



Expert clinician to clinical teacher: Developing a faculty academy and mentoring initiative



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ABSTRACT

The lack of sufficient numbers of qualified nursing faculty to prepare nursing students for entry into the field of nursing is of national and international concern. Recruiting expert clinicians and preparing them as clinical teachers is one approach to addressing the faculty shortage. Adequate training for the new role is paramount to promote job satisfaction and reduce attrition. Various models for orienting and preparing expert nurse clinicians as clinical educators are reported in the literature with little consensus or research to support a single approach. This paper describes a collaborative effort to prepare experienced registered nurse clinicians for new roles as part-time clinical faculty. Using a blend of learning strategies (face-to-face, online, simulation, and group mentoring sessions), this training experience was designed to cover content while promoting discussion of issues and challenges and providing much-needed mentorship. Outcomes include 12 new clinical faculty, 25% from groups underrepresented in nursing, with nine newly employed as part-time clinical teachers.

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Background and Review of Literature

The current shortage of professional nurses is of concern around the world (Potempa et al., 2009). One of the most important factors contributing to this crisis is insufficient numbers of qualified nursing faculty (Buchan and Calman, 2004; Daly et al., 2008; Rukholm et al., 2009). The International Council of Nurses (ICN) and Sigma Theta Tau International (STTI), the Honor Society of Nursing, suggest that the migration of qualified nursing faculty to countries other than their own (STTI, 2010b) for higher salaries, better research funding, and career growth are contributing factors. Rukholm et al. (2009) note that reasons for the faculty shortage vary by geographic region. In the northern hemisphere an aging faculty workforce, time delays in beginning graduate education on a path to an academic position, extended time to graduate degree completion, and heavy teaching load are important factors, whereas lack of access to graduate education and lack of resources are issues in the southern hemisphere (Rukholm et al., 2009). Other global concerns are the differences in minimal educational preparation and roles of nurse educators worldwide, the challenges faced when integrating education and practice; the overall quality of

nursing education; and, of course, the international shortage of nurses (McCourt, 2011).

This dearth of qualified nursing faculty, an issue of local, national, and international concern, is only expected to worsen if solutions are not found (Aiken et al., 2008; Allan and McClellan, 2007; McCourt, 2011). In the United States (U.S.) alone, 54.5% of nursing schools reported faculty vacancies needing to be filled (Tracy and Fang, 2010). Girot and Albarran (2011) documented an aging faculty workforce in the United Kingdom, noting concerns about recruiting and developing the next generation of educators. Studies in Canada (Allen, 2008; Cash et al., 2009, 2011) confirm similar shortages while noting that the faculty shortage has not received the same attention as the shortage of nurses. The Global Summit on Nurse Faculty Migration (STTI, 2010b) reported the international impact of the faculty shortage on enrollments in nursing programs worldwide, calling for practical solutions that could be implemented on a global scale. According to the National League for Nursing (NLN), the main obstacle to expanding admissions in U.S. nursing programs is the lack of nursing faculty (NLN, 2010). In Canada, large numbers of qualified student applicants are similarly turned away due to shortages of teaching staff (Cash et al., 2009). Similarly, in China, despite increases in the overall number of nurses, a significant shortage still exists relative to the population, indicating a need for additional educational programs and faculty (Liu, 2007). In Australia, limited availability of faculty

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and clinical placements has restricted efforts to expand university training sites for new nurses (Barnett et al., 2008). Increases in the number of nursing schools and creation of a mentoring program for new graduates to improve retention in Malaysia have caused significant strain on nurse educators and experienced clinical nurses (Barnett et al., 2010).

In some countries, there is also a desire to attract and prepare nursing faculty from underrepresented groups, including individuals from diverse cultural and ethnic backgrounds and males to more closely mirror the racial and ethnic composition of the population and the student body (AACN, 2010, 2007; Institute of Medicine, 2011; Godfrey, 2005; McNeal, 2012; Nnedu, 2009; Zajac, 2011). According to the American Association of Colleges of Nursing (2010) few nurses from diverse backgrounds who hold advanced degrees pursue careers in nursing education. Furthermore in the U.S., only 11.5% of full-time faculty are from racially/ethnically diverse groups and only 5.1% of faculty are male (AACN, 2010).

Preparing novice educators for their new roles is of paramount importance to promote job satisfaction and reduce attrition. While not all obstacles (e.g. low wages, heavy workload, limited career growth) are easy to overcome, more can be done to ease the transition from expert clinician to novice educator (Chung and Kowalski, 2012; Kowalski et al., 2007; McNeal, 2012).

Although they are known by different titles from country to country (e.g. clinical associate, clinical educator, clinical faculty, instructor, preceptor), those who teach nursing students have much in common. In addition to being knowledgeable, competent clinicians, they are committed to helping students refine specialized skills, learn to think like professionals, and handle challenging situations.

