THE CLINICAL NURSE INSTRUCTOR:
BEST PRACTICES IN ORIENTING NEWLY HIRED CLINICAL FACULTY

By
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To the Faculty of Washington State University:

The members of the Committee appointed to examine the master’s project of LANA D. TOELKE find it satisfactory and recommend that it be accepted.

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I would like to acknowledge Dr. Phyllis Eide, my committee and the graduate faculty at Washington State University.
A clinical instructor prepares students to think critically and act effectively, grooming students for a lifetime of learning in a changing world. Faced with faculty shortages, limited educational resources, and competition for clinical sites, educators today are challenged in preparing nursing students to provide safe, effective nursing care. Review of the literature concludes that making the transition to the clinical nursing instructor role is not easy. Some clinicians voice that they lack preparation for this new role. This state of the science review explores the question of how clinicians can use best practices to enhance understanding of the orientation process as they prepare for the role of a clinical nurse educator. The desired outcome of this preparation is to increase employee satisfaction and decrease turnover within the first two years of hire.

*Keywords*: nursing, clinical instructor, education, nurse faculty, nursing faculty shortage, nursing education, nurse educator, faculty role, clinical instructor orientation, best practice
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Dedication

My thesis project is dedicated to CG, my number one supporter. You believed in me, encouraged me, and sustained me throughout all the highs and lows, and I am forever grateful. Thank you for sharing yourself, and your wisdom from years of teaching experiences.

This is dedicated to you, my best friend.
INTRODUCTION TO THE STUDY

Teaching is a complex act that requires the integration of many skills. When educating nursing students, a balance is needed between the knowledge obtained in theory class and application of that knowledge in the clinical setting (Zabat Kan & Stabler-Haas, 2009). Clinical teaching is even more complex than traditional didactic instruction because of the increased responsibility for patient safety as well as student learning. Unlike traditional teaching, learning does not happen in the classroom, but instead happens in a health care facility. A variety of skills are required that may or may not be ensured by competence in a clinical specialization area. Although many new faculty members have expertise in their clinical area of practice, they may not initially have the ability to convey that proficiency to their students. The reasons are twofold. Generally, they do not have formal training and supervision in teaching (Beres, 2006; National League for Nursing, 2006), and they are thrown into unplanned activities where there is limited control over the factors that affect student learning (Benner, Sutphen, Leonard & Day, 2010).

To create a positive learning environment for nursing students, a lot of hard work goes into the development and practice of clinical teaching. Not only do clinical instructors need to organize clinical experiences, but they also facilitate learning. Clinical teaching is considered a facilitative activity that is shared between the student, the clinical instructor, and the nursing staff. Much of the teaching occurs while the student is giving direct patient care. Faculty interactions occur with individuals and small groups of students. Learning moments like these cannot be constructed, scripted, or even predicted. Instead, they arise spontaneously and are short-lived. Faculty must make the most of these opportunities and be prepared to take advantage of them (Benner et al., 2010). As a novice instructor it is especially challenging to
recognize and respond to these teaching moments because the routine duties of the clinical instructor take enormous amounts of time and require so much attention (Emerson, 2007).

Some of the duties of a clinical instructor that may be new and unfamiliar to novice nurse educators include the time consuming task of preparing, evaluating, and revising curricula using appropriate strategies and theories (NLN, 2005b). Clinical instructors also need to spend time orienting to the clinical facility, developing clinical rotations and assignments, and must orient students to the facility, the electronic charting system, and to the equipment that may be used. They also travel to and from the clinical site, plan and facilitate clinical pre and post conferences, review written care plans and data packets for accuracy and to assess student understanding. In addition, they evaluate and provide feedback on student performance and problem solving techniques in the clinical agency, serve as a professional role model, and monitor students who are in jeopardy of giving unsafe care. The clinical instructor will also intervene if a patient’s condition deteriorates un-expectedly or if the student encounters problems that are beyond their expertise (Beres, 2006; NLN, 2005b; Oermann, 2008).

