly as well, as the non-at-risk students" (p. 163) with 95% of the at-risk students retained, compared to 97% retention of the non-at-risk students. The focus of this "Learn for Success" (p. 159) program was to work on learning strategies and skills so that students would benefit more from classroom teaching/learning activities. Effective use of coaching by faculty to improve student performance was clearly demonstrated, but the author identified two important limitations. First, the program was costly and only possible through grant funding for the one semester, and second, the effects of coaching for only one semester may not persist. "One semester of faculty coaching may permanently change the behavior of a student; however, when students become stressed or tired, they tend to revert to old behaviors" (p. 165). Peter recommended continued financial support of coaching at-risk students to promote increased numbers of graduates who would also be successful in passing the national council licensing exam (NCLEX).

Thorpe and Kalischuk (2003) proposed a collegial mentoring model for nurse educators defined as "a friendship-based, collegial relationship affording honest and open communication occurring over an extended period and resulting in a positive outcome for

both individuals" (p. 7). The model is presented as a process to overcome the solitary

mode that characterizes the role of educator. Thorpe and Kalischuk stated that "in many

respects, it is impossible to do it all alone in an academic setting" (p. 9), yet that is what

nurse educators experience. The authors reported positive outcomes in their research

setting and proposed steps for implementation in other settings. Obstacles such as time

and varied schedules were acknowledged, but the time set aside for "finding a colleague

with whom one can share ideas, dreams, and concerns is essential" (p. 12). Faculty need

support using methods that work in the hectic environment of higher education to

continue development of learning-focused strategies that support deep learning for

nursing students. What those effective faculty development strategies are remain elusive.

Several abilities that nurse educators need include concepts and phenomena, such

as learner-centered environments; multicultural, multi-generational learners; promotion

of active learning and critical thinking; participation in teaching teams; use of inquiry and

analytical skills to develop the science of nursing education; and being caring, flexible,

patient and having a sense of humor, adventure, and humility (Billings, 2003). The author

also stated that, in this era of urgency, nurse educator preparation needs to be done

through faculty development because graduate programs are not keeping pace with the

need or with the typology of education required to prepare educators for the abilities

needed.

Literature Review Summary

The review of the literature revealed that college education, including preparation

of students for nursing careers, ideally involves a movement toward educative learning

and learner maturity (Bevis & Watson, 2000) and toward a paradigm shift from teaching

to learning (Barr & Tagg, 1995; Shulman, 2002). To support this movement, a focus on faculty development is appropriate and necessary (Bevis & Watson, 2000; Glendon & Ulrich, 2005; Tienken & Achilles, 2003). Leadership in nursing education calls for a renewed focus on the preparation of nurse educators, but knowledge in the science of nursing education is currently lacking (NLN, 2002). Clinicians are recruited to academia with little or no preparation, and there is also evidence of a lack of support for new educators in nursing (Siler & Kleiner, 2001) and in other areas of teaching (Glickman, 2004). In nursing, educators often fall back on what they experienced themselves while in school (Krisman-Scott et al., 1998) rather than implementing innovative strategies called for now (Johnson-Crowley, 2004; NLN, 2002). Both formal education and faculty development are needed to meet the current and future demands for nurse educators just as nursing education struggles to meet the increased demand for nurses (NLN, 2002; Valiga, 2003; Zungolo, 2004).

Several authors offered approaches for effective faculty development (Johnson-Crowley, 2004; Sweitzer, 2003; Neese, 2003) but none offered evidence of effectiveness of these approaches. Some models or approaches that were reviewed for possible application in faculty development were situational leadership (Hersey et al., 2001; Glickman, 2004), coaching (Costa & Garmston, 2002, Peter, 2005), constructivism (Merriam & Caffarella, 1999; Johnson-Crowley, 2004), reflective practice (Sweitzer, 2003; Neese, 2003), and collegial mentoring (Thorpe & Kalischuk, 2003). The problem remains that there is little evidence to indicate what is effective in promoting faculty development for nurse educators who are challenged with the task of preparing students for the complex, ever-changing career of nursing (Johnson-Crowley, 2004; Ironside,

2001). Exploring cognitive processes that contribute to faculty development for nurse educators could provide some initial evidence of effective pathways to providing useful strategies for both formal education programs and embedded learning experiences for nursing faculty.

Chapter 3: Research Design and Methodology

Introduction

Research and literature related to faculty development in nursing education was reviewed in Chapter 2. Areas discussed included critical thinking development in nursing education, typology of learning, and the need to move toward more educative modes of learning, faculty development, and possible models for faculty development. Little evidence was found that indicated which strategies effectively promote faculty development for nurse educators challenged with the task of preparing individuals for the ever-changing role of the professional nurse.

The purpose of this study was to provide insight into the issue of faculty development in nursing education. The design of the study and the methodology used to collect and analyze data are presented in this chapter. The discussion includes data sources, educational research traditions, design of the study, the research questions, selection of subjects, data collection, procedures for informed consent and study approval, data analysis techniques, and validity and reliability strategies.

Data Sources

This study explored cognitive processes that contribute to faculty development for nurse educators. The methodology consisted of qualitative measures using multiple sources of data including group discussions, review of faculty development programs available to nursing faculty, interviews with program directors, and several interviews with individual participants. These individual participants also engaged in electronic discussions with one another and wrote a reflective journal related to their thinking about teaching.

Educational Research Traditions

Educational research includes both quantitative and qualitative approaches. Quantitative research has a longer history that emphasizes "collecting and analyzing information in the form of numbers" (Creswell, 2005, p. 41). In quantitative inquiry, a positivist paradigm in which the world is characterized as made up of observable, measurable facts is the framework for research design (Glesne, 1999).

Qualitative research has been added to educational inquiry more recently. It involves a less structured approach with a focus on learning from the participants through strategies such as general, open questions, observation, or review of narrative data in order to explore and gain understanding of a phenomenon (Creswell, 2005). Schram (2003) stated that the fundamental assumption of qualitative inquiry is not a search for knowledge for knowledge's sake but a search for the significance of knowledge. Qualitative methods are generally supported by the interpretivist or constructivist paradigm, which "portrays a world in which reality is socially constructed, complex, and ever changing" (Glesne, 1999, p. 5). Qualitative researchers study a phenomenon through interaction with participants over a period of time, engaging in an active process of interpretation as opposed to gathering or generating facts (Schram, 2003).

Research Design

Stake (2003) stated that case study is defined by interest in individual cases and what can be learned from them. A qualitative case study research model was selected for this study because the goal was to explore and interpret the lived experience of nurse educators as they develop their craft of educating nursing students. The participants actively engaged in the process of reflection and sharing in order to address the research

questions and to explore strategies for faculty development. As described by Stake (2003), this was an instrumental, collective case study in which groups and individual cases were examined mainly to provide insight into the phenomenon of faculty development.

The qualitative research tradition on which this study was based is phenomenology. "Phenomenological studies investigate the meaning of the lived experience of a small group of people from the standpoint of a concept or phenomenon" (Schram, 2003, p. 70). Faculty development for the role of the nurse educator was the concept or phenomenon examined with a specific focus upon faculty development as a means to promote more effective teaching for critical thinking. The meaning of faculty development and reflections upon experiences in faculty development were central to the analysis of data gathered from nurse educators. The qualitative measures included interviews, review of professional development opportunities, discussion groups, electronic discussions, and reflective journals.

Research Questions

This study examined cognitive processes that may contribute to faculty development in nursing education. Specifically, the questions addressed were

1. What steps do nursing instructors take to develop and master their craft of teaching to model critical and reflective thinking and to prepare students for their role as critically thinking nurses?

2. What strategies and/or models for effective faculty development emerge as nursing faculty reflect on and share their own learning needs regarding the teaching role?

3. What ideas for faculty development emerge as nursing faculty reflect on and discuss concepts related to effective teaching/learning in nursing education?

Selection of Subjects

Directors/deans of 10 state-approved baccalaureate and 12 state-approved associate degree nursing education programs were contacted and asked for permission to conduct the research study at their school and to identify faculty who were willing to participate in the study. The deans forwarded the requests to their faculty who communicated willingness to participate either by responding to the dean or by contacting the researcher directly. After receiving acceptances, a convenience sample of eight groups of two to five participants from six nursing programs across the lower half of Michigan participated in the study. Follow-up confirmations were made in writing, in person, or by email with the deans or directors at the six sites and with the faculty who agreed to participate in the group and individual sessions.

At each of the six schools, the directors/deans were also asked to participate in an interview to elicit their views on faculty development issues. The researcher also asked for permission to access records of faculty development activities that have occurred at their site within the previous year. Certain programs in the state were not asked to participate because of recent personal involvement of the researcher with those schools, which could interfere with the ability to collect unbiased data.

Faculty initially participated in discussion groups of three to five members focusing on their preparation for the role of nurse educator, their first teaching experience, and their continuing activities for further development. After discussion

groups with the faculty were completed, volunteers from these groups were asked to become individual cases, to participate in a series of three to four follow-up interviews over a period of several months, and to write their reflections on faculty development in journal format and on an electronic discussion board. Six individuals from the discussion groups agreed to engage in this second phase of the study. Journal entries and electronic discussions were not submitted regularly throughout the study due to the busy schedules of the individuals participating.

Data Collection

Data acquired in faculty discussion groups, director/dean interviews, access to records of faculty development, and individual case studies began the exploration of faculty development including current professional development activities and plans to continue growth as effective nurse educators. Demographic data on faculty participants were collected at the time of the group discussions/interviews (Appendix A).

The director/dean interviews took place in their offices and lasted 30 to 50 minutes with a scheduled time frame of 30 minutes. The directors or deans were asked to address issues in faculty development. The deans/directors also shared faculty development records that were reviewed for topics and types of programs attended and available to nursing faculty. Records of attendance at specific programs were not as available as expected and, at one site, no data of this type were available.

The group discussions at the various schools took place at a site of their choosing, such as small conference rooms or offices with conference tables. The group discussions lasted from 30 minutes to one hour with a scheduled time frame of 45 minutes. The groups were asked three questions: first, about their preparation for their first teaching

assignment; next, about their first teaching experience; and finally, what they have done from the time of their first experience to continue developing as nurse educators. The questions used with the faculty groups are included in the results chapter as an organizing framework for reporting the data.

Tapes of the dean/director interviews and faculty discussion groups were reviewed and an initial analysis of the data were performed by making notes on the issues discussed. Miles and Huberman (1994) recommend such early analysis to help cycle back and forth between thinking about data and generating strategies for collecting new data (p. 50).

The six instructors who volunteered for individual case studies were asked to participate in a series of three to four follow-up interviews over a period of five months during a regular academic term when the participants were actively teaching. These interviews lasted from 42 to 98 minutes with a scheduled time frame of 60 minutes for each meeting. The individual participants were asked to discuss their thinking in relation to the work of teaching/learning. The intent of the follow-up interviews was to further clarify issues related to the research questions and to more deeply investigate faculty development as the participants continued to reflect on and engage in discussion of their teaching and learning about teaching. The frequency and timing of meetings with each participant was flexible to allow for teaching schedules and the need to follow up on issues revealed in data analysis. Each interview took place at a location convenient for and selected by the participants. The individual interviews were open-ended with no planned probes, although previous sessions were reviewed for guiding subsequent meetings.

In addition to the interviews, the participants were asked to keep a reflective journal and to share thoughts with one another on an electronic discussion board. The reflective journals focused on the cognitive processes used in analyzing classroom events and teaching outcomes. The participants were asked to select a recent teaching experience and reflect on their thinking in preparing for the teaching/learning session and in evaluating the results. Since all of the participants expressed difficulty with having time to write, they were asked to write a reflection of at least one event rather than several as originally planned. Journals were shared with the researcher through email. At least one reflective entry was submitted by five out of the six participants by the end of the data collection period.

The electronic discussion board was intended to give faculty an opportunity to communicate with peers further thoughts about their important work as nurse educators and to find support for ideas for promoting learning. The discussion was initiated by the researcher by asking the participants to reflect on critical thinking and clinical decision-making development in students and how that might be accomplished. Use of the discussion board was intended as a virtual learning community; establishing a culture of collaboration (DuFour, 2004) in which learning is supported as an overarching goal for the educators and the students. Thorpe and Kallachuk (2003) stated that establishing collegial relationships that sustain nurse educators as they maneuver through the quagmires of academia promotes their functioning and contributions, that it is impossible to "do it all alone in an academic setting," and that personal and professional development becomes possible when a collegial process is implemented (p. 9).

In qualitative research, in-depth studies of one or a few individuals provide an opportunity for "coming to understand and interpret how the various participants in a social setting construct the world around them" (Glesne, 1999, p. 31). Six cases were selected to make the study manageable for one researcher in a limited time frame as well as to allow for data redundancy. Multiple cases and multiple data sources were used to promote trustworthiness of the data through source and data type triangulation (Miles and Huberman, 1994; Stake, 2003).

Informed Consent

Eastern Michigan University (EMU) policies and procedures regarding informed consent and protection of human subjects were followed. The research proposal was submitted for review and approval by the University Human Subjects Review Committee (UHSRC); (Appendix B). The risks to the subjects were minimal. There was no physical risk and the psychological risk was minimal because the discussion involved reflection on ordinary activities of teaching and on ways to improve that teaching from the participants' perspectives.

The informed consent form included a statement about the purpose of the research and how participation would assist in this research (Appendix C). It also included assurances of confidentiality and the use of fictitious names in the study report. Participants were assured that all personal information received along with tapes, transcripts, and notes from interviews and observations would be kept in a secure location with no access by other individuals. An individual was employed to transcribe the tapes, but she had only dates and times to identify the interviews for typing. A locked box and a secure computer were used to store data as they were collected. The research volunteers

were informed that their participation was voluntary and that they could withdraw from the study at any time with data collected from them destroyed and not used in any way. No actual names were used in the text of the study and, after the study was completed, all identifying information was destroyed. The on-line discussion site was secured by assigning fictitious names to the participants and by blocking participants from viewing each other's contact information.

Data Analysis

Data were reviewed throughout the study as faculty shared their experiences and concerns about developing their teaching for effective learning. The strategies proposed by Glesne (1999) of writing memos, organizing data by categories, and the use of coding schemes were employed along with taking time for reflection and analytic noting whenever possible throughout data collection. The reflective and analytic process facilitated data analysis as well as the determination of additional questions that could be asked during subsequent interviews (Glesne, 1999). Miles and Huberman (1994) state that memos are primarily conceptual in intent and that they help to clarify ideas. Their recommendations for memo writing assume that data have already been collected and coded, whereas the memo strategy mentioned by Glesne (1999) involves a reflective process after the field contact but before any analysis. For this study, tapes were reviewed and notes taken after each interview and before the next visit with the participant to provide some guidance for the next discussion. Reflection notes were also written to help in guiding future contacts.

After the tapes were transcribed, the data were analyzed more thoroughly using a coding scheme to name the "data bits" and to identify categories and subcategories

(Glesne, 1999). The codes used in this study were primarily descriptive codes. Miles and Huberman (1994) state that "codes are tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study" (p. 56.). A code list, derived from the research questions and concepts of interest such as critical thinking, faculty development, reflection on the faculty role, and effective teaching/learning, was created and revised as the data were analyzed. The final coding scheme used in the study is displayed in Appendix D. Coding was an ongoing process (Miles & Huberman, 1994) starting with the first field contact. Coding was facilitated by the use of a computer program called *Ethnograph* (Qualis Research, 1998), designed for analyzing qualitative data using a coding scheme.

The transcribed tapes were coded in segments correlating with the three interview data sources. The director/dean interviews were coded first, followed by the faculty group discussions, ending with the individual interviews. The first file in each segment was coded and then a code sheet was printed to facilitate using the same abbreviations for the same codes and then for adding new codes to the list. If the hand-written codes became too numerous, a new code list was printed to facilitate consistency in coding throughout the process.

After all of the files were coded, a printout of the data segments with their respective codes was created for each of the three data source groups. The files were stored in the data source groups in the computer program with a separate folder for the deans/directors, the faculty discussion groups, and the individual participant interviews. The coded data segments then could be printed for each folder for further analysis.

To analyze the data further, the number of data segments for each code was noted and then the codes were sorted into categories of related topics. For example, for the individual interviews, the overall concept of interest was thinking or thinking about thinking. Codes like center, reflect, look back, and catch-self were codes that related to faculty talking about ways that they think. Another set of cognitive processes were identified that were more active such as choose, rehearse, think-out-loud, imagine, and talk through. The codes were sorted in this manner and then the actual segments were reviewed for appropriate fit in each category. If the code did not fit well, it was moved to a different category. For example, "imagine" was first placed in the general "thinking" category and was moved to the active cognitive processes category when the data segments were found to relate more to active strategies than to thinking about thinking. After counting and sorting by going back and forth between the codes and the data segments, the groups of codes were further grouped into major themes of the study. The major themes derived from the data for the individual interviews, for example, became (1) thinking processes used in the teaching role, (2) other activities engaged in for developing in the role of the nurse educator, (3) strategies to promote thinking in students, and (4) promoting a caring learning environment. The resulting coding scheme for the entire study is displayed in Appendix D.

Validity and Reliability

Validity and reliability were supported through use of multiple methods of data collection, such as multiple interviews with the same individuals, multiple case interviews, faculty development record review, journals, and on-line discussions. Validity of data was supported through redundancy of data gathering (Stake, 2003), multiple data collection methods, and multiple session interviews (Glesne, 1999). Trustworthiness of data is supported by within-case sampling and multiple case sampling (Miles and Huberman, 1994). In this study, the follow-up interviews were conducted with individuals who participated in the discussion groups so that within-case sampling was carried out and extensive time was spent with five of the individuals. Multiple cases were also used starting with eight discussion groups and continuing on with six individuals from these groups to further explore cognitive processes for effective faculty development.

Reliability of the data analysis was also supported through check-coding, using both two outside individuals and self-checking. A reliability rating of at least 70% with the outside individuals was obtained, and a reliability of at least 90% for the self-check was obtained as recommended by Miles and Huberman (1994). A coding check was conducted with each segment of the study, that is, the director interviews, group discussions, and individual interviews, with one case checked from each segment. Another strategy to verify data interpretation involved taking data interpretations back to two of the individual participants for their reactions and suggestions.

Continual identification and monitoring of researcher subjectivity was essential throughout the process in order to avoid distortions. Glesne (1999) stated that subjectivity

is something on which to capitalize rather than to exorcise and that it is important to reflect on the lenses through which the work is viewed. One vital strategy to reduce researcher bias was to consciously use active listening during all of the interviews: limiting researcher talking, listening for ideas, reacting to the ideas rather than the person, concentrating and attending to the other, listening for overtones, paying attention to the non-verbal messages, and waiting when the other person pauses rather than filling up the space with talk (McCracken, 2004). The researcher made every effort to attend to these strategies but also became an active participant, at times, in the discussions with the individuals. The subjectivities of the participants also influenced the direction of this research as these individuals shared their thoughts and beliefs about teaching and learning in nursing education.

Summary

The methodology used to study the phenomenon of faculty development in nurse educators was presented in this chapter. Included were sections that addressed data sources, educational research traditions, design of the study, the research questions, selection of subjects, data collection, procedures for informed consent and study approval, and data analysis techniques. The results of the study are presented in the next chapter.

Chapter 4: Results

Introduction

The purpose of this study was to provide insight into the issue of faculty development in nursing education. Insight was gained by exploring ways that nursing instructors continuously improve their craft of teaching/learning and identifying strategies that may promote effective and efficient faculty development in nursing education.

This study examined cognitive processes that may contribute to faculty development in nursing education. Specifically, the questions addressed were

1. What steps do nursing instructors take to develop and master their craft of teaching to model critical and reflective thinking and to prepare students for their role as critically thinking nurses?

2. What strategies and/or models for effective faculty development emerge as nursing faculty reflect on and share their own learning needs regarding the teaching role?

3. What ideas for faculty development emerge as nursing faculty reflect on and discuss concepts related to effective teaching/learning in nursing education?

Data were collected for this study over two academic semesters and consisted of interviews with directors of nursing programs, discussion groups with faculty at six nursing schools, extended interviews with six individual faculty members in one to four meetings over a term, written data on faculty development programs, and written reflections on faculty development and electronic discussions by five of the six individual

participants. Results of the data are presented in relation to the research questions and begins with brief demographic data on the participating schools and faculty, followed by data from the director interviews and the review of faculty development records. The results of the faculty group discussions are presented next, followed by the data collected from the six individual faculty members through interviews, written comments on an electronic discussion board, and written reflections on their development as faculty.

Demographics of the Study Participants

Study participants consisted of 24 faculty and six deans or directors from six nursing programs across the lower half of Michigan. Four of the nursing programs were in community colleges, and two of the programs were in universities with baccalaureate and graduate level educational programs, including nursing.

