THE EXPERIENCES OF DENTISTS AND DENTAL HYGIENISTS AS THEY TRANSITION TO TEACHING AS CLINICAL INSTRUCTORS: A TRANSCENDENTAL PHENOMENOLOGY

by

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Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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APPROVED BY:

Dr. Janet Deck, Committee Chair

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Abstract

The purpose of this transcendental phenomenology was to explore the experiences of dentists and dental hygienists who transitioned from clinical practice to the role of clinical instructor at Southern University. The theory of andragogy was used to guide this study because it provided a framework for training clinical instructors as adult learners. This study focused on the central research question, "What are the experiences of dentists and dental hygienists who have transitioned from clinical practice to the role of clinical instructors?" A transcendental phenomenological study approach was used to provide a deeper understanding of participants' experiences and their thought processes as they transitioned from clinical practitioners to their roles as clinical instructors. Purposeful sampling was used to recruit dentists and dental hygienists who served as clinical instructors in a dental hygiene program at a midwestern public university. Data collection was triangulated using individual interviews, photograph journals, and a virtual focus group. Data analysis was conducted using epoché, phenomenological reduction, imaginative variance, and synthesis of the structural and textural descriptions gathered during data collection. The researcher uncovered five themes from the data collection: life responsibilities, challenges faced, training received, training needed, and training delivery preferences. These themes helped to create an understanding of the phenomena of transitioning from clinical practitioner to clinical instructor as the participants experienced it. The study's findings demonstrated the need to train dentists and dental hygienists to become clinical instructors.

Keywords: dental hygiene, clinical instructor, adult learning theory, professional development

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Dedication

I dedicate this dissertation to my husband and four children; they were there with me every step of the way!

Acknowledgments

I would like to give a BIG thank you to Dr. Janet Deck! Thank you so much for your support, encouragement, and guidance throughout this project. I greatly appreciate it! Thank you to Dr. Susan Stanley for the part you played in this process as well!

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List of Abbreviations

American Dental Education Association (ADEA)

American Dental Hygienists Association (ADHA)

Center for Excellence in Teaching and Learning (CETL)

Certified Dental Assistant (CDA)

Clinical Instructor (CI)

Commission on Dental Accreditation (CODA)

Commission on Dental Competency Assessments (CDCA)

Continuing Education (CE)

Expanded Functions Dental Assistant (EFDA)

Licensed Dental Hygienist (LDH)

Needs Improvement (NI)

Southern University (SU)

CHAPTER ONE: INTRODUCTION

Overview

Clinical learning for dental hygiene students is an important aspect of their education (Bilszta et al., 2020; Horvath et al., 2019; Phillips et al., 2017; Stewart, 2020; Weston, 2018) because they are practicing the skills they will utilize in their professional careers (Artim et al., 2020; Kusoom & Charuwanno, 2017). This type of learning in which theory is put into practice is guided by clinical instructors (Artim et al., 2020; Farzi et al., 2018; Kusoom & Charuwanno, 2017; Pizanis & Pizanis, 2019). Clinical instructors must be able to fill the role of teacher and healthcare professional when guiding students through the care of patients (Artim et al., 2020; Reising et al., 2018). Although importance is placed on this role, the clinical instructors responsible for the hands-on learning experiences of dental hygiene students often enter this teaching role without formal training in education (Im et al., 2021; Jarosinski et al., 2019; McPherson & Candela, 2019; Stewart, 2020). These instructors are dentists or dental hygienists whose expertise is in their roles as clinical practitioners and not necessarily in teaching and all it entails (Horvath et al., 2019). Clinical instructors can experience difficulty transitioning into teaching roles because of their lack of background in teaching (Roman, 2018; Smethers et al., 2018). The purpose of this phenomenological study was to explore the experiences of dentists and dental hygienists who transition to becoming clinical instructors at Southern University, a midwestern public university in the United States. The insights gained from this study helped create and provide a training and support program for current and future clinical instructors at Southern University. This program can better prepare them for their new roles as teachers of dental hygiene students. Chapter One provided a background of the topic problem, the historical context of the problem, social contexts impacting the problem, and briefly described the

theoretical contexts guiding this study. Next, the problem statement, purpose statement, significance of the study, central research question, the two sub-research questions, terms, and definitions were included, followed by a chapter summary.

Background

The dentists and dental hygienists who become clinical instructors play an important role as teachers because they guide the students who eventually become healthcare professionals who work with the public (Veerasamy et al., 2018). Despite the importance of this teaching role, clinical instructors often begin teaching without formal teacher training (Im et al., 2021; Jarosinski et al., 2019; McPherson & Candela, 2019; Stewart, 2020). This lack of training can lead to difficulties in transitioning from healthcare workers to clinical instructor (Roman, 2018; Smethers et al., 2018). This section outlined the historical context of dental hygiene as a profession with the origins of dental hygiene education, the inclusion of clinical instructors, and the current social context. The background section concluded with a theoretical component that frames clinical learning.

Historical Context

The history of performing dental hygiene began with placing responsibility on the patients when the need for prevention was recognized (Fones, 1926, 2013). Dental hygiene, or prophylaxis, began to be performed by dentists in 1879, and the encouragement for a subspecialty in dentistry with clinical training in prophylaxis was presented in 1902. What began as an idea for dental nurses in 1903 eventually evolved into dental hygienists enrolled in Fones' courses that could provide prophylactic treatments in 1914 (Bowen, 2013; Fones, 1926, 2013; Gurenlian & Williams, 2020). Description of the profession in the early 1900s included practitioners who could remove deposits on teeth under the supervision of a registered or

licensed dentist (Fones, 1926, 2013; Gurenlian & Williams, 2020). At this time, dental hygienists could perform prophylaxis procedures under the general supervision of a registered or licensed dentist (Fones, 1926/2013). By 1923, dental hygienists organized the American Dental Hygienists Association (ADHA). Dental hygiene is focused on preventing oral diseases and consists of education, including theoretical science-based knowledge trained by scholars and educators within the discipline (Bowen, 2013). Dental hygiene as a profession continues to expand with increased opportunities in education with additional degree options, including a bachelor's degree (Gurenlian & Williams, 2020).

Advances in research established an association between the oral cavity and systemic conditions, including diabetes and cardiovascular disease (Gurenlian & Williams, 2020). These advances, along with changing technology and expanding professional roles, have placed a necessity on educational standards for dental hygienists to meet these needs. The standardization process of accreditation guides the education of future dental healthcare professionals. This accreditation includes requirements for lecture, lab, and clinical hours before graduation (O'Hehir, 2018). Competency-based curriculum for dental education was introduced in 1993 (Byers, 2019).

Clinical instructors, as the facilitators of the required clinical hours learning experiences, are most often healthcare professionals with expertise in the dental field but lack experience with teaching (Im et al., 2021; Jarosinski et al., 2019; McPherson & Candela, 2019; Stewart, 2020). Feeling unprepared and lacking support in this new teaching role can lead to difficulties for clinical instructors (Johannessen, 2021). Several researchers discussed the importance of professional development and training for clinical instructors (Artim et al., 2020; Horvath et al., 2019; Roman, 2018; Smethers et al., 2018; Waldron et al., 2019). However, there is a lack of

information available related to what dental hygiene clinical instructors as adult learners feel they need to help support and guide them in the transition from healthcare worker to educator.

Social Context

The standardization process for dental hygiene education programs occurs through an accreditation process. The Commission on Dental Accreditation (CODA) is responsible for developing academic standards for dental hygiene programs (Byers, 2019). This group sets standards for programs to help ensure students receive a quality education to perform necessary tasks upon graduation and licensure (CODA, 2022). Each program must develop competencies to meet the standards set forth by CODA (Byers, 2019). These standards include specific mandates related to clinical learning and clinical hours (CODA, 2022).

Clinical learning allows students in healthcare fields to practice skills along with other necessary qualities such as professionalism and critical thinking (Barrett et al., 2018). Dental hygiene students must demonstrate competency in clinical skills to become licensed professionals (Artim et al., 2020; Kusoom & Charuwanno, 2017). This learning is important because it improves patient care when these students enter their professional roles as healthcare workers (Johnston et al., 2019).

Clinical instructors can give back to their profession through teaching (Jarosinski et al., 2019) but also impact students and future patients. The clinical instructors facilitating this learning are integral to educating future healthcare workers (Horvath et al., 2019). Clinical instructors directly influence future healthcare workers, leading to the necessity of programs hiring effective teachers (Veerasamy et al., 2018). Clinical instructors must be able to teach technical skills, demonstrate professionalism, and model ethical decision-making (Artim et al., 2020; Reising et al., 2018). Clinical instructors should be able to create an environment

conducive to learning by offering encouragement, feedback, and understanding the different needs of students (Koharchik & Redding, 2016). Mutual respect (Artim et al., 2020) and rapport (Pizanis & Pizanis, 2019) were noted as critical aspects of effective clinical instructors.

While clinical instructors can impact students and patients alike, they have faced challenges when entering teaching roles in their healthcare fields (Barrett et al., 2018; Veerasamy et al., 2018). Barriers, such as poor preparation, can lead to issues when teaching students (Farzi et al., 2018). Issues have also been noted with recruiting qualified clinicians willing to become clinical instructors (Hobson et al., 2021). It is important to provide clinical instructors with the support and guidance they need because of the many people influenced by their teaching role.

Theoretical Context

Nancy Schlossberg's (1981) transition theory provides a background for this issue of role transition for dentists and dental hygienists. Schlossberg (1981) explained that a continuous experience of transitions in life for adults involves a complicated adaptation because people react to transitions in multiple ways. Even the same person may react to transitions differently depending on what is going on in their life at that time. Using theories of adult development, Schlossberg (1981) discussed the transitions adults face, adaptation, factors affecting adaptation, and their environment. Schlossberg defined transitions as any event or non-event resulting in a change for the person ranging from marriage, having children, job loss, or job changes. These job changes can include role changes, such as what dentists and dental hygienists experience when becoming clinical instructors. Lowenthal and Chiriboga (1975) explained that these life events could cause stress for the people undergoing them. Work transitions were described as

incredibly complex because of the many changes that occur due to the changes (Schlossberg, 2011).

The differing reactions to these stressors can lead some people to action and adaptation and others to a loss of identity and feelings of worthlessness (Schlossberg, 1981). Schlossberg considered the environment broadly, including interpersonal support systems, institutional supports, and their physical setting. This environment affects a person's adaptation to these life transitions. Schlossberg (2011) felt that understanding transitions could alter a person's life and explain why these changes can be upsetting. She presented the 4S's System for Coping with Transitions. The 4S's included situation, self, support, and strategies. Schlossberg suggested the importance of examining these elements when a person is considering a transition. Analyzing the type of transition, the degree to which life will be altered, where the person is in their transition process, and the resources they have at the time can help a person decide if their 4S's are sufficient to support the transition or if they need to find a way to strengthen their resources.

Schlossberg (1981, 2011) noted that clinical instructors face transitions due to changing their role from clinical practitioner to clinical instructor. Clinical instructors are most often healthcare professionals with expertise in their field but need more experience with teaching (Im et al., 2021; Jarosinski et al., 2019; McPherson & Candela, 2019; Stewart, 2020). Despite the importance of their role, clinical instructors are hired from private practice settings without formal education related to teaching (Horvath et al., 2019; Stewart, 2020). This lack of knowledge can lead to issues with confidence and difficulty transitioning into a teaching role (Smethers et al., 2018). In addition to struggles with teaching itself, additional barriers were related to their current life roles as adults with family and private practice commitments (Veerasamy et al., 2018). This study provided a starting point for understanding the experiences

of dentists and dental hygienists as they transition to their new roles. Schlossberg's (1981) transition theory also provides a background for understanding that dentists and dental hygienists are likely experiencing this role change in differing ways depending on their 4 S's.

Problem Statement

The problem is the lack of training related to teaching for dental clinical instructors who transition from their fields as dentists and dental hygienists, as little research outlines how to meet the needs of these new educators (Im et al., 2021; Jarosinski et al., 2019; McPherson & Candela, 2019; Stewart, 2020). In addition, limited research relates specifically to how these same clinical instructors, as adult learners, would prefer the delivery of this training. The role of the clinical instructor is important because these individuals are the educators of future healthcare workers (Horvath et al., 2019; Veerasamy et al., 2018). This transition to teaching for healthcare workers without a background in education is common (Im et al., 2021; Jarosinski et al., 2019; McPherson & Candela, 2019; Stewart, 2020). However, professional development and training for clinical instructors are needed (Artim et al., 2020; Horvath et al., 2019; Roman, 2018; Smethers et al., 2018; Waldron et al., 2019). Very few studies described how to implement this training and development in a manner feasible for adult learners. The literature revealed examples of career transitions for other medical professions, such as nursing (Barrett et al., 2018; Farzi et al., 2018; Hoffman, 2019; Jarosinski et al., 2020; Koharchik & Redding, 2016; Kussoom & Charuwanno, 2017; McPherson & Candela, 2019; Padagas, 2020; Phillips et al., 2017; Reising et al., 2018; Roman, 2018; Soroush et al., 2021; Weston, 2018), but minimal research focuses on the dental field specifically. This lack of evidence related to the dental field is a problem; dentists and dental hygienists play an important role in the clinical education of dental hygiene students. These individuals transition into teaching roles as clinical instructors without prior training in

education. These professionals are expected to fulfill the educator role, which includes creating a positive learning environment, providing feedback, and guiding students through patient care without orientation or training in how to teach clinical skills to others or any pedagogical skills.

While a lack of training for clinical instructors as they transition to teaching can hinder student learning (Farzi et al., 2018), it also negatively impacts the clinical instructors. As Schlossberg (1981) described, the issues adults can face with job transitions is that the move from private practice to teaching as a clinical instructor can lead to feelings of being overwhelmed (Barrett et al., 2018), unprepared with limited resources, and develop low confidence levels as clinical instructors (Johannessen, 2021; Roman, 2018; Smethers et al., 2018; Swart & Hall, 2021). Feelings of stress related to the transition from private practice to academia for clinical instructors was a common theme within the literature (Barrett et al., 2018; Jaronsinski et al., 2020; Schlossberg, 1981, 2011; Stewart, 2020; Swart & Hall, 2021; Veerasamy et al., 2018).

Purpose Statement

The purpose of this transcendental phenomenology was to explore the experiences of dentists and dental hygienists who have transitioned from clinical practice to the role of clinical instructor at Southern University, a midwestern public university in the United States. Training and support needs for clinical instructors were generally defined as any professional development or training to guide clinical instructors in their roles as educators. Formal training in education was defined as any training in pedagogical skills, orientation, formal mentoring, or formal training related to teaching skills. A transcendental phenomenological study format provided a deeper understanding of participants' experiences and thought processes. The insight

gained from this study can be used to create training and support for current and future clinical instructors at Southern University.

Significance of the Study

Education for dental hygienists has evolved from the first Fones' courses offered for dental hygienists (Fones, 1926, 2013) to a program of study that has specific standards and requirements set forth by CODA (2022). A significant portion of this standardized education is comprised of clinical learning (Artim et al., 2020). This clinical learning is an important part of the education for students entering into healthcare fields (Bilszta et al., 2020; Horvath et al., 2019; Phillips et al., 2017; Stewart, 2020; Weston, 2018). It creates a setting where students can take their knowledge gained in the classroom and apply it to real world situations with direct patient care under the guidance of clinical instructors (Artim et al., 2020; Farzi et al., 2018; Kusoom & Charuwanno, 2017; Pizanis & Pizanis, 2019). Clinical instructors play an integral role in this hands-on clinical learning of students, and because of this important role, they must be effective teachers (Veerasamy et al., 2018). Although much importance is placed on the role of clinical instructor, these instructors often lack experience in teaching (Im et al., 2021; Jarosinski et al., 2019; McPherson & Candela, 2019; Stewart, 2020) because prior teaching experience is not a typical prerequisite prior to entering into the clinical instructor role (Stewart, 2020).

Schlossberg's (1981) transition theory provided a theoretical context for the challenges dentists and dental hygienists face as they transition from clinical practice to clinical instruction. Schlossberg (2011) described the complexity of job changes and the many factors that can influence an adult's adaptation to this type of event, such as what may be happening in their environment at the time of the transition (Schlossberg, 1981). Due to the impact an environment

can have on these transitions and the knowledge that this environment varies between people and within the individuals themselves (Schlossberg, 1981, 2011). It is important to recognize the additional challenges clinical instructors may be facing and place a focus on their perceived needs. This focus on the needs of adults will then guide the use of the adult learning theory by Malcolm Knowles (1980).

Malcolm Knowles's adult learning theory (1980) was used as a lens to examine the transition of dentists and dental hygienists into their roles as clinical instructors. This study examined the experiences of dental hygiene educators who transitioned from clinical practice into teaching roles as clinical instructors. Using adult learning theory as a theoretical lens for understanding these experiences helped guide the discovery of the training needs of dentists and dental hygienists so that training can occur congruently with where they are in their lives as adult learners. Exploring this phenomenon can help directors and supervisors within dental hygiene programs to gain awareness of the needs of their staff and enable them to create training opportunities in line with adult learning principles to help ease the transition from clinical practice to clinical instructor.

The empirical significance of this study is that it built upon the current knowledge to understand the needs of these clinical instructors so that professional development and training methods can be created and implemented in a manner suitable for adult learners. Existing literature has shown the importance of the clinical instructor role (Horvath et al., 2019; Veerasamy et al., 2018), the lack of teacher training upon entering this role (Im et al., 2021; Jarosinski et al., 2019; McPherson & Candela, 2019; Stewart, 2020), as well as the difficulties faced by clinical instructors as they transition to teaching (Barrett et al., 2018; Johannessen, 2021; Smethers et al., 2018; Swart & Hall, 2021). It was evident in a thorough review of the

literature that there is a need for training and support for these clinical instructors (Artim et al., 2020; Horvath et al., 2019; Roman, 2018; Smethers et al., 2018; Waldron et al., 2019). What was not evident was how to provide the support and training needed using the content clinical instructors felt was essential to them.

The practical significance of this study generated knowledge specific to the needs of clinical instructors at Southern University. The knowledge of their experiences and perceived needs for training and support provided the insight necessary to create a professional development program that provides what clinical instructors feel they need regarding support during their transition to teaching. The focus of this study was to gain insight into how these clinical instructors, as adult learners, would prefer this training to be delivered. This study can help guide the content delivery of this training program. This study aimed to provide the knowledge needed to provide current and future clinical instructors with the support they need at Southern University. This information could also benefit dental hygiene schools across the country and provide a basic understanding of the needs of dental hygiene clinical instructors.

Research Questions

Clinical instructors often enter their roles as educators without formal teacher training (Im et al., 2021; Jarosinski et al., 2019; McPherson & Candela, 2019; Stewart, 2020). This transition from healthcare professional to teacher can lead to struggles for clinical instructors, including stress and feeling overwhelmed (Johannessen, 2021; Roman, 2018; Smethers et al., 2018). Due to these struggles and the need for training and support in this role transition, this study highlighted the need to understand how dental hygiene clinical instructors at Southern University experienced moving from clinical practitioner to clinical instructor and what support they felt they needed to aid in this transition. Previous studies have outlined the importance of

the role of the clinical instructor (Artim et al., 2020; Pizanis & Pizanis, 2019) and the need for professional development when transitioning to this role (Jarosinski et al., 2019; Moon et al., 2018; Stewart, 2020; Ziedonis & Ahn, 2019). The central research question and sub-questions aimed to explore the needs of the clinical instructors at one institution.

Central Research Question

What are the experiences of dentists and dental hygienists who have transitioned from clinical practice to the role of clinical instructors?

Sub-Question One

What forms of education, professional development, or support are necessary to help guide the transition from healthcare professional to clinical instructor?

Sub-Question Two

How can this education, professional development, or support be delivered to the clinical instructors in a way that meets their needs as adult learners?

Definitions

1. *Adult Learning Theory-* Described as the educational experiences directed toward adult learners (Knowles, 1980).
2. *Clinician* – A person active in health professional practice (Sherbino et al., 2014).
3. *Clinician-Educator* – A clinician within the health professional field who applies theory to practice, education scholarship, and educational consultation with fellow health professionals (Sherbino et al., 2014).
4. *Clinical Instructor* – The instructors facilitating clinical learning (Artim et al., 2020).
5. *Clinical Learning* – The learning environment where students take the information learned in the classroom and apply it to real world situations, such as direct patient care

under the guidance of clinical instructors (Artim et al., 2020; Farzi et al., 2018; Kusoom & Charuwanno, 2017; Pizanis & Pizanis, 2019).

6. *Commission on Dental Accreditation (CODA)* – Group responsible for developing academic standards for dental hygiene programs (Byers, 2019).
7. *Dental Hygiene* – A health profession that recognizes, treats, and prevents diseases specific to the oral cavity (Bowen, 2013).
8. *Dental Hygienist* – Dental professionals who provide prophylactic treatment to patients (Fones, 1926, 2013).

Summary

The problem under investigation was the entry of dental hygiene clinical instructors into teaching roles without formal teacher training (Horvath et al., 2019; Jarosinski et al., 2019; McPherson & Candela, 2019; Stewart, 2020). While clinical instructors are experts in their fields as dentists or dental hygienists, they face difficulty when transitioning into teaching (Barrett et al., 2018; Horvath et al., 2019; Johannessen, 2021; Smethers et al., 2018; Swart & Hall, 2021; Veerasamy et al., 2018). These difficulties can include knowledge of hands-on skills but an inability to describe these skills to students (Farzi et al., 2018; Horvath et al., 2019). Teachers are expected to create a positive learning environment that includes modeling professionalism (Artim et al., 2020) and providing feedback (Roman, 2018; Smethers et al., 2018) to students during the treatment of patients. Researchers have studied the need for training and support for these clinical instructors as they make the transition to teaching (Artim et al., 2020; Horvath et al., 2019; Roman, 2018; Smethers et al., 2018; Waldron et al., 2019); however, there is no specific information about how to do this in a way best suited for the clinical instructors themselves. This study explored the experiences of dentists and dental hygienists as they

transitioned from clinical practitioners to clinical instructors. Learning about the experiences of clinical instructors as they transitioned to teaching helped provide a better understanding of their specific needs during this role change. This study focused on determining what clinical instructors felt they needed regarding training, education, and support using adult learning theory. This understanding provided insight into creating the needed professional development and support for the current and future clinical instructors at Southern University as they transitioned into teaching roles.

CHAPTER TWO: LITERATURE REVIEW

Overview

A systematic literature review was conducted to explore the experiences of dentists and dental hygienists as they transitioned from clinical practitioners to clinical instructors. This chapter presented a review of the current literature related to the topic of study. The first section discussed adult learning theory and its relevance to clinical instructors' training and support needs. A synthesis of recent literature included background on dental hygiene as a profession, dental hygiene education in the clinical setting, clinical instructors, and difficulties experienced in transitioning from dentist and dental hygienist to clinical instructor following the theoretical presentation. Lastly, the researcher addressed the literature surrounding professional training and offerings. In the end, a gap in the literature was identified, presenting a viable need for the current study.

Theoretical Framework

Adult learning theory by Malcolm Knowles (1980) served as the theoretical framework for this study. Knowles provides a perspective on how adults learn and offers insight and guidance applicable to the clinical instructors discussed in this study. Adult learning theory is an important lens for understanding the training needs of clinical instructors because it provides a framework for creating and implementing training.

Adult Learning Theory

Adult learning theory (andragogy), described by Malcolm Knowles (1980), explains the educative experiences directed toward adult learners. Knowles' theory is based on the premise that adults learn differently than children because of differing needs and life responsibilities (Knowles, 1980; Knowles et al., 2015). Adult learning theory considers adults' additional life

experiences from which to draw when learning (Franco, 2019; Knowles, 1980). In addition, adults have different intrinsic and extrinsic motivating factors than children (Franco, 2019). This theory involves utilizing strategies for adult learners where they determine their own needs and create knowledge based on their perceptions (Barrett et al., 2018; McGleenon & Morison, 2021). The practical application of learning is a continuous theme within adult learning theory, where learning occurs through solving real-life problems and taking the real-life interests of the learners into account (Knowles, 1980). Principles of andragogy include the learner's need to know, self-directed learning, prior experiences, readiness to learn, orientation to learning and problem-solving, and motivation to learn (Knowles et al., 2015). The principle of self-directed learning involves the learner determining their needs and creating knowledge based on their perceptions (Barrett et al., 2018; Franco, 2019; Knowles, 1980; McGleenon & Morison, 2021).

Assumptions related to an andragogical model of learning include the need for adults to know why they should learn something (Knowles et al., 2015). They have a self-concept of being responsible for their own lives, have experiences contributing to their learning, are ready to learn (especially in real-life situations), have a task or problem-centered orientation to learning, and have different external motivation factors. Teachers play a differing role in andragogy versus pedagogy, with a more facilitative approach to guiding learning for adults (Knowles, 1980; Knowles et al., 2015). As a facilitator of learning using andragogical principles, educators should create an environment where they provide the information students need to be prepared and assess needs, plan, and mutually evaluate with their students (Knowles et al., 2015; Kolb & Kolb, 2017). Elements of adult learning theory include the creation of a climate that is relaxed, mutually respectful, collaborative, open, and conducive to learning (Knowles et al., 2015).

Application of Adult Learning Theory

Adult learning theory applies to clinical education (Barrett et al., 2018; McGleenon & Morison, 2021; Mews, 2020; Wu et al., 2020). Adult learning is considered a lifelong process that considers the learners' experiences (Abedini et al., 2021; Yarbrough, 2018). An increase in the number of adults transitioning to different careers has occurred over the past 20 years (Dieterich & Hamsher, 2020). Adults emphasize the attainment of skills for use within their lives as reasons for learning and often have many additional responsibilities, such as full-time employment and caring for dependents in addition to this learning (Yarbrough, 2018). Importance is placed on creating meaningful and relevant tasks to support student learning, along with the alignment of learning goals with teaching strategies (Khoo & Cowie, 2020). Course developers should identify the needs of adult learners when creating programs for their learning (Dieterich & Hamsher, 2020). Dieterich and Hamsher surveyed adult learners going through a career change to determine the attributes of instructors they valued most and least within an online learning environment. The results of this study showed a preference for clear directions and requirements, individualized and detailed constructive feedback, and consistent and timely feedback.

Adult learners face challenges depending on age, gender, knowledge, and skills (Kara et al., 2019). Andragogy was an important theory for developing adult training programs (Johnston et al., 2019). Additional theoretical inspiration for professional development included the adult learning principles of self-regulated and lifelong learning (Salam & Mohamad, 2020). Clinical instructors are adult healthcare workers who have transitioned into the role of the teacher, often without a background in education (Jarosinski et al., 2019; McPherson & Candela, 2019; Stewart, 2020). Training for these clinical instructors has been noted in the literature to help

guide them in their roles as educators (Artim et al., 2020; Horvath et al., 2019; Roman, 2018; Smethers et al., 2018; Waldron et al., 2019). The importance of using the principles of adult learning to guide professional development initiatives has been shown by clinical instructors (Mews, 2020; Stewart, 2020; Wu et al., 2020; Zeidonis & Ahn, 2019).

The purpose of this study was to explore the experiences of dentists and dental hygienists who have transitioned from clinical practice to the role of clinical instructor. This understanding of experiences can help develop an understanding of the training and support needs of these adult clinical instructors with many different roles and responsibilities. Adult learning theory was used as a guiding lens throughout the study, influencing the research questions that this study sought to answer. Due to adult learning theory being based on learners' needs (Knowles, 1980), the clinical instructors' answers in this study gave insight into the perceived training and support needs of clinical instructors. This knowledge gained from the clinical instructors as adult learners can guide the creation and provision of support for clinical instructors delivered in a manner suitable for their lives.

Related Literature

As experts in their respective healthcare fields, dentists and dental hygienists who transition into clinical instructors have a multifaceted background that lends itself to credibility as teachers and the need for training specific to their new role in education. The related literature contained information pertaining to the need for training clinical instructors with a description of the background surrounding dental hygiene education with a specific emphasis on clinical education. In addition, the literature offered information about the clinical instructors who facilitate this educational process, their role responsibilities, and the difficulties faced with their

transition to teaching. Building upon the information related to the needs of clinic instructors is the inclusion of training and professional development for clinical instructors.