The Importance of Clinical Teaching

Clinical teaching is an important aspect of the nursing education as nursing students are educated into the profession of nursing. The clinical practicum encompasses a large part of a nursing student’s education. It is a practice discipline that involves experiential learning in a clinical setting. Clinical instructors are expected to guide the student nurse to employ active learning strategies which assist the student in transferring the theory learned in the classroom into safe, quality, direct patient care. The clinical experience is a multifaceted experience of learning and teaching. According to Emerson (2007), clinical instructors devote time and energy to forming relations with the facility, the supervisors, the nursing staff, and even with physicians
and other health care providers to maximize and maintain student learning over time. Not only does the faculty member function as a liaison between the facility and the college (Oermann, 2008), they are an evaluator for the nursing school, a counselor to the students, and sometimes help to smooth conflicts between students and nursing staff. When conflicts arise, the clinical instructor often faces the crisis alone, without advice or assistance from their superiors or peers.

**Statement of the Problem**

Currently there is a shortage of nurses throughout the entire United States. A study done in 2004 by the American Association of Colleges of Nursing (AACN, 2005) reports that over 32,797 qualified applicants were denied admission to nursing programs, and a later report (AACN, 2008) increases that number to over 43,000. The major reason cited for denying admission to U.S. nursing schools was due to decreased resources and a diminishing pool of nursing faculty (AACN, 2008).

Washington State also reflects the national pattern of not currently having enough registered nurses to meet the health care needs of the residents of the state (Ellis, 2007). According to the Washington State Nurses Association Biennial Report (2009), by the year 2020 it is estimated that there will be an RN shortfall of nearly 25,000 RN’s in the state of Washington. The report goes on to state that “Despite a clear and critical need for more registered nurses, there are simply not enough resources devoted to nursing education programs to meet demand” (p.12). Without sufficient faculty, enrollment to nursing programs is being limited at a time when expansion is needed to accommodate the growing nursing shortage.

The shortage of nursing faculty has been well documented in the media and in the nursing literature (AACN, 2005; AACN 2008; Beres, 2006; Blauvelt & Splath, 2008; NLN, 2005a; Robert Wood Johnson Foundation, 2002). A review of published articles reveals that the
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shortage is due to a variety of factors. Some of the factors are similar to the overall nursing shortage, but some of the reasons are specific to academia. A large number of faculty have recently retired and many are nearing retirement age. As a result, nursing schools will now face the challenge of finding, orienting, and mentoring new faculty. Salaries are typically non-competitive with increased competition from private and clinical sectors. Some nurses who might otherwise accept or keep a faculty position do not do so because of the decreased time for maintenance of their own clinical practice. Also, there are more nurses who are obtaining a Nurse Practitioners license with the intention of practicing rather than entering academia (Beres, 2006; Diefenbeck, Plowfield & Herrman, 2006). Overall, there are fewer nurses who have their masters or doctoral degrees and even fewer who have had any preparation for teaching (Benner, et al., 2010).

The Effect of the Issue

The nursing faculty shortage places stress on educational programs, the current teaching staff, and the clinical agencies, creating challenges for the nursing education programs as well as the clinical agencies that accommodate student learning. Ellis (2007) reports serious difficulty in hiring qualified faculty in Washington State. Despite nationwide advertising, nursing programs often receive no qualified applicants for their part time positions, and only receive two to three applications for full time positions. The problem is magnified with clinical instructors as they are often hired part-time and receive no benefits (Ellis, 2007). Many have to take night or weekend clinical rotations, and turnover rates are higher than the average for clinical instructors. In addition, because of their appointment to the clinical setting, part-time clinical instructors have limited contact with other instructors, and the quality of the teaching and the learning may suffer as a result (Diefenbeck et al., 2006).
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Decreased resources also mean that often there is no money to adequately train and prepare clinical nursing instructors. Since adequate clinical experiences are crucial for students to develop the competencies needed for graduation, for basic preparation for licensure, and to enter the workforce, the one-on-one interaction in the clinical agencies is essential. Interaction aids the student in developing collaborative and interpersonal skills which enhance the ability to respond to changes in the patient’s situation.

The seriousness of the faculty shortage and the need for well-prepared educators in nursing programs should be a high priority. It is, therefore, crucial to address the issue of faculty preparedness. To assist new clinical instructors as they prepare for their new role, Emerson (2007) believes that some “unlearning” of older methods needs to occur in order to make room for new teaching strategies. In order for radical transformation to come about (Benner et al., 2010), it means that, as a clinical instructor, it is important to have a broader perspective, to be open to new approaches to nursing instruction, and to be adequately prepared for teaching (Emerson, 2007).

