

Implementation of a Structured Evidenced-Based Clinical Faculty Orientation

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Abstract

Nursing programs must facilitate curricula in adherence to accreditation body standards to ensure student learning and success. Several factors impact the achievement of program compliance with accreditation standards. Factors such as ongoing faculty development, faculty consistency, and faculty satisfaction positively influence program adherence and the quality of the nursing program. Structured evidenced-based clinical faculty orientation programs serve as catalysts to the achievement of understanding and consistent compliance with program expectations and requirements. Understanding program expectations and requirements supported by faculty mentorship promotes faculty consistency and satisfaction resulting in program quality improvements. A structured evidenced-based clinical faculty orientation program was implemented within a baccalaureate nursing program during the spring 2023 semester. The quality improvement project addressed the need for a structured, evidenced-based clinical faculty orientation program within this baccalaureate nursing program. As supported by literature, implementing the structured, evidenced-based clinical faculty orientation program with mentorship successfully increased clinical faculty satisfaction and improved the quality of the baccalaureate nursing program. This project supported the recommendation for continuing the structured, evidence-based clinical faculty orientation program with mentorship within this baccalaureate nursing program.

Keywords: clinical faculty, orientation, nursing program, mentorship

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Section I. Introduction

Nursing shortages impact both inpatient and academic settings. According to the American Association of Colleges of Nursing (AACN; 2021), in the United States, there were “approximately 1,492 faculty vacancies in 2020” (p. 1). Clinical faculty comprised 3.2% of the reported number. Semester after semester for the past five years has presented an ongoing need for consistent clinical instructors. New adjunct clinical instructors have been added to the undergraduate nursing program, each semester supplementing clinical faculty to meet the demands for clinical instruction. One of the processes the program lacks is a structured, evidence-based clinical faculty orientation. Not having this has led to inconsistencies during clinical experiences, faculty and student dissatisfaction, and clinical faculty turnover. Jarosinski et al. (2022) noted orientation as the time to provide the necessary tools and resources critical to successful faculty in an academic setting. Standardization of the orientation for clinical instructors is paramount to the success of clinical experiences. Orientation processes that are mandatory and comprehensive benefit not only the clinical instructor but the students, the clinical agency, and the program.

Background

Pre-licensure nursing programs strive to educate students in the fundamental and higher-level skills and concepts critical to providing safe, effective healthcare to diverse patient populations. The North Carolina Board of Nursing (NCBON) and the Accreditation Commission for Education in Nursing (ACEN) have set standards for all nursing programs. Adherence to these standards facilitates graduate nurse competencies and safety (NCBON, 2022). Clinical and course faculty must demonstrate clinical competencies and understand course objectives to promote competencies and practice safety. McPherson and Candela (2019) noted that “clinical

faculty indicated several areas of development, including clear expectations of the role, better communication, training and orientation, and support” (p. 583). Nursing program compliance with ACEN faculty standards for orientation processes and course-specific mentorship can promote clinical faculty development (ACEN, 2020). The project partner organization is a state-funded baccalaureate nursing program whose mission is to develop nursing professionals that will effectively transform healthcare communities. Currently, a structured or evidence-based orientation process is not in place for the clinical faculty. The Clinical Coordinator provides a broad overview of the clinical faculty onboarding requirements, including completing clinical agency unit-specific modules, 16-hr. assigned unit training, and the Wake AHEC Consortium for Clinical Education and Practice passport. Additional information provided includes the instructions for badge acquisitions and parking instructions. A structured, evidence-based clinical faculty orientation process can improve the quality of this onboarding process. Orientation processes that are structured and evidenced-based result in an adequately prepared clinical faculty and minimized onboarding frustrations (Schaar et al., 2015).

Organizational Needs Statement

There exists an ongoing need for clinical faculty consistency within the program. Clinical instructor turnover has varied from semester to semester based on clinical demand. Each semester has warranted at least two to three new adjunct clinical instructors to the nursing department over the last three years in response to the return of less than 50% of the adjunct clinical instructor team. Current inconsistencies in the clinical experience have resulted in inconsistencies in student clinical performances among the students in each cohort. Clinical faculty varied in skill set, clinical facilitation, and student expectations. Often course faculty verbalized concerns about the discrepancies noted from one clinical instructor to the other, and

the new clinical faculty desired organized information regarding clear, consistent clinical expectations. Some clinical faculty often request clarification for the specific course content to align with clinical experiences to ensure student success. The Simulation Coordinator stated, “Some clinical groups demonstrate greater skills exposure and proficiency than the students in another clinical group from the same cohort” (T. Scott, personal communication, June 7, 2022). New adjunct clinical instructors have voiced the desire for clear, consistent faculty and student expectations. The lack of a consistent, structured orientation has provided opportunities for clinical faculty to facilitate clinical experiences according to their professional standards and not in collaboration with course faculty or course student learning outcomes.

Students voiced concerns and frustrations in group sessions when discussing with course faculty recent clinical experiences. Students verbalized doubts about the differences in clinical instructor approaches to clinical facilitation. Over the years, due to varied clinical faculty skill sets, faculty have voiced concerns regarding the need for clinical instructors to complete skills checklists before taking students to the clinical site. Clinical faculty are not required to demonstrate competency before taking nursing students on units. This is concerning because some clinical instructors may not have performed some skills related to clinical assignments for over a year. Clinical faculty skills competencies are not demonstrated or confirmed during current onboarding. The assumption is that talents are current because they actively practice at the bedside.

Subjective and objective data from the clinical coordinator, nursing faculty, clinical faculty, and students strongly support the need for a structured, evidence-based clinical faculty orientation. Yoder et al. (2021) stated that ensuring instruction consistency and improved clinical learning experiences are among the benefits of a structured clinical faculty orientation.

Implementing the orientation process supports Quadruple Aim outcomes to improve patient care experiences, including quality and satisfaction, and enhance provider satisfaction and professional wellness. Integration of evidence-based practices within an organization will lead to the attainment of the Quadruple Aim outcomes (Beckett & Melnyk, 2018). Executing the quadruple aim will promote higher levels of client care throughout the organization (Arnetz et al., 2020). Implementing a structured, evidence-based clinical faculty orientation can result in clinical faculty satisfaction, leading to patient satisfaction and improving program performance.

Problem Statement

The lack of a structured, evidence-based clinical faculty orientation has fostered clinical faculty frustrations and inconsistencies within this nursing program. The faculty are often onboarded to academic settings with specific program expectations and little orientation (Jarosinski et al., 2022). Sousa and Resha (2019) noted that, “without appropriate orientation to the role, a new clinical adjunct may become stressed because of new expectations, values of the institution, and the new experience of working with 8-12 students” (p.222).

Purpose Statement

Implementing a structured, evidence-based clinical faculty orientation can minimize frustrations and inconsistencies and increase overall clinical experience satisfaction. Faculty frustrations and inconsistencies evolve from the lack of or unstructured orientation processes. This project implemented specific orientation information, resources, and strategies from literature reviews to close the current gaps prohibiting a successful onboarding for clinical faculty. Therefore, implementing an evidence-based orientation program can improve clinical faculty satisfaction, consistency, and program improvement.

Section II. Evidence

Literature Review

The Laupus Library provided access to several databases to complete a literature review regarding current interventions implemented to improve clinical faculty orientation. Databases accessed included Cumulative Index to Nursing and Allied Health Literature (CINAHL), Eric, Scopus, ProQuest, and Google Scholar using various search terms such as clinical instructor, clinical faculty, new clinical faculty, orientation, review of literature, mentoring, and quality and safety education. The search was limited to academic journals published over the last five years (2017-2022). A total of 29 articles were found; 20 were excluded due to redundancy or irrelevancy. The remaining nine articles were systematic, integrative, narrative reviews, mixed methods, and descriptive qualitative designs. The selected articles provided effective intervention strategies supportive of achieving project outcomes (see Appendix A).

Current State of Knowledge

Clinical faculty join a nursing program with varying expertise and clinical knowledge levels. Clinical faculty must be provided with the necessary training and instructional guidance to ensure clinical instruction success (Brown, 2019). The recommended training and guidance involve sharing clear academic program expectations, guidelines, pedagogy, and clinical site requirements (Ross & Duncan, 2019). The lack of structured orientation programs increases the opportunities for clinical faculty to create individualized methods for clinical instruction (McQuilkin et al., 2020). When individual plans are different from the course student learning objectives and expectations, inconsistencies are observed among student cohorts. Literature supports structured orientation programs to ensure clinical faculty development as nurse educators and bridge gaps between clinical and classroom learning (Dunker & Manning, 2018a).

Dunker and Manning (2018a) noted that structured orientation programs provide the necessary resources to clinical faculty to facilitate the student's ability to connect classroom and clinical knowledge.

Djukic et al. (2019) identified the nurses' ability to implement Quality and Safety Education for Nurses (QSEN) competencies as paramount to delivering high-quality, safe patient care. Nursing programs must provide students with learning opportunities throughout the curriculum that foster safe, effective patient care. Learning opportunities expand from the classroom to the clinical environment. Orientation programs for clinical faculty that include QSEN competencies increase the faculty's ability to create safe clinical learning environments (Dunker et al., 2017). These learning environments foster nursing practices that lead to positive patient outcomes.

Current Approaches to Solving Population Problem(s)

Clinical education plays a significant role in achieving program goals to foster thinking skills, appropriate safe patient care, and effective communication skills (Beiranvand et al., 2021). All clinical faculty must be provided with structured orientation sessions to ensure that clinical experiences are safe and consistent. Clinical education that is consistent in quality prepares students for the delivery of safe patient care (Djukic et al., 2019). Nursing programs must provide best practices for clinical faculty education and support during orientation sessions (Ross & Dunker, 2019).

The implementation of mentorship within clinical faculty orientation programs has been cited in the literature to support new clinical faculty (Dunker & Manning, 2018b). There are various mentoring models, and each program must implement a model that will address the assessment of the clinical faculty to facilitate effectiveness (Knowles, 2020). Structured

mentorship fosters ongoing clinical faculty development of clinical practice standards, departmental expectations, and educator principles for new, novice, and adjunct clinical faculty. Mentorship improves faculty relations and satisfaction (Brown, 2019).

