An Exploration of the Current Orientation Practices for Clinical Instructors at Ontario University Nursing Programs

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Abstract

The Joint Provincial Nursing Committee in Ontario in 2015 set forth recommendations to improve clinical nursing education. This thesis was conducted to explore the current orientation processes for new clinical instructors within nursing programs at Ontario universities. Qualitative methodology, more specifically case study design, was chosen to guide the research process. Eight participants from six universities in Ontario were recruited, using purposeful sampling, and participated in semi-structured interviews. Four themes emerged from the data: (a) the process of orientation starts with the hiring process; (b) training methods and content of orientation programs; (c) completion of the orientation process; (d) clinical instructors as part-time employees. Findings indicated that there is a lack of a standardized orientation process across Ontario, resulting in inconsistencies in how clinical instructors teach across the province. It is recommended that an evidence-informed, standardized orientation model be developed to provide consistency in clinical education across Ontario.

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List of Abbreviations

CASN	Canadian Association of Schools of Nursing
CNA	Canadian Nurses' Association
CI	Clinical Instructors
CNO	College of Nurses of Ontario
IT	Information Technology
JPNC	Joint Provincial Nursing Committee
PD	Professional Development
QSEN	Quality and Safety Education for Nurses
RNAO	Registered Nurses' Association of Ontario
WHO	World Health Organization
WSIB	Workplace Safety and Insurance Board

CHAPTER ONE- INTRODUCTION

Education within the clinical setting in university nursing programs is heavily supported by the efforts of Clinical Instructors (CI). These CI are hired by the universities, however, across the province of Ontario the process by which they are oriented to their new position remains unknown. This is a study of the current orientation programs for CI at schools of nursing at Ontario universities. Within the context of this study, new CI may be defined as Baccalaureate prepared nurses working as educators in the clinical nursing setting who are hired by the university and are either new to the role or new to the university. In addition, orientation will be referred to as the process of preparing new CI for their role and responsibilities, integrating them into the role and institution, and follow-up evaluation. The complex phenomenon of orientation of CI will be explored further in this chapter.

This research will address the gap in the literature that resulted from a recommendation by the Joint Provincial Nursing Committee (JPNC, 2015). Current training opportunities for CI that exist within Ontario will also be reviewed. The gaps in the literature will be discussed in conjunction with the gaps in the current orientation programs across Ontario to provide rationale for the research. To provide context, documents from professional organizations, including the College of Nurses of Ontario (CNO), Registered Nurses' Association of Ontario (RNAO), World Health Organization (WHO), and the JPNC will be discussed.

Background of the Problem

A survey performed by the JPNC (2015) aiming to explore opinions about clinical placements from undergraduate students in Ontario found that CI impact several aspects of the learning environment and the experiences of nursing students. One student from this survey

reported that regardless of the location of a clinical placement, a high-quality clinical placement is highly dependent on the clinical instructor (JPNC, 2015).

> I have had good clinical placements with mediocre instructors that did not allow us to practice our skills, and I've had bad clinical placements... with an amazing instructor who helped me get the most out of the limited opportunities. The good placements are really defined by high quality instructors - instructors that challenge you, but don't belittle you. (JPNC, 2015, Appendix C, p. 7).

The report by the JPNC evaluated the perceptions of 1012 nursing students at universities and colleges in Ontario on their clinical experiences. When asked to reflect on what defines quality clinical placements, three themes emerged: quality CI, a safe environment, and opportunities for learning (JPNC, 2015). As described by the students, a high-quality instructor is someone who "helps facilitate their growth as a professional; continuously looks for learning opportunities for the student; challenges yet also empower them; maintains a positive and encouraging attitude around the student," (JPNC, 2015, Appendix C, p. 7). Although not directly attributed to CI, the other two themes can be greatly impacted by the clinical instructor's capabilities in their role. The students described a safe clinical environment as one where it is safe to learn, they are accepted, and their nurse mentors understand the role and abilities of the student (JPNC, 2015). CI must communicate expectations for students with the nursing staff so that their scope of practice is clear, as well as ensure that if bullying among nursing staff and nursing students occurs, it is handled appropriately. Students look and hope for opportunities in their clinical experiences where they can practice skills and techniques learned in the lab, simulated environment, or classroom (JPNC, 2015). CI can seek these opportunities, track each student's experiences, and arrange for nursing students to be involved.

Currently in Ontario, there is a lack of standardized orientation practices across university nursing programs, resulting in siloed and inconsistent orientation (JPNC, 2015). Due to the lack of standardization, it is unknown how each university orients new CI to the role. According to JPNC, Ontario nursing programs need a consistent expectations-based method of orientation for new CI to foster excellence in nursing education (2015). By transitioning to an expectations-based model, clinical instructors would be held accountable to meeting these expectations, thereby achieving consistency.

The behaviours, practices, and teaching styles of CI vary drastically, and can either create a supportive or an unhealthy learning environment (JPNC, 2015). As a result of a lack of formal orientation, CI may use personal experience to guide their education, opposed to theoretical knowledge, causing students to receive inconsistent information (Hewitt & Lewallen, 2010; Kelly, 2006). A grounded theory study by Cheraghi, Salasi, and Ahmadi (2007), found that theoretical skills learned in the classroom did not correspond with the skills learned in the clinical environment. Institutions worldwide rely heavily on part-time CI (Davidson & Rourke, 2012); 80 percent of CI at the Medical University of South Carolina College of Nursing are part-time employees (Duffy, Stuart, & Smith, 2008). Although part-time staff represent a large portion of the clinical instructor population, there is a lack of literature supporting specific orientation for these instructors. Orienting new and returning CI who are hired on an annual basis would present challenges. It would be difficult to ensure CI are prepared to teach consistently with different levels of teaching experience if they are not provided consistent orientation.

In the study conducted by the JPNC, 1012 undergraduate nursing students provided suggestions for change, one of which included investing more time and resources into recruitment, education, development, and retention of high-quality CI (JPNC, 2015). The

students in this study reported inconsistencies in the behaviours and teaching styles of CI, which directly affected their clinical education (JPNC, 2015). Apart from inconsistency, part-time CI pose an issue of commitment to the role (Duffy, Stuart, & Smith, 2008; Kelly, 2006). If CI are adequately prepared to educate and train nursing students, not only will retention and satisfaction of instructors improve, but nursing students will receive higher quality education (Hewitt & Lewallen, 2010).

CI are essential educators in providing knowledge, guidance, and support to prepare nursing students in their clinical education and have the ability to positively impact clinical experiences of nursing students. Perhaps a redirection of resources and focused look at the orientation process and professional development invested in current CI would provide future direction and a starting place to standardize CI orientation across universities.

Defining Orientation

The complex process of orientation is one with many foci and benefits, for both the employer and employee. The process of transitioning into a new role may be referred to as orientation, training, and onboarding. For consistency, it will be referred to as orientation throughout this thesis. Orientation involves preparing and orienting the new employee, integrating and socializing them into the institution, and a follow-up including evaluation (Mellinger, 2013) to fulfill their expectations to maximize employee satisfaction and efficiency (D'Aurizio, 2007).

Although the specific details of orientation may differ among sectors, the core principles of orientation remain consistent. Specific to nursing CI, the purpose of orientation is to ensure instructors have a clear understanding of the university's expectations regarding supervision,

supporting students, and providing feedback, as well as the course requirements of their students (Browning & Pront, 2015).

Orientation is a combined effort amongst the employee, Human Resources, management, and preceptors (D'Aurizio, 2007). The process of orientation should extend from the time of hire to the time when employees are fully transitioned into their new role, as evidenced by successful completion of competencies upon evaluation (D'Aurizio, 2007; Garcia et al., 2017). Orientation is an essential process, and can greatly impact employees', and more specifically, clinical instructors' experiences.

Current Orientation Programs

Although there are orientation programs and resources readily available for CI, they do not accomplish the essential components described in the literature above and are not mandatory requirements by all universities in Ontario. While there are other preparatory courses and workshops available for CI, only those available in Ontario were reviewed. These programs are facilitated by the Canadian Association of Schools of Nursing (CASN, 2018), University of Toronto (2021), Western University (2021), and The Michener Institute of Education at UHN (n.d.). The mode of delivery, length, location, type of dissemination, expected learning outcomes, and cost of the programs can be seen in Table 1 on the following page.

Table 1

Comparison of the Current Orientation Programs and Resources Available in Ontario

Program	Mode of Delivery	Location	Program Length	Dissemination of Information	Expected Learning Outcomes	Cost
Canadian Association of Schools of Nursing (2018)	Online	Non-applicable	Six weeks	Webinars Online chats Readings Evaluations	Role and responsibilities Theoretical principles of clinical teaching Creating a positive environment Mentoring and coaching students Assessing and evaluating students Issues CI face Role of support by institutions	$535.00 CAD
University of Toronto CI Workshop (2021)	In-person	Toronto, Ontario	Two days	Discussion Simulation Small group activity Evaluation	Foundations of clinical teaching Reflecting on relationships with students Handling and resolving challenging students and situations Creative teaching strategies Communication Current issues in complex environments Coaching nursing students	$410.00 to $600 CAD
Western University CI Resource (2021)	Online	Non-applicable	Non-applicable	Readings	Assessing and evaluating students Role and responsibilities Clinical teaching Evaluations Templates for use in practice	Free

The Michener Institute of Education at UHN (2021)	Online	Non-applicable	Three months	Readings Reflective exercises Final assignment	Adult education Learner diversity Creating a positive learning environment Evaluation methods Coaching students	$339.00 CAD

Gaps in orientation programs. The self-directed courses facilitated by CASN (2018), University of Toronto (2021), Western University (2021), and the Michener Institute of Education at UHN (n.d.) all offer unique and valuable information that will help CI transition from their role as a clinical expert into their role as a clinical teacher in clinical education. Despite these available opportunities, there remains a gap in standardization across Ontario, and a systematic orientation program that includes evidence-informed content. Additionally, requirements for hire, related to previous education level, certifications, and experience is specific to each university.

Of the four courses available for CI, three are offered online, therefore are equally accessible for CI seeking knowledge in clinical education. These online courses are held by CASN (2018), Western University (2021), and the Michener Institute of Education at UHN (n.d.). Although the online platforms allow for accessibility, the costs associated with the courses can be prohibitive; they range from $339-600, and this may prevent CI from accessing this training. Only one of the four courses offered is free. Regarding content, all programs include information on coaching and evaluating learners. Three of four programs also include information on principles and foundations of clinical teaching. Only two of the programs discuss the role and responsibilities of CI, creating a positive teaching environment, and handling common challenges of clinical instructing. Lastly, inconsistencies among the programs include relationships with students, communication, learner diversity, and providing templates such as sample learning contracts, worksheets to track assignments, skills, and completion of goals.

There are major inconsistencies that exist among the courses, specifically content, cost, and accessibility. Additionally, much of the literature recommends including university-specific policies and procedures in orientation programs for CI. This university-specific content may

include curriculum, student objectives and expectations, student scope of practice, student evaluations, and technology-based training. In addition to the highlighted gaps in the orientation programs, there is a lack of competencies to guide the orientation and practices of CI specifically.

Core Competencies

Core competencies may be defined as an outline of expectations for professionals to help prepare, ensure accountability, and improve outcomes (World Health Organization [WHO], 2016). Professional organizations within nursing for which core competencies are utilized include registered nurses, nurse practitioners, clinical nurse specialists, and nurse educators. The CNO (2018) has created a list of five competencies to help guide the practice of nurses within the role of education, specifically educating patients. These competencies discuss addressing patients' learning needs, utilizing teaching and learning theories, evaluating effectiveness of teaching, and assisting in the use of technology (CNO, 2018). Though these are pertinent to the role of CI, they do not directly guide their practice, and were not created specifically for CI. As CI are professionals with unique roles and responsibilities, it should be expected that their practice be held accountable to core competencies. Within the literature, there was substantial discussion of the role of core competencies in guiding practice and orientation programs (Garcia et al., 2017; McCune, 2004; Schaar, Titzer, & Beckham, 2015; Woolforde, 2012). In 2016, the WHO developed evidence-informed core competencies for nursing educators but fails to define specifically whether they are relevant for CI.

These core competencies were developed based on relevant literature and a global survey distributed to various nursing and midwifery organizations (WHO, 2016). A synthesis of the data resulted in the creation of eight core competencies: "1. Theories and principles of adult

learning… 2. Curriculum and implementation… 3. Nursing practice… 4. Research and evidence… 5. Communication, collaboration, and partnership… 6. Ethical/legal principles and professionalism… 7. Monitoring and evaluation… 8. Management, leadership, and advocacy," (WHO, 2016, p. 27-28). The current orientation programs based in Ontario fully or partially satisfy some of these core competencies. (WHO, 2016). Table 6 in Appendix A demonstrates the inconsistency between the current orientation programs in Ontario and the core competencies for nurse educators developed by the WHO. The purpose of illustrating the inconsistencies is two-fold; the current orientation programs do not suffice in satisfying these competencies, and the competencies for nursing educators may not be relevant for clinical educators.

Due to these inconsistencies, clinical education and the guidance received by nursing students from CI can vary greatly. As highlighted by the JPNC report (2015), currently, orientation of CI of universities is siloed, and inconsistent. Although the content in the programs held by CASN, University of Toronto, Western University, and The Michener Institute of Education at UHN are readily available to CI, whether they access it prior to hire is unknown. Also, due to the independence of each university, it is unknown whether CI receive orientation to their specific university's policies and procedures, and course-related content, which are highlighted as essential in the literature.

In order to maximize clinical education for nursing students, it has been recommended that orientation and training of CI become consistent across Ontario to hold CI to the same standards, thereby fostering excellence in nursing (JPNC, 2015). It has also been recommended that this standardized orientation include, "anti-bullying training, student's rights and responsibilities, occupational health and safety requirements… training for diversity of learners... [and] a focus on student learning objectives," (JPNC, 2015, p. 8). These components may be

highlighted as additional gaps in the current orientation programs, as there is a lack of information in the literature on bullying, students' rights and responsibilities, health and safety, and learning objectives.

Theoretical Model

The use of theoretical models in research is beneficial in navigating processes. According to Merriam and Tisdell (2015), theoretical frameworks are essential in providing structure to qualitative research studies. Clark offers a theoretical model developed to help administrators and mentors guide new CI in their transition. The purpose of this particular theoretical model was to help administrators and mentors guide new CI in their transition (Clark, 2013). Based on the data, five stages of socialization emerged:

> (a) beginning the role; (b) strategies to survive in the role; (c) turning point in the role; (d) sustaining success in the role; and (e) fulfillment in the role. These stages reveal that the transition into a clinical instructor is a complex and purposeful process and is not simply a natural result of being a nurse (Clark, 2013, p. 109).

These five stages demonstrate that to transition successfully into a competent clinical instructor, an initial orientation to the role is insufficient, as they require ongoing education. The notion of ongoing professional development was supported throughout the literature, which will be discussed in Chapter Two. For the purpose of this study, the first two stages of the theory will be examined in depth and will be utilized as a guide for this research.

Rationale for Research

Inconsistency or a lack of orientation among CI is an issue that has been highlighted in the literature for many years (Browning & Pront, 2015). Suggestions for improving clinical education in Ontario, include the JPNC report, which stated that more time and resources should

be invested in the recruitment, education and development, and retention of CI, resulting in standardized orientation (2015). This investment may include strategies such as providing opportunities for CI to learn about effective teaching and learning strategies, bullying and horizontal violence, and conflict resolution.

In 2016, the RNAO published a best practice guideline (BPG) providing evidence-informed recommendations, focusing on fostering excellence in undergraduate nursing education, and more specifically in the clinical environment. To maximize the benefits of CI and preceptors, it was recommended that they be provided education on teaching strategies, addressing students' objectives, scope of practice, and unsafe practice (RNAO, 2016). Additionally, it was recommended that, "clinical nursing instructors possess current theoretical knowledge and clinical expertise and support ongoing professional development opportunities to promote the transfer of theory to practice," (RNAO, 2016, p. 12). Despite the demonstration in the literature of how important orientation is for CI, seven of eight participants in a study by Wilson (2017) reported inadequacy in their orientation. Formal and deliberate orientation has been highlighted as the most important factor in easing transition (Schaar et al., 2015; Wilson, 2017).

Although establishing an effective orientation program is of significance, it is also important to address the nursing shortage. The ultimate goal of nursing education is to produce competent nurses, thereby addressing the global nursing shortage (Lotas et al., 2008). There is also a critical nursing faculty shortage at the root of the issue, which is preventing an increase in enrollment numbers to address the nursing shortage (Crocetti, 2014). Due to the nursing shortage, hospitals are experiencing pressure to hire more nurses, and academic institutions are experiencing pressure to increase their enrollment numbers (Lotas et al., 2008). Schools of

nursing are unable to accommodate additional students due to several contributing factors, however, largely in part due to a lack of qualified CI (AACN, 2019; Dunker & Manning, 2018; Lotas et al., 2008). According to the American Association of Colleges of Nursing [AACN] 75,029 applicants were denied admission in 2018 due to a lack of available faculty (2019). In a survey of 872 nursing schools, it was identified that there was a total of 1,715 faculty vacancies, and there would need to be an additional 138 faculty positions opened to meet the demand of the number of applicants (AACN, 2019). Within Ontario, the RN-to-population ratio is at an all-time low; Ontario requires an additional 20,000 nurses to be hired in order to meet the average nurse-to-population ratio when compared with the rest of Canada (ONA, as cited by Rushowy, 2021). This nursing shortage has been drastically worsened due to the recent pandemic due to COVID-19, further burdening the healthcare system (Rushowy, 2021). To alleviate this burden and shortage, the province of Ontario will be increasing funding by $35 million dollars to nursing education to add 2000 spots in Ontario college and university nursing programs (Rushowy, 2021). This increase in enrollment further emphasizes the importance of clinical education and the urgency of this research to ensure CI are the most effective clinical teachers.

With the pressure to enroll more students, schools of nursing are hiring inexperienced and undereducated CI to bridge the gap (Clark, 2013; Creech, 2008; Hewitt & Lewallen, 2010; Johnson, 2016; Mann & De Gagne, 2017; Mcpherson, 2016; Weston, 2016). Oftentimes, CI are experts in their own nursing practice, but lack formal training and expertise in clinical education (Dunker & Manning, 2018; Hewitt & Lewallen, 2010; Hunt, Curtis, & Sanderson, 2013; Johnson, 2016; Kaakinen, & Warner, 2008; Mann & De Gagne, 2017; Reid, Hinderer, Jarosinski, Mister, & Seldomridge, 2013; Roberts, Chrisman, & Flowers, 2013). Unfortunately,

clinical expertise does not translate to education expertise, and is insufficient preparation for the role as a nursing clinical instructor (Barksdale et al., 2011).

This thesis aims to explore orientation processes for new CI within nursing programs at Ontario universities. By accomplishing this, the goal is to gain insight into the current practices for orientation at each university and compare this information with the recommendations from the literature, the JPNC report, and the RNAO BPG. By understanding the current practices, gaps in the orientation of CI in Ontario can be highlighted, and potentially lead to further research in the development of an orientation program that fulfills the recommendations.

Research Question

This thesis aims to answer the question, "What is the current process of orientation for new CI within programs of nursing in Ontario?"

CHAPTER TWO- LITERATURE REVIEW

This literature review will discuss different components of the process of orientation for CI. First, the search strategy is described, followed by a review and description of relevant literature. Based on the literature reviewed, three key themes emerged that will be discussed, which include the role of CI, the importance of orientation, and program design concepts of different orientation programs. The gaps that have been identified in the literature will then be discussed, followed by an overall summary of the literature review.

Research Question

This thesis aims to answer the question, "What is the current process of orientation for new CI within programs of nursing in Ontario?"

Literature Search Strategy

An electronic search of the literature was performed to examine the current process of orientation among nursing CI. The literature search was conducted using the following databases: CINAHL, ProQuest, and SuperSearch. In addition, pertinent articles were retrieved from the references section of the literature found in the search. Due to the limited literature available on this topic, both anecdotal and research studies were included. The literature search was restricted to English literature; however, it was not restricted by date of publication to achieve maximum exposure to the literature. The articles obtained in the literature search ranged from 2004 to 2019.

Within the initial literature search, the following search terms and phrases were used: "CI," "clinical preceptor," "clinical tutor," "clinical nursing instructor," "clinical nursing preceptor," "clinical nursing tutor," "orientation," "onboarding," "training," "employee orientation," "employee onboarding," "employee training," "new employee orientation," "new

employee onboarding," "new employee training," and "nursing". These search terms were chosen based on the terminology used in current literature and due to the different terminology used depending on the geographical area. Multiple combinations of search terms were required.

A total of 238 articles were gathered from the literature search using the above databases and search terms. These articles were reviewed, and criteria for exclusion and inclusion were created. Articles pertaining to the importance of CI, orientation of CI, clinical instructor orientation program design, or the learning needs of CI were included. Articles referring to the orientation of non-clinical instructor populations (students, registered nurses, clinical nurse specialists, nurse practitioners, physical therapists, or physicians), clinical skill training, patient education, or topics irrelevant to orientation were excluded. In addition, poster presentations, book reviews, dialogue articles, and articles lacking evidence and references were excluded. Based on the exclusion and inclusion criteria, a total of 19 of 238 articles were included. Additionally, six articles were included, which were pertinent literature from the references of the original 19 articles totaling 25 articles. After reviewing the literature, a second literature search was conducted with the addition of the term "clinical faculty," as it was frequently used in the existing literature. The second literature search resulted in the addition of seven articles, for a total of 32 articles to be included in the literature review.

Of the total 32 publications, 29 were from the United States of America, one from Palestine, one from Saudi Arabia, and one was from Alberta, Canada. Twelve of the 32 articles are discussion or anecdotal articles, and 20 are research studies. Of the 20 research studies, eight are quantitative, seven are qualitative, and four mixed-methods. The single Canadian article by Davidson and Rourke is a quantitative study exploring the learning needs of CI. The articles that were included were separated into themes based on the area of interest of the article or how it

related to the research topic of this thesis. These themes included the role of the clinical instructor, the importance of orientation, and orientation program design. Throughout the three themes, there is significant overlap among the articles. The purpose, study design, geographical location, and key points of the articles are in Appendix C.

The Role of the Clinical Instructor

The first theme that developed from the literature review is the unique role of the clinical instructor. In this section, 16 articles will be discussed; 12 research-based articles and four anecdotal articles; of these articles, three were pilot studies. The research articles included four qualitative design, three mixed-methods, and five quantitative design. The geographical location of these articles included one from Canada, one from Palestine, one from Saudi Arabia, and 13 from the United States of America.

Due to the complexity of their role, three areas were highlighted within the theme of the role of the clinical instructor, including theory-to-practice gap, learning needs of the clinical instructor, and role transition, which will be discussed later in this section. The primary role of CI is to provide clinical education and valuable learning experiences for nursing students.