Dental Hygiene as a Profession

The profession of dental hygiene has evolved over the centuries, with evidence of dental hygiene treatments performed as early as 1844 (Fones, 1926, 2013) to the development of courses to educate students to perform prophylaxis (Bowen, 2013; Gurenlian & Williams, 2020). During the 1900s, Fones' courses focused on practitioners who could remove deposits from teeth (Fones, 1926, 2013; Gurenlian & Williams, 2020). Dental hygiene has progressed to current times with the knowledge of the critical daily functions of teeth, including eating, speaking, facial expression, and appearance (Bowen & Pieren, 2020). Rather than focusing on removing deposits alone, current knowledge has led to a focus on the prevention of disease, as well. Oral diseases include a wide range of preventable conditions, such as periodontal disease, inflammatory conditions, and dental caries (Akl et al., 2021; Dubar et al., 2020). This concern with the prevention of oral diseases has evolved and continues to evolve in current times with the understanding of a link between oral and systemic health (Akl et al., 2021; Ausenda et al., 2019; Bowen & Pieren, 2020; Gurenlian & Williams, 2020; Nazir et al., 2019; Wong et al., 2021). This link means there is a connection between systemic processes, such as diabetes, and oral diseases, such as periodontitis (Gurenlian & Williams, 2020). This connection occurs because of shared inflammatory pathways where systemic inflammation can influence oral disease, and the spread of oral bacteria into the bloodstream can influence systemic inflammation (Akl et al., 2021; Klinge, 2021). Because of the benefits of preventive oral health services provided by dental hygienists, the care must be evidence-based to ensure the highest quality possible (Bowen, 2013).

Dental Hygiene Education

Education for healthcare professionals has evolved from apprenticeships and training on the job to learning in university settings guided by specific program standards. These standards that guide education include developing competencies and evaluations to meet skills outlined by the standards (Byers, 2019). This education is aimed at teaching future healthcare professionals to be able to provide competent care to their patients within their scope of practice through teaching theory and clinical skills as a part of clinical learning (Artim et al., 2020; Farzi et al., 2018; Kusoom & Charuwanno, 2017; Pizanis & Pizanis, 2019). Working as a healthcare professional requires a wide range of skills, including the ability to solve problems daily using research evidence and the ability to make critical thinking decisions (Barrett et al., 2018). The dental hygiene field includes requirements for lectures, lab, and clinical hours that should occur within a program prior to graduation (O'Hehir, 2018).

Due to the ever-changing nature of health care and patient situations, critical thinking is needed to evaluate, analyze, and interpret information at the moment (Barrett et al., 2018; Kusoom & Charuwanno, 2017; Richards et al., 2020). Depending on the profession, additional skills are needed, including recognizing pathology, educating, and motivating patients regarding disease control (Codeco et al., 2019). Education must go beyond memorization because the field is always changing, and each patient will bring their individual needs and beliefs, which will factor into healthcare decisions.

Accreditation

Moving from the first Fones class (1926, 2013), schools providing dental education have governing bodies that determine codes of practice or standards. The school then designs its programs to ensure these codes are adhered to (McGleenon & Morison, 2021). These standards

are set forth to ensure that healthcare professionals possess the knowledge and skills to practice safely when entering the workforce upon graduation (CODA, 2022; Frank et al., 2020; McGleenon & Morrison, 2021). Earning accreditation as a program is a way to ensure the program meets the required standards, letting students know they are receiving appropriate education for their field. Accreditation is an essential part of education for health professions because it provides a process for an external body to review and determine whether the standards are being met (Frank et al., 2020).

Dental hygiene programs must demonstrate compliance with the standards set forth by its governing body, the Commission on Dental Accreditation [CODA] (Byers, 2019; CODA, 2022). CODA, formed in 1975, established requirements for dental hygiene education and currently serves as the accrediting body for this field (Gurenlian & Williams, 2020). Specific requirements for these clinical experiences and patient care competencies are outlined within the CODA Accreditation Standards for Dental Hygiene Education Programs (Byers, 2019; CODA, 2022). Dental hygiene programs achieve and maintain accreditation status by adhering to standards set forth by CODA. Programs host site visits at intervals for this body to evaluate and determine whether the standards set forth are being met.

CODA (2022) serves the public and the profession, by setting standards, in addition to monitoring adherence to them. The document set forth and updated regularly by CODA contains standards or a list of competencies containing the knowledge, skills, and values students must be able to demonstrate (Byers, 2019: CODA, 2022). Standards outlined in the CODA (2022) document for dental hygiene related to clinical learning and clinical instructors include the following specific guidance on the distribution of clinical experiences throughout the curriculum. Furthermore, it details the number of hours reaching a level to ensure the attainment of clinical

competence along with the appropriate judgment. In addition to standards related to learning experiences, standards within CODA also outline requirements for full and part-time faculty members, such as the minimum degree to be held. Adding to the credibility of these faculty members are requirements for their knowledge base, educational methodology background, and their graduation from an accredited dental hygiene or dental school. While literature discussed the importance of training and professional development for clinical instructors, standards set forth by CODA mandate it (Barrett et al., 2018; CODA, 2022; Jarosinski et al., 2019; McPherson & Candela, 2019; Veerasamy et al., 2018; Ziedonis & Ahn, 2019). Of importance regarding the need for clinic instructors to receive training are standards such as three through six, which states there must be evidence of faculty calibration. Moreover, examples of evidence to demonstrate compliance include "evidence of participation in workshops, in-service training, self-study courses, online and credited courses" also "mentored experiences for new faculty" (CODA, 2022, p. 32). Furthermore, standards three through seven state that opportunities for this required professional development must be provided. Programs must demonstrate evidence of this standard within faculty curriculum vitae, faculty development offerings, records of in-service programs, and demonstration of any funded support for this professional development (CODA, 2022).

Education in the Clinical Setting

Learning in the clinical setting is an important aspect of education for many students entering into healthcare fields (Bilszta et al., 2020; Farzi et al., 2018; Bownes & Freeman, 2020; Hababeh & Lalithabai, 2020; Horvath et al., 2019; Phillips et al., 2017; Soroush et al., 2021; Stewart, 2020; Weston, 2018). Clinical learning constitutes a significant portion of the curriculum for students in dental programs (Artim et al., 2020). The clinical setting offers

students the opportunity to take the information learned in the classroom and apply it to real world situations, such as direct patient care under the guidance of clinical instructors (Artim et al., 2020; Bownes & Freeman, 2020; Farzi et al., 2018; Kusoom & Charuwanno, 2017; Pizanis & Pizanis, 2019; Swart & Hall, 2021). Learning in the clinical setting allows for the practice of clinical skills and other necessary facets of the skillsets for healthcare professionals, such as professionalism and critical thinking skills (Barrett et al., 2018). This type of learning allows for hands-on instruction under the supervision of a clinical instructor, where students must eventually demonstrate competence in specific skills (Gildon et al., 2018). Competence is the integration of knowledge with psychomotor skills and problem-solving to provide safe patient care (Wu et al., 2020). Dental hygiene students must demonstrate appropriate clinical skills, professionalism, and clinical competence to become competent licensed professionals (Artim et al., 2020; Kusoom & Charuwanno, 2017). Clinical education is an integral part of the education of healthcare workers, where students develop the professional skills needed to provide quality care when in practice (Farzi et al., 2018; Johnston et al., 2019).

Clinical Instructors

The process of theory application to patient care within clinical learning is facilitated by clinical instructors (Beiranvand et al., 2022; Niederriter et al., 2017; Putri et al., 2021; Sadeghi et al., 2019; Soroush et al., 2021; Swart & Hall, 2021; Wu et al., 2020). Clinical instructors work directly with students as a part of their clinical learning and help to create a learning-friendly environment (Codeco et al., 2019; Gildon et al., 2018). They influence the quality of the education students can receive (Niederriter et al., 2017; Veerasamy et al., 2018) and are expected to have clinical practice skills and the ability to display professional communication, problem-solving skills, and guide and evaluate students (Beiranvand et al., 2022). Clinical educators are

responsible for preparing students who can integrate critical thinking and theory into clinical practice (Barrett et al., 2018; Swart & Hall, 2021). These clinical instructors play an integral role in the education of future healthcare workers, with clinical teaching considered "a cornerstone of health sciences education" (Horvath et al., 2019, p. 1402). Graduates of programs in healthcare fields must be prepared to care for patients in settings where they must continue to incorporate new knowledge as it arises within their professions (McPherson & Candela, 2019). Clinical learning plays a role in the quality of education for students who will later enter the healthcare field. There is a need for clinical instructors to be effective in their teaching (Hababeh & Lalithabai, 2020; Veerasamy et al., 2018). Due to the importance of the role of clinical instructors, it is critical to hire qualified professionals to fill these positions (Pizanis & Pizanis, 2019; Reising et al., 2018). Important characteristics of clinical instructors include providing motivation, utilizing problem-solving skills, flexibility, and time management (Soroush et al., 2021).

Clinical instructors play the dual role of clinical practitioner and educator in the clinical learning environment (Wu et al., 2020). This dual role means they have a responsibility to their students and the patients they are caring for (Soroush et al., 2021; Wu et al., 2020). Quality of care is achieved by following evidence-based practices, including understanding and applying knowledge from published research (Horntvedt et al., 2018). The provision of evidence-based quality care requires a commitment to lifelong learning, current knowledge, and skills in the dental field (Barrett et al., 2018; Bowen, 2013; Friedlander et al., 2019; Horntvedt et al., 2018; Omer, 2020; Soroush et al., 2021).

Clinical Instructor Role Responsibilities

Clinical instructors have unique job requirements because they must be able to fulfill their role as healthcare professionals and educators within the clinical learning environment with students. Students can progress to treating patients under the guidance of their clinical instructors. As healthcare professionals, clinical instructors must understand current research evidence for patient care, solve patient problems, and use critical thinking (Barrett et al., 2018). With dental hygiene students in particular, clinical instructors must guide the process of discovering oral diseases, such as periodontitis, and then inform and educate the patient about the condition and how to better control it (Codeco et al., 2019). The ability to demonstrate these qualities is important for patient care and for modeling to students. The job description for clinical instructors is multifaceted because they must model professionalism and ethics with patient care and possess the necessary skills for teaching students (Artim et al., 2020; Beiranvand et al., 2022; Bownes & Freeman, 2020; Reising et al., 2018). Creating an atmosphere of respect was an additional theme within the role of clinical instructors (Reising et al., 2018). In addition to varying roles, Padagas (2020) reported that clinical instructors directly affect student confidence in clinical learning.

Clinical Teaching Strategies

Many different teaching strategies are applicable for use in the clinical learning environment. McGleenon and Morrison (2021) discussed the need to determine what clinical teaching strategies work so graduates can practice with competence and compassion in addition to working independently. However, students learn the theory behind clinical actions while in the classroom; the clinical learning environment is a place to get hands-on learning to apply this

theory (Barrett et al., 2018; Kusoom & Charuwanno, 2017). Upon reviewing the literature, several teaching strategies were noted as useful for clinical instructors.

Graduated Autonomy

Graduated autonomy gives students more independence as they advance their education (Barrett et al., 2018; Merritt et al., 2018; Vanka & Hovaguimian, 2019). This strategy is a way to enhance students' ability to use critical thinking independently, which is beneficial for helping students acquire the necessary skills for working in healthcare environments (Barrett et al., 2018; Merritt et al., 2018). This critical thinking enables students to make effective decisions using evidence-based practices (Barrett et al., 2018). When utilizing graduated autonomy, clinical instructors must provide clear expectations for specific roles that meet the needs of individual learners (Vanka & Hovaguimian, 2019). This sense of autonomy for students provides a method for self-directed learning that aids in decision-making and increases creativity in students' self-directed learning (Jeong et al., 2020; Sadeghi et al., 2019).

Reflection

Reflection is an active learning strategy that enables students to think about clinical scenarios and determine ways to improve in the future if necessary (Barrett et al., 2018; Codeco et al., 2019; Horntvedt et al., 2018; Jarosinski et al., 2020; McGleenon & Morison, 2021; Merritt et al., 2018; Omer, 2020; Putri et al., 2021; Richards et al., 2020; Riopel et al., 2019). Reflection and reflective writing are ways for students to consider their actions and develop clinical reasoning skills (Koharchik & Redding, 2016; McGleenon & Morison, 2021; Merrit et al., 2018; Richards et al., 2020). In addition to writing or journaling, reflection can occur during conversations, such as debriefing meetings after clinical sessions. Reflection allows students to become active participants in their learning (Horntvedt et al., 2018), where they are provided

ongoing opportunities to think about happenings in the clinical environment and determine courses of action for the future (Barrett et al., 2018; Franco, 2019; McGleenon & Morison, 2021). This type of learning helps students develop clinical reasoning skills, which enables them to modify behavior in future clinical scenarios (Richards et al., 2020).

Questioning

Questioning students is a way to guide learning using constructivist principles where the student works through the information and makes their judgment using reasoning (Barrett et al., 2018; Richards et al., 2020). Questioning is an active learning strategy where, rather than automatically providing answers to students, the clinical instructor asks questions and gives students time to develop their answers. This type of learning requires deep thought and enables students to make their own judgments (Barrett et al., 2020).

Case Studies

Case studies are a way to create scenarios students can evaluate and respond to in a controlled way (Barrett et al., 2018; Bjerke & Renger, 2017; Codeco et al., 2019; Kusoom & Charuwanno, 2017; Omer, 2020; Richards et al., 2020; Riopel et al., 2019). These scenarios involve creating situations based on either real life or created circumstances where students must respond to the issues appropriately using clinical reasoning and critical thinking (Barrett et al., 2018). The creation of cases allows students to respond to issues while learning to become flexible and innovative (Richards et al., 2020). It can be accomplished using role play and evaluations (Barrett et al., 2018).

Concept mapping is a way to encourage active learning where students can use critical thinking and problem solving to analyze, make inferences, and evaluate patient cases (Koharchik & Redding, 2016; Kusoom & Charuwanno, 2017; Richards et al., 2020). SNAPPS, a mnemonic

comprised of summarize, narrow, analyze, probe, plan, and self-study, was noted to promote concise and self-directed learning (Barrett et al., 2018; Richards et al., 2020). SNAPPS allows students to verbalize their reasoning process (Barrett et al., 2018). Positive feedback from students included concept mapping to plan care, have a clear understanding, think critically, and share information with students and instructors (Kusoom & Charuwanno, 2017). Negative feedback included struggles with diagnoses and difficulty creating maps (Kusoom & Charuwanno, 2017).

Clinical Simulation

Clinical simulation, like case studies, is a way to create mock real-life situations in which students can role-play and learn without a live client (Codeco et al., 2019; Farzi et al., 2018). Students perceived clinical simulation as an effective learning strategy that allows for their active participation. As noted by students, additional positive aspects of clinical simulation included increased competency, reduced anxiety, and improved clinical learning (Farzi et al., 2018). This type of learning requires debriefing, where students reflect upon their actions and decisions (Codeco et al., 2019; Niederriter et al., 2017). This debriefing process is a meeting after the clinical learning situation where students express their feelings toward the simulation (Codeco et al., 2019; Koharchik & Redding, 2016). It allows for the analysis of actions, as well as the identification of strategies for improvement in the future (Codeco et al., 2019). While debriefing received a positive evaluation from students, they did suggest using smaller groups of students during this type of learning. In addition to debriefing after clinical learning, an orientation at the beginning was also suggested. This orientation for students at the beginning of a clinical session was used to provide lesson plans, course content, assessments, and evaluation methods that can be utilized (Farzi et al., 2018; Koharchik & Redding, 2016; Vanka & Hovaguimian, 2019).

Modeling

Two forms of modeling were noted within the literature. Being a good role model for students by displaying attributes of professionalism, for example, was an important strategy (Artim et al., 2020; Niederriter et al., 2017; Richards et al., 2020; Soroush et al., 2021; Swart & Hall, 2021; Vanka & Hovaguimian, 2019). Modeling was described as a strategy in which the clinical instructor, as an expert, models the behavior or skill while being explicit about what they are demonstrating so that students are aware of what skill they are watching (Hunt et al., 2021; Merritt et al., 2018; Veerasamy et al., 2018). Modeling involves the demonstration of the task while explaining, and this process should be tailored to the level of learner where there are differences in modeling between novice, mid-level, and near-independent learners (Hunt et al., 2021; Merritt et al., 2018). Modeling is an ongoing process that helps build students' independence (Merritt et al., 2018).

Coaching

Using coaching as a teaching skill, the clinical instructor prepares students for what to expect, motivates, mentors, and provides real-time guidance and flexibility (Hunt et al., 2021; Merritt et al., 2018; Niederriter et al., 2017). Students described an appreciation of the coaching mentality in which clinical instructors were calm, patient, and served as an advocate for students (Niederriter et al., 2017). This type of coaching mentality includes an acceptance of students without using judgment (Hunt et al., 2021). Clinical instructors continuously observe their students and provide feedback at that moment rather than after (Hunt et al., 2021). As novice students receive coaching, they can apply these lessons in the future (Merritt et al., 2018). The coach's role differs depending on the students' needs and when they later become mentors for learners reaching independence (Merritt et al., 2018).

Positive Learning Environment

Clinical instructors play a role in creating a positive learning environment for students (Bieranvand et al., 2022; Gildon et al., 2018; Jeong et al., 2020; Johannessen et al., 2021; Kantar et al., 2020; Koharchik & Redding, 2016; Niederriter et al., 2017; Wu et al., 2020). Placing importance on the learning environment includes creating conditions for learning when students may initially enter feeling stressed or worried (Koharchik & Redding, 2016). Instructors suggested offering encouragement and feedback, modeling best practices and ethics, utilizing teaching strategies as they arise, implementing effective communication skills, and being aware of each student's different learning preferences and needs. Working to build relationships and creating an atmosphere of respect was also noted to create a nurturing learning environment (Artim et al., 2020; Koharchik & Redding, 2016; Niederriter et al., 2017; Richards et al., 2020). Building relationships with students was considered a way to create a safe environment where students felt they could make mistakes under controlled circumstances and receive guidance (Koharchik & Redding, 2016). As noted by students, important characteristics of clinical instructors "were related to communication and teaching skills, internal motivation, and professional appearance" (Soroush et al., 2021, p. 1). Clear communication between clinical instructors and students is necessary to provide understanding (Artim et al., 2020; Jeong et al., 2020; Merrit et al., 2018; Niederriter et al., 2017; Richards et al., 2020).

Use of Technology

Technology integration should occur in clinical situations (McGleenon & Morison, 2017; Takenouchi et al., 2020; Vanka & Hovaguimian, 2019). The use of technology was described as a teaching strategy that could be used specifically by providing learning materials and videos with accessibility via student smartphones. This can help understand hands-on techniques before

applying them to patients (Takenouchi et al., 2020). A study developed to evaluate the effectiveness of using smartphones utilized a preliminary examination and a post-examination for test groups using smartphones. The control group did not utilize smartphones. The group using smartphones showed higher post-examination scores, and students preferred watching and accessing the videos through their smartphones. Additional methods for incorporating technology in clinical situations included utilizing a virtual learning environment, virtual reality, and online activities (McGleenon & Morison, 2017). The benefits of using technology include instant performance feedback, the opportunity for self-directed learning, and flexibility with teaching and learning.

Effective Clinical Teaching

A study was conducted to determine the attributes of effective clinical teachers, which revealed traits such as the ability to communicate, foster a climate of mutual respect, act as good role models, and give guidance and corrective feedback (Artim et al., 2020; Soroush et al., 2021; Swart & Hall, 2021). Personal characteristics included clinical instructors who were emotionally intelligent, caring, trustworthy, fair, honest, and supportive (Artim et al., 2020). The ability to foster collaboration and provide motivation, guidance, and positive corrective feedback for students were also aspects of effective clinical teaching. Key themes shown in the study included professionalism as defined by punctuality, a focus on clinical skills, and displaying an emphasis on knowledge rather than socialization (Reising et al., 2018). Students also emphasized clinical instructors' ability to communicate their knowledge and show patience and mutual respect (Reising et al., 2018; Swart & Hall, 2021). Rapport was also noted as an important characteristic of effective clinical instructors (Pizanis & Pizanis, 2019). Much in line with adult learning theory (Knowles, 1980), importance was placed on becoming facilitators of learning by utilizing

student-centered education (Waldron et al., 2019). Padagas (2020) reported characteristics of ideal clinical instructors as being caring, competent, and clinically skilled in a study conducted using student responses. Another study by Swart and Hall (2021) highlighted building collaborative professional relationships, being role models, demonstrating critical thinking and decision-making, being open and fair, being approachable, demonstrating honesty, dependability and acknowledging errors, demonstrating respect and fairness, and providing support and advocating for students.

Attributes preferred by students included professional knowledge, a positive attitude, and a willingness to teach (Gildon et al., 2018; Niederriter et al., 2017). Students wanted a trusting relationship where clinical instructors were approachable, available, and who set clear expectations (Niederriter et al., 2017). Along with a trusting relationship, students wanted a clinical instructor with similar characteristics to a coach who could help calm them, advocate for them, and provide constructive criticism. Being a role model who demonstrated organization, professionalism, and the ability to multitask was also noted as a student preference.

Ineffective Clinical Teaching

Due to the important role clinical instructors play in the education of students, they can also hinder student learning (Farzi et al., 2018). In addition to favorable teaching strategies, undesirable methods were a theme in the literature. These undesirable methods included the need to meet privately to address errors, playing favorites, and a lack of recognition for competent students who work silently (Padagas, 2020). Students also reported questioning whether clinical instructors were paying attention during technique demonstrations. Students noted autocracy as an inhibitory theme for clinical instructors. They included the subthemes of inappropriate behavior with students, an inability to accept criticism, limiting student independence, and

suppression of student creativity (Sadeghi et al., 2019). Students with inadequate knowledge of the department and clinical environments also described low clinical competence, a weakness in performing technical skills, and low commitment to teaching (Farzi et al., 2018; Sadeghi et al., 2019). Ineffective clinical teaching also included a lack of teaching skills and an inability to provide student feedback (Farzi et al., 2018).

Transitioning to Teaching

Reasons to serve as clinic instructors included keeping themselves sharp, offering learning experiences to others, and guiding students who want to be there (Hobson et al., 2021). Clinical instructors who are hired from private practice settings often have expertise related to their professional practice but lack a background in formal teacher education (Beiranvand et al., 2022; Horvath et al., 2019; McPherson & Candela, 2019; Stewart, 2020; Swart & Hall, 2021). Clinical instructors are often hired because of their background as clinical practitioners and licensure in their field without requirements for qualifications related to teaching itself (Stewart, 2020; Veerasamy et al., 2018). Clinical instructors have described this transition as a difficult process (Stewart, 2020). When clinical instructors are hired from private practice settings, their expertise is typically in their chosen career path, which means they may face struggles as educators when trying to verbalize clinical skills (Horvath et al., 2019). Because of these potential struggles, they may lack the confidence needed to provide appropriate feedback and may face issues adapting to different educational challenges (Jarosinski et al., 2019; Roman, 2018; Smethers et al., 2018).

Clinical instructors may face a difficult transition from private practice to academia, leaving them feeling unprepared, with insufficient resources, and low levels of confidence (Smethers et al., 2018; Swart & Hall, 2021). The poor preparation of clinical educators can

include a lack of background in teaching clinical skills and providing feedback to students (Farzi et al., 2018). Additional barriers to teaching include family and practice commitments, heavy workloads, less compensation than private practice, stress, and a lack of support (Veerasamy et al., 2018).

Furthermore, challenges included difficulty in recruiting qualified clinicians who are interested in teaching and the concern regarding placing too many expectations on them, which could be a burden (Hobson et al., 2021). As reported by a cross-sectional mixed methods research study by Swart and Hall (2021), clinical instructors stated a need to improve orientation, increase peer support, and receive assistance in the transition to education. Importance was placed on a needs assessment to better support clinical instructors.

Challenges Faced by Clinical Instructors

Despite the importance of the clinical instructor role, quite often, clinical instructors have expertise in their field as healthcare workers but lack experience with teaching (Beiranvand et al., 2022; Im et al., 2021; Jarosinski et al., 2019; McPherson & Candela, 2019; Stewart, 2020). Prior teaching experience is usually optional, which means clinical instructors can enter their new jobs without training in teaching (Stewart, 2020; Veerasamy et al., 2018). Being unprepared and lacking support regarding this new role can lead to a difficult transition for people in this position (Johannessen, 2021; Schlossberg, 1981). Becoming a clinical instructor is a role change for a clinical practitioner that can lead to feelings of stress. Schlossberg (1981) described that any transition, such as a role change, can cause stress. Areas needing improvement, as noted by clinical instructors, were feeling prepared to teach, having a clear understanding of curriculum, maintaining consistency with other clinical instructors, determination of student needs, providing

remediation, knowledge of the process of teaching, and collaboration regarding enforcement of program policies (Swart & Hall, 2021).

Deficiencies in Teacher Training

Although clinical instructors expressed excitement and a desire to give back (Veerasamy et al., 2018; Jarosinski et al., 2019) to their profession by teaching, they often reported feeling overwhelmed, stressed, ill-prepared, and lacking self-confidence (Jarosinski et al., 2019). These struggles were related to a lack of knowledge and skills to be successful as educators and insufficient experience, which can lead to anxiety for clinical instructors as educators (Barrett et al., 2018). Inadequate training and inexperience leave clinical instructors unaware of how to evaluate clinical performance and provide feedback with clinical teaching and assessments (Beiranvand et al., 2022; Wu et al., 2020). Issues such as a lack of knowledge and experience leave clinical instructors feeling unprepared to enter into teaching (Swart & Hall, 2021). Due to their background typically being only a professional healthcare background, clinical educators face many challenges in their role, including a lack of time and limited knowledge regarding teaching itself (Barrett et al., 2018; Veerasamy et al., 2018).

Additional Pressures for Clinical Instructors

Clinical instructors can feel overwhelmed with role responsibilities in addition to teaching, such as scholarship and service, depending on requirements from their place of employment (Barrett et al., 2018). Being overwhelmed can leave them feeling like they need more time to complete their tasks. Heavy workloads and a lack of staff members are other factors that can lead to stress in this position (Veerasamy et al., 2018). A disproportion between the number of students and staff can also cause additional feelings of stress for clinical instructors (Farzi et al., 2018). As clinical practitioners and adults with many different responsibilities,

clinical instructors face barriers to teaching due to family and practice commitments (Veerasamy et al., 2018). Clinical teaching was noted as a sacrifice because of the time involved with teaching in this capacity (Hobson et al., 2021).

Lack of Support

Clinical instructors reported feeling unsupported in their roles (Bieranvand et al., 2022; Johannessen et al., 2021; Stewart, 2020; Putri et al., 2021; Swart & Hall, 2021; Veerasamy et al., 2018). No orientation and feelings of having to find their own way with clinical teaching have led to stress when working in the clinical environment (Veerasamy et al., 2018). Quite often, clinical instructors were expected to enter their role in education with the knowledge of how to teach (McPherson & Candela, 2019). These expectations, along with poor preparation and a lack of support, contributed to challenges faced by clinical instructors (Farzi et al., 2018; Johannessen et al., 2021). These challenges included feelings of anxiety, stress, and low confidence (Stewart, 2020).

Support is an important aspect as a person experiences a role transition. Schlossberg (2011) included support as one of the 4S's for transitions within a person's life. Evaluating support systems as part of the 4S can help people determine whether the transitions are feasible for them at a particular time or where they need additional strength (Schlossberg, 2011). Support requests from clinical instructors included peer support, weekly meetings, and mentoring (Swart & Hall, 2021). In addition to peer support, clinical instructors also wanted support from the administration and the institution of employment through orientation (McPherson & Candela, 2019; Stewart, 2020). Support from the administration included setting clear expectations for the role (McPherson & Candela, 2019; Stewart, 2020). Additional administrative support included an introduction to peers and the formal assignment of a mentor (Stewart, 2020). McPherson and

Candela (2019) also gave frequent communication as an example of support. Ziedonis and Ahn (2019) described professional development as a key strategy to help clinical instructors feel supported with attention to the provision of time to attend these activities.

Shortage of Clinical Instructors

There need to be more qualified dental hygiene educators to meet the demand of institutions (Hodgkins et al., 2020; Swart & Hall, 2021). This shortage of clinical instructors in many disciplines is expected to continue (Jarosinski et al., 2020). Minimal pay progression was noted as a factor impacting clinical instructor retention rates, with compensation less than what can be earned in private practice settings (Veerasamy et al., 2018). Factors contributing to the shortage of clinical instructors include aging, lack of university budget, and increased job competition in clinical settings (Beiranvand et al., 2022). These challenges and tensions influence the retention of clinical instructors and, therefore, impact the consistency of education for students (Swart & Hall, 2021). Student loan forgiveness was an example of a method for aiding the issue of this shortage (Jarosinski et al., 2019). Providing preparation for the clinical instructor and clear expectations of the role were noted as critical factors in reducing turnover (Bieranvand et al., 2022; Wu et al., 2020).