Positive faculty outcomes are derived from mentorships developed according to faculty compatibility, expertise, and availability (McQuilkin et al., 2020). McQuilkin et al. confirmed that clinical faculty that did not receive quality support and time were reported to be less successful. According to McQuilkin et al., nursing programs that assigned mentors to new faculty for the first year as part of the orientation program reported increased success. Mentorship can lead to clinical faculty consistency and retention, resulting in safe, effective clinical instruction, practice, and positive student outcomes (Knowles, 2020). The literature review provided an effective structured clinical faculty orientation program with mentorship opportunities that will improve the quality of the program orientation process.

Evidence to Support the Intervention

A structured clinical faculty orientation program improves clinical experiences and instruction consistency (Yoder et al., 2021). The competency-based orientation program is embedded with the National League of Nursing (NLN), QSEN, and Nurse of the Future (NOF) competencies. This model facilitates clinical faculty safety and consistency (Dunker & Manning, 2018a). Dunker and Manning (2018a) developed the Live Continuing Education Program for Adjunct Clinical Nursing Faculty (LCEP-ACNF), which included eight structured educational training modules. Training modules include Reflection of Novice Clinical Faculty, Curriculum Design, Stimulating Critical Thinking in Clinical, How to Measure Clinical Competency, Safety with Medication Administration, How to Give Clinical Feedback, How to Give Clinical Evaluation, and Cultural Competency in Nursing Education. Module objectives are each aligned

with NLN, QSEN, and NOF competencies. The eight modules include video vignettes and questions to foster clinical faculty engagement throughout the orientation program. Completing each module will promote clinical faculty consistency and minimize clinical faculty frustrations. Implementing this orientation program embedded with QSEN competencies will encourage the execution of safe clinical practices that will lead to improved patient care outcomes (Djukic et al., 2019).

Lastly, implementing an evidence-based orientation program for new faculty would enhance project site compliance and adherence to program accrediting organizations for clinical faculty development. According to the ACEN (2020), criterion 2.5, 2.6, and 2.7, full and part-time faculty must be oriented, mentored, developed, and current in clinical practice standards. The orientation program allows participants to meet clinical faculty requirements and program compliance.

Evidence-Based Practice Framework

The Donabedian Model was the conceptual framework for implementing a quality improvement project within the site. The model was created and published in July 1966 by Avedis Donabedian (Ayanian & Markel, 2016). Donabedian's Model provided a structured framework that facilitated the evaluation of the quality of the orientation program. Successful quality assessment is achievable using this model since "good structure increases the likelihood of good process, and good process increases the likelihood of a good outcome." (Donabedian, 1997, p. 1147). The quality of healthcare is explored, and effectiveness is evaluated through the lenses of factors influencing outcomes. Donabedian believed that healthcare outcomes are influenced by the practitioner's technical and interpersonal performance. Technical performance denotes the derived knowledge and judgment of the practitioner used to achieve outcomes

reflective of best practices. Donabedian believed that positive outcomes could be achieved when best practices are fundamental to technical performance. Interpersonal performance defines the collaboration of Practitioners and the healthcare population. The practical implementation of best practice technical performance leads to successful interpersonal performance in healthcare. Understanding quality through the lenses of performance, as identified by Donabedian, provides the pathway to the discussion of the framework.

The Donabedian model consists of three main categories: the project setting and participants, the process, and the outcome (Moran, 2020). These categories are fundamental to assessing quality in health care today (Ayanian & Markel, 2016). Using these three categories successfully provided an accurate evaluation of the orientation program and the next steps reflective of participants' responses.

The first category, the project setting and participants (structure), provides information about the attributes of the project site. The facilities, financial resources, and human resources include the number of personnel and professional qualifications relevant to achieving the outcome. The second category, the process, identifies how care is provided within the system. This category discusses the activities and interventions used by personnel to achieve outcomes. Lastly, the outcome category discusses the benefits of the process implemented; the knowledge gained during and after the implementation (Donabedian, 1997).

Ethical Consideration & Protection of Human Subjects

There are no ethical considerations for the project. The orientation program did not involve the testing of drugs or biologicals. There was minimal risk of harm to participants, not more significant than what is typically expected while engaging in a quality improvement project. The intervention was offered equally to all adjunct and clinical faculty for participation

voluntarily. Initially, the Collaborative Institutional Training Initiative (CITI) modules were viewed, and knowledge gained identified the orientation project as a quality improvement project not requiring Institutional Review Board (IRB) review or approval. In addition to the knowledge gained from the CITI modules, completing the IRB Quality Improvement /Program Evaluation Self-Certification Tool Guidance provided additional support confirming the project as a quality improvement project, not requiring IRB review and approval (see Appendix B). Lastly, documentation explaining the quality improvement project, including the evaluation tool adopted with permission granted from Dr. Kimberly Dunker (see Appendix C), was submitted to the project site Research Director. The orientation program was approved as a quality improvement project, not requiring IRB review or approval (see Appendix D).

Section III. Project Design

Project Site and Population

The project site was an undergraduate baccalaureate nursing program. The nursing program comprises three nursing track options: traditional, accelerated, and Registered Nurse to Bachelor of Science in Nursing (RN-BSN). The assigned clinical courses for Spring 2023 included traditional and accelerated community health and psychiatric mental health. A risk assessment for the project was completed using the Risk Assessment Matrix. Completing the risk assessment enabled me to identify and rank low, medium, and high project risks and develop mitigation plans (Moran, 2020). Project stakeholders included adjunct clinical faculty, full-time clinical faculty, clinical faculty coordinator, clinical course coordinators, and the department chair. Several risks and project impacts were identified.

The priority risk identified with a high impact on the project was adjunct clinical faculty full participation. Making sure that there is participation from all clinical faculty is paramount to achieving project outcomes. Ongoing collaboration and dialogue with the project site clinical coordinator gained project support for the mandatory participation of all clinical faculty. Plans to implement an orientation program at the start of the Spring 2023 semester within adjunct faculty contract activation dates were developed to support participation. Adjunct clinical faculty at the project site work other full-time jobs and are often hesitant to participate in additional on-site activities outside contract activation dates. All adjunct and clinical faculty attendance and participation were critical to project implementation. Another project risk with low to medium impact is the possibility of severe winter weather preventing face-to-face implementation. In extreme winter weather, the orientation program would be implemented virtually instead of as planned face-to-face. The collaboration with the project site Information Technology (IT)

technician to ensure access to virtual links and technology troubleshooting facilitation will mitigate this project risk.

Description of the Setting

The clinical faculty orientation convened in a reserved conference room in the nursing department. Clinical faculty were grouped with perspective colleagues within the same clinical course. Clinical course faculty coordinators for mental health and community nursing were invited to the orientation program. The orientation program session environment stimulated participant discussions and engagement.

Description of the Population

The orientation program, mandated by the clinical coordinator, was attended by full-time and part-time (adjunct) clinical faculty. According to academic institutional guidelines, the ACEN (2020) defined full-time faculty as those responsible for teaching and evaluating nursing students on a full-time status. Full-time clinical faculty teach within the classroom and clinical setting. Part-time (adjunct) clinical faculty are responsible for teaching and evaluating nursing students with shorter institutional appointments. The Department of Nursing contracts part-time clinical faculty for one academic semester to teach within the clinical setting. All part-time (adjunct) faculty are employed full-time within other healthcare institutions or hospital units. Clinical faculty are assigned to clinical sites located no more than a one-hour radius of student home locations. Clinical faculty minimal requirements include a Master of Science in Nursing-Education degree and at least two years of nursing experience in the clinical course subject matter unless otherwise approved by the unit organization due to clinical ladder status. Nursing licensure must be current and active. Each clinical rotation has assigned clinical hours and weeks per course curriculum guidelines.

Project Team

The project team comprised the Department of Nursing (DON) Chair, the Site Faculty Champion DON Clinical Site Coordinator, DON Accelerated Cohort Coordinator, DON Family Course Coordinator, the DON Technology Technician, and the University Director of Faculty Development. Each project team member provided different levels of input and support toward project planning, design, implementation, and evaluation (see Appendix E).

Project Goals and Outcome Measures

Implementing the structured clinical faculty orientation program, a quality improvement project, and outcomes were linked with the Quadruple Aim goals to improve the patient care experience (including quality and satisfaction) and improve provider satisfaction (professional wellness). The project outcomes included increased clinical faculty's knowledge of the program expectations and competencies for clinical nursing educators and clinical faculty satisfaction with the orientation program. Targeted benchmarks: at 90-95% clinical faculty participation collectively, at least 95% of clinical faculty will "strongly agree" that the orientation process was beneficial, providing structure and consistency to clinical faculty role/experience. At least 95% of adjunct clinical faculty will "strongly agree" that mentoring was influential during the first semester of the clinical faculty role. Results of the satisfaction survey were shared with the Department Chair, Clinical Coordinator, Project Champion, and DNP project committee for ongoing program implementation and quality improvement.

Discussion of the Methods and Measurement

The clinical faculty orientation program surveys were created and disseminated; results were collected and analyzed using the Qualtrics platform. Survey results were displayed using

bar graphs, numbers, and percentages. Once data was analyzed, comparisons were completed between pre- and post-orientation program surveys to conclude with final project results.

Discussion of the Data Collection Process

Clinical faculty completed an orientation pre-survey at the start of the orientation program to gather demographic and baseline data for comparison (see Appendix F). The four-hour orientation session concluded with the administering of a post-orientation activity survey to measure the achievement of orientation program objectives (see Appendix G). This post-orientation activity survey, in a Likert scale format, was created by the author of the orientation program and used with permission. The survey was revised to align with the orientation sessions included in the project. The author's permission for revisions was approved. The original author receives full credit for the original post-activity survey tool. Lastly, a post-orientation program survey was disseminated and completed by all clinical faculty participants (see Appendix H). There were two post-orientation data collection points due to one cohort Spring clinical ending two months past orientation pre-survey and three months for the remaining clinical faculty.