The clinical component of nursing education is fundamental to the overall learning experience of nursing students (Davidson & Rourke, 2012; Hunt et al., 2013, Ross & Dunker, 2019). As defined by Levy and colleagues (2009), a clinical nursing instructor is a "registered nurse responsible for providing professional development guidance and support to students during a clinical practice experience," (as cited by RNAO, 2016, p. 5). Clinical teaching is multifaceted and unique. CI must have clinical expertise, have the ability to assess and evaluate students, identify clinical learning opportunities, have knowledge on teaching and learning strategies, guide students, and translate theory learned in the classroom into practice (Clark,

2013; Fura & Symanski, 2014; Hickey, 2010; Owens, 2017; Roberts et al., 2013). The clinical setting is essential for nursing students to practice skills and knowledge learned in the classroom in real-life situations, and CI are an important component of the experience (Weston, 2016). A clinical instructor's ability to effectively teach has a significant impact on the learning experiences of nursing students (Davidson & Rourke, 2012; Hickey, 2010).

Utilizing the four roles in Boyer's model of scholarship: teaching, research, service, and integration of research, Creech (2008) explored the unique role of part-time CI. A survey created based on literature and Boyer's four roles was distributed to nursing faculty and administrators at 25 academic institutions (Creech, 2008). The participants included 99 part-time faculty members, 94 full-time faculty members, and 59 administration staff, all with various backgrounds and experience levels (Creech, 2008). Although the part-time CI were found to perform in all four areas of scholarship, they mostly performed within the teaching and service sectors, and less within the research and integration of research sectors (Creech, 2008). In regard to specific tasks, part-time CI were found to be responsible for teaching preparation, clinical, laboratory, and classroom teaching, and developing curriculum and evaluations (Creech, 2008). These results led to the conclusion that part-time faculty have a greater scope of responsibility than anticipated (Creech, 2008). Part-time CI appear to be heavily used throughout clinical education and are therefore an essential component to the operation of nursing education. The results of this study show the vast capabilities and responsibilities of CI, and they should be appropriately prepared, as well as recognized for their efforts.

It is evident that CI carry a substantial amount of responsibility in the clinical education of nursing students. CI must use their nursing education, nursing experience, and orientation into their role to perform to their full scope, as identified by Creech (2008). Although their role

includes many different elements, one essential yet very difficult component of their role is to transform theoretical knowledge into physical, hands-on knowledge.

Theory-to-practice gap. CI are tasked with translating knowledge learned in the classroom to hands-on skills in the clinical setting. The theory-practice gap has been defined as a discrepancy between what students learn in the classroom and what is experienced in the clinical setting (Akram, Mohamed, & Akram, 2018). From the students' perspectives, key components to bridge the gap between theory and practice include CI communicating effectively, using case studies, and applying theory directly to clinical practice (Akram et al., 2018). Hunt et al., (2013) agree that when CI are appropriately oriented to their role, they will have the ability to ensure that the knowledge learned in the classroom corresponds with the skills taught in the clinical setting.

Repeatedly noted in the literature, academic institutions are increasingly hiring part-time CI with minimal teaching experience to compensate for the nursing faculty shortage (Roberts et al., 2013). Regardless of the part-time status of some CI, they are entitled to adequate orientation (Roberts et al., 2013). In addition to a lack of orientation, a part-time status as a clinical instructor results in additional challenges. According to Kelly, part-time CI, especially those without adequate orientation, utilize their past experiences to guide clinical teaching, opposed to using teaching and learning strategies (2006). This poses an issue with consistency among CI, and results in ineffective clinical teaching, and a lack of involvement in the role (Kelly, 2006). Although utilizing past experiences for teaching results in inconsistency, a lack of standardization in orientation from one nursing school to another also results in inconsistency; however, this was not highlighted in the literature. Due to the unique education that CI provide,

they require a standardized, needs-based orientation to adequately transition, retain, and support them (Johnson, 2016).

Learning needs of the CI. CI have a distinctive role where they must have knowledge in nursing practice and teaching strategies and principles. It would be expected that CI be provided with orientation to support their specific learning needs (Ross & Dunker, 2019). In a study by Hunt and colleagues, the CI reported a need for learning course specific objectives, expectations, and syllabi, completing student evaluations, and addressing student issues (2013). In another study, Davidson and Rourke also explored the learning needs of CI. They identified the following needs: administrative information, clinical policies, remediating students, course content and materials, choosing patient assignments for students, their role in simulations, and evaluations (Davidson & Rourke, 2012). These learning needs were separated into two categories: instrumental information that any new employee requires, and more complex information, such as teaching and learning strategies (Davidson & Rourke, 2012). By recognizing the unique learning needs specific to the role of the clinical instructor, they can be integrated into orientation programs that will ease clinical instructors' transition into their new role.

Role transition. A CI's transition into their new role provokes stress and anxiety as they must acquire new knowledge, skills, and values in order to successfully fulfill their role (Hutchinson, Tate, Torbeck, & Smith, 2011; Owens, 2017; Ross & Dunker, 2019; Zakari, Hamadi, & Salem, 2014). A phenomenological study by Owens explored the experiences of part-time CI during their transition into the role (2017). Five themes emerged from the data: "(a) development of their clinical instructor identity; (b) perception of similar and different learning needs; (c) incentive and motivation to learn; (d) the necessity of prior and current nursing

experience; and (e) the importance of other faculty and resources," (Owens, 2017, p. 12). Some of the more specific components impacting their role transition included learning how to teach and demonstrate skills, understanding teaching strategies, feelings of satisfaction when students were taught effectively, and the use of a mentor (Owens, 2017).

Alternatively, a case study by Wilson (2017) also explored the experiences of CI during the transition into the new role. Seven of the eight participants reported inadequacy in their orientation; two participants received formal orientation, but several participants simply met with the program chair, and received the syllabus and course materials (Wilson, 2017). The participants reported a lack of communication with the course instructor; therefore, there was confusion on what students were learning, expectations, and grading guidelines (Wilson, 2017). The instructors provided suggestions for improving the transition, including professional development, formal orientation, being paired with a mentor, and an online support platform (Wilson, 2017). Factors that improved the transition for CI included previous education in teaching, attending a class for the course, shadowing an experienced clinical instructor, having a mentor, and formal orientation (Wilson, 2017).

Similar to the study by Wilson, Mann and De Gagne (2017) conducted a qualitative study on the transition into the role of a clinical instructor with nine clinical experts. Through interviews, the novice clinical instructor reported feelings of unpreparedness, and identified several facilitators and barriers to the transition phase (Mann & De Gagne, 2017). Facilitators included graduate-level courses in teaching strategies, experience in education, mentorship, ongoing professional development, support from experienced faculty, and formal orientation programs (Mann & DeGagne, 2017). Ultimately, the clinical instructor underestimated the amount of work and preparation needed to fulfill their duties, and much of their strategies came

from trial and error and electing to take courses in clinical education. A lack of orientation and communication may result in feelings of role confusion, inadequacy, and ultimately impact job satisfaction and retention (Mann & De Gagne, 2017; Reid et al., 2013; Wilson, 2017).

To summarize, CI are responsible for facilitating their students' clinical education (Creech, 2008), evaluating students (Davidson & Rourke, 2012; Hunt et al., 2013, bridging the gap from theory to practice (Clark, 2013; Fura & Symanski, 2014; Hickey, 2010; Owens, 2017; Roberts et al., 2013), implementing teaching and learning strategies (Davidson & Rourke, 2012; Owens, 2017), and administrative duties (Hunt et al., 2013). During their transition, CI must learn how to effectively educate, a role that is very different from their nursing role. Utilizing learning needs-based orientation for CI can help optimize their teaching abilities (Davidson & Rourke, 2012; Hunt et al., 2013) and ease transition to a new advanced practice role (Ross & Dunker, 2019; Schaar et al., 2015; Wilson, 2017).

The Importance of Orientation

Orientation was identified as integral as it targets self-efficacy and competency, employing strategies for socialization and acclimatization into a new role. Within this section, 15 articles will be discussed; seven of which were research and eight were anecdotal. Among the research articles, five were quantitative, one qualitative, and one mixed-methods. In regard to the geographical location of the articles, 14 of the articles are from the United States of America, and one is Canadian. Refer to Appendix B for a summary.

CI have unique roles, and although they are clinical experts, they are unprepared for educating nursing students and require proper orientation and support to transition into their new role (Clark, 2013). The academic background of CI may vary depending on the school's requirements, including bachelor or master's degrees or advanced practice credentials, such as a

certification in nursing education. Typically, CI lack formal education in teaching and require guidance, support and orientation (Davidson & Rourke, 2012; Hewitt & Lewallen, 2010; Ross & Dunker, 2019). New CI transitioning into the role report a disconnect between clinical education and the realistic expectations in their workplace (Bell-Scriber & Morton, 2009).

Roman (2018) demonstrated this in a sample of 37 CI and examined if professional development led to an improvement in teaching abilities. A pre and post-test design was used to evaluate the impact of online modules (school and hospital policies, teaching ability, providing feedback, and self-confidence on knowledge acquisition) (Roman, 2018). There was a statistically significant improvement in teaching knowledge, providing feedback, and knowledge of policies (Roman, 2018). The benefit of professional development is a decrease in role confusion by better preparing CI (Barksdale et al., 2011; Roman, 2018), thereby providing effective and quality learning experiences to students (Dunker & Manning, 2018; Johnson, 2016). Aside from the academic impact, more importantly, the lack of preparation and confidence among CI can negatively impact patient care (Hutchinson et al., 2011).

Additionally, without proper orientation, new faculty members may be ineffective educators and experience role confusion (Barksdale et al., 2011). The University of North Carolina School of Nursing implemented a faculty development program to prepare new clinical faculty members, as well as maintain current knowledge in existing faculty members (Barksdale et al., 2011). The goal of this program was to educate and support instructors, either new to the school or to the role, keep existing faculty members up to date with current information, and promote professional development (Barksdale et al., 2011). The participants were asked to evaluate the content of the program, objectives, and motivation; positive feedback was received

(Barksdale et al., 2011). Although positive feedback from the participants indicates the program was effective in providing support, it does not demonstrate an increase in knowledge or abilities.

In a pre and post-test study, Johnson (2016) examined the effect of a faculty orientation workshop on the competency of CI. A pre and post-test was performed evaluating clinical instructors' knowledge on principles of clinical assessment and evaluation, rubrics, terminology, and objectives of the workshop, as well as questions regarding affective behaviour (Johnson, 2016). The clinical instructor's knowledge in all areas increased significantly from pre-test to post-test (Johnson, 2016).

Alternatively, in a mixed methods study, Clark examined the socialization process in clinical nursing faculty (2013). As discussed in Chapter One, there were five stages identified in the process of socializing to a clinical faculty role, namely "(1) beginning the role, (2) strategies to survive in the role, (3) turning point in the role, (4) sustaining success in the role, and (5) fulfillment in the role. These stages reveal that the transition into a clinical instructor is a complex and purposeful process and is not simply a natural result of being a nurse," (p. 109). Quantitative data indicated that CI felt they were most effective in enjoying teaching, taking responsibility, being a good role model, and providing positive reinforcement as positive characteristics (Clark, 2013). Additionally, CI experience stress around expectations, job performance, a discrepancy between personal values and the values of the institution, and balancing work, school, and teaching (Clark, 2013).

Clark recommended enhancing the orientation process to facilitate transition to the clinical instructor role (2013). More specifically, institutions should plan for orientation to the specific unit where the clinical instructor will be stationed, implement shadowing and mentorship, provide CI with curriculum and ongoing communication of what is taught in the

classroom, and ongoing support (Clark, 2013). An initial orientation may be sufficient in supporting CI through the early stages identified in Clark's process of socialization, however, CI need ongoing support to be successful and fulfill their role. In addition to orientation, implementing professional development opportunities periodically throughout the school year will allow for CI to build on their knowledge base, as identified by Roman (2018).

From another perspective, Crocetti (2014) completed a pilot study exploring clinical instructors' feelings of self-efficacy following the completion of a simulation orientation program. Using convenience sampling, six maternity instructors with various backgrounds were invited to participate in this four-hour simulation pilot program with pre-briefing, simulation, and debriefing (Crocetti, 2014). Content of the program included teaching specific skills, such as fundal massage, general teaching techniques, and return-demonstrations (Crocetti, 2014). A thirty-question Likert-style questionnaire evaluated self-efficacy regarding teaching techniques, when teaching 18 specific skills, and the benefit of simulation (Crocetti, 2014). Within the questions on self-efficacy in teaching techniques and different skills, there was an increase from pre-briefing to debriefing (Crocetti, 2014). The author concluded that using innovative orientation methods, such as simulation, helps address the challenges of unprepared CI (Crocetti, 2014).

Similar to Crocetti's study, Yascavage (2016) explored clinical instructors' feelings of preparedness for promoting and teaching critical thinking in students. The author used purposeful random sampling and snowball sampling to recruit CI from several schools, resulting in a total of 8 participants (Yascavage, 2016). One-hour, semi-structured, in-person interviews were conducted, resulting in four themes that helped them become prepared: role modeling, experiences, asking questions, and resources (Yascavage, 2016). Only one participant received

formal education on critical thinking; the remainder of the participants learned how to teach critical thinking from observing other instructors, asking questions, or on the job (Yascavage, 2016). The participants explained that without orientation to their role, they were unable to focus on teaching critical thinking, as they had to figure out other administrative tasks first (Yascavage, 2016). By providing new CI with proper orientation, administrative support, and pertinent information for the course, they will be able to teach more effectively, improving the learning experiences of students, and thereby improving patient care (Yascavage, 2016).

Appropriate orientation and ongoing professional development are essential for clinical instructors' transition into their role (Davidson & Rourke, 2012; Hewitt & Lewallen, 2010; Koharchik & Jakub, 2014), and is also an important component of retention (Dunker & Manning, 2018). Expert clinicians have also stated that orientation is an essential component to their successful role acquisition (Schaar et al., 2015). Teaching nursing in the clinical setting requires a different set of skills than practicing nursing, and when ill-prepared, CI often feel incompetent and anxious (Bell-Scriber & Morton, 2009; Hunt et al., 2013); this challenge can be resolved through systematic orientation.

As evidenced by the findings in the literature, orientation in any field of employment, but specifically in clinical education, is essential (Clark, 2013; Davidson & Rourke, 2012; Hewitt & Lewallen, 2010). Orientation improves knowledge and skill (Davidson & Rourke, 2012; Johnson, 2016), self-efficacy and confidence (Barksdale et al., 2011; Bell-Scriber & Morton, 2009; Hunt et al., 2013; Roman, 2018), aids in role transition (Clark, 2013; Barksdale et al., 2011; Koharchik & Jakub, 2014; Roman, 2018; Schaar et al., 2015; Yascavage, 2016), and can decrease turnover rates (Dunker & Manning, 2018; Mills et al., 2014). Ultimately, adequately

trained CI benefit all involved parties, including the CI, the academic institutions, students, and patients.

Orientation Program Design

The final theme noted in the literature is orientation program design. In this section, 21 articles were reviewed; 10 of which are research, and 11 of which are anecdotal. In regard to the design of these articles, 5 were qualitative, 4 were quantitative, and 1 was mixed-methods. In addition, 9 of these articles were pilot studies. The key points of the articles may be seen in Appendix B. Throughout the available literature on the orientation of CI, many different innovative and successful orientation programs have been implemented and evaluated. Though the programs are innovative, they share many of the same basic concepts. There were two design concepts that were unique from the remainder of the articles, competency-based orientation and collaborations, which will be discussed later in this section.

The orientation period provides employers with a unique opportunity, as it is the ideal time to prepare CI and help them meet expectations (Hewitt & Lewallen, 2010). Many of the articles focused on creating new orient2ation programs or evaluating pre-existing orientation programs for CI. Nearly all the orientation programs discussed in the literature were facilitated by the academic institution, with the exception of one orientation program that was held by the hospital (Hutchinson et al., 2011). The principles included in the orientation programs focused on components specific to the role of the CI, school-based, and hospital-based components (Barksdale et al., 2011; Hunt et al., 2013; Koharchik & Jakub, 2014; Weston, 2016; Zakari et al., 2014).

Zakari et al. (2014) identified three stages of the orientation process: learning about pedagogy, support to implement new techniques, and transitioning into a clinical instructor

(2014). Although the use of new teaching techniques is encouraged, new CI report fear when implementing these techniques (Zakari et al., 2014). Barriers to implementing new teaching strategies included a lack of resources, observing older teaching styles, a lack of preparation in their nursing degree, and a lack of commitment from other CI (Zakari et al., 2014). Ultimately, CI require thorough preparation in innovative techniques to successfully foster critical thinking and reflection amongst their students (Zakari et al., 2014). Implementing instructional strategies to increase the effectiveness of clinical teaching was noted as a priority for further research by the National League for Nursing (Davidson & Rourke, 2012). It is unclear whether orientation alone can accomplish this, or if support needs to be sourced elsewhere. Observing and learning from experienced educators may bridge the gap in more complex areas of clinical teaching.

A significant component discussed throughout the literature is the use of mentors during the orientation process. Barksdale and colleagues implemented a formal mentorship agreement, where a new faculty member is paired with a mentor, and they are to meet a minimum of three times per semester for one year (2011). Similarly, Hutchinson et al., reported the use of mentors during a 16-hour practicum for a hospital-based orientation (2011). Bell-Scriber and Morton also utilized mentorship within their orientation program, where new CI were provided a semester of clinical mentorship (2009). Alternatively, Roberts et al., discussed how new CI were provided with the opportunity to speak with experienced faculty (2013). Accessing experienced faculty members can provide a unique base of knowledge to new CI to help them transition into their new role.

In addition to the variation of location, content, and dissemination of orientation programs, there is variation in the type of employment of CI, ranging from part-time to full-time (Hewitt & Lewallen, 2010). Part-time CI may lack commitment to the position if clinical

education is not their primary source of employment (Dunker & Manning, 2018; Kelly, 2006). If commitment is an inevitable issue with part-time CI, and they hold a significant place in the clinical education field, it is essential to maximize their abilities through orientation. A lack of commitment combined with inadequate preparation and training to the role can negatively impact nursing students' clinical education. In addition to a lack of commitment, many of the part-time educators hired in nursing education lack education in teaching and have unique roles as instructors that differ from their usual roles as staff nurses (Fura & Symanski, 2014).

Hewitt and Lewallen (2010) explored the orientation of part-time CI, and how it may help them transition from clinical experts to experts in education. Pre- and post-conferences were highlighted as a unique opportunity for teaching, reflection, and discussion (Hewitt & Lewallen, 2010), yet many of the orientation programs discussed in the literature do not provide specific education on how to effectively facilitate a pre- and post-conference.

Typically, orientation for new CI includes dissemination of information on teaching and learning theories in a didactic setting, however, CI may struggle to translate that directly into practice (Krautscheid et al., 2008). Alternative to standard orientation, simulations can help prepare instructors while allowing them to apply techniques to practice (Krautscheid et al., 2008). The instructors reported that simulation improved their knowledge of teaching strategies, emphasized the importance of verbal and non-verbal communication, and caused them to become more cognizant of their teaching methods (Krautscheid et al., 2008). Ultimately, all of the instructors who participated in the program found simulation to be extremely valuable in their learning, allowing them to practice in a safe learning environment (Krautscheid et al., 2008).

The time frames allotted for orientation also varied drastically among the articles. It is difficult to determine what the ideal duration for orientation is, however, a participant from Zakari and colleagues' study stated, "I need more than just one week of teaching preparation," (Zakari et al., 2014, p. 1354). This is an interesting statement, as many of the orientation programs were simply a few hours (Barksdale et al., 2011; Dunker & Manning, 2018).

The content included in the orientation programs varied throughout the articles. Some utilized feedback identified from previous CI (Hunt et al., 2013) and clinical instructors' learning needs (Krautscheid et al., 2008). Barksdale and colleagues based the orientation program on recommendations from the American Association of Colleges of Nursing and the National League for Nursing. Alternatively, Fura and Symanski (2014) created their orientation program based on principles of adult learning. Although these sources for content were effective in the above orientation programs, they lacked regulation, consistency, and do not hold CI accountable for maintaining their clinical education practice.

Competency-based orientation. Competencies are essential to maintaining the standardization and qualification of many different professionals. In the nursing realm, competencies may be defined as, "the knowledge, skill, ability and judgment required for safe and ethical nursing practice," (CNO, 2014, p. 4). Schaar and colleagues (2015) proposed an orientation program based on Quality and Safety Education for Nurses (QSEN) competencies to provide a framework for teaching CI how to effectively teach their students. These QSEN competencies include "(a) patient-centered care, (b) teamwork and collaboration, (c) evidence-based practice, (d) quality improvement, (e) safety, and (f) informatics," (Schaar et al., 2015, p. 111). To expect CI to effectively educate their students and integrate them into the curriculum, they must first be educated and understand these competencies themselves (Schaar et al., 2015).

Within the orientation program, time was allotted for each competency to educate CI on content, learning objectives, and activities using role-playing and vignettes (Schaar et al., 2015).

Dunker and Manning (2018) also created an innovative educational program for CI in the hopes of successfully preparing them for their new role. The Continuing Education Program for Adjunct Clinical Nursing Faculty began as an online program, and with its success in improving knowledge as verified by pre- and post-tests, transitioned into an in-person workshop (Dunker & Manning, 2018). The four-hour, eight-module workshop was based on competencies from the National League of Nursing, QSEN, and Nurses of the Future (Dunker & Manning, 2018). The content of the workshop was disseminated in several ways: didactic, discussion, role-playing, and vignettes (Dunker & Manning, 2018). Each module of the workshop was evaluated with three to five objective-based questions, and a section for comments and suggestions (Dunker & Manning, 2018). This unique workshop received positive feedback, yet clinical instructors still reported a need for further education and mentorship (Dunker & Manning, 2018).

Collaborations between academia and hospitals. Many academic institutions and hospital systems are motivated to increase the number of graduating students to address the nursing and nursing faculty shortage (Reid et al., 2013). Training nurses as CI allows for a seamless transition into the role, as they are already members of the healthcare community and do not require additional orientation (Mills et al., 2014). Four of the articles from the literature search discussed collaboration between an academic institution and a healthcare institution (Lotas et al., 2008; Lowe, 2005; Mills et al., 2014; Reid et al., 2013). Although most of the basic concepts among the four articles were similar, with the focus being on increasing the number of CI available, some concepts were unique.

The basis of the program discussed by Lowe is that during the school terms, the nurses work as CI, thereby providing the school access to additional CI and admitting more students to the program (2005). During the year when school was not active, the nurses resumed their roles as staff nurses. The health network pays the salary of the clinical instructor, and the school is responsible for orienting the clinical instructor to the school and curriculum, include them in meetings, provide the same benefits as other faculty members, and provide support (Lowe, 2005).

Alternatively, three schools of nursing in Maryland collaborated to create the Eastern Shore Faculty Academy and Mentorship Initiative; a certification program for nurses to enroll in to become educated in clinical instructing (Reid et al., 2013). After one year, this collaboration resulted in 12 CI completing the program; 9 participants were currently employed with 1 of the 3 schools, and 6 participants transitioned into a master's or doctorate program (Reid et al., 2013). This program was beneficial to all parties, as CI were better prepared to transition into their role, and the institutions had a pool of CI to help alleviate the shortage.

