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How to Best Educate Nursing Adjunct Clinical Faculty

Kim M. Bro, PhD, RN

Department of Nursing, Mount Mercy University, Cedar Rapids, IA, USA

Part-time faculty grew 72.5 percent since 2002, more than 58 percent of baccalaureate and higher degree programs reported hiring faculty as their primary plan to fill needed full-time positions due to the nurse faculty shortage and increasing student enrollments (American Association of Colleges of Nursing [AACN], 2012a; AACN, 2017; NLN, 2010). Nursing Adjunct Clinical Faculty (NACF) are expert clinicians, but may lack formal education to their educator role (Lewallen, 2002). Knowing how to prepare NACF for clinical teaching is necessary to ensure students are prepared to provide safe quality care as students and as novice nurses. Helping NACF assimilate to their educator role will benefit the students they teach and the nursing programs themselves.

The need for seamless academic progression from nursing school into practice is imperative. Nursing programs need a knowledge base from which to develop learning and mentoring experiences for their NACF. They will provide quality learning experiences for their students if NACF have been effectively oriented to their role (Ard & Valiga, 2009). Healthcare delivery and the nursing profession are changing dramatically due to consumer demand for cost-effective quality care, and an evidence-grounded profession (AACN, 2012b). The demand for registered nurses is expected to grow by 40 percent between 2000 and 2020 and if the current trends continue there will be a 29 percent shortage by 2020 (King, 2002). New nurses will need to be better prepared after graduation for higher acuity patients and higher workloads due to the nursing shortage.

Surprisingly there is an absence of research on NACF, specifically with how best to educate them to their teaching role. The researcher of this study interviewed twelve NACF with no less than one semester and no more than four semesters teaching experience. The researcher asked NACF how they best learn or what would be helpful to them to assimilate into their new educator role. van Manen's hermeneutic phenomenological design approach was used. The goal was to explore or uncover descriptions of a particular experience and the meanings, the phenomenon or human experience of being a novice NACF.

Four themes (frustration, training, mentorship and desire to teach) and eight subthemes (unknown expectations, role struggle, shadowing, grading, feedback, professional resource, lifelong learning and educate future nurses) were identified after the researcher analyzed the data. The constant comparison method was used and the data was broken down into segments and expressions were grouped and labeled. The most predominant theme of frustration was experienced by 8 of the 12 participants related to their adjunct clinical faculty experience. Unknown expectations and role struggle were subthemes of frustration. Unknown expectations included how to grade student assignments; believing students were more prepared for clinical than they were; last minute clinical site changes; no formal orientation to their clinical faculty role; and receiving no direction throughout their clinical rotation by a course coordinator. NACF struggled in their teaching role because they wanted to help students learn but felt they weren't given the tools they needed to be successful in their role. Nine out of 12 participants overwhelmingly discussed their need to know how to conduct a clinical. Ten participants reported that they are visual learners and would like to have had hands on clinical training to ensure their success as a clinical educator. Seven out of 12 participants shared that shadowing another clinical faculty prior to the start of their clinical would have been the most helpful in learning how to conduct a clinical; including what to do with the students in the clinical area; and how to conduct a pre and post conference. Eight out of 12 participants agreed that receiving help with grading clinical write-ups would have helped them be proficient with grading.

In addition to shadowing clinical instructors and getting help with grading, participants wanted feedback. This feedback may be given through mentorship. One participant described a mentoring relationship but

all other participants did not describe a desire to have a mentoring relationship. They wanted someone to go to if they had questions “a point of contact” and someone to check on them at the beginning of their clinical rotation, not throughout their rotation, until they knew what their expectations were as clinical faculty. Participants wanted feedback throughout their teaching assignment from either clinical faculty or course coordinators. Six out of 12 participants accepted an adjunct clinical faculty position because they believed it would be interesting and an educational role for them. Lifelong learning and wanting to educate future nurse were subthemes of Desire to Teach.

The contributions of the researcher’s study to nursing education included: Students may not be prepared upon graduation to provide quality and safe care; Adjunct clinical faculty were frustrated in their teaching role due to the lack of preparation from their nursing school employers; and adjunct faculty shared what would be helpful to them for their success in their teaching role. The contribution to professional practice included: Prepared clinical faculty are needed to help students make connections from education to practice; According to the participants responses to questions the quality of students’ clinical rotations may be absent; New nurses will be better prepared; and employers and patients will benefit.

Title:

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References:

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Abstract Summary:

Nursing Adjunct Clinical Faculty are needed and utilized more due to the faculty shortage and increasing student enrollments. They may not be prepared to be educators due to their lack of orientation. In the researcher's study, Adjunct Faculty shared what would be helpful for their success in their teaching role.

Content Outline:

I. Nursing Adjunct Clinical Faculty (NACF) are Needed and Utilized More

A. Expert clinicians but not prepared to be educators

B. Lack of formal education (teaching, learning principles, evaluation processes) and orientation to

the educator role.