Addressing Issues for Clinical Instructors

Clinical instructors can experience stress as a part of their role transition (Barrett et al., 2018; Jaronsinski et al., 2020; Schlossberg, 1981, 2011; Stewart, 2020; Swart & Hall, 2021; Veerasamy et al., 2018). Programs should support new clinical instructors (Barrett et al., 2018; Veerasamy et al., 2018; Ziedonis & Ahn, 2019) with ongoing faculty development to help alleviate stress (Barrett et al., 2018). Methods for addressing issues for clinical instructors included a multifaceted approach with ongoing guidance, clear role expectations, structured

mentoring, professional development activities, and opportunities for self-reflection (Jarosinski et al., 2019; McPherson & Candela, 2019; Swart & Hall, 2021). Suggestions for guiding clinical educators in their teaching roles are professional development, orientation, mentoring, and a decrease in workload (Barrett et al., 2018).

Training Needs for Clinical Instructors

As reported by students, "Effective clinical instructors demonstrate commitment, internal motivation, problem solving skills, flexibility and creativity, time management, leadership and management, accessibility, lifelong learning, morality, and up-to-date knowledge and skills" (Soroush et al., 2021, p. 1). This study outlined the need for clinical instructors to continuously enhance their professional competence. Although many clinical teaching strategies are available for use and discussed in peer-reviewed and scholarly literature, there seems to be a gap regarding the information available for professional development or training specifically for those in the dental field. Weston (2018) discussed the need for research-based programs to provide this training. Clinical instructors face many challenges in their teaching roles, often due to a lack of experience in the field of education. They may be unaware of teaching strategies, struggle to implement them, or feel they need more knowledge to implement them. Clinical instructors in healthcare education fields are often hired directly from their professional practice, where their main expertise is working clinically rather than teaching (Barrett et al., 2018). As they are often not required to have teaching experience, clinical instructors may begin their new role with knowledge and clinical experience but an inability to transfer it to students. Clinical instructors often learn as they go rather than receive formal training (Waldron et al., 2019).

Professional Development

Of importance to clinical instructors was the provision of ongoing opportunities for development (Barrett et al., 2018; Friedlander et al., 2019). Educators suggested more clinical guidelines for consistency and wanted support from their schools to help guide them in clinical teaching (Veerasamy et al., 2018). Professional development and training for clinical instructors lacking a teaching background was a common theme throughout the literature review (Artim et al., 2020; Horvath et al., 2019; Roman, 2018; Smethers et al., 2018; Stewart, 2020; Waldron et al., 2019). Faculty development encompasses activities focused on helping educators improve their professional teaching skills (Bilal et al., 2019). Instructors must receive training to improve their clinical teaching skills (Horvath et al., 2019). A report about adjunct instructors who participated in teaching for a medical university discussed the need to provide "available and convenient" training (Hobson et al., 2021, p. 134). Suggested forms of professional development included workshops and mentors (Barrett et al., 2018). Stewart (2020) described a clinical instructor development program as a method for providing needed training. Importance was placed on the ongoing use of adult learning principles for instructors and students (Barrett et al., 2018). In addition to implementing training, reflection regarding this information and reinforcement should also be aspects of the process. Faculty members stated they felt the school should support them by creating these opportunities and providing information presented online, including website articles about formal teaching protocols (Veerasamy et al., 2018). Specific faculty development topics included identifying student-teacher relationships, teaching strategies, interpersonal relationships, and professional competence (Putri et al., 2021).

Needs Based Training

Focusing on the learner's needs is integral to applying adult learning principles (Barrett et al., 2018; Knowles, 1980; Mews, 2020). Several areas within the literature stated the importance of first understanding the needs of clinical instructors prior to creating training programs for clinical instructors (Barrett et al., 2018; Beiranvand et al., 2022; Bilal, 2019; McPherson & Candela, 2019; Mews, 2020; Stewart, 2020; Swart & Hall, 2021; Wu et al., 2020; Ziedonis & Ahn, 2019). Standardized programs for faculty training are seldom possible because the needs of faculty members can vary between and within institutions (Beiranvand et al., 2022; Bilal, 2019). As a result, any orientation or faculty development would then be created based on the needs of the clinical instructors (Beiranvand et al., 2022). The benefits of understanding the needs of clinical instructors can lead to better retention of faculty, more consistency, and quality teaching within the program (Swart & Hall, 2021).

Impact of Training Opportunities

Professional development addressing the needs of clinical instructors is important because it provides training for clinic instructors (Elmberger et al., 2021; Salam & Mohamad, 2020). The curriculum for professional development should be based on a needs assessment of the participants (Bilszta et al., 2020; Hall et al., 2017; McPherson & Candela, 2019). A qualitative study by Hoffman (2019) investigated the experiences of nurses who transitioned to the role of clinical faculty members. Results ranged from those who received formal orientation to those who did not. The results varied from situations where participants used peer instructors as mentors and ambiguity related to uncertainty in terms of teaching. This study concluded by stating the need for programs to develop the skill level of clinic faculty members through training. This preparation for the role of clinical instructor can help increase job satisfaction,

improve performance, and reduce the attrition rate of instructors (Bieranvand et al., 2022; Wu et al., 2020).

Training Formats

Some formal training and support should be implemented to help faculty members who work as clinical instructors (Jarosinski et al., 2019; Moon et al., 2018; Stewart, 2020; Ziedonis & Ahn, 2019). While no standard method for providing training was evident in the literature, professional development was noted as important for improving teaching skills. Several common themes emerged as important inclusions for this type of training (Beiranvand et al., 2022; Bilal et al., 2019). These themes included academic integrity, teaching, ethics, leadership, and updating content knowledge (Soroush et al., 2021). The article included themes such as experiential learning, problem-based learning, reflection, and role modeling (Bilal et al., 2019). Adult learning principles, including self-directed learning, were important for creating training programs for clinical instructors (Barrett et al., 2018).

Orientation

Formal orientation is a method to guide clinical instructors as they transition to teaching (Barrett et al., 2018; Beiranvand et al., 2022; Hababeh & Lalithabai, 2020; McPherson & Candela, 2019; Stewart, 2020; Swart & Hall, 2021). Formal orientation for clinical instructors can alleviate stress (Barrett et al., 2018) and increase employee satisfaction (McPherson & Candela, 2019), along with role transition. Orientation was specifically noted as important with the inclusion of necessary aspects, such as an introduction to the documentation system, simulation scenarios to practice communication and evaluation of students, and access to learning materials. Orientation must start with understanding the needs of clinical instructors rather than having a foundation based on the hypothetical needs of clinical instructors

(Beiranvand et al., 2022). It should be practical and meaningful to aid in the role transition for clinical instructors (Swart & Hall, 2021). Effective inclusions for orientation involved an orientation to the institution, the clinical environment, and clinical teaching roles (Beiranvand et al., 2022; Hababeh & Lalithabai, 2020; McPherson & Candela, 2019). Barrett et al. (2018) described orientation as following adult learning principles, including collaborative and self-directed learning. Active learning strategies and integrating previous experiences were also necessary aspects of orientation (Barrett et al., 2018).

Mentorship

Additional ideas for development included mentorship programs with topics such as adult learning, concepts in cognitive sciences, educational research for clinical settings, and an introductory clinical teaching skills course (Horvath et al., 2019). Mentorship is the designation of a peer mentor; an experienced clinical instructor is matched with an inexperienced clinical instructor to help provide support and training (Barrett et al., 2018; Beiranvand et al., 2022; Hunt et al., 2021; Jaronsinski et al., 2019; McPherson & Candela, 2019; Merritt et al., 2018; Stewart, 2020; Swart & Hall, 2021; Ziedonis & Ahn, 2019). Access to a mentor and establishing communication can help support instructors (Stewart, 2020; Ziedonis & Ahn, 2019). Ziedonis and Ahn (2019) discussed mentoring as an important method of support for those in medical education, with a focus on effective mentoring as critical. Mentoring for clinical faculty can occur on an individual basis and also in a peer group mentoring format. Assignment of a formal mentor allows clinical instructors a specific resource for guidance throughout the semester (McPherson & Candela, 2019). The role of the mentor includes continuous close contact with the new clinical instructor to provide guidance and ensure the new faculty member understands their position (McPherson & Candela, 2019). This additional workload on the part of the mentor

should also be recognized by the program administration due to the additional time involved with serving as a mentor. Mentors must be allowed time to dedicate to their mentees (Hunt et al., 2021). A possible variation for mentorship included buddy shifts in which the mentor and mentee work together, enabling support at the moment (Swart & Hall, 2021).

A qualitative study by Stewart (2020) determined mentoring as a key theme. The participants did not have a formal mentoring program, which left mentor assignments to the program director's discretion. Of the eight participants, six had assigned mentors, with 4 reporting a positive experience. Those with a negative experience either reported no assignment of a mentor or a mentor who was outside their discipline. These findings led to the conclusion that importance should be placed on assigning mentors whose goals align with those of the mentee. The mentoring method increased confidence in clinical instructors within a mixed-methods study by Beiranvand et al. (2022). Additional suggestions for mentoring included a formal mentoring program, mentors with at least five years of experience, and the provision of timely feedback by mentors. The structure for mentoring, as revealed by clinical instructors, included weekly peer meetings and support from mentors (McPherson & Candela, 2019; Swart & Hall, 2021).

Online Learning Environments

Online learning formats provide a means for training clinical instructors (Beiranvand et al., 2022; Jaronsinski et al., 2019; Wu et al.,2020). Online versus in-person formats for faculty development programs were studied by Im et al. (2021), and the results showed more participation in the online format. Im et al.'s (2021) study showed that the online platform for implementing development programs was a feasible and effective learning method for clinical instructors. Online learning provides an avenue of training for adults to learn and pursue a career

change while working full-time (Dieterich & Hamsher, 2020). The use of technology provides more opportunities for professional development and training than previously available (Abedini et al., 2021). Khoo and Cowie (2020) described online learning communities as promising approaches to online learning, specifically for adult learners. Using online learning communities allows adults to learn despite differing geographical locations and time constraints (Abedini et al., 2021). Online learning can be situated where training is accessible to the clinical instructors, and they are responsible for reviewing, understanding, and applying it (Yarbrough, 2018). In addition to online learning, andragogy was noted as an important theory when developing adult training programs (Barrett et al., 2018; Johnston et al., 2019). Additional theoretical inspiration for faculty development included self-regulation and lifelong learning (Salam & Mohamad, 2020).

Workshops

Several methods for delivering workshops were noted within the literature. One example was a full day workshop that occurred four times per year to provide training, support, discussion, calibration, reflection, curriculum evaluation, and access to materials (Friedlander et al., 2019). An interactive workshop with participation from attendees was another possible delivery format (Merritt et al., 2018). An online nurse preceptor training program was described that provided knowledge of educational strategies with a clear understanding of the role. This was organized by developing smaller modules to fit the busy schedules of the trainees (Wu et al., 2020). The specific modules included the following: introduction to preceptorship, planning care with preceptees, conducting clinical assessments, facilitating clinical learning, creating positive learning environments, providing constructive feedback, handling challenging situations, managing underperforming preceptees, planning shifts, readiness for clinical assessment, guiding

student for the administration of medication, precious learning opportunity, the art of feedback, medication error, and unexpected result of clinical learning. Swart and Hall (2021) placed importance on creating workshops and training that allowed clinical instructors to learn from various members of the teaching team.

Summary

Dental hygiene is a profession that focuses on preventing oral disease (Fones, 1926, 2013). The education for dental hygiene students is created to adhere to standards outlined by CODA (2022), including classroom and clinical environment requirements. The clinical setting provides an avenue to apply theory into practice using real-world applications and skills necessary for individual professions (Artim et al., 2020). Clinical instructors play an important role because they facilitate the learning process in the clinical environment (Artim et al., 2020; Pizanis & Pizanis, 2019).

The literature showed that clinical practitioners become clinical instructors without formal training (Beiranvand et al., 2022; Im et al., 2021; Jarosinski et al., 2019; McPherson & Candela, 2019; Stewart, 2020), and some professional development or training is necessary (Barrett et al., 2018; Friedlander et al., 2019; Jarosinski et al., 2019; Moon et al., 2018; Stewart, 2020; Ziedonis & Ahn, 2019). Due to this lack of training, clinical instructors face challenges in their new roles (Roman, 2018; Smethers et al., 2018). However, a lack of standardization (Weston, 2018) and a clear method for providing this training to dentists and dental hygienists was apparent in the literature. There were multiple options for content delivery of training; however, ambiguity exists within the literature as to what specific content should be provided. However, some aspects of the training were clear, such as the need to be aware of adult learning principles and create feasible training for adult learners. An understanding of the needs of the

participants was also a necessary aspect to consider when creating training (Beiranvand et al., 2022; McPherson & Candela, 2019; Wu et al., 2020).

Adults have different learning needs, such as knowing why concepts should be learned and using problem-centered and real-life situations. These factors should be guiding principles in developing training for clinical instructors. Furthermore, additional responsibilities in life, along with the learner's life experiences, should be considered (Knowles et al., 2015). By understanding dental clinical instructors' perceived needs and values, training and support programs can be created and implemented within dental hygiene programs to help guide their transition to teaching.

CHAPTER THREE: METHODS

Overview

The purpose of this transcendental phenomenology was to explore the experiences of dentists and dental hygienists who have transitioned from clinical practice to the role of clinical instructor at Southern University, a midwestern public university in the United States. Understanding the commonalities these professionals face as they transition to teaching as clinical instructors is important for the clinical instructors, their supervisors, and the students within the programs. A transcendental phenomenological study format was used to better understand participants' experiences and recognize their training and support needs during this transition. The training was generally defined as a provision of education, professional development, and support to meet the needs of clinical instructors as they transition from experts in their fields to instructors of students in the same healthcare fields. The participants in this study were dental hygiene clinical instructors who have transitioned to teaching at Southern University, a public university. The diversity of the participants was varied as much as possible from the sample group at Southern University to help ensure the credibility of the research findings. The theory that guided this study was adult learning theory (Knowles, 1980), which provided a framework for understanding the training and support needs of dentists and dental hygienists as they transition to teaching (Barrett et al., 2018). Data collection methods included individual interviews, photograph journals, a virtual focus group, and researcher reflection or journaling. Chapter Three outlined the research design, setting and participants, researcher positionality, procedures, data collection, data analysis, trustworthiness, and ethical considerations.

Research Design

A qualitative approach was used for this study. Qualitative research is defined as a process of inquiry to understand a social or human problem (Creswell & Poth, 2018). Qualitative inquiry is a means for studying how people or groups construct meaning with analysis and interpretation of data as methods to reveal meaningful themes (Patton, 2015). A qualitative design was appropriate to describe the experiences of dentists and dental hygienists who transition to teaching to derive meaning from their experiences (Creswell & Poth, 2018). This study aimed to examine the experiences of dentist and dental hygiene clinical instructors using one-on-one interviews, photograph journals, and a virtual focus group. The information gained from the data collected created themes to provide a holistic description of the essence of these lived experiences using textural and structural descriptions (Moustakas, 1994).

Phenomenology is a form of qualitative inquiry that begins with a phenomenon in which perception is the source of knowledge (Moustakas, 1994). Participants include people who have experienced the phenomenon (Creswell & Poth, 2018). Phenomenology involves the development of a research question or problem to guide the inquiry (Moustakas, 1994). For this research, the phenomenon was the transition to teaching for dentists and dental hygienists. Of importance is the description of experiences where the information is taken as given by the participants. A transcendental design was used for this study; although the researcher has also had the experience of transitioning from clinical practice to clinical instructor, the data, as given by the study participants, was perceived as if for the first time, and each experience considered for itself with researcher thoughts set aside. Moustakas described the development of transcendental phenomenological research with specific credit to the work of Edmund Husserl (1931) for his contributions to this type of research. Transcendental phenomenology was

described by Moustakas (1994) as a systematic method to gain a complete sense of knowledge surrounding a phenomenon, whereby that knowledge is viewed as it is, and researchers develop an understanding of the meaning or essence of the experience (Husserl, 1965).

The transcendental design utilizes epoché, or bracketing, where the researcher sets aside beliefs, judgment, and knowledge to learn about the phenomena with an open mind (Moustakas, 1994). Using a researcher's reflection or journal assists with bracketing their thoughts. Transcendental phenomenology allowed me to study the phenomena of this transition for clinical instructors to better understand the essence of these experiences. Patton (2015) described the qualitative inquiry as personal, with importance placed on what brought a particular researcher to an area of inquiry. The researcher's background, experience, and capacity for empathy lend to the credibility of findings with qualitative research. As the researcher, my background as a dental hygienist who became a clinical instructor interested me in this specific inquiry. I have lived through this phenomenon and sought to gain knowledge from others who share similar experiences. Using a transcendental phenomenological approach, my own experience was set aside to better understand this phenomenon as experienced by dentists and dental hygienists who became clinical instructors.

Research Questions

This study was guided by one central research question and two sub-questions to describe the experiences of dentists and dental hygienists transitioning from clinical practitioners to clinical instructors of dental hygiene. The central research question focused on understanding the experiences of these clinical instructors. The two sub-questions were centered on the training needs of dentists and dental hygienists as they transition to teaching. The researcher utilized adult learning theory as a guide to better understand this phenomenon.

Central Research Question

What are the experiences of dentists and dental hygienists who have transitioned from clinical practice to the role of clinical instructors?

Sub-Question One

What forms of education, professional development, or support are necessary to help guide the transition from healthcare professional to clinical instructor?

Sub-Question Two

How can this education, professional development, or support be delivered to clinical instructors in a way that meets their needs as adult learners?

Setting and Participants

Many institutions of higher education include accredited dental hygiene programs in the United States. The institution used for this study was Southern University (SU). This university was chosen because it has an accredited bachelor's degree dental hygiene program and an on campus dental clinic where students gain experience through patient treatment with clinical instructors facilitating the process.

Site

Many different higher education institutions in the United States have programs for students entering healthcare professions. The institution used for this study was Southern University, a midwestern public university with approximately 10,000 enrolled students (DATAUSA, n.d.). This number included dual credit, undergraduate, and graduate students in over 130 different areas of study, with a doctoral degree as the highest degree offered (UNIVSTATS, n.d.). Within the university were programming within colleges of liberal arts, business, nursing, health professions, science, engineering, and education. The university offered

continuing education and special programs as a part of outreach, offering study-abroad opportunities and hosting international students. Twelve different programs were within the nursing and health professions. Of the total number of enrolled students at SU, approximately 2,455 were enrolled in programs in various health professions.

This university offered synchronous and asynchronous learning opportunities. These opportunities included in-person, remote, and hybrid options, depending on the type of course taken. Where applicable, programs within health professions at SU maintained accreditation status and delivered education in didactic settings, including lab and clinical learning experience requirements. With clinical learning experiences or practicum courses as an integral part of the learning for many students within health professions at SU, clinical instructors facilitated these experiences for students. Requirements are outlined in program accreditation standards for clinical instructors participating in clinical learning experiences, such as maintaining current licensure in the dental field. Due to these course offerings and job requirements, SU employed various healthcare workers who maintain active licensure in their respective fields.

The organizational structure included administration groups starting with a board of trustees appointed by the state governor and university leadership. University leadership at SU included a president, provost, vice president for development, vice president for finance and administration, vice president of student affairs, and vice president for marketing and communications. Each college within SU had a hierarchy of administration that included a dean, an assistant dean, and then a chair for each program. Next, each program included full-time faculty members and adjunct faculty members who were hired on a part-time basis. These adjunct faculty members teach individual classes but quite often were hired to fulfill roles as clinical instructors for students, whether in labs or at clinical sites, with direct and simulated

patient care. In addition, adjunct faculty were typically hired on a per semester basis with requirements to sign a contract of employment for each semester.

This site was chosen as a convenience sample due to the availability of an accredited dental hygiene program offered within the health professions college. Moreover, the school's educational requirements include clinical learning. Due to the clinical learning opportunities and the clinical instructors needed to facilitate them, the university employed several dental professionals who have become clinical instructors through this program. Using clinical instructors employed within the dental hygiene program at this university as study participants gave a deeper understanding of their experiences, providing meaningful themes related to the transition from clinical practice to a clinical instructor.

Participants

After receiving Institutional Review Board (IRB) approval, a recruitment email (see Appendix F) was sent to current and past clinical instructors associated with the dental hygiene program at SU to inquire about their interest in participating in the research study. This pool consisted of approximately 30 instructors employed in either full-time or adjunct capacity within the dental clinic at SU. The recruitment email (see Appendix F) outlined the requirements for participation in the study and the procedures to accept or decline participation. Participants in this study were licensed dental professionals who have become clinical instructors. Additional inclusion criteria for participants included those willing to share their experiences, possess a minimum of two years of clinical experience, and six months of experience working as a clinical instructor within the dental hygiene program at SU. Two years of clinical work was determined because that is the requirement specified by CODA (2018). This study focused on clinical instructors who teach at the collegiate level and have degrees ranging from associate to doctorate

degrees. Participant teaching experience ranged from six months to 20 years for this specific population.

Researcher Positionality

I am a dental hygienist who began a career working in my field in dental offices. I became a part-time clinical instructor in the dental clinic at SU and held this role for many years before becoming a full-time dental hygiene professor and clinic coordinator. As the clinic coordinator, I realized the need for formal training to help guide new clinical instructors as they transitioned to their teaching roles from the profession. In addition, ongoing calibration and training would benefit the staff members. My motivation for conducting this study began from the needs I had as I transitioned to teaching. However, the need grew when I became the clinic coordinator for this group of instructors. I enjoy learning and researching projects that mean something to me and helping to solve local problems where I work. This knowledge-seeking is a way of gaining wisdom and insight into the needs of those around me and searching for solutions to those needs. The Bible says, "Wisdom is the principal thing; therefore, get wisdom: and with all thy getting, get understanding" (*King James Bible*, 1769/2022, Proverbs 4:7). In addition, the Bible also says, "If any of you lack wisdom, let him ask of God, that giveth to all men liberally, and upbraideth not; and it shall be given him" (*King James Bible*, 1769/2022, James 1:5). Seeking wisdom and understanding about real issues is why I am so drawn to qualitative research. The answers I received with qualitative responses told me so much more about what I was attempting to discover.

Interpretive Framework

Researchers bring their own beliefs to their research, whether they know it or not (Creswell & Poth, 2018). While these beliefs and philosophical assumptions develop through

various means, they can also change over time. Awareness of one's beliefs is an important part of research because it correlates to using various interpretive frameworks. I place value on a combination of two interpretive frameworks: social constructivism and the need to understand the world by interpreting the study participants' accounts of their lived experiences. While there is a need for support and training for clinical instructors within the dental hygiene program at SU, the participants may have different thoughts and reactions. With this study, I wanted to learn about the clinical instructors' interpretation of their own experience transitioning to teaching. In addition, the pragmatism interpretative framework played a central role in this study. Key aspects that stood out within this framework included finding solutions to real problems, understanding multiple realities about the lived experiences of participants, and especially honoring the values of those participants (Creswell & Poth, 2018). The idea for this research study became very apparent through a pragmatic framework upon the realization that the data collected could be used to solve an issue the SU clinical instructors were facing.

Philosophical Assumptions

Researchers have their own beliefs and assumptions and sharing them provides a lens for their qualitative research (Creswell & Poth, 2018). The three philosophical assumptions addressed in this study included ontological, epistemological, and axiological.

Ontological Assumption

Researchers have views regarding ontology that relate to the nature of reality (Creswell & Poth, 2018). With qualitative research, multiple realities result from learning about the experiences of many participants. The Bible says, "I am the way, the truth, and the life: no man cometh unto the Father but by me" (*King James Bible*, 1769/2022, John 14:16). As a researcher, I believe in God's truth as a singular reality but also think different people will have different

interpretations of the same experiences. From an ontological standpoint, it does not make them right or wrong but confirms their belief in an interpretation of an experience. Many external factors influence these differing interpretations of the same experience.

Epistemological Assumption

An epistemological assumption is related to what counts as knowledge (Creswell & Poth, 2018). Rather than straightforward responses, such as responses gained with quantitative research, qualitative researchers seek to learn the subjective experiences of people (Liberty University, 2022). In seeking participants who have experienced the chosen phenomenon, the researcher becomes immersed in the field and works to know the participants (Creswell & Poth, 2018). Although it can be seen as a bias, the values on the part of the researcher are important regarding the phenomenon because the values create an additional level of understanding, especially when the researcher has had these same experiences.

Axiological Assumption

The axiological assumption within qualitative research involves making the values of the researcher known (Creswell & Poth, 2018). This bracketing, or being upfront about the researcher's values, can add additional perspective to the research. However, the researcher must set them aside and learn from their participants with an open mind that is not leading or guiding (Moustakas, 1994).

Researcher's Role

As the researcher in this transcendental phenomenological study, I was the human instrument in this study (Creswell & Creswell, 2018). I collected and interpreted the data from participants. As the key instrument, I read and reread the data collected in search of common codes and themes to understand the participants' experiences. The transition from clinical

practitioner to clinical instructor is a personal topic because I have also lived this experience. I began my career as a dental assistant and then a dental hygienist who transitioned into a part-time clinical instructor role while still working in dental offices as a dental hygienist. I eventually became a professor of dental hygiene and clinic coordinator, which meant I supervised activities within the clinic. Within this role, I realized the need for training and support for clinical instructors, as well as delivery methods that worked for their schedules as adult learners. My role as clinic coordinator ended in May of 2022, and I no longer have a supervisory role over the clinical instructors at SU. As I began data collection procedures, my role was dental hygiene assistant professor, where I served as a coworker with the clinical instructors at SU.

Due to this study being a transcendental phenomenology, I took active steps to practice epoché and bracket my own experiences away from those of my participants. Therefore, I could view each of their experiences for what they were (Moustakas, 1994). I chose a transcendental design specifically because I wanted to learn what the experiences of the clinical instructors were and focus on others rather than my own experiences. The assumptions I brought to this study included the belief that clinical instructors need support and training as they transition to teaching roles. When I conducted this study, I was a full-time mother of small children who knew the pressures of working, attending school, and raising a family. I felt many daily pressures regarding time and the need to accomplish various tasks related to my role as an employee and parent. I often felt like I lacked time to accomplish all tasks. Another assumption on my part was that, as adults, clinical instructors have many roles in addition to clinical instructors, making finding time for professional development challenging.

Data collection included individual interviews regarding the experiences of the clinical instructors from their point of view. Another form of data collection was photograph journaling

in order to view an accurate picture of what the daily lives of these workers were like. Moreover, a focus group using a virtual and asynchronous format was a third form of data collection to gain additional perspective from participants as a group regarding their experiences of transitioning from clinical practitioner to clinical instructor. As the researcher, I intended to utilize researcher reflection and journaling to help keep my thoughts separate during data collection. Memoing will be implemented during data collection to keep track of emerging themes and separate my thoughts as they arise. I hoped by understanding the experiences of clinical instructors, and their preferences for training, the faculty members within the dental hygiene program at SU would have useful information to guide the creation of a formal orientation and training program.

Procedures

This study contains specific procedures, ethical considerations, and data collection procedures. The procedures for this study described detailed steps to enable this research to be duplicated by others in the future.

Permissions

The first step was to contact SU to determine the requirements to conduct research within this setting. A permission request letter was sent to the Dean of the Associated Colleges at SU (Appendix C), and a site permission response (Appendix D) was included upon completion of the necessary documents to submit an application to the IRB for Liberty University (Appendix A). Upon IRB provisional approval from Liberty University, I completed the IRB application for SU to gain approval to use this university as the research site (Appendix B). Upon approval from SU, final documentation was submitted to Liberty University to complete the approval process.

Recruitment Plan

After gaining IRB approval to conduct the study and use SU as the setting, I sent a

recruitment letter via email (Appendix F) to the pool of participants. Purposeful sampling was utilized to select participants who had the experience (Creswell & Poth, 2018; Moustakas, 1994) of becoming a clinical instructor. The sample pool of participants included 30 current and past clinical instructors from the dental hygiene program at SU who had a minimum of a bachelor's degree. The participants received initial correspondence inviting them to participate in the study, which was denoted by a reply email from the clinical instructor accepting participation as outlined in the recruitment email. Snowball sampling was not necessary as the study contained 13 participants (Creswell & Poth, 2018). The sample size included 13 participants selected from the sample pool because 3 to 10 participants are a suggested range to reach saturation (Creswell & Creswell, 2018; Creswell & Poth, 2018; Dukes, 1984). An adequate sample size was determined when I was no longer gathering new information or insight into the phenomena, also known as reaching saturation (Creswell & Creswell, 2018; Creswell & Poth, 2018). After determining participants, each received an email with further details (Appendix G) and instructions related to the research study. This instructional email also included the following attached documents: written informed consent (see Appendix E) and materials release (see Appendix L). I worked with each participant individually to set up a time for individual interviews and explained the expectations for photograph journaling and survey completion. All participation was voluntary, with the right to discontinue participation at any time. This process included a written informed consent document (see Appendix E) that outlined the research and potential risks and benefits to participation. It also included detailed information about time expectations for participants with specific verbiage about the voluntary nature of the research. Data collection began once participants formally consented to participate in the research study by returning the signed consent document via email or text from their cellular phone. Participants

signed a materials release form (Appendix L) if photographs shared within the photograph journals were used in publications or presentations.