Collaborations between academic and healthcare institutions are mutually beneficial to many parties. With more CI available to schools of nursing, more students may be accepted, which in turn will provide more nurses for hospitals, decreasing the nursing shortage.

After reviewing the literature, there lacks a standardized model for orienting CI. There is a wide range of duration of the orientation programs, ranging from 3 hours (Krautscheid et al., 2008) to 3 months (Bell-Scriber & Morton, 2009). There was also a lack of consistency in the method of dissemination of information. Some authors used in-person, and some online, using a different technique such as simulations, didactic, and readings. Because of the extensive responsibilities of CI, the content delivered also varied, however, most commonly included

relevant resources (Barksdale et al., 2011; Bell-Scriber & Morton, 2009; Davidson & Rourke, 2012; Fura & Symanski, 2014; Hewitt & Lewallen, 2010; Hutchinson et al., 2011; Koharchik & Jakub, 2014; Owens, 2017; Yascavage, 2016), teaching strategies (Barksdale et al., 2011; Bell-Scriber & Morton, 2009; Crocetti, 2014; Krautscheid et al., 2008; Mills et al., 2014; Roberts et al., 2013; Weston, 2016; Zakari et al., 2014), and student evaluations (Barksdale et al., 2011; Bell-Scriber & Morton, 2009; Hewitt & Lewallen, 2010; Koharchik & Jakub, 2014; Weston, 2016; Zakari et al., 2014). Due to their unique role, it is difficult to accomplish an orientation program that prepares them in their many responsibilities, however, CI would greatly benefit from a standard, specific orientation to the realm of clinical education.

Gaps in the Literature

After the completion of the literature review, it is evident that there are distinct differences in policies and processes of orientation. Additionally, it is evident that there is a distinct lack of literature to support the orientation of CI within the area of clinical education in Canada, and specifically Ontario. Despite the awareness of the significance of orientation on the satisfaction and retention of employees, and the importance of CI on the clinical education of nursing students and the care provided to patients, there is little in the literature.

Further research on the importance and impact that orientation has on the abilities and consistencies among CI is required. Additionally, an evidence-informed orientation program for CI is required to ensure standardization and effective orientation. In regard to the specific content of orientation programs for CI, there are several aspects that are inconsistent among the literature discussed but a more concrete description of necessary components to include in an orientation program is required. To achieve this, the gaps in current orientation processes and the learning needs of CI must be sought. As demonstrated by the unbalanced ratio of articles published in the

United States of America in comparison with those published in Canada, and specifically Ontario, this research is essential that would add knowledge of this from the Canadian perspective.

Summary of the Literature

The themes identified in the literature are significant not only due to their similarities among the articles, but also because of their relevance to the research question. The purpose of this research is to understand the current orientation practices in Ontario. It is important to understand how CI are effectively oriented elsewhere to provide context for the inconsistency of orientation in Ontario. The pre-existing research will provide an evidence-informed perspective and comparison for the current practices in Ontario and may lay the foundation for a more standardized and accredited CI orientation program.

The significance of orientation during the transition from a clinical expert to a clinical instructor is an apparent theme throughout the articles. The orientation period is an ideal time to teach CI how to deal with students who may require further attention, including challenging students, students not meeting requirements, or students having difficulty learning (Hewitt & Lewallen, 2010). CI are responsible for being knowledgeable in course content and policies, teaching nursing students how to apply what they have learned in the classroom to practice using teaching and learning strategies, assessing and evaluating students, and addressing student issues and conflicts (Akram et al., 2018; Creech, 2008; Davidson & Rourke, 2012; Hunt et al., 2013). Without adequate orientation, there may be negative impacts on clinical instructors' abilities and confidence resulting in high turnover rates (Mills et al., 2014), students' learning experiences (Johnson, 2016), and may ultimately impact patient care (Hutchinson et al., 2011).

The challenges of a lack of orientation have been addressed in the literature by implementing a wide variety of orientation techniques and programs. The platforms for orientation among the literature ranges from online courses and websites (Barksdale et al., 2011; Dunker & Manning, 2018; Fura & Symanski, 2014; Weston, 2016), to in-person (Barksdale et al., 2011; Bell-Scriber & Morton, 2009; Dunker & Manning, 2018; Hunt et al., 2013; Roberts et al., 2013; Schaar et al., 2015; Zakari et al., 2014) as well as collaborations between academia and hospitals (Hutchinson et al., 2011; Lowe, 2005; Mills et al., 2014) and readings (Bell-Scriber & Morton, 2009). Several different techniques were found effective in preparing the clinical instructor for educating students, including didactic, discussion (Dunker & Manning, 2018), role-playing and vignettes (Dunker & Manning, 2018; Schaar et al., 2015), pre- and post- tests (Weston, 2016), networking (Barksdale et al., 2011; Hunt et al., 2013), and mentorship (Barksdale et al., 2011; Bell-Scriber & Morton, 2009; Hunt et al., 2013; Hutchinson et al., 2011; Owens, 2017; Roberts et al., 2013; Wilson, 2017).

The content delivered within the orientation programs varied significantly. Dunker and Manning (2018) as well as Schaar and colleagues (2015) utilized quality and safety competencies as the foundation of their orientation programs. However, some programs focused on a more general orientation, which included general orientation to the nursing program (Hewitt & Lewallen, 2010; Hunt et al., 2013; Hutchinson et al., 2011), technology support (Barksdale et al., 2011; Hunt et al., 2013; Schaar et al., 2015); policies (Barksdale et al., 2011, Hewitt & Lewallen, 2010; Hunt, 2013; Hutchinson et al., 2011; Koharchik & Jakub, 2014; Mills et al., 2014), lab schedules (Koharchik & Jakub, 2014), and resources (Barksdale et al., 2011; Bell-Scriber & Morton, 2009; Davidson & Rourke, 2012; Fura & Symanski, 2014; Hutchinson et al., 2011; Koharchik & Jakub, 2014; Owens, 2017; Yascavage, 2016).

Alternatively, some programs included more specific information within their orientation, such as teaching strategies (Barksdale et al., 2011; Bell-Scriber & Morton, 2009; Crocetti, 2014; Krautscheid et al., 2008; Mills et al., 2014; Roberts et al., 2013; Weston, 2016; Zakari et al., 2014), evaluation (Barksdale et al., 2011; Bell-Scriber & Morton, 2009; Hewitt & Lewallen, 2010; Koharchik & Jakub, 2014; Weston, 2016; Zakari et al., 2014), curriculum (Fura & Symanski, 2014; Hewitt & Lewallen, 2010; Hunt et al., 2013, Koharchik & Jakub, 2014; Schaar et al., 2015), student objectives (Fura & Symanski, 2014; Hewitt & Lewallen, 2010; Schaar et al., 2015), translating theory to practice (Clark, 2013; Fura & Symanski, 2014; Hickey, 2010; Owens, 2017; Roberts et al., 2013), creating clinical assignments (Koharchik & Jakub, 2014; Weston, 2016), simulation (Crocetti, 2014; Hunt et al., 2013; Krautscheid et al., 2008), pre- and post-conferences (Hewitt & Lewallen, 2010; Roberts et al., 2013), and the role of the clinical instructor (Bell-Scriber & Morton, 2009; Hutchinson et al., 2011).

Although the method of delivery, duration of orientation, and content may vary, the root of the literature indicates the same deficits. Orientation is important in any sector of employment, but particularly important in the area of clinical education due to the vast responsibilities, and the significant consequences that may result from a lack of orientation. Therefore, it is imperative that this research is done to uncover the orientation process of university nursing programs in Ontario.

CHAPTER THREE- METHODS

This chapter will discuss qualitative research, specifically case study design, and its suitability for this particular study. Merriam's approach to case study design will be used to guide decision-making regarding methodology. Sampling and recruitment processes of specific participants will be described. Data collection and analysis methods will be discussed. Next, ethical considerations will be highlighted, including risks and benefits, confidentiality, and informed consent. Lastly, the credibility, transferability, consistency, confirmability, and reflexivity will be discussed to support the trustworthiness of the study.

Qualitative Research

The foundation of qualitative research is to gain insight into the meaning of a phenomenon or problem of the affected individuals (Creswell, 2013). In basic terms, qualitative research strives to explore and describe something of interest (Patton, 2015). By utilizing multiple forms of data, the researcher may immerse themselves in the participant's natural setting to explore a problem (Creswell, 2013). Specifically, qualitative design may be used in evaluating the "activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming," (Patton, 2015, p. 18). Essentially, qualitative research has the ability to understand the orientation process of CI to better inform future decision-making regarding the facilitation of an orientation program.

Case Study Design

The focus of this research was to explore and understand the current process of orientation of CI within university nursing programs across Ontario. Case study design is a qualitative research method that is used to explore cases within a real-life setting (Creswell,

2013). A hallmark of case study research is that the phenomenon of study is a bounded system (Creswell, 2013). Bounded by time and place, and may be focused on a person, organization, event, or program (Patton, 2015). The boundaries of this study include the orientation programs for new nursing CI among Ontario universities. These orientation programs and processes are within a real-life context, as they involve the orientation of hired CI in functioning university nursing programs. This study is also bounded by time, as the focus is specifically on the orientation period of newly hired CI.

Significant to case study design is the identification of units of analysis; specific units that will be the focus of the research (Patton, 2015). Within this research study, units of analysis include programs, documents, organizations, and the actual orientation process.

According to Patton, "the analytical focus in such multisite studies is on variations among project sites more than on variations among individuals within projects," (2015, p. 260). It is these variations that were of interest, as they resulted in inconsistencies among nursing programs; the root of the issue highlighted by the JPNC. In the unit of program analysis, the dissemination of information, length of orientation, content, and ongoing support was evaluated. In conjunction with program analysis, documents relevant to the orientation process were evaluated, including clinical instructor handbooks, orientation program agendas, and job postings. In addition to programs, organizations were also a unit of analysis, as each separate university will be compared to one another. Specifically, the method, length, and content of orientation, as well as resources provided were compared from one university to another to determine similarities and differences. Lastly, the unit of time is significant to the study, as the time focused solely on the orientation period of CI. Patton describes that, "studying the

orientation period for new employees can reveal a great deal about organizational culture," (2015, p. 262).

In a collective case study, one phenomenon is focused on, however, the researcher uses multiple bounded cases that may be used from several different sites (Creswell, 2013). To establish a deep understanding of the phenomenon of interest in case study research, data from multiple sources was collected (Creswell, 2013). The first method of data collected for this research study was the data collected during interviews with faculty or staff of nursing programs. These faculty members were experts in the hiring and/or orienting process of CI. The goal was to gather information on their university's processes of orientation. Due to the interest in the current processes of orientation, and not the experience of orientation, interviews with CI were not performed. The second method of data collection was a review of relevant documents, such as orientation manuals and policies.

Merriam's Sub-Approach

For the purpose of this research, Merriam was used as an approach to case study research. Merriam defines case study research as, "an intensive, holistic description and analysis of a bounded phenomenon such as a program, an institution, a person, a process, or a social unit," (Merriam, 1998, p. xiii). From an epistemological perspective, Merriam employs an interpretive perspective, stating that "reality is socially constructed; that is, there is no single, observable reality. Rather, there are multiple realities, or interpretations, of a single event," (Merriam & Tisdell, 2016, p. 9). The purpose of an interpretive research perspective is to describe, understand, and interpret a phenomenon (Merriam & Tisdell, 2016). Additionally, the focus of qualitative research should be to understand the meaning or knowledge of the target population (Yazan, 2015).

This research study aimed to understand the multiple different meanings of orientation among the nursing programs of universities, which correlates with Merriam's perspective of acknowledging multiple realities, and understanding their meaning. Merriam's approach was deemed appropriate due to her extensive use in both education and nursing research (Yazan, 2015); both of which were relevant in this research study. Additionally, Merriam provided a clear outline to guide novice researchers in completing case study research.

Study Participants

The goal of this thesis was to gather information from university nursing programs across Ontario representing the five geographical regions of the province including: northeastern, eastern, central eastern, central western, and southwestern regions of Ontario. The geographical locations and regions can be seen in Appendix D. As the recommendation for research from the JPNC was focused on university-based nursing programs, collaborative college programs were not included.

To gain insight into the current orientation processes of each university, a representative who has knowledge on their respective universities policies, practices, and documents provided to newly hired CI was required. The title of these individuals varied from clinical coordinator, program director/chair, or director of clinical education.

The inclusion criteria that were used to guide the sampling and recruitment process were: (a) English-speaking adults; (b) currently employed at one of the 14 universities nursing programs in the province; (c) job responsibilities included hiring or coordinating the orientation process of CI.

Sampling and Recruitment

In the qualitative research field purposive sampling is preferred. Purposive sampling may be described as recruiting participants based on specific criteria for the focus of the study (Merriam & Tisdell, 2016). These criteria outline which participant attributes are essential for the study, specifically reflecting the purpose of the study (Merriam & Tisdell, 2016). Purposive sampling is effective in studies that are focused on exploring what occurs; therefore, participants who will provide the most insight are recruited (Merriam & Tisdell, 2016).

For the purpose of this study, unique and snowball sampling were utilized. According to Merriam and Tisdell, unique sampling focuses on unique attributes within the phenomenon of interest (2016). For the unique purposeful sampling that were done in this study, individuals who are involved in hiring and/or orienting CI were contacted. Alternatively, snowball sampling involves identifying key individuals, and asking to be referred to other potential participants (Merriam & Tisdell, 2016). Individuals who were contacted but did not believe they were the most appropriate person for the study referred other individuals at their institution to participate in the study. These methods of sampling are important in qualitative research as they support the process in understanding specific components of a phenomenon.

Initial recruitment occurred at a Council of Ontario Programs of Nursing (COUPN) meeting, where faculty and administrative representatives from each of the universities in the province were present. People were invited to participate at this meeting. A contact sheet was provided to all and those that wished to participate filled in their contact information. Those who do not wish to participate were asked to leave the form blank. All forms were collected to ensure anonymity. As attendees of COUPN meetings include only university representatives, inclusion criteria were set to include only university nursing programs.

A recruitment email was then sent to potential participants, which included a letter of invitation. The recruitment email can be seen in Appendix E and letter of invitation can be seen in Appendix F. This email was distributed to the most appropriate individual according to the publicly available information on the university website. If interested, it was asked that the representative contact the researcher to express their interest. Once interest was expressed and participation agreed upon, an interview time that was convenient for the participant was established. Prior to the interview, the informed consent form was emailed. It was asked that the informed consent form be reviewed, signed and emailed back to the researcher prior to proceeding with the interview. The informed consent document can be seen in Appendix G. Accompanying the informed consent form, a CNO practice standard, RNAO recommendation and WHO core competencies for nursing educators were sent to the participants; see Appendix I. Providing this information in advance to the participants allowed them to review and understand the concepts that will be discussed in the interview guide. The sample size was limited to the 14 universities within the province of Ontario that have nursing programs.

Data Collection

Regarding the collection of data, Merriam provides useful information on how to effectively collect data using different sources (Yazan, 2015). The structured process and step-by-step instructions for creating a successful case study research project were extremely beneficial as a novice researcher. Merriam and Tisdell (2015) recommend collecting data using multiple sources, including interviews, observations, and/or the analysis of documents. Interviews, the most common source of data in qualitative research, are essential in gaining insight and perspective from an individual of interest (Merriam & Tisdell, 2016). Interviews may be conducted in several different ways: in-person, online, telephone, structured, semi-structured,

or unstructured. The format and type of interview performed is dependent on what is appropriate for the study (Merriam & Tisdell, 2016).

Semi-structured interviews were utilized to gather focused data, but also allow for the discussion to be guided by the participant. Semi-structured interviews were chosen due to the flexibility that promotes conversation yet guided by questions to ensure the research question is answered. To effectively fill the gap in the literature and orientation processes, and fulfill the recommendations by the JPNC, these semi-structured interviews were guided by questions posed from the literature review. Due to the geographical distance of each university, these interviews were conducted via telephone. Utilizing telephone interviews facilitated province-wide participation. To achieve transferability and triangulation, it was essential to collect data from multiple areas of the province. The interviews, lasted approximately 30-60 minutes and followed the semi-structured interview guide that can be seen in Appendix J. These interviews were audio-recorded with permission from the participants prior to beginning. Consent for a second interview was collected during the initial interview in case questions arose during data analysis that required further investigation. Second interviews were not required for this study. The initial interview guide was sufficient to adequately examine the process of orientation and answer the research question. There were no changes or additions added to the semi structured interview guide.

In conjunction with the interviews, a review of relevant documents took place. It was expected that CI may receive a variety of documents upon hiring, such as an instructor manual and an outline of role responsibilities and expectations. A comparison of these relevant documents took place through content and context analysis.

Data Management

To ensure confidentiality and appropriate storage of data, NVivo version 12, a qualitative data management software was used. NVivo also allows researchers to organize and code data, as well as keep an audit trail of the research progress (QSR International, 2021). The electronic files were stored on a locked computer that was managed by the researcher and faculty supervisor. All electronic documents collected were also stored on a locked computer. All identifying information was removed from the transcripts and were assigned a code. Any documents provided by the universities also had identifying information removed and they were assigned a numerical code. A master document was created that matched the code with the institution, this was stored separately on a locked password protected computer. Lastly, the audio files containing the recordings of the interviews were also stored on a locked computer and were immediately deleted off the recording device.

Data Analysis

According to Merriam, the process of analyzing data involves making meaning out of what was collected through consolidation, reduction, and interpretation (Yazan, 2015). Additionally, Merriam and Tisdell (2016) advocate for the simultaneous collection and analysis of data; a necessary process as it may lead to modifications. In the beginning stages of data analysis, Merriam and Tisdell (2016) recommend coding as a means of assigning and tracking pieces of data. Merriam and Tisdell (2016) identify that the data collection phase is complete once saturation is reached. Saturation may be defined as when no new insights have arisen, and there is repetition in the data being collected.

The goal of data analysis is to review the collected data and extract meaning and understanding; and ultimately to answer the research question (Merriam & Tisdell, 2016). Data

analysis should begin by identifying components in the data that are relevant to the research question (Merriam & Tisdell, 2016). When reading through the transcripts and documents, the researcher should make notes of relevant words; a process that is also referred to as coding (Merriam & Tisdell, 2016). The researcher must then compare these relevant components to each other and the research question and begin to identify similarities; these similarities may become themes (Merriam & Tisdell, 2016). In addition to similarities, contradictions will also be sought as they may suggest an area that requires further investigation. In an attempt to stay true to the data the participants' terminology should be used where possible. There are two stages of analysis in a multiple case study: within-case and cross-case analysis (Merriam & Tisdell, 2016). Each case must be treated as an individual case and be analyzed as such. Once that is complete, an analysis comparing cases to each other must be performed. To accomplish this comparison, similarities and differences from the universities were compared to each other.

Employing the steps outlined by Merriam, data analysis began during the data collection phase. A more focused and complete data analysis continued after data saturation was achieved. Based on the information gathered during the interviews, a review and comparison of the similarities and differences among each university's policies and procedures for orientation took place. Documents provided by some of the participants were compared with documents from other institutions, as well as data from the interviews. From these analyses, common themes and subthemes for objectives and format of orientation were synthesized. Codes were assigned to each theme and subtheme. The data within the themes and subthemes were interpreted by the researcher and verified with the participants to ensure accuracy. As mentioned, the guiding principles from the CNO, RNAO, and WHO for educators were discussed during the interviews. Concept mapping was used to compare the data collected from the participants with the

principles from the governing bodies discussed. Following this analysis, gaps in the current orientation processes of each university were highlighted, thereby identifying needs and leading to future research.

Ethics

This thesis proposal received ethical approval from Brock University's Research Ethics Board prior to recruitment. The risks to participating in this research study were minimal. The benefits of participating in this research study could include, but was not limited to, a sense of contributing to the improvement of orientation of CI, nursing education, and thereby patient care. Although the participants were not paid for participating in the study, with permission, their name was be entered into a draw for 1 of 2 $50 Indigo gift cards. There was no cost to participating in the study.

Establishing Trustworthiness

In quantitative research, validity and reliability are utilized to ensure research studies are rigorous (Patton, 2015). Qualitative research studies become rigorous and valid through careful design and analysis by the researcher (Merriam & Tisdell, 2016). In qualitative research, the concepts of credibility, transferability, consistency, and confirmability are used to establish trustworthiness in a study (Patton, 2015). Lincoln, Lynham and Guba (2011) identified methodological (strong study design) and interpretive (avoiding personal interpretation by the researcher) means of accomplishing rigor in qualitative studies (as cited by Merriam & Tisdell, 2016).

The term credibility refers to ensuring the researcher's interpretations of the data match the participants' perspectives (Merriam & Tisdell, 2016). As data in qualitative research must always be interpreted, the researcher must ensure credibility among the research findings.

Triangulation is an effective method to ensure credibility as it uses multiple sources of data to verify that interpretations are congruent with reality (Merriam & Tisdell, 2016). Within this research study, credibility was accomplished through triangulation of data. Triangulation occurred when the data collected through the interview process was compared with the data extracted from the documents. The content of the documents from the institutions were compared with each other, as well as compared with the data collected in the interviews to ensure consistency.

Transferability refers to how much the research findings may be relevant in other similar situations (Merriam & Tisdell, 2016). To address transferability in a unique research topic, according to Merriam, typicality sampling, a type of purposeful sampling, may be used to describe how the unique program compares with others that are similar, allowing others to make comparisons (Merriam & Tisdell, 2016). Transferability was accomplished through maximum variation sampling, as the universities vary in geographical location and size. This allowed for a comparison amongst the universities, providing a sense of transferability. According to Merriam and Tisdell (2016), maximum variability sampling increases the likelihood of the research applying to a larger population of readers.

Consistency in research is the degree to which research findings can be replicated (Merriam & Tisdell, 2016). Qualitative research can be problematic regarding consistency, as human nature is dynamic (Merriam & Tisdell, 2016). Again, triangulation was used to accomplish consistency among data and findings. Lastly, confirmability refers to the concept that the findings were not simply imagined by the researcher but based on interpretations directly from the data (Patton, 2015). An audit trail may be used to track how the findings were achieved, allowing external readers to understand and follow the research process, providing both

confirmability and consistency (Merriam & Tisdell, 2016). Regarding credibility and consistency, triangulation occurred amongst the data sources, but also amongst the data collected from the different universities. The data from interviews was compared to the data from relevant documents within each university, and also compared with the other universities. The goal was to recruit individuals from several of the 14 universities to allow for this comparison. An audit trail was kept with a documented decision tree to provide consistency and confirmability.