C. Knowledge needed on how to prepare NACF

1. Will help NACF assimilate to their educator role

a. Benefit students

b. Nursing programs

II. Nursing Adjunct Clinical Faculty

A. Literature Review

1. Absence of NACF Research

a. Orientation to their clinical teaching role typically nonexistent

b. Mentoring programs and mentoring recommended

c. Transition from expert clinician to novice educator role may produce anxiety for a short period of time

d. Many NACF have full-time jobs or other part-time jobs in addition to their clinical teaching position

B. Researcher's Study

1. Qualitative Research Method-van Manen's Hermeneutic Phenomenology

a. Philosophical Underpinning- John Dewey's Philosophy of Experience and Education

b. Theoretical Model-Benner's Novice to Expert Model of Skill

Acquisition

- c. Researcher interviewed 12 participants from three private baccalaureate institutions in the Midwest with no less than one semester and no more than four semesters teaching experience

C. Results of Study

1. Four Major Themes and Eight Subthemes

a. Frustration

- 1). Unknown expectations (how to grade assignments, no formal orientation to their role, last minute clinical site changes)
- 2). Role struggle (NACF weren't given the tools to be successful)

b. Training

- 1). Shadowing (shadowing another clinical faculty would have been most helpful in learning how to conduct a clinical)
- 2). Grading (receiving help with grading clinical write-ups would have helped them be proficient with grading)

c. Mentorship

- 1). Feedback (participants wanted feedback throughout their teaching assignment)
- 2). Professional Resource (an experienced educator to be available for questions, but not a mentor)

d. Desire to Teach

- 1). Lifelong Learning (participants thought teaching would be interesting and an educational role for them)
- 2). Educate Future Nurses (wanted to help educate future nurses)

III. Conclusions of Study

A. Frustration

1. Novice NACF are frustrated with their assimilation to their clinical educator role due to unknown expectations and role struggle.
2. Unknown expectations including how to grade student assignments they are expected to grade, how to conduct a pre or post conference, how to pass meds with students, how to assign students to patients, and teaching in unfamiliar clinical areas, contribute to adjunct clinical faculty frustration.
3. Clinical faculty are frustrated and struggle in their teaching role because they want to help students learn and be successful in clinical but feel they aren't given the tools they need for their success; and therefore they are unable to help their students be successful.
4. Adjunct clinical faculty do not feel supported by the institutions they work for.

B. Training

1. Clinical faculty reported incomplete or non-existent formal orientation to their clinical teaching role: If they received formal training it was not what they needed to be successful.
2. Clinical faculty want to be educated and trained for their new teaching role: They reported being visual learners and learn best by doing.
3. Shadowing another experienced adjunct clinical faculty and learning how to grade assignments would be the most helpful to them in learning their new teaching role.
4. All clinical faculty wanted to know how to conduct a clinical and what their clinical day should look like.

5. Clinical faculty want examples of “good” and “bad” clinical work with comments (corrections and

feedback) from experienced clinical faculty.

6. Clinical faculty want tangible instructions such as checklists, examples of graded papers, talking

points for pre and post conference, and guidance from clinical coordinators or other experienced

clinical faculty before starting their clinical teaching rotation.

C. Mentorship

1. Clinical faculty want a professional resource for feedback, preferably an experienced clinical faculty;

and desire that person as a “point of contact” for very quick feedback for their questions.

D. Desire to Teach

1. Adjunct clinical faculty have a desire for lifelong learning and want to help educate future nurses.

First Primary Presenting Author

Primary Presenting Author

Kim M. Bro, PhD, RN
Mount Mercy University
Department of Nursing
Assistant Professor
Cedar Rapids IA
USA

Professional Experience: EMPLOYMENT August 2010-present Assistant Professor of Nursing Mount Mercy University Cedar Rapids, IA August 2006-August 2010 Assistant Professor of Nursing University of Dubuque Dubuque, IA December 2008-present Staff Nurse Heart Center Unity Point-St. Luke’s Hospital Cedar Rapids, IA PRESENTATIONS January 30, 2017 Faculty Development CEU Program “Nursing Adjunct Clinical Faculty’s Assimilation into Their New Role in a Baccalaureate Program” Cedar Rapids, IA July 18, 2014 “Moving from Antarctica to Hawaii: You Create the Climate” Presented with Cathy Penn Nurse Educator’s Conference, Breckenridge, CO May 2006 “The Male Nurse Experience Within the Nursing Profession: A Qualitative Study”. Presented research with Joan Copper and Lisa Thuerlauf. Research Day, Clarke College, Dubuque, IA AWARDS March 7, 2006 First Place Award at Fifteenth Annual Nursing Research Conference, Graduate Student Poster Presentation, at Mayo Clinic, Rochester, Minnesota,

Author Summary: Dr. Kim Bro is an Assistant Professor of Nursing at Mount Mercy University and has been teaching at the collegiate level full time since 2006. She recently defended her dissertation, Nursing Adjunct Clinical Faculty’s Assimilation into Their New Role in a Baccalaureate Program, earning her PhD

in Nursing Education from Nova Southeastern University. Kim is member of Sigma Theta Tau International Honor Society of Nursing, American Nurses Association, and the Iowa Nurses Association.