Data Collection Plan

According to Patton (2015), qualitative data tells a story by describing the participants' experiences in their own words. A key form of qualitative data includes interviews utilizing open-ended questions to gain in-depth responses from participants about their experience with a specific phenomenon. Patton also described documents as a form of qualitative data collection where various written materials or documents, such as diaries, photographs, and written responses to open-ended surveys, are collected.

Data collection for this research began after IRB approval from Liberty University and the research site, Southern University. In addition to IRB approval, written informed consent was obtained from all participants prior to data collection. The data collection for this research included individual interviews, photograph journaling, a virtual focus group, and researcher reflection. Interviews with participants who have experienced the phenomenon of becoming a clinical instructor were imperative to gain an understanding of their individual experiences. It was important to acquire information from the perspective of these clinical instructors to provide reliable data for this study. Photographs were utilized to gain knowledge related to the typical weekly obligations of participants in the study. A virtual focus group was also used to gain knowledge from the group related to this transition to teaching. Researcher reflection was a key component to gaining knowledge of the happenings within one program and served as a guide for the researcher in setting aside her thoughts and experiences.

Individual Interviews

Moustakas (1994) placed importance specifically on phenomenological interviews that are informal and interactive with the use of open-ended questions. The researcher can start interviews with pre-determined open-ended questions to gain knowledge about experiences with a chosen phenomenon; however, these questions can be varied or altered depending on the interview. This type of interview begins with a relaxed conversation to create trust and then focuses on the experience of the phenomenon where the researcher is responsible for creating a comfortable environment. As such, the guiding questions for the semi-structured interview process included broad questions where the participants introduced themselves. The researcher discusses their background to help with comfort and then ease into more specific questions related to the research questions in the study.

As the primary researcher, I conducted one-on-one semi-structured interviews with participants at the agreed-upon dates and times through the Zoom platform. Conducting the interviews virtually assisted with accommodating a multitude of schedules. The questions (Appendix H) were submitted to experts in the field to review for clarity and to establish validity before IRB approval. The questions were also submitted to the IRB for approval before data collection. Once reviewed and approved, the first interview underwent an informal pilot process with a study participant. I reviewed the content of this first interview and sought feedback from this participant. This additional scrutiny within the first interview was completed to clear any possible confusion with questions. I ensured the questions were developed to solicit responses to this study's research questions. Questions were revised and modified, as needed, based on feedback during the first interview. With transcendental phenomenology, the purpose of the individual interview was to view each participant interview anew and strive to reserve judgment

(Moustakas, 1994). Each interview was recorded via Zoom and saved to a flash drive. The interviews were then transcribed and sent to each participant to review for accuracy. The interviews were used to gain knowledge of the experiences of dentists and dental hygienists who became clinical instructors (RQ). In addition, using these questions helped with understanding what education, professional development, and support these participants felt would aid in their transition to the teaching process (SQ1) and what delivery method would be most advantageous for them as adult learners (SQ2).

Individual Interview Questions

1. Please describe your professional career through your current position(s). (CRQ)
2. Please describe the education or training you have received related specifically to teaching (formal and informal education or training). (CRQ)
3. Describe your experiences related to transitioning from the role of dentist or dental hygienist to clinical instructor of dental hygiene. (CRQ)
4. Describe challenges faced as a result of this transition to a teaching role. (CRQ)
    a. Describe challenges you have faced when working with students in the clinical environment. (CRQ)
5. Describe successful teaching practices you have used when working with students in the clinical environment.
    a. How did you learn to implement these? (CRQ)
6. What specifically (including education, professional development, or support) was helpful in guiding your role as a teacher of dental hygienists? (SQ2)
    a. How do you feel about the training you did or did not receive?

7. What do you feel would have helped guide you in your role as a teacher of dental hygienists? (SQ2)
8. What professional development experiences have you had that prepared you to work as a clinical instructor? (SQ2)
9. What professional development experiences, training, or support would you have liked to receive when beginning your role as a clinical instructor? (SQ2)
   a. What ongoing development would you like to receive?
10. As an adult with various obligations throughout the week, how do you feel professional development, training, or support could be offered in a manner that fits your current lifestyle? (SQ3)
    a. What specific mode of delivery would you prefer?
11. What else would you like to add to our discussion of your experiences of transitioning into a teaching role from healthcare worker to your preferred method of professional development? (CRQ, SQ2, and SQ3)

Individual Interview Data Analysis Plan

Each interview was recorded and transcribed in its entirety by the principal investigator. The transcriptions were typed into separate Microsoft Word documents, and each participant received a member checking email (Appendix K) containing the transcription of their interview to review for accuracy. The participants were asked to make revisions for clarity in the form of comments within the Microsoft Word document if they felt it was necessary. They were then asked to send a reply that either confirmed the use of the transcription as it was or to include updates.

After the participants checked the transcriptions' accuracy, I immersed myself in the data collected (Patton, 2015). Data analysis occurred using epoché as described by Moustakas (1994), which meant as the researcher, I worked to set aside my own thoughts and beliefs (Creswell & Poth, 2018). The process of epoché was aided by completing a researcher reflection or journal to bracket out my own beliefs and preconceptions so that I could view the participants' experiences with fresh eyes (Moustakas, 1994). Next, the use of transcendental-phenomenological reduction allowed each experience to be viewed for itself, which led to a textural description of the meanings of the experiences. Horizonalization was used during this process, meaning each statement had an equal value. These textural descriptions were integrated into a composite textural description of the experiences of dentists and dental hygienists as they transitioned to teaching as clinical instructors. This textural description outlined what was experienced (Creswell & Poth, 2018; Moustakas, 1994).

Imaginative variation was implemented to "grasp the structural essences of experience" (Moustakas, 1994, p. 35). With different possible meanings and varying viewpoints, a list of the structural qualities was created and clustered into themes to create a composite structural description (Moustakas, 1994). This process involved looking for differing perspectives and meanings (Creswell & Poth, 2018; Moustakas, 1994). The structural description demonstrated how the phenomenon was experienced.

Photograph Journals

Audiovisual materials such as photographs taken by participants are a form of data collection with qualitative research (Creswell & Poth, 2018; Patton, 2015). Patton (2015) explained that qualitative research should tell the participants' stories and convey what happened to them. Participants in this study were adults who often have family obligations, in addition to

those related to being a dental hygienist and clinical instructor during a typical week. Participants took a series of daily photographs over one week, with at least one photograph per day that conveyed the typical daily happenings for each participant. The participants were also asked to include a short description of their daily activities for each photograph to learn about the daily lives and obligations of participants, including work and home life responsibilities.

Participant Instructions

To learn more about your typical daily obligations as an adult healthcare worker, clinical instructor, and family member, please take a minimum of one photograph per day using your cellular device that depicts typical daily working and living. Take a minimum of one picture on each day of the week (Sunday through Saturday) for a total of seven daily representative pictures. For each picture, please describe the significance related to your daily obligations and your typical obligations for that day. Please insert the photograph and your responses to the prompts via direct message on the GroupMe application. Use the following format for your daily direct message (see Appendix I):

Sunday:

Picture:

Caption:

Brief description of daily obligations:

Monday:

Picture:

Caption:

Brief description of daily obligations:

Tuesday:

Picture:

Caption:

Brief description of daily obligations:

Wednesday:

Picture:

Caption:

Brief description of daily obligations:

Thursday:

Picture:

Caption:

Brief description of daily obligations:

Friday:

Picture:

Caption:

Brief description of daily obligations:

Saturday:

Picture:

Caption:

Brief description of daily obligations:

Photograph Journals Data Analysis Plan

Upon receipt of the participant-submitted GroupMe direct message thread containing their daily picture(s), captions, and a brief description of daily obligations for one entire week, I

read through each one. The photographs and descriptions were viewed to discover meanings (Creswell & Poth, 2018; Moustakas, 1994) about the daily lives of these adult participants. Like the data analysis plan for individual interviews, epoché provided a guide where my own thoughts and beliefs were set aside using a reflection journal (Creswell & Poth, 2018; Moustakas, 1994). Next, the process of transcendental-phenomenological reduction took place, where each experience was viewed, allowing for the emergence of a textural description of the meanings of the experiences (Moustakas, 1994). Each statement had equal value with horizontalization, and these textural descriptions were integrated into a composite textural description of the experiences to show what dentists and dental hygienists experienced as they transitioned to teaching as clinical instructors.

Next, imaginative variation was used to understand the structural essence or the how of the experiences (Creswell & Poth, 2018; Moustakas, 1994). Due to the different meanings and viewpoints, I created a list of the structural qualities and clustered them into themes to create a composite structural description (Moustakas, 1994). I intended to gain a better understanding of the lives of these clinical instructors in the form of an accurate daily snapshot, as shown by their pictures and descriptions.

Virtual Focus Group

Patton (2015) described focus groups as an interview with a small group focused on a specific topic. An interview in the group setting allows for various perspectives regarding the topic, where participants get to hear the responses of others and make additional comments. For this type of interview, I served as a moderator for the discussion and paid attention to responses and silences during the focus group. The focus group utilized a virtual format (Creswell & Poth, 2018; Patton, 2015). A method for conducting virtual focus groups is to interact in writing using

text messaging or an online chat (Creswell & Poth, 2018). Stewart and Williams (2005) discussed using an asynchronous format for virtual focus groups.

The GroupMe application, a group text platform, was utilized for the virtual focus group. This format allowed for an asynchronous method of interviewing a group of people. This platform was currently used for communication for clinical instructors at Southern University; as such, all possible participants had experience with its use. After receiving written consent, I added all participants to a GroupMe thread called SU CI Focus Group. The participants received instructions for the virtual focus group as a Word Document in an email (see Appendix J). Five questions were posted using the format of one per day, starting on a Monday morning at 8:00 am and ending with a final question on Friday of that week at 8:00 am. Participants were asked to respond to each question in a 24-hour timeframe.

Focus Group Discussion Questions

1. What internal factors aided in your transition from clinical practitioner to clinical instructor? (CQ)
    a. What external factors aided in your transition from clinical practitioner to clinical instructor?
2. What barriers did you face as you transitioned from clinical practice to clinical instructor?
3. What do you feel would benefit clinical instructors as they transition from roles as clinical practitioners to educators?
4. What incentive would motivate you to participate in professional development or training related to your role as a clinical instructor? Please give examples.

Virtual Focus Group Data Analysis Plan

The focus group prompts and responses were transcribed and sent to the participants for member checking (see Appendix K) to review for clarity and possible revisions. The data analysis started by practicing epoché, setting aside personal thoughts and beliefs using a researcher's reflection journal to better understand participants' experiences. This plan was similar to the process conducted during the individual interviews and the photograph journals (Creswell & Poth, 2018; Moustakas, 1994). Transcendental-phenomenological reduction was the next step, whereby each experience was reviewed, and a textural description of the meanings of the experiences was constructed (Moustakas, 1994). Horizontalization allowed for each statement to have equal value, and then textural descriptions were combined into a composite textural description of the experiences to show what dentists and dental hygienists experienced as they transitioned to teaching as clinical instructors.

Imaginative variation was used to understand the structural essence of the experiences (Creswell & Poth, 2018; Moustakas, 1994). Due to the different meanings and viewpoints, a list of the structural qualities was created and clustered into themes to create a composite structural description (Moustakas, 1994). The focus group setting provided a variety of perspectives as the participants answered the questions in a group format during which they could communicate with each other.

Data Synthesis

Synthesis of the composite textural and structural descriptions from the data analysis plan occurs at the final step in transcendental phenomenological research (Moustakas, 1994). The analysis and data synthesis process began using what Moustakas described as the modified Stevick-Colaizzi-Keen method (1994). This method requires the creation of a full description of

my own experience of the phenomenon, which occurred as the researcher reflected. Each statement was reviewed as it related to the experience, and the researcher made a note of all relevant statements. Repetitive statements were removed to make a list of distinct statements that did not overlap. After the removal of repetitive information, statements were grouped or coded by similarities into themes, and these themes were synthesized into a description of the experience, including exact examples. Upon reflection on this textural description, I created a description of the structure of the experience and then created a textural-structural description of the meaning of the experience. The transcendental approach to this study required viewing the data for each participant for what it was. I followed the same steps outlined above for the data from each participant in the research study. A synthesized description emerged by integrating the viewpoints of all participants using the textural-structural descriptions from all participants.

Trustworthiness

Frameworks can be used within qualitative research to help ensure the trustworthiness of the research (Shenton, 2004). Lincoln and Guba (1985) discussed questions researchers must ask themselves, which are related to truth value, applicability, consistency, and neutrality. These questions have become known as internal validity, external validity, reliability, and objectivity. These terms help build the trustworthiness of a research project to show that the research measured what it was supposed to, could be applied to other contexts, would produce similar results, and that the investigator could present data without personal bias (Shenton, 2004).

Credibility

Credibility, or internal validity, is described as one of the most important factors related to trustworthiness in qualitative research (Lincoln & Guba, 1985; Shenton, 2004). Adhering to internal validity demonstrate that the research has measured what it was meant to measure

(Shenton, 2004). Methods such as utilizing established research methods, development of familiarity with participants, random sampling, triangulation, using methods to ensure the honesty of participants, debriefing sessions, and peer review of the research project are steps a researcher can take to enhance credibility. Reflection on the part of the investigator and member checks (Lincoln & Guba, 1985) are additional methods to help add to the credibility of a study (Shenton, 2004). In addition, a detailed description of the phenomenon along with a review of previous research findings should be used to enhance credibility. Credibility can be achieved by utilizing: (a) triangulation, (b) researcher reflection, (c) and member checking.

Triangulation

Triangulation is a way to strengthen a study by using several methods of data collection (Patton, 2015). Semi-structured interviews, photographs, and a virtual focus group painted a well-rounded picture that provided meaning and understanding of the participants' experiences. While individual methods of data collection may have shortcomings, putting these individual methods together helps to strengthen the data collected (Brewer & Hunter, 1989; Guba, 1981).

Researcher Reflection

Researcher reflection was used to evaluate this research project as it is occurring. Researcher reflection occurred by creating memos throughout the research process to track my thoughts and organize patterns as they emerge (Shenton, 2004). In addition to memoing, journaling my own experience related to the phenomenon allowed for additional researcher reflection. This step enabled me to be transparent about my own views and potential bias so I could separate that from the data collected from the participants.

Member Checking

Member checking helps add to the credibility of the study (Guba, 1981; Lincoln, 1995). Upon completion of individual interviews, virtual focus group, and the transcription process, a file was emailed to each participant containing the transcription of their interview. This document allowed participants to review their responses for clarity and suggest changes if necessary.

Transferability

Transferability, or external validity, refers to whether the research study results would be the same if performed in another context and at a different time (Lincoln & Guba, 1985). A thick description of the phenomenon under investigation (Shenton, 2004) and the research findings were provided (Geertz, 2008). As the researcher, I created the conditions for the transferability of my research project by providing a detailed description of the phenomenon along with the processes within the study so a future researcher could replicate the study (Shenton, 2004). Detailed descriptions of research findings related to the participants' experiences with the phenomenon were provided.

Dependability

Dependability, or reliability, means the results are consistent and, therefore, could be repeated (Lincoln & Guba, 1985) by taking the same steps described in this research study. The dependability of this research study can occur by describing in detail all procedures undertaken as a part of this study. An inquiry audit by the dissertation committee and the qualitative research director at Liberty University were additional steps taken to ensure dependability.

Confirmability

Confirmability is a degree of neutrality or the extent to which the respondents shape the findings of a study and not researcher bias, motivation, or interest (Lincoln & Guba, 1985). Audit trails, triangulation, and reflexivity established confirmability in this study. A detailed audit trail was created that could be reviewed (Silver & Lewins, 2014), starting with creating memos outlining my thought processes. These memos allowed me to retrace my thought processes throughout the research project to show how I arrived at the findings (Creswell & Poth, 2018). By practicing reflexivity, I strove to be continuously aware of my biases (Lincoln & Guba, 1985; Patton, 2015). My background was evident (Creswell & Poth, 2018), and my thoughts were bracketed (Moustakas, 1994). I accomplished bracketing by drafting memos throughout the research process and keeping a journal of my thoughts. This process was important because although I have experienced this phenomenon, I needed to view my participants' experiences with a fresh perspective. While as a clinic faculty member and former supervisor of clinic faculty members, I perceived a need for formal training in teaching delivered in a format congruent with adult learners. My participants may not have held the same feelings when entering teaching roles.

Ethical Considerations

Possible ethical issues must be examined during the planning, designing, and implementation of a qualitative study (Creswell & Poth, 2018). I sought approval from Liberty University and Southern University's IRB for this research project. Ethical considerations included a written informed consent letter to participants which was reviewed and approved by the IRB committees for both universities prior to its use. The informed consent specifically outlined provisions for respect for persons, concern for welfare, and justice by clearly stating the

right to withdraw from the study and what the study entails in relation to the participants and the site. The written consent form included consideration of possible risks and benefits to the participants along with mitigation factors such as steps for maintaining participants' privacy and the data collection site. References to participants, the university, and the data collected were described using pseudonyms. Physical data collected was stored in a locked file cabinet, and electronic files were stored using a password file on my password-protected computer. The data from this study will be destroyed three years after the study's completion.

Summary

Transcendental phenomenology as a research design was most appropriate for this study due to the need to understand the meaning of the experiences (Creswell & Poth, 2018; Moustakas, 1994) of dental healthcare workers who become clinical instructors without formal teacher training. This chapter described the detailed methods that were used for this research study. The topics within this chapter included: the research design and questions, setting and participants, researcher positionality, procedures, data collection, and synthesis plans. This chapter concluded with a discussion of the trustworthiness of the research study. While this topic is personal for me since I have experienced this phenomenon as a dental hygienist turned clinical instructor, I worked diligently to bracket my assumptions and beliefs through memoing and reflections to gain participant insight.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this transcendental phenomenology was to explore the experiences of dentists and dental hygienists who have transitioned from clinical practice to the role of clinical instructor at Southern University, a midwestern public university in the United States. The theoretical basis guiding this study was the adult learning theory by Malcolm Knowles (1980). This theory supported connections between the experiences of transition from clinical practice to clinical instruction and training delivery needs by adults with multiple responsibilities.

This chapter included descriptions of each participant using pseudonyms to ensure anonymity. Data collection took approximately one month to complete, and analysis took an additional month to finish. Chapter Four includes the data collected from participants, data analysis, and identification of themes presented within the data. The findings discussed in this chapter include the major themes that emerged to answer the research questions.

The following research questions were answered:

Central Research Question:

What are the experiences of dentists and dental hygienists who have transitioned from clinical practice to the role of clinical instructors?

Sub-Question One:

What forms of education, professional development or support are necessary to help guide the transition from healthcare professional to clinical instructor?

Sub-Question Two:

How can this education, professional development, or support be delivered to clinical instructors in a way that meets their needs as adult learners?

Participants

Participants were recruited via email after receiving permission from the IRB at Liberty University and Southern University. A total of 13 dental hygiene clinical instructors participated in this study. All participants had experience working in clinical practice in the form of dentist, dental assistant, or dental hygienist prior to becoming clinical instructors. The 13 participants included 10 females and 3 males and ranged from 25 to 70 years old at the time of the study. Participants brought a diverse background with 11 dental hygienists, several of whom were also dental assistants, one currently attending dental school, and two dentists. Per Southern University requirements, all 11 dental hygienists had completed a bachelor's level degree at minimum, seven of whom completed a master's degree, and one with a completed doctorate.

There was a range of work responsibilities for the participants included in this study. One participant was a dentist who worked previously as the full-time staff dentist at Southern University after retiring from his practice. He has since retired from Southern University. The second dentist practiced at his office and worked part time at Southern University as an adjunct faculty member. One participant who previously worked as an adjunct faculty member was currently attending dental school. Four participants were full time faculty members and two were previous full time faculty members who currently worked part time as adjunct faculty. Four participants currently worked in clinical practice as dental hygienists along with working part time as adjunct faculty members at Southern University. At the time of this study, nine participants were parents with family obligations that included involvement with their children or grandchildren, and all participants were either working in some capacity, going to school, or tending to family responsibilities.

All 13 clinical instructors participated in the one-on-one interviews to completion and photograph journals. The virtual focus group included 11 participants who also participated in the one-on-one interviews. The one-on-one interviews were conducted using Zoom, and Otter.ai was used for transcription. The photograph journals and focus group were both conducted utilizing the GroupMe application which provided verbatim text to transfer prior to deleting the groups. The 13 participants identified as Caucasian. The sample included 13 participants which was in line with the 10 to 20 range of participants as outlined by (Creswell & Poth, 2018) to meet thematic saturation where the researcher is no longer uncovering new information that adds understanding to the experience of the phenomena. Table 1 presents data related to each of the 13 participants.

Table 1

Clinical Instructor Data

Pseudonym	Position Served At Southern University	Degree Level	Degree or Certification Type	Formal Teacher Training Through a Degree
Henry	Former Full Time Staff Dentist	Doctorate	Business Degree DDS	No
Michele	Clinical Instructor (Full Time Faculty)	Master's	CDA EFDA LDH Instructional Design	Yes
Bailey	Clinical Instructor (Former Adjunct Faculty)	Master's	CDA EFDA LDH Public Health	No
Andrea	Clinical Instructor (Past Full Time Faculty, Current Adjunct Faculty)	Master's	CDA EFDA LDH Health Administration	No
Laney	Clinical Instructor (Full Time Faculty)	Master's	CDA LDH Health Administration	No
Sarah	Clinical Instructor (Full Time Faculty)	Doctorate	CDA EFDA LDH Education	Yes
Luke	Former Adjunct Faculty	Doctorate	DDS	No
Mary	Clinical Instructor (Full Time Faculty)	Master's	CDA EFDA LDH Health Administration	Yes
Katie	Clinical Instructor (Adjunct Faculty)	Bachelor's	Dental Hygienist	No
Brittany	Clinical Instructor (Full Time Faculty)	Master's	CDA EFDA LDH Health Administration	No
Zach	Clinical Instructor (Former Adjunct Faculty)	Bachelor's	CDA LDH Attending Dental School	No
Jodi	Clinical Instructor (Former Adjunct Faculty)	Bachelor's	CDA LDH	No
Kristine	Clinical Instructor (Former Full Time Faculty, Currently Adjunct Faculty)	Master's	CDA EFDA LDH Master's Education	Yes

Henry

Henry was a retired dentist who originally completed a business degree and decided to return to dental school as a nontraditional student. Upon retiring, he owned a local private practice, sold his business, and worked as the full-time staff dentist at SU. Before working full-time at SU, Henry had worked as an adjunct faculty member, and he recently retired from this position upon reaching age 65. Henry has filled in on an as-needed basis in the dental clinic but now travels, helps with his grandchildren, maintains his home and property, and is an active member of his church.

Although he did not have formal training in education, Henry felt like his years of clinical experience helped to ease his transition to academia. His transition to academia included "working within existing systems" and protocols versus what he was used to in his private practice. He described having the willingness to learn existing systems, work within those systems, and then eventually contributing to them. Henry explained that it could be difficult to change systems in the academic setting because of how much collaboration must take place. He placed an emphasis on having the right attitude and collaborating with multiple types of personalities within the academic setting.

A key teaching strategy for Henry was modeling communication, especially with dental patients, and using grace as an instructor. He shared his experiences with patients and taught with compassion through an understanding that students will make mistakes as he guided them to accept the errors and "do better next time." Henry shared that he "really enjoyed" working in the educational setting and had "fun" working with students. He wanted to give back and share with future practitioners, and teaching provided an avenue to fulfill that desire.

Michele

Michele had 30 years of dental experience and earned a master's degree in instructional design. While working as a dental assistant, a mentor in that practice encouraged her to go back to school. After working as a dental hygienist in clinical practice for 17 years, Michele realized that due to health and longevity, she needed a change from working as a dental hygienist in private practice. Through word of mouth, she obtained a full-time job teaching at a different university within the Midwest. She brought innovation into the classroom and won teaching awards during that time. She transferred to SU and became a full-time faculty member. She expressed that it was challenging to switch schools because philosophies and instrumentation were different at the two universities. Michele also expressed frustration over the course perception surveys that took place at SU and how decisions for promotion and tenure were based primarily on these surveys rather than the teaching that took place.

Michele described having a passion for teaching certain courses and placed importance on socialization and communication between faculty members. Michele felt that a "clear discussion" of what or how teaching occurs at SU would be beneficial, especially for those who were trained elsewhere. Her training received for education included a master's degree as well as self-initiated learning in the form of attending classes about clinical teaching and methodology. She liked the idea of a mentorship program for new faculty members and a lighter student load in the clinic at first. She placed an emphasis on calibration between faculty especially with understanding curriculum within different courses. Michele also believes in the importance of all staff attending faculty meetings so that dialogue can occur for the group. She said that the weekly calibration videos have been helpful. While socialization is important to her, at this point in her life Michele

prefers professional development and training to be delivered via a webinar format whether live or recorded.

Preferred teaching strategies included asking questions, using humor, a variety of approaches depending on student needs, and discussing positive aspects of the appointment. In particular, Michele utilized a "tell-show-do" approach when working with students in the dental clinic. She expressed more personal comfort working with senior students in the clinic who do have a knowledge foundation and can be more receptive to practical or real-world tips rather than junior students. These students must use the basics and foundations when starting out. Michele felt that more clinical experiences were imperative for clinical instructors. Her daily life included working at SU within the classroom as well as the clinic. In addition to teaching, her job included preparation of content prior to class sessions. Along with work responsibilities, she is a member of professional organizations and has household responsibilities.

Bailey

Bailey began teaching as an adjunct faculty member at SU one year after graduating with a bachelor's degree from dental hygiene school. She also completed a master's degree in public health. Bailey had a busy personal life with household responsibilities, work, and family. She attended her children's extracurricular activities, prepared food for her family, and met her family's medical needs such as going to allergy shot appointments. She was busy but enjoyed learning at work and felt grateful for her family, which included relaxing and playing games.

She explained that she felt confident in her clinical skills and took it upon herself to study textbooks to be prepared to teach students. She stated that she did not receive formal education or training in teaching and does "not remember being trained" prior to becoming a clinical instructor which led to feeling "very uneducated on how to be an instructor." This transition felt

"really hard" because "you're just thrown in." Specific challenges faced as an instructor included grading and filling out paperwork in particular and communication with students who are struggling. She wondered specifically, "how to tell students they are not doing well." Bailey took it upon herself to ask questions and make her own notes. She explained that she felt "spot on about teaching instrumentation and clinical skills" but did not feel competent in other areas such as grading and had to ask for guidance. Bailey felt like she "barely got through" the first year and that it took a good three years to feel competent as an instructor.

As an instructor, she stated that her "perio class" was an influence for her and that she worked to put herself in her students' position. She educated students on how she "applied knowledge from class in clinic," and based much of her teaching on what she learned in school. Teaching strategies included using real life examples, efficiency, and communication with dentists. She encouraged students and liked to sit down with them and help one on one. She placed value on spending time with students.

Bailey stressed the importance of clear role expectations and suggested shadowing different types of clinical experiences. She felt that clinical instructors should have a list of what they should know before entering the clinic. She also emphasized the importance of faculty communication about student issues and calibration. She appreciated the calibration videos but wanted to see some form of two-sided communication. Her preferred professional development or training method was in person, although she felt that it was "not reasonable." She placed a preference for one-on-one training. Motivation to attend training included being paid for attending or receiving CE credits.

Andrea

Andrea completed a master's in health administration and worked in clinical practice, where she felt the dentist she worked for helped mentor her dental knowledge. She was interested in teaching and became an adjunct faculty member during night clinic sessions and eventually became a full-time faculty member. She worked in this position for nine years before retiring and working part-time at SU. Some of her career moves and changes were related to her family's and young children's needs at the time. Throughout her career, she had balanced work along with trying to focus on her children when they were younger. At the time of this study, she had work responsibilities at SU and her family business, taking care of her household and exercising.

Andrea did not receive formal instruction training but took some speech courses as part of her degree. She could ask questions upon becoming a clinical instructor but did not have a formal mentor. Influences on her teaching style included professors who would take the time to show her instrumentation skills and a dentist she worked for upon graduation.