STATEMENT OF PURPOSE

The purpose of this paper is to perform a critical review of the literature for information regarding best practices in orienting newly hired clinical instructors. The overall goal of this review is to improve understanding of the current orientation process which will lead to the development of a more caring, more effective, personalized orientation for newly hired clinical faculty. A desirable outcome of a more personalized orientation for new clinical faculty is to increase faculty employee satisfaction and decrease turnover within the first few years of clinical teaching.

SEARCH STRATEGIES
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An internet literature search was completed in Oct. of 2011, utilizing the following words: clinical instructor, nursing, yielding 145 results. Research material was obtained through EBSCO Host using the advanced search engine Cumulative Index to Nursing and Allied Health Literature (CINAHL) database. The search was initially limited to the past five years, which yielded one hundred and forty-five articles. The time frame was then expanded for more depth. The articles were further reduced to 72 using the modifiers "orientation," "new faculty," "clinical nurse educator," and by only using peer reviewed articles. No articles were found using the modifier "best practice." After reviewing 72 articles that addressed clinical nurse educators, ten articles were then selected for an in-depth review.

CONCEPTUAL FRAMEWORK

A conceptual framework was used in order that relevant literature could be synthesized in a systematic fashion. In this review the framework of Erickson, Tomlin and Swain's (1983) Modeling and Role Modeling (MRM) was utilized. According to Erickson et al. (1983), modeling and role modeling form relationships that are a cost-effective alternative that aid new faculty to develop the tacit knowledge needed to be a good teacher.

In addition, a caring environment is needed in order for novice faculty to acquire the tools that are necessary to become a successful educator (Snelson, et al., 2002). Therefore, Watson’s (1988) theory of caring also provided context for this paper and served as a guide in the data collection and interpretation processes so as to give the research greater meaning.

The aim of this review is to determine how and to what extent clinical nurse educators are prepared and supported for their role as a clinical instructor. Four concepts emerged from the review: 1) The process of preparing clinicians for the role of a clinical instructor, 2) Exploring the new role, 3) Embracing the novice, and 4) The mentoring process.
The Process of Preparing Clinicians for the Role of a Clinical Instructor

To better understand the process of preparing for a clinical instructor role, a review of the literature was performed. According to Tanner (2006), clinical education has, for the most, remained unchanged for the past 40 years. In the Carnegie Report of 2010, Benner et al. states that the reason for this is that the focus has been on developing nursing research and not on preparing future faculty for teaching in the complex practice of nursing. The report goes on to say that there should be major emphasis on bringing classroom and clinical closer together. Therefore, it is time for change, but the change needs to be centered on best practices in teaching and learning that combine the knowledge obtained in theory class and the practical application of that knowledge in the clinical setting (Benner et al, 2010).

Knowing that change is necessary, it is interesting to note that the literature review found that limited research exists concerning the process of educating clinicians for the role of a clinical nurse instructor. Zabat Kan and Stabler-Haas (2009) state that what is missing in the literature is a hands-on real-world guide that assists faculty in the transition from staff nursing to clinical educator. Even though there is limited research about how clinical instructors are prepared, there were three themes that emerged from the data, ‘exploring the new role’, ‘embracing the novice’, and the ‘mentoring process’.

Exploring the New Role

While exploring the new role of a clinical nurse instructor, a common theme throughout the literature was the belief that if one has clinical expertise in their practice, they can move easily into the role of nurse educator and that teaching should come naturally (Beres, 2006; Cangelosi, Crocker & Sorrell., 2009; Sawatzky & Enns, 2009). However, this assumption is
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unrealistic unless the educator has formal and informal training (Cangelosi et al., 2009). As the nurse transitions into the role of educator, the focus shifts from delivering quality patient care to delivering quality education. Therefore, an additional set of skills is required.

When nurses change their area of practice where they have already gained expertise into a new area, they no longer have the expertise they once had. Once again they become novices and need to acquire a new skillset (Benner et al., 2010). Benner et al. (2010) goes on to say that novices learn best when they are in a structured learning environment, and need to incorporate new strategies as they learn the new skills that are needed for a clinical nurse educator.