Six deans/directors were interviewed in five of the six participating schools. The dean of one of the schools was unable to schedule a meeting. However, both the dean and associate dean participated in the interview at another of the schools. In groups of two to five, 24 faculty members participated in a total of eight group discussion sessions in the fall term of the school year. There were more groups than schools because, at two of the schools, it was not possible to schedule a meeting with the entire faculty at the same time due to their scheduling conflicts. Two sessions each were held at those two schools. One group session was held at each of the other four schools. Of the 24 faculty participating in the group discussions, six agreed to continue on with a series of three to four individual meetings with the researcher over the following academic term. One of those six individuals was unable to participate after the first meeting with her, due to changes in her teaching responsibilities, and two others were able to meet only three times. The other

four faculty members met with the researcher four times during the winter term of the school year. A record of meetings and participants for each of the schools is shown in Table 1.

Table 1

Study Participants

School	Type	Deans/ Directors Interviewed?	Number of Faculty	Number of Groups	Individual Participants	Number of Individual Meetings
1	CC	Yes	5	2	1	4
2	UN	Yes	5	1	1	3
3	CC	Yes	5	2	1	1
4	CC	Yes	3	1	1	4
5	CC	No	3	1	1	4
6	UN	Yes - 2	3	1	1	3
		Total: 6	Total: 24	Total: 8	Total: 6	Total: 19

Note: CC = Community College; UN = University

Twenty-three of the faculty participants were female; one was male. All were employed full-time. The mean age was 51.42 years, with a range of 32 to 64 years. The average years of teaching for the group was 13.18 with a range of 0.3 to 28 years of teaching experience in a nursing program. Twenty of the participants hold a master's degree in nursing; two have post-master's educational work completed; one is a doctoral

candidate; and one holds a PhD. Clinical areas of expertise include 14 with

medical/surgical background, three with pediatrics, three with maternal/child, two with

mental health, and two with community health backgrounds.

The six faculty members who participated in the individual follow-up interviews

ranged in age from 47 to 55, with a mean of 53.17 years. Five were female and one male,

and they have taught for an average of 12.34 years with a range of 1 to 28 years. Five

were specialists in medical/surgical nursing and taught in this area, while one was a

maternal/child expert who taught both maternal/child care and nursing fundamentals. Of

the medical/surgical nurses, one specified emergency and critical care as particular areas

of expertise, and one specified research and family care. Demographics of participants in

the individual interviews is shown in Table 2.

Table 2

Demographics of Participants in Individual Interviews

Name	Gender	Age Range	Yrs. in Nursing Education	# of Interviews	Minutes Interviewed	Electronic Entries	Journal Entries
Delia	F	45-50	2	4	45-65	3	14
Jackie	F	50-55	28	1	53	0	0
Karen	F	50-55	20	3	42-98	2	4
Mary	F	50-55	16	4	58-72	2	7
Paula	F	50-55	7	4	50-81	2	1
Pete	M	50-55	1	3	50-68	1	1

Director Interviews

The directors/deans participated in a discussion of the issues related to faculty development as practicing nurses adapt to their roles as nurse educators. The issues centered around four themes: lack of prior preparation for the role, professional development in the role, difficulties encountered in that development, and college or administrative support for faculty development. Data are presented by theme and then summarized in relation to the three research questions.

Theme I: Lack of Prior Preparation for the Role

All of the deans/directors mentioned that many faculty become nurse educators with minimal or no preparation for the role. The administrators said that, in their experience, faculty are often hired from clinical settings and are unfamiliar with the role of the nurse educator. One stated: "Most of the faculty come out of professions and they know their profession and they have a good handle on that, but it's education that sometimes is where they have weakness." Another reinforced this, saying, "Typically you have new faculty coming in who are pretty seasoned and grounded in clinical practice, and transitioning to an academic role is very different." Another emphasized that nurses come with a "clinical practice orientation" and "are really not prepared for how rigorous the academic environment is." One dean discussed the added dimension of the lack of formal educational programs to prepare nurse educators. She stated that master's education programs moved away from education and more into preparing nurses just in the clinical area.

Two administrators' comments specifically referred to the preparation of advanced-practice nurses and how that relates to their preparation to be educators. "For a

few years it seemed like a lot of candidates would come from a Nurse Practitioner (NP) background because a lot of folks were going that way. They were getting a master's degree and focusing clinically, and that did not prepare them for teaching, in my estimation."

Another shared the experience of a new faculty person who came into teaching as a seasoned nurse practitioner. "I ran into her a couple of months ago and I said, 'So, how's it going?' and she said, 'Oh, this is just so much more and so big of a change than what I had ever expected.' "

While one director indicated a need to recognize that "nobody does this naturally," and another felt that "there are some people that are naturals at it," there were further comments about unfamiliarity with the faculty role including aspects other than teaching. One stated, "I think the biggest thing for faculty, for new faculty, is just helping them understand the academic culture." Another said:

> I think the transition for someone coming into the academic role it is so different than what they have experienced previous to this, and understanding what it really means to be a good teacher. Also what it means to be a scholar, what it means to do service. There are so many elements to the academic role that I think are very foreign to a lot of nurses coming in to teach.

The directors/deans stated that not only is the role unfamiliar to new faculty, but also that the faculty lack knowledge about teaching and the elements of a nursing program. One director stated:

> I think that the biggest gap is that there is an innate sense by some people that they would make good teachers but the tools of how to go about doing that are

missing because they haven't been educated and they haven't even thought it

through.

Further, she said, "The thing that I think is the weakest, particularly for the part-time people, is that they have no concept of curriculum development. They don't have a concept of test-taking strategies or test development or teaching methodologies."

Another aspect that emerged from the discussions relates to aging of faculty and insufficient knowledge about curriculum. As one dean stated, "I think with faculty aging, that we have fewer people who are grounded in really understanding curriculum than we had ten years ago." She continued, "I don't think people have a good understanding of what curriculum is, curriculum design, how things build on one another." This theme of a lack of preparation for the role of the nurse educator set the stage for the next themes regarding development in the role, difficulties encountered with that development, and support for faculty development by the college and administration.

Theme II: Professional Development in the Role

The perspectives of the deans/directors on what faculty should do to develop in their role included the need to maintain competence in the clinical arena, stay current with content areas, develop teaching skills, and further formal education through graduate programs in nursing education. Regarding clinical competence, one director stated:

One element of professional development that's important is for the faculty

member to actually go out and work in the field for awhile, and in the nursing

program they seem to be doing that every semester, because of the clinical

assignments. So, they do kind of keep their fingers on the pulse.

Two of the administrators had specific comments about the ways that faculty maintain knowledge and skills in their practice areas. One stated, "I think that our faculty are well prepared for the content and skills they need to teach." This director was referring to clinical skills and went on to say that "they just need to have opportunities to continue to update those skills as practices in the field evolve." Another stated that she believed faculty went to conferences that were more focused on content updates in their practice fields rather than those that emphasized teaching strategies:

> I think that people who are teaching a specialty use those certification or recertification seminars for increasing their subject matter, not necessarily as it relates to teaching. It is more discipline-specific that they choose rather than going to a test strategy seminar or a methodology seminar.

This director also stated that one factor that drives development in the practice areas is the requirement for continuing education for licensure renewals and specialty recertification. But, along with development in their clinical skills and content knowledge in their specific practice areas, the deans/directors expressed their belief that faculty also looked for ways to improve their teaching and had the desire to work on their teaching skills.

One stated, "I would say that nursing faculty are all very focused on wanting to professionally develop themselves" and, in regards to teaching, "there are like little pockets of where there is a sense of growth and a sense of, okay, maybe we ought to do this a little differently." She continued on with a concern that faculty chose conferences that are interesting rather than a more focused approach of "this is how I want to develop my thinking and this conference is really going to help me do that." One of the other

directors felt that their faculty members were more focused on developing teaching skills rather than content skills, saying that the continuing education conferences attended by their nursing faculty seemed to "deal more with education." There was a mixed perspective expressed by another director:

> I don't know if it's even most, I mean I can sit here and think to myself that this one, this one, this one are really into perfecting their craft of teaching and they read about that and attend conferences about that. They take graduate courses in that even if they are not going for a specific degree. They just take courses because of their interest and then you see them consciously working at what they've learned, in the classroom and clinical, revising materials and approaches to it, and other people just don't seem to do that.

This director had also witnessed an increase in nurses prepared at the graduate level for teaching due to the existence of a new program with a focus on nursing education at a nearby university. She stated:

> We have multiple faculty right now who are adjunct faculty, and we also have a couple of newer faculty who went through a master's program specifically in nursing education, so they understand curriculum development. They understand, they've been learning about teaching methodologies.

On the other hand, another director said:

> I'm very glad to know that a master's of science in nursing education is having a rebirth because I think those people coming back to teach in education have a sounder foundation. Our last two faculty who have achieved those degrees have

just recently retired and so I really have nobody on faculty now that has a degree

in nursing education; they are all nurse practitioners.

Besides conferences and graduate courses, the directors/deans mentioned several other

strategies that faculty used or could use to develop their craft as educators. These

included activities such as reading, observing others, seeking help from others, trial and

error, learning by doing, sharing at meetings, and self-learning.

One director mentioned that she would lend her books on effective teaching,

particularly on clinical teaching, and another said that observing others may be a way to

get away from straight lecture. He said, "Having them have opportunities to see how

effective teachers perform, I think, is very valuable in learning new ways of doing

things," although he didn't have specific examples of how that might happen. Another

administrator described teaching as a solitary experience:

If you're working in a practice setting, you've got a set of colleagues around you

day in and day out. That isn't the case in academe. I mean, you, in a sense, have to

seek out some of those other opportunities.

So, faculty have to seek out learning opportunities and learn a lot by "years of trial and

error" and by "doing, more than anything else," even though learning by doing may not

be their own style of teaching others, as one director indicated when he said that he still

saw mostly lecture in the classrooms.

Other faculty-directed, self-learning strategies were mentioned by two of the

directors. One said, "They get an interest in an area and they just seem to know how to

capitalize on that and, finesse it." She also said that her faculty "are very innovative and

they're always looking for new and fresh ways to do things." One director mentioned that

learning at meetings was another way that faculty worked on teaching/learning issues, such as writing test items. Another director said that faculty "have groomed themselves to the point where they are successful as teachers" and that she knows this because "of the comments that I get from the students," and "when I go to observe for new teachers," and when "I see people really trying to really improve some things that they are doing."

The deans/directors conceded that self-learning methods do have some drawbacks, however, as they reflected on things that block or inhibit growth in the role. One dean commented that we teach evidence-based practice in the disciplines we teach "but we don't think about our profession as our discipline as well." Another stated

I see them preparing the information but I don't see them really examining, okay, if I choose to teach this, what am I going to do to make it interesting for the students? How are they really going to learn? It's more of a, well, how can I grasp this knowledge so I can give it to them.

I think deep down inside there are some sound, basic values. I think that the degree of really taking the time to look at yourself and examine yourself and have a degree of comfort with the fact that you've achieved something and you can only get better, I think that level of security and integrity is not there.

Theme III: Difficulties Encountered in Faculty Development

Although faculty have sought out and used many strategies for continuing to develop their craft, there are some difficulties. Faculty development difficulties reported by the deans/directors included issues of criticism, lack of support, lack of time, resistance to development, new technology, and student related problems.

One director mentioned a problem with "hypercriticism on the part of their colleagues," and that "we are hard on each other," and that "we are not a very supportive culture." Further, she stated that faculty members even have a sense of vulnerability that prevents them from admitting that they need help. She talked about faculty seeking out their own mentors but not really feeling comfortable exposing their needs:

> I still feel that the sense of vulnerability around being that exposed to your colleagues is, tends to keep people from really seeking out, because what I think happens is that people are afraid that they will be labeled as bad teachers.

She continued:

> I think there is a high degree of anxiety around that sense of self-disclosure and I think that often doesn't allow for a sense of growth because people are afraid of being targeted, as I said, as not being a good teacher.

Another dean/director also referred to a sense of vulnerability and risk involved in having someone observe in the classroom. She stated that it "takes a level of risk" to ask someone to observe, give feedback, and offer suggestions, and then, from the perspective of the one giving the feedback, her issue was "how do I do it in a way that isn't going to be sounding like I'm criticizing the person?" Along with this sense of risk and vulnerability comes reluctance on the part of experienced faculty to share what they have learned and developed.

The director who shared her concerns about faculty feeling afraid of being "targeted" as bad teachers also mentioned several times that faculty do not share their materials, such as syllabi, tests, and presentation materials. She stated that, when new faculty members begin, experienced faculty "have a very high degree of a lack of sense

of disclosing their materials to that person" and "they won't share their tests, they won't share their lectures." The director also believed that this approach is "typical in many, many faculties because I've talked to many people in my position." She also stated that this lack of sharing "also prevents the teacher from having a degree of comfort around who they are." She stressed that this attitude was prevalent at her institution and that she has heard this from many other nursing school administrators as well, although none of the other deans/directors in this study addressed this directly.

Even if there is willingness to share, time to do so is limited. Two directors identified the lack of time to share with one another as a difficulty in faculty development. One said, "People's time is just chewed up trying to manage the number of students coming in and out of here" although she was not sure "how it's really affected teaching and learning" for faculty and students. In a discussion with another dean/director, the topic of "having a hearth" came up, having a place where faculty can gather informally and have time to share. She said, "People are out and about and you have to build in that hearth time, but I think that is important for new people." Later, she said that teaching takes over faculty members' time, and time to share, and plan, and do research is left on the back burner. She felt that people really struggle with "how to build in scholarship into their weekly life," and this is "the biggest issue for faculty." Another dean/director said, "They have to plan their teaching and the amount of time it is going to take the same way they plan everything," and not let "the teaching overwhelm them" and "take control."

In addition to lack of time, comfort with the way things are also contributes to resistance to faculty learning new things. Faculty may resist development and, in "some

cases, they struggle because older, seasoned faculty may not be all that excited about learning new things." This dean went on to say that they "don't really have that problem here." Another said that there was resistance to development at her school; some faculty "are just more in a groove of 'this is how I do things' and may be a little suspicious about things as they come along." She also stated that "some people are just slower to change than some others."

In his evaluation of professional development, one of the directors asked, "Are they just continuing what they saw when they went through school, the traditional lecture?" Another talked about the history of education, how it has not changed much over many years, that we have "just perpetuated the same approach," and that people who try to "break out of that paradigm are beaten down." She did express excitement that "it seems that right now in education we are finally kind of waking up." Her dream is that the students will be the ones to "say to us, what are you doing lecturing to me? Don't you know that research shows that's not the best way to do it?"

The administrators generally agreed that students still resist more engaging and innovative teaching strategies, a factor that they discussed in relation to faculty resistance to development. One dean said that students are used to the passive type of learning and that they know how to play that game. She said, "They will be really resistant to having to think," and when talking about a new curriculum plan they are implementing, she said, "How do we make sure that we don't chicken out and cave in because the students don't like it?" Another dean talked about students coming in with "almost a sense of entitlement," and that education is all about the teachers giving the students what they want rather than providing a learning environment where their involvement increases the

level and depth of learning. She even mentioned that one faculty member "really struggled with dealing with students wanting her to cave in and do that and she held firm and wasn't sure, in a sense, this place was the right fit for her." Another dean commented on the concept of the student as consumer:

I think we did a disservice to faculty and to students by labeling them consumers. At least that's my opinion. Consumers go out and buy stuff. They don't like it, they take it back and they don't have an active part in developing the thing that they are buying, where learning is an active activity; you don't sit back and have it…

Besides the consumerism and resistance to more active learning, the deans/directors also discussed the challenges of technology in education and in communication. Students, especially the younger ones, have been exposed to more technology and there is a steep learning curve when new faculty start in academia and as technology changes. All of the participating deans/directors mentioned technology in some way as a special challenge to faculty development. Online instruction was mentioned as something faculty members are doing. One said, "When I talk about development of my seasoned faculty, they are all using online instruction," and "We're trying to look for more online experiential learning, because this is the techie generation and, that's how they really actually do learn." Another commented, "One ongoing thing that's happened in our department is PowerPoint and how you go about using PowerPoint; how much you put on, how much do you give students, especially with a handout?"

To add to the PowerPoint technology, another director said that the faculty has "embraced technology as far as PowerPoint and this and that, but as far as doing an online course or doing this or doing that, it has been taboo." On the other hand, another director stated that "technology has changed how people are going to do their work and I think it is going to be even more so in the future," and there is "a huge growth curve in terms of just learning the technology." Another director said:

> Another area, it's not as critical as it was three or four years ago, is technology. The college has invested a lot of money in technology. All of the classrooms that the nursing faculty use here at the college are equipped with a computer in every classroom, with computer projection systems, DVD projection systems, all kinds of video projection systems and the faculty have gradually started to use those. Before, if they wanted to use technology they had to go get it and bring it to the classroom.

He went on to say that "there's always need for continuous updating of technology skills" and that "a part of the new curriculum we're developing will take more advantage of simulation technology." Considering this rapid advancement of technology and the various levels of acceptance of technology with even this small sample, faculty need much support to continue learning and growing in their craft.

Theme IV: College and Administrative Support for Faculty Development

Three types of support for faculty development were mentioned by the deans/directors: money available for faculty to attend conferences and workshops, learning programs and opportunities provided by the institution, and mentoring programs.

Three of the deans/directors specifically mentioned money that was available for faculty to use for continuing education programs. For example, one said:

> The university also highly values faculty development. Faculty can apply for quite a bit of grant money. They can actually go to conferences free with no personal financial obligation, in many instances, if they get the application in soon enough. So there are a couple of pots of money from within the college from the university center for faculty teaching and learning, and then I provide everybody with a certain amount every year.

This same dean/director stated that she tries "to be on the lookout all the time for things that I think would be of interest," and she also talked about the institution's center for teaching and learning, through which workshops and resources were available for faculty.

Another director talked at length about the institution's "new faculty academy," which provides multiple learning opportunities for faculty in their first two years. It is actually part of the labor contract that new faculty have to attend these programs. They "discuss things like course assessment: what's the process here; how do you prepare courses for curriculum; what are some good teaching methodologies?" They have now opened it to all faculty members for ongoing development, with sessions held once a month throughout the school year.

A review of faculty development records and program offerings at four of the participating schools revealed a heavy emphasis on development in the area of technology. A workshop schedule at one of the schools listed 58 programs in technology out of a total of 105 programs offered. At another school, 28 of the 43 programs offered through their academic resource center were on technology. The remaining two schools

did not have as many programs in evidence, but the director of one said that technology was an important part of their ongoing development, especially in the use of simulators. Records of actual attendance at either on-site programs or outside conferences at these two schools showed a balance between attendance at updates in the clinical or content area and conferences that focused on teaching.

At two of the schools, the deans/directors talked about a structured program of reading specific books about teaching and meeting at regular intervals to discuss the material. As part of their mentoring program at one school, new faculty members are expected to "keep a reflective journal on experiences in the classroom in order to facilitate professional teaching development," and mentors are instructed to videotape the new faculty "several times during the 3-year period in order to provide opportunities for constructive feedback." New faculty members are also expected to "observe other faculty in the classroom at least once a month in order to identify and incorporate new teaching and learning strategies."

Three schools had also recently implemented new faculty mentoring programs. Mentoring was specifically mentioned by four of the deans/directors as being a structured mechanism for assisting new faculty to develop in their role. One said:

> I have a fairly structured mentoring program. They [new faculty members] are all attached to a more seasoned faculty member who is there to mentor this year and I actually gave them guidelines of means of what I want them to do and tons of meetings that they have, that are structured and purposeful; sitting in on their classes, on each others' classes, watching the seasoned faculty; observing them

but not in an evaluative way but to just provide lots of feedback and to be a resource, and they've actually have done a really nice job of that.

Another dean/director described a less formal process in which "some of the mentoring and coaching goes on through full-time faculty and some of it goes on through me and some of it goes on through their own educational process." This dean also said that faculty "seek out their own mentors," and that "sometimes they'll talk to one of their own trusted colleagues on staff." At their new faculty academy, presentations are made by seasoned faculty who act as mentors for new faculty. At another of the schools with a formal mentoring program, the dean/director stated, "If you've got someone who is a more senior, respected faculty member who can work with you" it can be very helpful and, while she saw some of that occurring, she felt that it could be "encouraged more."

Summary of the Dean/Director Data in Relation to the Research Questions

Question One. *What steps do nursing instructors take to develop and master their craft of teaching to model critical and reflective thinking and to prepare students for their role as critically thinking nurses?*

This first research question was partially addressed as the deans/directors talked about the difficulties that new faculty members encounter in their role and what the new faculty members do to develop in their role. The concepts related to modeling critical and reflective thinking were not clearly addressed in this segment of the data. The deans/directors indicated that faculty members develop in a variety of ways including reading, attending conferences, observing others, learning by doing, seeking help from others, engaging in self-reflection, and, more recently, obtaining degrees and certifications in nursing education. Difficulties discussed in relation to growth in the

faculty role included the presence of peer criticism, resistance to change, lack of support

from colleagues, the solitary nature of the work, lack of time to talk about

teaching/learning issues, a sense of vulnerability or risk in asking for help, the rapid

increase in technology, and student resistance to active ways of learning.

