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Nursing Clinical instruction: What's needed and how to get there.

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Abstract

The current shortage of nurse educator faculty is reaching a critical level. In an attempt to address this looming crisis colleges and universities often utilize adjunct faculty in the clinical instructor role. Many of these adjunct faculty have little to no experience in how to effectively facilitate student learning. This scholarly paper presents findings from the literature on the traits student nurses desire in faculty and how faculty are introduced or oriented to these roles and expectations. A discussion of how systems can better support adjunct faculty through the provision of appropriate resources, orientation to role, mentoring, and faculty academies concludes this project.

Keywords: clinical nursing, clinical nursing instructor, and clinical nursing student

Nursing Clinical instruction: What's needed and how to get there.

The current shortage of nurse educator faculty is reaching a critical level. Universities across the nation are feeling the effects of a smaller teaching pool. In 2014 nearly sixty nine thousand qualified students were denied acceptance into schools of nursing across the country because of staffing shortages. With the average age of doctorally prepared faculty being nearly 62 years of age and masters prepared faculty 57 years of age, the shortage of faculty is only projected to get worse (The American Association of Colleges of Nursing [AACN], <http://aacn.nche.edu/research-data>).

In an attempt to address this looming crisis colleges and universities often utilize adjunct faculty in the clinical instructor role. Many of these adjunct faculty have little to no experience in how to effectively facilitate student learning and growth within the profession (Hewitt & Lewallen, 2010). In addition to the challenges that all faculty face in the educational setting, adjunct clinical adjunct faculty frequently face difficulty navigating educational responsibilities such as communication with students, understanding the learning objectives of the clinical and completing adequate evaluations of the students' progress (Cederbaum & Klusaritz, 2009). Assuring adequate preparation of adjunct clinical adjunct faculty is vital to the success of the student nurse however it is uncommon that structures are in place to do so. In this scholarly paper, a review of the literature for best practices for preparing adjunct faculty is discussed. The paper concludes with application and implication for nurse educator practice.

Background

The writer, a current graduate student in a nursing education program, was invited to explore how to address issues of adequate preparation for adjunct clinical adjunct faculty and nursing students in a public health clinical site. The issues identified by the adjunct faculty

included; lack of student engagement, uncertainty of student goals in the clinical experience, completing evaluation of students, and lack of communication with both the student and classroom adjunct faculty. After individual and group interviews with the adjunct faculty, the writer was charged with developing short presentations to send to classroom adjunct faculty, faculty, and students prior to the clinical experience. The presentations communicated expectations, information about what students would do throughout the day, and defined the public health nursing role. These presentations aimed to increase student knowledge of the public health setting as well as improve student engagement. The public health clinical adjunct faculty felt that by communicating their expectations and duties through these presentations they too would feel better able to meet the needs of the students. The challenges experienced by adjunct faculty at this clinical site led the writer to ask the question; “what are defining characteristics of good student/faculty relationships and how do we support faculty to meet these expectations?” This scholarly paper presents findings from the literature on the traits student nurses desire in faculty and how faculty are introduced or oriented to these roles and expectations. A discussion of how systems can better support adjunct faculty through the provision of appropriate resources, orientation to role, mentoring, and faculty academies concludes this project.

Literature Review

An extensive search of electronic databases; ProQuest, CINAHL, EBSCO Medline, and PubMed was executed. Keywords include, clinical nursing, clinical nursing instructor, and clinical nursing student. The searches returned 382 articles. Seventeen were selected for this review. Inclusion criteria included articles that were published in English, and were published after the year 2000. Eight articles were identified that addressed traits student nurses desire in adjunct faculty. These studies interviewed or surveyed baccalaureate level students post clinical

to gain a better understanding of effective clinical adjunct faculty. A total of nine articles were identified that explored outcomes of training programs for clinical faculty. Articles were excluded if the publish date was before 2000 or if they were not published in English. Student articles involving Associate Degree nursing students were also excluded to keep the student population consistent. Articles that examined instructor training programs but had no participant feedback were also excluded.

Traits of the clinical instructor

As nursing education evolves the need for a nurturing relationship between student and instructor has emerged (Gillespie, 2001). Students often form opinions of what makes a quality instructor early in their educational careers (Berg & Lindseth, 2004). The stress students' face in the unfamiliar clinical setting multiplies the need for adjunct faculty who understand what it takes to make quality clinical experiences. This knowledge can be difficult for the adjunct faculty with little educational background. Several clinical instructor traits were identified by student nurses as being important.

Caring. According to the American Heritage Dictionary, caring is defined as “feeling and exhibiting concern and empathy for other” (2016). The desire for caring adjunct faculty resonates through multiple studies. Parsh (2010) interviewed eight nursing students after a clinical experience. The author reported that students desire an instructor who listens, an instructor who cares about the struggles students face, someone who will share in successes and adjunct faculty who make students feel wanted (Parsh, 2010). Berg & Lindseth (2004) reported similar findings. After analysis of 171 surveys collected from baccalaureate students post clinical, Berg & Lindseth reported that students identified effective adjunct faculty as those that listen to the students, and those that treat others with respect and fairness (2014). In another study, authors

Hanson & Stenvig (2008) conducted open ended interviews with recent baccalaureate graduates. The graduates felt quality adjunct faculty learned the background of students as well as understood their learning needs. This demonstrates a true interest in the success of students, concern about their needs; caring.

Just as students want adjunct faculty who care about them and their success, they also want adjunct faculty who understand that life happens, and things do not always go as planned. Desiring a caring instructor who recognized and respected students multiple responsibilities was also felt by students to require flexibility.