Unfortunately, many who were trying to make the transition from an area of clinical expertise to nurse educator only had a vague idea of the educator role, all that it will entail, and the time commitment needed to be successful (Cangelosi et al., 2009; Zabat Kan & Stabler-Haas, 2009). As a result, these nurses felt like they were leaving their comfort zone and forging ahead somewhat blindly because of their love for teaching and their desire to share what they love. When the new role of clinical educator is clarified, and training and guidance are provided, the transition is easier (Cangelosi et al., 2009; Zabat Kan & Stabler-Haas, 2009).

**Embracing the Novice**

In addition to exploring their new role, newly hired clinical faculty must also realize that everything is new for them as novice faculty. According to Boyd and Lawley (2009), novice faculty are newcomers in many aspects of their role. In order for these expert clinical nurses to move effectively into the role of nurse educator, they must embrace the novice within. It should not be seen as a phase that is to be endured, but rather as a journey from which “to learn from and return to” (Cangelosi et al., 2009, p. 369), and should encompass a lifetime. As one
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embraces the novice role it allows the freedom of not knowing everything and affords the opportunity to learn from the job itself and from others.

Self-care is another important aspect of embracing the novice. Nursing Professor Jean Watson (1988), a pioneer in research on the nature and process of caring, offers advice on the importance of self-care and invites nurses to practice intentionality. It means using whatever is presented, including the dark, difficult times, as lessons for growth. It also means offering gratitude for all things, and honoring nursing as a spirit-filled practice (Watson, 1988). As one begins to explore the new role of clinical instructor and embrace the novice within, a number of self-care strategies can be implemented. A good place to start is by checking out the available resources, and then to create a self-care plan that is based upon individual needs and situations.

The Mentoring Process

When creating a self-care plan one resource that can be utilized is mentoring. The literature reports that many new clinical instructors experienced fear, anxiety and tension, and had no perception that they received any mentoring from their employer or peers (Cangelosi et al., 2009). Being a novice did not create the frustration, rather the uncertainty of the process and how to go about obtaining the expertise needed as a clinical nurse educator. It may, therefore, be necessary for others to aid new instructors in the preparation of their new roles and responsibilities of teaching.

Watson's theory of caring is a good link in caring for the new clinical instructor. Watson (1988) indicated that caring represents the moral ideal and is the central core of nursing and nursing education. Therefore, the educative experience requires caring faculty. One tool that is used to aid new faculty with the transition process is mentoring. Mentoring is an essential element that can provide new clinical instructors with a solid foundation. According to the NLN
THE CLINICAL NURSE INSTRUCTOR (2006), mentorship is important for role socialization and should be a part of the continuum as it plays a key factor in retaining faculty. Sometimes a faculty member with more experience is assigned to guide new clinical instructors for a few weeks so as to provide a venue for inquiries and support (NLN, 2006). Individual needs vary greatly and some educators require more extensive orientation and/or mentoring. However, Cangelosi et al. (2009) stated that often there is not an organized process that helps new faculty learn their new role as educator. As a result, many new instructors are left to explore their own avenues for professional development. Beres (2006) addressed the issue directly when she stated that, “Many novice instructors are not provided with any substantial orientation or mentoring and are expected to immediately undertake a full teaching load and ‘hit the ground running’” (p. 143).

The problem of substantial orientation and mentoring was again brought to light through my own personal experiences and informal personal interviews conducted over the past two years with current clinical instructors from a variety of nursing programs. Many new clinical instructors felt that because of the lack of orientation and mentoring it was very difficult to maintain consistency in teaching and in grading paperwork, which led to different interpretations of student competencies and grading. Part of the problem arises from clinical staff turnover and trying to find adequate instructors at the last minute which does not allow for proper training before clinical rotations start. Even though the applicant may have a master’s degree, they are not necessarily adequately prepared to teach. The issue, however, is not just a matter of having short notice. More importantly, it is an issue of funding and time which would allow for adequate orientation, mentoring, and guidance in their teaching endeavor.

In order to help students learn the behaviors and skills that are necessary in the increasingly complex and multifaceted nursing roles to meet the health care needs of a diverse
multicultural society, well-educated and well-trained nursing instructors are needed. When new clinical faculty are provided a caring environment (Watson, 1988) through mentoring and modeling (Erikson et al., 1983), faculty can consistently model the desired attitudes and behaviors that are integral components of the nursing education that help students to develop the maturity needed in their learning and cognitive abilities.