Question Two.   What strategies and/or models for effective faculty development emerge

as nursing faculty reflect on and share their learning needs regarding the teaching role?

The second research question was partially addressed through discussions of

mentoring. Four of the schools have initiated a new faculty mentoring program within the

last two years but no data were yet available to support this strategy in these settings.

This issue was addressed further by the faculty themselves and will be discussed later in

this chapter. Four of the deans/directors also talked about their specific new programs of

faculty development activities planned and required for all new faculty. One called this

their new Faculty Academy, another called it the Academic Resource Center, another had

a specific probationary faculty three-year plan for excellence, and another had extensive

workshops offered through their professional development and training center. Mentoring

and structured development programs on site are relatively new on these campuses and

their efficacy, from the faculty perspective, will be addressed later.

Question Three.   What ideas for faculty development emerge as nursing faculty reflect

on and discuss concepts related to effective teaching/learning in nursing education?

The deans/directors addressed the third research question, primarily in their

discussions of adjustment to the faculty role and issues with rapidly changing technology.

The first theme, lack of preparation for the role, indicated the need for more support for

faculty to learn what it means to be a nurse educator and to continue to develop effective

teaching/learning strategies. Faculty members have multiple roles within the tripartite nature of academia: teaching, research, and service. They also have many issues with students, such as resistance to innovative learning strategies and the students' attitudes of consumerism. The multiple roles and student issues contribute to making adjustment to academia difficult. The faculty members are also expected to continuously adapt to changing teaching and practice technology, a prominent issue in discussions with faculty.

Faculty Group Discussions

Each of the eight faculty groups was asked the same three questions about their preparation for the role of nurse educator and their early experiences with teaching. First, the faculty groups were asked to address the time before their first teaching assignment in a nursing program and some of the things they did to prepare for the teaching role. Next they were asked to think about that first teaching assignment and to reflect on and share what that first experience was like for them. The last question elicited their comments on activities in which they have engaged since that first teaching assignment to continue to develop as a nurse educator. The responses to these three questions are addressed according to themes that emerged during the discussions followed by a summary of the findings in relation to the research questions.

Question One: As You Think About the Time Before Your First Teaching Assignment in a Nursing Program, What Were Some of the Things That You Did to Prepare for the Teaching Role?

Responses to this question ranged from some who admitted, "I realized real soon that I didn't have a clue what I was doing" to many of the faculty who answered that they did have some formal teacher education before beginning their first assignment. Five reported experience with teaching in the hospital setting but found that the transition from teaching individuals who were already nurses to teaching people to *be* nurses was difficult. Five themes related to this question emerged, including formal education and the staff development experience, the level of confidence and comfort felt with clinical and classroom teaching, activities engaged in to prepare for the first teaching experience, and time or help preparing for the first assignment.

Theme I: formal education.

Ten of the twenty-four nurses in the groups had formal education classes in teaching before their first assignment. They said that they completed "a minor that was in education" or "a teaching cognate" that included "curriculum development, it was testing and evaluation and then I think there was objective writing" or they "chose nursing with a major in education" for their masters degree in nursing. One shared that, although her masters degree was not in nursing education, she did feel that what she learned was quite helpful for teaching nursing students:

> Quite honestly, what prepared me the most, I think, for teaching was my first
> master's degree, which was sports psychology and education. And it was the
> motivation, the goal setting, that type of thing because that's what I find that I

keep stressing with the students, how to keep them motivated, how to set goals.

So, it was probably that master's that helped me the most.

Several faculty members mentioned that they started teaching in the clinical setting first before obtaining any formal education in teaching and then returned to school to complete a master's with some courses in education. For example, one said, "I thought, let me do clinicals first to see if I like it: [I] loved it, and then decided to go into my masters." This person went on to say that her master's had some teaching content but that she wanted to enhance that by pursuing a certificate in education. Another said, "In my master's program, but I had already started teaching, you could do electives that were some educational electives, so I took a couple electives." For ten participants, formal education at the master's level provided preparation for the role, whereas others felt prepared by their experience teaching in staff development or teaching continuing education.

Theme II: experience in staff development or continuing education.

Four of the faculty participants talked about experience in staff development or continuing education in the hospital setting. One said that she "began exploring education as a staff development instructor in critical care and did that for, I think, 17 years" and then thought about teaching in the academic setting, beginning with clinical teaching, which she began before finishing her master's degree. She returned to school to earn her master's degree when her position in staff development was eliminated, and she felt that the "two in combination is what worked" to prepare her for the role as a nurse educator. This combination of staff development and master's education also worked for another participant who said, "Well, I had ten years experience teaching in the hospital before I

came here, in staff development. I was the director of education. And I was almost done with my degree in education when I came." While not having the combination of staff development and master's education with teaching courses, other faculty also expressed the value of the staff development experience or teaching in continuing education prior to teaching nursing at the college level.

One participant said that her master's degree was in nursing of adults at a hospital where she worked for six or seven years. "My preparation for the teaching role, I think, involved my role as a staff development, in-service educator." She said that "although that wasn't directly related to teaching in a college setting, I think it did prepare me well." Another staff member taught continuing education for nurses for almost twenty years and agreed that "everything that I have learned over the years really contributed to where I am now." Another commented that "not loving what I did anymore" and her experiences with "educational activities in my role as a nurse manager, mentoring, even precepting, setting up the orientations" sparked her interest in education. This person taught in the clinical setting first and then went on to earn her master's degree to obtain a full-time position in a community college. Starting their teaching in the clinical setting seemed to be comfortable for many of these faculty.

Theme III: *the level of confidence and comfort felt with clinical and classroom teaching.*

Several participants expressed feeling comfortable teaching in the clinical setting because they "had a lot of the experience" and "that was something I did all the time." Another said that in "the clinical you can really share your expertise and that's why there is more of a comfort level there, initially." Another expressed the idea that it was

comfortable because clinical teaching was "in my own domain and so it went very well and it wasn't like this was unnatural or I don't know what I'm doing or anything."

In addition to feeling comfortable in the clinical setting, two expressed a sense of confidence in their overall ability to teach. One explained, "I'm not teaching some subject that I just drew out of a hat, I'm teaching a subject that I know about, that I can give real life experiences about, and I think that's where the confidence comes from." Another was confident in her ability. "I knew I could do hard things and that it wouldn't be perfect but that I could figure it out." Being able to figure things out led to the next theme; activities that faculty engaged in to prepare for that first teaching assignment.

Theme IV: activities engaged in to prepare for the first teaching experience.

Several actions were taken by the nurse educators to prepare for their first teaching experience, including observing others, thinking back on their own learning experiences, talking to other people, and reading materials for the course. In learning what to do by observing, one said, "When I started thinking about being an educator, I started watching some of the clinical faculty that would come in, kind of getting tips from them, things that worked, things that didn't."

Another participant "spent time on the unit itself" before starting a clinical group in that facility to "see how the day went clinically" and to become familiar with the systems and policies. To prepare for clinical teaching, another educator "followed a clinical instructor around for a day," while others wished that they could have had that experience. One noted that there never was "an opportunity to go with anyone before my first clinical day as a teacher," and another agreed, saying, "I would have liked more of following a mentor, following someone around." Another commented that "we've tried

to set up some of that shadowing stuff here now, but that wasn't around when I started."

For teaching in the classroom, one commented, "I remember I went around and I watched the other faculty, when I took the full-time position, do their little deal and I watched how other people did their deal and decided how I was going to do it."

Faculty members also looked back at their own experiences in school and reflected on teachers they admired, or recalled teachers they didn't admire and what they could learn from both for their practice. One said:

There was a teacher, when I was getting my BSN, that I just admired and I can remember so much about her, still to this day, because how she presented material, even how she looked as a teacher. I just remember how I really, really liked her and appreciated her and thought I'd like to be just like that.

Another shared, "I tried to model myself after a good friend of mine who did teaching" and someone else said, "I thought about what I felt were positive teachers; the things I liked about them as teachers" and also "about all of the horrible teachers" and what could be learned from that.

A strategy of asking others for information, particularly about the course to be taught, was mentioned in several different ways. Before the first time she taught, one instructor remarked, "I asked for the syllabus for the particular class and I had talked to the person who had previously taught, or the director at that time, and found out what their expectations were for that particular course." Others confessed asking "a lot of other teachers questions, lots of questions" and looking at having a mentor as "just permission to ask any of those stupid questions." Another said she "listened to the people that had

more experience, which was everybody, and, if they would say to do something, then I would say okay, I'm going to do it."

The preparatory activity that was mentioned by participants from four of the groups was reading, particularly reading the materials for the course they were assigned to teach for the first time. Two of the faculty had comments about reading to be sure that they covered all the necessary content. One said, "You got 99 books out on the subject you were supposed to teach to make sure you were covering all of the stuff, content wise." The second instructor added, "I'd take all of the books out. This book covers this, this, and this. So everything that every book covered, I knew I had to cover because it was in every book."

Other comments were more general. "I did lots of reading and wrote copious notes"; another also said she did "lots of reading," and a new instructor said, "They gave me all the stuff to start out with and I went home and I read the books." Another shared, "The only thing I did to prepare was read the book and made myself notes, an outline, and tried to stay ahead of the game." A colleague of the person who made this last statement concurred with her and said:

> My situation was similar when I was hired. It was like three weeks before the
> semester started and I followed a clinical instructor around for a day and then
> started going through reading the assignments and, like she said... I'd try to stay
> two weeks ahead.

This instructor's statement introduced another theme, an issue that emerged for beginning faculty that impacted their ability to prepare for their first assignment: the timing of their

appointments. They talked about being hired close to the beginning of a term with little time or help available to prepare.

Theme V: time or help preparing for the first assignment.

Faculty talked about both not having time to prepare as well as having sufficient time. They also talked about support and lack of support in those beginning days, particularly about not sharing materials developed for a course or not having any orientation before starting.

The issue of lack of time to prepare came up in three of the groups and was related to late hiring for the term. One instructor lamented, "I only had a week. I mean, I literally came in on a Monday and I had to teach on that Thursday, so I had to just fly." Another pointed out that there were times when faculty left and the school had to search for and hire more instructors at the beginning of a term. "We don't give them sufficient time to actually do much prep. For example, our program starts in the third week of August and they frequently are hired the first week of August."

"I was hired and started within three weeks and had no way to prepare," commented a participant, about the short time between hiring and beginning to teach, and another said that new people may have "two weeks before the semester starts and then you're scrambling to try and orient them and hope that everything works out okay." Another complained that she was given a class "kind of late, like in August" and that it "was hard." Two did say they had a little more time to prepare. For example, one faculty related that she had "about six weeks prior knowledge" but she felt comfortable with that because she was "starting as the lab coordinator" and "didn't actually teach a class until the following summer." For classroom teaching, she felt that she had "lots of time to

prepare" and she felt quite comfortable in the lab right from the start. Another said she had a couple of months to prepare but then there was the issue of help available for new faculty, whether or not there was time available.

More about the topic of support for development came up later when faculty were asked what they have done since that first experience to continue developing as teachers. There does seem to be more support available for faculty starting out now than in the past, and faculty hired years ago even joked about wanting to leave and be rehired to take advantage of these supports:

> I keep saying I'm going to quit some day and hire in as a new faculty. We have a faculty center for teaching and learning and all new faculty get a year-long, every other week, how to teach and support for teaching with all the other new faculty from across the campus.

This same speaker did say, however, that she felt very supported when she started twenty years ago and even commented that "people were incredibly supportive" and that, at that time, they had "a little more luxury of easing people into the teaching role." She went on to say that "the collegial support was the biggest single reason 20 years later I am still in education and still here."

Three others mentioned that they did not have quite that measure of support when they started out. One recalled that she didn't get an orientation to the department nor to the college so that she could figure out things like "how to get things printed" or "how to be on a committee." One did not even receive a copy of the syllabus "until three weeks in" and "was not oriented as far as what to expect" other than that it was a final, leadership type of clinical experience. This person was actually hired midterm and there

wasn't a mechanism in place to give her the information she needed to proceed effectively. Another talked about faculty who leave "nothing, which they don't have to" and that she only had the syllabus and "just a very vague understanding of what I was supposed to do." With both the negative and positive aspects of the time and help available for preparing for that first teaching experience, faculty were then asked to talk about that first assignment.

Question Two: As You Think About That First Teaching Assignment in a Nursing Program, What Was It Like?

The discussions of that first experience were animated and filled with emotional words like *fear*, *chaos*, *awful*, *nervous*, and *overwhelming*. On the positive side, some did talk about how hard it was but said that they liked it and that it got better after the first time. Some even said they enjoyed teaching right from the start and felt natural in the role. These three themes, emotional aspects of that first experience, the sense of preparedness, and expressions of positive first experiences or hope for better times to come emerged from the participants' comments.

Theme I: emotional aspects of the first teaching experience in nursing education.

The word *overwhelming* was featured in 13 comments from faculty in four different groups as they discussed their first teaching experience. They said, "For me it was, it was almost a little bit overwhelming" or they responded with the word "overwhelming." One instructor declared, "It was pretty overwhelming and I'm surprised my students survived." Although not using the word *overwhelming*, one expressed it as "…like a whirlwind. I felt like I was kind of thrown in. Not only was it brand new to me to teach here and get the feel for the requirements of the clinical course, but also for

lecture, also how they test here." Another said, "I think, for me, being in front of a classroom was a big thing to get over. Not ever doing something like that before and you just do it. You just got to do it."

Fourteen comments were made about being nervous or feeling fearful in that first contact with students. For example, one instructor said that she "had a two-hour lecture and it took me twenty five minutes! That was the first night." And another talked about how she "concentrated on not clutching the podium" because she "read somewhere, if you clutch the podium, it changes your circulation and you will pass out." Another said she was "like glued to the desk and my voice was shaking." Someone else was "concerned about not passing out because I was an absolute wreck." Two people mentioned being "scared to death" and another said she was "panicking the whole time" and that she felt like her heart was "jumping out of my chest" when she had to do a drug calculation course for the first time. One participant was confident about doing a lecture but was fearful about "the knowledge part of it." Others admitted that it was "pretty awful in a way" or it was "chaos" or "I remember just surviving." Others talked about the feeling of inadequacy about the knowledge base needed or feeling unprepared, which became the next theme.

Theme II: the sense of preparedness.

A sense of being unprepared was expressed in phrases like "no clue," "no idea," "transition," "learn as you go," and "survival." Instructors from different groups shared these feelings. "I realized real soon that I didn't have a clue what I was doing" and "I, quite honestly, didn't have a clue what I was doing." Another said "I don't know. I had no idea what I was doing." One person said that there were things that she just did not

know that "other faculty knew." She did not think that people were trying to set her up but they "just did it that way, and that's how they learned, and that's how you were going to learn." A similar comment from another faculty member, "kind of like you learned as you went," indicated the new person was left to struggle and figure things out alone. That sense of feeling alone was further addressed when a participant said, "I was 25 years old and we had a lot of older faculty and some were helpful, but you just felt alone. I think that's the best way to describe it, is just that I felt alone."

Feeling unprepared for the role and not knowing things contributed to making that first experience difficult. One person said that she "really was quite ignorant" and another said "we need a lot of that theoretical base" that "you just don't have when you come in." Another put it this way, "I don't think that there was a really clean-cut description of what my expectations were. I was just amazed at some of the things I just really did not know that other faculty knew." Another remarked, "At that time I felt like I had no idea what I was doing and felt very unprepared, and my mentor was hospitalized, and a number of things, and so I didn't even really have any mentoring." Survival was the goal for the participant who said that her first experience was chaotic:

> It was chaos and, this I remember, just surviving. I was very young and I had
> three little children and, like I said, you were thrown into two or three days of
> clinical plus a classroom. The only thing that I remember surviving was the fact
> that we didn't have to have office hours; they weren't real regimented so that I
> could do my work on my own at night. So that was good.

Five of the faculty who had experience in staff development prior to teaching in a nursing program talked about the transition they had to make from teaching people who

were already nurses to teaching individuals becoming nurses. One said, "I had to figure out how to go from being in the hospital where it was continuing education to basic education." Another said:

> It was a change definitely from teaching staff to students, the learning level. I had to bring it back down a little bit. So that was an adjustment and [it was difficult] just not to assume that they know the same information that I've worked with experienced staff nurses.

Another addressed the issue in terms of expectations of the students. "You always have to keep yourself in check as to what your expectations of the students are compared to dealing with staff." Another was shocked by the difference in knowledge between staff nurses and students in the program. "I look back at that first experience, though, and many times I was shocked at how little they knew." Another wasn't shocked but said "I've always taught adults. All of a sudden I'm teaching these young kids, you know, and that change for me, to change my style of teaching and everything, was a transition." Although many expressed how hard their first experience was and how unprepared they felt, there were some positive expressions of how hard it was, yet still rewarding.

Theme III: expressions of positive experiences or hope for better times to come.

Four instructors talked about how hard it was to get through those first teaching experiences but still found that they loved what they were doing. One said, "I just think that it was a more difficult time. I did love teaching so I was willing to do whatever it took to be a teacher. I really liked it. I really, really liked it." Although she was "scared to death," one participant said she "ended up loving it." Yet another was encouraged by the positive feedback she got from students. She said that "the evaluations were just like,

keep doing what you're doing; you're practical; we love your stories" and she learned from that feedback what "things I need to keep" and "what I need to do differently." One of the faculty members talked more about how hard she found this work but yet how she thought it would be fun:

I never thought for a minute that teaching would be easy. I mean, it looked like it would be fun. I felt like I had the patience. I remember what it was like to be new but I think a lot of people don't apply for these jobs. It's hard work. If you have ever prepared a class and tried to sort through a test and update a presentation, it takes many more hours than you think going in.

Even though time-consuming, faculty members recounted that it gets better, even though they said some may feel that it "isn't worth it," if you stick it out, "the fact that you repeat some things is helpful." One participant said, "You kind of get into that habit now and it's better" while another newer person said, "I just can't wait for that lull, you know, to where I can enjoy that day off." A person who was also new added, "I'm looking forward to January, because it will be the first time I'm repeating something." Those who had been teaching longer affirmed this belief that it gets better, saying, "the second time that I taught that class, I learned so much from it and it was really good," and another said, "This is kind of rough sometimes but the second time you teach it, it is so much better." Another seasoned faculty said, "I've found that once I get past that initial getting it down, then you can add things." Some faculty did not share this sense of waiting until it got better; they felt that teaching was natural for them or they enjoyed it from the start.

A participant remembered "preparing herself" but she did not "remember being real afraid." She watched what other faculty did and then "it was like, okay, I'm on stage, here we go!" Another seasoned faculty member said she remembered enjoying both her first classroom experience and her first clinical teaching experience. She said, "The didactic portion, I kind of enjoyed because there were a lot of resources available and I knew somewhat in advance, you know, a couple months in advance." About clinical teaching she said, it "was most enjoyable. We try to do some creative things and I think that's what kept my excitement going." Having had enough time to prepare seemed to be key in her enjoyment of that first classroom experience. A similar comment was that it felt "natural" moving into teaching, because the speaker had been working as a lab assistant before starting teaching and she had already "maybe watched someone else do it" and then she "felt comfortable with it." Support systems for that first experience and for ongoing development were major issues brought up by the faculty in response to the third question.

Question Three: As You Think About the Time Since You Started Teaching and Your Teaching Into the Future, What Are Some Things You Have Done, Are Doing, and/or Plan To Do To Continue Your Growth as Effective Nurse Educators?

When the faculty participants were asked about their continued development as educators, their responses focused on staying current clinically, the availability and use of resources such as conferences, classes, reading materials, and other faculty, and supports provided by the college. Terms used most often to describe continuing development were staying up-to-date, sharing, mentoring, support, reading, and technology. Three themes emerged from discussions with the instructors: (a) clinical competence, (b) staying up-to-

date in content area including teaching strategies under the theme of resources, and (c)

colleges' supports for ongoing development, especially in recent years with

implementation of faculty learning centers and mentoring programs.

Theme I: clinical competence.

The necessity of clinical competence was not debated among the participants, but

ideas for how best to maintain clinical competence fell along a continuum. Some believed

that working in a hospital while teaching full time is necessary to remain current.

Conversely, some believed that staying up to date is not dependent on actively working in

a hospital and, in fact, is not possible or desirable. In between these extremes were people

who either gave up working because of time but still thought it was beneficial or were

coming to realize that actively practicing nursing was not necessary to be effective nurse

educators.

Faculty members who continued to work in a hospital setting and also taught full-

time valued the experience. "I feel that clinical competence is extremely important.