Reflexivity

Reflexivity describes the process of being aware and understanding the researcher's position in relation to the research topic (Merriam & Tisdell, 2016). The influence that the researcher may have on the topic of study, as well as the influence that the topic of study may have on the researcher must be acknowledged (Merriam & Tisdell, 2016). Regarding this research study, the potential bias is minimal, as I, the researcher, have not previously been employed as a clinical instructor. It is important to acknowledge that my lack of experience can also pose as a bias, as I may lack understanding of the role and responsibilities of a clinical instructor. Despite my lack of experience, I have encountered CI as a nursing student and as a staff nurse and have observed the inconsistencies that are the root of this research problem.

Summary

Qualitative research, and specifically case study design, provided insight to the orientation processes of CI at Ontario universities. Case study research is characterized by a phenomenon in a bounded system. As discussed previously, this case study will be bound by time (the orientation period), place (Ontario university nursing programs), and focus on a program (orientation programs for CI). This was accomplished using Merriam's sub-approach to case study design, which was selected due to her background in nursing and education research;

both relevant to this study. In addition, Merriam provides a clear outline to the study design process, making her sub-approach optimal to a novice researcher like myself.

The research study began with purposive and snowball sampling, seeking individuals responsible for the hiring and orientation of CI. Once recruited, semi-structured interviews commenced, as well as the collection of relevant documents. Data analysis began simultaneously with data collection, where themes and subthemes emerged. Ethical clearance was received from Brock University prior to initiating sampling. Methods to ensure credibility, transferability, consistency, confirmability, and reflexivity have been discussed to accomplish trustworthiness.

CHAPTER FOUR- FINDINGS

This section will review the findings that emerged from the eight participants representing six universities included in this study. The findings represent the information provided by the participants, and direct quotations will be used to support the findings. The demographic information will be discussed first, followed by an analysis of documents relevant to the orientation process. A summary of this analysis will be offered. Next will be an in-depth exploration of the four themes that emerged from the data that help to gain insight and understanding on how Ontario universities orient new CI. These themes include: the process of orientation starts with the hiring process, training methods and content of orientation programs, completion of the orientation process, and CI as part-time employees. Within each of these sections, sub-categories are included and will be reviewed at the beginning of each section.

Demographic Information

Six Ontario universities were included in this study, varying in size of school and size of nursing program. A total of eight participants were included, with two institutions having two representatives. The positions held by the participants included Associate Directors, Professors, Program Managers, and Coordinators. Regarding the size of the nursing program, as self-identified by the participants, there were two small, two medium, and two large nursing programs included in the study. The nursing programs ranged from approximately 350 to 2000 total students enrolled throughout the entire nursing program: sometimes across several campuses. The six universities provided representation of each region covering Northern, Eastern, Central, and Southwestern areas of the province. A map showing these regions can be seen in Appendix D. For this study, universities with less than 10,000 students have been deemed small, from 10,000-20,000 students are medium, and over 20,000 students are large. The

enrollment numbers were sourced from the Ontario Council of University Libraries; however, exact numbers will not be included to ensure anonymity (2020). There were several different styles of program delivery included in the study, however, all programs resulted in a Bachelor of Science in Nursing.

Documents

All participants were asked to provide documents that were relevant to the orientation of CI. Three of the eight participants (School A, School B, and School D) provided documents including orientation agendas, job posting descriptions, and the Table of Contents for clinical instructor handbooks. Participants from School A and School D provided a written example of their expectations of their CI. The responsibilities described in these documents were similar, both discussing patient assignments for students, evaluating students, steps to take if there is a student facing challenges, and addressing student attendance and absences. In addition to the aforementioned topics, School B also described requirements for facilitating pre-and post-conference in their documents.

School A, School B, and School D all provided agendas for their orientation days, which were consistent with the data collected in the interviews, however, the interview provided additional topics in addition to those mentioned in the agendas. Only these three participants will be referred to in this section. Of the three institutions, all discussed new pedagogical approaches, evaluations, and post-conferences. School A added unconscious bias, communication, and maintaining a professional relationship. School B also highlighted clinical instructors' roles & responsibilities, policies and procedures, supporting transgender students, and supporting weaker students. School D also discussed goals, what should be improved from the previous year, supporting weaker students, benefits provided to CI, and human rights.

Two of the three institutions (School A and School B) provided a summary of the clinical instructor handbook. Both of these institutions included a variety of administrative information (ie. incident reporting, Workplace Safety and Insurance Board [WSIB], identification badges), course syllabi and expectations, guidelines and tools for teaching and evaluating, and roles and responsibilities. School D included utilizing audio-visual equipment and navigating potential challenges with students. School B also included policies and procedures from the university.

Overall, there were both similarities and differences discovered in the documents provided by the participants. The content of these documents was consistent with what was shared in the interviews and contributed to the development of the themes.

The Process of Orientation Starts with the Hiring Process

The hiring process refers to the requirements for hire which are the criteria that are mandatory to be considered for the position of a clinical instructor. These requirements may include a specific number of years of experience working as an RN, a specific type of nursing experience, a minimum level of education, and additional credentials. The requirements for the level of education and years of experience as an RN were similar across all institutions. The hiring process that emerged from this study includes: the level of education, level of experience, additional credentials, and the initiation and duration of the orientation period.

Level of education. This section will discuss the minimum level of education required by the university to be considered for the position of a clinical instructor. All the institutions included in this study required a minimum education level of a completed Bachelor of Science in Nursing (BScN). Some schools, however, had students located throughout the province of Ontario, therefore a large number of CI were required. This posed an issue for hiring CI in

smaller towns with a limited number of interested applicants, so on occasion CI were hired who did not meet the requirement of a BScN degree.

> There have been times where we have hired diploma nurses if there is a necessity. I don't know if you are familiar with [city] but it would be a very small town, they might not have many degree prepared nurses. So, we sort of forgive the degree because they are coming with 20+ years of experience. So first of all, we see if there are BScN prepared… We ask for two years as a nurse, we've hired sooner, again out of necessity (Participant 008).

Though not required by any of the programs, four of the six of the schools (School A, School B, School C, and School F) viewed a master's degree as an asset or showed a preference to applicants who have a master's degree. Participant 002 stated, "a master's degree is an asset." Although a master's degree was perceived as an asset, some of the schools mentioned that there was not an abundance of CI to hire from, therefore requiring a master's degree would significantly limit their applicant pool. While discussing a master's degree, Participant 001 stated that there "would not be an abundance of people to pick from."

Some of the schools had the opposite perspective stating that a master's degree was not beneficial when hiring CI. The rationale for this varied among the schools with this perspective. Participant 005 stated that they could not show a preference to applicants with a master's degree, as it must be then stated as a requirement on their job posting.

> We have not, we have absolutely no right to do that unless we consider it a minimum requirement. So all CI are unionized at the university, so we have to set minimum requirements, and we have to hire according to first making sure that people meet minimum requirements, and then by seniority (Participant 005).

Participant 008 stated that sometimes when CI hold a master's degree, they are not as effective as teachers for undergraduate students since they have higher expectations than what is appropriate for the level of education.

> Some of the issues I've had with the master's degree nurses is that they expect some of the undergraduate students to think like a master's student. So, to be able to analyze you know research in the same way…especially if you have a student in their first research course. They've never taken a research course so how is it even fair to expect them to, or even hope they understand research that way (Participant 008).

Another school stated that they place more emphasis on the clinical experience of their applicants opposed to level of education. When asked whether there was a preference shown to applicants with a master's degree, Participant 007 stated, "No I wouldn't, because we look at the experience that they have, and their references… But were really looking for the strongest clinicians to take our students." Overall, the participants were similar in requiring a BScN, however, the preference of a master's degree varied between some institutions. The one exception to this was one institution that on occasion hired CI who did not meet the minimum requirements out of necessity.

Level of experience. To be hired all the programs included in this study required a minimum of two years of nursing experience. This was highlighted by Participant 002:

> All CI applying for the position must have a minimum of two years of relevant clinical practice experience for the clinical course they are applying for. So we would not hire an adult med-surg nurse and put them into pediatrics. They are only to work where they have that clinical expertise (002).

One school did require a minimum of 3 years of full-time employment.

> We require that they have at least 3 years' experience, and they need to have references from a manager in an area they've been working, and we prefer that [specific] area, unless it's a combination of areas, to be full time employment over 3 years (Participant 007).

Though these were the basic requirements for hire, some of the schools required current or recent employment on the unit or hospital for which they will be instructing. Participant 005 stated that:

> For the [specialty unit] the hospital requires our CI to be or recently been employees… And the same thing goes for the [other specialty unit]. Those are the two places where its required that you have been an employee there (Participant 005).

It was evident that two years of experience was a standard requirement, and only one institution deviated from this requirement when necessary. Additional experience requirements, such as current or recent employment on the unit for which they will be hired for was not the standard.

Additional requirements. In addition to the level of experience and level of education, some of the institutions discussed additional credentials that were either required or considered an asset. All six institutions stated that it was not a mandatory requirement for applicants to have completed a clinical instructor certification course. Though not mandatory, three participants, who represented two institutions, stated that it was a strength for candidates who have completed a clinical instructor certification course. This was highlighted by Participant 002, "Absolutely, I don't believe that we have articulated that in our job description, but certainly when we see that on an application that is a beneficial thing." Participant 007 stated that any additional credentials were viewed as advantageous, but a heavy emphasis is placed on an interview with a committee.

> I'd say anything that anyone brings with respect to credentials, education and certificates is looked at in a positive way, but they're all interviewed. They all have to go through an interview process with a committee, so it's all dependent on how they answer those questions in the interview (Participant 007).

In addition to the clinical instructor course, one participant discussed legal and standard requirements for hiring.

> We require as for any kind of legal reason, they all have to have CPR, they all have to have if they're going to be teaching in a mental health unit, they have to have non-violent crisis intervention. They have to have the Ontarian's disabilities act information. I think they have to have university training on harassment and intimidation, these kind of standard legal requirements (Participant 005).

Among the many challenges discussed by the participants, one challenge that arose while discussing mandatory certifications to be considered for CI positions was again the challenge of limiting the pool of applicants. All of the participants agreed that additional certification or knowledge in the field of clinical instructing would be beneficial, however, was not required at any institution.

The duration and initiation of orientation. The duration of the orientation process includes the length of time the CI are allocated to complete the entire orientation process. This may include in-person orientation, or online modules, or videos to review in order to assimilate into their role. Among the institutions in this study, the duration of orientation ranged from two hours to two and a half days. Table 2 shows the duration of orientation for each institution.

Table 2

Duration of orientation day(s) provided to CI at Ontario University Nursing Programs

Institution	Duration of Orientation Day
School A	2.5 days
School B	8 hours
School C	8 hours
School D	4 hours
School E	8 hours
School F	2 hours

School F stated their orientation was provided online using videos, which took around two hours to complete. School D, confirmed by two participants, stated their orientation was four hours or a half of a day. Three of the six institutions (School B, School C, and School E) stated that their orientation day is one full eight-hour day, and one of these three schools is transitioning to a blended approach to their orientation day, with a combination of online and in-person orientation.

The sixth school (School A) provides two and a half days of orientation to their new CI, which was unique in this study. In the past, all CI, new and returning, would be provided two days of orientation. They have since added an additional half day for new CI, "We've always oriented them, we've always had the two days, were just adding an extra half day," (Participant 001).

The initiation of the orientation process is the time in which any orientation related events begin. All six institutions initiated the process of orientation in the month prior to the beginning of the semester; August for the fall term or December for the winter term. This was described most clearly by Participant 001, "It will be the last week of August…and then the winter one, we often have late December for winter term." Though there was a wide range in the duration of

time dedicated to the orientation process, the initiation of the orientation process was consistent across all six institutions.

Training Methods and Content of Orientation Programs

Training methods. Training methods refers to how the orientation content is disseminated to the CI during the orientation process. This may include using lectures, simulations, presentations, group discussions, role-playing, or computer-based learning. It also includes other methods such as mentorship and resources. For a comprehensive list of training strategies individualized by institution see Table 3 below.

Table 3

Training methods utilized for orientation by each institution

Institution	Lecture	Role-playing	Group discussion	Online e-modules	Simulations	Demonstration	PD*
School A	Yes	Yes	Yes	No	No	No	Yes
School B	No	Yes	No	Yes	Yes	No	Yes
School C	Yes	Yes	Yes	No	No	No	Yes
School D	Yes	No	Yes	No	No	Yes	Yes
School E	Yes	No	Yes	No	No	Yes	No
School F	No	No	No	Yes	No	No	No

*Professional development (PD)

While most institutions were consistent among their methods, there were training methods that were specific to institutions that others didn't share. All the institutions used a combination of methods to provide orientation information to CI. Four of the institutions (School A, School C, School D, and School E) used primarily lecture-style teaching supplemented with other methods in their orientation day. Participant 005 best highlighted this by stating:

> We do a lot of sort of presentation, so we have PowerPoint presentations for different aspects. Sometimes we break people up into small groups, let's say if we want them to try their hand at building a learning contract, then we would break them up in small groups. Usually, I invite them to bring their devices with them, so let's say I want to show them

> how the clinical evaluation online tool works, I'll show it to them on a projector, but if they want to go into the demo site to see how it works, then they can do that on their device (005).

In conjunction with a lecture, Participant 001 and 003 stated that they also used group discussions, and role-playing.

> There was some lecture style… and then there is the opportunity to do some brain cloud discussions… so that would be group discussion, and then bringing back the information to a large group… so there's group work and there is collaborative discussion. There might be a scenario where it's projected on the screen… so there is some visual opportunity to learn from, and dialogue and discussion follows. (003)

Participant 007 described their university as using several methods to orient their CI, including lectures, small group work, computer-based learning, and demonstrations.

> It's usually small groups, maybe up to 8-10 people. And so, they spend the day together and we bring the people to them to do the presentation. Some of it is housekeeping stuff, like setting up an email account, how to use [the online website] and stuff, so that would be in a group together. The lab person comes in and does do some demonstrations… We've been working to put our [resources] online, because we used to have a binder, but now we have a repository of all kinds of examples and articles for them to read and videos for them to watch on the website. (006)

Two of the institutions (School B and School F) did not use lecture-style teaching, however, this was for different reasons. One of the schools (School B) removed lecture-style learning and replaced it with e-modules to complete prior to the orientation day to allow for more interactive activities. The other school (School F) utilized online videos as their method of

training. This institution employed CI across different geographical areas, therefore in-person orientation was not feasible. Participant 008 highlighted this by stating, “We have turned our orientation into four modules now, and there is a video that they watch to kind of walk through and explain stuff.”

As mentioned above, there were some similarities shared across the training methods employed by the institutions, however, nearly all of the schools were unique in their overall approach. In addition to the basic methods utilized, there were similarities shared in the additional teaching strategies provided to the CI, which included mentoring and accessing resources.

Mentoring. All six of the universities utilized mentorship or ongoing support from a clinical coordinator throughout the semester in some capacity. Five of the schools (School A, School B, School C, School D, and School E) had one or more specific clinical coordinators who were responsible for supporting the CI throughout the semester through formal meetings and site visits. Participant 001 highlighted this specifically by stating, “We also work in teams. There’s no instructor that’s not part of a team. And every team has a course coordinator, and the course coordinators have team meetings every three weeks that are mandatory.” This particular institution also employs a resource nurse as a clinical instructor; however, they are not assigned students and instead are responsible for supporting CI. According to Participant 001, the resource nurse is responsible for the following:

> On every clinical day, so that person is to go around to new instructors to help support new instructors… A university-paid person, so it’s an extra person and that’s just beautiful. So especially more at first, they are helping the teachers, but then if there’s a struggling student, they can help with that also. But they’re to go around, and maybe if

> you were new, I'd go around and question your students, and maybe you'd learn and you'd see the types of questions I would ask a student. (001)

In a slightly different approach, Participant 002 described using a clinical coordinator to assist with the ongoing challenges in bridging the theory to practice gap.

> So, the clinical coordinator works with the course coordinator to facilitate the clinical course. So, if you imagine the course coordinator teaches the course… then the clinical coordinator looks after the clinical component… The clinical coordinator goes out and does site visits, just before the midpoint to touch base and check in with each clinical instructor, and then we do a lot of coaching about how you can support the students… And then we do another site visit towards the end of the rotation, maybe not to all returning CI, but definitely to all the new CI… The clinical coordinator would also touch base weekly by email. So maybe after the classes, a quick email to say: 'hi everybody, this week the students learned about fluid electrolyte balance, so maybe in clinical this week have them all calculate total fluid intakes… So, we really try to have the clinical coordinator as that direct link from classroom to theory to integration of theory to practice… were trying to close that theory-practice gap.

In addition to a clinical learning specialist, one institution mentors their new CI by pairing them up with an experienced CI for a paid day to observe their teaching strategies. Participant 007 said,

> On a clinical unit we ask them to shadow a day with an experienced clinical teacher, and we want them to see what it's like to do a day of clinical teaching before they are launched on their own. So that mentoring piece is part of it as well, so they would be

buddied up with another teacher who is close by for support when they are out in the clinical area if things come up.

The sixth institution (School F) did not have a specific mentorship program but utilized a more informal approach in supporting their CI, "the clinical practicum advisor is always available," (008). Regardless of informal or formal strategies, it was evident that having mentorship was an essential component of the orientation process. The additional resources offered to CI are also essential.

Resources. In addition to mentors or designated faculty providing ongoing support, some of the institutions also utilized resources to support new CI. Four of the six universities (School A, School B, School D, and School E) provided additional resources that CI can refer to after the orientation is complete. Table 4 outlining resources provided by each university can be seen below.

Table 4

Resources provided to Clinical Instructors by each institution

Institution	CI handbook	Videos	Online modules	Library/ Repository	Instructional documents	School website/ forum
School A	Yes	-	-	-	Yes	-
School B	Yes	-	Yes	Yes	Yes	No
School C	-	-	-	-	Yes	-
School D	Yes	-	Yes	-	Yes	Yes
School E	Yes	-	Yes	Yes	-	Yes
School F	-	Yes	-	-	Yes	Yes

'-' indicates that it was not discussed, therefore it is unknown whether it is provided to CI.

These resources ranged from handbooks to online repositories. Participant 005 summed up the content of this manual most explicitly,

There are things about the part time professors' union, and then there's all this other sort of logistical stuff about the teaching and learning support centre. About their ID badges,

> office space. All of the pre-clinical requirements, like immunizations etcetera. And then there's a section entitled the resources of the faculty of health sciences, like library services available to profs, IT support, audio visual equipment. And then a whole section related to the actual teaching…how do you do grading, things about corrections and assignments, how you evaluate students, and then a whole other section on clinical teaching, in which there is an actual job description of a clinical instructor…expectations are for students to be on the units. How to help students with reflective notes, what the responsibilities are with respect to students who are experiencing difficulties. Workplace incidents, dress code, understanding how the different clinical units function, confidentiality, grading, how do you submit your final grades, appeals. That's all in this part-time professor book. (005)

Although these resources are provided to CI, they must be diligent in self-directed professional development (PD) to utilize these resources. Participant 002 stated, "We do provide a lot of teaching references… were not paying them to go and read the articles. We provide them with and encourage them to read them from time to time."

In addition to a handbook, two of the institutions also provided an online library including resources and articles. Participant 007 best highlighted this by describing:

> They also have access to our teaching and learning modules… we have an online community that we've created for our sessional instructors… there is an online orientation that we have clinical learning specialists oversee the development of our sessional instructors clinically, so they are being constantly connected with the university, and the clinical learning specialists hold multiple orientation sessions a year, and meeting either online or on campus with the sessional instructors… all of our

> documentation is electronic. Absolutely everything is on this one special website for CI. And so they would have continuous professional development through this website, and with the clinical learning specialists will oversee them and support them. (Participant 007)

These four institutions highlighted the importance of resources to guide clinical instructors' practice and decision making. The other two institutions (School C and School F) did not explicitly discuss resources provided to their CI.

Professional development (PD) opportunities. While discussing orientation, the concept of PD was often brought up. All institutions discussed PD as a way for CI to develop further in their role. While PD is not specifically part of the orientation process, all participants discussed PD as a method of providing ongoing learning to CI. PD opportunities may include workshops or courses that are available for CI to further their knowledge in clinical teaching. Five participants representing four institutions (School A, School B, School D, and School E) stated that some form of PD was provided to their CI. Participant 004 most clearly described this, "Our faculty offers once a year from our centre for professional development [a clinical teaching course]. It's a two-day course that we suggest our CI take."

Another institution provides several PD opportunities over the year and allots funding for PD. Participant 001 described,

> Our clinical people get some professional development money a year. So as full-time faculty we get so much money per year…the part-time people would get a percentage if they worked 20%, they'd get 20% of that. And then there are also funds people can apply to the university to go to conferences things like that also… Every fall there is a 1-day mandatory professional development. They are paid for and must attend. Then for winter

> term we do another 1-day mandatory professional development. Also in February, we run a half-day professional development day for preceptors, which our clinical teachers are welcome to attend also. But they but they have to attend two mandatory PD days to work for us.

Four of the six institutions provide opportunities for PD. Although these opportunities may vary, the concept of workshops or learning opportunities was consistent. These PD opportunities allow for continual support and ongoing learning for CI to enhance their knowledge of clinical teaching.

Additional strategies. In addition to the aforementioned training methods employed by the institutions, there were some outliers discussed that were worth highlighting. Two of the institutions (School A and School E) provided additional orientation on the unit that the CI would be teaching on if the CI did not have previous experience on that particular unit. Participant 001 stated,

> And the other thing we do actually for our teachers also is if a teacher works in, for example, in emergency or ICU, and we're hiring them to take a group of second-year students on a med-surg floor. And so they might be experts at looking after one sick patient. But we would pay them… we would say they have to do at least 2-3 shifts on the floor, and often a shift with the clinical teacher. (001)

One of the institutions used peer support as an adjunct method of onboarding and supporting their CI, "We use Microsoft Teams as a group community space if you will. And in that they can meet there virtually, leave messages for each other, questions, so they have peer support," (Participant 008).

Lastly, some of the universities provided opportunities for further orientation based on feedback or complaints from students. Depending on the nature and severity of the issue, this remediation was sometimes recommended or sometimes required to retain employment.

> No, it could be required, it depends, if it is something that they are having a real issue with and it's a complaint that has come to the associate Dean's office from the students. It's followed up on…and they meet, and they come up with a plan together on how to improve their performance (Participant 007).

These additional strategies are unique to these specific institutions and provide a different type of support to CI during the orientation process.

Ensuring consistency in practice. A challenge with integrating new CI is attempting to ensure they can perform equally or consistently with experienced CI. This section will include strategies employed by the institutions to try to promote consistency among CI. This may be achieved through orientation, resources, or mentorship, as discussed above. All participants discussed different methods they use to strive for consistency among their CI. Four of the institutions (School A, School C, School D, and School E) discussed using team meetings throughout the semester to provide consistent communication and support to all of their CI.

> I think frequent meetings with your lead, I call them check ins would also help the support new instructors in particular to make sure we are all doing the same thing, and there is an opportunity to share if you're having some concern (Participant 003).

School B discussed using weekly emails instead of in-person meetings, allowing for a more accessible channel for communication.