Implementation Plan

The clinical faculty orientation program was competency-based and aligned with the NLN and QSEN competencies to facilitate clinical faculty consistency. Participants included all full-time and adjunct faculty with a Spring 2023 clinical assignment. All participants were invited to attend the orientation sessions as mandated by the project organization Clinical Coordinator via flyers (see Appendix I). Participants completed a four-hour session within the Department of Nursing. The orientation sessions convened on January 7, 2023, before the start of clinical rotations. The competency-based orientation program, Live Continuing Education Program for Adjunct Clinical Nursing Faculty (LCEP-ACNF), includes eight structured

educational training modules with vignettes (Dunker & Manning, 2018a). Training modules for the orientation session were revised and reduced to seven to meet the needs of the project organization (see Appendix J). Module objectives align with the NLN and QSEN competencies. Six modules included video vignettes and questions to foster clinical faculty engagement throughout the orientation program. Several tools such as the QSEN Clinical Orientation Checklist, the National Council of State Boards of Nursing (NCSBN) Recognize Cues cards, project site Clinical Evaluation Tool (CET), and the National League of Nursing Mentoring Tool Kit. were used in addition to vignettes to facilitate alignment and adherence to the project organization's program clinical guidelines. The completion of modules was aimed at facilitating clinical faculty consistency and minimizing clinical faculty frustrations.

Lastly, a mentorship program was initiated during the last session of the orientation program. Mentoring is an evolving relationship between veterans and new clinical faculty (Yoder et al., 2021). The (NLN) (2006) deemed mentoring a critical component of a structured orientation program for new and novice nursing faculty. After the orientation session, adjunct clinical faculty were partnered with the course coordinator specific to the Spring clinical assignment. Mentorship expectations were discussed during this session (see Appendix K). The mentorship program concluded on March 3, 2023, the end of this cohort's Spring 2023 clinical assignment. Implementing this structured, evidence-based orientation program will improve the overall quality of the clinical faculty orientation process within this nursing program.

Timeline

A set of timeline deliverables guided the implementation of the structured orientation program (see Appendix L). Numerous meetings and discussions with the department of clinical nursing coordinator, site champion, department chair, and university director of research

preceded the project design implementation. Invitational flyers were created and emailed to all clinical faculty assigned during the Spring semester of 2023 in the latter part of October 2022 through the first week of November 2023. Each clinical faculty were provided a link with each invitation to register for the orientation program. All registered clinical faculty were sent participation reminder emails from November 2022 through the first week of January 2023. The structured clinical faculty orientation program convened on January 7, 2023, with the continuance of the mentorship program through March 2023, the end of adjunct faculty Spring clinical assignments. The final dissemination of post-orientation and mentorship program surveys was emailed on March 3, 2023, and April 30, 2023.

Section IV. Results and Findings

Results

The targeted benchmarks for the project were successfully met. The pre-survey results collected at the start of the orientation program on the implementation day consisted of a combination of quantitative and qualitative data (see Appendix M). Six clinical faculty participated on implementation day, which accounts for 100% of the clinical faculty assigned to the Spring 2023 semester. There were three part-time adjuncts and three full-time clinical faculty aged between 34 and 70. The years of nursing and clinical faculty experience were 12-49 and 5-43, respectively. Four (66.67%) of the clinical faculty strongly agreed that a structured, evidence-based clinical faculty orientation program would benefit their role as clinical faculty this Spring 2023 semester. The clinical faculty had varied responses relating to assigning a faculty mentor to improve their role as clinical faculty during the Spring 2023 semester. One clinical faculty (20%) strongly agreed that having an assigned clinical faculty mentor would enhance their role as a clinical faculty, two (40%) neither agreed nor disagreed, one (20%) strongly disagreed, and one (20%) participant did not provide a response.

In addition to the quantitative data collected for this question, participants provided qualitative responses. A few participants expressed that having a faculty mentor would help with student issues, communication, team collaboration, feedback, resource sharing, and evidence-based practices. One participant felt that having a faculty member would be helpful for new clinical faculty who are new to the organization and struggle with various aspects of clinical instruction/assignment. After the orientation program concluded on the implementation day, the post-orientation activity quantitative data reflected that all six (100%) participants strongly agreed that the clinical faculty orientation program successfully met the purpose/goal of

increasing nursing knowledge related to the competencies of the clinical educator and project site organization clinical expectations (see Appendix N).

Qualitative data were collected from clinical faculty meetings conducted biweekly after the implementation day of the structured, evidence-based clinical faculty orientation program (see Appendix O). Participants were engaged and responsive during each session. During this phase of the project, faculty mentoring was implemented. Adjunct and full-time faculty shared clinical concerns, successes, and program improvement recommendations. One adjunct faculty expressed gratitude for the biweekly mentoring sessions, providing consistent opportunities for encouragement, feedback, troubleshooting, and provision of clinical teaching strategy clarifications. As a result of the biweekly mentoring sessions, one clinical faculty expressed an increased intent to return to the project site for another clinical assignment next semester. Another clinical faculty gained a deeper understanding of the expectations of the program site student clinical evaluation tool weekly completions, as discussed during the structured clinical faculty orientation implementation day. Brainstorming and strategies for clinical day one completion was offered during another mentoring session to one clinical faculty in alignment with the student clinical evaluation tool outlined expectations.

Quantitative and qualitative data were collected at the end of the Spring 2023 semester of the structured, evidence-based clinical faculty orientation program (see Appendix P). The quantitative data showed that all participants (N=6) strongly agreed that a structured, evidence-based clinical faculty orientation program benefited their role as clinical faculty during the Spring 2023 semester. Three (50%) of the participants strongly agreed that having an assigned clinical faculty mentor improved their role as clinical faculty during the Spring 2023 semester. The demographics were unchanged from pre-survey results except for the age of one clinical

faculty participant due to their birthday since the date of pre-survey completion, changing the age range of clinical faculty from 34-71. Four participants' qualitative data confirmed the assignment of a clinical faculty mentorship beneficial during the Spring 2023 semester. One participant did not respond. Implementation of the assigned faculty mentor provided clinical instructors orientation to project site clinical expectations and resources, helped identify gaps and areas needing improvements, and provided guidance with clinical changes throughout the Spring 2023 semester.

Lastly, participants provided recommendations for the clinical faculty orientation program. One clinical faculty recommended the continuance of the mentorship program. Another clinical faculty recommended continuing the orientation program every semester and sharing evidence-based resources and feedback. A third clinical faculty noted the structured evidenced-based clinical faculty orientation program as well-structured and a need for a continuance.

Discussion of Major Findings

Evidence in the literature supported the Doctor of Nursing Practice (DNP) project results. As discussed in the literature, implementing the evidenced-based, competency-based orientation program, the modified Live Continuing Education Program for Adjunct Clinical Nursing Faculty (LCEP-ACNF), proved beneficial and effective for the baccalaureate nursing department. Clinical faculty confirmed the benefits of the structured clinical faculty orientation program to increase awareness of program expectations, clinical educator resources, and strategies before the first day of the clinical assignment. Providing the opportunity for communication between the clinical coordinator and other clinical faculty during the orientation program enhanced the clinical experience. One clinical faculty stated that participating in the structured clinical faculty orientation program increased overall clinical assignment satisfaction and the desire to continue

with the organization as an adjunct faculty next term. Clinical faculty confirmed the benefits of having a mentoring relationship within the program. Implementation of mentoring provided clarification and support for one clinical faculty to improve consistent methods of achieving accurate student evaluations at the clinical sites without weekly program faculty supervision. The structured clinical faculty orientation program helped bridge the gap between classroom and clinical.

A few participants used one of the clinical tools/strategies, cue cards, as discussed on the evidence-based clinical faculty orientation day. Using the cue cards engaged critical thinking/clinical judgment in the clinical setting as students successfully connected classroom content and clinical knowledge. Participants confirmed the effectiveness of the cue cards and were inspired to create cue cards tailored to an assigned unit for use in future clinical assignments.

Lastly, the clinical orientation project identified inconsistencies in one clinical faculty's use of the clinical evaluation tool. Identified inconsistencies were shared with the course coordinator and later discussed with the clinical instructor for corrective actions. As a result of this discussion, the clinical faculty implemented corrective actions during the second block of the clinical course assignment to ensure the proper use of the clinical evaluation tool.

Section V. Interpretation and Implications

Costs and Resource Management

There was no associated cost with the project implementation. The site champion and project participant compensation for the Spring 2023 semester was included in the program budget before project conception. The project was time intensive due to the time required to plan and organize each clinical faculty orientation program section to address existing program gaps. Project planning involved researching literature for supporting project information, reviewing the organization's clinical policies and faculty expectations, national clinical educator competencies, and student evaluation strategies. Additional time was spent familiarizing myself with the evidenced-based clinical faculty orientation model implemented to ensure accuracy and effectiveness. Biweekly meetings with project participants to satisfy project mentoring expectations accounted for more time spent and flexibility. Completing the biweekly meetings can be tedious for the department in the future due to the scant amount of expert clinical faculty willing to mentor adjunct faculty for an entire clinical assignment. Lastly, time was dedicated to the computation and analysis of project results, focusing on outcome themes.

Future planning and expansion of the orientation program would incur associated costs. The associated costs would be used to help support the role of an administrative assistant or work-study student to manage clerical tasks during the planning stage and compilation of participant folders/resources. Additional funding to support a full-day orientation session, nutritional meals, snacks, beverages, program memorabilia, and a clinical agency appreciation dinner with gifts.

Implications of the Findings

The implementation and completion of this project brought necessary awareness to gaps and clinical faculty concerns that are impacting the quality of clinical practices. At the start of the Spring 2023 clinical assignment, one clinical faculty was challenged with accurately completing the current student Clinical Evaluation Tool (CET) as required by the nursing program. Currently, the clinical faculty must write N/A in all the sections of CET for week one. Week one on the CET does not account for the first-day orientation activities within this clinical site. This clinical site's first clinical day orientation entails numerous agency-specifics that consume the entire clinical shift; being completed on the student's first clinical day prevents the students from accomplishing any of week-one goals, as noted on the CET. Another gap/concern identified with the CET focused on the tools' inability to capture community clinical-related goals as aligned with the community curriculum. The current CET goals focus on inpatient clinical environments. Clinical faculty and student frustrations follow the need to write weekly community-focused goals on the current CET to provide accurate student clinical evaluations. The CET must be reviewed and revised to provide: a week zero for clinical groups experiencing various clinical day-one activities to increase documentation accuracy and a CET compatible with documenting all clinical goals.