Preparing clinicians for the educator role

Various models for orienting and preparing expert nurse clinicians as educators are reported in the literature with little consensus or research to support a single approach (Cangelosi et al., 2009; Hutchinson et al., 2011; Kowalski et al., 2007; Murray et al., 2010; WHO, 2006). Further, the majority of publications on the subject come from the U.S.

Cangelosi et al. (2009) created the *Clinical Nurse Educator Academy*, to provide a practical foundation for new nurse educators in the United States. Clinicians holding a Baccalaureate (BS) or Master's (MS) degree with backgrounds diverse in culture, ethnicity, gender, age, and experience were recruited for this four-day academy. Content included: transitioning from clinician to educator role, incorporating high fidelity human patient simulation into learning, planning clinical experiences, strategies for teaching a diverse student population, and evaluation methods.

A large pediatric hospital in the U.S. also used a four-day format, blending an orientation and a mentoring program for new nursing instructors who would be teaching at the facility (Hutchinson et al., 2011). New faculty first attended a two-day practicum for orientation to the specific units where they would be teaching, followed by a two-day orientation covering institutional philosophy, faculty and student manuals, ethical, legal, and educational considerations that impact the students' learning experiences, pain management and the importance of a family-centered focus of care. Feedback from participants was positive with the majority continuing to teach at the hospital.

Collaborative efforts to increase the pool of qualified clinical nurse educators have also been employed. In the U.S., the Workforce Collaborative Pilot Project, supported by Missouri's state hospital administration, 33 member hospitals, and 11 local nursing schools developed a two-day *Clinical Faculty Academy* (Murray

et al., 2010). Similarly, the Colorado Center for Nursing Excellence developed the *Clinical Scholar Program* (Kowalski et al., 2007). Both projects focused on issues related to teaching in a clinical setting, evaluating students, and common challenges regarding students in a clinical environment (Kowalski et al., 2007; Murray et al., 2010). The *Clinical Scholar Program* also included adult learning theory, conflict management, characteristics of today's learners, and the National League for Nursing Educator Competencies for clinical faculty (Kowalski et al., 2007). Over 100 attendees have completed the *Clinical Faculty Academy* supporting increased nursing student enrollments. The *Clinical Scholar Program* has reported improved clinical experiences for students, expanded educational opportunities for staff, increased numbers of clinical sites for schools of nursing, and continued collaboration between clinical agencies and nursing schools.

In an effort to "prepare nurse educators who would commit to remaining in their home countries following graduation" (Jones et al., 2010, p. 587), Loma Linda University, a private university in the United States, offered their Master of Science in nursing program at two international sites. A site in Thailand served countries in Asia, while one in Argentina served South and Central America. Courses were delivered in intensive 2-week sessions using a blend of face-to-face and online strategies, with a practice teaching experience following completion of courses. Forty-five of forty-nine students completed the Master's degree with the majority working in academic settings in their home countries.

Other approaches for preparing healthcare educators include the United Kingdom's National Health Service (NHS) recommendations for joint appointments, job swaps, shadowing, and short experience exchanges to give clinicians an opportunity to see the benefits of an educator position (NHS, 2006). The International Academic Nursing Alliance (IANA) is another resource for the exchange of information among nurse educators and clinicians. This "global electronic community of academicians" provides access to a host of resources including information about curriculum design and teaching methods with the ultimate goal of promoting high standards of nursing education (Huston and Percival, 2009, p. 189).

There is no global standard for nursing education, however, the World Health Organization (WHO) suggested that flexible training, mentoring, reasonable financial remuneration, access to technology, constructive feedback and evaluation, opportunities to improve teaching, and awards for teaching were vital aspects of training, sustaining, and maintaining the educator workforce. Mentorship of novice faculty is an essential component to support role transition with reports of higher job satisfaction, more job promotions and upward career mobility for new faculty with mentors when compared to those without mentors (STTI, 2010a). Blauvelt and Spath (2008) found that new nursing faculty who were mentored reported positive attitudes toward teaching and feelings of success in their first year of teaching. The NLN Position Statement: Mentoring of Nurse Faculty (2006) suggested that mentoring can help novice faculty with feelings of loneliness and lack of support. Cash et al. (2011) reported the importance of sharing the knowledge, wisdom, and "corporate memory of experienced nurse educators" (p. 263). Despite these findings, Chung and Kowalski (2012) found that only 40% of full-time nursing faculty in the U.S. ($N = 959$) who completed their survey had a current work mentor.

While there is some agreement about requisite subject matter to ease the transition from clinician to educator including: 1) defining expectations of clinical faculty; 2) planning and implementing meaningful clinical conferences; 3) implementing clinical experiences; and 4) evaluating student performance (George Mason University, 2009; Kowalski et al., 2007; Murray et al., 2010), there is no agreement on the appropriate length or mode of delivery of

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