Three of the institutions (School A, School C, and School F) discussed providing the curriculum and guidance for how to mark assignments to ensure consistency. Participant 003 stated,

> [The institution provides] the curriculum, there are ample documents that we all get, would give instructional guidelines as to how to mark assignments, the expectations for assignments… that would allow each [instructor] to maintain consistency in practice. There is also a defined rubric for every assignment, and clearly articulated expectations as to how to mark. (003)

One of the participants highlighted how important consistency among CI is, "We know students, what students complain most at any university is teachers not being consistent," (Participant 001). The training methods used by institutions were highlighted as significant in attempting to ensure consistency among the CI.

Content of orientation programs. Similar to the training methods discussed above, the content included in the orientation programs varied significantly across the institutions. The content of orientation programs will include the topics of education provided to CI that was highlighted in the interviews and documents, as well as where the information is derived.

There was some overlap between the institutions, but no two schools included the same content in their orientation. Table 5, which can be seen on page 69, portrays the content provided by each of the schools.

In referring to the content of the orientation program, anything that was discussed by the participants about the orientation program will be included. All six of the institutions discussed the following topics: roles and responsibilities, providing feedback, assessment and evaluation, the university and faculty, and writing evaluations. School B also discussed teaching strategies,

being an effective clinical instructor, post-conference, and policies and procedures. Participant 002 most clearly described each of the sections included in their orientation program.

> We spend a lot of time talking about the clinical instructors' roles and responsibilities, what it means to be an effective clinical teacher, how to promote clinical reasoning and critical thinking among the students using skillful questioning, clinical debriefing, providing feedback to students, policies and procedures, the faculty and university… assessment and evaluation… supporting English language learners, … writing the final clinical evaluations, … they get a course outline so they can understand the content of the clinical course, they can review the course learning outcomes as well as the clinical practice expectations… We try to highlight the importance of the post clinical conference as a debriefing opportunity. (002)

Table 5

Content included in orientation by each institution

Institution	Roles and responsibilities	Providing feedback	Assessment & evaluation	University/ faculty	Writing evaluations	Teaching strategies	Being an effective CI	Post-conference	Policies & procedures
School A	Yes	Yes	Yes	Yes	Yes	Yes	**No**	**No**	**No**
School B	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
School C	Yes	Yes	Yes	Yes	Yes	**No**	**No**	**No**	**No**
School D	Yes	Yes	Yes	Yes	Yes	**No**	Yes	**No**	**No**
School E	Yes	Yes	Yes	Yes	Yes	**No**	**No**	Yes	**No**
School F	Yes	Yes	Yes	Yes	Yes	**No**	**No**	**No**	Yes

In addition to the five categories that were consistent across all six universities, there were additional subjects covered in some of the orientation programs. Two institutions (School A and School B) discussed teaching strategies, such as promoting critical thinking. Two different institutions (School B and School D) also discussed being effective or good CI. Two institutions (School B and School E) included post-conference and how to debrief on a clinical day. Lastly, two institutions (School B and School F) covered policies and procedures.

The new CI at one particular institution (School D) also attended a separate general orientation with the university. Participant 006 described, "they're invited to our general orientation of the university itself, which is once a year with all the new profs."

A unique component of the orientation program at School E is the inclusion of other members of the nursing faculty, such as lab teachers and Information Technology professionals. Regarding what is taught at the orientation day, Participant 007 stated,

> They find out about the overall university resources…our online learning system and how to access it, get their passcodes… They also provide examples of all the things they might be expected to do. So there's examples of teaching rubrics…and there is a whole series of examples of what to do if a student is having issues, and that's where the clinical learning specialist comes in… how an orientation session with students would go, post-conference, pre-conference, what your day is like as a clinical instructor. They would meet the team, the IT team, the simulation team, the lab team, and the teachers, and they would learn about how all the particular people can be a resource. (007)

There is some overlap, but also many inconsistencies in the information that is disseminated to CI during their orientation.

Foundation of the content of orientation program. Similar to the other aspects of the orientation process, where the content is derived from varied significantly. With some of the institutions, there was a more formal approach utilizing theoretical models to guide their process. Other institutions utilized a more informal approach, utilizing feedback from previous CI as a guide. This section refers to where the content for the orientation is derived, or the decision-making process for what to include in the orientation program. Three of the six institutions (School A, School D, and School F) described determining the agenda for the orientation day based on group discussion among the nursing faculty, and feedback from previous instructors. Participant 001 highlighted the use of feedback and observing weak areas with CI to determine what content will be included in their orientation program, "We meet frequently, and we would look at what we believe needs to be covered. And often it's an area we see that, for lack of a better word, could be weak."

One of the institutions (School B) described a more formal approach, utilizing needs assessments and theoretical underpinnings. Participant 004 stated that the content is derived from, "needs assessments that we've conducted, that we tend to conduct every 2 years, unsolicited and solicited anecdotal feedback." Participant 002, from the same institution, also stated that their orientation is modelled after the Canadian Association of Schools of Nursing [CASN] clinical instructor certification program. In addition to using CASN's program as a guide, Participant 002 also described utilizing a nursing framework as a foundation for their program.

> We use Marilyn Oermann's book of clinical teaching strategies in nursing… If we had to choose a textbook for our orientation day it would be that one. So we draw from that as well as some articles and literature that we have found along the way. (002)

Lastly, one of the institutions (School E) employs two specific individuals who are responsible for organizing their orientation program and supporting CI in their transition.

> It's a special role that we have in our particular school… two clinical learning specialists. They are masters prepared or PhD prepared. It's the teaching track, but it's a permanent track, a tenure track. They have the same qualifications that a professor would have. So I would have to say that in their specialty role… they are mentoring, guiding, and fostering competence, and excellence actually in our instructors… They are going through the literature and the evidence, and they are using that to set up the interactions in professional development for the mentoring for the sessions that we have. (Participant 007)

Similar to other concepts discussed thus far, the foundation of content, or where the content is derived from, varied significantly among the universities.

Completion of the Orientation Process

The completion of the orientation process included readiness to perform in the role as a clinical instructor, and how feedback is obtained from them. The completion of the orientation process was a concept that was highlighted in many of the interviews. The completion of the orientation process may be bookmarked by the CI fully transitioning into their role, or the ability to perform equally with other CI. Newly hired CI, regardless of their readiness, are expected to meet the expectations required of them.

Sink or swim perspective. The concept of readiness was discussed in each of the interviews. For new CI, assimilation into their role is a complex process. An interesting phenomenon that emerged through the interview process was that of a 'sink or swim' perspective. Three of the six institutions (School A, School B, School D) discussed challenges in

ensuring readiness, as once CI are hired, they are expected to perform in their role. This was best highlighted by Participant 005 by stating, “After the interview and the checking of the references, if they met those requirements, then they’re hired. And once they’re hired, there’s no more being ready or not ready.” Although this perspective was held by three institutions, they tried to mediate this challenge through ongoing support and mentorship, as previously discussed.

Feedback on the orientation program. Feedback on the orientation process by the clinical instructor is important for institutions to learn and improve their orientation. Feedback may be collected in several ways, and it may be formal or informal. All six of the institutions collected feedback about their orientation process from their CI. Four of the six institutions (School C, School D, School E, School F) collected feedback informally through a discussion at the end of the semester. At these meetings, the participants claimed that the CI were encouraged to share their opinions and concerns. Participant 008 clearly described this by stating,

> It’s actually an expectation in their terms of employment that at the end of the semester there is a meeting with the clinical practicum advisor where they provide any feedback on how the semesters go, what’s working what is not, did you have to change anything because of the agency, things like that. And that is shared with me, and if we need to make changes, we make changes.

Employing a more formal technique, one of the institutions (School A) utilized focus groups every two years to collect feedback from CI. Similarly, the final institution (School B) utilized questionnaires, self-assessments, and needs assessments every two years with their CI; offering several opportunities to express feedback. It was evident that all institutions prioritized collecting feedback from their CI.

Clinical Instructors as Part-Time Employees

Within the interviews, the concept of CI being part-time employees continually arose and was discussed as a challenge. Five of the participants representing four of the institutions (School A, School B, School D, School E) discussed challenges associated with hiring part-time CI. These challenges included difficulty committing to the role, being a transient part of the team, and investing in their instructors.

Commitment issues were discussed by three participants, all stating that it was due to the part-time nature of their employment. One participant described that clinical instructing is often a side job in addition to their full-time role elsewhere.

> The biggest complication we have is the fact that there is competition for jobs, meaning that we are only one of their jobs. It might only be one day a week, and the rest of the time they are very busy working in their hospital jobs, or their community jobs (Participant 007).

Participant 006 believed that the contractual nature of the position prevented CI from fully committing to the role.

> It is a little bit difficult, due to the fact that they're more or less pieces that are in and out of the structure as opposed to being a part of the structure. I think that's also the nature of contractual work. You take a contract here, you take a contract there, so being able to be supported in those roles can be a little bit more difficult. (Participant 006)

Similarly, Participant 007 explained that as CI often have other jobs, they simply do not have extra time to devote to growth in their clinical instructing role,

> There is only so many hours in a week, and we can't expect all of their time because their time is spread other places. I'm pretty sure that some would like to be connected more, but they can't because of all the demands in their own life.

It is evident that part-time employment affects clinical instructors' abilities to commit and invest themselves in the role. As the institutions face these commitment challenges, other issues arose that affect orientation.

Investment in CI. Within the discussions of part-time employment and the challenges associated with it, the topic of investing in CI emerged. Investment in CI can include time, resources, or money. One participant described due to the contractual nature of clinical instructing, the institution has difficulty investing in their CI because the CI may not return to the position. This participant stated that a four-hour orientation was provided to their CI.

> It's precarious work, regardless of this idea of contractual. Unless we are able to give these people continuous work, they'll look somewhere else for stability… Most [CI] keep jobs at the hospitals, so they combine teaching with hospital jobs. It's kind of odd for us to create a structure where we spend a lot of training for something that there could be very little return in the sense of the person may not even be eligible to get postings with us. (Participant 006).

This particular institution fills contractual positions based on seniority. As CI must apply for each contract, new CI may miss out on opportunities due to a lack of seniority and may not reapply in the future. Additionally, other CI may not return due to the instability of contractual work and look for more permanent and reliable employment elsewhere.

Alternatively, another participant acknowledged the importance of CI, and how investing in them and making them feel important motivates them.

> If we don't have a really robust program for our CI, to make them feel, or have them feel like they're part of the team, then our school won't do well with accreditation, or approval process because they are a very big part of what we do, and our students wouldn't be able to graduate at the level they do without the input of our CI. They are very important to us, we value, we are investing in them (Participant 007).

Investing in CI by paying for their educational time may not be feasible for all institutions. One institution offered a discount for current CI to participate in PD courses, however, they were still expected to pay to take the course (Participant 002). Two participants from one institution discussed the inability to pay for CI to participate in PD opportunities. "If they're not getting paid, there is less of an incentive to engage in professional development in their work as a part time instructor," (Participant 006). This challenges the statement provided by Participant 007, as investing in CI makes them feel appreciated and motivated.

Investment in CI, whether it be time, resources, or money, sets precedence for their value. As this participant noted, CI are essential to nursing education. If other institutions share the notion that they cannot fully invest in CI due to their minimal commitment, it could be detrimental to the clinical experiences of students.

Retraining returning CI. Although the focus of this study was orientation for new CI, the concept of retraining for returning CI was often intertwined. Variations were noted among whether retraining was mandatory for returning CI, and the audience for which the education is intended. Three of the six institutions (School A, School B, and School E) highlighted a different orientation for CI and retraining for returning instructors. The other three institutions (School C, School D, and School F) offered the same education as orientation for new CI and retraining for

returning CI. Some noteworthy challenges that were unique to some institutions were discovered in the interview data.

One of the institutions (School F) highlighted that the orientation was geared to CI with experience. “With only hiring 5 or 6 CI a year, the videos are not intended necessarily for someone who is brand new. It’s like review modules if that makes sense,” (Participant 008). This institution stated that although their orientation or retraining is the same for new and returning instructors, it is not necessarily appropriate for new hires, yet this is the only orientation they receive.

Alternatively, one institution (School D) required new CI to attend orientation, however, retraining for returning instructors was optional. Participant 006 stated,

> We do hold an orientation session for new and returning CI. So anybody who more or less wants a refresher on some of the things that we’ve done, or that were doing in school can come to the orientation that we organize. But it’s mostly geared to new hires. (006)

Another challenge that arose was that of redundancy for returning CI. One institution (School A) recently implemented a separate half-day in addition to their standard two-day orientation to try to mediate the issue of redundancy. Participant 001 stated,

> What’s been hard running those days is that so many people are returning but there’s always a few new, so it’s hard to run the PD days because you’re trying to educate the new people but not be repetitive [to those who are returning]. So new this year, were doing a half-day additional orientation for just the new people.

There was an evident disconnect among whether retraining for returning CI is required, and if the education should be focused on new hires or returning CI. These challenges pose the question of

why it is required to retrain returning CI. As CI are not employed on a full-time basis, new strategies or changes may be implemented in between contracts that require retraining.

Summary

In summary, the main themes included the process of orientation beginning with the hiring process, training methods, content of orientation, the completion of the orientation process, and challenges with part-time instructors. In addition to these themes, demographic information on the institutions, and documents provided by the participants were also included in the analysis. Though there were some similarities shared across all themes between some or all institutions, there were some drastic inconsistencies that arose as well. A discussion of the findings as they compare to the literature will follow in Chapter Five.

CHAPTER FIVE: DISCUSSION

This chapter is a discussion of the findings and a comparison of the findings to the current literature. The goal is to highlight how these findings advance, enhance, or vary from the evidence in the current body of literature regarding the orientation of CI. As Clark's theoretical model (Clark, 2013) was used to sensitize the researcher to concepts related to the orientation of CI it will be used as a guide to interpret the findings. Since the first two stages of the model were used to inform this study, only they will be addressed. Lastly, recommendations for research, education and practice will be made based on the findings.

Clark's Theoretical Model

The findings from this study revealed the themes: the process of orientation starts with the hiring process, training methods and content of orientation programs, completion of the orientation process, and clinical instructors as part-time employees. These findings were partially anticipated because of the use of Clark's theoretical model that was used to sensitize the researcher to concepts related to the hiring and orientation process (Clark, 2013). The findings from this study both support and vary from the first two stages of Clark's theoretical model.

Clark's theoretical model was developed following a mixed-methods study exploring the transition nurses make to become CI. This theoretical model, as discussed previously in Chapters One and Two includes five stages of the transition process. The purpose of Clark's study was to generate a theoretical model that could guide nursing faculty administrators in easing the transition of new CI (Clark, 2013). Although all five stages are imperative to a successful transition, Stage One: Beginning in the role, and Stage Two: Strategies to survive in the role pertain specifically to the orientation process. Orientation and resources provided to CI are essential to start and survive the transition into a new role.

Stage one: Beginning in the role. The first stage, beginning in the role, includes training and tools provided to CI to start in their new position (Clark, 2013). The data collected at all six universities supported this, as they all provided an initial orientation to their CI. The content that was provided in the clinical instructor orientation aligned with the first stage of Clark's Theoretical Model. Most common across the six institutions, CI were provided with information regarding roles and responsibilities, providing feedback, assessment and evaluation, writing evaluations, teaching strategies, being an effective CI, facilitating a post-conference, and policies and procedures. These topics and skills are essential for CI to learn before beginning in the role.

The participants clearly described the information that is provided to CI on the orientation day. These findings align with Stage One of Clark's model, "It's not only getting familiar with the groups coming in but the facility itself and what their policies and procedures are," (Clark, 2013, p. 108). Beyond this statement, there is no specific guidance as to what should be provided to CI so they can successfully begin clinical instructing. As the content provided in orientation at each university is explicitly described, the findings from this study further advance the ideas stated by Clark. Roles and responsibilities, how to assess, evaluate and provide feedback, teaching and learning strategies, how to be an effective clinical instructor, and policies and procedures are examples of the essential topics included in some of the orientation programs. These topics were not explicitly described in the study conducted by Clark (2013). Although these are crucial for CI to learn to perform in their role, these are not included at all institutions. In addition, Clark's study failed to describe the most effective training methods when orienting new CI. Moving forward, it is recommended that a study be conducted to evaluate the efficacy of orientation programs and the perceptions of CI. As the training methods and content of orientation programs was not described in Clark's study, evaluating these areas

would be essential to ensure an evidence-informed program be developed. It would be important to compare the suitability of a hybrid model with both online modules and in-person training versus only in-person training. Similarly, we must determine the basic information that needs to be taught to clinical instructors for them to successfully perform in their role. Based on these results, an orientation program for CI in Ontario can be developed ensuring the most appropriate and effective training methods and content for orienting CI are utilized. The aim for creating a standardized orientation program would be for CI to be appropriately assimilated into their role to decrease the shock of beginning in a new position. Guidelines for further research will be discussed later in this chapter.

It is evident that beginning in a new role is a transition process. A commonality between Clark's model (2013) and the study findings was the description of a shock or an awakening, otherwise referred to as sink or swim. This concept was also found in this study; participants discussed a sink or swim perspective when orienting new CI to their role. When starting off in the role, CI complete a two-hour to two-and-a-half-day orientation, depending on the institution. After this orientation day is complete, CI are expected to be prepared to perform in their role regardless of whether they are ready or not. This sink or swim phenomenon was highlighted in the data in Clark's model, "I'm just going to be honest. It was sink or swim," (Clark, 2013, p. 108). This was consistent in both the findings from the study and Clark's model. Meaning that orientation provides CI with basic information for them to get started in the position, however, their success in the role significantly relies on their ability to assimilate. Based on this, it is recommended that further research be conducted on the perceptions of CI after the completion of the term to evaluate their orientation and if it met their needs. A standardized, evidence-informed orientation program for CI would help to curtail this sink or swim phenomenon. Though not

explored in this study, simply providing an initial orientation for CI likely would not suffice in preparing new CI to provide clinical education to students with no prior pedagogical experience or education; all six institutions do not require prior teaching experience or education. CI require a robust orientation program combined with mentorship and ongoing professional development. As all nursing practice evolves and changes, clinical education also evolves where new techniques must be learned on an ongoing basis. For these reasons, ongoing support and education would be necessary for CI to perform successfully, but also grow in their role.

Stage two: Strategies to survive in the role. The participants spoke at length about ongoing support provided to their CI. This included team meetings, online forums for peer support, and resources, such as a clinical instructor handbook, a library database, tools, and templates that could be utilized for assessments, feedback, and evaluations. These strategies of providing ongoing support to CI were not discussed specifically in Clark's study (2013). Clark's study focused mostly on previous experience as a staff nurse, including nursing skills and patient education (Clark, 2013). This concept of ongoing support and the examples highlighted in this research advances Clark's model by providing new insights. The findings from this study suggest that there are additional and varied strategies to survive in the role of a new CI that can be utilized. Interestingly, despite utilizing these methods of ongoing support, the participants still reported that CI are expected to perform in their role, regardless of if they are prepared or not. This prompts yet another need for research; we must explore the perceptions of CI regarding ongoing support, specifically the techniques utilized at these institutions, to determine whether they feel as though they are effective in supporting them.

The findings about mentorship in this study support Clark's model. This was heavily reinforced in the findings, as all six institutions utilized either informal or formal

mentorship. Clark purports that mentorship is both an asset and a necessity providing this example "My mentor was great…That was helpful because I think I would have been at wit's end if I didn't have somebody that helped me walk through what I needed to do," (2013, p. 108-109). Mentorship was provided in several different ways including designated teams, a clinical coordinator, a resource nurse on-site at the hospital, or a designated contact if questions arise. Mentorship was described in the findings to prepare CI on units they have not worked previously, provide ongoing support after orientation, and bridge the gap in communication between in-class and clinical education. The concept of mentorship within the orientation of CI is essential and will be discussed and compared to the literature later in this chapter.

While insightful, the components of Clark's (2013) theoretical model may not have been sufficient to sensitize the researcher to the concepts of orientation due to the difference in populations studied. The population of focus in Clark's study was CI and their perspective, whereas the population in this study focused on the staff and faculty members who are involved in the hiring and orientation process of CI. Initially, Clark's model (2013) was perceived to be appropriate as it aligned with the focus of this study; both Clark's study and this study focused on the orientation process of CI. Because of the differences in the populations studied and the additional three stages of Clark's model that did not align with this research study. Clark's model is viewed as lacking as a model to guide this particular study or future similar studies.

The Hiring Process

Requirements for hire. The requirements for hiring CI were mostly consistent across all six institutions related to the level of education and practice experience needed for hire. To be considered for the role, applicants must have completed a bachelor's degree in nursing, and have a minimum of two years of nursing experience.

Education requirements were not explicitly described in the literature, however, there was discussion of education levels among participants in some studies. Based on the literature, there is a lack of consistency among education levels of CI, ranging from the completion of a diploma, bachelor's, or graduate-level degree (Davidson & Rourke, 2012; Hewitt & Lewallen, 2010; Ross & Dunker, 2019). The findings from this study indicate that CI are required to have completed a bachelor's degree. This adds to the current literature suggesting a standard minimum level of education be used when hiring CI thus adding clarity to varied levels that exist in the literature. Specific to Ontario, the RNAO suggests more complex requirements for hire, stating that CI must, "possess current theoretical knowledge and clinical expertise and support ongoing professional development opportunities to promote the transfer of theory to practice," (RNAO, 2016, p. 12). This recommendation from the RNAO supports the need for CI to have specific education in clinical teaching initially, and on an ongoing basis.

The findings from this study on the requirements of nursing experience is more consistent with the literature. The study by Owens supported this requirement of nursing experience from the clinical instructors' perspectives (2017). It was noted that it was essential to have the previous nursing experience to effectively teach in the clinical setting (Owens, 2017). The findings from this research study also add to the literature by suggesting a minimum of two years of nursing experience is needed as a basic requirement for hire. Additionally, this study found that much of the previous nursing experience needed to be specific to the area that the clinical instructor would be hired for. This was noted as being particularly important in specialty areas. As noted by several participants, previous experience in specialty areas, and sometimes on specific units is required to gain employment as a clinical instructor. It is evident from the

findings and the literature that previous nursing two years of nursing experience combined with specialty or unit-specific experience is essential in the hiring of CI.

Although previous nursing experience is essential, as noted by Kelly (2006), relying completely on nursing experience as a foundation for clinical teaching poses other issues. Without formal education and training on clinical education, CI will use only their nursing knowledge to teach. This can cause inconsistencies among what and how CI practice, thereby impacting the education received by students. It was discussed by some participants that inconsistencies and poor clinical teaching were one of the highest reported challenges with clinical education. CI require formal education in clinical teaching in conjunction with previous experience to effectively teach nursing students. A study by Mann and De Gagne (2017) explored facilitators and barriers to transitioning into the role of a clinical instructor. Education on teaching and learning strategies, ongoing professional development, and previous teaching experience were considered facilitators to the transition process (Mann & DeGagne, 2017).

