Paving the Way: Shared Experiences and Evidence-Based Findings for Orientation of New Clinical Nursing Faculty

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Session Objectives

1. Following participation in this session, learners will be able to describe at least three evidence-based strategies used to support clinical nursing faculty competence.

2. Following participation in this session, learners will be able to discuss the phenomenon of role transition for new clinical nursing faculty.
Current Issues: Clinical Nursing Faculty

• Recruitment
  – Nursing shortage/nursing faculty shortage
    • Clinical experience is an integral component of learning
    • Who is qualified to fill these roles, and what will it take? (Evans, 2013)
Current Issues: Clinical Nursing Faculty

- Retention
  - Need to maintain quality clinical nursing faculty
    - Aging workforce
    - Other clinical opportunities
    - Vacancies impact student enrollment potential and other faculty members’ workloads

(Evans, 2013; McAllister, Oprescu, & Jones, 2014)
Who Are Our Clinical Faculty Members?

• Many are adjunct or part-time faculty!

• National data
  - Infrequent updates related to nursing faculty percentages
  - General nursing workforce trends
How can we use evidence-based practice to “pave the way” for quality future faculty orientation experiences?

• Review and appraise current research
  – Major areas to be used as strategies for orientation programming
• Consider the input of experienced nursing faculty members
• Consider values and missions of the nursing programs and the host clinical sites
Current Literature Findings

• Three major databases
  – 2011-2016

• Key terms:
  – nursing faculty orientation, clinical nursing faculty competence, new nursing faculty

• Major areas:
  – Role transition
  – Formal orientation programs
  – Special considerations
    • Adjunct faculty
  – Mentoring
  – Clinical competence
Role Transition Phenomenon

• Moving from expert clinician to novice clinical faculty
  – Reflect on the Benner Novice to Expert model (1982)
  – This experience can be supported by strategies to increase confidence and competence
  – Importance of socialization and formation of identity in the academic role

Role Transition Models

- Theoretical models can guide formation of orientation programs
- Navigate factors that either hinder or facilitate the transition
- “Nurse Educator Transition Model” (Schoening, 2013)
  - Grounded theory research
  - Four phases identified in the transition
Formal Orientation Programs

• Resource availability
• Focus on full-time faculty
• Structure varies
  – Many are based upon a multifaceted approach

(Davidson & Rourke, 2012; Gilbert & Womack, 2012; Magnum, 2013; Wyte-Lake et al., 2013)
Special Considerations

• Adjunct Faculty
  - Specific needs, expectations
  - Integration
  - Awareness

• (AACN, 2015; Koharchik, & Jakub, 2014; Roberts, Kasal-Chrisman, & Flowers, 2013; Santisteban & Egues, 2014)
Mentoring

• Well-supported as a component of new clinical faculty integration and transition

• Utilization and depth of resources will vary

(Jacobsen & Sherrod, 2012; Nick et al., 2012; Weidman, 2013)
Clinical Competence

• What is meant by “clinical competence”?

• What is meant by “clinical nursing faculty competence”?

• **Pair and share discussion on perceptions**
Clinical Competence

• Guidelines & Definitions


• Clinical nursing faculty competence
  – Hou, Zhu, & Zheng (2010) identified clinical nursing faculty competence as “systematic skills and/or abilities that a clinical nursing teacher must possess to teach successfully” (p. 1110).
Defining Priority Areas of Clinical Nursing Faculty Competence for New Nursing Faculty

- Quantitative survey design
- Purpose:
  to assess and compare the measured ratings by nursing faculty regarding important elements of clinical nursing faculty competence.
• Used as a needs assessment
• Clinical Nursing Faculty Competence Inventory (Hou, Zhu, & Zheng, 2010)
Faculty: Cindy Kronauge, MPH, PhD
Primary Variables of Interest

Two-Way MANOVA for RQ2 and RQ3

Independent Variables

(Factor)
Highest Level of Education
(Bachelor, Master, Doctorate)

(Factor)
Years of Experience
Employed as Nursing Faculty

Dependent Variables
(Response)
Leadership Abilities Mean Score
(Response)
Educational Intelligence Mean Score
(Response)
Adaptability Mean Score
(Response)
Capitalizing on Opportunities Mean Score

Clinical Nursing Faculty Competence
**Respondent Information**

- N = 94 (from nine academic institutions)
- Nursing faculty from institutions that offer a baccalaureate traditional nursing curriculum
- Ages ranged from 26-73 years old
- Years of experience as nursing faculty, dual employment in clinical position, education, and time away from direct care were collected as data to supplement survey results.
Regional data by convenience sampling (Hoppe, 2016):

- Representing nine institutions from three states (Great Plans & Rocky Mountain regions)
  
  n = 94

- 66.7% of respondents were age 55 and younger (33.3 over 55), while 18.3 were in the 26-35 years category

- Average # of years of experience as nursing faculty: 5.43

- Those working in nursing education for 10+ years: 38%

- ~30% of sample reported concurrent employment in a clinical position
Study Results

Top items of importance:
1) “Being a Good Role Model” (4.84)
2) “Enjoys Clinical Teaching” (4.79)
3) “Create a Good Learning Environment” and “Confidence in Professional Knowledge and Competence” (4.76).