Things are just changing too fast in the science of nursing." "I didn't want to be the blind

leading the blind and that was important to me," said a person who decided to go back to

working in nursing, providing she could work in a variety of hospital units, to prepare

herself for teaching students in the clinical setting. She felt that it helped her "transition

into that role." Another person shared that students seemed to appreciate the fact that she

continued to work and said students would say, "You know, I'm so happy that you're still

active because, you know, your clinical practice is more up-to-date." The instructor said

that she was glad that she was still active because of the students' comments and her own

comfort level with teaching in the clinical setting.

Some faculty members commented on teachers they had in school who they felt were less effective because they were not current in clinical practice. One said:

> Keeping up to date clinically, you know, I have the picture of those old nurses in my program that I didn't have respect for because you've got to be able to practice. I'm very practice-based and they weren't, and I don't want to be one of those that can't talk the talk and walk the walk.

Another speaker was concerned that instructors may be telling students inaccurate things, which she felt were based on a lack of current information about clinical practice. "You know, sometimes what's been told in lecture from one instructor to another is not as accurate because they are not clinical. They're not there for the updates in the hospitals. They don't know that there are updates."

While some faculty felt it was beneficial to their teaching to keep working in a clinical setting, others were experiencing some stress with the dual roles and were finding that it was either too hard to keep up or that they could stay up-to-date in other ways. One had some ambivalence about the issue:

> I still work two days a week in a hospital. I don't know how long that's going to last. It's working now for the next couple of weeks. But the nice thing about that is, I can come back to my students in that fundamentals and say 'this is why this fundamentals class is important,' and I got really good feedback from that because I was bringing fresh new ideas.

So this person was feeling the strain of continuing to work but also felt that working contributed to the learning experience for students. Another commented on the difficulty of keeping up with both roles and felt that the little bit of work she could do wasn't really

keeping her up on her skills. She said, "It is a terrible juggling thing. I know when I first started teaching full-time, I still was per diem in the ER. After doing that maybe four or five years, I thought, you know, I'm really not the nurse I was when I was doing it full time." She went on to say that a decision needed to be made and that "when you are in academia, it is a super full time job."

A faculty member, who was a nurse practitioner (NP), said that she had to give up her NP practice, because she couldn't keep up with the required hours and she no longer felt that she was safe practicing as an NP. She said that she got "caught in that transition between certification where I didn't have enough hours to recertify." She further explained that she "could have made them up" but she thought "it's time, time to just work one job for 100% of the time." She also said that "even if I could get around that [certification requirements], I was probably not safe to do that anymore." Two of her colleagues joined in the discussion and said that they also worried about being safe with so few hours available to practice. One said, "I can't be a really good educator and a really good nurse practitioner at the same time because of the safety factor." Another remarked that she also was going to have to give up her NP license because she could not keep up with the hours required. She said, "I'm an NP, too, and next year my certification is up, and I haven't done any of the hours, and I'm going to drop it, too. I just know I can't do it."

Although faculty still seemed to see value in continuing to work clinically, they also expressed that they can stay current in other ways and that adjunct faculty can help to fill that practice gap, because they are still working full-time in the hospitals. This point was made by one of the instructors:

I'm always reading all my professional journals and bringing that information

back to my students. So, I don't feel [that] with the level of responsibility with my

job, I have an extra ounce of energy to actually do a day of clinical. That's how I

try to make sure that I'm current enough. Then again, what the students are

getting in their clinical site is certainly going to be current.

Another person further challenged the idea that faculty can be all things to students and

can have multiple areas of expertise. She said, "You know people say nowadays they

want you to have multiple types of talents when you come in" [to nursing education]. But

she countered that it is not practical or possible to do so in the real world. People

"develop an expertise in one particular area," and it takes time to keep up even with that

area.

A participant first said that she felt "perfectly fine not practicing" but later

affirmed a desire to be up-to-date as she stated that she "would like to just be familiar

with the hospitals" and that she would like to have the opportunity to spend time on the

different units. Another person asserted that students are being prepared for an ever-

changing world, with new equipment being introduced all the time, and that students and

faculty both need the ability to adapt. She elaborated further:

We have this shortage of nurse educators but we're basically saying we're

supposed to work two jobs so we are. I know we have to help [students] reframe

[the expectation that faculty have to work in the hospital to stay current]. Instead

of knowing exactly how to work this IV pump, I can come in, because they've

changed it, and say, okay, I know the principles of this. Let me just see how this

one works, and do that out loud.

Comments of three of the participants indicated a range of feelings about the need to know everything. "You can't know everything, you really can't and you can't pretend that you do." Students can be taught that "you don't have to know everything; you just have to know how to figure it out." One who expressed some difficulty accepting that a person can't know everything said, "Yeah, but I think that was part of my fear that they're going to ask you something and you don't know it. Then you learn, like, it doesn't matter. There's no way that you could know everything but that was a thing in the beginning." In addition to the debate about whether or not working in a clinical setting helps with "knowing it all" or is essential for effective teaching in nursing programs, faculty in the research groups discussed other opportunities for keeping up with changes in both the discipline and teaching strategies of nursing.

Theme II: resources for continuous faculty development.

Five of the eight discussion groups shared concerns about staying up to date, particularly about nursing care issues and teaching strategies. Typical comments included the following: "I'm constantly reading and you have to stay up to date." "I feel like we work more hours in just keeping current with education." "You have to stay on top of not only the content but how it is delivered." "I always go back and look up new things to see what's out there that can tell what's happening out in the real world." Others talked about doing things that "keep you updated about the newest things" or "updating content and lecture" through reading. The idea that continuous learning is a duty was shared by some instructors. "I think we all see it as our own responsibility to keep updated." "We have to keep up to date. You have to keep that learning curve." However, as the faculty talked about resources and strategies for keeping up to date, they also related the challenges

involved in finding time: "I try to keep up with the research and reading, but still it's so difficult when we're so busy just doing the day-to-day things." The most often mentioned ways to keep up-to-date, other than clinical practice, included attending conferences, sharing with one another, reading, and keeping up with technology.

Attending conferences as a means of keeping up-to-date in nursing education was specifically mentioned in seven of the eight discussion groups. Faculty members mentioned going to "some good nursing education conferences" on topics like "item writing" and "presentation skills." One instructor said, "I went to every single workshop that I could get my mitts on" and further, "I go at least once a year to a national conference on training of some kind." Some stated that, with money tight, they favored going to conferences that focused on updates in their discipline. They advised attending "conferences that are in your specialty" rather than teaching skills, with the rationale that "you wind up either keeping up clinically or keeping up educationally but not both." The dilemma elicited a comment from another participant. "It makes it hard because, when you have the conference things that come up, okay, do I go to the conference on diabetes or respiratory illness or do I go to the nursing education conference? You know monies are limited and time is limited. It's really hard."

Two of the participants who had been teaching for "twenty, thirty years" lamented that conferences offer little that is new. They agreed that it seemed that information is being recycled and the conferences that they have attended have not brought "new ah-has" to their teaching practice. To them, the "ah-has are experiential ah-has or the ah-has that come with interacting with colleagues."

Interacting with colleagues was mentioned in seven of the eight groups in terms of sharing, supporting, or networking. The eighth group touched on the subject from another angle when they talked about the value of peer evaluation. An instructor told about one of their peers who "sat in my class and wrote me a really nice evaluation that was very helpful." A colleague responded, "That's what you need when someone's in there; what's working; what's not working." In other groups, colleagues were cited as sources of "other perspectives on how to do it," and the participants talked about how that "helps you grow." Having that "time to collaborate" and the "opportunity to network with individuals" was judged as important. "I get the most from talking to other people," said one speaker, and another admitted, "I'd be dying here if it weren't for colleagues." In a different group, someone stated that she likes "some informal meetings with folks," and that faculty "need to talk more," and "it is always wonderful when you get together and talk about things and see what works." Two faculty members found a concrete sharing strategy that worked well for them, saying that they have a "shared [computer disk] drive of our materials so… she has access to what I have and I have access to what she has."

In addition to sharing with colleagues, the participants talked about networking with people outside of their organizations at other schools or at health care facilities. One commented that "when I have questions, I have my people out there that I still call." Another said there is "so much networking with all the people that you've encountered throughout your career, because I've been around." Along the same lines, this experience was shared:

> I've been on the same clinical site for ten years going on eleven years so I really
> maintained a lot of strong collegiality. So, whenever I have questions or I have

"Hey, how does that machine work?" or "What are you doing here?" they bring

me in and inform me and I think that helps.

These faculty members felt that sharing with colleagues at their own institution, having "people out there" to be able to call on, and attending conferences where they also engage in networking contribute to ongoing development.

Another strategy mentioned by the faculty for ongoing development was reading. Faculty at all of the sites talked about reading books and journals or surfing the Internet to obtain up-to-date information in specific disciplines and in teaching. "Lots of reading" and "constantly reading" were generally agreed upon by the faculty, as well as "using the Internet for some of this stuff." Instructors reported reading both books and journals for "keeping yourself updated and updating content in lecture." One group mentioned two books that focus on education that they have been reading as a faculty, and another group was using a book on learner-centered education to revise their nursing curriculum. Comments about reading journals ranged from "I'm always reading all my professional journals and bringing that information back to my students" to "I get lots of nursing magazines. Do I read them? Not usually. They are in a big stack in my office at home." The speaker of that comment said that she valued reading but, because she is new to full time teaching, wished she "had more time to read." Further, that once she was a "little bit more stable" in her position, she would be "able to utilize my days off or my down time reading articles and updating my practice a little bit better." One person talked about a particular journal that she found helpful in her teaching:

I love the journal *Nursing Made Incredibly Easy.* I have gotten such great ideas

from there on how to explain things to students. When you read it, that's like, oh,

that's a cool way, like explaining after-load and pre-load with a balloon. You

know, blowing up a balloon is pre-load.

With many journals now available in electronic format, looking for information

on the Internet and use of other forms of technology use was a subject of discussion in

the faculty groups. The comments about technology indicated that it is both a help and a

challenge to the faculty in their work and continued development. Learning to teach

online and using online resources were mentioned as helpful, with two people in one

group saying that they had taken or were currently taking a "class on how to teach

online." A participant in this same group said that she also used the Internet for finding

the text of presentations made by other nurses at a conference or a class at another school

of nursing.

In another discussion group, an instructor explained her view of the pros and cons

of technology use. "I have a laptop computer that every night is on my lap and I surf and

read and constantly update, update, update. So I think that technology has been a positive

but it has also been a negative because I almost felt compelled to constantly read different

researches."

This comment introduced the issue that the vast amount of information available

can be a burden instead of a help. The speaker added, "I think that, even though we work

fewer hours, I feel like we work more hours in just keeping current with education."

At one group discussion site, a new, full-time person said that she "taught herself

PowerPoint" and her colleague agreed that she, too, is "self-taught, computer literate."

Other issues related to technology were mentioned, particularly having to learn many

computer systems:

I had to learn the computer system here to even get my class list. I went to a new

health care system. I had to learn their computer system to know how to

document and I also had just enrolled in grad school, so I was learning their

computer system for online learning, and I thought, wait a minute, I've always

liked technology but this is asking an awful lot of someone to learn three different

systems in a week.

Another commented on this learning curve but said that she found technology

helpful in the classroom. "I mean it's just a learning curve. I think the technology has

been fun for me but I've seen how it's helped in the classroom, because what is important

to me in the classroom is for me to be able to see the students' eyes." Another instructor

worried about that eye contact when delivering a course online:

How can I use the state-of-the-art technology and still maintain that learning

community, have people engaged, not have it be parallel play between me and

each student, individually? How can we do that? How can I really not revert to

when the students don't do their share?

For the faculty in the discussion groups, ever-increasing use of technology offered

the benefit of help for keeping up-to-date, as well as challenges in learning new systems

and programs, and concerns about the quality of interaction with students. Individual

participants had more to say about technology, which will be presented later in the

chapter when the results of the individual interviews are presented. The last theme of the

group discussions focuses on supports provided by the colleges and universities to assist

the faculty in their work and continued growth.

Theme III: college supports for faculty development.

The colleges that employed the participating faculty provided two types of supports for staff development: formal mentoring programs and on-site development programs and resources for development. The colleges also provided money for outside programs and conferences. Faculty members from four of the participating schools reported that they have formal mentoring programs that have been initiated within the last few years, and faculty from five of the programs talked about continuing education programs, especially for new faculty.

Mentoring programs at the schools were a fairly recent development. Instructors who had been employed for a longer time discussed the lack of mentoring when they first started teaching. One said, "I guess I really didn't have that much mentoring because there wasn't that much around then." Another referred to an earlier topic of lack of time to prepare and said, "I was hired and started within three weeks and had no way to prepare. She said that "the mentor was hospitalized" and the college did not offer any other support during her first experience teaching. Three participants specifically said they didn't have a formal mentoring system when they started, but they were mentored by other faculty or by the program director. One commented that she "had two of the people who taught that class during the regular school year [who]worked with me the whole year." Another enjoyed a similar experience by having "somebody that I could bounce things off of" and also said that "everybody was very helpful." An instructor shared that, in her first clinical teaching experience, she "actually taught it with my mentor" and that this person "was a great mentor" who "gave [her] a lot of guidance" even though the school did not. More comments along this line included these: "There

were really good people over there when I first started," and the course directors "would make sure you had the syllabus and all that general stuff." The faculty felt comfortable asking questions of their colleagues and asking to watch "how people did things." The more recent, formal mentoring programs were discussed in more detail by the individual participants, which is reported in the next section. The discussion groups had a little more to say about the other college supports of educational programs and print and media resources.

All of the participating schools had some type of formal faculty development programs "for different teaching strategies and that type of thing" and the faculty in the discussion groups at all of the schools offered details about other support provided by the college for enhancement of their teaching. At one of the schools, the faculty talked about a "wonderful course" available called the "Instructional Skills Workshop" in which they had the opportunity to practice teaching with critiques from one another. One of the people in that group said that this workshop "helped me be a little more brave with some new techniques." Another group said they have "organization days and they have speakers come in," while another talked about an "Academic Resource Center" that has "tons of stuff, tools and techniques and little classes and stuff like that." One of the institutions has a formal learning center called the "Faculty Center for Teaching and Learning" which provides programs and "book club" groups for discussing topics in education. In addition to these formal education programs and centers for learning, instructors mentioned "many, many resources" that were available, such as those from "instructional design" people to help faculty learn and use technology for teaching. These

and other supports were addressed by the deans and directors in their interviews and are discussed in more detail in the section reporting the individual interviews.

Summary of Interviews with the Groups of Faculty in Relation to the Research

Questions

Question One. What Steps Do Nursing Instructors Take To Develop and Master Their Craft of Teaching To Model Critical and Reflective Thinking and To Prepare Students For Their Role as Critically Thinking Nurses?

This research question was partially addressed in this section, as the faculty groups revealed strategies they use to adapt to the role of the nurse educator and to work toward effective teaching/learning. Responses to the three questions asked of the discussion groups were the focus in this section. The specific relationship to modeling critical and reflective thinking was addressed by faculty, and specific comments made regarding teaching to promote thinking in students will be addressed in the next section with the report of the individual interviews.

Question Two. What Strategies and/or Models For Effective Faculty Development Emerge as Nursing Faculty Reflect On and Share Their Learning Needs Regarding the Teaching Role?

The second research question was addressed through faculty group discussions of mentoring, support offered by the college, and sharing with other faculty inside and outside of their institutions. The faculty groups found the mentoring and educational programs very helpful for their continued development, but they also emphasized networking and sharing with other educators as desired and valuable in their first years and ongoing.

Question Three. What Ideas For Faculty Development Emerge as Nursing Faculty

Reflect On and Discuss Concepts Related To Effective Teaching/Learning in Nursing

Education?

The third research question was addressed by faculty comments about having time to work with others, share with others, read, and attend conferences and on-campus learning sessions. Comments about time constraints and the responsibility of faculty to stay up to date were threaded throughout the group discussions.

In the next section, results of the interviews with individual participants are presented, adding depth to the issue of faculty development, particularly in the area of thinking processes used to develop in the role. Though the groups of faculty did talk about the thinking process at some length, this section emphasized what faculty members have done, and continue to do, to prepare for their role and what that first teaching experience was like. The six individual participants addressed these issues as well, but the focus of the extended contacts with them was to explore further their cognitive processes in use as they develop in their role as nurse educators.

Individual Participant Interviews

Six faculty participants engaged in individual interviews over an academic term to delve more deeply into their thinking about the role of the nurse educator and continuous development in that role. The individuals were interviewed one to four times over the term, with most of them meeting with the researcher at least three times. One person was interviewed only once at her request, because of a change in her schedule for the term, which resulted in added responsibilities and less time available to meet. The interviews took 40 to 90 minutes, with most lasting about 60 minutes. For this section, the

participants will be given fictitious names for ease in following their comments. They are called Jackie, Mary, Paula, Delia, Karen, and Pete.

The individual participants also provided written journal entries and some discussion on an electronic discussion board. Both of these written activities resulted in fewer entries than expected due to the participants' busy schedules. Jackie was unable to participate in any of the written aspects of the study and had to withdraw after one interview due to work schedule changes. Mary contributed seven short journal reflections and two entries on the discussion board. Paula wrote one short journal reflection and two contributions to the discussion board. Delia provided 14 journal notes and offered three entries on the discussion board. Karen sent four journal reflections and responded twice to queries on the discussion board. Pete submitted a personal reflection paper on professional development and posted one item on the discussion board.

The six nurse educators talked about many aspects of their role, but the predominant themes that emerged in this research were thinking processes used in the teaching role, other activities engaged in for developing in the role of the nurse educator, strategies to promote thinking in students, and promoting a caring learning environment. The major themes are presented in order including sub-topics relevant to each area, followed by a section summary relating the themes to the research questions.

Theme I: thinking processes used in the teaching role.

In this study, the thinking processes used by the faculty fell into two major categories: reflections on their practice or how they think about their teaching, and plans or preparations for teaching events. The words used most often to describe reflection were thinking, reflecting, looking back, catching self, and centering. The words or

phrases used to express planning or preparing were fine-tuning, intending, choosing, using reminders, rehearsing, and figuring out.

The participants talked about their thinking in relation to both improving their teaching and in relation to student learning. Jackie talked about both aspects when she said "I think I struggle with just getting them to learn the content and new ways to incorporate, or not new ways to incorporate, but innovative teaching strategies." She also said, after a particularly difficult class, "I'm going to go home this weekend thinking about what I can do differently." Pete talked about his thinking processes and how he tried to help the students with thinking by sharing his thinking with them. He said, "I keep telling them about how I think about my thinking and they don't quite get it." His goal was to help "them to start thinking critically," but in order to do that, he said, "I also have to think critically." Paula indicated that she used a strategy of putting "things in tables because that's how I think," thus modeling an effective thinking strategy for her students. Paula also talked about telling her students, "If you can think, you can figure these things out." She added that she struggled with questioning students rather than just giving students answers because "sometimes, it's harder to think about what is the question that you need to ask them" to help them figure it out for themselves.

At one point, Karen was talking about the differences in learning styles of students. She felt that this new generation doesn't like to be told what to do, and "so, I thought, here I am lecturing, and that's sort of like telling them what to do, right?" Delia also said she "gave it a lot of thought" when she considered different teaching strategies and how to "include some interactive activities" to promote learning and keep the students interested during a long class period. In all of the interviews, the faculty frequently used

variations of the word "think," but they also used the word "reflect" and offered many reflections on their thinking and their teaching.

Karen talked about the act of reflecting itself as a valuable tool in teaching. She said "a lot of literature says, you know, the importance of doing reflective and reflexive thinking" and she proposed a strategy of reflecting that she would find helpful:

> I wish that, something that would be helpful for me in terms of at the end of the semester and strategies that have worked and whatnot, is if we could have some type of a little process, and a big chunk of it would probably be a reflective individual process type of a thing, and at the end of the semester when we have our meetings, to go through a process in which we do reflection and documentation regarding strategies that worked, that didn't work. That would be really good. Then, we could do that year after year and that would be some of the evidence we could use.

The participants in this study engaged in this type of reflection throughout the research project and focused on reflections they had after and during teaching events and reflections on teaching in general.

After a particularly difficult experience with a student at the clinical site, Mary said, "As I drove home and I'm reflecting, I'll be curious to see her self-evaluation. What a learning experience it was!" This then became an example of learning that Mary shared with other students. Besides constantly reflecting on her own teaching and learning, Mary had students engage in reflections, which were then used for further learning. Pete also had students "reflect" and then he "would reflect on their reflection" and on what he observed in the clinical setting to assess learning and needs for further learning.

Paula shared a situation in which a student was assigned to a patient with a chest tube. Paula commented that it was too early in the program for a student to have a patient who needed such a high level of care. Paula said, "Every time I thought about that, I thought of putting myself in the place of the student and being scared to death." This led to further discussion about the need for more coordination between adjunct faculty and full-time faculty to promote more consistency in clinical learning experiences. Reflections on teaching in the classroom also led to thoughts about doing things differently.