**SIGNIFICANCE TO NURSING**

Clinical teaching is an important aspect of the nursing education. It is through clinical teaching that students learn how to apply the abstract concepts of nursing into situations that are specific and concrete to acquire the characteristics and values that are needed in this professional role. Students are exposed to an environment that is unfamiliar, where there are a variety of patients with different diagnoses and care regimens, for which the student may or may not have sufficient knowledge. Therefore, it is of utmost importance to use best practices in orienting newly hired clinical faculty. When faculty are clinically competent, they can more easily establish a safe, non-threatening environment for clinical learning, facilitate student learning, and aid students as they prepare for patient care. Being knowledgeable and competent in the clinical arena aids the faculty instructor to more effectively guide nursing students in utilizing time management skills as students plan their day, prioritize patient care, and in guiding them to perform procedures in the clinical setting, as well as guiding them in safe nursing practices (Beres, 2006; Boyd & Lawley, 2009).

Some consider clinical practice to be THE most important part of nursing education as it combines utilization of the knowledge gained in theory to real-world situations in the clinical setting. Clinical rotations are the key element that helps students to become equipped with the abilities, experiences, and training of a graduate nurse so that they can successfully graduate and
enter the nursing profession. Therefore, faculty must also be prepared for the critical role of clinical instructor so as to aid students in the learning process. The literature review reveals that learning to teach is a crucial process that leaves the novice nurse educator with a lot of questions unanswered, so the preparatory process for new faculty needs more exploration. It is clear, however, that just because a nurse is an expert in their clinical practice it does not mean that they can teach these vital skills to others. Therefore, help is needed in orienting and mentoring new clinical faculty.

Mentoring is considered by many to be important in role preparation and in career success and retention (Swatzky & Enns, 2009). Unfortunately, funding and time has not allowed for mentorship to be used to the fullest capacity and is an issue that requires further exploration as colleges may need to look at this as a long term, viable investment of faculty satisfaction and retention (Blauvent & Spath, 2009). Therefore, teaching institutions should embrace and fund a formal mentoring process to retain nursing faculty. Without formal and specific preparation, qualified nurse specialists will not be able to make a successful transition to the role of clinical instructor, nor will they be able to fulfill their role to the highest level possible.

**SUMMARY**

In conclusion, there is a significant shortage of nurses nationwide. More noteworthy is the shortage of nursing faculty who aid in the education and preparation of future nurses. The realities of this review should encourage all to take notice and realize that the desire to teach cannot be achieved alone. Further education and mentoring are an integral part of the process of learning to teach. Implementing a more formalized orientation program and mentorship program which utilizes the modeling and role modeling theory in a caring environment, will assist new
faculty to become competent educators, and will help to increase employee satisfaction and retention.

**Recommendations for Best Practice in Orienting Newly Hired Clinical Instructors**

Much of the literature addressed the need for faculty orientation in the academic setting, but did not address orientation at the facility where a clinical instructor will be teaching. Recommendations from this review include formal facility orientation as standard practice for newly hired clinical instructors. Orientation would include attending a unit specific orientation program that includes both hands-on education and skills training. In this way faculty are better prepared for success, and the unit's staff are less overwhelmed with the responsibility of overseeing students. If an instructor is not familiar with the unit-specific elements staff are relied upon more heavily, thereby increasing the workload, creating tension, and taking away from the overall student learning experience. Orientation to the specific clinical unit should be arranged between the faculty member and the facility educator or unit director.

To assist in learning the unit's rhythm, it is advised that prior to bringing students to the unit, the instructor should also be partnered with an RN on the unit for a minimum of two shifts on the days of the week the clinical instructor will be at the facility. The staff member can share basic information regarding the unit, the most common diagnoses and medications, and information regarding access to supplies and medications. In essence, the instructor is job shadowing the staff over a specified number of hours or shifts. Not only does this give an overall, broader unit-specific orientation, but it also provides a caring environment (Watson, 1988) that allows crucial relationships to be formed. By job shadowing, the clinical instructor forms an interconnected base with the nursing staff, the unit director, and other members of the health care team. Modeling and role modeling (Erickson et al., 1983) are also developed and
combine both the didactic and the clinical training. In this way, cost-effective relationships are formed that utilize best practices within the framework of the facility and aids the clinical instructor in their clinical faculty role.