She explained there was a difference in private practice, where she was practical and used tips and tricks, versus academia, where teaching needed to be the "gold standard." As a part of her transition, she felt comfortable talking in front of a classroom. The challenges faced as a clinical instructor included a lack of calibration, student stress, and difficult conversations. It was a challenge at times to provide constructive criticism to students. While she was just trying to teach them and help them, it could be difficult to have certain conversations. Challenges as an adjunct faculty member included working night shifts where she was not present for the discussion during meetings. There were often changing policies that would occur, and she was not always aware of the discussion that took place to reach certain conclusions. She expressed

stress over the additional requirements, such as the amount of time involved in extra portions of the full-time role, including research, service, portfolios, and advising rather than teaching. The additional responsibilities added to the stress of the job to where she eventually felt it was time to step away and work on a part-time basis as adjunct faculty. She felt as if she was being "pulled in so many directions all the time" and would "rather focus on teaching and education."

Andrea felt that there should be some type of formal training prior to becoming a clinical instructor such as a half day or a whole day spent before the semester starts. She believed it would be important for the participants to be paid during this time. Ongoing training and meetings could be recorded so that faculty can listen to them "whenever they want" to "stay on the same page."

Laney

Laney graduated from dental hygiene school at SU and completed a master's degree in health administration. She worked in clinical practice before becoming an adjunct faculty member. She then became a full-time faculty member at SU and subbed as a dental hygienist in local offices when time allowed. Laney's daily life commitments included work, meetings, grading, household responsibilities, service, errands, and socialization with friends.

While she did not receive formal training to become a teacher, her clinical experiences aided in her ability to teach instrumentation to students. She felt there was "slim to none" training received from SU upon becoming a clinical instructor. She described learning on the job when becoming an adjunct faculty member and that much of her training since was self-initiated through study and choosing to take relevant CE courses. She appreciated the curriculum, binders, and directions received upon accepting her full-time position and felt those made a "big difference" in entering that position. Challenges faced within the clinical instructor role included:

- Grading.
- Being unsure of what to do.
- Wanting to spend enough time to help guide students.
- Learning changes within policies that were different from when she attended school.

She also described discomfort when engaging in difficult conversations with students to provide constructive criticism or a needs improvement mark when a student responds by crying. She felt her transition was "difficult" and she described feeling unprepared. She described taking on a full-time position as being more than what she expected and that she works additional hours now because of it.

Laney developed teaching strategies during her time as a clinical instructor that included setting clear expectations from the beginning, demonstration, and modeling. Influences on her teaching style were instructors that she had as a student where she either learned well from them or did not. She believed that training should occur as a part of becoming a clinical instructor and that training should include shadowing before starting a clinic session. Laney suggested a checklist for grading, creating a frequently asked questions document, a recording related to the computer system, and resources available to instructors to view as needed, similar to Blackboard. In addition, she felt that relevant CEs would also be an important training option. While Laney preferred in-person training, she stated that Zoom was the most feasible for faculty members.

Sarah

Sarah graduated from dental hygiene school and then completed a bachelor's degree at SU. The bachelor's degree at the time included student teaching in the dental clinic as well as the classroom with dental hygiene students. She then completed a master's and eventually a doctorate, both of which were in education. Sarah is a busy mom who works and takes her

children to their extracurricular activities after work and on the weekend. These activities include many out-of-town events. She attends meetings, takes care of her household, and attends to the medical appointments of her family. Sarah stated that hours at her previous teaching job were challenging with a family but was motivated by her current job because of some of the flexibility that she gets. She described tradeoffs with her job because despite the hours worked, she "didn't dread going to work every day" and "loved it."

Sarah felt the student teaching experience helped with her confidence as a clinical instructor and that her master's and doctorate helped prepare her for teaching in the classroom. She worked as a dental hygienist in clinical practice for five years in various settings before becoming an adjunct clinical instructor at a community college in the western region of the United States. She eventually became a full-time faculty member there before relocating to the Midwest. After relocating with her family, Sarah worked part-time as an adjunct faculty member during night clinic sessions and eventually became a full-time faculty member at SU.

Sarah felt that her transition from clinical practice to clinical instruction was easier because of her educational background. She did not feel it was a challenging transition because she had already had guidance through her student teaching as a part of her bachelor's degree. She also felt comfortable communicating in front of a classroom. The challenges Sarah faced as a part of transitioning to academia included less pay and a feeling of faculty being disconnected and having low morale. Her teaching hours at her previous community college were at the mercy of when the program could rent space in the local dental clinic. Additional challenges included having a small age gap between her and her students when she first started and having difficult conversations with students. Sarah stated she did not know how to convey that students were not passing and did not feel comfortable giving NIs at first. University requirements such as course

perception surveys were also a source of concern. She explained that they "hang over everyone's head" and can hurt "even seasoned instructors." Her previous community college did provide calibration on teaching prior to the start of the semester, and there was an instance where they brought professionals to the staff to help guide calibrating topics such as instrumentation. Sarah does not describe receiving training from SU upon hire but took CE courses independently as needed.

Sarah's teaching style was influenced by her instructors while in school. She had specific instructors who would sit with her and demonstrate instrumentation. She was "lucky" because she had good clinical instructors who she learned to "mimic." Her main teaching strategy was to spend time with students and sit with them individually. She watched them first to understand what they were doing and then demonstrated and guided them through specific skills.

Sarah described many logistics issues for training clinical instructors at SU. There were issues with not getting paid, an inability to find times when staff was available, and a lack of attendance at previous events. Sarah felt that training was important, especially in the form of a calibration session prior to the start of the semester. She thought calibration was necessary to help get staff on the same page and to help those from different schools. Sarah stated she "would have loved some training or guidance" about difficult conversations with students. In addition to ongoing training in the form of teaching methodology, Sarah emphasized camaraderie between staff members to help boost morale. Her preference for delivery of training or content was in person during lunch or on a Friday before school starts. However, online and asynchronous delivery were probably the most practical for people and their current life situations.

Luke

Luke's educational background included graduating from dental school in 2017. Upon graduation, he chose to remain in the teaching environment a bit longer by completing a residency program at his university. He then entered into a general practice that included hospitalized dentistry and caring for people with special needs before moving to the local area and entering into a partnership at a local general dentistry office. At this time, Luke became an adjunct faculty member at SU in the role of dentist during night clinic sessions. Daily life commitments included religion, work, and family obligations.

Luke did not have formal training in teaching and was unsure of his responsibilities upon entering into the teaching role. He eventually learned responsibilities through the help and guidance of coworkers. One of Luke's biggest challenges was "learning the grading aspect." He also described difficulty in giving students bad news and felt it was challenging to fail students and did not know how to do that. Luke described his training as "learning on the fly" while in the clinic. His teaching strategies included tell, show, and do, redirection if needed, and discussion after completing a skill. He learned to let students attempt the skill but to redirect them if necessary. Luke also taught with a caring attitude and used empathy with the students, where he would support them and let them know that it was "okay to make mistakes" and learn from them. Influences in his teaching included instructors he had during school and dental hygiene faculty members at SU.

Luke's suggestions for training included a resource area for faculty members with training videos and calibration for grading. He also felt communication was important, specifically the discussion of student issues. Luke said that lunchtime could be a potential time for training and

maybe nights, but those options are often challenging. He stated that while live training would be nice for communication, on-demand may be more feasible.

Mary

Mary graduated from SU with a degree in dental hygiene and then completed a bachelor's degree at SU, which included student teaching. She also completed a master's degree in health administration. At the time of her graduation, Mary struggled to find a job and worked as a dental hygienist in clinical practice and the registrar's office at SU. She became an adjunct faculty member in the dental clinic at SU, working part-time, eventually leading to a full-time job teaching at SU. Mary prioritized religion and family life and had multiple responsibilities and work. These responsibilities included her household, meetings, appointments, socialization, and her children's extracurricular activities.

While she did have teaching experience as a part of her bachelor's degree, Mary described that she "struggled to stay afloat" and just tried to get everyone done on time in the clinic. Mary described feeling the need to take ownership of her learning with teaching to fill in the gaps of what she did not know. While she did not describe formal training at SU for the clinical instructor role, much of her training was from professional organizations such as the American Dental Education Association (ADEA) and their leadership program. Mary said that she has been able to network and learn from other instructors through her role as an examiner for the Commission on Dental Competency Assessments (CDCA) and that SU does provide orientation through the Center for Excellence in Teaching and Learning (CETL), but it is not program specific.

Challenges faced within her role as a clinical instructor included being close in age to students at first, missing the didactic background, and calibration issues. Mary felt it was

important to remind full-time faculty of the need to be practical in their expectations within the clinic. She described being more "punitive" in her grading with students at first, which evolved over time into working with students and helping them to "connect the dots." She worked to "make herself pause" and share positive aspects of the session with students and constructive criticisms. Challenges with additional training or development included not getting paid for attendance.

Influences on Mary's teaching included her own student experiences and she specifically appreciated the time her instructors spent with her. She felt that some of her instructors did not explain clinical skills and that some did take the time to go over instrumentation issues and show her how to fix them. Her teaching strategies included sitting with students, watching them, and spending time with them. Mary also utilized a sandwich approach where she included positive information, constructive criticism, and ended the conversation with positive information. Mary explained that she "didn't sugarcoat very well" and had someone teach her this approach, including praise and critical evaluation.

Mary described being "humbled" as an instructor and that things must be taught the "right way." She emphasized communication, calibration videos, and sharing appreciation and praise for faculty. Mary suggested training that included communication, information sharing, and a mentorship program. She stated the importance of calibration and support of new faculty members and mentioned the need for an annual evaluation. In addition, Mary felt there was a need for a manual where policies and information is written down and available for faculty reference as needed. She appreciated methodology in the form of readings personally and wondered if lunch could be a time for training. Mary stated the importance of training that is

accessible and felt that the Zoom platform and videos were a way to accomplish that. She felt that a motivator for training would be getting paid for time.

Katie

Katie graduated from the dental hygiene program at SU and completed a bachelor's degree. While she did not have formal training in teaching, she had 17 years of experience working in clinical dental hygiene, which has helped her transition to teaching. Her life commitments included her family, work, household, and staff meetings. Specific family commitments included helping her children when they are sick and helping with homework and medical appointments for herself. She is involved with taking her children to extracurricular activities, including events out of town. In addition to working clinical practice in a local office and part-time as adjunct faculty, she also cleaned as a part-time job.

Katie explained that she was getting "burnout" related to hygiene and felt like she needed a change. She began to work part-time at SU as an adjunct faculty member and "still really really like" teaching. A motivation for her teaching was that it was a "complete 180" from what she had been doing in the office. Katie also thought the doctors she worked for in practice liked for her to be at the university because it provided an avenue to help their office stay current. She stated that she was initially uncomfortable with her transition to teaching and felt it was "rough" until she developed a routine. She described being "thrown in" when beginning teaching and that she had very little training. Katie's knowledge of teaching came through her own trial and error. While she had no formal training, she did feel like coworkers were beneficial and that there were specific people who made her feel comfortable and who she could always go to with questions. She also felt the weekly calibration videos were helpful. Katie had been teaching for several

years during this study and felt more comfortable with equipment malfunctions as they arose within the clinic.

Challenges faced in Katie's role as an instructor included learning the computer system, calibration, and a lack of confidence. She wondered if students were showing a lack of respect by the number of things they questioned and when she heard them refer to faculty by their last names. Katie used her own student experiences to help guide her teaching. Katie's teaching strategies included demonstrating or modeling techniques, sitting with students one-on-one, and sharing tips with them from her own experience.

Katie felt training was necessary before teaching and that she would have liked to go through a week of training prior to starting. She wanted a checklist of what to do and specific training on the computer systems. She liked training videos and felt a clinic simulation would have been appreciated. Katie liked the idea of a pre-recorded training that she could watch at her convenience because in-person training was difficult to attend.

Brittany

Brittany was a dental hygienist who completed a master's degree in health administration. She worked as a full-time faculty member at SU and did not receive formal teacher training prior to starting this position. She began her career as a public health dental hygienist and worked at the county health department. She worked in clinical practice for five years before teaching. Brittany had many life commitments that included family and being a mom, working, and helping other faculty members. She had household and extended family responsibilities and provided service. Religion was a part of her life, and family responsibilities included taking children to their extracurricular activities and medical appointments. She also strived to make time for exercise.

She felt it was a "big transition" to come to SU from clinical practice. It felt like one day she was working clinical and the next day she was not. The abrupt transition from clinical to teaching caused Brittany to feel that she did not know what she was doing and that the lack of training was a disservice. While she did not receive formal training at SU, she stated that other universities have mandatory training and that different types of jobs provide training prior to starting. The training Brittany received was initiated on her own accord in the form of self-study and methodology courses. She also chose to take relevant CE courses and prioritizes using student feedback to guide her teaching.

Brittany felt it was important to have calibration and appreciated the training videos implemented at SU. She also thought showing appreciation for faculty members is an important aspect and enjoys the multitude of backgrounds that adjunct faculty members bring to the SU dental clinic. She felt it was important to understand where students are in their education. She described a challenge she faced upon entering her teaching role as having expectations that were too high for where students were in their education. Brittany explained that she did not have a formal mentor and did not feel she had someone she could go to for help. She thought there should be an importance placed on who is mentoring because she initially worked with a coworker who "spurred my high expectations and poor communication." She felt that calibration and a lack of consistency were issues and wanted help with soft skills. Brittany would like guidance on communication with students and specifically having difficult conversations with students where critical evaluations must occur. Brittany described challenges with being the same age as students when she first started teaching and that she learned through trial and error. She also expressed that focus was placed on course perception scores rather than guiding faculty before issues occurred.

Brittany's teaching strategies changed after she realized where students were in their education and that she needed to adjust her expectations accordingly. She utilizes "teach, see, do" along with watching students and making verbal corrections and demonstrations. She worked to find positive aspects within the clinical session and used a sandwich approach that included any negative feedback within the positive. Brittany gave many specific suggestions for training that included formal mentorship, guidance with soft skills, calibration with assessment, support, and conflict resolution. She explained the importance of a mentor that is full-time or a seasoned faculty member. She also thought training needs to include SU policy, how to grade, and an understanding of assessment. Furthermore, delivery could be online, should occur before faculty begin, and could utilize faculty-created materials.

Zach

Zach graduated from the SU dental hygiene program and completed a bachelor's degree. At the time of this study, he was enrolled and taking dental school classes. Zach started teaching as an adjunct faculty member soon after graduating from SU and taught there part-time until leaving the city to attend dental school. He stated that he has experience working in all aspects of the dental office. Zach's life commitments included attending dental school and studying. He also socialized and had household commitments.

Challenges faced as a part of his transition to teaching specifically included being approximately the same age as the students and having difficult conversations with the students. He mentioned several times that it was difficult to tell someone they were failing or to critique them, especially if they were crying. Other challenges included using the dental software for patient charts and completing paperwork for students related to the clinical session.

Zach did not have formal teacher training, and the training received from SU included being given a book that he did not read prior to starting. He did receive support from faculty while on the job. He explained that most other types of jobs have training prior to starting. However, the dental field, including clinical practice and within the educational setting, only provides training after starting a new job. Dental employees, no matter the setting, are often expected to just start working. Zach did take the initiative to come to the SU dental clinic to shadow without being paid prior to starting his position. Unfortunately, the computer system went down during this session, and he ended up helping in the radiology units out of the kindness of his heart.

Zach felt that he had many good mentors who helped influence how he taught. His teaching strategies were based on the knowledge that the clinic was a learning environment where it was okay to make mistakes and learn from them. He used the "tell, show, do" technique and discussed the session with students. Zach also utilized a sandwich technique that provided positive information and critiques. He felt that specific training should occur in a week or even a day before starting work. He said there should be a mentor for new faculty and that faculty evaluations should occur. Specific training topics should include how to document and fill out grade sheets. Training could also take place in videos, and Zach felt a manual would be beneficial for reference. He preferred in-person training and did not feel that online training was effective for him. He suggested training in the form of a lunch and learn.

Jodi

Jodi was a dental hygienist with a bachelor's degree and worked full-time at a local dental office. She began her career working as a dental assistant and filling in as a hygienist on an as needed basis at area dental offices. She then began working as a dental hygienist at an office on a

part-time basis, and it was during this time she began working part-time as an adjunct faculty member at SU. She was an adjunct faculty member for nine years before accepting a full-time job at her current office. She made this decision after COVID-19 as a single parent of her children to help decrease her drive between work and home. Jodi was a busy single parent who worked full-time and had responsibilities on her family farm. Religion was a part of her life, along with household responsibilities and other maintenance responsibilities. She paid bills, ran errands, took care of vehicle maintenance, and took her children to medical appointments. She cooked for her family, took her children to extracurricular activities, and hosted social events in her home for her children and their friends. She described her transition to academia as a struggle and explained there were differences between private practice and teaching. The dental office was faster-paced and required less documentation. She stressed the importance of putting on her "education hat" to be in school mode rather than private practice at SU, where there is a need to start with the basics.

Jodi felt that her training at SU was very informal and that she was "thrown in" and had to learn on the job. She attended some summer teaching methodology courses offered by faculty members without being paid. Jodi faced challenges during her transition, "mothering" students versus talking to them as adults. She described calibration issues because of the multitude of faculty schedules and difficulties when two new faculty members were working sessions together. Jodi's training was self-directed, and much occurred through the ADHA professional organization. Jodi explained that she was interested in methodology and improving her teaching, so she took those courses at an annual conference. She also felt it was interesting to learn what other universities were doing. Jodi learned through trial and error and felt more competent as a clinical instructor the longer she taught.

Jodi's influences included mentors willing to support her and working with seasoned faculty members who could help guide her. She said she "got lucky" because she was paired with seasoned faculty members. She emphasized starting with the basics and foundations with junior dental hygiene students. She felt it was imperative to understand and teach the basics before moving on to teaching real life tips or tricks. Jodi explained that instructors cannot be motivated by money and must "want it" to be a good instructor. She felt they needed to be committed and take the initiative to learn. Jodi's teaching strategies included balancing "guiding them and treating them like adults," and she emphasized communication. She used the "tell, show, do" approach and has worked to let students answer their questions. She felt that guiding and letting them answer rather than provide answers helps foster interest. She demonstrated skills, took the time to watch students, and used different approaches based on students' needs. Although Jodi utilized different approaches to teaching students, she stated that she based them on the "building blocks" or foundations for learning dental hygiene.

Important aspects of training, according to Jodi, included clear role expectations and responsibilities. She felt that training needed to occur before starting, and the SU dental clinic could benefit from an office manager or more full-time faculty positions within the clinic. She thought mentors were imperative and that they needed to be seasoned faculty. She also emphasized understanding theory and the basics before teaching students. Delivery could be in the form of training videos that included skills and role expectations and the training needed to occur prior to starting. Jodi's preference for training was in person, but she felt that Zoom was more feasible for faculty members.

Kristine

While working, Kristine became a dental hygienist and had two young children. She received a bachelor's degree and later a master's in education. She worked as a clinical dental hygienist until she began to question doing the same thing every day and thought, "this is it?" She reached out about teaching and eventually began teaching full-time at SU. She had no formal training in how to be a teacher at the time and eventually chose to complete a master's degree that was education-based, but for the k-12 age range. She wanted some background in teaching, and that was what was offered by the university. Kristine had been married for 48 years and had children and grandchildren. She worked part-time at the SU dental clinic and had household and family responsibilities. Service and religion were a part of her life, along with self-care, exercise, socialization, and attending to medical needs. She ran errands for her family and also took time to relax.

Kristine did not have expectations for her transition from clinical practice to full-time teaching but did feel secure in her clinical skills after approximately 25 years of working as a dental hygienist. She felt "lacking" because of having no teacher training and felt that when she started there was a "sink or swim" mentality. She also explained that just because you can do something such as perform dental hygiene treatment "does not mean you can teach it." Challenges Kristine faced upon entering her full-time teaching position included the technology and not receiving teaching materials. Her "biggest challenge" was the curriculum and knowing how to write objectives. Although she was supposed to be a content expert in what she was teaching, she felt she had to take the initiative to study on her own to learn her material. She felt there was no teacher preparation and that she was constantly being critiqued. In addition, there were politics within the position required by the university that was not in line with her personal

goals. She eventually felt that she was no longer enjoying the position and left to help care for her grandchildren. Kristine explained she felt like her family was where she was supposed to be at that time in her life, and now that her grandchildren are older, she has since returned to working as an adjunct faculty member in the SU dental clinic. Due to having two different experiences working at SU with several years between the two, she had the perspective of working at SU within two different timeframes and with varying faculty members.

Kristine explained that she received no training during her initial time at SU other than university provided training that was not specific to clinical teaching or the dental hygiene program. She relied on coworkers from other programs that were hired simultaneously to learn about teaching. She recalled being provided with a book and having to rely on self-study. Kristine described her motivators for self-study as knowing that it was "up to her to learn," the "joy of teaching," and a desire for self-improvement to help the students. In addition to self-study, her work as an examiner for the CDCA helped her network and learned from faculty at other universities. Kristine also explained that her employment was different the second time. She returned to SU in approximately 2021 and felt the notebook provided and curriculum steps and procedures for junior clinic were "a real service to anybody who comes in as clinical faculty." She felt it was "wonderful to be able to have something I can hold and use the same verbiage for students."

Kristine felt it was important to be a member of the professional organization and had a love for the profession that she brought to her students. She thought sharing information was a great service and appreciated that someone had realized a "void" and was taking action to rectify it. She appreciated the videos created for the junior clinic to help calibrate students and faculty. Kristine explained that she tailors her teaching styles to meet the needs of students. Her teaching

strategies stem from her clinical experience, where she could share her experiences, including what she had done wrong. She likes to mentor students and make sure to spend the time with them that they need.

Kristine believed that an orientation prior to starting "would have been nice to have." She emphasized communication and sharing and appreciated having documents and videos to refer to. She stated, "I love love love the YouTube videos and organized curriculum document" for the junior clinic and stated the importance of being willing to change for program growth. She was a visual learner and appreciated learning by watching.

Results

The information gathered from data collection and analysis was used to answer the guiding research questions for this study. The data were categorized by similar groupings and codes derived from the one-on-one interviews, photograph journals, and the focus group, which then presented five major themes. The themes were life responsibilities, challenges faced, training received, training needed, and training delivery preferences. The following information outlines the thematic findings, including subthemes and supporting ideas and phrases gathered from the data collected. Table 2 shows the themes and sub-themes that emerged during data analysis.

Table 2

Themes and Sub-Themes

Primary Themes	Sub-Themes	Codes
Life Responsibilities	Family	Medical Appointments
		Extracurricular Activities (children)
		Family Time
		Helping with Homework
	Household	Errands

		Cooking
		Cleaning
	Employment	Clinical Instructor
		Miscellaneous Part-time Jobs
		Clinical Practice
	Self	Relaxation
		Exercise
		Socialization
		Religion
Challenges Faced	Communication	Calibration/Consistency
		Difficult Conversations
		Minimal Age Gap
	Lack of Training	Grading
		Emotional Stress
		Technology/Computer
	University/Policies	Course Perception Surveys
		Logistics
		Pay
Training Received	Training Received (SU Provided)	On the Job
		University Level
		None/Very Little
		Coworker Guidance
		Shadowing
		Summer Teaching Methodology
		Junior Clinic Curriculum (2021-Present)
	Training Received (Self-Initiated)	Professional Development
		Degrees
		Sought Guidance/Asked Questions
		Self-Study
		Professional Organizations
		Trial & Error
		CDCA Examiner Role
		Utilization of Student Feedback
		Shadowing
Training Needed	Training Resources	Clear Job Expectations/Protocols
		Course/Videos
		Handbook/Manual
	Training Methods	Hands-On
		Shadowing

		Mentorship
		Orientation
		Networking
		Faculty Discussion
		Calibration/Consistency
		Grading
		Teacher Training
		Computer Training
		Communication
Training Delivery Preferences	In-Person / Live	Group Training
		Shadowing
		Timing
	Distance	Zoom
	Asynchronous	Recording/On Demand
		Reading Material
		Handbook Provided in Advance
	Motivation	Personal Desire
		Being Paid
		CE Credits
		Free Stuff/Food

Life Responsibilities

The clinical instructors who participated in this study were all adults aged approximately 25 to 70 years old. Their role as clinical instructor at SU is one of the many life responsibilities they attend to during a given week. When asked about their daily life roles and commitments, the participants described multiple activities encompassing their daily lives, and these responsibilities are listed below.

Family

Most participants in this study mentioned family in some form throughout their week. Whether as parents, grandparents, significant others, or other relatives, there were numerous comments throughout the week relating to commitments that had to do with family members. Multiple participants were moms with several children involved in extracurricular activities; they

spent their evenings and weekends attending with their children. Henry included pictures of his siblings when he was a baby and a photo of him and his wife when they were newlyweds. He said:

> Just arrived home from funeral services for the eldest Simpson cousin. He passed suddenly at the age of 72. His younger brother gave me a couple of old pictures. Me holding my baby sister Carol, who is now 52 along with my two brothers. Yes, that's really Donna and I when we were newlyweds. Powerful reminders that our days are numbered and each one is precious. Enjoy your day with those you love.

Bailey included pictures of her family responsibilities throughout the week in her photograph journal. Her first entry included pictures of volleyball and tennis practices for her kids and food in her refrigerator with the caption, "busy with kid's sports, cleaning the house for guests, soup prepping for a cold week, and ending the night with flossing." She had also included a picture of her son that showed her helping to guide flossing his teeth with braces on. An additional day during the week included playing a card game with her son prior to taking him to his scout meeting that evening after work. Bailey included more daily entries about family commitments, which included attending a violin concert and a breakfast she made for her children. She said, "Relaxing after a long day, grateful for family today. Looking forward to a chill weekend."

Sarah included photographs of her daughter at a cheer competition for her first journal entry and said:

> I am spending my day at a competitive cheer showcase. Today starts the beginning of our competition season. Between my three kids, I'm gone virtually every weekend from November – July at their competitions/tournaments (cheer, volleyball, soccer, lacrosse,

> and baseball). Weekends are spent traveling immediately after schoolwork on Friday [sometimes earlier] and getting home close to midnight on Sunday before starting the week over again.

Sarah then shared a picture of her calendar for work and said:

> Although not as busy as in previous weeks, you can see where I have class, meetings, and have also had to block time in my schedule for my kids' commitments as well as my own health. It's a continuous balancing act.

On day 3 of the photograph journal, Sarah showed a picture of her crockpot and said:

> Today is a rare day where I actually had time for lunch, yay! Instead of eating, though, I quickly ran home and put chicken n dumplings in the crockpot so all my people would have a warm meal for dinner in between tonight's activities.

Sarah shared pictures of herself, her husband, and her son at sports banquets honoring her son's accomplishments and said, "While banquets only come one in a season, this is indicative of the time spent almost daily attending something for one of the kids to support their efforts!" Luke included a picture of his computer and said that he was:

> Completing a family project of putting home movies on DVDs and copying the whole album four times for my family for Christmas. Been a yearlong process of gathering and assembling. Getting to an end!

He also took an out-of-town trip to see his family and "to pick up a grandfather clock." Mary included a picture of her daughter playing basketball in her first journal entry and said:

> I made myself breakfast and drank coffee while having conversations with the kids. We went to mass then made a yummy lunch. I helped my college daughter with her speech and painted her a door hanger. I watched Webber's basketball game then took Samantha

> to mass since she was working when we went earlier. After a pizza dinner, we had family prayer time.

Mary also said that she made dinner for her family the following night along with doing laundry. The next night, Mary included, "Tonight I have to run kids around after work and dinner." Additional journal entries included Mary taking her son to the orthodontist. She stated, "Tonight, I will make dinner, attend a meeting for the president's council, watch Lily play basketball, and attend choir practice." Mary's weekend included driving her children where they needed to go. She also watched her daughter's first high school basketball game, with this day ending with family movie night.

Brittany shared a picture of her daughter's dance practice where she was also answering work emails. An additional day during the week included a picture of her vehicle with a caption saying, "Dropping the last kid off at school two minutes late lol now heading to work." Jodi said:

> Monday morning, I get my kids up and ready for school. Then drop them off to my parents' house so they can get on the bus. And then when I get off I will head home to pick up my kids from their grandparents and work on homework and fix dinner. We then have archery practice for my oldest daughter and will pick her friend up as part of the carpool program for practices. When we get back home it will be time to get ready for bed. Somewhere in there, both girls will also practice their piano.