Lowest-rated items:
- “Proficiency in Nursing Research” (3.63)
- “General Knowledge of Pedagogy and Psychology” (4.0)
Sub-Dimension Scoring and Variables

• Leadership Abilities
  – lowest rating of importance (4 = important and 5 = most important) was 4.12, (<1 year of teaching experience/Bachelor’s degree)

• Educational Intelligence
  – doctorally-prepared faculty with 5 or 6 years of experience rated the sub-dimension highest amongst all groups, at 4.27, while the lowest rating of 3.8 was received from the Bachelor’s degree and <1 year experience profile
Sub-Dimension Scoring and Variables

• Adaptability
  – Highest rating of 5.0 (doctoral degree and nine years of teaching experience). The lowest rating was tied at 4.25 between a profile of 1 or 2 years’ experience with a doctoral degree, and 7 or 8 years’ experience with a doctoral degree.

• Capitalizing on Opportunities
  – Highest rating of 5.0 (the 3 or 4 years’ experience doctorally-prepared faculty group) while the bachelor’s degree with <1 year experience profile respondents rated it as 4.0.
Mean Rating of Groups on CNFCI by Subscale and Level of Education
Mean Rating of Groups on CNFCI by Subscale and Years of Experience As Faculty
Study Results

• MANOVA analyses:
  – differences in the means of inventory subscale scores ranked by respondent groups of interest.
  – While no significant differences were found in the between respondent group attributes, priority areas of focus or high-ranking characteristics of competence were identified.
Implications

- Faculty development programs
- Priorities identified by current faculty for allocation of resources
- Invites further research for testing educational and mentoring interventions & models
Balancing Dual Roles
Special Synopsis

• New faculty dual employment
  – Same area as clinical assignment, or different?
  – Shared responsibility for quality in the agency
  – Help foster inquiry

  – Policy/procedure awareness

(AACN, 2015, Duphily, 2011, NCSBN, 2008)
Challenges

• Parallel commitments
  – Especially with employment amongst clinical sites

• Boundaries
  – Expectations of managers, staff, students

• Where do they interface?

(DeBourgh, 2012)
Other Shared Learnings

• Look for the “little things”

• Build Bridges
  – Help connect clinical leaders with appropriate faculty
  – Help staff nurses see the importance
  – Discern perceptions from staff that may focus too much or too little on completion of tasks

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Other Shared Learnings

• Peer observers
  – An opportunity to assist and share
  – Volunteer a couple hours of time
So, what can we identify as “best practice”?

• “Best practice”
  – Important concept, but not consistently used
  – Use of best available evidence
  – Used toward improved outcomes
  – Sometimes used interchangeably with EBP

• Summarize the literature search and don’t forget online resources from professional organizations
Suggested Strategies

• 1) Formal orientation programs
• 2) Online or simulation experiences for faculty development
• 3) Mentoring

(Crocetti, 2014; Fura & Symanski, 2014; Nick et al., 2012; Schaar, Titzer, & Beckham, 2015)
Pair and Share Questions

• What are some integration strategies for socialization of adjunct faculty? Any creative ideas for further faculty development of pedagogical strategies?

• What is your best advice for connecting with clinical staff as a new clinical faculty member?
Build your “Toolbox”!

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Essential Tools

• Program-specific details
  – Handbook/Clinical resources
  – Proper policy and procedure for student issues
  – Clear chain of command
  – Absence/illness policies
  – Dress code
  – Student preparation
  – Learning management systems
  – Access to files, forms
  – Student evaluations
Essential Tools

• Clinical site-specific details
  – Mission, values, outcomes/initiatives of importance
  – Expectations for scripting/service
  – Policy & procedure resources
  – Awareness of other programs using facility and scope of learning
**Wish List/Investments**

- If you haven’t, try to pilot some of the strategies shared today!
- Conduct a needs assessment
Shared Experiences

• Network to ask about clinical faculty orientation, mentoring programs, and use of online/simulation supplemental training

• Sharing of resources, success stories

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References


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Questions & Comments?

Thank you!