Throughout the implementation of the clinical orientation program, one clinical faculty experienced student pushback as several attempts were made to implement critical thinking/clinical judgment strategies discussed on the implementation day of the structured, evidence-based clinical faculty orientation day. Potentially the pushback experienced was related to the demographics of the accelerated cohort-second degree nursing students. When creating educational modules/strategies for the clinical faculty orientation program, consider the different levels of student groups to better prepare faculty for student "pushback" implementing strategies.

Another clinical faculty was challenged within her clinical site to prepare students for observational experiences, as discussed during the clinical faculty orientation program, due to clinical unit dynamics. Observational opportunities are scheduled on a day the clinical group is off the unit; therefore, observational opportunities are sporadic, with little to no time to prep the student. The faculty made modifications by providing opportunities for student reflections on the observational experiences during post-clinical conferences, and questions were permitted for further discussions.

Midway through the implementation phase, new information was learned about the modified clinical practices of one clinical faculty prohibiting the implementation of clinical strategies within the clinical setting, as discussed on implementation day. The clinical faculty has a dual role as course coordinator and clinical faculty. The clinical assignment for the Spring 2023 semester is structured so that the clinical faculty is not required to accompany the assigned clinical group to the clinical site weekly. Therefore, this clinical faculty used classroom time with students to successfully employ some critical thinking strategies discussed on the implementation day of the clinical orientation program.

Sustainability

The evidenced-based, competency-based orientation program, Live Continuing Education Program for Adjunct Clinical Nursing Faculty (LCEP-ACNF), can be sustainable. The program, with discussed modifications, can be continued and supported in collaboration with the Program Clinical Coordinator, Department Coordinators, and Department Course Coordinators. All structured, evidence-based orientation program activities can be merged with the current clinical faculty program orientation to enhance the quality of the nursing department. The only concern for sustainability would be in the area of mentoring. Due to the recent loss of two expert

clinical faculty, the remaining expert clinical faculty will need to mentor more than typically assigned clinical faculty mentees. The department may need to review and account for expert clinical faculty workload redistributions to create balanced workloads.

Dissemination Plan

The project dissemination plan involved sharing and discussing the results and recommendations of the evidence-based structured clinical faculty orientation program with the Department Chair, Clinical Coordinator, Project Champion, and DNP project committee. The results were shared and discussed with the project site Department Chair, Clinical Coordinator, and Project Champion the week of June 5, 2023. The Department Chair granted project continuance and administrative support approval. Plans for orientation program continuance will be forthcoming and ongoing with the Department Clinical Coordinator and Project Champion—planning meeting schedules to be determined throughout the summer of 2023. Additional sharing of results and discussions will convene with the Community and Psychiatric Mental Health Course Coordinators during the Fall 2023 faculty retreat on August 10, 2023, for ongoing course implementation and quality improvement. Additional project dissemination occurred on July 11, 2023, with a poster presentation to the East Carolina University Doctorate of Nursing Summer 2023 cohort and DNP Leadership Faculty team; and submission to the East Carolina University Scholarship on July 27, 2023, for further dissemination opportunities.

Section VI. Conclusion

Limitations and Facilitators

A few limitations were noted with this project's planning, implementation, and evaluation processes. During the planning phase, it was discovered that a smaller number of clinical courses were assigned to the Spring 2023 semester than the previous Fall 2023 semester. In addition, the number of students assigned to the two clinical courses significantly decreased, reducing the required number of clinical faculty as participants in the structured, evidence-based clinical instructor orientation program. One limitation to implementing strategies discussed and reviewed, during the clinical orientation program, was noted when one of the clinical faculty assignments did not warrant direct student supervision by site faculty but permitted supervision by non-faculty clinical site nurses. Because the clinical faculty did not participate directly in clinical supervision, she could not implement strategies shared and discussed at the clinical site. Due to this limitation, the clinical faculty member incorporated strategies within the classroom setting to help bridge the gap between clinical and didactic learning. Despite this limitation, the clinical instructor confirmed strategy effectiveness in the didactic setting. The last limitation noted was the time delay experienced by the clinical faculty's completion of the final post-orientation/mentoring program Qualtrics survey. The delay was caused mainly due to the full-time work schedules of the adjunct faculty and end-of-course preparations for the full-time faculty.

Facilitators

Several facilitators influenced the progression of the DNP project. Initially, choosing a project champion that was organized, prompt, and an expert in clinical instruction permitted the project to develop and advance to completion. Secondly, gaining administrative approval and support from the Department Chair and Clinical Coordinator provided the leverage required to mandate the project for

mandatory attendance and participation by all adjunct and full-time clinical faculty assigned to the Spring 2023 semester. Despite the mandate, all project participants were willing to participate in the structured, evidence-based clinical faculty orientation program as discussed in this paper, during their clinical assignment. The participants' willingness provided a nurturing, safe environment for project maturation and completion. Timely dissemination of orientation program implementation dates two months before, and frequent monthly reminders kept the program before the participants for attending. Having access and permission to use the Qualtrics Survey platform for creating, disseminating, collecting, analyzing, and reporting project results provided consistency and organization of data. Throughout the planning, implementation, and analysis processes, having access, questions, and concerns readily addressed by the Project Champion, Clinical Program Coordinator, and East Carolina University DNP Faculty positively enhanced project development and improvements.

Recommendations for Others

Implementing the structured, evidence-based clinical faculty orientation program was effective and successful. Recommendations for the baccalaureate nursing program in response to the evaluation of the DNP project were provided to the project site faculty teams, as identified earlier in the paper. McQuilkin et al. (2020) support implementing a structured, evidence-based orientation program to improve clinical faculty's clinical knowledge and consistency. Future implementations of the structure orientation programs could be warranted to provide more evaluation because of identified limitations (Dunker & Manning, 2018a).

In response to one of the limitations discussed in this paper, implementing the structured evidenced-based orientation program with a more significant number of clinical courses/faculty in the Fall 2023 semester is recommended to evaluate better the program's effectiveness and sustainability, especially in mentorship. Faculty mentored for one year are successful (McQuilkin et al., 2020)—further recommendation for extension of mentorship for a full

academic year will promote clinical faculty growth and success. Mentoring was proven effective, and one clinical faculty requested the continuation of the mentorship to ensure clinical growth and satisfaction. Implementing a mentorship program for new and novice nursing faculty is paramount to an effective structured orientation program (NLN, 2006). Ongoing use of mentoring in conjunction with the structured clinical faculty orientation program will provide opportunities for expert clinical faculty to address raised concerns strengthening clinical instruction with the implementation of evidence-based strategies to enhance critical thinking/clinical reasoning in the clinical setting.

Continuation of a structured, evidence-based clinical faculty orientation can increase faculty consistency and retention within a nursing program (Knowles, 2020). Implementing the structured, evidence-based clinical faculty orientation program will increase adjunct retention in the Fall 2023 semester. Increasing clinical faculty retention within this baccalaureate nursing program will address the problem of high adjunct clinical faculty turnover rate and improve program quality, as identified, and discussed earlier in this paper. Lastly, implementing the structured orientation program in the Fall 2023 semester will help identify and resolve any inconsistencies in the use/completion of the student clinical evaluation tool. Prompt identification and resolution of student evaluation inconsistencies will facilitate safe clinical practices and effective patient care outcomes.

Final Thoughts

Implementation of a structured, evidence-based clinical faculty orientation program for all clinical faculty, part-time adjunct and full-time, successfully improved the quality of this baccalaureate nursing program. Identifying gaps in the clinical evaluation tool and other clinical practices provided the necessary information to the Project Champion, Department Clinical

Coordinator, and Course Coordinators for successful corrective actions. Prompt corrective measures will enhance the accuracy of evaluating student clinical practices. This awareness of clinical evaluation gaps warranted ongoing clinical faculty training and reviews. Clinical evaluation accuracy is paramount to safe, effective patient care delivery. Secondly, implementing a mentoring program proved effective, as discussed and supported by the literature reviewed in this paper. Faculty mentoring throughout this orientation project increased the satisfaction and intent to stay for one adjunct faculty. Successful implementation of the DNP project confirmed findings in the literature and warranted the continuance of the structured, evidence-based clinical faculty orientation program. Additional evaluation of this orientation program implementation in conjunction with the current onboarding processes within this nursing program, as previously recommended, is critical to improving the program's onboarding processes.

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Appendix A

Literature Review Spread Sheet

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take-home message	Design/Analysis/Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Comments/critique of the article/methods GAPS
Beiranvand, S., Khan Kermanshahi, S. M., & Memarian, R.	2021	Nursing instructors' clinical education competencies: An Integrated review	N/A	Journal of the Pakistan Medical Association	To explore factors that impact clinical education.	Integrative review	competencies of the clinical teaching process; student supervisory in a clinical environment; nursing clinical instructor ethics; n	Qualitative Assessment and Review Instrument (QARI); Joanna Briggs Institute (JBI) quality assessment instrument	17	various databases: Medline, Scopus, Web of Science, ERIC	<p>The authors noted that clinical competencies are a critical factor impacting clinical education, and programs must be intentional in creating orientation plans that address themes noted in the review.</p> <p>Limitations: results cannot be generalizable due to the various testing methods used in the studies reviewed.</p> <p>Usefulness: Data can be used to create orientation programs for clinical instructors based on the three themes found in this review.</p> <p>Synthesis: Creating and implementing orientation programs that target the three themes will promote safe clinical learning environments. Programs must complete ongoing clinical faculty evaluations to ensure clinical competency and expertise.</p>

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take-home message	Design/Analysis/Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Comments/critique of the article/methods GAPS
Brown, S. M.	2019	Cultivating adjunct clinical nursing instructors for clinical education	N/A	The Maryland Nurse	To explore strategies to prepare and train adjunct faculty	Level V-narrative reviews; expert reviews	Clinical adjunct faculty; mentorship ; orientation	N/A	N/A	N/A	<p>The authors found the information from the literature to support the need for clinical adjunct faculty to complete orientation programs that provide educational resources, support, and mentorship.</p> <p>Limitations: The information was not tested; only informational</p> <p>Usefulness: Information is helpful for future orientation program development in nursing programs</p> <p>Synthesis: Nursing programs should create orientation programs that provide the necessary tools to ensure adjunct clinical faculty success, including mentorship</p>