Day three Jodi said, "After work it will be piano lessons, archery meeting, homework, dinner, and with any luck, a few house chores before showers and bedtime. With at least two meltdowns from each kid somewhere along the way for good measure." Jodi also shared that one of her evenings included getting her youngest daughter ready for a sleep study. Jodi and her daughter then spent the night at a sleep center, were released at 5:30 am the following day, and had to go

to work and school. This Friday entry included getting her kids to their sports that evening and having a sleepover with friends at their house. Kristine shared pictures of her grandchildren in her Sunday photograph journal entry and explained that they helped her utilize the GroupMe application for her entries. Kristine also shared a picture of her husband of 48 years at a lunch date they had during the week.

In addition to extracurricular activities, two participants shared they had sick children at some point during the photograph journal week, which led them to take their children to medical appointments for care. Katie included a picture of her son with a thermometer in his mouth because he was sick and a picture of her toddler lying on the floor smiling who was not sick. She described trying to keep the healthy toddler occupied while also caring for her sick son. The following day, Katie worked in the SU clinic and helped her son with homework that evening because he had to make up what he had missed since he was not at school that day. On the third day of the photograph journal, Katie included a picture of her son's textbooks along with a picture of her daughter painting. She said, "The joys of having a kid stay home sick. Sam spent half the day home alone because I had to work. Luckily my afternoon was moved. I also had an appointment with my surgeon!" Katie's caption for the picture of her daughter said, "trying to keep Allie occupied while Sam and I do homework." Katie shared a picture of herself and Sam on day four and said:

> It has been a crazy week so far! Sam is finally feeling better, and we've been scrambling to get as caught up on homework as possible! It is so stressful working all day and then coming home to deal with home chaos. Why can't we just win the lottery??

Katie shared a picture of Allie's teeth later in the week and said, "dealing with a daughter who had an accident at school yesterday, having my legs and back tempered to reduce pain."

Finally, Katie shared a picture of her son playing hockey and said, "Hockey weekend in St. Louis!" Brittany shared a picture of herself grading documents in the SU clinic and then of herself driving her daughter to an Urgent Care. She included the caption, "Pain management lab in the morning. Very thankful it wasn't a late day because very sure youngest kid has strep or some sort of throat infection" and "on our way to Urgent Care."

Household

Household activities were included in the participants' daily lives, with time spent cleaning the house, cooking meals, watering plants, and working on getting internet service. Changing seasonal decorations and doing laundry were also listed as tasks, with pictures of Christmas and Thanksgiving decorations and pictures of laundry shared. Henry included a picture in his photograph journal of one of his pet cats and his yard and areas being dug to get internet cables at his house. He said, "Now for Monday. I am not in clinic anymore but my duties start early. Feeding of the pets is first thing for me." His caption of the picture in his yard said, "Finally getting high speed Internet. No more heading to church to Zoom." Michele included a picture of the Christmas tree her husband put up early this year. She said:

> I asked Michael why he was so insistent that we put the Christmas decorations so early this year. He said because of all the sadness out there that we can't control. In our house, though it can be joyful, great to come home to after a long day teaching!

Bailey included meal prepping and cleaning her house as responsibilities for Sundays in her photograph journal. Her pictures included food and a vacuum. Bailey also shared a picture of a breakfast she made for her family. Laney's first entry in her photograph journal said, "This Sunday was full of cleaning house, catching up with grading papers, and helping my friend with her son's birthday party." Laney's weekend included the caption, "Always looking and sharing a

good deal lol. Friends' kiddos bday party, grocery shopping, processing a deer, and enjoying time with friends," with a picture of snow crab on sale at the grocery.

Mary shared pictures of meals she cooked for her family and said, "After work I made dinner for my family, did laundry, and finished odds and ends around the home." Mary's weekend included cleaning. She said, "I cleaned the kitchen for 2 hours." Katie included a picture of a Christmas tree in her photograph journal and said, "slowly starting to get Christmas out!" She also said, "Laundry. Laundry. Laundry." She included a picture of herself with the laundry in front of her dryer. Brittany included a picture of her dining room with the caption, "huge mess by our newly adopted dog first thing this morning." An additional day during the week included Brittany shopping and picking up her other dog from the groomer. Zach included a journal entry that said, "Spent today watering plants and reading a book." Kristine shared a picture of her Thanksgiving and fall decorations and noted that it was time to take them down and prepare for Christmas.

Jodi's initial journal entry included doing laundry, and the following day expressed "hope to do a few household chores if time allows" in between work and her children's extracurricular activities. Jodi shared a picture of her vehicle tire and explained that as a single parent, she was in charge of maintenance for her household, which included adding air to her tires. Jodi said, "Averaging 10 patients again. After work, it will be piano lessons, archery meeting, homework, dinner and with any luck a few house chores before showers and bedtime." Jodi also shared her calendar and said:

> I am using the day to write out bills, balance my checkbook, update the family calendar app I just implemented so that my ex-husband, oldest daughter, and mom can see all the activities with me only having to fill out one calendar. Then I am off to Sam's and to do

> some Christmas shopping for my kids, as that seems to get harder and harder to squeeze in when they aren't looking. Then it will be home to try and clean and pick up my house some as in its current state there is no hope for Christmas decorating next week.

Jodi included a picture of beef cows and noted:

> My family has a small beef farm and while my brother and dad do the heavy lifting, I am the backup when everyone is out of town. The show cows get fed two times daily and the horses. We work with them as much as possible and between all the kids' other activities.

Jodi also said, "With any luck some household chores will get done along the way." Jodi cooked breakfast for the girls that spent the night with her daughter at her house one evening during the week and then said, "I wish I had the energy to clean something."

Work

Work commitments were shared in picture form with pictures ranging from working with clinical instructors at the SU dental clinic to pictures of the participants and coworkers from their clinical practices. Work commitments for some were displayed through sharing digital calendars that include their daily obligations, meetings, working to check content before teaching, and pictures of teaching students various topics in the classroom.

Michele included five separate entries in her photograph journal related to working at SU. She was a full-time faculty member at SU and included pictures working in the dental clinic with additional faculty members, pictures of students in her classroom, and pictures of textbooks she was using to prepare for her upcoming classes. Captions included "Active learning today about challenges faced by geriatric patients," "Lovin' my coworkers," and "Typical day making sure all content is current before presenting next week's topic on fluorides! Learning never stops, does it?" Bailey included several journal entries related to work. She shared a picture of a surgical tray

on the Monday of the journal week and said, "Work was eventful and busy today." The following day, Baily included the caption:

> Busy today at work. I felt I learned so much about my patients today. One patient had MS and was more than willing to discuss her past symptoms, experiences, and feelings with me. I felt so blessed to have learned so much from her in such a short period of time. Another patient of mine had a nasopalatine duct cyst for which I have only read about and never seen.

Andrea shared that she spent a day working for her family business and also took a picture of herself after working her clinic shift at SU.

Laney was a full-time faculty member at SU, and many of her journal entries included work-related commitments. She shared a picture of her computer and said, "Today consisted of teaching the junior class about stain, talking to a potential new student, and answering a lot of emails, and grading papers." Laney uploaded a picture of her to-do list and noted, "Working through my to do list today at work and continuing at home tonight." Laney also shared a picture of herself in the dental clinic at SU with an adjunct faculty member. Sarah's work calendar photograph showed where she taught classes and had weekly meetings. One of Sarah's entries included a picture of grade sheets and the caption stated:

> I'm using the afternoon to input student clinic grade sheets for the week. I spend approximately four hours each week inputting these into student requirement summaries so that students know exactly where they stand as far as clinic requirement completion at the end of each week.

Sarah's final post included a picture of the SU basketball team, and the caption read, "It's the weekend!! Tonight, we brought the family to the SU men's game to support our team. I'm

trying to make regular appearances as the new Faculty Athletics Representative." Luke shared several pictures of his dental office, where he works alongside another dentist. He included pictures of his boss and additional employees within the office and meals they had throughout the week. Mary worked in private practice one day a week and then as a full-time faculty member at SU the rest of the week. She shared a picture of herself in scrubs in the dental office for her first journal entry and then said the following in her second entry:

> I spent my workday in my office and the classroom. I caught up on emails, met with two individuals, and posted lectures. I had three hours of class time with seniors. Tonight, I have to run kids around after work and make dinner.

Additional entries related to her work responsibilities included having meetings and working at the SU night clinic. Mary included a picture of herself with students in the dental clinic and said, "This morning I watched students give injections in lab, helped with a PAN problem, posted several upcoming lectures, and graded an exam." Katie said, "Happy Monday!!! Working 8-5 at SU" and included a picture of the SU dental clinic. Katie's week included attending a staff meeting at the office where she works in clinical practice. Brittany included a picture of her computer and herself grading student submissions with many captions related to work activities throughout the week of her photograph journal. She wrote, "sending emails/links to free CE to newer faculty," "multi-tasking during a staff meeting that is also held during my lunch hour," and "answering work related emails on my phone during practice."

While not at work, Zach was attending dental school, much of his commitments were related to that. He said, "Had a composite lab competency exam today! Hope it went well!" Zach also included a caption, "Thursdays I have lectures all day 8-5." Jodi worked in clinical practice

five days a week, and many of her journal entries included captions and pictures related to this. Jodi shared a picture of her dental office sterilization room and said:

> When I get to the office at 6:30 am, I set up the sterilization area for the week filling autoclaves to run and setting up the ultrasonic. Then open my op. I see patients from 7:00 am to 4:30 pm with an hour lunch. I see an average of 10 patients a day.

Kristine shared pictures of working in the dental clinic at SU with other faculty members and said, "Monday night faculty hard at work!" Kristine shared a picture with an additional faculty member and stated, "Another great afternoon in pre-clinic!"

Self

In addition to required weekly obligations and responsibilities, participants also shared pictures of activities that created a sub-theme labeled Self. These activities included religion, exercising, going to the chiropractor, doing yoga, relaxation, and socialization. Participants shared pictures of completing a puzzle, playing games with family, and exercising. Some participants talked about going out to eat with a family member, and another shared that they had a family movie night.

Religion, in some form, was a part of the lives of many participants, as evidenced through their daily photograph journals. Henry shared a picture of his church bulletin with the following caption, "My photo for Sunday is our church bulletin, as this is the center of my Sundays." Luke's first entry into his photograph journal included a picture of his living room with this description, "I typically read for my Bible study that is later this week during this time." Mary included many commitments within her photograph journal entries related to religion. Her first entry said, "I prayed the rosary on my rosary app before everyone else got up," "went to mass," and concluded with "family prayer time" after dinner. Mary's second entry included a rosary

picture and that she "prayed the divine mercy chaplet before work." Day four for Mary included praying the rosary before recording a lecture and attending class with a picture of her class of dental hygiene students. Mary's Saturday activities included attending her first group meeting with fellow women who have completed a Cursillo and then church later that evening. Mary shared a picture of the women who participated in the group meeting.

Jodi's first entry into her photograph journal included a picture of a Bible and a religion-themed workbook for children. Jodi's caption for this picture was, "On Sundays, I teach Sunday school at my church for K-5th grade kids. We normally have a lesson and craft or play time." Kristine's initial entry for her photograph journal included a picture of herself working in her church cafeteria with her family members. Brittany included a picture of several young girls in the gym at their church where she said, "I organized a painting party from PTO at school Sunday after church."

Commitments or responsibilities related to religion included church services, classes, prayer, adoration, and Bible studies. As a part of religion-type activities, participants also shared some of the services they do for others during their week, such as helping a neighbor, friend, or family member. Photographs shared include pictures of items such as a rosary or church bulletin. Bailey shared a picture with her dog and said, "relaxing after a long day." Andrea shared a picture of herself in her exercise room and stated, "little morning exercise." Laney included a journal entry that noted, "Now home to relax and play nonstop fetch with one of my dogs." Laney also included a picture of a bottle of wine and included the caption, "Went to a wine tasting at varsity and had way too much free wine." An additional caption for Laney during the weekend portion of the week included "enjoying time with friends."

Brittany shared a picture in her photograph journal of her exercise bike and shared, "sneaking in a workout." During his free time, Zach played games with friends, read a book, and completed a 500-piece puzzle. On Thursday during the journal week, Zach said, "Tonight I am going to a social event though!" Kristine included many journal entries throughout the week related specifically to self-care. She included pictures of herself doing yoga and with dental hygiene classmates from the mid-70s. She said, "After yoga class, I headed to the chiropractor…self-care week." Kristine also attended a wellness visit to receive acupuncture. Kristine said, "Another self-care appointment today. Follow up with my optometrist on the cataract surgery I had October 2021." Kristine's weekend journal entry noted, "After a cold and busy Friday, I'm grateful to sit quietly, in a warm home, enjoy the fire in the fireplace and watch Netflix with my husband."

Theme 2: Challenges Faced

Clinical dental professionals face many challenges when transitioning to teaching roles because of a lack of teacher training prior to entering academia (Roman, 2018; Smethers et al., 2018). Although clinical learning is an important aspect of learning for dental hygiene students, those who enter the role of clinical instructor often do so without formal teacher training (Bilszta et al., 2020; Horvath et al., 2019; Phillips et al., 2017; Stewart, 2020; Weston, 2018). Much like literature related to this topic, nine of the 13 participants in this study did not receive formal training related to teaching prior to beginning this role. Of the four participants who received some form of teacher training through a formal degree, two received a degree specifically related to clinical instruction through their requirements of student teaching in the dental clinic at SU. Three of the four who received teacher training chose to pursue graduate degrees related to instruction after being hired as clinical instructors.

Communication

Communication as a challenge was mentioned several times, specifically during the one-on-one interviews. Handling difficult conversations with students was mentioned 20 times among the 13 participants. Bailey wanted to know "how to tell a student they weren't doing well." Andrea described issues when trying to teach students something when they "weren't open to constructive criticism" and "just thought you were being mean." Laney mentioned being uncomfortable when students cry because of receiving constructive criticism or a NI. Sarah felt that what was lacking for her "was how to say things" or "having the guts to tell students when they were wrong." Luke said it was difficult to "give students bad news." Brittany specifically wanted help with soft skills for handling difficult conversations and dealing with student tensions after these tough conversations. Zach mentioned that giving feedback can be "awkward" the first couple of times and that a "critique of someone else can feel like you are degrading them." Zach also mentioned tensions when students cry after being told "their work is not good enough to pass." Four participants mentioned struggles with being close to the students' age when they began their teaching roles.

Calibration and consistency issues were mentioned 13 times within the challenges faced theme. Participants discussed issues when faculty teach things differently, and Katie explained that "it confuses the students." Michele said, "Students don't like it when you're asking them to do things differently than other faculty." Mary also struggled with calibration and consistency issues "when students say she taught me this differently." Mary also felt there were different expectations between full-time faculty who are not practicing clinically and adjunct faculty members. Andrea expressed having issues with calibration and said, "if you are only there as adjunct, it was hard to keep up with those changes." Katie expressed struggles because

"everybody has different opinions" on how to do things. She thought it "confuses the students because they're told one way by one person and another way by another person." Brittany believed there was a "calibration disconnect" and explained she was "completely unaware of what the faculty in theory was saying." Brittany felt the calibration issues were related to a "lack of training" and said, "previously decisions would be made but not communicated to the faculty." Jodi expressed calibration challenges as an adjunct faculty member because of the different shifts that adjunct and full-time faculty members were required to work.

Lack of Training

There were specific areas where a lack of training contributed to challenges faced as a clinical instructor. Bailey felt "very uneducated on how to be an instructor" when she began teaching after working as a dental hygienist. Mary said that didactic teaching was where she "was missing the background." Brittany discussed her lack of teacher training and said, "I didn't really have anybody to talk to or kind of bounce ideas off to educate or help me." Brittany asserted, "The complete lack of mentorship was my real challenge." She explained that "for both classroom and clinic, no one explained to me how to put a class together or how to be a clinical educator." Kristine shared she had "no teacher preparation" and had to "learn just like the students."

Grading was noted by many participants and mentioned 18 different times within the one-on-one interviews. Bailey felt grading was a "big deal" but also said she "struggled the most with grading." Laney explained she struggled initially to give students a "needs improvement" or a NI mark. Laney said she "gave a bunch of second chances" at first rather than marking a NI and explained she did this because she felt pressure related to the number of requirements students needed to pass to complete their courses. Sarah also struggled to give NIs and said the

"biggest thing" for her was learning the grading and wondering how to fail a student. Mary discussed being very punitive in evaluations at first and then later changing to help guide students more. Brittany also shared that her expectations of students were too high when she first began clinical teaching. She felt this was because she did not understand where students were in their education and what should be expected of them. Emotional stress was noted for the students as well as faculty members. Sarah mentioned faculty felt disconnected and had low morale. Mary said she was "overwhelmed" during her first year of teaching, and Katie said that she lacked confidence. Kristine talked about feeling that she was "not good enough" and "always being critiqued."

The computer system was also brought up as an area where lack of training caused challenges for faculty members. Katie said, "you're not training on the computer system" when becoming a clinical instructor and that she was "going off what the student was showing me." Zach described computer systems as being his "biggest hangup most places." Kristine shared that at first, she "wasn't real open to embracing technology" but was able to "learn quickly."

University / Policies

Issues related to the university and policies in place contributed to additional challenges faced. Some participants mentioned course perception surveys from the university as adding to teaching challenges. Sarah said, "Course perception surveys hang over everyone's head, they do hurt, and I don't open them over Christmas." Sarah also explained course perception surveys could "hurt even seasoned instructors" from an emotional standpoint. Brittany explained she would have preferred to have guidance for her teaching prior to having course perception surveys. Brittany felt that training was potentially offered after receiving survey scores rather than before. Michele also discussed course perception surveys and said she did not "think the

student perception surveys are fair." When discussing course perception survey results, Michele said she "can make students like me by lowering the bar." Michele served on a promotion and tenure committee and shared that "promotion meetings are based on the numbers from course perception surveys." She explained the pressure faculty members feel to receive higher scores on these surveys because their jobs depend on it. Michele explained an internal dilemma of keeping her standards higher at the risk of potentially having unhappy students and lower scores on her surveys or changing her expectations of students so that they were happier.

Logistics such as multiple faculty schedules was mentioned often as a challenge related to training, meetings, and calibration. Andrea described being unable to attend faculty meetings as an adjunct faculty member. In relation to knowledge of changing policies or updates, Andrea said, "as adjunct we never went to staff meetings, so we never knew." She continued, "As an adjunct working night, I was not there for staff meetings." Andrea said she would receive an email with updates "but not be a part of the discussion that took place." Sarah discussed issues with faculty meetings because while many participants want the communication and understanding that happens during a meeting, there is "not a day and time where everyone is available."

Another topic regarding meeting and training attendance was pay and the fact that participants were not being paid to attend training activities. Sarah said, "Logistics are an issue, do they get paid? Are we providing food?" Mary explained, "Anything done outside of clinic, you weren't getting paid for." Mary described feeling "a little resentful because I thought, I'm not getting paid anything extra to sit here and go through all of these." Jodi also recalled past training through SU where the coordinator said, "She couldn't pay me for training."

Theme 3: Training Received

The training received section took an interesting turn, as much of it received by clinical instructors was self-initiated. Zach explained that most jobs provide training prior to starting. However, the provision of training before starting a job in the dental field does not occur often, and dental hygienists are expected to arrive and start working. He described that his experience was very similar when starting as a clinical instructor. The training received by clinical practitioners as they transitioned to teaching is further categorized by training provided by SU and training that was initiated by the clinical instructors themselves.

Training Received (SU Provided)

Henry, Bailey, Laney, Luke, and Jodi all said that their training for the clinical instructor role at SU was "on the job." They described learning about policies and how to fulfill their role as a clinical instructor as they were working in this capacity rather than receiving training before teaching. When describing beginning as a clinical instructor, Bailey said, "You're just thrown in. It's really hard." Henry, Andrea, Kristine, and Mary said that university-level training was available but not related to program-specific teaching or clinical instruction. Henry said there was "professional development for faculty at the university," but it was not what he needed to learn for clinical teaching. Kristine also spoke about university-level training and how it was geared towards "IT, writing, basic research, university course development" but that it was not "program specific" and that she received "no preparation" to teach clinical. This university-level training option was only noted by full-time faculty members.

Bailey, Andrea, Laney, Katie, Brittany, Jodi, and Kristine all described their training received by SU as none, minimal, or very. Bailey said she had a coworker who "would show me how to do grading." Laney mentioned an additional "faculty [member] came in for her to shadow

two times." Jodi talked about a previous summer methodology course (without pay). Kristine talked about how she was provided training during this time of employment versus previously. She now has "the entire plan of the day" along "with steps" for the junior clinic. Kristine discussed her first employment as a clinical instructor at SU, where she did not receive guidance or help when teaching clinical sessions. She compared that with working at the SU clinic approximately 10 years later, where a curriculum was provided for each day at the junior clinic. Kristine was very complimentary of having specific steps for each clinic session because she knew the difference in not having that support during her previous employment.

Training Received (Self-Initiated)

Much training occurred because the clinical instructors sought out opportunities for professional development. Michele, Andrea, Mary, Brittany, Jodi, and Kristine attended conferences related to teaching and methodology and Sarah and Michele also received guidance in teaching through their chosen graduate educational degrees. The ADEA and the ADHA were mentioned as professional organizations that provided education related to teaching. Self-study and taking notes were mentioned 14 times during one-on-one interviews. Bailey described her self-study by saying, "I always went back to my book" and "I made notes." Laney described taking "the cheat sheet home." Brittany stated she, "100% took initiative" on her own for "training to be a teacher." She said she had to find what worked for her, including reading articles. Jodi said she had to "do a lot of reading" in preparation for teaching.

Bailey, Andrea, and Jodi all said that they sought the help of others and asked questions. Bailey stated, "I was just started, and I would ask questions." Andrea explained that although she had no formal mentor, she "was able to ask questions." Jodi recalled asking others for guidance and said, "I seek out people during the day to exchange ideas" and it "works better in person."

Michele said that she had a mentor at a previous school. Andrea, Laney, Mary, and Brittany have taken relevant continuing education (CE) courses to receive teacher training content. Bailey took "CEs to stay up to date" and Sarah said, "CE courses are great for making sure I know stuff." Mary said she received the "information by just learning on my own and attending webinars and CEs." Brittany described doing "a lot of continuing education on my own." Katie and Jodi said they both learned through trial and error. When asked during the individual interview about how she learned to implement teaching strategies, Jodi said:

> Truly trial and error. After being there for nine years, it was, you know some years some things worked, you know , for one group of students. But, then I thought I had it all figured out the next group of students would be totally different. So, you know, that I mean, there were the basics, like teaching the building blocks, things that wouldn't change. But then sometimes the approach changed from student to student. And the longer I worked, the more approaches I had in my bag of goodies. When I said, "Oh this approach isn't working with the student; let's try something else."

Katie stated that she learned to implement teaching strategies through "trial and error years and years."

Mary and Kristine said that they gained additional information through their roles as Commission on Dental Competency Assessments (CDCA) examiners. Mary explained that as a CDCA examiner, she was "able to brainstorm a lot when she goes to other programs" and gets to "see how they are set up, talk to other educators, and get a lot of ideas from each other." Brittany placed emphasis on utilizing student feedback to guide her. She said, "I also take student feedback very seriously and look closely and try to implement." Zach took the initiative to shadow without being paid prior to starting in his position as a clinical instructor because he "had

never graded anyone." Unfortunately, on the day Zach arrived to shadow, the computer system crashed and he "ended up running the darkroom" rather than shadowing.

Theme 4: Training Needed

All participants clearly felt some form of training was necessary for becoming a clinical instructor. Participants gave several examples of training they thought should have occurred for clinical instructors as they began their role and on an ongoing basis. A variety of training resources, methods, and topics are described below.

Training Resources

Henry, Michele, Bailey, Andrea, Katie, Brittany, Zach, and Jodi all wanted clear job expectations or knowledge of protocols and systems prior to starting their jobs. Henry specifically wanted an “overview of systems in place” and to know the “routine of the doctor.” Bailey said, “before you even come into clinic, this is a list of what you should know, including changes and updates.” Andrea felt a list of clinic duties was necessary including getting to “go through things from start to finish, here’s how they sign the care plan, here’s what you sign, here’s what you have to look at, we are doing it this way.” Katie said she wanted a checklist including how things are laid out or “these are the things you are looking for” and “make sure to check this.” Brittany said, “I would have liked an understanding of what does everything mean?”

Katie, Zach, Jodi, and Kristine suggested training videos to be used prior to starting with Kristine stating that the videos giver her “something to feel prepared.” Katie explained that she liked the training videos made so far and still referred back to them as needed. Jodi felt training videos would be helpful and stated they “won’t cover every situation” but would be provided “so you don’t feel blindsided when you come in because you don’t know what is going on.” Henry, Laney, Mary, Zach, and Andrea suggested the creation of a handbook or manual as something

that would be beneficial to receive prior to teaching and to reference as needed later. Henry and Mary placed importance on something they could read and Henry said, “for the new doctor, here's the handbook, here’s what we do.” Mary said, “even if we had a manual, I’m a written kind of person, something for them to go back to, something to guide them.” Mary also felt a written manual would help “avoid inconsistencies in grading if there was a manual with policies in it.” Zach said he would have liked “having something that I could like read through or train on and then spend the other half day following someone.”

Training Methods

There were many suggestions for training methods including some type of orientation that occurred prior to the start of the semester. Henry discussed the possibility of shadowing as a part of the interview process or using a half day to walk around the clinic to get an idea of how things were run. When asked what training he would have liked to receive, Henry said:

> I think the one thing that should be offered, you know, basically, talking about maybe having a class that would be the focus of it would be okay. You know, you're a professional, you're entering the world of academics. What do you need to know and how can you prepare yourself for that? If it was something specific to the [SU] dental clinic, then I would hope there would be some sort of overview of the systems in place like, here's how we do premeds. The routine of the doctor is coming behind hygiene and getting permission to proceed, then at a certain time you need to start doing exams.
>
> I think maybe having an overview of the flow of the day. Having some things like here's our protocols in place for how we deal with this, who we're going to defer treatment on, and why. Here's how we manage medical consultation referrals. Here's how we manage communication to outside entities like other doctor's offices.

Katie and Zach also wanted to have some type of training, such as a week before starting or a run-through of a clinic session. Laney also felt that shadowing was important. Katie said, it "would have been nice to actually go through a week of training" or to "have someone pretend to be a patient and walk a new person through." Zach said, "A week of training or even a day would be very beneficial."

Mentorship was a topic mentioned by participants, with Andrea stating that she wished "someone would have taken the time to be a mentor" to her. Brittany and Jodi both discussed the importance of who the mentor is and that it should be a seasoned faculty member. Brittany placed importance on who the mentor was because the coworker who helped guide her while she was working influenced her expectations of students at first that she felt were too high. Brittany shared "If I had just been mentored on that from the beginning, like they are not professionals, they barely know what they are doing, I might have given a little more grace there." Brittany felt a mentor could be "someone checking, how are you doing, what can I do to help?" Mary said, "A mentor would be nice, like we had in student teaching." Zach specifically described having guidance or mentoring from "someone who is not new." Jodi was also specific about who was mentoring and said, "It was better to start a new faculty with a full-time faculty or someone that had been there a long time."

Training Topics

Laney discussed the importance of providing relevant training opportunities to clinical instructors. Laney wanted the opportunity "to be able to go to conventions and CE courses that are relevant." Sarah placed importance on calibration prior to the semester for faculty and calibration. Sarah and Michele both emphasized calibration for faculty members who may have come from different schools, with Michele suggesting "role modeling." Bailey said there needs

to be "some type of calibration every once in a while." Sarah shared there was a four-hour calibration session at her previous place of employment where "faculty come together at the beginning of the semester." She felt a "calibration session would be amazing" so they could "be on the same page."

Grading and documentation were noted as challenging areas for clinical instructors. They were also listed by Laney, Sarah, Brittany, and Zach as a specific topic that should be included in the training. Laney wanted "some sort of quick checklist to go through as new faculty" for grading and wanted something that would outline "what I need to check when I do an initial assessment." Brittany asked, "How do you fill out the paper, what are you looking for?" Brittany also shared that "no one has ever gone over the forms with me." Brittany felt grading was an important aspect of clinical instruction and that educators "should not step foot on the clinic floor unless you know how to assess our way." Zach suggested providing "examples of grades sheets and daily activity sheets you might encounter." He also explained that he would have liked guidance on "how to fill out daily activity sheets as you go through the appointment" rather than waiting until the end of the clinic session for the group of students. Sarah and Jodi felt that teacher training was a necessary topic. Bailey, Laney, and Katie all suggested specific training on dental computer software should be a part of the training. Bailey suggested a "recording of what to check on Eaglesoft," and Katie said she "would have wanted training on the computers." Katie also noted that she "would have wanted to be comfortable with the computer system before I was ever involved with a student because I feel like it almost makes you look stupid."