Mary reflected on reviewing a test she had given. "When I run through a test, if the group as a whole did poorly, to this day, I always say, 'Okay, what is it that I did differently? What's the problem? Is it the group; is it me?'" From this reflection, Mary said she would determine if she needed to retest the students, or review some of the content, or check more with the students to identify the learning problem. Mary also talked about a reflecting moment while engaging in the process of reviewing questions with students. She commented, "When I was going over the questions with them, it made me realize that the question was a different tool to bring in information instead of PowerPoint. I found myself just reflecting quickly at the time on that, too."

Paula reflected on the use of another strategy, the "minute paper" to determine whether information needed to be clarified or teaching strategies needed to be changed. A minute paper is a "quick and extremely simple way to collect written feedback on student learning" (Angelo & Cross, 1993, p. 148), involving asking one or two questions and giving students a short amount of time to respond. Paula said

I find those [Minute Papers] to be very helpful. Not only that the students get the information back, but the other ones see that they aren't the only ones who might not be picking it up. If there are four or five people, then I know that it either wasn't clear enough, or I needed to use a different style, or I needed to use more than one style for how I presented it.

On the topic of presenting material, Karen thought about the difference in student performance when assigned a long-term task versus a spontaneous task in class:

I gave them, at another time, a little different exercise and it was a spontaneous exercise, or I had them get into groups and gave them questions, different questions. They had to select a leader from their group, but everybody had to stand up and contribute. The thing that worked the best was that spontaneous exercise, which I was surprised with.

Karen continued reflecting on the success of this exercise by relating it to a crisis orientation or a "last moment" approach that students have toward their learning work:

But see, I think there's a thread between this whole thing of crisis, and what we're seeing in the classroom, and what I'm experiencing with the students. You give them homework to do and you say, "Okay, you have a week to do this," and the outcome may be mediocre, or you give them a quick think in class, kind of like a crisis, "Okay, you're doing it now," and they produce.

From reflecting on these experiences, Karen determined that she would do more spontaneous, in-class thinking projects with her students.

Delia also reflected on class experiences and using strategies to engage the students in on-the-spot learning activities. She talked about several of these, but one is

presented here, because it involved the students' readiness to engage in learning, like Karen's example. Delia assessed that the students "had just been thinking hard," because they had taken a test prior to her presentation, and she "felt like it was too much to just start right into the lecture." Delia brought a bag of oranges and syringes and started the session on teaching patients how to give insulin shots by having the students practice with the oranges. Delia felt "that was good," that it "worked out well," and that she "could tell that they kind of relaxed a little bit," so that they could then continue on with the heavier material of the class.

In addition to discussing particular events of teaching and reflecting on those events, the participants shared their thoughts about teaching and learning in general. Numerous reflections were about teaching and what works to promote learning, including a full spectrum of teaching strategies from lecture to active learning. Delia shared her experience about a seminar in which the presenter talked about "millennials" and cited the statistics about how they could multi-task "technology wise"; though the group of attendees laughed about this, she wondered:

> When you're thinking about engaging a group of students in the class, you know, and you're just talking, which a lot of our colleagues are still doing, no interactive events, it's no wonder you are losing them. You really are, because it's not very interesting. So, shame on us! We have to rethink that and, you know what, I knew that but it's enlightening to hear it discussed in that fashion.

Earlier, Karen had commented on this generation of learners who do not like being told what to do and that she believed that lecturing was a form of telling students what to do. She added to that thought in her written reflection on teaching/learning:

As this semester comes to an end, I find myself reflecting over lessons learned. I find myself smiling inside, knowing, once again, what is critical in the teaching learning experience. It's very simple. Engaging students in the process occurs when I am engaged and present in the moment. This requires tremendous preparation (content), regular updating of content, and awareness of learning styles of students/class, gender, and generational sensitivity.

Karen continued, "Engagement is very time-consuming for it requires discussion and being available to students. Students need more than content." Teaching also involves "listening to how they are processing content while guiding them along the process path."

Paula said lecture, as a strategy, may have a place, but that other learning activities seem to have a more lasting effect on learning. She shared that she gave up lecturing entirely some time ago because she "didn't like to lecture," and:

What I find, more than anything, is questions when I lecture. Questions are related to the material that I might have lectured about for ten or fifteen minutes. It's not the activity-based stuff. Yep, because they really don't have time to discuss it and stuff like that. So, that was another reason why I stopped lecturing. Because, I find more and more people, they don't get it when you just lecture.

On the other hand, Jackie talked about the continuing need to lecture, particularly with the new students in their first class, which is what she teaches. She commented that she knows "current teaching/learning theories out there" talk about getting students "up, moving, active, and involved," but that it is difficult in the first courses:

I struggle with the lecture piece of it, you know. I'm not sure you can ever get

away from lecture sometimes, and I know they're bored sometimes but there's

group work you can do to break all that stuff up and get them moving.

Jackie commented further on the size of the classes and the small size of the classrooms

as restrictions on how much you can engage in activity-based learning. She reported,

however, that she has the students walk every morning for twenty minutes to get them

"mixed up and going," and she felt that the walking "sort of gets them to settle down, to

leave all that family stuff at home." After their walk, "when they get into the classroom,

they are a little bit more attentive." She still felt, however, that it is hard to be innovative

with teaching strategies "when you have fifty chairs lined up and there is no place to

move."

Mary still used lectures and PowerPoint but she anticipated making some changes

over the summer "to minimize my PowerPoints, because there's too much on there." Her

intent, she said, was "to speak less but maybe use more of a case study approach." She

indicated that she had been getting much positive feedback from the students on the use

of the case studies. She also planned to review more media over the summer for use in

the classroom, saying, "You constantly try and tweak things, make it better." She asked

herself, "What makes a teacher good? I think it's that whole continuous improvement."

Mary commented that she could have taken the attitude of, "Oh, I'm getting old. I don't

care"; instead she said, ""It's been fun and challenging." Pete added to this by saying,

"sometimes when you're so overloaded, you don't think about that and you need to be

reminded to think. That's really good." Other ways that the participants talked about

thinking and reflecting included looking back, catching themselves, like Pete did in the previous statement about needing reminders to think, and centering.

Four of the participants mentioned looking back as thinking strategies and that what they looked back at included their own education, their past experiences, and past teaching events. They also encouraged their students to look back as a method of enhancing learning. In reflecting on her own past, Mary said, "I look back to when I was a student," and "I look back to my own experience twenty-five years ago when I first got my master's degree." She compared her experience with that of students today, about students having more going on in their lives than she did when she was in school. She said, "All I had to focus on was to be a student," whereas today's student is "balancing many roles," and "stress is a huge part of their life." Mary talked about this difference in relation to her sense of responsibility to the students, and to promoting their learning, by recognizing the difference between her experience and the students' experiences, and that it is her "job to make the material come to life."

Pete also looked back at his own experiences and said that his own growth in his ability to think critically became stories that illustrated to students "that critical thinking is important," and that "nursing has to go one step beyond and look at the evidence." He also talked about taking the students through his own journey through nursing school, and how "my thinking changed through that." He challenged the students to look at their education "as opening your mind and, when you think critically, and you're going through this, think of it as the greatest life experience that you've had yet."

Paula looked back at her own learning: "It took me a long time, I would say probably ten years at least, to have an appreciation for those thinking skills." She

commented that she didn't understand her colleagues who always had to think so much. She said she was "very task oriented" in her work and would ask herself why her colleagues don't just "go and do," and not spend so much time having "to think about all of these things." Paula originally graduated from an associate degree program and felt that she did not really think "about thinking" until she "went back to school" to complete her bachelor's degree and then went on to graduate school. It was then that she thought to herself, "Well, no wonder so and so was always talking about things and would look at things in such a different way." Paula talked a lot about how this realization, about the importance of thinking, influenced her teaching.

Delia focused on her past experiences for strategies to use for teaching in the classroom and in the clinical setting. She "drew on her own experience" and felt that her own stories of working with patients and students were what she "looked back" on to find ways to help students grasp the concepts. Delia also brought up student stress and anxieties and felt empathy for the students, yet realized that they still have to rise to the challenge. In looking back at her own schooling, she would say to the students:

> I've been in your seat. However, you still have to do the work. Was it hard then? Yes, it was! It has not gotten any easier! And it hasn't gotten, really I don't think to some degree, more difficult. It's still there. It's there for you to take.

In further discussion about student anxiety, Delia felt that sometimes she was "allowing their anxiety to play off of me and it's kind of taking my energy," that "even though they're not verbalizing it, you can just feel it in the room, the electricity of it." Delia was concerned about the level of anxiety much as Pete was when he said, "They tell you that you don't learn well in an anxious environment, and when you're anxious,

and things are going bad, it's hard to even think critically, because your emotions get you." This conversation related to the time when Pete said that he had to "step back" before acting on a situation with a student in the clinical setting. Mary also talked about a specific situation in the clinical setting where she had to "catch myself" realizing that "even as a seasoned nurse, you could see how quickly a mistake could be made in light of all of the distractions." Pete and Mary, in separate instances, had to deal with a mistake that a student made in the clinical setting and the educators had to "step back" or "catch" themselves and think about the situation more in light of learning for the students, while still maintaining safety for the patients.

Karen talked about reducing anxiety for herself and for students by engaging in a centering or calming strategy, similar to Jackie's use of walking to calm the students down and get them ready for learning. Karen said she uses a strategy to "center yourself before class. Go in, be upbeat and kind of encourage them." She liked to "take something I enjoy, so it kind of puts me in a nice little frame, too" in order to get ready to engage the students in learning. Karen and the other participants talked about this strategy and many other thoughts to prepare and plan for teaching.

The participants discussed fine-tuning material as one of the processes of planning for teaching events, as Delia said, "Find those specific little nuances that I can throw in there and make them remember." Delia said she anticipates that there will always be more that she can do to enhance her teaching. "I would certainly be thinking I have to go back every time and re-prepare." Delia said that she is always thinking of "logical, sequential patterns" for presenting material, using information sequences "that made more sense to me. When you're learning it for the first time, it's nice to have it in a

logical, sequential pattern, because I'm dealing with people who don't know anything about any of this."

Mary looked to the longer-term preparation for refining her presentation materials, saying that she made changes "ongoingly, especially during the summer, when you have a lot more time to fine-tune." Her goal in refining her presentations was to reduce the number of slides she used so that students can "listen and not be inundated with minutia." She also referred to the volume of disease entities, stating that "we, as educators, need to really hone it down." Along with changes in decreasing "minutia," Mary mentioned that she worked on incorporating more active strategies by "changing the approach slowly" to "really look at some of these unfolding case studies," and "how it will make more sense" for the students to grasp the concepts. Although Mary still used lecture and presentations, she talked about moving toward more fully engaging the students in their learning.

Paula has totally stopped lecturing for two reasons: she doesn't enjoy lecturing and has found support in the literature, as well as in her own experience, for deeper learning when other strategies are used. Paula shared her intentions to plan and use more active learning by giving students a list of "ten reasons why I do things the way I do" at the beginning of each class and discussing each item with them. Paula chose activity-based learning because she said she "enjoys it more and it works," She said, "I know what the benefits are to the student and what the outcomes are, and I'm doing it." Paula admitted that using more active learning strategies "does take more time to figure out how are you going to match the objectives, how are you going to be able to get this outcome, what activity will help you do that?" She still chose to do so because of the value to her and to

the students. Paula and two other participants continued to discuss teaching strategy choices they have made.

Paula made a choice to go back over her course objectives to eliminate those that were focused solely on pathophysiology, which is something that students learned in the prerequisite courses. Like Mary, she felt that, in part due to the structure of the courses, students continued to focus more on the "minutia" of medical issues and not enough on the nursing part of care. Paula said that she was reviewing her courses to "throw out all those pathophys things" and "only test on the nursing process stuff" to move students more toward thinking about nursing aspects instead of revisiting and further memorizing pathophysiology. She said that her concern is preparing students to "think what do I need to do" as a nurse. Mary related this shift in focus to choices of tools to use for teaching.

Mary addressed the constant search for teaching tools, new ways to teach in support of learning nursing care, and the extra work involved in making continuous changes. She said that there is "always something to switch but it would be so easy to just say, oh, I'm not changing anything. I've got too much going on here," and "you could use the same things that you've used for ten years and just kind of coast." Mary did not choose that path, saying, "It's that conscience and credibility and how much those things mean to you as an educator."

Karen looked at another aspect of this responsibility to change to meet student learning, saying, "Through that listening experience, I find out there's something really else, you know, going on, so, it's adjusting the next day, you know." Karen was focusing on the day-by-day and week-by-week adjustments that can be made based on assessment of student needs. This more immediate process of choosing strategies for teaching

learning was also addressed by two of the faculty who talked about reminders and two others who talked about using rehearsal as a means of preparing and planning for teaching.

Paula used a strategy of preparing reminder cards to use as a guide for assuring that she has "covered the points." She makes a card listing the "important points" and then "checks them off once I do them." Paula used these reminder cards as a tool to make sure that she says "something at least three times and usually it's about six," by checking the item each time she talked about it. Mary said, "Every day, I have a story," and "It's not like I have an index card that says be sure and remember to tell the students this... recall will just come." Mary did, however, still use lecture and PowerPoint slides as a guide for remembering what content she wants to talk about in class. Pete and Delia also used presentation materials, but they shared a strategy of rehearsing in their minds for a student encounter or for a class.

Pete specifically talked about a difficult encounter, saying, "Then I will... be thinking about how I would handle it." He would rehearse words he would use to respond to the situation. He gave other examples of this type of rehearsal to prepare for meeting with students about an issue. Delia also rehearsed for these events, but she emphasized using rehearsal as a strategy for preparing for classes. She said, "Going back to preparing, I really try to do a dry run the day before in my mind. As I'm going through my dry run, I try to imagine things that I can bring to the lecture, my stories, because I have a lot of stories." She continued, "I always think about, try to play it out in my mind," illustrating a process of mentally going through her presentation beforehand to get a better feel for how it will flow. The planning processes and reflection strategies are some ways that the

individuals continued to develop in their craft. Other development strategies were shared, including educational opportunities, learning from others, and engaging in clinical practice.

Theme II: other activities engaged in for developing in the role of the nurse educator.

Development activities were discussed in more detail by the faculty groups but the individual participants talked about these as well, particularly in relation to some difficulties encountered when using more innovative strategies. As the faculty talked about their thinking and their role as educators, topics that emerged in the individual interviews included support or lack of support from others, learning through asking and sharing with others, staying current with content and practice through conferences, and continuing to work in the hospital setting. A major topic for ongoing development was the use of technology in teaching, both in the classroom and in the clinical settings.

The support mechanisms cited as helpful included new faculty orientations and short information items sent out by the dean for faculty. Pete commented that he had to "attend a new faculty orientation" and that he also had to attend a class on "how to teach clinically," but conceded that "it was not really a choice." He did state in his written reflection for this research that he found the class beneficial. He described his comfort levels with teaching clinically before, during, and after taking the course. "I had a low comfort level with clinical teaching in an acute hospital prior to starting this course." During the course, his "comfort level rapidly increased," until after the course, when he felt that he had gained a "tremendous amount of knowledge" as well as "increased confidence" as a "knowledgeable, although novice, clinical instructor."

Delia specifically mentioned a "two-day orientation," offered before the fall term for adjunct faculty with sessions provided by the full-time faculty, that she felt was "well-received and well-attended." Karen felt positive about the "nice little blurbs" periodically sent out by the dean at her school, proclaiming that "I don't need a lot; keep the energy going; helps me to keep the energy going." Most of the comments about support centered, however, on the need for more, or the lack of, support for continued development.

Paula described an instructional design class that she conducted for faculty, which was attended by only three people, two of them showing up twenty minutes late. Paula felt that the class went well and the people who attended expressed value in it, but the lack of support of her efforts was demonstrated by the late arrivals and the fact that "the two full-time people hadn't done their assignments that they had gotten a week and a half before." Paula went on to say, "Some of the people who don't participate are ones that don't participate in anything," further lamenting, "I think faculty are the worst. They don't come prepared to meetings. They whine and complain about everything." Delia added another dimension to the idea when talking about certain groups setting themselves apart from others. She commented that she has "unfortunately felt a little bit that the specialties congregate together," and that there is "a lot of animosity across some of the specialties." Delia further expressed that "we certainly all have something that's value added to each other," and when issues arise, "there are individuals who have stepped up to the plate to try to improve the process; there are individuals who don't, and it's just like anywhere, and they're so quick to criticize."

Several times, Mary voiced her concern that her peers may think differently than she does about teaching and changing, saying, "I'm sure some of my peers think it's enabling when I've maybe done one test that I've averaged or had them retake," or "other teachers are more cut and dried and that's it and whatever." Paula put a different twist on this criticism and resistance to change, saying, "I don't know why people don't change. It would seem to me that it would be boring to just stand up there." She speculated that "from what people on our faculty have said, they feel threatened when they don't know the answer. If you are standing there talking, and you don't ever take a breath, no one ever has the time to ask a question, because they're so busy writing." Paula countered this by saying, "Little by little we've had more instructors, hired instructors, who teach in a very active environment. So there's more support." In addition to the hiring of more faculty who are interested in growth and teaching in more innovative ways, the nurse educators reported finding support through asking and sharing with one another in both formal and informal ways.

Two of the participants noted that, if you need to know something, just ask someone. Paula emphasized, "When you start asking people, somebody usually, if they don't know, will know someone that you might be able to talk to, or I just always think of who would be the most reasonable person that might know this information." Paula was referring to clinical teaching and also remarked, "If I don't know how to do something, I go to the policy and procedure book. If I have a question, I call the doctor. If I have a question about this, I talk to the nurses who have been there." Delia further stressed that "it's a responsibility that we have" when teaching "in the clinical setting to seek out the resources we need."

Delia also referred to strategies she decided to use in the classroom based on someone else's suggestions, saying, "I found that to be useful and that was something a colleague actually recommended to me, because she used it in cardiology and she said the students really liked it." In addition, Delia talked about getting useful suggestions from colleagues regarding students' issues, such as how to deal with challenges about test answers. Her colleague's recommendation was to have the student "write down their beef and then reference it and turn it in" and then to tell the students that their comments would be taken "under advisement." Delia reported that the result of this strategy was that "a lot of times they don't come back to you," and the arguments about test answers diminished. Delia summed up this strategy of asking with her comment, "Honestly, nobody ever told me. Over the years [I] talked to a lot of people and tried to develop some creative strategies and I'm always thinking ahead."

Sharing without having to ask was another strategy mentioned by the participants, with most of the comments about sharing resulting from informal or formal mentoring. Pete addressed sharing of syllabi and teaching materials:

> We're very collegial, we help each other and that's not always the way it goes at the university. Some of the departments are, you know, this is my course, you develop your own syllabus. And we do a lot of sharing. We help out wherever we can.

Paula recalled their regular mentoring meetings and commented, "We share actual examples of what we've done and the outcomes of doing that and what are the downsides." Delia said that "another instructor shared some of her information with me and it was interesting: the sequencing of the information, how it was presented." Karen,

who is not a new instructor, shared her thoughts about mentoring, saying, "I try and think about, in my experience, people who have been my mentors, or who have said just kind of the right thing at the right time." Delia, who *is* new to teaching, expressed a similar sentiment, "After talking to my colleague, who's been a mentor to me, I really felt better because she told me she's experienced the same thing."

Karen said many times that "we really need to chat with each other." She would like to see such chats actually formalized into a retreat periodically where faculty could "do some reflection" and then "we could do documentation for evidence in terms of how we are going to change things in the future. I think people would like that." Karen also suggested that "maybe we need some centers of excellence in terms of education" like we have for health care. Besides their concerns about support and sharing, the participants also spent time talking about staying current through clinical practice and conferences and specifically keeping up with changing technology.

Keeping up with clinical practice was a major but controversial issue with the faculty groups as reported in the earlier section. The participants in this portion of the study followed up the discussion with more comments at both ends of the continuum. Pete elaborated on the clinical portion of nursing education by commenting that he really likes the clinical part, even though, he said, "I didn't think I wanted to teach clinical." By the end of the term, as he reflected in his written comments, he felt that "although clinical teaching is an admirable endeavor, I found that I am not well suited for it" and that he "will not be pursuing further clinically-based teaching opportunities." Pete was one of the faculty who continued to work while teaching full-time, feeling that it helped him to "keep clinically current," " really connected," and that continuing to work is "what makes

me who I am." By the end of the semester he had decided to keep his job at the hospital and go back to school full-time to pursue his doctorate.

Mary agreed about the value of continuing to work, saying that "working has kept me grounded" so that expectations of students are more realistic, and she can say to students, "The things that I am sharing with you are the things that I think represent the standard of the profession." Mary added to this in her written reflection, declaring "I thank God I am still physically able to work, because He provides a teaching opportunity for me every time I am in the clinical setting; it is what makes for real learning." At the other end of the spectrum was Paula, who believed just as strongly that full-time faculty should be in the classroom, not in the clinical site, and that the little bit of work faculty can fit into their busy schedules is not really enough to stay current with skills.