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take-home message	Design/Analyses/Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Comments/critique of the article/methods GAPS
Dunker, K., & Manning, K.	2018a	Live continuing education program for adjunct clinical nursing faculty	N/A	Nursing Education Perspectives	To develop, implement and evaluate an orientation program structured to increase the clinical readiness, safety, and confidence of adjunct/novice clinical faculty.	Level VI Descriptive Qualitative/Pilot Study	Clinical faculty; novice faculty; experienced faculty; orientation	Competency-based orientation model	84	Live face-face orientation program	<p>The authors found that the creation, implementation, and evaluation of a competency-based orientation model with QSEN competencies embedded enhanced all clinical faculty participants' ability to create a safe learning environment for students in the clinical setting.</p> <p>Limitations: the pilot study was completed with only three nursing programs; results would be more generalized if completed on a larger scale.</p> <p>Usefulness: Results of the pilot study helpful full for the nursing program development of structured clinical faculty orientation programs; the tool was effective;</p> <p>Synthesis: Despite the limitations, the study results were positive and an authentic reflection of participants' knowledge after completing the orientation program. Structured orientation programs embedded with QSEN competencies and education pedagogy will promote and enhance safe practices for novice and experienced clinical faculties.</p>

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take-home message	Design/Analysis/Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Comments/critique of the article/methods GAPS
Dunker, K., & Manning, K.	2018 b	Enhancing quality and safety in clinical teaching: Statewide live continuing education program for adjunct clinical nursing faculty.	Benner's Novice to Expert	Journal of Nursing Education and Practice	To evaluate the effectiveness of the LCEP-ACNF Competency orientation program	Mixed methods (correlation descriptive design(pre/posttest); qualitative descriptive data(interviews))	QSEN, Nursing faculty, orientation, mentorship, competencies	LCEP-ACNF Competency orientation modules	312	pre/postest; faculty interviews	<p>The authors found this clinical orientation program successful within the region tested. Pre/post scores increased for participants after completion of the orientation program.</p> <p>Limitations: orientation program participants were only from the northeastern state; impacts generalization of results; original orientation program was created for adjunct clinical faculty, and the participants tested in this study were clinical faculty with diverse expertise.</p> <p>Usefulness: despite the limitations, the results were positive and benefitted nursing programs when creating and implementing clinical faculty orientation programs.</p> <p>Synthesis: Despite the level of expertise of clinical faculty, ongoing clinical faculty orientation/continuing education programs are critical to ensure clinical faculty competency and safe clinical learning environments.</p>

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take-home message	Design/Analyses/Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Comments/critique of the article/methods GAPS
Dunker, K., Manning, K., & Knowles, S.	2017	Utilizing a qsen based orientation checklist as a standard for orientation	N/A	Nursing Primary Care	To create a standardized orientation checklist for clinical faculty use; to ensure safe practice in a clinical learning environment.	Level VI Descriptive Qualitative	Clinical Orientation , QSEN, checklist	Standardized orientation checklist	Not stated	Faculty interviews	<p>The authors did not state the number of participants; clinical faculty orientation provides faculty with the tools to successfully transition from the bedside to the academic environment.</p> <p>Limitations: generalization of results may be a concern due to not having access to the number of participants.</p> <p>Usefulness: Despite the concern with generalization, the tool can be piloted within other nursing programs during clinical faculty orientation sessions.</p> <p>Synthesis: The need for a structured clinical orientation tool with embedded QSEN competencies is beneficial to clinical faculty to promote clinical learning consistency and safe learning environments. This will increase faculty confidence and communication with students in the clinical environment.</p>

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take-home message	Design/Analysis/Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Comments/critique of the article/methods GAPS
Knowles, S.	2020	Initiation of a mentoring program: Mentoring invisible nurse faculty	N/A	Teaching and Learning in Nursing	To structure orientation for the novice clinical faculty role/mentorship that will enhance clinical teaching knowledge and confidence	.Level VI Descriptive Qualitative	Mentoring, orientation, clinical instructors	Mentoring Model	N/A	N/A	<p>The authors found mentoring a positive strategy for new clinical faculty orientation.</p> <p>Limitations: No documentation of mentoring tool being tested; validity would be a concern.</p> <p>Usefulness: Recommendations by the authors must be tested for validity and generalization.</p> <p>Synthesis: Despite the limitations and the lack of testing, the overall need for new clinical faculty mentoring was supported in this article. As created and discussed in this article, a standardized tool presents a resource for nursing programs to pilot within the new clinical faculty orientation program.</p>

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take-home message	Design/Analyses/Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Comments/critique of the article/methods GAPS
McQuilkin, M. A., Gatewood, E., Gramkowski, B., Hunter, J. M., Kuster, A., Melino, K., & Mihaly, L. K.	2020	Transitioning from clinician to nurse practitioner clinical faculty: A systematic review	N/A	Journal of the American Association of Nurse Practitioners	To identify strategies that can be used to transition practitioners from the bedside to the academic environment	Systematic review	clinician, educator, novice faculty, role transition, mentoring, orientation	PICO table	40	Various databases were accessed : PubMed, Embase, Psycinfo, CINAHL Plus, Web of Science, Google Scholar, and Cochran Library.	The authors noted that the benefits of including peer support and mentoring during orientation programs were beneficial to minimizing the stress of practitioners transitioning to the academic environment. Limitation: Results were from non-randomized studies and many convenience samples; Usefulness: Results can be helpful in program structure orientation programs. Synthesis: Creating and implementing structured orientation programs can minimize the stress experienced during role transitions from practitioner to academic environment.

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take-home message	Design/Analyses/Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Comments/critique of the article/methods GAPS
Ross, J., & Dunker, K.	2019	New clinical nurse faculty orientation: a review of the literature	Benner's Novice to Expert	Nursing Education Perspectives	To gain and share empirical knowledge supportive of the effectiveness of clinical faculty orientation methods.	Systematic reviews, mixed methods; descriptive qualitative	Orientation, clinical faculty, face-to-face, hybrid, mentoring	varied tools were used in different studies	115 articles	Comprehensive literature search Jan-Feb 2018	<p>The authors found various strategies for orientation models face-to-face, hybrid and mentoring programs.</p> <p>Limitations: The author reported a lack of empirical research-mostly descriptive or pilot studies;</p> <p>Usefulness: Due to the variety of orientation models; nursing programs will need to evaluate the need for new clinical faculty prior to creating and implementing orientation program strategies;</p> <p>Synthesis: there is not one most effective strategy; Orientation provides essential resources that are helpful for new clinical faculty's success. Faculty needs should be assessed in order to structure an effective orientation program.</p> <p>Mentoring relationships are most effective when experienced clinical faculty are paired with new clinical faculty.</p>

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take-home message	Design/Analyses/Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Comments/critique of the article/methods GAPS
Yoder, C. M., Earle, M., & Deane, S.	2021	The roundabout model for adjunct clinical nurse faculty retention	N/A	Nursing Education Perspectives	To explore strategies for the development and improve retention of adjunct clinical faculty	Level VI Descriptive Qualitative	Education, mentoring, evaluation (ongoing)	Roundabout Model	One nursing school	4hour face-to-face orientation, online clinical faculty course,	<p>The authors found that with the implementation of this model, students and clinical agencies reported increased satisfaction with clinical instructors, and adjunct clinical faculty retention increased by 50% to 100% as a result of using this model.</p> <p>Limitations: only used in one nursing school; cannot be generalized;</p> <p>Usefulness: despite the small sample size, this model produced significant results and can be piloted in other nursing programs to prove validity and generalization.</p> <p>Synthesis: A structure model increases adjunct faculty retention and clinical site/student satisfaction. Layering the mentoring relationship with three different point faculty strengthens the mentorship relationship ensuring clinical faculty competency and proficiency.</p>

Appendix B

East Carolina University IRB

Based on your responses, the project appears to constitute QI and/or Program Evaluation and IRB review is not required because, in accordance with federal regulations, your project does not constitute research as defined under 45 CFR 46.102(d). If the project results are disseminated, they should be characterized as QI and/or Program Evaluation findings. Finally, if the project changes in any way that might affect the intent or design, please complete this self-certification again to ensure that IRB review is still not required. Click the button below to view a printable version of this form to save with your files, as it serves as documentation that IRB review is not required for this project. 10/24/2022

Appendix C

Evaluation Tool Permission to Use

LCEP-ACNF permission request

SY [Redacted]

Mon 09/05/2022 04:28 PM

Hi Dr. Dunker,

I hope this email finds you well. I am a DNP Leadership student at East Carolina University in Greenville NC. My DNP project is a quality improvement program focused on improving the clinical faculty orientation process within a local baccalaureate nursing program. I enjoyed reading about the LCEP-ACNF program. The program objectives and outcomes align well with the goals of my DNP project.

I would like to have permission to use the program tools/videos for the LCEP-ACNF as well as have a conversation with you if you are available.

Thank you for your valuable contributions to literature and nursing. Thank you for your time and consideration. I look forward to your response.

Thanks,

[Redacted]

Tue 09/13/2022 09:33 PM

Hi Tina,

The short answer is yes you can use them. The hard thing is that they are large files and I had them on QSEN. However, I looked to see if you can access them and the site is slow and not loading.

So what I need to know is if you could give me access to where you will house the videos and how you plan to use them. The reflections are just excerpts that I use from a faculty interview and I do not have permission to give those out.

The following you could use:
SBAR. <https://youtu.be/MOBFgXzRCEM>
Med Administration. <https://youtu.be/MU4Ec2X92g>
Floating a student
Evaluation: Star 1st and second take/Average first and second take/Poor
The other evaluation ones are really not usable for what I think you are thinking.

So because of their size I need to know more details.