Communication was an area that was mentioned multiple times within the challenges faced, as well as a needed area for training. Bailey, Sarah, and Brittany all wanted guidance on how to handle difficult conversations with students in the clinical setting. Brittany, in particular,

wanted guidance with what she described as soft skills with communication. Bailey wanted guidance for "talking to a student about what they did wrong when they are crying." Sarah "would have loved some training or guidance on the communication aspect." Sarah shared challenges she faced as a new clinical instructor related to grading students and when giving a failing grade was necessary. Brittany wanted training on "conflict resolutions between faculty and students" and "de-escalation training." Mary, Brittany, and Zach felt that annual faculty evaluations should occur as a part of the process, which would open communication for teaching. Mary shared, "We used to get an annual evaluation where the clinic coordinator would watch us for 20 minutes. That was tough on time for the clinic coordinator." Brittany said she "never had faculty watching me to say this is what you could do better." Zach described a year where "we talked about having evaluations, but those fell through."

Theme 5: Training Delivery Preferences

As discussed within the first theme of life responsibilities, the participants in this study were adults with multiple responsibilities. Issues listed during the challenges faced theme included logistic issues for holding training sessions for faculty members. A large issue with attendance at meetings or training opportunities was the multiple schedules of the faculty members related to their many responsibilities. Possible training delivery preferences are listed below.

In-Person / Live

Many participants said they prefer live training over distance or asynchronous learning. Bailey, Andrea, Laney, Sarah, Katie, Zach, and Jodi all preferred live training. Laney said that she prefers "in person more than anything" but that something like Zoom was probably easiest. Although Bailey preferred in-person classes as the training format, she said it was "not

reasonable." Henry suggested having some live training as a part of the interview process so potential faculty members know what to expect. He said information should be included as a part of the interview process, such as "here's what your day looks like in the clinic, here's the things we run up against, here's how we deal with them." Andrea wanted in-person training for a "half day or whole day." Bailey and Laney felt that shadowing was a necessary component of in-person training. Sarah said:

> Well, I mean, so if it's training pertaining to clinical practice in general, I honestly like it to be in person so that I can get CE credit that counts for my licensure, right? If I'm speaking practically to fit into my schedule, I like it to be online so that I can do it anytime that I want. Yep. If I'm speaking, like what would we get the most from? Again, it would be like all of us doing something together at the same time.

Bailey said, "I like in person. Okay, I'm all about in-person because I want to meet the speaker. I want to, you know, hear about their professional background." Zach said, "It has to be in person. You have to hold yourself very accountable to be able to learn online. And a lot of people don't have the discipline." Bailey said, "If you put me on a computer screen where I don't have to have my video on, I'm probably not paying attention like I do in person."

There was no clear consensus on the timing of live training opportunities. Several participants stated the need to have training prior to the start of the semester. Others wondered if something like an occasional Friday or Saturday would work. Laney, Sarah, Luke, Mary, and Zach all suggested a lunchtime delivery of training. Zach said:

> Everyone loves lunch and learns. You get to learn. Yeah, it's pretty cost effective at the end of the day. They do them through school. So, we get used to it in school, and then every office I've ever been to, they're like, "Hey we have this meeting, or we have to

> learn. We have a new course coming." And it's always during lunch where everyone's present. It's hard at [SU] where people aren't always present there.

Distance

While many faculty members stated they preferred in-person training opportunities, they also stated that it was not practical for most adult clinical instructors. However, they did understand that some type of distance learning was necessary given the many schedules of clinical instructors. Laney and Zach said they had issues with online learning and did not feel they paid as much attention in class as in person. Michele, Bailey, Andrea, Laney, Sarah, Mary, and Jodi all mentioned using webinar formats, such as Zoom. Michele stated a "preference for live webinars so she can ask questions." Bailey said:

> But if I could do all in person, I would. I know that's not reasonable. Like this is, you know, via phone, and I felt like this is great because we're able to talk to each other and see each other. But whenever you have 15 people on a call like this, it's just not personal.

Sarah said, "So as an adult who has multiple things during the week, if I'm going just from that perspective, what I prefer for training or educational purposes, I'm going to prefer something asynchronously online." Jodi appreciated the communication and the ability to "network and spitball ideas," but also stated that as far as feasibility, "probably Zoom, to do it anywhere." She described a CE that utilized the Zoom format where she could attend and also take her children to their extracurricular activities.

Asynchronous

Asynchronous training opportunities were brought up due to practicality where participants could participate according to their own schedules. Andrea, Laney, Mary, Luke, and Katie all suggested recording training opportunities so that all faculty members can view them

even if it was originally a live event. Henry and Mary wanted materials that could be read with Henry specifically mentioning a handbook. Sarah shared:

> What do you truly want or what is most practical for this stage of life for you? Yeah, like, most practical is asynchronous online. So that I can just where I'm at tonight when everyone's in bed, or I can do it while I'm waiting in the car at cheer[leading practice].

Andrea said, "Maybe recorded, then they could hear more than just read, here's what we talked about today." Andrea said, "If you record, they can listen whenever they want to and don't have to either, it's an option to stay on the same page." Luke suggested "training on demand" to enable clinical instructors to "choose when to take." Mary felt "videos are usually pretty easy for a lot of people to watch." Katie preferred "pre-recorded, watch when it's convenient for me."

Motivation

Several topics arose as potential incentives or methods for motivating instructors to attend training. Kristine, Jodi, Michele, and Laney stated "personal desire" or "self-motivation" as their reasons for wanting training. Kristine explained she wanted to "be well prepared before being in a position of authority." Jodi said she "wanted to be the best I could be and tried to do everything I was offered to do that." Michele was "inherently curious and enjoy seeing how all the pieces fit together to make clinic practice or whatever run better." Laney said her incentive was "knowing the training would help me be a better instructor."

Bailey, Laney, Andrea, and Mary all stated that being paid for attendance would be a motivating factor. Jodi said incentives included a "pay increase and continue to make the job more competitive with private practice." Laney felt she should be "getting paid to do training." Mary felt it was motivating "to get paid for time spent completing training." Bailey also felt they should be "getting paid while training." Katie shared an incentive for her was "if the pay can stay

competitive." Bailey, Laney, Katie, Brittany, and Jodi felt that earning CE credits would incentivize attendance. Jodi felt "CEs and flexibility in training" were necessary for motivation. Bailey said that "CEs were a good thing." Laney wanted "live CEs." Sarah, Mary, Katie, and Zach discussed in the focus group about receiving swag or free stuff for attendance, and many participants also mentioned free food as an incentive. Sarah specifically said, "I like free food and swag" as an incentive to attend training. Zach said, "I am very motivated by free stuff." Mary said an incentive for her included food, "USI swag," or "something unexpected." Katie also mentioned "free food" as an incentive to attend training sessions.

Outlier Data and Findings

Additional data were uncovered as a part of the analysis that was not expected. Participants discussed what fell into a grouping labeled important or beneficial practices for clinical instructors. An additional outlier finding included discussing what or who influenced their teaching methods and styles.

Outlier Finding #1: Important/Beneficial Practices

Several participants provided information they felt was important or beneficial for clinical instructors. Henry discussed having a positive attitude and stressed the importance of collaboration. He said clinical instructors need to have "the right attitude and work to fit into the system." Henry also felt that "environment and attitude are the most important." Michele felt attitude was important and wanted help to "do things more softly." Michele, Bailey, and Zach also felt that attitude played an important role in teaching. Zach explained that "everyone is there to learn to get better." In addition to Henry, Zach and Kristine supported collaboration with Kristine stating that "sharing makes us better as a group." Mary, Brittany, and Zach felt it was important to show appreciation to faculty members for their efforts. Mary felt it was important to

"pass appreciation on for what you are doing, and Brittany said to "verbally express how amazing the person is, how valued." Zach explained that "staff are the backbone of your work, and you could not do it without them." Henry said, "I also found out your staff is invaluable. I learned so much about prevention and how to talk to patients from the hygiene staff."

Outlier Finding #2: Influences for Teaching

Participants shared their influences on teaching as a part of their one-on-one interviews. Bailey felt that a course she had taken as a dental hygiene student greatly impacted her as a teacher. Many participants listed specific instructors as the influences in their teaching. Andrea, Laney, Sarah, Luke, and Mary all gave examples of instructors who had worked with them and influenced their teaching methods. Sarah talked about how an instructor would take her "hand and show" her how to move her body during instrumentation. She said she had "good instructors" and "just kind of mimics them." Laney and Mary discussed how they used the good qualities they remembered from certain instructors they learned well from. Additional mentors noted by participants were dentists they had worked for at some point in their careers. Michele and Kristine said that they went further in their education because of encouragement from dentist mentors, and Andrea described her dentist mentor as "a great man" who helped to teach her many things in the dental field.

Research Question Responses

The findings from the data analysis answered the research questions guiding this study. The data were collected and triangulated using one-on-one interviews, a photograph journal, and an online focus group. The data were grouped based upon similar patterns and the themes and sub-themes helped to provide specific answers to the research questions.

Central Research Question

What are the experiences of dentists and dental hygienists who have transitioned from clinical practice to the role of clinical instructors?

There were a variety of experiences for the participants as they transitioned from clinical practice to clinical instructor. Some who had received training in education felt the transition was easy. Sarah said, "I think it was a bit different for me because of the nature of the degree I got." Sarah felt that her particular bachelor's degree helped prepare her for teaching. The previous bachelor's degree offered by SU included an additional year of student teaching in the classroom as well as in the clinical instructor role. Sarah was appreciative of this time because she learned how to be a clinical instructor with the help of instructors serving as her mentors for her classes. Sarah said, "I think that made the transition easier than what clinical instructors have today."

Many of the participants did not receive formal training in education and minimal training from the university upon being hired. This lack of training led to a difficult transition and feeling unprepared for the job. Katie felt the transition was rough until she found a routine, and Laney felt the job was "more than expected." Kristine described the transition as "you either sink or swim," and Bailey felt she "lacked confidence." Andrea shared, "I think being an educator is far more stressful than being a hygienist." Laney described a barrier of "not knowing the computer system or remembering all of the information that needed to be recorded." Zach stated, "Being a recent graduate and being seen as a student made it hard to give feedback to people that are only a year or two younger." Mary felt a barrier in this transition was "finding time to look up information to ensure that I was teaching something correctly. I wanted to attend faculty meetings to discuss but couldn't be on campus during those times." Bailey felt her transition "was very difficult" and explained that she "questioned some things and asked to make

sure it was correct." This led to where she "never felt competent, not even 80% sure, and had to ask." Bailey said it took her a "good three years" to feel competent in her clinical instructor role and shared, "I feel like the first year I barely got through." Andrea said it was "hard to transition from the work environment, which is completely different from clinic where there are different rules." Andrea explained, "In a university setting, everything is the gold standard." However, she "had been practicing for so long" that "some of the tips and tricks I taught them maybe weren't the gold standard." Moreover, Andrea "felt they were life situations that needed to be taught." Andrea believed she did not have a "bad transition" because she "had gone to [SU]" and "knew their teaching style already."

Laney also shared that her transition was "very difficult" and that it "took a lot more than I expected it to." This led her to have "several days where I wondered why I did it and if it was worth it because there was just so much more to it." Laney said, "In clinical practice, I had my routine," and "I knew what I was doing for every patient." She said she "did not feel very prepared" and was "just trying to remember all of the things to do in a clinic session." Luke said his transition to teaching "was definitely an adjustment." Mary shared, "At first, I was just trying to stay afloat and get everyone done on time." Mary said then you "realize what you don't know and had to take ownership to look at instrumentation books to make sure I was teaching them the right way." Katie said she was "very uncomfortable at first" and felt the "discomfort was related to the lack of calibration and not learning what I am supposed to do." She described as a clinical instructor, "there's so much more that you have to hit" versus working in clinical practice. Brittany said, "Coming to [SU] was a big transition," especially when going from "completely clinical to solely academic." She said, "It was just like one day you're clinical, and one day you're not, and it is really that big of a difference." Jodi felt that "the office is a lot more fast-paced, but

you are not documenting as much and not doing things the same as school." Jodi emphasized "getting back into school mode, especially in junior clinic, because they need a solid foundation with building blocks." Jodi shared she "struggled for a couple years, definitely" when transitioning to her clinical instructor role. Kristine shared that she "went from clinician to full-time faculty." Kristine said she also "realized I was lacking a lot because I didn't have an educational background." She noted, "It was an unspoken word that if you could do it clinically, you could do it in the clinic [as an instructor], but it's pretty different. Just because you can do something clinically doesn't mean you can teach it."

Sub-Question One

What forms of education, professional development, or support are necessary to help guide the transition from healthcare professional to clinical instructor?

Participants shared many perceived training needs and suggestions they felt were necessary for this transition. Eight of the 13 participants said clear role expectations should be provided before starting work in the dental clinic. Several wanted a handbook or manual to review before working and ensure it was available as needed. Henry said there needs to be an "overview of systems in place" and would like a manual or "something we could read." Henry also felt it was important to have some sort of training that is "sustained that directly involves how their day is going to go." He also shared the need to "get protocols figured out." Bailey agreed and expressed, "Before you even come into clinic, this is a list of what you should know, including changes and updates." Andrea suggested to "go through things from start to finish, here's how they sign the care plan, here's what you sign, here's what you have to look at, we are doing it this way." Katie wanted some type of checklist that outlined, "This is how it's laid out; these are the things you are looking for, make sure to check this." Brittany "would have liked an

understanding of what does everything mean." Michele and Brittany wanted specific guidance on policies at SU in particular, and Brittany shared she needed "more training, and this is what we do at [SU] and what we do in our clinic." Zach wanted "role expectations," and Jodi said there needed to be "some form of training that says what they really expected" and "clear role responsibilities." Henry, Bailey, Mary, and Zach all specifically wanted some type of manual or handbook to help guide their transition to the clinical instructor role.

Specific topics included mentorship, teacher training, faculty discussion, grading, and training videos. They were stated by participants as a part of data collection for this study. Michele felt "role modeling" was necessary, and Bailey emphasized having some type of "mentor" when beginning work as a clinical instructor. Bailey expressed how a "mentor would be nice like we had in student teaching." Brittany shared, "If I had just been mentored on that from the beginning, like they are not professionals, they barely know what they are doing, I might have given a little more grace there." Brittany wanted "someone checking, how are you doing, what can I do to help?" Jodi said mentorship "would be nice to implement, people you knew were stronger to mentor versus throwing several new people together."

Sarah emphasized providing teaching methodology and said it "would be nice to have methodology and the ability to talk about it together." Jodi said, "They can't do something off the book if they don't know what the book is." Jodi shared, "I would have liked some training on teaching." Communication and discussion between faculty members were described as something needed to aid clinical instruction. Bailey said there needs to be "something where faculty sit down and talk about students" and would like some form of leadership training and communication in the workplace" guidance. Sarah wanted a "retreat just to enjoy each other, hang out" and explained it would "do so much for morale." Luke felt communication was

important and described wanting conversation about "student situations" where instructors shared "here is what happened, here is the best way to go about making this a better situation." Mary said it was important to "go over a teaching tip and then address questions and have a back and forth." Mary felt sharing "how you do it helps everybody get ideas to become better at their job." Brittany said, "Nobody helped me with soft skills, like the best way to communicate with them on their skills and improvements." Brittany shared, "I knew how to use instruments. I wanted to learn how to teach them, what words do I say, how do I give feedback?" She continued, "How can we communicate to the students in a way they are receptive to? In a way meaningful to them." Kristine said with faculty sharing, "Everybody is benefiting; it's not a competition."

In addition to communication between faculty members and students, grading was a key topic needed for training. Laney wanted a "checklist for grading" that included "this is what I need to check when I do an initial assessment." Luke placed importance on grading and specifically "communication and calibration of grading" between faculty members. Brittany asked, "How do you fill out the paper (grade sheet), what are you looking for? No one has ever gone over the forms with me." Zach wanted guidance on "how to fill out daily activity sheets as you go through the appointments" and wanted "examples of grade sheets or daily activity sheets."

Sub-Question Two

How can this education, professional development, or support be delivered to clinical instructors in a way that meets their needs as adult learners?

Data analysis and the photograph journal, in particular, provided real life pictures of the daily lives of adult clinical instructors. The instructions for the photograph journals were to take

pictures during the day that encompass the responsibilities of their daily lives and include a caption. The pictures shared by participants showed many aspects of their daily lives besides working, such as family commitments. They have multiple responsibilities as a part of their weekly routine and their roles as clinical instructors at SU. Sarah said there were "some adjunct faculty I haven't seen who work 530-930, but I'm prioritizing my family." Her daily life included spending the "day at a competitive cheer showcase." She stated it was the beginning of competition season, and with three kids, she would be "gone every weekend from November to July." Sarah shared pictures of her weekly calendar, including work, meetings, extracurricular activities for her children, and medical appointments. Luke shared pictures of family commitments and his office, where he works as a dentist. Mary's first photograph journal caption said, "prayed rosary, breakfast, coffee, talked to kids, went to mass, made lunch, helped daughter, watched son's basketball game, took daughter to mass, dinner, prayer time." Mary's second day included the following caption, "prayed divine mercy chaplet, worked private practice, made dinner, did laundry, worked at home." Captions for Katie included "getting Christmas decorations out, laundry," "sick child, at work with son home alone half the day because of work, had appointment with surgeon," and "keeping toddler occupied while helping son with homework." A caption in Brittany's photograph journal said, "huge mess by newly adopted dog, multi-task during staff meeting at lunch, pick up dog from groomer, took daughter to OT then dance, answering emails on phone during practice." Zach had daily life commitments that included going to dental school, and Jodi's photographs and captions shared a multitude of responsibilities, such as getting her children ready for school, working in clinical practice, and then taking her children to medical appointments and extracurricular activities after work.

Due to responsibilities such as religion, family, household, employment, and self-fulfillment, while in-person training was a preference for many participants, they also stated that distance and asynchronous training opportunities were likely the most practical at this point. Michele, Bailey, Andrea, Laney, Sarah, Zach, and Jodi all preferred live and in-person training. Laney said she preferred "in person more than anything." Sarah highlighted "in-person training" and felt this helped with "camaraderie and making comments to talk through things." Luke said the "live portion is nice to know people are present." Jodi also liked the idea of being able to "calibrate in person." However, many participants felt that although live and in-person was their preference, it was "not reasonable," as Bailey said. Katie said, "I went to the human trafficking thing on Thursday, and you know it's hard, you've worked all day long, you've got to get a babysitter, the boys are at hockey, then you get home late." Luke said, "Nighttime meetings can be really challenging." Bailey felt that "one on one training is needed" and placed importance on shadowing "different types of clinic sessions." Laney placed importance on shadowing, and Henry also felt shadowing was important. While Laney preferred in-person training she said, "I do think the Zoom or online where you take it online and take a test at the end are the easiest and most beneficial." Sarah said she preferred in-person training, but for "practicality purposes, I like it to be online so I can actually do it." Mary suggested a "monthly meeting held via Zoom that is recorded because it is hard to find times when everyone is available." Katie said she would prefer "pre-recorded" training so she can "watch when it is convenient for me." Brittany suggested "some kind of training beforehand, even if it's just a couple of hours online." Jodi preferred in-person training but said it is "what is feasible for people is probably Zoom to do it anywhere."

Summary

The purpose of this qualitative transcendental phenomenological study was to describe the lived experiences of dentists and dental hygienists as they transitioned from clinical practice to instruction. This chapter described the backgrounds of each of the 13 participants, including their work experience and educational background. The participants' experiences were shared in this chapter using the voice of these individuals. The participants described their experiences through one-on-one interviews, a photograph journal, and a virtual focus group. The five themes and subthemes from the data included life responsibilities, challenges faced, training received, training needed, and training delivery preferences. These themes and subthemes provided answers to the guiding research questions as described in this chapter.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this transcendental phenomenology was to explore the experiences of dentists and dental hygienists who have transitioned from clinical practice to the role of clinical instructor at Southern University. This chapter presented a discussion of the research findings described in Chapter Four. The discussion included an interpretation of findings, implications for policy and practice, theoretical and methodological implications, limitations and delimitations, and recommendations for further research. Chapter Five concluded with a summary of this study.

Discussion

The research results presented in Chapter Four used a phenomenological approach methodology. The transcendental phenomenological approach used for this study enabled a deep understanding of the participants' experiences to recognize the training and support needs of clinical instructors who transition from clinical practice to teaching. Moustakas (1994) described phenomenology as a form of qualitative inquiry that provides a holistic description of the essence of lived experiences. This knowledge gained is shared using textural and structural descriptions and is centered around a specific phenomenon (Moustakas, 1994). This study centered around the transition of clinical dental professionals to teach. As is necessary for this type of research, all participants in this study have experienced this phenomenon (Creswell & Poth, 2018). A transcendental form of phenomenology was used because while the researcher has experienced the phenomenon, each experience shared by the participants was viewed with the researcher's thoughts set aside (Moustakas, 1994). Research questions were developed, and data were collected and analyzed to identify the needs of clinical instructors as they experience this

phenomenon. The themes resulted from the data analysis provided answers to the research questions. A discussion follows below.

Interpretation of Findings

Existing research presented the importance of the clinical instructor role but also the knowledge that most clinical instructors enter teaching without formal teacher training (Im et al., 2021; Jarosinski et al., 2019; McPherson & Candela, 2019; Stewart, 2020). This lack of training can lead to difficulties in transitioning from clinical practice to instructor for dentists and dental hygienists (Roman, 2018; Smethers et al., 2018). The results of this study supported both statements.

The data collection process for this study was focused on understanding the participants' experience with the transition from clinical practice to teaching as clinical instructors. Data were derived from individual interviews, a photograph journal, and a virtual focus group. The themes related to the study's purpose that emerged from data analysis included life responsibilities, challenges faced, training received, training needed, and training delivery purposes.

Summary of Thematic Findings

The thematic findings of this study provided insight into the lived experiences of dentists and dental hygienists who experienced transitioning from clinical practice to instruction. Responses from participants gave insight into their daily lives and their life responsibilities. The responsibilities shared through the photograph journals included various activities and commitments pertaining to religion, family, household, employment, and self. Participants described many challenges faced as a part of their transition to teaching with communication, a lack of training, and university policies as three sub-themes that emerged. Clinical instructors often begin teaching dental hygiene students without formal training in education (Im et al.,

2021; Jarosinski et al., 2019; McPherson & Candela, 2019; Stewart, 2020). The clinical instructors who participated in this study shared their training received or lack thereof, with many describing “on-the-job training” or “little to none” provided by SU. The clinical instructors themselves initiated the majority of teacher training that occurred in the form of professional development, additional degrees, and self-study. Participants shared specific thoughts about what they felt was needed for training for this role. These included training resources, training methods, and communication guidance. There were multiple training delivery preferences, with many participants stating a preference for in-person delivery but also acknowledging that distance or a Zoom method was most feasible.

Life Responsibilities. As Schlossberg (1981, 2011) described, clinical instructors face a transition by changing their role from clinical practitioner to instructor. Clinical instructors are most often healthcare professionals with expertise in their field but lack experience with teaching (Im et al., 2021; Jarosinski et al., 2019; McPherson & Candela, 2019; Stewart, 2020). Despite the importance of their role, clinical instructors are hired from private practice settings without formal education related to teaching (Horvath et al., 2019; Stewart, 2020). This lack of knowledge can lead to issues with confidence and difficulty transitioning into a teaching role (Smethers et al., 2018). In addition to struggles with teaching itself, additional barriers were related to their current life roles as adults with family and private practice commitments (Veerasamy et al., 2018).

The first theme that emerged from the data was that the clinical instructor participants were all adults with multiple responsibilities and commitments occurring during a given week. In addition to work and sometimes multiple jobs, participants often spent their evenings and weekends at extracurricular activities for their children. Two participants had sick children

during the given photograph journal week, which meant taking them to medical appointments and helping with tasks such as makeup homework. Religious activities were interspersed throughout participants' daily lives, as were responsibilities related to their households. These included cooking, cleaning, and running errands. Several participants also described activities that fell under a sub-theme of self with time spent exercising, socializing, education, and relaxing. The multiple jobs and differing clinic shifts led to the logistical issues that clinic instructors were not on the SU campus simultaneously. The additional life commitments also presented a challenge for providing training to clinical instructors that fit their schedules.

As presented by Malcolm Knowles (1980), adult learning theory is based on the foundation that adults, who are responsible for themselves, learn differently than children because of their differing needs and life responsibilities. The practical application of learning is an ongoing theme within the adult learning theory (Knowles, 1980). With the knowledge that these participants are adults with many responsibilities, it is important to use adult learning theory as a guide where training development identifies the needs of adult learners (Dieterich & Hamsher, 2020).

Challenges Faced. Participants in this study described many challenges they faced due to transitioning into a teaching role. Teaching experience is often optional when becoming a clinical instructor (Stewart, 2020; Veerasamy et al., 2018), as was the case for participants in this study. Within the sub-themes of communication, a lack of training, and university policies, standout topics that emerged were the three standout challenges of having difficult conversations, issues with grading, and computer software trouble. Clinical instructors can lack self-confidence (Jaronsinski et al., 2019), and Bailey stated there were times with grading when she was not "80% confident." A lack of training can lead to clinical instructors who need to be

made aware of how to evaluate clinical performance or provide feedback (Beiranvand et al., 2022). Henry, Bailey, Laney, Sarah, Luke, Mary, and Brittany all stated grading was a challenge when transitioning to clinical instruction. Many participants expressed discomfort with failing students and struggled with relating this type of critique when students were upset. Luke stated it was "difficult to give bad news," Sarah stated that she was lacking "how to say things," and both Laney and Zach expressed being uncomfortable with providing necessary critiques when "students were crying." Grading issues were an area that impacted many participants, with some stating this was their biggest hurdle. Bailey stated she "struggled most with grading." They described not knowing how to grade or what to fill out, and this topic merged into challenges with failing students and delivering that information. Participants said they started their roles without knowing how to use the dental software; Katie stated that they relied on their students for help.

Training Received. There was minimal training received from SU; however, many logistics issues were involved with this. There were struggles with finding a time for training that worked for clinical instructors, and these instructors were not being paid for their additional time spent training which led to a lack of attendance at previous events. There was a training program through the university, but this was offered to full-time faculty members and needed to be more specific in guiding clinical instruction. Many participants stated that because of this, they learned on the job. Clinical instructors shared that no orientation and having to find their way with teaching led to feelings of stress (Veerasamy et al., 2018). Many participants felt the need to get some training related to their teaching roles and sought this out independently through professional development and self-study. Many clinical instructors want training and would be open to this type of opportunity if provided by the university.

Training Needed. Schlossberg (2011) included support as one of the 4S's for transitions, such as a job change that can occur in a person's life. Specific support requests from clinical instructors included peer support, weekly meetings, and mentoring (Swart & Hall, 2021). Others felt orientation was necessary (McPherson & Candela, 2019; Stewart, 2020). Formal orientation is a method to guide clinical instructors as they transition to teaching (Barrett et al., 2018; Beiranvand et al., 2022; Hababeh & Lalithabai, 2020; McPherson & Candela, 2019; Stewart, 2020; Swart & Hall, 2021). Formal orientation for clinical instructors can alleviate stress (Barrett et al., 2018) and increase employee satisfaction (McPherson & Candela, 2019), along with role transition. Henry and Katie mentioned the need for some type of orientation before beginning work as a clinical instructor. In addition to orientation, specific training needs of clinical instructors included setting clear expectations for the role (McPherson & Candela, 2019; Stewart, 2020) and the assignment of a mentor (Stewart, 2020). Interestingly, Dieterich and Hamsher (2020) shared the results of their study where adults preferred clear directions and requirements in learning, which was also evident in the data collected from this study. Participants in this study gave many specific suggestions for training they thought should occur before and even after starting the role as clinic instructors. In addition to training resources such as a manual or handbook that contains clear job expectations and videos, specific training should be centered around the areas that seem to cause the most challenges for clinical instructors. The dental hygiene program should consider providing training related to providing critiques and non-passing scores to students, how to grade, and how to use computer software. Frequent communication was also given as an example of support (McPherson & Candela, 2019). Mentorship is the designation of a peer mentor; an experienced clinical instructor is matched with an inexperienced clinical instructor to help provide support and training (Barrett et al.,

2018; Beiranvand et al., 2022; Hunt et al., 2021: Jaronsinski et al., 2019; McPherson & Candela, 2019; Merritt et al., 2018; Stewart, 2020; Swart & Hall, 2021; Ziedonis & Ahn, 2019). Access to the mentor and communication can help support instructors (Stewart, 2020; Ziedonis & Ahn, 2019).

