Developing Expert Clinicians into Clinical Faculty: A Mentoring Teaching Experience

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Goals and Objectives

- Session Goal:
  - Report the findings of a study exploring the transition from the role of nurse clinician to nurse educator

- Session Objectives:
  - Objective 1: Identify two components of successful nurse mentorship initiatives
  - Objective 2: Describe role transition that may occur for novice educators moving from clinical to academic environments

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Overview

➢ Purpose of Eastern Shore Faculty Academy and Mentoring Initiative (ES-FAMI)

➢ Background

➢ Methods

➢ Results

➢ Conclusions

Purpose of ES-FAMI

➢ To prepare expert nurse clinicians to become educators from acute clinical settings to the academic arena.

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Background

➢ The international faculty shortage is central to the nursing shortage (STTI 2010; McCourt, 2011; IOM 2010)

➢ Recruitment and retention of those from diverse backgrounds to teach nursing is challenging (American Association of Colleges of Nursing (AACN), 2014a; AACN, 2014b)

➢ Attracting and mentoring nurse experts to become educators require a multifaceted approach (Chung & Kowalski, 2012)

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Unique Regional Challenges

➢ Rural location in the United States

  ➢ Several nursing programs in close proximity

  ➢ Different levels of student preparation

➢ Lack of diverse faculty

➢ Insufficient faculty in specialty areas

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Overview of ES-FAMI Program

➢ 30 contact hours

➢ Face-to-face introductory session

➢ Online instruction

➢ Simulated clinical teaching sessions

➢ Mentoring workshops

➢ Focus groups

➢ Teaching obligation

(Reid, Hinderer, Jarosinski, Mister, & Seldomridge, 2013)

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Methods

➢ Mixed methods design
  ➢ Quantitative survey
  ➢ Qualitative mentorship focus groups
➢ Institutional Review Board approval
➢ Diverse participants selected from a pool of applicants

Quantitative Method

➢ Graduates completed Academy Experience Evaluation (AEE)

   ➢ Online 17-item survey

   ➢ 13 multiple choice items

      ➢ 5-point Likert scale (1 to 5)

      ➢ Higher scores indicated greater satisfaction

   ➢ 4 open-ended questions

Qualitative Method

➢ A Heideggerian, interpretive perspective
➢ Mentorship focus groups (n = 4)
  ➢ Participant permission
  ➢ Audiotaped and transcribed

EASTERN SHORE
Faculty Academy
& Mentorship Initiative

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Data Analysis

➢ Quantitative
  ➢ SPSS version 20.0
  ➢ Descriptive statistics

➢ Qualitative
  ➢ Diekelmann, Allen and Tanner (1989) method
  ➢ Hermeneutic research team validated written interpretations of mentorship focus groups

Quantitative Results

➢ 32 participants in 6 academies

➢ 26/32 completed AEE (81.3% response rate)

➢ Participant demographics

  ➢ 93.8 % (n=30) female

  ➢ 56.3 % (n=18) Caucasian

  ➢ 37.6% from diverse, underrepresented groups including male and non-white racial groups

  ➢ Age range 23-56 years (M=38.79, $\pm$ 8.48)

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Academy Experience Evaluation Results

➢ Overall, mean AEE scores were high, indicating a positive experience (range = 4.40 to 4.76)

➢ Highest scoring multiple choice items
  ➢ Module applicability to clinical faculty role
  ➢ Simulation experience
  ➢ Ability to identify problematic student issues

➢ Open-ended responses
  ➢ Mentoring integral to learning

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Qualitative Results

➢ Preliminary Emergent Themes
  ➢ Collaborating With Peers
  ➢ Putting It All Together
  ➢ Mentorship As A Sounding Board
  ➢ Learning Is Continuous

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Theme One:
Collaborating With Peers

➤ Depicted teamwork that ensued as participants helped each other and gradually developed an informal network of support

We collaborate with each other…we work off each other and get ideas.

One of the greatest benefits I derived from the program is the professional socialization.

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Theme Two:
Putting It All Together

➢ Described the mentor/mentee relationship as integral to participants' personal transition in becoming educators

One thing that helped me put everything together, like with the modules and everything that we're learning with the coursework… Dr. _____let me shadow her for a day to observe and see how all these pieces were being out together in the clinical setting. That was huge for me!

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Theme Three:
Mentorship As A Sounding Board

➢ Identified participants' own cognitive and emotional search as they thought about their teaching future, and their own expectations

You know you're able to do these things, but you need the courage to just step up to it and do it.

Knowing that I can have a sounding board or someone that will have your back and say "_____it's gonna be OK. You'll get through this. That means a lot."

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Theme Four:
Learning Is Continuous

➢ Focused on the participants' desire to continue learning throughout and after the mentoring process

I thought the Academy, like the scenarios, gave us insight on how to deal with those problems if we ever came across them. Which, when you're first teaching, you want to now how to handle those things and not have to be caught off guard.

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Conclusions

➢ Participants highly satisfied

➢ Felt well-prepared to teach

➢ Learning "how" to teach is important

➢ Formal mentorship solidified learning and role transition

➢ Learning is continuous

Next Steps

➢ Program extended for additional 5 years

– Expanded mentorship

– New academic partner

– Health care organization partners

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