Happy to collaborate

[Redacted]

Wed 09/14/2022 09:36 AM

Good morning Dr. Dunker,

Thank you. I have viewed the videos that you sent last evening. Great for my project. Yes, I would like to have access to Floating a student, Evaluation: Star 1st and second take/Average first and second take/Poor" to help the project site participants in these areas. This is a need within this project site. Helping the new adjunct and current clinical faculty in the area of evaluation will improve clinical instruction. This program utilizes observation opportunities throughout the clinical rotations and helping clinical faculty understand how to do this effectively would be beneficial.

My plan was to house the videos on my laptop/USB and embed them into each module on the orientation document as used in your article for viewing and discussion by DNP project participants. Would this be acceptable?

Is it okay as well to use your evaluation tool? I am planning to provide CEU opportunities as well for project participants. I will revise the tool accordingly.

Thankful for our collaboration, and look forward to meeting you one day.

[Redacted]

Sat 09/17/2022 01:39 PM

LCEP-ACNF_Table 1.docx
20 KB

This email originated from outside ECU.

Hi Tina,

Attached is the table with good Youtube links for you to use for your project.

Please let me know if you need any help with context.

Thanks for reaching out and giving me credit for the work.

Best of luck!

[Redacted]

Appendix D
Project Site IRB Document

Institutional Review Board

October 5, 2022

Tina Scott MSN, RN, CHSE

DNP Leadership

School of Nursing

East Carolina University

East 5th Street

Greenville, North Carolina 27858

Re: Not Human Research Determination

Dear Ms. Scott:

Per our discussions and my reading of your proposal, **Implementation of a Structured Evidence-Based Clinical Faculty Orientation**, it has been determined the proposed activity is not research involving human subjects in accordance with 45 CFR 46.102(e)(1). Therefore, IRB approval is not required.

This determination applies only to the quality improvement activities as currently described, and may not should there be any changes. As stated, Ms. Scott will be implementing an evidence-based clinical faculty orientation with the goals of increasing clinical experience satisfaction while minimizing frustrations and inconsistencies. Outcomes from this work are designed to improve a process and affect institutional practice; not contribute to generalizable knowledge.

If changes to the scope of this study are anticipated and/or there are questions about whether IRB review is needed, contact [IRB](#). A copy of this letter will remain on file in the Office of Research Compliance & Technology Transfer (309 Hubbard-Totton Building). We wish you the very best.

Sincerely,

[Redacted Signature]

[Redacted Contact Information]

Appendix E

Project Team Contributions Table

Department of Nursing Chair	Provided initial project approval in the department; ongoing project support.
Site Faculty Champion	Provided project facilitation, clinical resources, and collaboration; clinical faculty expert/mentorship; support and feedback
Department of Nursing Clinical Site Coordinator	Provided clinical insight: full-time/adjunct faculty, agency requirements, orientation program guidance, and feedback; support
Department of Nursing Accelerated Cohort Coordinator	Provided project support, and IRB guidance
Department of Nursing Family Course Coordinator	Provided orientation program support and feedback
Department of Nursing Technology Technician	Provided orientation program technology support
University Director of Faculty Development	Provided orientation program faculty development resources and feedback

Appendix F

Clinical Faculty Orientation Program Pre-Survey

Q1 Age

Q2 Number of years as a nurse

Q3 Number of years as clinical faculty

Q4 Currently employed as full-time faculty

Yes

No

Q5 Currently employed as part-time (adjunct faculty)

Yes

No

Q6 A structured, evidence-based clinical faculty orientation program would benefit my role as a clinical faculty.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Q7 Having an assigned clinical faculty mentor will improve your role as clinical faculty.

Strongly disagree

Somewhat disagree

Neither agree nor disagree

Somewhat agree

Strongly agree

Q8 In what ways would an assigned clinical faculty mentor benefit you as clinical faculty during the Spring 2023 semester?

Appendix G**Clinical Faculty Orientation Program Post Activity Survey**

Q1 Overall purpose/goal of this activity related to the learning objectives. (Purpose/goal of this clinical faculty orientation program is to increase nursing knowledge related to the competencies of clinical nursing educators.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q2 As a result of the clinical faculty orientation, I can identify which elements of the course syllabus are essential in clinical.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q3 As a result of the clinical faculty orientation, I can describe how to prepare a student for an observation experience.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q4 As a result of the clinical faculty orientation, I can explain how to match clinical and theory course objectives.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q5 As a result of the clinical faculty orientation, I can differentiate between competency, competence, and competent in nursing students.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q6 As a result of the clinical faculty orientation, I can identify methods of measuring competency in clinical education.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q7 As a result of the clinical faculty orientation, I can describe methods to measure competency in clinical education.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q8 As a result of the clinical faculty orientation, I can collect information on how to administer medications during clinical safely.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q9 As a result of the clinical faculty orientation, I can describe methods of safe medication administration.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q10 As a result of the clinical faculty orientation, I can perform safe medication passes.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q11 As a result of the clinical faculty orientation, I can create new ways to enhance medication administration.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q12 As a result of the clinical faculty orientation, I can explain the difference between a star, average, and poor nursing student.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q13 As a result of the clinical faculty orientation, I understand when to give a clinical warning to a poor-performing nursing student.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q14 As a result of the clinical faculty orientation, I can discuss ways to provide fair assessment in the clinical setting.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q15 As a result of the clinical faculty orientation, I can discuss the importance of feedback.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q16 As a result of the clinical faculty orientation, I can identify appropriate methods for assessing in clinical settings.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q17 As a result of the clinical faculty orientation, I can discuss the best strategies for anecdotal note-taking.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q18 As a result of the clinical faculty orientation, I can identify common errors when completing a clinical evaluation.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q19 As a result of the clinical faculty orientation, I can define and differentiate between competency, competence, and competent.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q20 As a result of the clinical faculty orientation, I can identify issues that enhance or impede clinical assessment.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q21 As a result of the clinical faculty orientation, I can discuss the fundamental aspects of evaluating clinical competencies.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q22 As a result of the clinical faculty orientation, I can discuss how to implement critical thinking.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q27 Survey adopted from Dr. Kimberly Dunker and revised with permission.

Appendix H**Clinical Faculty Orientation Program Post-Survey (End of Spring 2023 Semester)**

Q1 Age

Q2 Number of years as a nurse

Q3 Number of years as clinical faculty

Q4 Currently employed as full-time faculty

Yes

No

Q5 Currently employed as part-time (adjunct faculty)

Yes

No

Q6 A structured, evidence-based clinical faculty orientation program benefited my role as a clinical faculty.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Q7 Having an assigned clinical faculty mentor improved your role as clinical faculty

Strongly disagree

Somewhat disagree

Neither agree nor disagree

Somewhat agree

Strongly agree

Q8 How did the assigned clinical faculty mentor benefit you as a clinical faculty during the Spring 2023 semester?

Q9 Provide recommendations for the clinical faculty orientation program.

Appendix I

Clinical Faculty Orientation Program Flyer

**DEPARTMENT
OF
NURSING
CLINICAL FACULTY
ORIENTATION
2023 SPRING SEMESTER
Saturday, January 7, 2023
9:00 am-1:30 pm
Click Here to Register**

For more information, contact the
Department of Nursing

Appendix J

Clinical Faculty Orientation Program

Module and Objectives	NLN ^a	QSEN
<p>Curriculum Design</p> <ol style="list-style-type: none"> 1. Identify which elements of the course syllabus are essential in clinical 2. Describe how to prepare a student for an observation experience 3. Explain how to match clinical and theory course objectives <p>Vignette: Floating a student for observation https://youtu.be/OH24qhOmZq0</p>	1, 2, 3, 4, 5, 6, 7, 8	Communication Teamwork & collaboration Quality improvement Evidence-based practice Informatics & technology
<p>Stimulating Critical Thinking in Clinical</p> <ol style="list-style-type: none"> 1. Describe what critical thinking is 2. Utilize methods to develop critical thinking in clinical 3. Discuss how critical thinking improves the quality of patient care 4. Demonstrate how critical thinking improves patient safety in the hospital <p>Vignette: SBAR Communication https://youtu.be/MOBFgXzRCEM</p>	1, 2, 4, 6, 8	Safety Patient-centered care Quality improvement Informatics
<p>How to Measure Clinical Competency</p> <ol style="list-style-type: none"> 1. Identify methods for measuring competency in clinical education 2. Describe methods to measure competency in clinical education <p>https://www.nln.org/news/newsroomnln-position-documents/novice-nurse-educator-competencies-with-task-statements</p>	3	Patient-centered care Quality improvement Evidence-based practice
<p>Safety with Medication Administration</p> <ol style="list-style-type: none"> 1. Collect information on how to administer medications during clinical safely 2. Describe methods for safe medication administration 3. Create new ways to enhance the medication pass <p>Vignette: Medication administration https://youtu.be/MUn4Ec2X93g</p>	1, 4	Patient-centered care Quality improvement Evidence-based practice
<p>How to Give Clinical Feedback</p> <ol style="list-style-type: none"> 1. Explain the difference between a star, average, and a poorly performing nursing student 2. Describe how to evaluate a star, average, and poor nursing student 3. Identify when to give a clinical warning to a poorly performing nursing student <p>Vignettes</p> <p>Evaluate Star Student: https://youtu.be/b1Uh8t9XkUo</p> <p>Evaluate an Average Student: https://youtu.be/7vXP5l0bnIs</p>	1, 2, 3	Quality improvement Safety

Module and Objectives	NLN ^a	QSEN
Evaluate a Poor performing student: https://youtu.be/ Au10Tk5MYc		
How to Give a Clinical Evaluation 1. Discuss ways to provide fair assessment in the clinical setting 2. Discuss the importance of feedback 3. Identify appropriate methods for making assessments in the clinical setting Refer to Formative evaluation vignettes and feedback (use DON Clinical Evaluation Tool-CET for this module) Vignettes Evaluate Star Student: https://youtu.be/b1Uh8t9XkUo Evaluate an Average Student: https://youtu.be/7vXP5l0bnIs Evaluate a Poor performing student: https://youtu.be/ Au10Tk5MYc	1, 2, 3	Quality improvement Safety
Cultural Competency in Nursing Education Describe how faculty members can be culturally aware of their student's learning needs while in clinical settings Simulation Video https://youtu.be/tHD4soSk5so	2, 3, 5	Patient-centered care Quality improvement Communication

Note. NLN = National League of Nursing, Nurse Educator; QSEN = Quality and Safety Education for Nurses; NOF = Nurse of the Future; QI = Quality improvement

LCEP-ACNF Objectives, Competencies, and Vignettes Table adopted and revised with permission.