Paula reasoned that full-time faculty "abilities need to be to teach in the classroom and to be aware of what's going on nationally as far as nursing goes," and that "students are better served by having us in the classroom," because "that's our focus, to be good teachers." She further argued that "It's not 'who cares whether you can start the IV the first time or do this or that?' Those skills are not what we should be about as faculty." Even though Paula did continue to work in the hospital, she commented that it did not really help her in the classroom. She has "worked over these years on my teaching skills and being able to teach in an active learning environment," and "the stories that I tell about patients aren't of recent patients; they're ones that were twenty years ago, but students don't understand that." Her stories were told to make a point that "relates" to the concepts they were discussing. Although Delia has not declared any opposition to working in the hospital to stay current, she was cited earlier saying that the responsibility

of the educator is to keep current. She agreed with Paula that resources are available at the hospitals to use for getting updated information and for finding out how a piece of equipment functions.

The faculty participants also talked about attending conferences and workshops as a means for staying updated in their practice as educators. Mary mentioned attending a program on her campus where the "vice provost talked about lecturing for learning, you know, what things work, what things don't." Delia mentioned attending conferences as part of her preparation for classes, and specifically about a seminar on the "why generation" to help in understanding the special needs of these students. Pete recalled his earlier comment that he was required to take a course on campus about teaching in the clinical setting and found that the course and the mentoring he received greatly increased his knowledge and confidence. He also commented that, during the course, he "had the opportunity to listen to several speakers at seminars," read the assigned readings, and "sought additional reading materials related to the course discussion topics."

Karen reported attending "evidence-based practice seminars," at which "you have a learning prescription, and you write out what you are going to do," and there is follow up thirty days later to see how "your intervention is coming." Karen thought that was "really neat." Paula was excited about some recent seminars on the use of patient simulators, where she "just got tons of ideas" for using simulators for teaching students skills and thinking through patient situations. The use of technology in the form of patient simulators, classroom teaching, and electronic media was a topic discussed by the five participants who were able to meet with the researcher at least three times.

Paula advocated for the use of patient simulators and attended conferences whenever she could about the use of simulators for teaching patient care and decision-making in nursing. Recalling a conference she had attended recently and the use of questioning to involve students in thinking, she commented, "The questions to ask and all that decision-making just drives home to me the need for simulation." She admitted that her college does "none right now," and "it's just getting it started and getting the faculty to participate in it." She also related a couple of stories about using the patient "dummies" they currently have, setting up situations, and then videotaping the students' responses, so the students can review the tapes to see what they did and how to correct their procedures. Paula reported that one of the students who used the video-taping procedures to practice a skill said, "I just learned something new today. I watched that video. I video-taped myself. I saw everything I was doing wrong. I went back and did it again and still, I got rid of half the mistakes, made some other ones and then the third time I did it, it was really good." Paula felt that using this technology helped the students see "exactly what they did" and that "they won't make, usually, the same mistake again after they watch themselves." She was working on getting even more technology into the lab, including more sophisticated video equipment, saying, "Whatever we do for simulation, we need to have the digital cameras that are in the ceiling."

Paula affirmed her belief on several occasions that more simulation needs to be incorporated into nursing education, because it stimulates the "thinking. It's all the thinking," and "in the simulation, that's what they have to do," because they "start with the simple things" and then move on to more difficult things, and "you always have to do an assessment, and they [the simulators] have this or that wrong with them." The faculty

can continually monitor the students, interject questions, and debrief afterwards to have the students think about their thinking in the situation.

While Paula is a proponent of the use of human simulators, Mary is skeptical, stating, "We have this human patient simulator" but "nothing takes the place of a real life situation, nothing." She commented that setting up the dummies takes a lot of time, admitting, "You know, there's a lot of different scenarios, but there's a lot of prep work in trying to mock up this dummy." While she acknowledged that she thought "students still get something out of it," she declared that it is "nothing like being in a hospital setting." Mary talked about other types of technology that she was embracing more readily.

Mary advocated reviewing media and said she would be continuing to look for "more electronic media," because "I know they [students] liked media" in the classroom. Karen also encouraged the use of media available for students to use, saying, "The other thing that's really good in the book is that CD ROM. It presents those cases in the book." Delia recalled a seminar she attended where the presenter proposed the use of technology in teaching, particularly with the younger generation of learners, because they have grown up with technology. Delia acknowledged that "trying to integrate the technology into your classroom" is "kind of difficult," and that there is still a wide range of technology skills among students. She remarked that "I have a group of students who don't even own a computer, and then I've got the other group who are carrying around PDAs [Personal Digital Assistants] in clinical looking up their meds."

Mary expounded on the use of PDAs in her program, saying that they were going to pilot a grant-funded program "getting new PDAs loaded with all kinds of resources."

Their plan is that "every one of our students coming in will purchase one of these through our bookstore, fully loaded" with information, such as "drug guides, lab guides," and other information about medical and surgical conditions. Three other technology uses were specifically discussed by Paula, Pete, and Mary: use of video clips from television shows, use of the internet, and use of interactive question and answer systems in the classroom.

Paula reported that "somebody, somewhere else, was saying that they tape the first part of ER and then they show it in their upper level trauma class." The video clip is then used to stimulate discussion, as "they have to pick out the things that the care providers are doing that are inaccurate." Having videos available for viewing and critiquing is one use of the Internet, but it also is used for online course work and searching for information, which Pete enjoyed and encouraged in his teaching.

Pete talked specifically about resources, such as "Wiki" which is an Internet encyclopedia. He explained that "research shows that it's more reliable" [than a print encyclopedia because] "you have so many scholars that are experts in their field, and they will contribute to Wikipedia. It's a global phenomenon." Pete was quite enthusiastic about WIKI, saying that "it's amazing" and that "this is cool stuff." Pete also talked about the use of online class systems, like Web CT and Black Board, as useful tools for teaching and learning. He even talked about making that the focus of his teaching career, "to facilitate Black Board and online teaching and streaming video, and serve as a resource for instructors, and hold classes for instructors and for students on how to use Black Board." Mary didn't talk much about use of the internet for teaching, but she had

another technology called "Turning Point" that she really liked and used regularly in the classroom.

Mary eagerly embraced the use of "Turning Point," which she called "clickers," because the students have a device that that they each "click" to select the answer that they think is correct when a question is put up on the screen. Mary felt that this device gave "reinforcement during class of the material" in a way that did not put the students on the spot, because only the aggregate data is posted on the screen with the correct response indicated. Students can get immediate feedback on their understanding of the material. Mary stated that she "can interject it right after a point" to see, "is the point clear or is it not clear?" She may put up "three or four questions at the end of class" to make a quick check of understanding of the material. Mary's eager use of this and other technologies supported her concern about improving student learning and promoting thinking in her students. The other research participants shared her concern and made many comments related to students learning to think effectively.

Theme III: strategies to promote thinking in students.

Each of the individual faculty participants expressed his or her concern about promoting thinking in students. Earlier comments alluded to this as a focus of the faculty members' own development, but they also talked at length about issues related to student thinking and strategies that they use to engage students for development of thinking skills.

Jackie lamented that the students "have been through an education system that is 'memorize and spit back.' In fundamentals, making that switch to thinking is a huge jump." Pete added how important is it to get students "to think the way that you need to

think," and, similar to Jackie's comment, he told the students, "I will no longer feed you everything. You need to think outside the box." Pete had one group of students engaged in writing "meta-cognition journals" to reflect on their thinking, a process that they were "venting to some of the other instructors about." Therefore, he felt that he would have "to go back and do more work with that." He intended to use some of his own stories to illustrate development of his thinking, saying, "It's worth a try. I think the critical thinking and meta-cognition is what I'm really trying to get."

Paula also maintained that students have difficulty with the thinking, commenting that students "were stuck on the details and not really thinking," and adding that students are "not thinking. They can't think." Further statements focused on an overemphasis on skills, saying that students "were all right there ready to do the skills, but not really thinking." Students "can't figure it out because they want something to be black or white." Paula affirmed that "getting students to think is where we need to be," but she pointed out that "it's a lot easier to lecture than to actually try and stimulate thought."

Delia talked about stimulating thinking, telling students in the clinical setting, "You have to critically think it before you walk in the room." Further, she said she could see that the students were "getting more and more overwhelmed," saying to her, "Wait a minute, you mean, as a nurse, I have to think of all these things?" Delia agreed with Jackie and Pete that "it's such a huge transition of thinking" that occurs in nursing school, especially in the first courses. She told her students, as Pete did, "You need to be thinking like I'm thinking, even beyond." Mary challenged the students, "With this course, no more 'I'm the student'; you have to start thinking 'I'm the nurse'. " Delia further

emphasized with students "you need to think on your feet" and "I want to see evidence of your thinking."

Karen, too, was concerned about evidence of thinking and how to stimulate thought, and found that her students seemed to do better with "short, spontaneous" in-class projects, reflecting that "for some reason it makes their energy and their thinking come more quickly." Karen talked less about students not being able to think and more about strategies used "to see their thinking" and engaging students in the learning process. Concurring with Paula, Karen commented on the difficulties in working to promote student engagement and thinking. In her written reflection for this research, Karen said:

> Engagement involves a process that encourages or teaches the student how to learn. This is a very complex process for the professor. As learning is occurring in the classroom setting, it not only involves content, for this is essential, but it is also being aware of conceptual leaps of individuals and groups, juggling learning styles, and even cognitive dissonance.

Paula demonstrates agreement with the complexity and difficulty of the teaching/learning process in her written reflection:

> Regardless of the setting, the first thing that pops into my mind about teaching or instruction of any type is the outcome. I always think about what it is that the student(s) need to achieve. This is the easy part. The difficult part is figuring out how to help them achieve the needed knowledge in a way that makes sense to them.

The individual participants shared many strategies that they have found to be helpful in promoting thinking in students. Learning activities that they mentioned most often fell into three major categories: active learning, stories or case studies, and questioning or reflecting on learning and thinking.

Paula stressed how important it has been for her to leave the "lecture arena" and engage in activities to teach the concepts, saying, "In an active learning environment, I seem to stay on task more, because I only have a few points that I'm making instead of trying to make sure that I've told them everything." Paula also asserted, "When you make students responsible for their own learning, they step up to the plate." She further claimed that "If you don't give students lecture notes, if you tell them what to expect and then stick to it, that they will do that and, what I have found is, they will do more, that they come very prepared."

Mary also expected students to follow through on reading and preparing, and said several times how important it is to "make your expectations known." She added, "I feel like my expectations are high" but that "you have to make your expectations realistic." Students have told her that they sign up for her group because "they know what to expect" and she's "tough but fair" and they know that "they'll learn a ton." Having expectations that students will come prepared, as well as that they will actively engage in the learning process, became the basis of stories about learning events.

Paula told a story about a particular day when she was "subbing for somebody else" and she started the class by giving the students two index cards and instructed them to "Write two questions that you had about the reading." Then they worked in groups to "answer those questions," and "then, if they don't know the answer, they put it off to the

side and ask the big group." The problem was that this group was not a regular class for Paula and the students had not come in prepared. Paula kept them working on the questioning strategy, however, and the class "ended up having a good discussion about it" and she commented that "definitely the ones who had not read really were at a disadvantage." In her classes, Paula said she does not "talk much anyway," and she finds that the students are "really exhausted at the end and that's fine." She said she does all of her talking "during the debriefing of activities. I'm pointing out things that they would have had, instead of lecture. They get the same information from me, the same thinking, although I make them think."

Delia also told stories about using active strategies to make the concepts more meaningful and memorable. The story about bringing in oranges to have the students practice giving insulin and how they would teach a patient to self-administer insulin was one active strategy already discussed. Another active learning strategy she used involved teaching students about different styles of leadership. Delia did "a little project where they team up and build something up with tongue blades and glue." She divided the class into three groups and a leader was picked for each group. Each leader was given a piece of paper describing the leadership style they were to use in directing the group in the project. "The other students didn't know really what the whole thing was about" and "at the end of it was a great discussion about leadership styles," because the houses they had built were really very different depending on what leadership style was used. Delia felt that not only did they get the point regarding differences in leadership styles, but she was also confident that "when they're taking the test, they're going to think about 'Oh, that was the group that built that flat house,' you know, the autocratic question." Reflecting

on this experience, Delia concluded, "I've been doing more reading and trying to think of things I can do to facilitate that kind of fun thing," although she worried that students may "complain about it, about the interactive activities." She was encouraged by the fact that she "got some positive comments on the evals" that "made me feel hopeful that I could integrate more of them."

On the discussion board as well as in some comments made in the interviews, the other participants concurred with Delia's concern about students' receptivity to interactive learning and also encouraged persistence in using such strategies. Pete stated, "We teach our students how to act in class. If we cave in to their ideas to being spoon fed, they will let you do just that." Jackie acknowledged the difficulty, saying, " I do think you do struggle with those people who want to hear stuff." Paula added:

> I find using performance-based or active learning much easier and fun to do than do some or most of my colleagues. Nursing is not the same profession that it was 50 years ago. We need to get with the program and learn techniques used in higher education.

Karen related to this struggle, saying, "I also feel like it is frequently a pull and tug experience. Teaching nursing students how to learn is indeed challenging." She said she does persist in using "various classroom activities" such as "card games" and "case studies." Delia responded, affirming her commitment and belief in active learning, "I believe we must somehow retool the didactics we teach into interactive activities that sustain their knowledge."

An active learning strategy talked about by all but one of the participants was use of stories, case studies, or vignettes to engage students in thinking about patient care and

clinical decision-making. The only participant who did not mention stories was Jackie, who only met with the researcher one time.

Mary mentioned using case studies to reinforce material discussed in class. "I give them a separate case study for each topic area," and "I send them home with the case studies." She also gave them "vignettes," so that they are "massaging what it is they had in class" or reinforcing content with short stories from "a website," which may have had some questions related to the content they learned that day. Mary also said she might use a case study as "a lead-in story," and after they "answered the questions related to the scenario," she "went to the PowerPoint and the topic and just reinforced some of the key points." Mary's sense of the students' thoughts about the use of case studies is that they may not want to do them "but they like them; they're meaningful; it enhances their learning."

Karen told about using case studies in a final exam for a nursing research class. "They're having case studies where they synthesize things and then they have questions underneath." Paula, on the other hand, mentioned using case studies for classroom exercises, employing flip charts with the students working in groups. The topic in her example was patients with anemia. She said, "We had five groups and they had to put certain information down there and then we talked about the nursing interventions as they relate to that." She then posed other questions that each group responded to regarding their cases. Besides general case studies, Paula could share "two or three real life cases of friends who have had different anemias." Delia also used case studies in class to "talk them [students] through the nursing process." Like others, Delia used the case studies as a base for asking questions to stimulate the students' thinking about what the "nursing

problems are" and what actions they could take. Delia felt that the use of case studies "made it a little more structured" and allowed for opportunities to "document teaching activities" for the patient in the story.

In the classroom and in the clinical setting, stories and actual patient situations "make theory come to life," as Mary explained on several occasions. She wrote in the online discussion:

> In my experience as an educator, I have come to believe that our role as educators, at least in the beginning courses of Fundamentals and Med-Surg I, is to think aloud sometimes. I believe in doing so, the flight of ideas that comes out of my mouth after 33 years of experience gets them to begin to think out of the box.

Mary then described a clinical situation in which she guided a student through a care procedure and assessment of the patient before and after the procedure, followed by engaging the students in discussion of the observations and the procedure. She further stated:

> I don't believe early-curriculum students have an experiential base from which to draw, and it is difficult for them to grasp some concepts until they have seen some action in the clinical settings. Certainly, some students or groups of students will grasp things more quickly than others, but I think students sometimes benefit from "experts" thinking out loud.

This was one example of a patient story, through which Mary was able to "capitalize on patients that have similar things going on that you can review, rehash," to reinforce what students are learning in the classroom. However, the clinical setting does not always provide those coordinated experiences. Mary said, "That's where stories come

into play," to supplement the clinical experiences with case studies and her own stories to help students see "how it's all interconnected," and to "illustrate that which I am trying to impart to them." Mary said, "Students love the stories" and "They remember a story."

Pete also said, "I use story telling" to demonstrate the thinking process involved in patient care and in overcoming biased attitudes. He used a story to discuss prejudice and changes in thinking that occur over time if people open up to ideas and different perspectives. He related his thoughts to nursing, saying, "Nursing has to go one step beyond and look at the evidence and know where to find the evidence." Pete referred to his own work experiences as rich sources of stories and said that working "keeps you really connected" and provides substance for posing "*what if* scenarios." He also said that he "made it a point to discuss clinical experiences in the lecture as it was appropriate for lecture topics."

The participants talked about using case studies and stories to illustrate concepts, such as health problems, issues with biases, and the use of evidence in nursing practice. Stories were also used to help students remember, because the story was interesting or funny. Delia liked to find humorous or unusual stories to help students remember important concepts. She told the students about "holiday foot syndrome" to illustrate the problem that diabetics have with their feet if they don't take care of them. The story relates to diabetics taking vacations and wearing shoes that do not protect their feet adequately, thus developing sores. Delia felt that students were more likely to remember the issue of diabetic foot problems by relating them to "that holiday foot thing." In another story, Delia dramatized the seriousness of a medication error that a student made by "leaning against the wall" while she was explaining it. "They started laughing and I

said 'it's not funny,' and they acknowledged that, but they said my reaction, the way I demonstrated to them was funny." Delia concluded that "it makes it more interesting, you know, to keep their attention. So that seems to work well, story telling."

As a part of telling stories and as a method used alone, questioning was reported by the faculty as effective in stimulating student thinking. The participants also reported that questioning, particularly in the clinical setting, sometimes illuminated a need for review of certain concepts and content.

Mary found that "when I would just ask them random questions about what was going on, they obviously had totally forgotten renal content." She then used that revelation to initiate discussion with the clinical group and "just reviewing some renal meds, and labs, and other types of things." On other occasions, Mary found that "a lot of people forget the basic things" and such situations occurring in the clinical "became on-the-spot, immediate, post-conference discussion." Mary even prepared students for questioning by telling them, "I'll be asking you a lot of questions in the clinical setting, and it's not to intimidate you or do an 'ah-hah,' but my hope is that you start asking yourself some of these same questions."

Pete found that clinical incidents could lead to a need for review. He told about a student who failed to report an elevated temperature because she did not know how to interpret Celsius measures of temperature. Pete said to her, "Well, why didn't you ask? What were you thinking?" He decided then that he had to take this back to the classroom. "So, now I've got printouts; printing out stuff I'm going to cover in class again. This is basic stuff." Pete commented that students "kind of fumble through a little bit" in the clinical setting when asked questions about how they would do something or what they

were thinking. In these instances, he might use the strategy Mary talked about, of verbalizing his own thinking. "Many times I'm on the floor in the clinical and I just kind of go through what I would do."

Delia started discussions about patient care by first saying, "Tell me about clinical; What happened?" followed by more questions to probe deeper: "Well, …what type of care did you think about for that day?" Delia's goal was getting "their critical thinking going." In the clinical setting, Delia used questioning while students were reporting on their patients, saying:

> I like it because I can ask a lot of questions while they're going through that, and I like when I see the 'I'm not really sure but I'll check about that,' because it, hopefully, will propel them, in the future, to pose that question themselves.

Delia also used questions at the start of class to review the material students prepared for class through their assigned "prep points." In Delia's nursing program, students are given a few questions related to each week's readings that they are expected to answer in preparation for the class. The students get points for completing these study questions, more points if they answer with "any kind of depth." Delia said that the questions may be out of their workbook or drawn from the readings, with the whole assignment consisting of "maybe five questions and then a couple of NCLEX [National Council Licensing Exam] at the end." With this preparation, Delia feels that "at least when I'm up there lecturing, I can pose questions and I should be expecting a response, because they should have done the prep and reading, and so far it seems like its been good; it's participatory." Delia also uses examples of case studies to present situations, and then asks, "What do you think the nursing problems are?" or "What are you going to do for this patient?"

Karen took a different approach by using questions to have students reflect on a learning experience or summarize learning about a particular concept. In one instance she gave the question to the students ahead of time and they had "to come and explain it." She told them that "it could be written or, if you want to draw me a picture, you can draw." She was asking them to choose "whichever way you learn best" and she "was surprised how many did it by drawing." After another project, where the students had to interview a hospital patient about patient satisfaction, she had the students write their answers to the question "what were the lessons learned?" She said, "I was amazed, you know; that was really helpful for them." In another example of the use of questions, she had the students come up with the questions, instructing them to "read this and ask questions, underline, whatever you need to do, because I want to see how you're thinking." When they came in with their work, Karen asked them, "What were some questions you had after you read this?" She said, "It was just pouring out of them."