In addition to having a formalized orientation program at the facility where new clinical instructors will teach, another important component that will aid in effective teaching outcomes is having an organized mentorship program for newly hired clinical instructors. By utilizing a formal, guided mentoring program the focus is placed on the human interactive process where the novice clinical instructor can be cared for, nurtured, understood, and assisted (Watson, 1988). In her work, Watson (1988) describes caring as the essence of nursing, which is seen as the most central, unifying aspect of the nursing process. The relationship formed by mentoring becomes transpersonal whereby all parties benefit (Watson, 1988). Mentorship can be accomplished through a variety of methods; however, the roles and responsibilities for all involved need to be clearly identified, and the workload facilitated in order for successful mentorship to ensue.

Traditionally, mentorship includes a mentor and a mentee who take part in a liaison where the mentee is taught the intricacies of their role. However, this is often a short lived role that does not include long-term guidance or support. In establishing a more formalized program, it would behoove institutions to develop a “Tool Kit” on mentoring (NLN, 2006) that includes specific guidelines that identify the needs of new clinical faculty, how those needs will be met, and for how long. One example of a “Tool Kit” activity would be to have new instructors observe pre and post conferences of other clinical instructors, to gain from the teaching of experienced faculty. New faculty could then collaborate together with their mentor to review how to incorporate some of the learning strategies viewed. The new clinical instructor should also work together with the mentor to review and standardize grading of paperwork, for guidance.
on dealing with troubled or failing students, and to discuss any other issues or concerns that may
arise. The “Tool Kit” might also include peer or co-mentoring (NLN, 2006) with designated
times to share knowledge and experiences. New clinical faculty can share amongst themselves
to pool expertise and information, to provide additional support (NLN, 2006), and to evaluate
feedback so as to improve role effectiveness (NLN, 2005b). In this way new faculty incorporate
teaching and learning from each other (NLN, 2006).

Whatever the method used, mentoring should not be looked at as a passing phase, but
rather as an ongoing process that encompasses the nurse educator’s career. According to
Erickson et al. (1983), growth takes place when needs are met and development continues. As
the novice educator becomes comfortable with the mentor trust is built, promoting positive
orientation, and affirming and promoting the strengths and goals of the new clinical instructor
(Erickson et al., 1983). Resources are mobilized, and the novice clinical instructor is supported
and nurtured in order to provide excellence in nursing education.

In addition to mentorship, nursing could follow other disciplines in the use of co-
teaching. According to Henderson, Beach & Famiano, (2007) co-teaching can be used as a cost-
effective alternative and could be applicable in other settings. One way co-teaching could be
utilized by clinical instructors is in co-teaching post clinical conferences where seasoned faculty
work with novice faculty giving student instruction on pertinent topics. Responsibility is shared
between the novice clinical instructor and the experienced instructor providing a safe
environment to learn and teach (Henderson et al., 2007).

Recommendations for Future Research

While this review has highlighted the current understanding of the orientation process (or
the lack there-of), to gain complete understanding it is necessary to conduct a study that
examines the orientation process for newly hired clinical instructors at a variety of different schools of nursing, and how effective or ineffective the orientation process is. It means taking a look through the eyes of the employees who may fear for their job security, as well as through the nursing institution to decipher what is supposed to be happening against what is really happening in regards to how newly hired clinical instructors are being oriented. It is also important to identify or describe the desired outcomes of orientation to be able to measure them. Best practice guidelines can then be established that will aid in a more effective personalized orientation for new clinical faculty.

Surveys, interviews, or questionnaires could be utilized that use non-judgmental techniques and large diverse samples randomly selected from clinical nurse educators employed in a variety of nursing programs. A more in-depth look can be taken into the reality of how new faculty are oriented and how new instructors perceive and utilize the orientation. Utilization of the above research techniques would uncover how successful current orientation practices are in improving learning experiences, enhancing faculty competency, in providing consistency throughout the organization, and in increasing faculty satisfaction and retention rates among clinical nurse educators (all potential outcomes). When faculty are better qualified and more adequately trained in innovative teaching and clinical practice, they will help produce empowered, spirited nurses who will succeed at all levels of organizations providing evidence-based care that will result in safe quality care for positive patient outcomes.
American Association of Colleges of Nursing (2005). *Faculty shortages in baccalaureate and graduate nursing programs scope of the problem and strategies for expanding supply.* White Papers. AACN. Retrieved February 2, 2011 from:
http://www.aacn.nche.edu/publications/pdf/05FacShortage.pdf