All links to videos can be used by LCEP-ACNF participants. These videos are the property of Dr. Silver and are copyrighted. If videos are used, please notify Dr. Silver Dunker at kdunker@puc.edu. Please give all credit to Dr. Silver Dunker.

^a Numbers refer to the eight NLN competencies: 1) facilitate learning, 2) facilitate learner development and socialization, 3) use assessment and teaching strategies, 4) participate in curriculum design and evaluation of program outcomes, 5) function as a change agent, and leader, 6) pursue continuous quality improvement in the nurse educator role, 7) engage in scholarship, and 8) function within the educational environment

Appendix K

Mentoring Expectations

1. Adjunct Faculty will be paired with a course coordinator specific to clinical assignment for the Spring semester to ensure understanding of the clinical faculty role.
2. Mentor will be expected to meet with the mentee virtually or face-to-face twice monthly or as needed throughout the Spring semester.
3. Mentor will visit the clinical faculty at the clinical site twice during the Spring semester.
4. The mentor will be expected to assist and support the mentee with student and faculty concerns according to department policies.
5. Mentors will be expected to ensure that mentees complete all clinical documents accurately and promptly.

Appendix L

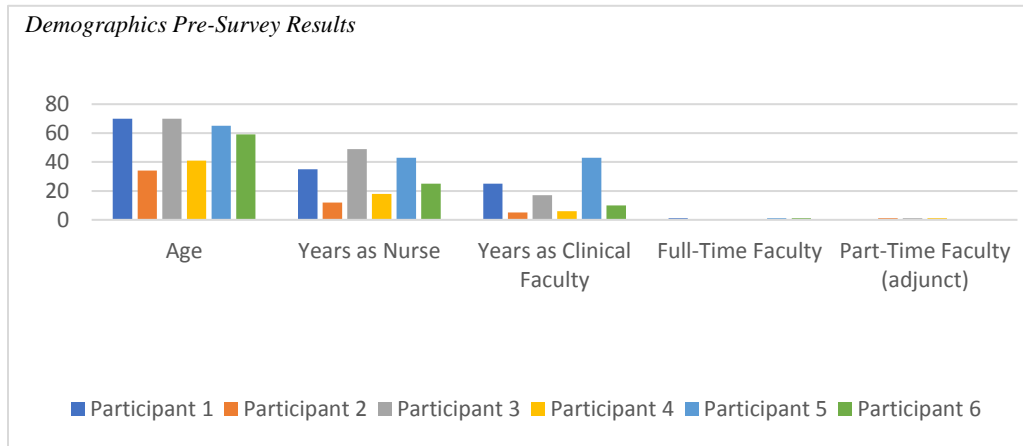
Timeline

Disseminate clinical faculty orientation invitation/registration flyer	October 24, 2022 – November 4, 2022
Clinical faculty orientation program email reminders	November 28, 2022; December 12, 2022; December 16, 2022; January 2-6, 2023
Clinical Faculty Orientation Program	January 7, 2023
Pre/Post-Orientation Program Surveys	January 7, 2023
Mentoring Program Pilot	January 7, 2023- March 3, 2023
Post Orientation Program/Mentoring Survey	March 3, 2023; April 30, 2023

Appendix M

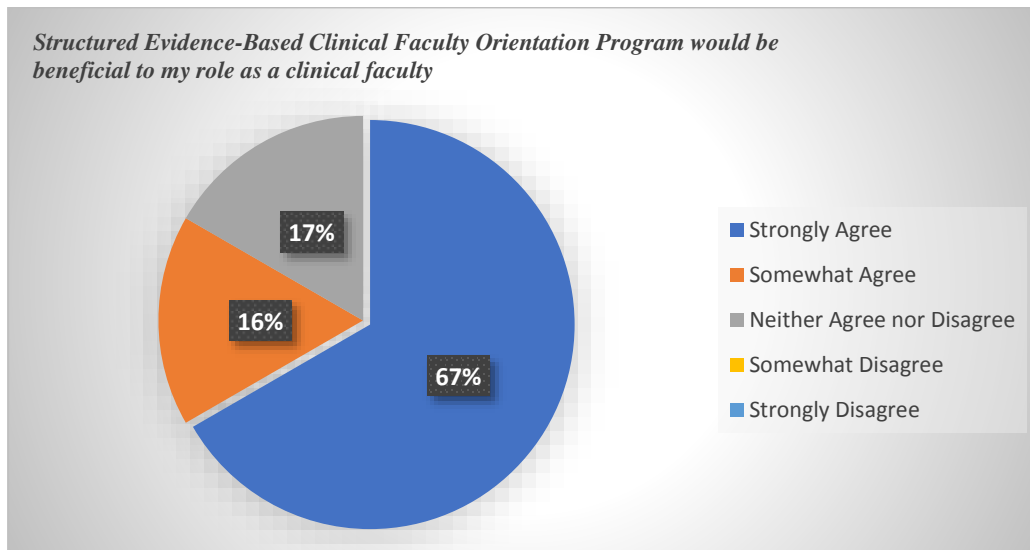
Pre-Orientation Survey Results

Figure 1



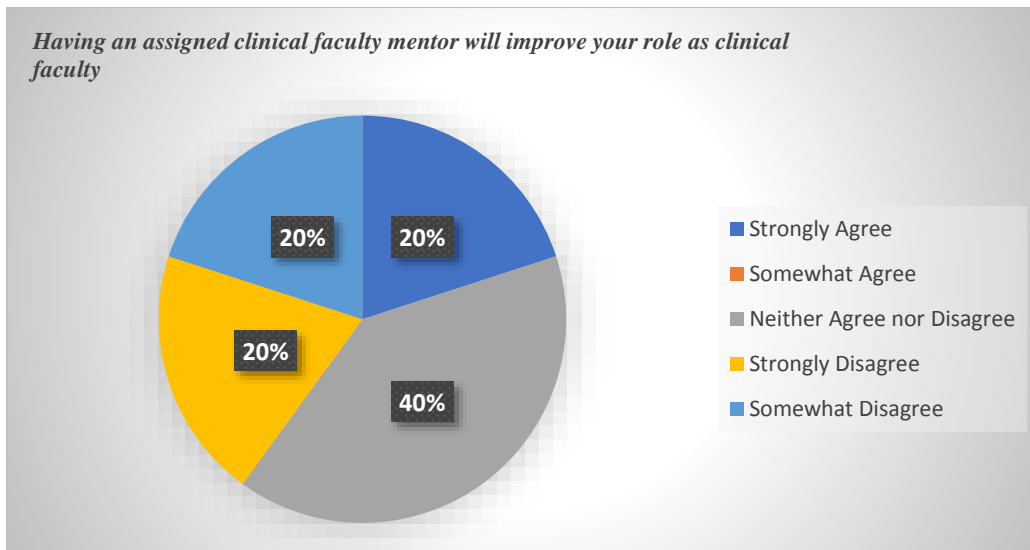
Note. This figure demonstrates the pre-survey demographic results of the clinical instructors participating in the evidence-based clinical instructor orientation program.

Figure 2



Note. This figure demonstrates the pre-survey quantitative response of the clinical instructors participating in the evidence-based clinical instructor orientation program to one of the survey questions; completed on implementation day. There were only responses for three of the categories.

Figure 3



Note. This figure demonstrates the pre-survey quantitative response of the clinical instructors participating in the evidence-based clinical instructor orientation program to one of the survey questions; completed on implementation day. There were only responses for three of the categories. One participant did not respond to this question.

Appendix N

Table 1

Post Orientation Program Activity Objectives Results

Curriculum Design
100% (6 participants) strongly agreed that the clinical instructor orientation program met the purpose/goal: to increase nursing knowledge related to the competencies of clinical nursing educators.
100% (6 participants) strongly agreed that because of the clinical faculty orientation, they could identify which elements of the course syllabus were important in clinical and explain how to match clinical and theory course objectives.
100% (6 participants) strongly agreed that because of the clinical faculty orientation, they could describe how to prepare a student for an observational experience.
Stimulating Critical Thinking in Clinical/Medication Safety
100% (6 participants) strongly agreed that because of the clinical faculty orientation, they could define and differentiate between competency, competence, and competent in nursing students and identify methods of measuring competency in clinical.
100% (6 participants) strongly agreed that because of the clinical faculty orientation, they could collect information, describe safe methods/medication pass, create new ways to enhance medication administration.
Student Feedback/Clinical Competency/Clinical Evaluation
100% (6 participants) strongly agreed that because of the clinical faculty orientation, they could explain the difference between a star, average, and poor student; and when to give a clinical warning to a poor-performing student.
100% (6 participants) strongly agreed that because of the clinical faculty orientation, they could discuss ways to provide fair assessments in the clinical setting; the importance of feedback; appropriate methods of making assessments in the clinical setting, issues that enhance or impede clinical evaluation, and best strategies for anecdotal notetaking.
100% (6 participants) strongly agreed that because of the clinical faculty orientation, they could identify common errors made when completing a clinical evaluation, discuss fundamental aspects of the assessment of clinical competencies, and how to implement critical thinking.

Note. Results deprived from 6 participants.