This varies from what was found in this study, as not one of the institutions required the completion of a clinical instructor course or formal education in teaching. Without adequate education before hiring, it would be essential for CI to receive orientation on topics including effective teaching methods. Based on the findings and literature, the completion of a clinical instructor certification course as a minimum requirement for hire would ensure that CI possess the foundational and theoretical knowledge of clinical teaching, allowing their initial orientation to focus on institutional policies and procedures.

The lack of requirement for education and training on pedagogy, principles of adult learning, and clinical teaching could be due to a shortage of CI in Ontario. The fear of limiting the pool of applicants with additional requirements was discussed by several participants. This

would certainly align with the perspective observed in the literature stating that there is a shortage of nursing faculty in general even though the root of this shortage remains unclear (Crocetti, 2014; Lotas et al., 2008; Reid et al., 2013; Roberts et al., 2013; Wilson, 2017). This presents a gap in the findings and the literature, as it remains unknown why it is not required for CI to have previous education on teaching. If CI are not previously educated in teaching and learning strategies, a recommendation from this study is that it must be provided in the orientation.

Teaching and learning strategies. Another noteworthy inconsistency among the findings and the literature is the lack of inclusion of teaching strategies, as only two of six institutions included it in their orientation day. The other four institutions did not describe the use of teaching strategies in their orientation. Educating new CI on teaching strategies was discussed extensively in the literature. Several articles in the literature described including/integrating teaching and learning strategies into to orientation of CI to guide them in their practice to help them translate information taught in the classroom directly into practice (Clark, 2013; Fura & Symanski, 2014; Hickey, 2010; Owens, 2017; Roberts et al., 2013). Additionally, within Ontario, the RNAO specifically highlighted the importance of including teaching strategies within the orientation of CI (2016). Though not described by the participants, some examples of teaching and learning strategies evaluated by Khan, Ali, Vazir, Barolia, and Rehan (2012) include demonstration, reflection, problem-based learning (PBL), and concept mapping. These teaching and learning strategies provide CI with varying structured methods of translating theory to practice by improving students' knowledge and ability to learn and practice new skills (Khan et al., 2012).

Utilizing these teaching and learning strategies and principles of adult learning were highlighted in the literature as effective for many reasons. Utilizing formal teaching strategies helps translate knowledge learned in the classroom to actual skills that can be performed in the clinical setting (Clark, 2013; Fura & Symanski, 2014; Hickey, 2010; Owens, 2017; Roberts et al., 2013). By using these formal teaching strategies, Kelly (2006) described that it helps to avoid CI teaching based on nursing experience and provides structure to their teaching. Davidson and Rourke (2012) stated that educating CI on teaching and learning strategies was one of two major learning needs of CI.

As highlighted in the literature, understanding how adults learn most effectively, and utilizing formal strategies to provide clinical teaching is important for several reasons. For new CI without previous experience in education, learning to complete tasks required to fulfill their responsibilities is only half of the preparation needed. CI have many responsibilities including teaching skills and applying in-class knowledge to practice, assessing students, completing evaluations, and resolving challenges that arise (Akram et al., 2018; Creech, 2008; Davidson & Rourke, 2012; Hunt et al., 2013). To have the ability to fulfill these responsibilities, they must be educated outside of simply completing evaluations. CI must have the ability to help students apply their new-found knowledge in physical nursing skills. They can use teaching and learning strategies to tailor their teaching based on the students' learning needs and styles. One student may learn best through PBL, whereas another student may learn best using demonstrations. CI must have the expertise to recognize when students are having difficulty understanding and implement these different techniques. Aligning with the recommendation from the National League of Nursing, CI must have the educational background in teaching and learning strategies specific to adult learning to maximize the effectiveness of their teaching (Davidson & Rourke,

2012). The rationale for the lack of focus on teaching and learning strategies in orientation is unclear. It could be the fear of making orientation longer, or a lack of funding to lengthen the orientation. It is recommended that this be explored to better understand how to rectify this gap.

Duration of orientation. The concept of time was found to be meaningful in this study. The duration of orientation ranged from two hours to two and a half days, however, most of the schools provided at least one full day of orientation. It is unclear what duration of time dedicated to the orientation of CI is sufficient or ideal as the Clinical Instructors' perceptions of the length of the orientation were not examined. Additionally, it was not clear how institutions decided on the length of the orientation. The two-hour orientation found in one institution in this study resembles other orientation programs described in studies by Krautscheid et al., (2008), Barksdale et al., (2011), and Dunker and Manning (2018), who suggested dedicating a few hours to orientation. However, on the opposite end of the spectrum, the two-and-a-half-day orientation in this study still did not measure up to the suggestion coming from the study by Zakari et al. (2014), which examined clinical instructors' abilities to use research-based teaching methods and suggested participants, "need more than just one week of teaching preparation," (p. 1354). Additionally, Bell-Scriber and Morton (2009) suggested a 3-month orientation time to achieve adequate preparedness in a new role. These are interesting notions, as none of the six institutions provided a week nor three months of orientation.

There are significant variations in the time allotted to orientation of CI in both the literature and findings. This poses the uncertainty of what the ideal duration of time for orientation to transition of CI into their new role. Orientation is the first introduction CI have to the institution and their importance to nursing education. A short or simple orientation that does not adequately prepare them for their role may cause them to question the value placed on CI. As

noted in the findings, only one of the eight participants discussed the value of CI, and the importance of providing a robust orientation program. This participant specifically stated that without a strong orientation, CI may not feel valued or perform to their best, thereby impacting overall nursing education. Several articles discussed the importance of clinical education related to the success of nursing education (Davidson & Rourke, 2012; Hunt et al., 2013, Ross & Dunker, 2019), and the importance of CI to clinical education (Clark, 2013; Fura & Symanski, 2014; Hickey, 2010; JPNC, 2015; Owens, 2017; Roberts et al., 2013; Weston, 2016). Despite the significance of CI shown in the literature, many new CI are left to sink or swim when starting off in the role, as stated by some participants. If CI are imperative to effective clinical education, which significantly impacts nursing education, can they be expected to adequately teach students based on a few hours or a few days' worth of training? Further research needs to be conducted to determine the minimum amount of time required for orientation for CI to function effectively in the role. Ideally, CI would receive an initial, robust orientation day (duration to be determined based on evidence), formal mentorship from a clinical coordinator, and professional development workshop opportunities throughout the term. Results from the study by the JPNC indicate that a high-quality clinical placement heavily depends on the teaching abilities of the clinical instructor (2015). These teaching abilities are not innate and are not learned as a nurse, therefore CI must be educated more purposefully during the orientation process to fulfill their role as a clinical nursing educator.

The Orientation Process

Before the beginning of the semester, each of the six institutions provided some variation of orientation, whether through virtual, in-person, or a hybrid model. Noteworthy from the

findings was the lack of consistency among the methods used and the information provided during the orientation programs.

The methods used by the institutions included combinations of the following: lecture, role-playing, group discussion, e-modules, simulations, demonstrations, and professional development opportunities. These methods were all supported in the literature as effective in orienting CI as evidenced by Dunker and Manning (2018), Schaar et al., (2015), Krautscheid et al., (2008), and Reid et al., (2013). It was noted that several of the schools highlighted lecture-style teaching as the primary method of dissemination, followed by group discussion and role-playing. The use of simulations was only listed by one institution, and demonstrations were listed by two institutions. In the literature, however, simulations were found to be one of the most effective methods of educating CI, and allowing them to practice real-life scenarios (Crocetti, 2014; Hunt et al., 2013; Krautscheid et al., 2008). Simulations and demonstrations allow CI to have hands-on practice and was supported heavily in the literature, yet they are two of the least used methods among the institutions in this study. Introducing simulation modules that are standardized across Ontario would help to improve the consistency of the orientation process for CI and should be considered as a viable option for orientation practices in the future. Perhaps the most appropriate occasion for simulations and demonstrations would be at professional development workshops. These ongoing opportunities would allow CI to practice assessing students, providing feedback, and implementing teaching and learning strategies. The feasibility of professional development workshops may be challenging financially, however, more investment in the training of CI has been highlighted by the JPNC (2015), RNAO (2016), and National League for Nursing (Davidson and Rourke, 2012). This would allow new CI to simultaneously learn about clinical teaching, and practice in a safe environment.

The content provided in the orientation programs included the following: roles and responsibilities, providing feedback, assessment and evaluation, the university and faculty of nursing, completing evaluations, teaching strategies, how to be an effective clinical instructor, post-conference, and policies and procedures. The study by Barksdale et al., (2011) sought to create a comprehensive orientation program for CI. Among other authors, such as Johnson (2016), Davidson and Rourke (2012), and Hunt et al., (2011), the article by Barksdale et al., (2011) most closely aligned with the content discovered in the findings of this study. In the study by Barksdale and colleagues, the orientation program was divided into four categories: professional, instructional, leadership, and organization (2011). Within these categories, topics such as roles and responsibilities, critical thinking, evaluations, leadership styles, policies and procedures, and accessing support are covered (Barksdale et al., 2011). This kind of organization is lacking in the current orientation practices and would help to provide structure to a standardized orientation program. All six of the institutions included roles and responsibilities, providing feedback, assessment and evaluation, the university and faculty, and completing evaluations in their orientation day. This is essential information, however, higher-level education such as principles of adult learning or implementing innovative teaching strategies were not universally included.

Although the findings shared consistencies with the literature, they also vary from one institution to another. No two institutions shared the same methods nor content on their orientation day. This specifically supports the assumptions made by the JPNC (2015) regarding a lack of consistency among the orientation of CI hired in Ontario nursing programs. It would be ideal for clinical teaching to be held to an accredited standard as a part of nursing education to ensure consistency across the province. To accomplish this, minimum standards must be set to

ensure that all basic concepts are covered. This would require a province-wide exploration of the perceptions of clinical instructors to understand the foundational knowledge needed to perform in their role. Alternatively, a province-wide exploration of the responsibilities and job requirements as a CI would provide a different perspective that reveals the minimum standards that CI must be held to. This basic standard for orientation would allow for consistency across the institutions but then can customize it to fit their specific needs.

Evidence-informed orientation. Variations were noted among the institutions when asked about how it is decided what to include in their orientation day. Three institutions use a formal approach such as focus groups, theoretical underpinnings, or clinical learning specialists who create the orientation program. Other institutions use a more informal approach, such as feedback from faculty and previous CI. Of the six institutions, only one institution described creating their orientation program based on a nursing expert's framework. In addition, a different institution hired clinical learning specialists who review the literature and evidence to develop current and robust orientation programs each year.

Several studies in the literature were conducted to create an evidence-informed orientation program. Authors such as Barksdale et al., (2011), Dunker and Manning (2018), Hunt et al., (2013), Hutchinson et al., (2011), and Schaar et al., (2015) described the goal of their studies as creating an orientation program based on research and competencies. Schaar et al. specifically described the importance of identifying competencies for CI and using these competencies as the foundation of their orientation program (2015). The six competencies described by Schaar and colleagues included: patient-centred care, teamwork and collaboration, informatics, quality improvement, safety, and evidence-informed practice (2015). These competencies were used by Schaar et al. to determine which topics would be needed to ensure

each section was adequately supported (2015). As an example, to ensure the topic of safety was covered, CI would be taught about medication administration, the scope of practice of students, and actions to take should exposure or injury occur (Schaar et al., 2015). Competencies provide structure to ensure that the basic concepts required for CI to fulfill their responsibilities are met.

The use of competencies to guide the creation of the orientation programs was not discussed by any of the six institutions. Methods that were used by the institutions, such as focus groups, gathering feedback, and utilizing nursing experts are important for consideration when creating an orientation program, however, there is no consistency between the universities. It would be ideal for all institutions to provide the same evidence-informed orientation across the province to ensure consistency in how CI are oriented. As the nursing profession is mandated to be evidence-informed, it is surprising that the orientation programs are not created based on evidence. Nursing has been an evidence-informed profession since the time of Florence Nightingale in the 1850s and is essential to ensure that nurses are practicing using the best and most current evidence (Canadian Nurses' Association [CNA], n.d.). The CNO (2012) also explicitly describes the necessity for nurses in the educator role to utilize evidence-based knowledge in their practice. In addition to evidence-informed practice, the nursing profession relies heavily on competencies that provide structure and hold nurses to the highest standard. Similarly, nursing education and clinical education should be held to the same level of competencies to ensure consistency and effective clinical education. Provincial and professional nursing organizations have the resources and ability to create a set of competencies for CI to guide their practice.

Recommendations from the CNO, RNAO, and WHO. Utilizing competencies as a foundation for orientation was asked of all participants. These recommendations and

competencies outlined by the CNO, RNAO, and WHO are for nursing educators, not specifically CI and are outlined in Appendix H. The orientation days at some institutions incorporate some of the CNO Practice Standards for nursing educators. Areas such as creating a safe environment for fostering questioning and learning and possessing knowledge about teaching and learning strategies were described by some of the participants. More specific to CI, the BPG recommendation from the RNAO emphasizes the importance of theoretical knowledge, clinical knowledge, and ongoing professional development. All three of these principles were identified in the findings by some of the participants, as well as identified in the literature as significant to the role of the clinical instructor.

An amalgamation of the recommendations from the CNO, RNAO, and the WHO would create an ideal set of competencies specific for clinical instructors. These competencies should include teaching and learning strategies, principles of adult learning, curriculum, nursing practice, communication, ethics, evaluation, leadership, professional development, and promoting a safe learning environment. This list of competencies is appropriate for the role of the clinical instructor and fulfil the competencies created by the governing bodies for nurses in Ontario and globally. The implementation of these competencies to guide orientation and clinical teaching would hold CI to a consistent standard and foster excellence in clinical education.

Retraining of returning CI. Although the focus of the study was the orientation of CI the concept of retraining continued to be discussed by participants in the interviews. Participants consistently spoke about the orientation of new CI mixed with the retraining of previous CI. Three of the six institutions provided the same orientation and retraining for both new and returning CI. The retraining was not identified as ongoing education, continued learning or professional development for returning CI, it was all just referred to as orientation. Additionally,

some institutions made these sessions optional for returning CI. Another institution stated that although all CI were provided with the same information, the orientation was geared more towards experienced CI. With a push to include higher-level education for CI, how do new CI learn basic clinical teaching skills? This was a novel finding compared to the literature. This poses the concern that if the orientation is geared toward experienced CI, the new CI will not be provided with the skills to begin and flourish in their new role. New CI must be provided with training geared toward inexperienced clinical teachers. Perhaps returning CI should have the option of attending a new-hire orientation and utilize mandatory professional development workshops to provide access to current evidence-informed teaching strategies. The inconsistencies between the institutions were challenging to decipher what was provided specifically for new CI as compared to returning instructors.

In the discussions about new hire orientation and retraining for returning CI, it was evident that the institutions focused also on introducing new and interesting concepts for returning CI. Redundancy for returning CI and loss of interest if the same basic concepts were discussed from one year to the next were issues that were discussed. It is unclear why there is a focus on retraining experienced CI. Although ongoing professional development is essential to remain current in evidence-informed education, the initial orientation should be reserved for new CI. Perhaps the contractual nature of clinical instructing results in the need for retraining. This would be particularly relevant if there are several years between contracts, as there is no guarantee for a commitment from ongoing employment from CI.

The concept of combining initial orientation with annual retraining of experienced CI was not discovered in the literature. It is challenging for new CI to receive the same information used for annual retraining as their initial orientation for the role. In addition to this initial orientation,

CI must have ongoing support to ease their transition. One strategy to provide this ongoing support is through mentorship.

Mentorship. The concept of either formal or informal mentorship was discussed by all eight participants representing the six institutions. As all six institutions utilize mentorship in some way, it is evident that it is critical to orientation and the transition into a new role. The participants described different strategies of mentorship to provide ongoing support to their CI. One method used was a resource nurse or clinical learning specialist who is always present and available to support CI. Another strategy was the use of clinical coordinators who are assigned teams of CI and are responsible for continuous support and communication in person or by email. Additionally, one institution allotted time and funds for new CI to shadow a nurse on units where they have not been employed.

The findings from this study are consistent with the literature. Mentorship was highly supported in the literature by authors including Barksdale et al., (2011), Bell-Scriber and Morton (2009), Clark (2013), Hunt et al., (2013), Hutchinson et al., (2011), Mann and DeGagne (2017), Owens (2017), Roberts et al. (2013), Wilson (2017). Mentorship was viewed in the literature as an effective way of easing the transition of new CI (Clark, 2013; Mann & DeGagne, 2017; Wilson, 2017). The use of mentorship also stood out in Clark's model. The recommendations from Clark suggested that CI to shadow nurses on the unit where they will be placed, shadowing an experienced clinical instructor, assigning a faculty mentor, and assigning a contact person if a conflict arises (2013). All of these mentorship strategies were used by the six institutions. The use of mentorship was reported to be a major facilitator in the assimilation into the new role specifically from the perspectives of CI (Clark, 2013; Mann & DeGagne, 2017).

The use of mentorship was well supported in both the findings and the literature. Many of the articles in the literature used a formal approach. Hutchinson et al., (2011) implemented a 16-hour practicum for CI to become oriented to their respective hospital and units. Similarly, Bell-Scriber and Morton (2009) provided formal mentorship for one semester for new CI. The specific duration of mentorship was not discussed by the participants; therefore, it is challenging to make a direct comparison. It would be beneficial for new CI to have the opportunity to shadow an experienced clinical instructor to observe the use of teaching and learning strategies. In addition to shadowing opportunities, having a designated resource or contact to aid in resolving challenges or conflicts would provide ongoing support. Based on the findings, it is recommended that a formal mentorship agreement be implemented between CI and a clinical coordinator. Using a team approach with a ratio of one clinical coordinator with several CI would allow for more individualized mentorship and is more fiscally feasible. Some of the responsibilities of the clinical coordinators as described by the participants included frequent site visits, weekly meetings, email communication, assisting with struggling students, and to act as a liaison between the CI and the course instructors. This combination of support would ensure that CI have adequate preparation before beginning in the role, and ongoing support during their transition.

Self-directed learning. In addition to the orientation day and mentorship opportunities for preparing CI, there were additional resources provided for ongoing support. Some of the institutions provided resources such as a clinical instructor handbook, videos, online modules, a library or repository, instructional documents, a website or forum to access, or professional development opportunities. These resources were accessible to CI after their initial orientation, with the purpose to help ease their transition should challenges arise. Several authors stated that

giving access to resources is effective in providing information and ongoing support (Barksdale et al., 2011; Bell-Scriber & Morton, 2009; Davidson and Rourke, 2012; Fura & Symanski, 2014; Hewitt & Lewallen, 2010; Hutchinson et al., 2011; Koharchik & Jakub, 2014; Wilson, 2017). Although the concept of resources was heavily supported in the literature, the time needed for CI to access these resources was not discussed. It became evident in the findings that CI must be self-directed in their utilization of the resources. It was noted by a participant that the CI were not paid to utilize the resources but were encouraged to do so. The self-directedness of accessing resources creates an additional barrier that can interfere with the successful transition into the role. If CI have other employment in addition to clinical instructing, their time is limited. If CI are to rely on these resources but do not have time to access them, they may not feel adequately prepared for the role.

This feeling of unpreparedness has been noted in the literature to impact job satisfaction, job retention, and the effectiveness of their teaching (Hewitt & Lewallen, 2010). If CI do not have adequate preparation, understanding of their role, and ongoing support they may feel stressed and frustrated that they cannot fulfill their responsibilities (Hewitt & Lewallen, 2010). Hewitt and Lewallen (2010) stated that a thorough orientation to the role of clinical instructing would help to combat issues associated with satisfaction and retention. If the information and resources are discussed comprehensively within the orientation, the requirement for self-directed learning would be lessened. This level of self-directedness requires substantial commitment on behalf of the CI for growth and development in the position to access the resources provided to them.

Challenges with part-time CI. Challenges with the part-time status of CI was a concept that was continually discussed. The findings revealed that the part-time and contractual nature of

clinical instructing may lead to CI not being able to fully commit to their role. This study found that many CI are employed part or full-time elsewhere and therefore may not have time to focus solely on clinical instructing. Additionally, CI are often hired on contract throughout the year, making them transient parts of the nursing faculty which may result in them never feeling like a part of the team. Dunker and Manning (2018) and Kelly (2006) also stated concerns regarding part-time employment with CI. More specifically, they discussed a lack of commitment with part-time CI that can interfere with their clinical teaching (Dunker & Manning, 2018; Kelly, 2006). Similarly, Fura and Symanski (2014) stated that a combination of inadequate orientation and a lack of commitment to the role could be detrimental to the clinical education of nursing students. The JPNC stated specifically that to achieve the transition into a high-quality clinical instructor, more time and resources must be invested into their growth (2015).

There appears to be a relationship between orientation and job satisfaction and performance in the literature. Mann and DeGagne stated that novice CI who felt unprepared identified facilitators and barriers that affected their transition (2017). The facilitators included education and experience in clinical teaching, mentorship, and ongoing professional development (Mann & DeGagne, 2017). The literature advises that orientation is essential in preparing CI to provide sufficient education to nursing students. If CI are oriented appropriately, they will be more satisfied with their practice as they will feel as though they are capable in the role. If CI are not provided with the basic orientation needed to fulfill their role, they may be left feeling inadequate and not return to the position.

Implications

Recommendations for research. As previously stated, the purpose of this study was to gather a baseline understanding of the current orientation processes for CI across Ontario

university nursing programs. Recommendations for further research include expanding the current study to include all university and college nursing programs. It would be beneficial to expand to all universities and college nursing programs to better understand how all institutions across Ontario orient their CI.

A second recommendation for further research would be to collect data on the perspectives of CI on their orientation and transition into the role. More specifically, to research the duration of orientation received, the content delivered, and whether they felt prepared or not to function as a clinical instructor. This would provide a fascinating perspective to show whether the orientation processes are perceived by CI to be sufficient.

To determine the most effective way to orient new CI, a study exploring the perceptions of CI on their experience with orientation would need to be conducted. By understanding what CI perceive as effective versus ineffective orientation methods, essential components as well as gaps in orientation can be highlighted. To conduct this study, a mixed-methods approach may be the most suitable. A mixed-methods approach utilizing a survey would allow for a larger sample size, but also provide the flexibility to obtain personal opinions on effective orientation methods. In this survey, it would be important to ask questions regarding how long their orientation was, if they thought it was sufficient, what information was disseminated in their orientation, if they thought this information provided the foundation for their practice as a CI, how the information was disseminated, what resources were provided to them, and if they were provided any mentorship opportunities. After further development of a survey, the questions would grow and change, however, these are some of the basic concepts that would need to be explored. From a different perspective from the institutions, a study exploring the job requirements and responsibilities of CI would also be beneficial. A quantitative study using a survey would also

allow for a larger sample size, therefore would include all nursing programs in Ontario. This information would help to guide the basic content that would need to be provided to CI.