It was important for clinical instructors to be provided with ongoing opportunities for training and development (Barrett et al., 2018; Friedlander et al., 2019). Specific topics for faculty development included teaching strategies and interpersonal relationships (Putri et al., 2021). Need-based learning is imperative for adult learners (Barrett et al., 2018; Knowles, 1980; Mews, 2020). Standardized programs for training are not necessarily possible because of the variety of needs between faculty members and institutions (Beiranvand et al., 2022; Bilal, 2019). Additional ideas for development included mentorship programs with topics such as adult learning, concepts in cognitive sciences, educational research for clinical settings, and a basic clinical teaching skills course (Horvath et al., 2019).

Training Delivery Preferences. The training delivery preferences provided many answers, with many participants stating a desire for in-person training. While participants preferred in-person training, some felt that they did not learn well in an online setting. These delivery preference issues are related to the initial logistics issue stemming from their life responsibilities. Adjunct faculty members are not on campus full-time and often have hours during night sessions when full-time faculty members are often not present. Many faculty members have commitments that take their time during the night and on weekends, making them unable to attend the training courses if offered due to their commitments. The struggle to accommodate the schedules of all faculty members leaves trying to schedule in-person training with the knowledge that there still may be attendance issues. Schools must offer some incentive

for attendance, such as pay or free stuff, or change the delivery method to something more practical such as recorded distance offerings. Training for adult adjunct instructors should be "available and convenient" (Hopson et al., 2021, p. 134), and it should use principles of adult learning theory to promote self-regulation (Salam & Mohamad, 2020). Professional development was noted as important in the literature; however, no standard method for providing training was evident. Online learning was described as a feasible and effective method for training clinical instructors (Im et al., 2021) and provided an avenue for the training of adults who are also working full-time (Dieterich & Hamsher, 2020). Online learning provides a method for training accessible to clinical instructors (Yarbrough, 2018).

Implications for Policy or Practice

The results of this study brought many issues and ideas to light regarding the transition of clinical practitioners to the role of instructors. This transition of working in practice as a dentist and dental hygienist and then moving into a teaching role created many challenges for the participants of this study. These challenges should be considered by the dental hygiene program at SU going forward. The knowledge gained from this study has potential implications for practice are described below.

Implications for Practice

SU is located in the midwestern region of the United States, and the study participants were dentists or dental hygienists either currently or formerly employed by the university as clinical instructors. The findings from this study represented the experiences of these clinical instructors and are related to their experiences at SU. While there were clear implications that should be put into practice as perceived by the study participants, these implications may also be

beneficial for other dental hygiene programs that hire dentists and dental hygienists to fill the role of clinical instructor.

Clinical instructors are typically hired because of their experience as clinical practitioners rather than any specific qualifications related to teaching (Stewart, 2020; Veerasamy et al., 2018). The participants in this study had a similar experience with four of the 13 who received teacher training. Only two of those four had teacher training before starting their role as a clinical instructor. Clinical instructors may face struggles as a part of their transition to education (Horvath et al., 2019; Johannessen, 2021; Schlossberg, 1981) and may also lack confidence in providing feedback to students who face issues adapting to different challenges in education (Jarosinski et al., 2019; Roman, 2018; Smethers et al., 2018). Participants in this study all stated they faced challenges as a part of their transition to teaching. There were several specific areas where they felt uncomfortable within their role, which included calibration, having difficult conversations with students, grading, and feeling unprepared to use the computer systems. Bailey and Katie stated they lacked confidence due to feeling unprepared in their teaching roles.

The difficulty faced in the transition to teaching can leave clinical instructors unprepared and with insufficient resources (Smethers et al., 2018; Swart & Hall, 2021). This poor preparation can lead to feeling incapable of providing appropriate feedback to students (Farzi et al., 2018). A study by Swart and Hall (2021) revealed that clinical instructors wanted to feel prepared to teach, maintain consistency with other clinical instructors, and feel comfortable providing remediation. Data revealed within the literature showed that inadequate training left clinical instructors unaware of how to evaluate clinical performance (Beiranvand et al., 2022). The need for orientation was noted in the literature, as was the need to set clear expectations for the role (McPherson & Candela, 2019; Stewart, 2020). Schlossberg (2011) stated that support

was a necessary aspect of transitions in a person's life. This study revealed there was minimal program-specific training provided to the clinical instructors upon being hired, and all participants felt that some training was needed. Suggestions upon reviewing the literature to help prepare clinical instructors for teaching in the literature included improving orientation, an increase in peer support, and the provision of assistance in the transition to teaching (Swart & Hall, 2021). This theme was confirmed by participants in this study, with Henry, Bailey, Laney, Luke, and Jodi all stating that their training at SU occurred while "on the job." Participants in this study also wanted training such as orientation and mentorship. In addition, the SU clinical instructors felt a training manual or handbook would help aid in the transition to teaching.

Principles of adult learning theory include that the training should be based on the real-life needs of the learners, and the additional life responsibilities and experiences of the adult should also be considered (Knowles et al., 2015). Data from this study revealed several specific topics where participants felt they needed guidance. These specific topics are a good starting place for creating relevant content for clinical instructors to help guide their transition as well as ongoing role. Key topics for training revealed by this study included guidance in communication and having difficult conversations, grading, and training using the computer system.

Additional barriers faced by clinical instructors noted in the literature included family, practice commitments, heavy workloads, less compensation than private practice, stress, and a lack of support (Veerasamy et al., 2018). These findings are congruent with Schlossberg's (1981) transition theory, where she explained that transitions such as role changes could cause stress. As adults with many responsibilities, clinical instructors face many barriers related to family and practice commitments (Veerasamy et al., 2018). Data in the literature showed a need to focus on the learner's needs in applying adult learning principles (Barrett et al., 2018; Knowles, 1980;

Mews, 2020). It was important to understand the needs of clinical instructors prior to creating training (Barrett et al., 2018; Beiranvand et al., 2022; Bilal, 2019; McPherson & Candela, 2019; Mews, 2020; Stewart, 2020; Swart & Hall, 2021; Wu et al., 2020; Ziedonis & Ahn, 2019). While it was evident in the literature that some training and support should be implemented to help clinical instructors (Jarosinski et al., 2019; Moon et al., 2018; Stewart, 2020; Ziedonis & Ahn, 2019), there was no standard method evident for providing the training. All participants in this study outlined life responsibilities in some form with sub-themes that included family, household, employment, and self. Bailey, Sarah, Mary, Brittany, Katie, and Jodi all mentioned attending the extracurricular events of their children during their evenings and on the weekends. Additional responsibilities noted by participants included attending medical appointments, cooking, cleaning, errands, religious activities, and a variety of jobs for employment in addition to their clinical instructor responsibilities.

Participant life responsibilities and logistics played a large part in issues with providing training to clinical instructors at SU in the past. They were still evident as a struggle in this study. Decisions need to be made by the dental hygiene program faculty members as a whole for how to offer training. There was a preference for in-person training, but also statements from the majority of participants of this study that online and even recorded sessions were the most practical. Factors to be considered include offering in-person training either before the semester or during the lunch hour as suggested by participants. The participants in this study showed interest in having meetings with the option of in-person and Zoom, where recordings could be provided to those that could not attend. According to participants in this study, consideration should be given to providing free food or offering compensation for attendance at training

sessions. It was clear that some handbook or manual should be created and a potential resource area that includes training videos.

Table 3

Implications for Practice

1	Outline Clear Role Expectations
2	Manual/Handbook Creation
3	Implement Orientation
4	Implement Training/Calibration Prior to the Start of the Semester
5	Provide Ongoing Training Opportunities
6	Vary Delivery: In Person, Distance, Recorded
Initial Topics	Difficult Conversations/Communication
	Grading
	Computer/Technology

Theoretical and Empirical Implications

Schlossberg's (1981) transition theory provided a context for the role transition that dentists and dental hygienists face as they move into academia as clinical instructors. According to Schlossberg (1981), adults who experience a transition, such as a role change with their work, can respond to it in various ways. The responses can even differ for the individual depending on what is going on in their work life at the time. The environment, including an individual's personal and institutional support systems, affects their ability to adapt to life transitions (Schlossberg, 1981). The participants in this study all relayed some challenges faced due to this particular role transition. While the factors related to an individual's home life cannot be

changed, support from an institution such as SU could help ease the transition. This particular theme was evidenced in the data collected from participants, as they all also mentioned they felt training in some form was necessary.

The theoretical framework for this study was the adult learning theory by Malcolm Knowles (1980). This theory provides an important lens for viewing the transition of the participants in this study because it is specifically related to the knowledge that adults learn differently because of their differing needs and life responsibilities compared to children (Knowles, 1980; Knowles et al., 2015). This study confirmed the premise of the adult learning theory in many ways. One of the key themes that emerged as a part of data analysis was life responsibilities and the multiple commitments the participants faced every week. These responsibilities also contributed to the struggle of training the clinical instructors as there was no time to get all faculty members present on the SU campus. Knowles (1980) discussed solving real-life problems and considering the real-life interests of the learners. Several participants in this study stated they wanted training relevant to their needs. Participants wanted clear expectations and a handbook before beginning their role as clinical instructors. They wanted to understand the job and what was expected of them rather than being "thrown in," as some said. Participants also displayed a readiness to learn through self-directed learning as described by adult learning theory (Knowles et al., 2015). Most of the training they received at SU was self-initiated. Training should be offered to accommodate most schedules, including distance learning with recordings available. Trainings available as recordings would allow for self-regulated learning and provide opportunities to meet the needs of multiple faculty members.

Limitations and Delimitations

Limitations of this study included the sample and that the data were specific to one dental hygiene program in the Midwest region of the United States. The sample consisted of Caucasian participants located at one university. The region was limited to the Midwest, which potentially has different practices than other regions within the United States. The participants' responses in this study were related to their personal experiences, which could be different from the experiences of others within the program or other departments. In addition to the geographical location, race was another limitation in this study. As a dental hygienist who has experienced the phenomenon of transitioning from clinical practice to teaching, I had to set my own experiences aside to view the participants' experiences with a fresh perspective (Moustakas, 1994). Adding another layer to my transition experience was my former position as clinic coordinator of the dental clinic at SU. This experience as a supervisor gave me a different perspective than I previously had. The clinic coordinator role gave me an awareness of the logistical issues involved with providing training to clinical instructors. This experience made me realize there was a potential need for training, but I needed to learn from those involved in the transition. The responses of my participants were recorded verbatim to ensure that I was analyzing the data as they experienced it. I also completed member checking to ensure the accuracy of their individual information.

Delimitations for this study included using a transcendental approach so I could gain a better understanding of the experiences of the clinical instructors themselves rather than what I perceived as a former clinic coordinator. Participants included the different types of dental professionals and the following faculty roles: full-time, adjunct, current, and former. The

decision to include this range of participants was purposeful to encompass the range of attributes comprising SU's clinical instructors.

Recommendations for Future Research

The purpose of this transcendental phenomenological study was to understand the transition of dentists and dental hygienists who transitioned to academia in the role of clinical instructor. The study demonstrated that clinical instructors have many life responsibilities that make group training difficult; however, training is needed in some form. This study provided many concrete suggestions for training topics and ideas for training delivery that meet the clinical instructors' needs as adult learners. Considering the study's findings, recommendations for future research include continued research on this topic in the form of specific content creation and implementation at SU. With the clear need for training, SU faculty members could begin implementing and evaluating the training provided for quality assurance purposes within the dental hygiene program.

Additional recommendations for further research include a survey of what other institutions are doing to train their clinical instructors. Other universities may already have successful practices to help guide clinical practitioners in their transition to teaching. A survey involving other universities would also provide a more diverse sample because the participants would be located in multiple regions rather than just one school in one region.

Conclusion

Clinical learning is a necessary aspect of the education of dental hygienists (Bilszta et al., 2020; Horvath et al., 2019; Phillips et al., 2017; Stewart, 2020; Weston, 2018), and the clinical instructors who facilitate this learning must be able to fill the dual role of teacher and clinical practitioner (Artim et al., 2020; Reising et al., 2018). Although clinical instructors play a vital

role in this part of the learning process, they often need formal training in education (Im et al., 2021; Jarosinski et al., 2019; McPherson & Candela, 2019; Stewart, 2020).

The purpose of this study was to gain an understanding of the experiences of dentists and dental hygienists as they transitioned to becoming clinical instructors at SU. Using adult learning theory as a framework for this study, the perceptions of this transition were explored using individual interviews, photograph journals, and a virtual focus group. Data analysis revealed the following significant themes: life responsibilities, challenges faced, training received, and training needed. Previous research showed that clinical instructors experience difficulty transitioning into teaching roles (Roman, 2018; Smethers et al., 2018), and this study corroborated those findings.

Key implications from this study included that all of the participants faced challenges due to their transition, and all felt some training was necessary prior to beginning the role and ongoing. Although there was literature that discussed a need for more training for dental hygiene clinical instructors, there needed to be more information related to specific guidance for what the training should be and how it should be delivered. This study focused on understanding the transition of clinical instructors and addressing the literature gap to provide specific training topics and delivery methods relevant to clinical instructors' needs. This study should be expanded in the form of quality assurance for SU's dental hygiene program. A training program needs to be developed based on the clinical instructor's needs, as evidenced in this study.

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Appendix A: Liberty University IRB Approval

LIBERTY UNIVERSITY
INSTITUTIONAL REVIEW BOARD

October 27, 2022

Jennifer Fehrenbacher
Janet Deck

Re: IRB Exemption - IRB-FY22-23-285 The experiences of dentists and dental hygienists as they transition to teaching as clinical instructors: A transcendental phenomenology

Dear Jennifer Fehrenbacher, Janet Deck,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any

modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research

Appendix B: Research Site IRB Approval

Office of Sponsored Projects and Research Administration

Institutional Review Board (IRB) Authorization Agreement

Independent Ethics Committee (IEC) Authorization Agreement

This form is used for institutions with a Federalwide Assurance (FWA) to rely on the IRB of another institution

A. Name of Institution Providing IRB Review:

- Liberty University

IRB Registration #: 0006023 Federalwide Assurance (FWA)#: 00016439

B. Name of Institution Relying on the Designated IRB:

-

IRB Registration #: 0004341 Federalwide Assurance (FWA)#: 00007505

The Officials signing below agree that University of Southern Indiana may rely on Liberty University as the designated IRB for review and continuing oversight of the human subjects research limited to the following specific project(s) described below:

Name of Research Project: The experiences of dentists and dental hygienists as they transition to teaching as clinical instructors: A transcendental phenomenology

IRB Assigned Study #: IRB-FY22-23-285

Name of Principal Investigator at Liberty University: Jennifer E. Fehrenbacher

Sponsor or Funding Agency

Award Number, if any:

Name of Investigator at Jennifer E. Fehrenbacher **(University of Southern Indiana):**

Other (describe):

The review performed by the designated IRB will meet the human subject protection requirements of the Institution B's OHRP-approved FWA. Institution B remains responsible for ensuring compliance with the IRB's determinations and with the Terms of its OHRP-approved FWA. The IRB at Institution/Organization A will follow written procedures for reporting its findings and actions to appropriate officials at Institution B. Relevant minutes of IRB meetings will be made available to Institution B upon request.

______________________________ Date: 10/27/22

Signature of Signatory Official for Liberty University

Terry Conner

Liberty University, Associate Dean, Residential Education & Graduate Operations

Date: 10/27/22

Interim Authorizing Official

This document must be kept on file by both parties and provided to OHRP upon request.

Appendix C: Permission Request Letter

September 30, 2022

As a graduate student in the School of Education at Liberty University, I am conducting research as part of the requirements for a Doctor of Philosophy degree in Curriculum and Instruction. The title of my research project is: The experiences of dentists and dental hygienists as they transition to teaching as clinical instructors: A transcendental phenomenology. The purpose of my research is to explore the experiences of these dental professionals to discover their perceived training needs as they transition to teaching as clinical instructors. At this stage in the research, training will generally be defined as a provision of education, professional development, and support to meet the training needs of clinical instructors as they transition from experts in their fields to instructors of students in the same healthcare fields.

I am writing to request your permission to contact members of your staff to invite them to participate in my research study.

Participants will be asked to contact me to schedule an individual interview, participate in a photograph journal for 1 week, as well as participate in 1 virtual focus group. Participants will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

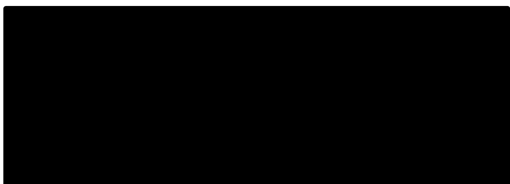
Thank you for considering my request. If you choose to grant permission, please respond by email A permission letter document is attached for your convenience.

Sincerely,

, MEd LDH CDA

Jennifer E. Fehrenbacher, M.Ed. LDH CDA
Liberty University Doctoral Candidate

Appendix D: Permission Response Letter



September 30, 2022

Jennifer E. Fehrenbacher, M.Ed. LDH CDA
Liberty University Doctoral Candidate

Dear Jennifer Fehrenbacher:

After careful review of your research proposal entitled: The experiences of dental healthcare professionals as they transition to teaching as clinical instructors: A transcendental Phenomenology, I have decided to grant you permission to contact our faculty/staff/other and invite them to participate in your study.

Check the following boxes, as applicable:

☑ I grant permission for Jennifer E. Fehrenbacher to contact current and past clinical instructors from the University of Southern Indiana to invite them to participate in her research study.

☐ I will not provide potential participant information to Jennifer E. Fehrenbacher, but we agree to send her study information to current and past clinical instructors from the University of Southern Indiana on her behalf.

☐ I am requesting a copy of the results upon study completion and/or publication.

Sincerely,

Appendix E: Consent

Title of the Project: The experiences of dentists and dental hygienists as they transition to teaching as clinical instructors: A transcendental phenomenology.
Principal Investigator: Jennifer E. Fehrenbacher, M.Ed. LDH CDA, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be 18 years of age or older, hold a bachelor's degree or above, have a dentist or dental hygiene license, and serve currently or previously in the role of clinical instructor in the dental clinic at the University of Southern Indiana with at least 6 months of experience. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to explore the experiences of dentists and dental hygienists who have transitioned from clinical practice to the role of clinical instructor. This study is being conducted to gain an understanding of the perceived training needs of dentists and dental hygienists who transition to teaching as clinical instructors. At this stage in the research, training will generally be defined as a provision of education, professional development, and support to meet the training needs of clinical instructors as they transition from experts in their fields to instructors of students in the same healthcare fields.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Participate in an individual interview via Zoom at a time convenient for you. It will take approximately 1 hour and will be audio- and video-recorded.
2. Utilizing the instructions within the recruitment email, create and upload a photograph journal using the GroupMe application for 1 week. This should take approximately 10 minutes or less daily. This will happen using a private direct message within the application.
3. Participate in the virtual focus group located in the GroupMe titled "SU CI Focus Group" for 5 days. This should take approximately 10 minutes daily.
4. Participants will be asked to review the transcripts of their interviews and focus group contributions to confirm their accuracy.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include a better understanding of the needs of clinical instructors in an attempt to provide the support they feel is necessary when transitioning to teaching roles.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher and the faculty sponsors will have access to the records. Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared.

- Participant responses will be kept confidential through the use of pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.
- Interviews will be recorded and transcribed. Recordings will be stored on a password-locked computer for three years and then erased. Only the researcher will have access to these recordings.
- Photographs submitted by participants may be used in future dissemination of findings. This will not include identifying information. Participants have the right to request that their submitted photographs remain confidential and can accomplish that by notifying Jennifer E. Fehrenbacher.

Is study participation voluntary?

Participation in this study is voluntary. Your decision on whether to participate will not affect your current or future relations with Liberty University or the University of Southern Indiana. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data

collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Jennifer E. Fehrenbacher. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [redacted] or [redacted] You may also contact the researcher's faculty sponsor, Dr. Janet Deck, at [redacted]

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you agree to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy of the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record/video-record me as part of my participation in this study.

____

Printed Subject Name

____

Signature & Date

Appendix F: Recruitment Email

Dear Clinical Instructor:

As a graduate student in the School of Education at Liberty University, I am conducting research as part of the requirements for a doctoral degree in Curriculum and Instruction. The purpose of my research is to explore the experiences of dentists and dental hygienists who have transitioned from clinical practice to the role of clinical instructor. At this stage in the research, training will generally be defined as a provision of education, professional development, and support to meet the needs of clinical instructors as they transition from experts in their fields to instructors of students in the same healthcare fields, and I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older, hold a bachelor's degree or above, hold a dental hygiene or dental license with at least 2 years of clinical practice, and serve currently or previously in the role of clinical instructor in the dental clinic at the University of Southern Indiana for at least 6 months. The requirements of the research study participants include the following:

Participants, if willing, will be asked to participate in:

1. An audio- and video-recorded individual online video interview (1 hour using Zoom)
2. A photograph journal (Virtual and asynchronous private messaging via the GroupMe application, 10 minutes daily for 7 days)
3. A virtual focus group (Virtual and asynchronous focus group via the GroupMe application with daily prompts, 10 minutes daily for 5 days)
4. Participants will be asked to review the transcripts of their interviews and focus group contributions to confirm their accuracy.

Data collection will occur using the 3 listed methods and member checking will occur for participants to review their responses for clarity and make revisions as needed. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please reply to this email stating an acceptance or declination to participate.

A consent document will be emailed to you if you choose to participate. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to prior to participation in the data collection methods.

Thank you in advance for your assistance in completing this task. I am so appreciative of your help.

Sincerely,
Jennifer E. Fehrenbacher, M.Ed. LDH CDA
Liberty University Doctoral Candidate

Appendix G: Participant Instructions and Consent Email

Dear Clinical Instructor:

Thank you for your willingness to participate in this study. Your experiences will be a valuable addition to the knowledge gained during this research.

Please note the following data collection methods:

1. An individual audio- and video-recorded online video interview (1 hour using Zoom)
    - Please respond to this email with available days and times for an online video interview.
2. A photograph journal (10 minutes daily for 7 days)
    - You will receive an invite from me to join GroupMe and a direct message from me with further instructions for the photograph journal.
    - Please see the attached Word document labeled “SU CI Photograph Journal”
3. A virtual focus group (Virtual and asynchronous focus group via the GroupMe application with daily prompts, 10 minutes daily for 5 days)
    - Please see the attached Word document labeled “SU CI Focus Group” for instructions.
    - You will be added to a GroupMe thread titled “SU CI Focus Group”

Data collection will occur using the 3 listed methods and member checking will occur for participants to review their responses for clarity and make revisions as needed. Names and other identifying information will be requested as part of this study, but the information will remain confidential, and pseudonyms will be used when presenting results.

Important: Two consent documents are attached to this email.
1. The “Invitation to be a Part of a Research Study” document contains additional information about my research. If you choose to participate, you will need to print and sign the consent document.
2. The “Materials Release Form” document contains information about the use of your submitted photographs in future publications or presentations. Please check the appropriate box and sign this form to accept or decline.

Return both documents to me as scanned attachments via email or by taking a picture with your phone and texting them to me. Please return them to prior to participation in the data collection methods.

Thanks so much for your help on this research project!

Sincerely,

Jennifer E. Fehrenbacher, M.Ed. LDH CDA
Liberty University Doctoral Candidate

Appendix H: Individual Interview Questions

1. Please describe your professional career through your current position(s). (CRQ)
2. Please describe the education or training you have received related specifically to teaching (formal and/or informal education or training). (CRQ)
3. Describe your experiences related to transitioning from the role of dentist or dental hygienist to clinical instructor of dental hygiene. (CRQ)
4. Describe challenges faced as a result of this transition to a teaching role. (CRQ)
    a. Describe challenges you have faced when working with students in the clinical environment? (CRQ)
5. Describe successful teaching practices you have used when working with students in the clinical environment.
    a. How did you learn to implement these? (CRQ)
6. What specifically (including education, professional development, or support) was helpful in guiding your role as a teacher of dental hygienists? (SQ2)
    a. How do you feel about the training you did or did not receive?
7. What do you feel would have helped guide you in your role as a teacher of dental hygienists? (SQ2)
8. What professional development experiences have you had that prepared you to work as a clinical instructor? (SQ2)
9. What professional development experiences, training, or support would you have liked to receive when beginning in your role as a clinical instructor? (SQ2)
    a. What ongoing development would you like to receive?

10. As an adult with various obligations throughout the week, how do you feel professional development, training, or support could be offered in a manner that fits your current lifestyle? (SQ3)
    a. What specific mode of delivery would you prefer?
11. What else would you like to add to our discussion of your experiences of transitioning into a teaching role from healthcare worker or preferred method of professional development? (CRQ, SQ2, SQ3)

Appendix I: Photograph Journal Instructions

SU CI Photograph Journal

To learn more about your typical daily obligations as an adult healthcare worker, clinical instructor, and family member, please take a minimum of 1 photograph per day using your cellular device that depicts typical daily working and living. Take a minimum of 1 picture on each day of the week (Sunday through Saturday) for a total of at least 7 daily representative pictures. For each picture, please describe the significance of the picture related to your daily obligations and describe your typical obligations for that day. Please insert the photograph and your responses to the prompts given via direct message on the GroupMe application. Use the following format for your daily direct message:

Sunday:

Picture:

Caption:

Brief description of daily obligations:

Monday:

Picture:

Caption:

Brief description of daily obligations:

Tuesday:

Picture:

Caption:

Brief description of daily obligations:

Wednesday:

Picture:

Caption:

Brief description of daily obligations:

Thursday:

Picture:

Caption:

Brief description of daily obligations:

Friday:

Picture:

Caption:

Brief description of daily obligations:

Saturday:

Picture:

Caption:

Brief description of daily obligations:

Appendix J: Virtual Focus Group Instructions

SU CI Focus Group Instructions

To learn about the lived experiences of the group related to transitioning from clinical practitioner to clinical instructor, an asynchronous and virtual focus group will be held. You will be added to the GroupMe virtual application under the thread, "SU CI Focus Group." Once all members are in the group, I will begin posting questions for discussion among the participants. I will post one question per day at 8:00 am starting on a Monday and ending on the Friday of that week. By using this format, you will have approximately 24 hours to respond to the question and the group prior to the next question. Because this is asynchronous, you will be able to add your text response at a time convenient for you.

Sample Focus Group Questions:

1. What internal factors aided in your transition from clinical practitioner to clinical instructor? (CQ)
   a. What external factors aided in your transition from clinical practitioner to clinical instructor?
2. What barriers did you face as you transitioned from clinical practice to clinical instructor?
3. What do you feel would benefit clinical instructors as they transition from roles as clinical practitioners to educators?
4. What incentive would motivate you to participate in professional development or training related to your role as a clinical instructor?
   a. Please give examples.

Appendix K: Thank You and Member Check Email

Dear Clinical Instructor:

Thank you for participating in this study and for sharing your experiences as a clinical practitioner who has transitioned to clinical instructor. I appreciate your time and willingness to share your experiences.

I have attached a transcript of your interview and focus group discussion. I ask that you review the documents to ensure the information is accurate and has captured your experience. If you feel changes should be made or you have remembered additional information that should be included, please edit the Word document by using the "Track Changes" feature in Microsoft Word. This can be accessed by clicking "Review" along the main toolbar and then "Track Changes" and "All Markup". Please do not change or edit grammar because it is essential for your voice and how you describe your experience to show through despite any grammar issues.

Please send your revised document to:

Again, thank you so much for your participation in this study. If you have any questions, please do not hesitate to contact me via email at or telephone at

Thank you,

Jennifer E. Fehrenbacher M.Ed. LDH CDA
Liberty University Doctoral Candidate

Appendix L: Materials Release Form

Title of the Project: The experiences of dentists and dental hygienists as they transition to teaching as clinical instructors: A transcendental phenomenology.
Principal Investigator: Jennifer E. Fehrenbacher, M.Ed. LDH CDA, Liberty University

Materials Release Form

Photographs submitted by you as a participant within the photograph journal data collection method in this study may be used in future presentations or publications. This will occur to disseminate knowledge gained from this study. If used, the photographs will be shared using pseudonyms without any personal identification included. As the participant, you will take and choose which photos (depicting a typical day for you) to share for your own photograph journal.

Your Consent

By checking the permission box below AND signing this document, you agree to allow the photographs you share to be included in potential future publications or presentations. Make sure you understand that by completing the information below, you either agree or decline to your shared photographs to be used. You will be given a copy of this document for your records. The researcher will keep a copy of the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.
Important
Return it to me as a scanned attachment via email or by taking a picture with your phone and texting it to me. Please return it to prior to participation in the data collection methods.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher DOES have my permission to use my shared photographs in possible future presentations or publications (Accept)

☐ The researcher does NOT have my permission to use my shared photographs in possible future presentations or publications (Decline)

____
Printed Subject Name

____
Signature & Date