Appendix O

Table 2

Biweekly Clinical Instructor Qualitative Responses

<p>“The orientation today was great; having this program provided me the opportunity to meet the course/clinical coordinator and clinical instructor team face to face before starting the clinical assignment; I learned more about NextGen clinical instructor resources and teaching tools.”</p>
<p>“I enjoyed and learned from the vignettes that showed me strategies to help me give feedback to a poor, average, and star student.”</p>
<p>“The orientation program is a great change to the current orientation program within the organization... I have been here for some time.”</p>
<p>“I enjoyed the orientation program so much I shared some of the information gained with a past program clinical instructor, and she stated that she wished it was done when she was there as a clinical instructor.”</p>
<p>“I am not sure if other schools have this type of orientation for clinical instructors.... beneficial and an improvement to this program.”</p>
<p>One clinical instructor voiced concerns with the current Clinical Evaluation Tool (CET) being used in the program for one of the clinical groups: Week one on the current CET did not account for first-day orientation activities within this facility; This clinical site’s first clinical day orientation entails numerous agency-specifics that consumes the entire clinical shift; being completed during the student’s first clinical day prevents the students from accomplishing any of week-one goals as noted on the CET. Currently, the Clinical instructor has to write N/A in all of the sections of CET for week 1</p>
<p>Recommendation: Create a WEEK 0 column on the current CET to account for student clinical unit orientation day, with an area for supporting documentation from clinical instructors of first-day shift activities.</p>
<p>Clinical instructors for the community course voiced concerns regarding the need for community-related student goals on the current CET. Clinical Instructors cannot complete CET as written successfully; they stated that the current CET is irrelevant to community clinical rotation; the clinical instructor verbalized student frustration.</p>
<p>Recommendation: need for revisions to the current CET or create a new CET specific to specialty courses that will provide evaluation statements specific to student learning in specialty clinical sites.</p>
<p>Incorporate CET exercises during the clinical orientation program to allow all participants to use the CET before the start of the clinical assignment. Create and provide various student clinical day scenarios. This will help troubleshoot any challenges with the CET before the first clinical day.</p>

4 weeks post-implementation day
“Clinical coordinator encouraged and supported each clinical instructor’s use of strategies provided and discussed during clinical instruction orientation program.”
“This is the best semester I have ever had while working in this program because of the biweekly mentoring following/discussions” ...in the past, by the end of my clinical assignment, I was not always positive if I would renew my clinical instructor commitment to this program; my experience this semester with the clinical orientation program and frequent mentoring I feel better about continuing my loyalty with this program for the following clinical instructor assignment.
“I was able to use “providing feedback” strategies as seen (vignette) and discussed during the clinical instructor orientation program at the start of the semester.
One instructor experienced pushback from their clinical group when attempting to implement strategies discussed during orientation.
Potentially could be related to the demographics of the cohort (ACL)
Recommend explaining the purpose of activities again to students; encourage using pre-printed clinical cards with medical surgical critical thinking questions (tool shared during clinical instructor orientation session) to enhance clinical judgment skills.
One clinical instructor is challenged within her clinical site to prepare students for observational experiences, as discussed during the clinical instructor orientation program, due to clinical unit dynamics. The instructor made modifications by providing opportunities for student reflections on the observational experiences during post-clinical conferences, and questions are permitted for further discussions. Observational opportunities are scheduled on a day the clinical group is off the unit; therefore, observational opportunities are sporadic, with little to no time to prep the student.
Recommendations: To prepare students assigned to clinical schedules as mentioned, prepare the clinical group during pre-conference on the unit’s first day of all anticipated observational experiences if an observational experience is sporadically scheduled on a clinical day; continue with reflection activities during post-conference.
Three clinical instructors successfully "carded" students during the clinical to enhance clinical judgment skills. The instructors modified this strategy by verbally “questioning a student versus providing them with a clinical judgment question card related to a patient.
One group of clinical instructors (4 Mental Health/Psych) has completed clinical assignments. After Spring Break, two clinical instructors (Community Health) will continue as project participants with a new group of students (Traditional) for the remainder of the Spring 2023 semester. Final post-clinical instructor orientation/mentorship surveys were disseminated as noted on the project timeline and completed by the 4 Mental Health/Psych clinical instructors.
6 weeks post-implementation day
“Traditional students Block II of Spring semester; community clinical instructor notes a big difference between second-degree nursing students and traditional nursing students. “Like night and day” ... these students are eager to learn and complete creative community clinical activities to

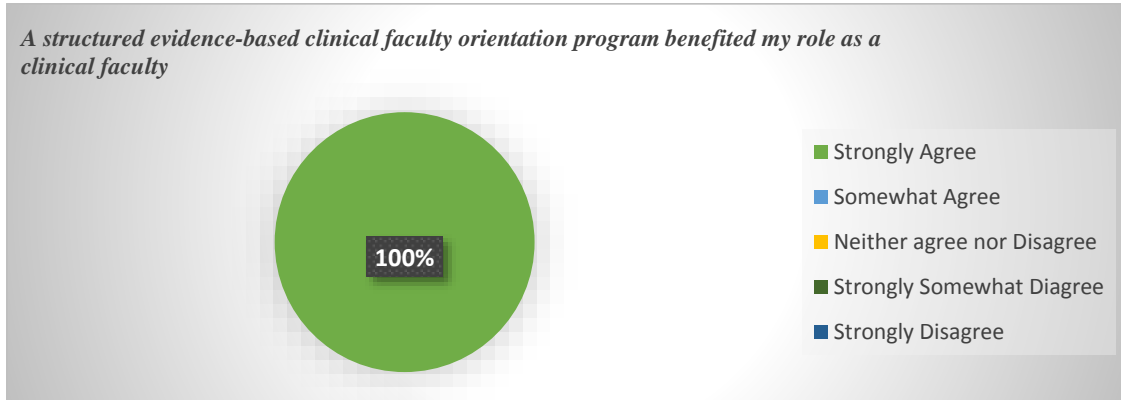
<p>achieve student learning outcomes. “Students are more engaged during the completion of clinical activities.”</p>
<p>“Consistent clinical site engagement more Block II in sites with non-faculty precept community students; planning to visit clinical site consistently this block” Virtual contact has already been completed with nonfaculty and community course clinical instructor.”</p>
<p>Proposed implementation for the next community health assignment. (Spring 2024) Improvement to the evaluation process in the community setting can be accomplished in several ways. In addition to current clinical instructor site visits, the recommendation would be to have weekly virtual meetings with non-faculty and community clinical instructors to review and discuss completed student CET to ensure accuracy and validity. Once the student CET has been checked and confirmed, the clinical instructor can sign the document with meeting details. The community site administrator/manager can appoint non-faculty to ensure consistency and accuracy. Rec Recommend program invite community health partners and non-faculty preceptors to campus for an appreciation program; use this time to share the need for weekly evaluation process improvement; brainstorm ideas; avoid assigning expectations that burden non-faculty without program compensation. Utilize this time to create potential “community clinical instructor contracts” with interested nurses within the site especially being these nurses are currently precepting students with program clinical faculty site visits only. Solicit input “How can you help improve the program evaluation process of students completing community clinical assignments within your agency? Recommend that the community clinical agency assign a consistent nurse within the agency that will be the point of contact for a weekly review of CET for accuracy and validity. Recommend community clinical instructor/coordinator complete a session with non-faculty preceptors to discuss the student evaluation process and completion of CET weekly; weekly virtual review of completed CETs by community clinical faculty/coordinator to validate accuracy.</p>
<p>8 weeks post-implementation day</p>
<p>No new feedback provided</p>
<p>10 weeks post-implementation day</p>
<p>No new feedback provided</p>

Note. Biweekly Clinical Faculty Qualitative results (face-to-face and virtual) convened 2 weeks post-implementation day: Red-colored responses from clinical instructors indicate new findings reported during the biweekly clinical instructor meetings; Green -colored responses from clinical instructors indicate proposed recommendations; Blue-colored information indicates reflections of the clinical instructor meeting with possible explanations to meeting responses.

Appendix P

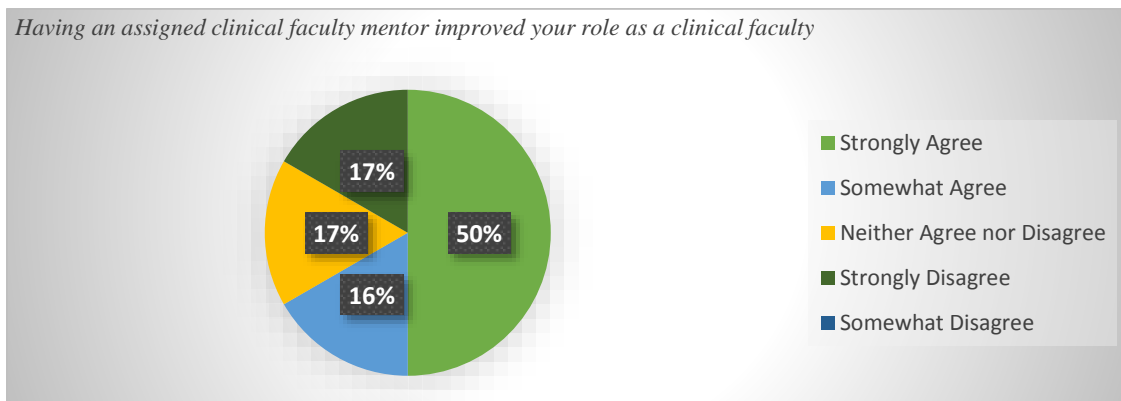
Clinical Faculty Orientation Program Post-Survey End of Spring 2023 Semester

Figure 4



Note. This figure demonstrates the post-quantitative responses of the clinical instructors: participating in the evidence-based clinical instructor orientation program benefited their role as clinical faculty during the Spring 2023 semester.

Figure 5



Note. This figure demonstrates the post-quantitative responses of the clinical instructors participating in the evidence-based clinical instructor orientation program to the benefits of having an assigned clinical faculty mentor during the Spring 2023 semester.

Table 3

Benefits to Role

<i>Qualitative Results</i>
“I was kept abreast of clinical changes and needs.”
“Orientation, follow up, encouragement, shared evidence-based resources, flashcards.”
“To help guide in the event of changes within the course.”
“Identify gaps and areas needing improvements”
“didn’t need one-competent with the role and knows when to seek assistance”

Note. This table demonstrates the post-qualitative responses of the clinical instructors:

participating in the evidence-based clinical instructor orientation program benefited their role as clinical faculty during the Spring 2023 semester.

Table 4

Recommendations

<i>Qualitative Results</i>
“Add more blackboard support”
“Continue every semester, share evidence-based resources, share feedback”
“I have no recommendations for the clinical faculty orientation programs”.
“Continue mentorship program”
“Use the same process for theory components”
“It was well structured”

Note. This table demonstrates the post-qualitative responses of the clinical instructors:

participating in the evidence-based clinical instructor orientation program recommendations.