The above research recommendations would then inform the creation of a standardized orientation process that provides consistency for use across the province. A standardized orientation program among all Ontario universities was the initial recommendation from the JPNC, which was the motivation for this thesis. After gathering data on the perceptions of institutions and CI on orientation and job requirements, further research would be required to design a standardized orientation program. Utilizing the findings on the most effective duration, content, methods, and alternative strategies for orientation, an orientation program would need to be developed and piloted. Within this pilot program, two models of orientation, such as face-to-face orientation and a hybrid of online modules and face-to-face could be utilized to provide comparison. Pre-and post-tests on knowledge of teaching and learning strategies, assessment techniques, completing evaluations, and facilitating pre- and post-conferences could be collected to show an increase in knowledge. Feedback would then be collected to gain insight on the experiences of CI, and whether they feel prepared to begin their new role. This type of study would provide an evidence-informed orientation program that meets the perceived needs of CI. Provincial nursing organizations such as the CNO, RNAO, JPNC, and COUPN could facilitate this research by mandating the implementation of a standardized orientation program. The JPNC predicted that providing the same orientation and education to new CI, would improve the consistency among the teaching of CI, and thereby the nursing education received by nursing students across the province (JPNC, 2015). As described in the findings and the literature, inconsistency in education is one of the most common complaints from nursing students and can significantly impact their nursing education. The ideal outcome of this research would be for all

nursing programs in Ontario to utilize this orientation program, thereby resulting in all CI teaching using consistent teaching and learning strategies, assessment and evaluation methods, and structure for pre- and post-conference.

Recommendations for education and practice. As the focus of this thesis is on the education of CI, recommendations for education and practice will be merged. Based on the findings, the first recommendation for practice would be to standardize orientation for CI at Ontario universities to provide consistency. The findings from this thesis support the recommendations from the JPNC report to create a standardized orientation program. This would require determining the ideal duration of orientation, the most effective training methods, and determining the content to be included based on evidence utilizing the research recommendations outlined above.

The second recommendation for practice would be for all universities to implement a formal mentorship between CI and a clinical coordinator. According to the literature, mentorship is an essential and effective method of transitioning into a new role, which was supported in the data. Although it would be preferred for mentorship to be one-to-one, due to financial reasons, this may not be feasible. Several of the universities utilized a team approach to mentorship, which they perceived to be effective. At a minimum, mentorship should include an opportunity for new CI to shadow and observe experienced CI and have a designated contact person who is responsible for continuous communication throughout the semester. This communication can include weekly updates about the class content, meetings throughout the semester, and simply knowing who to contact should a conflict arise.

Lastly, perhaps funding can be sought from provincial organizations such as the RNAO to support the training initiatives of all CI across the province. If orientation programs are

standardized across the province, and partially funded by external organizations, it may increase the supports available to new CI.

Limitations

The recommendations from the JPNC provided a foundation for this thesis. For this reason, the targeted population and focus of the thesis were chosen to explore these recommendations. As recruitment began at a quarterly COUPN meeting where only university representatives attend, this study was limited to university nursing programs in Ontario. In addition, to ensure this study was feasible for a master's level thesis, only Ontario university nursing programs were included in the study. The focus of the study was limited to discovering what the current practices regarding the orientation of new CI are at Ontario universities. The experiences and perceived success or failure from CI regarding their orientation was not explored.

The use of telephone interviews in this study strived to maximize accessibility and ease of participation, however, brought its challenges. Though telephone interviews allowed for province-wide participation, it was challenging to recruit by email and schedule these interviews. This was made particularly difficult due to the global pandemic of covid-19, which forced faculty members to adjust to online teaching and work from home. Due to this, it was difficult to recruit participants for this study when they were preoccupied with the adjustments they suddenly faced.

Summary

After comparing the findings with the relevant literature, it can be deduced that the findings mostly supported, but sometimes varied from the current body of knowledge in the literature. There were some areas, including the specific discussion of the content of orientation,

where the findings enhanced the current body of literature. As anticipated based on the results from the JPNC's study, there are many inconsistencies among the Ontario universities included in this study. These inconsistencies include the duration of orientation, the content included and how it is disseminated, how it is determined what to include in orientation, and the mentorship opportunities provided. To combat these inconsistencies, it would be ideal to create competencies and standards for CI to achieve in a combined effort with governing bodies such as the CNO, RNAO, and CNA. By doing so, this could grow into a standardized competency- and evidence-informed orientation program that is consistent across Ontario university nursing programs.

Robust orientation for CI is essential to provide a foundation of knowledge to begin their role. Their learning cannot end with orientation though. This must continue throughout their role through strategies such as mentorship, providing resources, and professional development opportunities, such as workshops. As previously stated, there must be specific time and funding allotted that facilitates CI to access these resources and opportunities. It can be challenging to employ CI on a contractual and part-time basis, however, some of these challenges can be combatted through adequate preparation during the orientation process.

It is evident based on the literature how imperative CI are to clinical education in nursing. To perform the most effective in their role, they require adequate orientation and ongoing support. The purpose of this thesis was to explore the orientation processes for new CI within nursing programs at Ontario universities. After reviewing the findings and comparing them with relevant literature, it is anticipated that a standardized program would lead to improved job satisfaction, retention of clinical instructors, teaching skills, and ultimately consistent and excellent clinical education for nursing students.

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Appendix A: Current Orientation Opportunities in Ontario Compared with WHO Core Competencies

Table 6

Comparison of Ontario Orientation Programs with WHO Core Competencies for Nurse Educators

	Core Competency							
Orientation Program	Principles of Adult Learning	Curriculum and Implementation	Nursing Practice	Research	Communication and Collaboration	Ethics and Professionalism	Evaluation	Leadership
Canadian Association of Schools of Nursing	Partial	No	No	No	No	No	Yes	Yes
University of Toronto CI Workshop	Partial	Partial	No	No	Yes	Yes	Yes	Yes
Western University CI Resource	Partial	No	No	No	No	No	Yes	No
The Michener Institute of Education at UHN	Yes	No	No	No	No	No	Yes	Yes

Note: Core competencies retrieved from WHO (2016)

Appendix B: Articles Obtained from Literature Review

Table 7

Articles Obtained in the Literature Review

Article	Purpose	Location	Type of study	Key points	Section(s) in Literature Review
Akram et al., 2018	To assess the role of the CI in bridging the theory to practice gap.	Palestine	Descriptive quantitative cross-sectional design	- The theory to practice gap is a discrepancy that occurs between what students learn in the classroom and readings and what is experienced in the clinical setting - A Likert-scale was completed by 135 participants to understand CI characteristics from the students' perspectives - In the students' experience, to bridge the gap between theory and practice, CI must communicate and teach effectively; use case studies, apply theory directly to practice	The Role of the CI
Barksdale et al., 2011	To describe a professional development, comprehensive program for current faculty.	North Carolina, USA	Discussion	- One half-day workshop, plus sessions one to two times a month - The goal of the program is to adequately prepare new educators, as well as help current faculty members to keep up to date with current information - Four components of the program - Professional- roles and responsibilities, values, networking - Instructional- critical thinking, evaluations, reflections, technology	Importance of Orientation Orientation Program Design

				- Leadership- leadership styles, improving and changing curriculum -Organization- policies and procedures, funding, support - Formal mentorship agreement where the mentor and mentee meet a minimum 3 times per semester. - Implemented a website that allowed ongoing access to resources - Participants were asked to complete a questionnaire evaluating the content, whether objectives were met, and asked for suggestions.	
Bell-Scriber, Morton, 2009.	To implement a Clinical Nursing Institute to increase the number and quality of available nursing CI.	Michigan, USA	Discussion	- Includes a seven-hour workshop, a master's course worth three credits, and a semester of clinical instruction with a mentor. - Focuses on teaching and learning strategies, how to motivate students, teaching critical thinking, the requirements of being a CI, evaluating students, and where to access resources and support. - The program was deemed successful from positive feedback from CI and success from students. - In response to the feedback from the CI, a couple of years later, the program was redesigned into a semester-long program. The participants were required to partake in weekly readings and online discussions.	Importance of Orientation Orientation Program Design
Clark, 2013	To explore the transition from nurse to	Minnesota, USA	Mixed-methods, non-	- To address the nursing shortage, staff nurses are being hired as CI	The Role of the CI

	CI; to identify characteristics necessary as a CI; to understand role strain		experimental, grounded theory	- CI have a unique role, and require proper orientation and support to successfully transition into their role - Purposive sampling was used to recruit CI with less than 2 years experience - Used semi-structured interviews, focus groups, a Nursing Clinical Teaching Effectiveness Inventory, Role Strain Scale, and a demographic questionnaire - The results of the NCTEI showed that CI enjoy teaching, taking responsibility, being a role model, and positive reinforcement - The role strain scale showed that CI experience stress with job expectations and performance, differences between personal values and the institution's values, and balancing work and school life	Importance of Orientation
Creech, 2008	To explore the role of part-time CI and their contribution to different areas of nursing education.	Michigan, USA	Quantitative	- Universities are increasingly hiring part-time CI - The authors utilized Boyer's model of scholarship (teaching, research, service, and integration of research) to understand the role of CI - A survey was distributed to nursing faculty and administrators; 99 part-time faculty members, 94 full-time faculty members, and 59 administrators participated in the study - The part-time faculty members predominantly performed in teaching and service	The Role of the CI

				- Part-time CI are responsible for teaching preparation, teaching, developing curriculum and evaluations	
Crocetti, 2014	To explore feelings of self-efficacy following a simulation for CI	Pennsylv-ania, USA	Pilot, quantitative	- A 4-hour simulation program was implemented with maternity CI, and included pre-briefing, simulation, and debriefing. Content of the program included specific skills, teaching strategies, and using return-demonstrations. - Participants were asked to complete a Likert-style questionnaire to evaluate self-efficacy. - There was an increase in self-efficacy in teaching strategies and specific skills. The participants stated that simulation is beneficial in teaching CI. - It was concluded that using simulation in orienting CI can help to address the challenges of new, inexperienced CI so they can fulfill their role	Importance of Orientation
Davidson & Rourke, 2012	To explore the knowledge and skills needed to succeed as CI.	Alberta, Canada	Descriptive quantitative design	- Clinical education is an essential component of nursing education; CI play a significant role in clinical education - CI may be hired because of their clinical expertise, and may lack education in pedagogy - Instructional techniques were highlighted as a priority by the National League for Nursing - An online Likert-style survey was distributed to part-time CI; 44 instructors participated in the study - Learning needs highlighted by the CI included: administrative information, policies and	The Role of the CI Importance of Orientation

				procedures, course information (content, syllabus, resources), evaluations, simulations - By adequately preparing CI for their role and responsibilities, it will help students learn to critically think and successfully learn new skills	
Dunker & Manning, 2018.	To evaluate a mentorship program for CI	Massachusetts, USA	Discussion	- Began as an online program, but transitioned into a 4-hour in-person workshop, which was piloted at three different schools. - Based on competencies from the National League of Nursing, Quality and Safety Education for Nurses, and Nurses of the Future - Utilized didactics, discussions, role-playing, and vignettes. - Positive feedback was received from novice and experienced attendees. Suggested areas for improvement included a more standardized program, and increasing the length of the program	Importance of Orientation Orientation Program Design
Fura & Symanski, 2014	Evaluate an online orientation program for CI.	Pennsylvania, USA	Mixed-methods	- Piloted a 3-month orientation program based on principles of adult learning to orient and support CI - Also utilized the online platform Blackboard to support CI in specific skills, such as helping students meet objectives, provide resources and course materials, and include a discussion board where instructors were encouraged to seek help and ask questions - Evaluation after the program was complete sought feedback on if learning needs were met, which resources were helpful, and the online	The Role of the CI Orientation Program Design

				platform. Feedback included utilizing the video feature online more for instructional videos	
Hewitt & Lewallen, 2010.	To evaluate the orientation of part-time CI	North Carolina, USA	Discussion	- Recommendations for orientation programs include the school's philosophy, student manuals, policies, course information, objectives, and learning expectations. - Suggest that CI should be provided relevant resources and documents, including the student manual, course curriculum, objectives and expectations, a log template to track student experiences and progress, and sequence of courses to understand the current level of knowledge and abilities of students - Expectations of CI include evaluating and grading students, therefore should be educated in this area - Preparation on conducting pre- and post-conferences is essential	Importance of Orientation Orientation Program Design
Hickey, 2010	To highlight the perceptions of newly graduated nursing students regarding clinical experiences.	Alabama, USA	Descriptive, exploratory case study, mixed-methods	- To effectively teach, CI must receive proper orientation and ongoing support - The Clinical Instruction Experience Questionnaire (CIEQ) was distributed to new graduates, and 33 graduates participated. The CIEQ measured newly graduated students' perspectives of clinical experiences. - Findings included: • Positive teaching behaviours facilitated learning and communication • CI require preparation in teaching and applying teaching skills; many	The Role of the CI

				respondents reported inadequate individualized instruction • Students reported a need for more learning and practice opportunities - Clinical teaching unique; CI must have clinical expertise, be able to evaluate students, have knowledge in teaching and learning strategies, and know how to put them into practice	
Hunt et al., 2013.	To create and evaluate an orientation program to facilitate the transition into the role of a CI.	Alabama, USA	Discussion	- A one-day orientation program was created based on feedback from previously trained CI. - Focused on general orientation to the nursing program, the curriculum, policies, evaluation methods, mentoring from faculty, technology support, education on simulation, and networking with each other - Formative evaluation is performed after each program	The Role of the CI Importance of Orientation Orientation Program Design
Hutchinson et al., 2011.	To assess a formal orientation model at a pediatric hospital.	Ohio, USA	Discussion	- Orientation program implemented by a large pediatrics hospital in Ohio for clinical faculty employed by external academic institutions - 1 day for returning faculty, or 2 days for new faculty, plus 16 hours of hands on training shadowing a mentor - Focused on expectations of the instructors, a review of both faculty and student manuals, available online resources, and hospital policies - 81% of participants stated that they were satisfied with the program, and that it would improve patient care. In addition, 80% of participants found the program to be applicable to practice as an instructor	The Role of the CI Importance of Orientation Orientation Program Design

Johnson, 2016	To assess the efficacy of a faculty development workshop for CI.	Arkansas, USA	Quantitative	- To address the nursing faculty shortage, nursing schools are increasingly hiring CI without experience or orientation in clinical education - Formal orientation for CI would help ease their transition, implement teaching strategies effectively, and improve clinical education - A four-hour workshop was implemented to educate new CI on evaluating and grading students. A pre- and post-test was performed to evaluate CI' knowledge on assessing and evaluating, terminology, and if the objectives of the workshop were met. The CI knowledge in all areas increased significantly from pre- to post-test.	The Role of the CI Importance of Orientation
Kelly, 2006	To understand the role of CI in nursing programs.	Northern and mid-Atlantic USA	Descriptive qualitative design	- Putting teaching strategies into practice requires a unique set of skills - Nurses with clinical experience, as well as education in pedagogy are not abundantly available, therefore clinical teaching positions are filled with those who lack teaching skills - Formal orientation in teaching, along with guidance from an experienced educator can help new CI during their transition - The Clinical Faculty Role Questionnaire (CFRQ) was distributed to clinical faculty at 41 baccalaureate nursing programs; 135 clinical faculty participated - The CFRQ collected demographic data, and explore role conception, role performance, and role engagement	The Role of the CI

				- Part-time CI were more likely to use their personal nursing experiences as a foundation of teaching, opposed to applying teaching strategies to transfer the knowledge learned in the classroom to the clinical setting. - Part-time CI were less committed to the role, and were less likely and less effective in implementing teaching strategies and clinical teaching	
Koharchik & Jakub, 2014.	To discuss preparation for CI in the context of their responsibilities.	Pennsylvania, USA	Discussion	- Orientation programs should include school policies and procedures, schedules, evaluations, course curriculum, and how to assign and track experiences for students. - Orientation should also include hospital-specific orientation so the CI can learn routines, where to access resources, appropriate charting procedures, computer systems, and expectations.	Importance of Orientation Orientation Program Design
Krautscheid et al., 2008.	To explore simulation as a method of training CI.	Oregon, USA	Pilot, qualitative	- Four needs for learning were identified by the authors: how to take advantage of learning opportunities, applying teaching techniques, providing feedback, and adapting teaching methods based on student needs - Based on these learning needs, a three-hour orientation program was developed focusing on teaching theories through the use of presentations, prerecorded simulations showing high quality and poor demonstrations of teaching, and reflecting on personal teaching strategies	Orientation Program Design

				- The instructors then participated in a simulation, were provided immediate feedback, and then reflected as a group and individually	
Lotas et al., 2008.	To explore an orientation collaboration between hospitals and schools of nursing for the purpose of addressing the nursing shortage.	Ohio, USA	Pilot, discussion	- A one-day orientation on expectations, strategies for transitioning, organizing a day of clinical, what the students need, evaluating students, and encouraging critical thinking - Created a school-based orientation manual, an online professional development module, and ongoing workshops to encourage continuing education among all faculty members. - Trained more nurses as clinical faculty to allow schools to increase enrollment, and thereby increasing the number of graduating nurses	Orientation Program Design
Lowe, 2005.	To prepare a staff nurse as a graduate-educated CI on loan to an academic institution.	Texas, USA	Discussion	- Discussed a loan program between a hospital and 5 academic institutions as a way of bridging the nursing shortage - Loan program has benefitted both the JPS Health Network and the schools of nursing - The JPS Health Network is able to hire larger numbers of new graduate nurses from the schools, reducing recruitment time and money, and due to their clinical experiences as students, their required orientation time is decreased	Orientation Program Design
Mann & De Gagne, 2017	To understand lived experiences of CI during	Texas, USA	Qualitative	- Staff nurses who are clinical experts are increasingly hired to address the nursing faculty shortage. These staff nurses may lack expertise and education in teaching, and require formal orientation	The Role of the CI

	their role transition.			- Nine novice CI participated in semi-structured interviews to explore their experience during their transition into their role - Four themes emerged: "(a) unpreparedness; (b) facilitators and barriers in the transition; (c) new learning needs and processes; and (d) salient recommendations to pass on," (p. 170). - All participants felt ill-equiped for their role, and used nursing experiences instead of teaching strategies. Only one participant received formal orientation. The participants stated that perhaps the lack of orientation was a result of the faculty shortage - The participants identified facilitators and barriers to their transition • Facilitators: courses in teaching and learning, experience in teaching, preceptorships, support from experienced faculty, orientation programs, and ongoing professional development • Barriers: unfamiliar environment, no relationship with staff nurses on the unit, difficult workload, feeling pressured, fear of poor evaluations, and low salary - Most of the teaching strategies used were trial and error, learning while teaching, and personally taking courses in clinical teaching	
Mills et al., 2014.	To explore an orientation collaboration between a	Maryland, USA	Quantitative	- Collaboration between The University of Maryland School of Nursing and 13 Maryland hospitals.	Importance of Orientation

	school of nursing and hospitals in Maryland.			- Focused on leadership, education, including education theory, clinical course work, and curriculum development. - The CI then have groups of students on the unit where they employed; therefore they are already aware of hospital and unit specific policies, and patient needs. - Among the 202 graduates, there has been less than a 10% rate of turnover. - A survey was completed showing that 92% of graduates are employed in a leadership-type position, benefitting the both the academic and healthcare institution.	Orientation Program Design
Owens, 2017	To explore the perceptions of part-time CI regarding role transition from an expert nurse to a CI, and their need to learn about pedagogy.	North Dakota, USA	Qualitative; phenomenological	- The transition into the role of the CI is stressful as they have unique responsibilities - Interviews and observations were performed with three novice CI to explore their experiences during their transition - Five themes emerged: "development of their CI identity…perceptions of similar and different learning needs…incentive and motivation to learn…the necessity of prior and current nursing practice experience…the importance of other faculty and resources," (p. 4-5) - Transitioning from a staff nurse to CI requires orientation in teaching and learning strategies to teach nursing students how to provide safe and quality care. Mentoring programs between novice and experienced CI, and access to resoursces may ease the transition.	The Role of the CI

Reid et al., 2013.	To explore an orientation collaboration to prepare staff nurses as CI	Maryland, USA	Pilot, discussion	- Three nursing programs in Maryland collaborated to create an orientation program using in-person, online activities, and simulations. - 30-hour program focused on role expectations, educate CI on teaching strategies, facilitating a supportive environment, assigning students, handling challenging situations, and evaluating students. - After one year, 12 participants completed the program. Nine participants were employed at one of the schools, and six transitioned into graduate level degrees.	The Role of the CI Orientation Program Design
Roberts et al., 2013.	To understand how CI describe their role, and their learning needs.	Kansas, Missouri, Georgia, USA	Qualitative; naturalistic inquiry	- Examined knowledge on the role of the CI, learning needs, and orientation experience from a two-day workshop. - Workshop focused on teaching and learning theories, legal concerns, pre- and post-conferences, handling issues with students, and tips from experienced faculty - Participants included CI of varying education, experience levels, and type of nursing experience. - Using naturalistic inquiry, the researchers conducted semi-structured interviews with 21 CI. Four themes emerged from the data: • Role • Orientation: need for preparation to role of being a CI and teaching clinical education (may be formal or informal)	The Role of the CI Orientation Program Design

				• Support: needed from the academic institution, the work site, and staff members • Connection: referred to their experience as a faculty member and how they contributed to program and curriculum development - Based on the four themes identified, it was confirmed that part-time CI felt unprepared for the role, and would require formal orientation, being assigned a mentor, and being included as a faculty member to feel better prepared for their role.	
Roman, 2018	To determine if professional development improves the abilities of CI	New York, USA	Quantitative	- Ongoing professional development improves the abilities of CI - 37 CI participated in 10 professional development workshops and online discussions. The participants then completed pre- and post-tests assessing their knowledge on policies, teaching skills, assessing and evaluating students, and confidence. - There was a statistically significant improvement in the participants' knowledge in teaching, evaluations, and policies. - The results of the study indicated that professional development opportunities for new CI will ease their transition	The Importance of Orientation
Ross & Dunker, 2019	To synthesize relevant information related to the	Pennsylvania & Massachusetts, USA	Literature review	- Exploring orientation of CI is important to ensure CI are effectively prepared for their role, improving nursing education, and addressing the nursing shortage.	The Role of the CI