Paula used the strategy of having the students write questions on index cards about the material they read for class, and then having them answer each other's questions in groups. She mentioned this strategy several times and told the other participants on the discussion board, "I have found that students end up exclaiming that they really did know more than they thought they did after this activity. It also gives me a chance to ask questions about the material and explain some concepts without actually lecturing." Paula used questions to help students "fine tune, challenging them with questions, asking about principles." Paula even collected questions by writing down any "really good questions" she heard from nursing staff or other instructors, because "the

hardest thing for me is to think about questions to ask. That's what's the hardest thing for me; it's to think about what questions would I ask to get this outcome?"

Paula also addressed questioning and self-critiquing when students need to polish their skills. She told about a student who was "having trouble with the dressing change," and Paula set up the video equipment for the student to tape herself and critique her own performance by watching the tape and using the check-off sheet. The student repeated the video procedure three times until she was able to perform the skill correctly. In other examples of working with students on skills, Paula said she countered student questions with questions of her own, telling them to "Think about this, ok, what are your parameters? What are the principles?" Her goal was to "make them think through it," and very rarely does she actually just answer their questions. She said, "Sometimes I will and then I catch myself giving them the answers. But most of the time I do not."

Two of the other participants mentioned use of self-evaluations and reflections to promote student thinking. Karen discussed the use of essay questions on a test, citing one that was a "reflective piece" where they had to "reflect on their current experience of research, and what do they think about finding the evidence now and the evidence that's out there?" She said that one student reflected, "Actually, now I'm getting a little scared, realizing that you really do have to critique this stuff." Mary used multiple reflections with her students, having them do "written self-evaluations weekly" regarding their clinical experiences. These reflections included questions about what went right, what went wrong, what could have been done differently. The students were instructed to "do this within the first two days after you leave clinical, so some of this is fresh in your mind." Mary felt that this was not just "busy work"; it provided students with the

opportunity to reflect on "not only the cognitive, knowledge-based development, but some of that emotional, spiritual type development, too." Mary gave feedback on these reflections, telling the students that this evaluation process is "two-way" and she expressed pride in the fact that students said, "We feel that you really care if we get it." Mary said, "This profession as an educator isn't about personal reward, but that is something very important to me that comes across, that I want them to get it."

Theme IV: promoting a caring learning environment.

The participants commented throughout the interviews about creating an environment that demonstrates caring and is conducive to learning. In her one meeting with the researcher, Jackie expressed concern about students coming with "personal life baggage," and that many of them are the first in their family to attend college and "no one supports them." Jackie talked about using the walking session in the morning as a means of helping them to "settle down; to leave all that family stuff at home," continuing that "sometimes the first thing that goes is that self-care activity," so "at least they walk at least twice a week when they're with me." She said they complained at first, but now "they just love it." Jackie also talked about setting the mood for the semester, assuring the students that "we want you to be good practitioners and good nurses. It's not us against you."

Karen expressed a "sense of caring for each one of the students" and said that she made an effort to "present this caring attitude, even when it was really tough." She quoted a friend telling her "students know if you care for them or not" so she "went in with a conscious effort, you know, inside myself, to be present, as present as I could, even with students that were distant. I would make an effort to go and talk with them."

Karen talked about even doing a short meditation before class or before a test to "take away our useless anxiety and give us the ability to answer, to choose the right answer, and that type of thing and so it would be a little humorous, too."

Pete said, "They tell you that you don't learn well in an anxious environment" and one group of his students had been "so anxious" that he "rearranged some schedules and things" to help them "get over the anxiety." After that, there did seem to "be a better connection with that group." In another conversation he talked about "connecting, the more I can connect with students," and talked to the students about "that element that I still have to make you think, but I can still be your colleague and facilitator." In his written reflection, Pete reported students' appreciation of his "non-punitive approach with medication errors," and the mutual "understanding that the student and I need to focus on the reason for the error and what can be learned from it." He further reported that students appreciated his "quiet yet firm demeanor and, above all, patience" when working with them in the classroom and the clinical setting.

Mary described her role: "to coach, to motivate, to support, to be there" and, even though students "need to take initiative for meeting some of their learning needs," she asked them "intermittently, 'Is there something I can help you with?'" Mary also alleged that "You have to create a warm, friendly environment and one of enthusiasm, which may involve knowing the students' names so that they feel that it's important for them to be there." She encouraged the students by saying, "I was you way back when. I was a young nurse once. You can do it if you want to. Just stay with it."

Delia told several stories about how she used humor to "loosen" the students up, telling them, in a humorous way, stories of situations in the clinical setting that were

scary for students and for instructors. "They got into it and they were laughing, you know. It was just great. It was like a stress reliever." She added, "you know it's funny how that humor comes in at unexpected times." Like Mary, Delia talked about being a facilitator of the student's learning and feeling a special responsibility to the students who struggled because English was their second language. "I did do a lot of extra office hours because I wanted to help some of those students, because they knew [the information] but they had a hard time with the language." She boasted, "What I found is I think I have a bit of a knack of success for them."

For Paula, success is what it is all about, even to the point that "It doesn't matter whether they like you or not. It's whether or not they actually are learning and can do what they're supposed to do and they reach the outcomes." She tells the students, "I could just stand up here and tell you what I know. That would be very easy for me to do. But, you don't learn unless you do it this other way."

In earlier sections, Paula's almost total use of activity-based learning is reported, but another strategy that demonstrates this focus on the learner is the use of "wait time." After asking a question, "They all look at me, you know, and so, I have found that I need to just kind of give them a few seconds, like thirty seconds to think about it, that I can't expect that somebody's just going to pop up with the answers." She followed this story with a conversation about an educator who came to their college to meet with the faculty, and he mentioned that educators "don't wait long enough" after asking a question. Though Paula appeared to take a harder line than the other participants, she stated her belief in students and said that she works to promote a learning environment where their success can occur.

Summary of the Individual Participant Interviews in Relation to the Research

Questions

Question One.   What Steps Do Nursing Instructors Take To Develop and Master Their

Craft of Teaching To Model Critical and Reflective Thinking and To Prepare Students

For Their Role as Critically Thinking Nurses?

The individual participants related the many strategies they used to think about their work as educators and to promote thinking in students. The strategies discussed included reflecting on teaching; thinking and planning for teaching events; engaging students in reflective exercises; telling stories to illustrate thinking in nursing; describing their own thinking patterns to students; thinking things through, even out loud to help students; and using questioning to guide students through the thinking process.

Question Two. What Strategies and/or Models For Effective Faculty Development

Emerge as Nursing Faculty Reflect On and Share Their Learning Needs Regarding the

Teaching Role?

The individual participants contributed their thoughts about planned sharing with other faculty, having opportunities to share informally with others, mentoring, retreats, and developing a center of excellence for teaching. A cycle of reflecting, planning, doing, and reflecting again emerged clearly in the interviews with the participants.

Question Three.   What Ideas For Faculty Development Emerge as Nursing Faculty

Reflect On and Discuss Concepts Related To Effective Teaching/Learning in Nursing

Education?

The individual participants shared their ideas about faculty sharing and keeping records for evidence of what works and what does not work, asking others, orientations,

campus learning sessions, conferences, and reading. The individual participants

reinforced the ideas shared by the faculty discussion groups and the deans/directors that

faculty need and desire regular opportunities to continue to develop in their role as nurse

educators.

<div align="center">*Summary*</div>

Results of the data collection and analysis were presented in this chapter, with

data organized by themes from each of the three data sources: (a) deans/directors, (b)

groups of faculty, and (c) a series of individual interviews with six faculty members from

within those faculty groups. In the next chapter, the findings are discussed in relation to

the research questions and current literature on the subject of faculty development in

nursing education.

Chapter 5: Conclusions and Recommendations

Introduction

The need for effective, feasible faculty development strategies in a time of a serious faculty shortage provided the impetus for this study. Insight into ways that nursing instructors continuously improve their craft, particularly the cognitive processes they use in their teaching role, provides useful data for designing and implementing effective learning experiences for nursing faculty. Many nurses continue to enter into the educator role without any formal preparation in teaching/learning techniques. The deans and directors who participated in this study confirmed that this is true in their experience. Participants in the group discussions also reinforced the need for faculty development activities. They felt unprepared for teaching and portrayed their first experiences as overwhelming. Strategies for development in the role of the educator are important to facilitate the transition from clinical practice to academia, especially because formal education programs are not yet meeting that need. Emerson (2007) stated that, although the need for formal preparation in nursing education has gained notice of late, the movement is still in its infancy.

In this chapter, the results are discussed in relation to the three research questions and relevant literature. Recommendations for nursing education leaders are presented, including a model for faculty development that emerged from the data. This chapter concludes with recommendations for further research and a summary of the study.

Discussion of Findings in Relation to the Research Questions

Question One.   What Steps Do Nursing Instructors Take To Develop and Master Their Craft of Teaching To Model Critical and Reflective Thinking and To Prepare Students For Their Role as Critically Thinking Nurses?

The issue of critical and reflective thinking continues to be problematic in nursing and nursing education. A long-term study (Del Bueno, 2005) of nursing program graduates indicated that more than two-thirds of new graduates were not prepared for the clinical judgment needed in nursing practice. Del Bueno wrote that "a highly probable cause is the emphasis on teaching more and more content in the nursing education curricula rather than a focus on use or application of knowledge" (p. 280). The tools that were used for testing graduates and experienced nurses in Del Bueno's study required graduates to think rather than to simply recall information. Further, the author demonstrated that improvement in clinical judgment did not result from "content-focused nurse internships or residency programs" (p. 281), but from "individual or group participation in implicit questioning activities that require learners to apply, analyze, and synthesize knowledge for specific, usually visual, patient situations" (p. 281). Concern about the lack of thinking and promoting thinking in nursing students was a major topic among the faculty participants in this study, supporting Del Bueno's use of questioning and other activities to promote effective clinical judgment.

Questioning of nursing school students was a strategy discussed at length by the faculty members in this study, with questions used as a means of assisting students to solidify content, apply knowledge to clinical situations, and engage in critical thinking to prepare for the clinical judgment needed in nursing practice (Del Bueno, 2005). The

faculty participants expressed the usefulness of questioning in the classroom, clinical setting, and skills labs. One of the participants emphasized that coming up with appropriate questions that move students toward the desired learning was the hardest thing. She has implemented a strategy of collecting and categorizing questions from resources, from her own thinking, and from others. She also suggested that building a bank of questions for adjunct faculty to use in the clinical setting could enhance the learning experience for students and provide more consistent application of the classroom learning when students are engaging in patient care. These strategies could be formalized and supported by nursing education leaders as part of faculty development programs. Other thinking strategies mentioned by the study participants, such as the use of stories, case studies, and vignettes, are also amenable to leadership support.

Stories from personal experience, published case studies, and short vignettes discussed by the study participants were also supported in the literature as effective means of stimulating student thinking (Del Bueno, 2005; Ironside, 2005; Randall, et al., 2007). Published case studies and vignettes can be purchased for faculty use, but stories from personal experience were promoted as an especially effective method of engaging students in discussion and thinking. Personal stories provided a way for the faculty to model thinking as a process of resolving problems. Developing a bank of personal stories upon which others could draw, along with relevant questions, would expand the teaching/learning impact of individual experiences. Leadership in nursing education can support faculty development in this area by establishing systems for collecting and sharing stories and questions and by providing structured time for faculty sharing.

Critical and reflective thinking were modeled by the nurse educators as they gave feedback to students engaged in journaling and spontaneous thinking exercises and through "talking out loud" to demonstrate their own thinking processes. Leadership can support these strategies by providing scheduled time for faculty sharing and promoting the use of journaling and reflecting through a curricular emphasis on reflection. One of the nursing programs has adopted "reflective and reflexive practice" as one of their integrating themes in the undergraduate and graduate nursing education programs. Neese (2003) as well as several other authors (Johnson-Crowley, 2004; Sweitzer, 2003; Valiga, 2003) proposed the use of critical reflection along with mentoring as pathways to growth in becoming more effective nurse educators. Leaders in nursing education could support reflective activities through retreats, as suggested by one of the individual participants, and through formal mentoring programs.

The nurse educators in this study adamantly voiced their concerns about the lack of thinking in students and the need to promote thinking through multiple learning strategies. They related their use of questioning, stories, cases, and modeling their thought processes as effective in promoting thinking in students, but support for that outcome was not in evidence in this study. As indicated by other researchers (Beers, 2005; Ironside, 2005; Nokes et al. 2005; Staib, 2003; Trapp, 2005), the evidence of the effectiveness of various teaching/learning strategies on improving thinking in students remains elusive (Cise et al., 2006), especially because measures of critical thinking in nursing are also in question (Walsh & Seldomridge, 2006; Cise et al., 2004; Su, 2007).

Although faculty in both the individual interviews and in the group discussions talked about active learning strategies, all but one still used lecture consistently in their

teaching. In Bevis and Watson's (2000) typology of learning, these nursing instructors seemed to be moving toward educative learning but were still operating within a more teacher-structured environment with a persistent focus on the item-learning extreme of the continuum. Although the paradigm shift from to teaching to learning may be taking hold in higher education (Barr & Tagg, 1995), teaching still seemed to be strongly emphasized among the participants in this study. Nursing education leaders can support faculty in the use of innovative, active-learning strategies through educational programs and through discussions about the value of moving toward more educative learning. Giddens and Brady (2007) further proposed the use of consultants to assist in this process of moving faculty in the direction of student-centered learning.

Question Two. What Strategies and/or Models For Effective Faculty Development Emerge as Nursing Faculty Reflect On and Share Their Learning Needs Regarding the Teaching Role?

Faculty participants in the study talked about many strategies used to develop in their role, including reflecting, planning, reading, attending learning events, sharing with others, asking questions, and continuing to work in a hospital to remain up-to-date with current practice. Reflection is the connecting thought process in the cycle of teaching and learning. With an overall goal of learning for students and for themselves, a cycle of nursing faculty role development emerged from these discussions: reflecting on teaching and learning, planning for a teaching event, and reflecting on the event to begin the cycle again. Figure 1 shows a model of this cycle centered on the goal of learning for students and the educator, with cognitive processes related to reflecting and planning, and supports and constraints that impact the movement through the cycle.
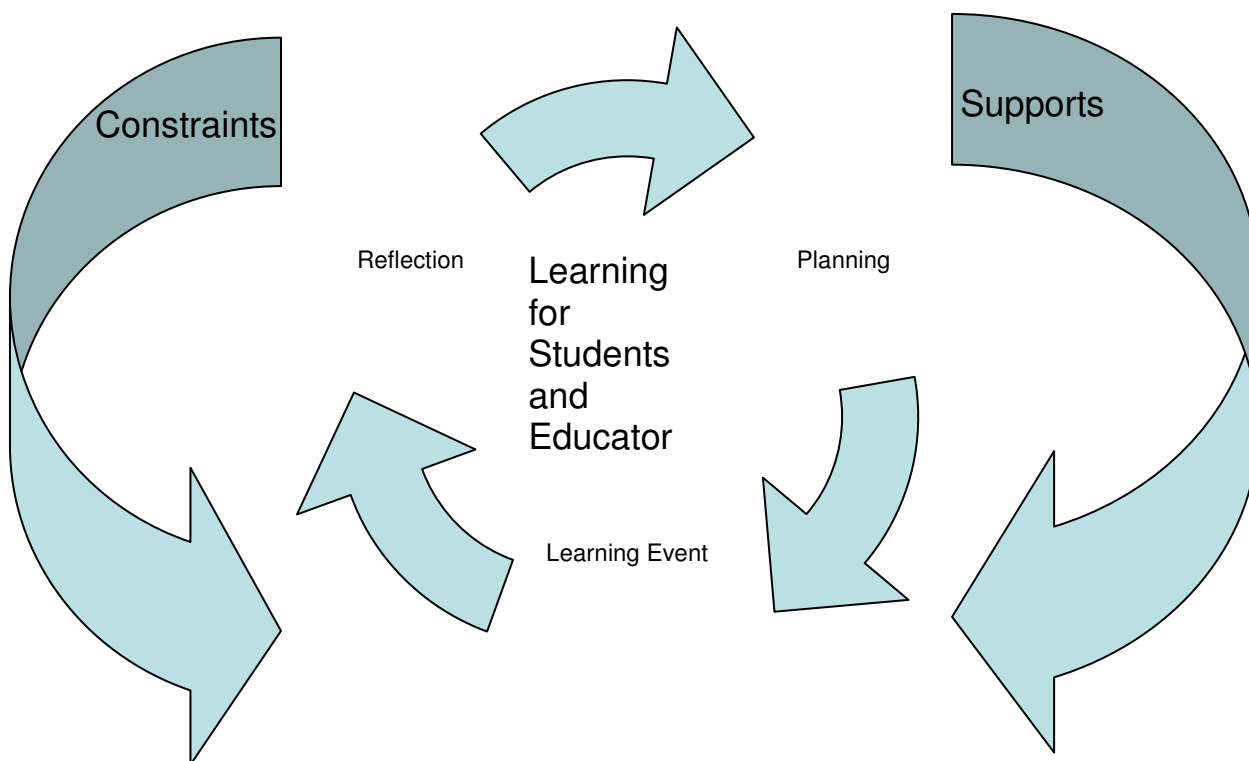
Figure 1   A Cycle of Nursing Faculty Role Development

Reflection is central to the cycle of nursing faculty role development. Reflection, as reported by the study participants, involved thinking about their teaching between teaching events, as they were planning for teaching, and during teaching events. A teaching event was any encounter with students in which learning was intended or occurred. This study did not focus on measurements of student learning, but the goal of teaching is student learning and this model indicates continuous learning for nursing educators as central to the process. Bevis and Watson (2000) stated that a role change resulting from faculty development involves a shift from a teaching approach of authority to one of co-learner. Supports and constraints identified by the study participants either assisted in the movement through this reflective, learning process or made it more difficult, respectively.

Identified supports for professional development included sharing with others, mentoring programs for new faculty, and availability of educational programs for new and continuing faculty. Constraints discussed included time pressures, peer criticism, lack of support for trying new things, resistance to development, new and ever-changing technology, and student issues such as resistance to innovative strategies, personal problems, and resistance to active engagement in learning.

Faculty participants discussed several reflecting strategies such as thinking, looking back, and centering. Planning strategies discussed most clearly were fine-tuning, choosing, creating and using reminders, and rehearsing. During learning events, faculty members talked about thinking strategies such as catching yourself, talking things through, reflecting on the spot, and thinking out loud. Following learning events, participants discussed reflecting on the event and using the experience to identify areas for additional learning in their craft or making note of what worked and what did not work as a guide for future planning. This pattern of reflection, planning, doing, and reflecting again is similar to the coaching cycle proposed by Costa & Garmston (2002).

Cognitive Coaching [SM] (Costa and Garmston, 2002) is a peer mentoring model for "conversations about planning, reflecting, or problem solving" (p. 4), which is focused on the cognitive development of educational practitioners. The coaching cycle consists of a "planning conference, an observation of the event, and the reflecting conference" (p. 43). This process fits well with the thinking processes identified and discussed by the faculty participants in this study. A critical issue, however, is that at least two faculty members need to have the time to engage in this process, and time to share was one of the major

constraints to faculty development identified by the faculty and the deans and directors in this study.

Lack of time to share with others was a recurring theme in all segments of the study. The deans and directors recognized that faculty members' time is consumed by student issues and that faculty are overwhelmed by the teaching itself. The administrators also acknowledged the solitary nature of the work, with few opportunities for faculty to be on campus at the same time. Two deans brought up the issue of financial constraints related to having more than one instructor in a classroom at a time for team teaching or for observing one another for coaching. Faculty concurred about the time issue but countered that with the value of finding and having time to share with others.

Faculty members in the study emphasized sharing with others for effective professional development. This theme emerged as participants affirmed the merits of sharing when it did occur and, when it did not occur, they lamented the difficulty of their work and expressed feeling overwhelmed as they faced the task of teaching and learning on their own. Sharing with others in many different ways was identified as a support for faculty countered by the constraint of lack of time for that sharing.

The challenge to leaders in nursing education is to support and structure time for sharing and faculty learning while reducing constraints, especially the reported atmosphere of resistance to change and peer criticism when new learning strategies are employed. The idea for reflection sessions was a strategy mentioned by the study participants.

Research in primary and secondary education (Glickman, 2004) supported the use of a reflective strategy to promote faculty growth and the development of more effective

schools, characterized by norms of collegiality, continuous improvement, collective action, agreed-on purpose, and belief in goal attainment. The participants in this study talked about collegiality and the lack of it; the desire for, but difficulty with, continuous improvement; working in a solitary mode more than collectively; and having an agreed-on purpose of graduating thinking, caring, competent nurses. Although this study did not focus on evidence of student learning, faculty expressed concern about student learning for the future of nursing and also expressed uncertainty about whether or not the desired outcomes occurred in the current educational environment. The evidence is still lacking on the effectiveness of teaching/learning in nursing education.