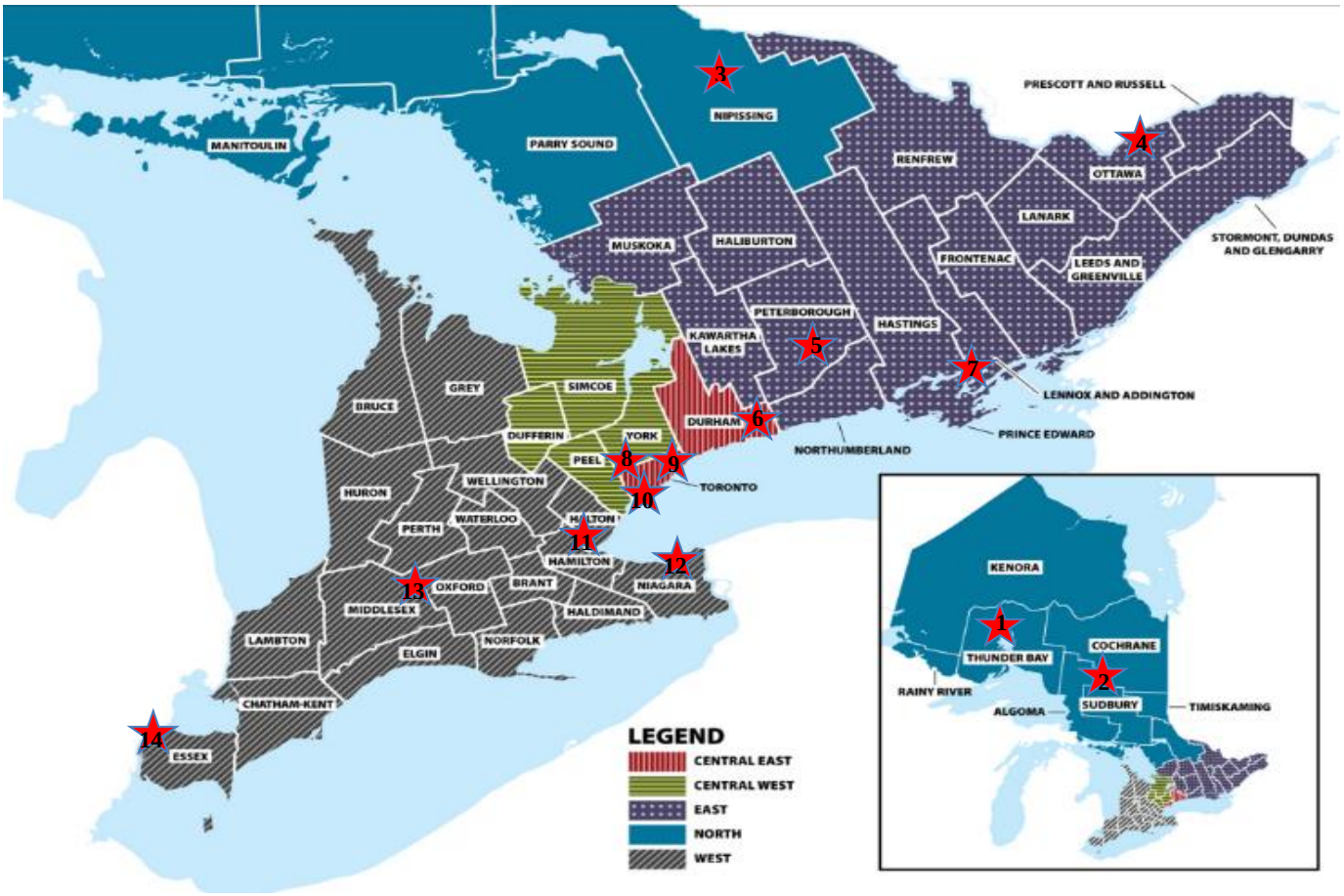
	orientation of new CI			- The NLN identified eight core competencies for nursing educators, however, CI are expected to perform in their role without orientation and prior to mastering these eight competencies. - Due to the unique role of CI, orientation programs should be based on their specific learning needs - Formal orientation programs are essential for CI, and should include school-specific principles (policies and procedures, mission and values), a clear job description and job requirements, education on clinical teaching strategies, managing students and clinical placements, hospital-based orientation, and mentorship - Different methods of orientation in the literature included in-person, hybrid, and mentorship	Importance of Orientation
Schaar et al., 2015.	To create an orientation program based on quality and safety competencies for CI.	Indiana, USA	Discussion	- Created an orientation program based on QSEN competencies. - Provided information on effective communication, course objectives and curriculum, utilizing technology effectively, managing a typical clinical day, analyzing documentation, and communicating strategies for improvement.	Importance of Orientation Orientation Program Design
Weston, 2016.	To explore the use of an online orientation program, and its impact on	Georgia, USA	Quantitative; pretest-posttest design	- Created a 6-module online program to prepare CI for their new role. - The program included the following components: “philosophy of teaching, student orientation, matching classroom and clinical content, making the clinical teaching assignment,	The Role of the CI Orientation Program Design

	self-efficacy among CI.			strategies for successful teaching, and evaluation of the student," (Weston, 2016, p. 158). - A pre- and post-test was utilized to evaluate the CI' knowledge on teaching strategies, their role, the clinical setting, and self-efficacy, which revealed improved self-efficacy, and understanding their role, teaching strategies and the clinical setting. - Experienced CI showed greater improvement in several areas in comparison with the novice CI	
Wilson, 2017	To explore the role transition from staff nurse to CI.	Maryland, USA	Qualitative; case study	- This study sought to address the nursing and nursing faculty shortage by investigating the orientation process at two colleges - Interviews were conducted with 8 participants, and documents were obtained (training materials, handbooks) - 2 participants stated they received formal orientation, however, many participants did not. Most of the participants reported inadequate orientation, lack of communication with the instructor, and confusion on expectations. - School A provided formal orientation, resources, and a meeting with the department chair; School B did not provide formal orientation, and new CI spend a day with the instructor to review course-related materials. - Recommendations from the participants included professional development opportunities, mentorship, and online support. - Formal orientation was determined to be the most important factor in easing transition	The Role of the CI

Yascavage, 2016	To explore the perspectives of how CI prepare to teach critical thinking skills	Pennylva-nia, Delaware, New Jersey, USA	Qualitative	- Semi-structured interviews with 8 CI - Four themes emerged: modeling, experience, inquiry, and information - Only 1 of 8 participants received formal education in teaching; the remainder of participants learned by observing, questioning, or while working - The participants identified that without orientation, they were unable to focus on teaching, as they were distracted by learning other administrative duties - Providing formal orientation, support, and administrative information to new CI will result in more effective teaching, improved learning experiences, and improved patient care	Importance of Orientation
Zakari et al., 2014.	To apply the concepts of a framework to a clinical education workshop.	Saudi Arabia	Qualitative; interpretive and explanatory instrumental case study design	- 1-week clinical education workshop. - 20 participants were purposefully sampled. - Focused on teaching and learning strategies, pedagogy, instructional content, evaluation and feedback, and reflection. - Three main themes emerged from the data collected: learning about pedagogy, support for implementing new techniques, and transitioning into a CI. - Although the use of new teaching techniques is encouraged, new CI feel fear and notice barriers to implementing them. - Ultimately, new CI require thorough preparation.	The Role of the CI Orientation Program Design

Appendix C: Locations of Ontario University Nursing Programs

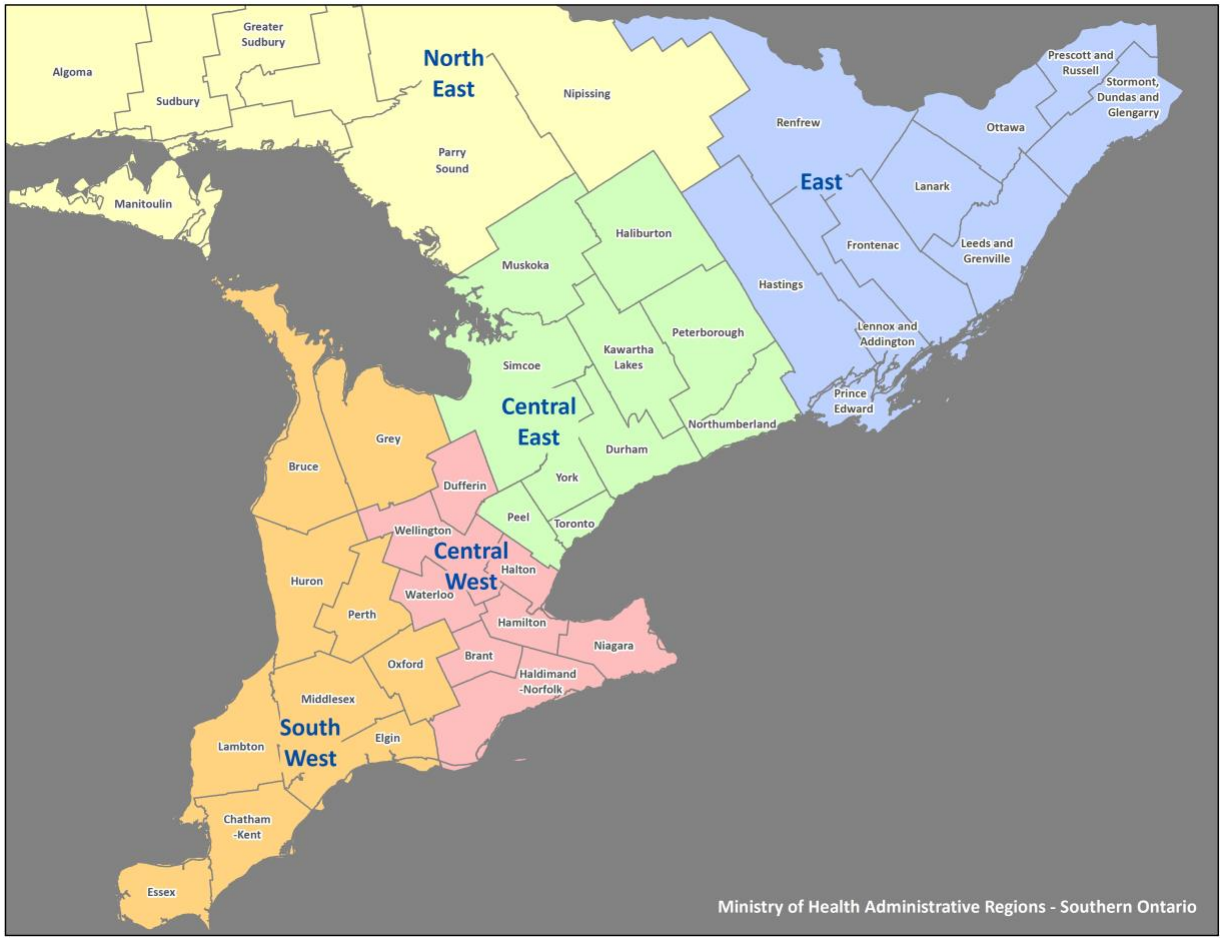
Figure 1. Map depicting geographical location of the 14 Ontario university nursing programs (Ministry of Labour of Ontario, 2018).



1. Thunder Bay- Lakehead University
2. Sudbury- Laurentian University
3. North Bay- Nippising University
4. Ottawa- University of Ottawa
5. Peterborough- Trent University
6. Oshawa- University of Ontario Institute for Technology
7. Kingston- Queen's University
8. Toronto- York University
9. Toronto- University of Toronto
10. Toronto- Ryerson University
11. Hamilton- McMaster University
12. St. Catharines- Brock University
13. London- Western University
14. Windsor- University of Windsor

Appendix D: Geographical Regions of Ontario

Figure 2. Map depicting the geographical regions of Ontario used to organize sampling



(Pediatric Oncology Group of Ontario, 2016).

Faculty of Graduate Studies

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Appendix E: Recruitment Email

Dear _____,

My name is Breann Van Roon and I am a master's student in the Department of Graduate Studies, Faculty of Applied Health Sciences at Brock University. I am conducting a research study as part of the requirements of my degree. Based on the information on your university's website, you have been identified as an individual who would have knowledge and involvement in the hiring and orientation of nursing CI. I would like to invite you to participate in this study.

The purpose of this research project is to explore the current orientation processes for CI at Ontario university nursing programs. The recommendation for this research was based on findings from a report produced by the Joint Provincial Nursing Committee that found that there are inconsistencies in CI' expectations and behaviours, resulting in a negative impact on nursing students' experiences. Should you choose to participate, you will be asked to participate in a 60 minute telephone interview, provide documents relevant to the orientation of CI, and if you agree, possibly a 30-minute follow-up interview.

If you have any questions about the study, you may contact me at 905-325-3847 or bh11kj@brocku.ca, or my faculty supervisor, Dr. Karyn Taplay at 905-688-5550, ext 3786 or ktaplay@brocku.ca. If you have any questions about your rights as a research participant, please contact the Brock University Research Ethics Officer (905 688-5550 ext 3035, reb@brocku.ca)

Thank you for your consideration. If you would like to participate, please respond to this email so that I can explain the study in further detail. If you would prefer not to participate, please respond via email, and I will not contact you again. If I have not heard from you within one week, I will follow-up with a phone call to see whether you are willing to participate.

With kind regards,
Breann Van Roon, RN, MA student
905-325-3847
bh11kj@brocku.ca

This study has been reviewed and received ethics clearance through Brock University's Research Ethics Board [19-179]

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Appendix F: Letter of Invitation

October 15, 2019

Title of Study: An Exploration of the Current Orientation Practices of CI at Ontario University Nursing Programs
Principal Investigator: Breann Van Roon, RN, BScN, Department of Graduate Studies, Brock University
Faculty Supervisor Karyn Taplay, RN, PhD, Department of Nursing, Brock University

I, Breann Van Roon, RN, BScN, from the Department of Graduate Studies at Brock University, invite you to participate in a research project titled *An Exploration of the Current Orientation Practices of CI at Ontario University Nursing Programs*.

The purpose of this research project is to explore the current orientation processes for CI at Ontario university nursing programs. The recommendation for this research was based on findings from a report produced by the Joint Provincial Nursing Committee that found that there are inconsistencies in CI' expectations and behaviours, resulting in a negative impact on nursing students' experiences.

Should you choose to participate, you will be asked to participate in a 30 to 60 minute telephone interview, and if applicable, provide documents relevant to the orientation of CI. If you give permission you may be contacted for a follow-up telephone interview that will last approximately 30 minutes.

This research should benefit university nursing programs, CI, and ultimately nursing students and patients. By exploring the current orientation processes of each university, gaps in the consistency among universities across Ontario may be established, and lead to the creation of an orientation program for CI. If the orientation programs received by CI are more standardized, CI may be able to more effectively transition into their role, leading to an increase in satisfaction and retention. Additionally, by providing a more effective orientation program, it is expected that the education provided in the clinical setting by CI will be more consistent and efficient, thereby benefitting the nursing students and providing high quality clinical education.

If you have any pertinent questions about your rights as a research participant, please contact the Brock University Research Ethics Officer (905 688-5550 ext 3035, reb@brocku.ca)

If you have any questions, please feel free to contact me (see below for contact information).

Thank you,

Breann Van Roon
RN, BScN
905-325-3847
bh11kj@brocku.ca

Karyn Taplay
RN, PhD
905-688-5550, Ext
ktaplay@brocku.ca

This study has been reviewed and received ethics clearance through Brock University's Research Ethics Board [19-179]

Appendix G: Informed Consent Form

Date: **October 15, 2019**
Project Title: **An Exploration of the Current Orientation Practices of CI at Ontario University Nursing Programs**

Principal Investigator (PI): Breann Van Roon, RN, BScN
Department of Graduate Studies
Brock University
905-325-3847; bh11kj@brocku.ca

Faculty Supervisor: Karyn Taplay, RN, PhD
Department of Nursing
Brock University
(905) 688-5550 Ext.; ktaplay@brocku.ca

INVITATION
You are invited to participate in a study that involves research. The purpose of this study is to explore the current orientation processes for CI at Ontario university nursing programs. You have been invited to participate due to your expertise and involvement in the hiring and/or orientation of CI at your university. Your involvement in this research study is voluntary, and if you provide consent, participation may be withdrawn at any time. If withdrawal in the study occurs, any data collected from you will be destroyed.

WHY IS THIS STUDY BEING DONE?
The area of orientation of CI has been identified as a research need by the Joint Provincial Nursing Committee in Ontario. It has been discovered that there is inconsistency among CI and their orientation experiences within Ontario. This discovery has prompted the recommendation that there be an orientation process for CI in Ontario university nursing programs. To accomplish this, there needs to be an understanding of what the current orientation processes in Ontario are. This study aims to understand the current orientation processes of CI at Ontario universities, with the hope that it will lead to future research in the development of an orientation program.

WHAT'S INVOLVED
As a participant, you will be asked to participate in a 45 to 60 minute telephone interview, provide documents relevant to the orientation of CI, and if you agree, possibly a follow up 30-minute telephone interview. During the interview, you will be audio recorded. Participation will take approximately 1.5 hours of your time.

POTENTIAL BENEFITS AND RISKS
We cannot guarantee there will be a direct benefit from participating in the study. By participating in the study, there may be a sense of accomplishment in knowing that you are contributing to improving the abilities of CI and nursing education, and thereby patient care. There are no known or anticipated risks associated with participation in this study.

WILL I BE PAID TO PARTICIPATE IN THIS STUDY?

Although you will not be paid to participate in this study, with your permission, your name will be entered into a draw to win 1 of 2 $50 Indigo gift cards.

WILL THERE BE ANY COSTS TO ME IN THIS STUDY?
There are no costs to participating in the study.

CONFIDENTIALITY
The information you provide will be kept confidential. Your name nor school name will not appear in any thesis or report resulting from this study as a unique identification number will be assigned. To ensure the data coincides with the appropriate participant, a list matching participants' names with identification numbers will be stored in a document in a locked computer. . Additionally, the identity of your respective university, including its geographical location will remain anonymous.

Data collected during this study will be stored on a locked computer hard drive that only the principal investigator will have access to. Data will be kept for 5 years following the study, after which time any identifying information will be destroyed.

Access to this data will be restricted to the principal investigator, Breann Van Roon, and the faculty supervisor, Karyn Taplay.

VOLUNTARY PARTICIPATION
Participation in this study is voluntary. If you wish, you may decline to answer any questions or participate in any component of the study. Further, you may decide to withdraw from this study at any time and may do so without any penalty or loss of benefits to which you are entitled.

PUBLICATION OF RESULTS
Results of this study may be published in professional journals and presented at conferences and anonymous quotations may be used.

CONTACT INFORMATION AND ETHICS CLEARANCE
If you have any questions about this study or require further information, please contact Breann Van Roon and Karyn Taplay using the contact information provided above. This study has been reviewed and received ethics clearance through the Research Ethics Board at Brock University [19-179]. If you have any comments or concerns about your rights as a research participant, please contact the Research Ethics Office at (905) 688-5550 Ext. 3035, reb@brocku.ca.

Thank you for your assistance in this project. Please keep a copy of this form for your records.

CONSENT FORM

I agree to participate in this study described above. I have made this decision based on the information I have read in the Information-Consent Letter. I have had the opportunity to receive any additional details I wanted about the study and understand that I may ask questions in the future. I understand that I may withdraw this consent at any time.

Name: _____

Signature: _____ Date: _____

Appendix H: Guiding Principles for Nursing Educators

The following information includes expectations or guidelines for nursing educators', including CI', practice from the CNO, RNAO, and WHO. We will use this information for context and comparison during the interview.

CNO Practice Standard for Educators

- "Identifying and evaluating information sources that are useful for professional practice;
- Promoting an environment that facilitates questioning and learning;
- Possessing/developing knowledge of teaching-learning theories and practices," (CNO, 2002, p. 7).

RNAO Best Practice Guidelines Recommendation for CI

- "Ensure that clinical nursing instructors possess current theoretical knowledge and clinical expertise and support ongoing professional development opportunities to promote the transfer of theory to practice," (RNAO, 2016, p. 31).

WHO Nurse Educator Core Competencies

1. "Theories and principles of adult learning
2. Curriculum and implementation
3. Nursing practice
4. Research and evidence
5. Communication, collaboration, and partnership
6. Ethical/legal principles and professionalism
7. Monitoring and evaluation
8. Management, leadership, and advocacy," (WHO, 2016, p. 10).

Appendix I: Semi-Structured Interview Guide

Thank you for agreeing to participate. I just want to remind you that if there are questions that you would prefer not to answer, then you don't have to, and you may withdraw from participating in the study at any time. I would just like to ask again if it is okay to audio record our conversation.

Before we begin, I would like to ask some questions about your university for demographic data.

1. Approximately how many students are enrolled in your nursing program each year?
2. What year do you start clinical in?
3. Can you describe the quantity and type of clinical placements you provide to students?
    a. Prompts: Do you provide clinical placements each semester throughout the four-year program? What kind of sites/units do you provide clinical placements on? (medical, surgical, specialty areas, long-term care, etc). Do all students rotate through all of the clinical placements?
4. How many new CI are hired to your university each year?
5. Are your CI employed part-time or full-time? Contract? Union?

Thank you for providing that information. I would now like to ask some questions about the orientation of CI at your university.

6. Can you describe your requirements for hire, in terms of education and credentials, and experience?
    a. Prompts: Is there preference shown to candidates who have a Master's degree?
    b. Is there preference shown to candidates who have completed a CI certification course?
    c. Must candidates have a minimum level of experience as a staff nurse?

7. If it is required for CI to take an external certification course, do you reimburse the cost? Is there one that you recommend, and if so, why?
8. What kind of ongoing professional development opportunities are available for your CI? Is there a cost to the CI?
    a. Prompts: Do you provide workshops throughout the year? If so, what content is covered? How do you support CI in implementing innovative teaching techniques? Do you think CI may benefit from ongoing professional development opportunities?
9. When do you initiate orientation of new hires?
10. What is the duration of the orientation period? What is included?
11. According to an article by Clark, the beginning of the socialization process for CI includes how to start off in the role, and strategies to survive. How do you prepare CI to transition into their role? How do you know when a CI is sufficiently prepared for their role?
    a. Prompts: How would you describe the process of orientation?
12. Orientation may be delivered in a variety of ways, such as in-class lectures, presentations, demonstrations, checklists, computer-based training, role-playing, group discussions, and simulations. Can you describe what methods you use to educate and orient CI to their role and the amount of time it typically takes?
13. Do you utilize mentorship or shadowing program for new CI, or assign a faculty member as a resource personnel?
    a. If no: If CI have questions regarding their role and responsibilities, who do they approach?

14. Can you describe the content of your orientation program? Is the content based on competencies or recommendations from a professional organization? (CNO, WHO)
    a. Prompts: (If no) Where is the content from the orientation programs derived?
15. Do you orient instructors who are new to the role differently from how you orient instructors who have instructed before, but are just new to your school?
    a. Prompts: If a CI has experience elsewhere, how do you ensure they are aware and prepared to educate students following your universities policies and procedures, and model of education?
    b. How do you prepare new CI so that they are able to function equally with CI who have experience? (To provide consistency)
16. Are there follow-up opportunities that allow for CI to express feedback and needs or concerns?
17. Can you describe how you attempt to ensure consistency among what CI are teaching? What has been attempted?

I appreciate you sharing your time, knowledge on this topic, and relevant documents. Do you have any other thoughts that you would like to share?

May I contact you with a second interview?

Thank you.

Appendix J: Comparison with the WHO Competencies

Table 8

Comparison of content in orientation programs with core competencies from the WHO

Orientation Program	Principles of Adult Learning	Curriculum and Implementation	Nursing Practice	Research	Communication and Collaboration	Ethics and Professionalism	Evaluation	Leadership
School A	Yes			No		No	Yes	No
School B	Yes			No		No	Yes	Yes
School C	No			No		No	Yes	No
School D	No			No		No	Yes	Yes
School E	No			No		No	Yes	No
School F	No			No		No	Yes	No

Note: Core competencies retrieved from WHO (2016)