Oermann (2007) stated that there is insufficient research-generated evidence to guide our educational practices and that nurses often make decisions about what and how to teach based on tradition. Gathering evidence of effective learning for students and for curricular change is a continuing need in nursing education. This study focused on the cognitive processes that support faculty development as nursing education struggles with the ever-changing needs of health care and of students. A focus on assessment of student learning would be a useful step in gathering further evidence for faculty and curriculum development.

One participant stressed the importance of evidence-based practice in education similar to the current emphasis on evidence-based practice in health care. She recommended keeping records of faculty reflection sessions on teaching/learning strategies so that evidence could be gathered about what works and what does not seem to work in promoting learning for students and faculty. Evidence of student learning related to these strategies is an essential part of this process of faculty development,

because the ultimate goal is to graduate individuals who are caring, thinking, and competent in their new roles as nurses. Studies that include assessment of student growth would add to the strength of data collected on faculty growth and development. Leaders in nursing education can support this process by providing a time and place for gathering this evidence and a process for disseminating information to faculty.

Question Three. What Ideas For Faculty Development Emerge as Nursing Faculty Reflect On and Discuss Concepts Related To Effective Teaching/Learning in Nursing Education?

Faculty participants offered several development activities that worked for them, including the reflection process discussed under Question Two, and ideas for continuous learning in their role. With time still an issue, one participant mentioned helpful, quick-to-read information sent by the dean. These short information pieces provided reminders and helpful hints on issues encountered in the teaching role. Orientation sessions for new faculty and courses on campus were also noted for the convenience and relevance to their work. Ready access to reading materials and time provided for group discussion of books supported role development. Glendon and Ulrich (2005) supported the use of strategies such as reading, having discussion, and attending conferences to promote faculty development. Asking others for specific information was also mentioned by the study participants as a relatively quick way to get help during busy times. While talking about learning their role, the participants kept returning to the time issue and how important it was to have time to chat and share their stories of success and to hear suggestions for overcoming difficulties.

Boyer (1990) challenged educators and leaders in education to redefine the priorities of the professoriate and to consider time for teaching and faculty development equally important as the time allotted for research and service. Boyer proposed four functions of the work of the professoriate: "The scholarship of *discovery;* the scholarship of *integration;* the scholarship of *application;* and the scholarship of *teaching"* (p. 16). Boyer stated "good teaching means that faculty, as scholars, are also learners" (p. 24). Continuing to learn and assuring time for that learning was emphasized by the participants in this study.

Leaders in nursing education could support teachers as learners by adjusting the role responsibilities and rewards to include faculty development as an important part of faculty work life. The model that emerged from this study could be used as a focus for planning and reporting the scholarship of teaching. One of the study participants suggested establishing a center for excellence in teaching, which could involve collecting nursing stories and related questions about practice and teaching, providing reflective retreats, maintaining records of effective teaching/learning strategies used, and disseminating quick "bits" of information to inspire and support faculty in their day-to-day activities.

The constraints of time, criticism, fear of the new, lack of support, and overriding student problems are all issues that leadership can work on to improve the scholarship of teaching and promote teaching for thinking. Regular times for meetings to share can become part of the routine, as are meetings for other purposes. To accommodate various faculty work schedules, multiple times may have to be established for sharing sessions and, to be successful, the sessions will have to be valuable to the faculty. Implementing

and supporting peer coaching could also provide the ongoing learning that faculty are seeking.

Continued support through learning events and mentoring programs is encouraged by the comments of the study participants who have experienced these programs. The mentoring programs are relatively new where they exist at the campuses, so follow-up of the efficacy of these programs is important. Data are needed to evaluate the effects of these programs, and more data are needed to evaluate other faculty development strategies and the ultimate effect on moving students along the continuum toward learner maturity, characterized by reciprocating and generating activities (Bevis & Watson, 2000).

Recommendations for Further Research

The results of this study indicate several directions for further research on faculty development in nursing education. First, a quantitative study to measure the occurrence and usefulness of development activities and cognitive processes discussed by these faculty members is recommended. A web-based survey could be developed and distributed through national databases to obtain data from nursing educators. Data on the desire for faculty development and content areas desired by faculty for development are available (NLN, 2003), but no studies of the processes used by faculty to develop in their role were found. Relating these processes of faculty development to student learning will add depth to the understanding of the efficacy of these processes.

Second, the emergence of a cycle of reflection, planning, teaching, and back to reflection in the stories of these participants leads to the potential usefulness of further research on Cognitive Coaching [SM] as a possible strategy for effective faculty

development. Cognitive Coaching^{SM} has been examined in one higher education study

(Garmston & Hyerly, 1988) in which moderate effectiveness in promoting student

learning was found, and the project was maximally effective in meeting the objectives of

self-analysis, self-perception, self-evaluation, autonomous performance of cognitive

activities, and increased confidence and enthusiasm for teaching among the participating

professors (p. 21). Studies of Cognitive Coaching^{SM} in nursing education faculty

development are recommended to determine the effectiveness and practicality of this

strategy in the busy lives of nurse educators who tend to work in isolation from one

another. Studies that include measures of student learning when Cognitive Coaching^{SM} is

used will add depth to the evidence of the efficacy of this approach.

Third, studies of the implementation of other types of reflective strategies,

including one recommended by a participant to have a reflection retreat at the end of each

term, will contribute to a deeper understanding of what is most helpful in faculty

development. A measure of time involved, along with the documentation of what is most

helpful, could promote adoption of effective processes that are the most efficient uses of

faculty time.

Fourth, nursing education has yet to demonstrate what really works to promote

critical thinking in nursing students (Staib, 2003; Ironside, 2005; Randall et al., 2007;

Nokes et al., 2005; Walsh & Seldomridge, 2006). Emerson (2007) stated that educational

research and practice related to critical thinking in nursing are out of synch (p. 129). Del

Bueno's (2005) findings reinforced this disconnect between what is known about

teaching and measuring critical thinking in nursing education and practice. Del Bueno

reported that graduates have continued to begin their work unprepared for the level of

clinical judgment needed in nursing practice. The participants in the present study revealed many strategies in use to promote thinking in nursing students, but participants had only anecdotal evidence along with their own conviction that these strategies actually worked. Data are needed to support the efficacy of these and other strategies in developing students' thinking skills. The study of critical thinking also involves continued efforts to develop and test tools for measuring thinking, because measures used so far have been met with skepticism (Cise et al., 2004; Su, 2007).

Fifth, studies of faculty development in relation to student learning outcomes and the movement toward educative learning (Bevis & Watson, 2000) will add an important dimension of evidence supporting continued faculty development and could help determine what strategies are most effective. When student learning can be related to changes in pedagogy brought about through faculty development, best practices can be more effectively identified and supported. Bevis and Watson provided tables of criteria for teacher-student interactions and for learning experiences that could be used to design studies for assessing faculty learning and the ultimate effect on student learning. Bevis and Watson stated that "the teacher's main problems are two: what learning activities to select or design that will promote the type of learning desired and what kinds of teacher-student transactions will best promote educative learning" (p. 175). The participants in this study reinforced these problems with their comments about difficulties deciding what questions will get to the learning desired and their struggle with how to work with students to promote more effective learning. More research is needed to provide evidence of student learning in relation to pedagogy and faculty development.

Sixth, this study exposed an array of leadership support issues for faculty development that need further study. Research is needed to evaluate the effectiveness of mentoring programs, new-faculty orientation programs, print and electronic resources, and learning events on campus. These programs and resources were determined to be helpful for the participants, but data to support the impact on faculty development were lacking, primarily because these programs are relatively new. Cultural issues in nursing programs also need study to provide data to help leaders with overcoming the negative cultures of criticism that were alluded to in this study; lack of peer support, resistance to change, and the sense of being out there alone. Although many of the participants praised the support available to them, they also made numerous comments about the negativity that persists in their programs. Alleviating these negative aspects could provide for faculty growth and data to support the value of such efforts is needed.

Chapter Summary

In this chapter, the results were discussed in relation to the three research questions. The research participants provided rich descriptions of their development activities and their thinking about teaching and learning to answer the three questions. A model of faculty development emerged from the data that involves a process of reflection, planning, teaching, and returning to reflection within an environment that includes both supports and constraints. Implications for further research revolve around this reflective process, advancement of the skill of thinking critically, removing barriers to growth for faculty, enhancing supports for that growth, furthering the understanding of faculty development needs and processes, and developing and using measures of student learning outcomes in relation to changes in pedagogy resulting from faculty development.

Conclusion and Study Summary

The purpose of this study was to provide insight into the issue of faculty development in nursing education. Participants in this study shared their thoughts regarding the complex role of the nurse educator and the processes in which they engaged to develop as deeper thinkers and promoters of thinking in their students. The stories shared provided considerable data about practices and strategies employed by nurse educators and indicated the importance of this issue for continued research in nursing. The study participants provided rich data usable by nursing faculty and leaders in nursing education. The faculty participants offered many interesting strategies for promoting deep learning in their students as well as multiple personal development activities that could be useful for other nursing faculty. This researcher certainly gained knowledge of teaching ideas and was exposed to numerous resources for growth as an educator throughout this research process.

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Appendices

Appendix A: Demographic Data Tool

Appendix B: Eastern Michigan University Human Subjects Institutional Review Board

Approval

Appendix C: Consent to Participate in a Dissertation Research Investigation of the

Cognitive processes that Contribute to Faculty Development

Appendix D: Coding Scheme

Appendix A

Demographic Data Tool

As part of this research, would you please respond to the following questions for background demographic information for the study:

1. What is your age? _____

2. What is your gender? _____

3. What is your highest degree earned? _____

4. How long have you been teaching in a nursing program? _____

5. Do you currently teach full-time or part-time?

    _____ Full-time

    _____ Part-time

6. What is your clinical area of expertise?

    _____ Medical/Surgical

    _____ Pediatrics

    _____ Maternal/Child

    _____ Mental Health

Appendix B

Eastern Michigan University Human Subjects Institutional Review Board Approval

EASTERN MICHIGAN UNIVERSITY

September 22, 2006

Kate Walters
Leadership and Counseling

Dear Kate:

The Human Subjects Institutional Review Board (IRB) of Eastern Michigan University has granted approval to your proposal, "An Investigation of the Cognitive Processes that Contribute to Faculty Development Among Selected Nursing Educators in Michigan."

After careful review of your completion application, the IRB determined that the rights and welfare of the individual subjects involved in this research are carefully guarded. Additionally, the methods used to obtain informed consent are appropriate, and the individuals participating in your study are not at a risk.

You are reminded of your obligation to advise the IRB of any change in the protocol that might alter your research in any manner that differs from that upon which this approval is based. Approval of this project applies for one year from the date of this letter. If your data collection continues beyond the one-year period, you must apply for a renewal.

On behalf of the Human Subjects Committee, I wish you success in conducting your research.

Sincerely,

Deb de Laski-Smith
Interim Dean
Graduate Studies & Research
Administrative Co-Chair
Human Subjects Committee

Copy: Karen Saules
       Ronald Williamson

Appendix C

Consent to Participate In a Dissertation Research Investigation of the Cognitive Processes that Contribute To Faculty Development.

This qualitative study is intended to explore the cognitive processes that nursing faculty engage in when reflecting on their practice as nurse educators.

The first phase of the research will consist of 5 discussion groups during which the issues of preparation for the teaching role will be discussed. A group of 4 to 6 participants at each site is desired. The Dean/Director of each of the 5 programs will also be interviewed for this phase to discuss issues related to preparation for the faculty role. The researcher will also request permission to review continuing education records for the nursing program from the previous school year. This does not mean individual continuing education records of faculty but consolidated records such as programs provided, summaries of evaluations, and lists of continuing education programs faculty attended summarized without names in reports such as the annual report to the Board of Nursing.

Each of the interviews/discussion session will last approximately 45 minutes to 1 hour. The interviews/discussion sessions will be taped for transcription. No identifying information will be recorded nor used in the transcription. Demographic data will be collected but names will not be needed.

In the second phase, 5 volunteers from the participants of the group discussions, one from each program, will be requested for follow-up interviews over a period of several months throughout the rest of the school year. A series of at least 4 interviews lasting about one hour each will be conducted to further explore the thinking processes related to teaching/learning in the faculty role. The interviews will be taped for verbatim transcription but the tapes will only be identified by code. Only the researcher will know who the participants are and records will be kept in a locked box. After the research is completed, all identifying information about participants will be destroyed.

The participants will also be asked to do periodic journal entries about specific teaching/learning experiences and to participate in an electronic discussion with the other participants. Fictitious names can be used in the discussions if desired. A final group discussion with the five participants will be offered to provide an opportunity to share further about the research topic and experience.

There is no physical risk involved and the psychological risk is minimal since the discussion will involve reflection on ordinary activities of teaching and on ways to improve that teaching from the participants' perspectives. Participation is voluntary and participants may withdraw at any time during the study. If so desired by the participant, any data collected up to the point of withdrawal will not be used in the study results and will be subsequently destroyed.

The research will be published as a dissertation and journal articles may result from the findings. Any participants who wish to collaborate in journal submissions resulting from this research will be welcome and will be appropriately acknowledged for their contribution.

For questions about the research, contact the researcher at 248-515-5437 or
katekarle@yahoo.com or Ron Williamson, Dissertation Chair at 734.429.5261

Consent to participate:

I _____ voluntarily consent to participate in the
above described researcher in the following phase(s):

_____ Dean/Director interview
_____ Group Discussion
_____ Follow-up individual interviews, journals, and on-line discussion.

> *"This research protocol has been reviewed and approved by the Eastern*
>
> *Michigan University Human Subjects Review Committee. If you have questions*
>
> *about the approval process, please contact Deb de Laski-Smith (734.487.0042),*
>
> *Administrative CoChair for Graduate Studies and Research (*
>
> *human.subjects@emich.edu)."*

Appendix D

Coding Scheme

Director Interviews

   Theme I: Lack of Preparation for the Role

      FACSHORT   Faculty shortage and aging of faculty

      HIRECLIN   Hire from clinical experience

      KNOWPROGRM Lack knowledge about elements of nursing

program/curriculum

      LACKKNOW   Lack knowledge about teaching

      NATURALS   Some are naturals at it

      NPVSNE   Education as nurse practitioners rather than as nurse

educators

      ROLEUNFAM   Unfamiliar with the role

   Theme II: Professional Development in the Role

      CLINICDEV   Say current in clinical arena

      CONTENTDEV   Keep up with content

      DEVTEACH   Develop teaching skills

      GETCERT   Formal education in nursing education, getting certified

      LEARNDOING   Learn by doing

      LEARNMTGS   Sharing/learning at meetings

      OBSRVOTHER   Observing others

      READBOOKS   Read to keep up with knowledge in the field

      SEEKHELP   Seeking help from others

SELFLEARN   Self-learning

TRIALERROR   Learn by trial and error

Theme III: Difficulties Encountered in Faculty Development

CRITICIZE   Colleagues' criticizing one another/feeling vulnerable

DEVRESIST   Resistance to development

LCKSPPRT   Lack of support, not sharing

STDNTDIFF   Student resistance to change

TECHNO   New technology/changing technology

TIMETOTALK   Lack of time to share

Theme IV: College and Administrative Support for Faculty Development

DEVMONEY   Money for faculty to attend conferences and workshops

MENTOR   Mentoring programs

NEWFACACAD   College programs for faculty development

Faculty Group Discussions

QUESTION ONE: As you think about the time before your first teaching assignment

in a nursing program, what were some of the things that you did to prepare for the

teaching role?

Theme I: Formal Education

FORMALED   Formal education classes

Theme II: Experience in Staff Development or Continuing Education

STAFFDEV   Started out in staff development

TGHTCE   Taught continuing education

Theme III: The Level of Confidence and Comfort Felt with Clinical and Classroom

Teaching

 NATABILITY Have a natural ability to teach

 RELYONEXP Relied on their own experience

Theme IV: Activities Engaged in to Prepare for the First Teaching Experience

 ASKFORINFO Asking for other information

 LOOKBACK Looked back at their own experience with education

 MKENOTES Wrote notes to prepare

 READ Reading to prepare

 TIMEONUNIT Spent time on the hospital unit or didn't have that

opportunity

 WATCHOTHER Watched/followed others teach in clinical

Theme V: Time or Help Preparing for the First Assignment

 BETTERNOW More support available now than in the past

 FEELUNPREP Felt unprepared and didn't have a lot of support

 HADTIME Had time to prepare

 LACKTIME Started without much time to prepare

QUESTION TWO: As you think about that first teaching assignment in a nursing

program, what was it like?

Theme I: Emotional Aspects of the First Teaching Experience in Nursing

Education

 FEAR Felt fearful

 NERVOUS Felt nervous

OVERWHELM   Overwhelming

Theme II: The Sense of Preparedness

CHAOS   It was chaos

FELTALONE   Sense of feeling alone

LRNASUGO   Learn as you go

NOCLUE   Had no clue what I was doing

NOIDEA   No idea what I was doing

NOTKNOW   Found they didn't know what other faculty knew

SURVIVE   Expressions of just being able to survive first teaching

experience

TRANSITION   It was a transition from staff development

Theme III: Expressions of Positive Experiences or Hope for Better Times to Come

ENJOYCLIN   Enjoyed teaching clinical

FEELNAT   Felt natural moving into teaching

GETSBETTER   It gets better

HARDBUTLIK   Hard to get through first experience but found they liked it

NOTAFRAID   Not really afraid

PREPSELF   Prepare self

QUESTION THREE: As you think about the time since you started teaching and

your teaching into the future, what are some things you have done, are doing, and/or

plan to do to continue your growth as effective nurse educators?

Theme I: Clinical Competence

CANTKNOWAL   Faculty can't know it all

CLINFAC   Clinical faculty

STAYCRRNT   Stay current with changes in healthcare

STILLWORK   Still work in the hospital

WORKCLINIC   Importance of continuing to work in the hospital or not

Theme II: Resources for Continuous Faculty Development

CONF   Attend conferences

CONTVSEDUC   Attend conferences on nursing content versus education

NETWORKING   Networking with other educators

READ   Read to keep up on things – books, journals, internet

SHARE   Share with one another

SUPPORT   Support one another, help each other

TECHNO   Use of technology for learning

UPTODATE   Staying up to date

Theme III: College Supports for Faculty Development

CLLGSPPRT   College support for faculty

LEARNCENTR   Learning center

MENTOR   Mentoring programs

NEWFACLRN   Programs for new faculty

Individual Participant Interviews

Theme I: Thinking Processes Used in the Teaching Role

Subcategory: Reflections on their practice or how faculty think about their teaching

ACTIVELRN   Teaching activities that promote active learning

CATCHSELF   Talking about catching themselves and stopping to think in a situation

CENTER   Center yourself

DIDACTIC   Using lecture methods

LOOKBACK   Talking about looking back to their own experiences

MINUTPAPER   Minute paper as an assessment strategy

REFLECTING   Faculty talking about the act of reflecting

REFLECTION   Faculty sharing a reflection – engaging in reflecting, but not talking about their reflecting

THINK   Any comment where faculty used the word "think" or "thinking"

WALKMOVE   Getting students up and moving around

Subcategory: Planning for teaching events

CHOOSE   Making choices about teaching tools and strategies

FIGUREOUT   Thinking about teaching strategies

FINETUNE   Thinking about revising teaching materials and teaching strategies

INTENT   Sharing thoughts about intentions in relation to teaching

REHEARSE   Prepare by running through the class material or preparing to meet with students

REMINDERS   Using strategies to help remember content for class

Theme II: Other Activities Engaged in for Development in the Role of the Nurse Educator

ASKPEOPLE   Asking others for information

CLINICPRCT   Comments about keeping up through practice in a clinical

setting or not

CONF   Attending conferences and workshops

CURRENT   Keeping up on developments in nursing

FACLEARN   Programs at the college for faculty learning about teaching

MENTOR   Help of a formal or informal mentor

SHARING   Others sharing with them

SUPPORT   Support or lack of support from the college or

administration and colleagues for continued development

TECHNO   Learning about and using technology in teaching

WORKSTAFF   Continuing to work as a staff nurse and value of that to

teaching

Theme III: Strategies to Promote Thinking in Students

ACTIVELRN   Strategies to promote active learning

EXPECT   Expectations of faculty regarding student preparation and

involvement in learning

QUESTIONS   Use of questioning strategies to stimulate thinking

SELFEVAL   Having students evaluate themselves/reflect on their

learning

STDNTTHINK   Comments about student thinking and promoting student

thinking

STORIES   Use of stories to stimulate thinking in students

THINKOUTLOU   Think out loud in front of students

Theme IV: Promoting a Caring Learning Environment

    CARINGSTD   Expressions of caring for students and how that is

                      demonstrated

    COACHING   Role as a coach for students

    CONNECT   Comments about connecting with students

    ENTERTAIN   Teaching by entertaining students, making learning fun

    HUMOR   Use of humor to lighten up the atmosphere

    TCHENVIRON   Creating a positive teaching/learning environment

    WAITTIME   Giving students time to respond

    WALKMOVE   Getting students up and moving to help their thinking