Flexibility. This attribute is defined as being capable of change or adjusting to meet particular or varied needs (American Heritage Dictionary, 2016). Students desire adjunct faculty who know how to utilize clinical downtime. For instance, adjunct faculty who will share their experiences and knowledge to increase learning was identified as being an important quality (Newton, Jolly, Ockerby, & Cross, 2012). Students also reported desiring quality experiences and assignments that are flexible and manageable with student work and life obligations outside of school (Labrague, McEnroe-Petitte, Papathanasiou, edet, Arulappan, Tsaras, & Fronda, 2016). Gillespie's (2001) interviews of nursing students reported lenient adjunct faculty are not viewed as effective. Students would rather have an instructor who is not permissive but realistic with expectations. Students want to put the work in but hope for adjunct faculty who realize student may not be the only role individuals are filling.

Instructor flexibility and their ability to adapt in unexpected situations is important to students. Confident, knowledgeable adjunct faculty often adapt quickly when faced with challenges. Adapting to challenges exemplifies a third trait identified in the literature, competence, which is described next.

Competence. The clinical instructor's range of skill or ability is also reported as an effective instructor trait. Respondents in a study by Berg & Lindseth (2004) identified that effective adjunct faculty were those that were up to date, had clear knowledge of subject matter and understood current policy and practice. Similarly, the adjunct faculty's confidence in their abilities, and knowledge of clinical policy and practice was reported by Gillespie to increase their ability to meet the learning needs of the student (2001). Students felt that the more relevant and current the knowledge the clinical instructor had the better they begin to understand real nursing (Gillespie, 2001).

Caring, flexible, and competent adjunct faculty are desired traits identified in the literature. Being approachable is also necessary; being personable is described in the following section.

Personable. Student expectations are that a clinical instructor be pleasant and approachable. Students want adjunct faculty they can trust, one who views mistakes as learning experiences, and someone they can reach out to without fear (Hayden-Miles, 2002). Effective adjunct faculty show enthusiasm in their teaching, interact with the students, are invested in the student learning process. Ineffective adjunct faculty avoid interaction, seem rigid, and show little concern for the students (Berg & Lindseth, 2004). Adjunct faculty who are genuine and present with students encourages the student to reciprocate the actions. This personable relationship can induce the student's realization of their potential, not only as a student but as a nurse (Gillespie, 2001).

Research tells us that the students want an instructor who is caring, flexible, competent, and personable. The next step is instilling and cultivating these qualities in the instructor. The following literature review examines opportunities for instructor growth and development.

Reinforcing/developing the clinical instructor

Clinical adjunct faculty will encounter a variety of complicated situations with students. For the adjunct clinical instructor reports of feeling unprepared or unequipped to handle these situations can be found within the literature (Suplee, Gardner, Jerome-D'Emilia, 2014). Instruction, preparation, and training opportunities are important for the success of the clinical instructor as well as the student. Current literature offers recommendations for the development, training and support of the adjunct clinical adjunct faculty. As research continues promising options are emerging that aim to support and develop quality adjunct clinical adjunct faculty. These options are reviewed next.

Simulation. Simulation has seen widespread use in clinical instruction of the nursing student. This method can also help clinical adjunct faculty both adjunct and full-time, develop their interaction and instructional skills (Hunt, Curtis, Gore, 2014). Simulated experiences allow the instructor to practice interaction styles, give feedback, encouraging critical thinking and providing patient safety before they work with their own students. Simulation also allows for immediate feedback which promotes skill building (Shellenbarger & Edwards, 2012). In a study by Hunt, Curtis, and Gore (2014) a group of 26 nursing clinical adjunct faculty participated in a simulation activity prior to the start of the fall semester. Adjunct faculty participated in four different scenarios involving various student/instructor issues and interactions. After the simulation activity the 26 adjunct faculty were asked to give feedback about their experience. All participants returned the surveys. Eight-one percent (81%) of the adjunct faculty reported feeling better prepared and more confident in handling student issues after the simulations, and over 90% felt better equipped to provide student feedback or offer help when needed. Many expressed

the desire for smaller scale simulations each semester. Feedback suggested that the smaller sessions could be offered more frequently, helping improve interactions with students as issues arise throughout the year. Overall the participating adjunct faculty thought the simulations were a great experience improving confidence and role responsibilities (Hunt, et. al., 2014)

Simulation exercises offer a safe environment to practice interaction skills, much like what students experience in their clinical simulation exercises. This safe environment allows the instructor to receive feedback and further hone their skills to meet the needs of the student and the university. Adjunct clinical adjunct faculty may not fully understand the expectations of the university even with simulation practice. Orientation programs at the start of the educational year can help alleviate some of the confusion for the adjunct faculty. In order to better understand the benefits of orientation a closer look at this support system is warranted.

Orientation. An adjunct faculty's educational background can vary greatly. Assuring that all adjunct faculty understand their role and responsibilities is necessary. Misunderstanding their commitment and expectations can increase stress and negatively impact the instructor and student's success. Orientation is an opportunity for the adjunct clinical instructor to feel supported and made aware of expectations as they move through the semester (Hewitt & Lewallen, 2010)

Quality orientation programs include information about the position or job; required job activities, mentors or support faculty, and salary/benefits (Hewitt & Lewallen, 2010). There should also be extensive information regarding the course and clinical expectations. The adjunct faculty will need to understand student policies, course objectives, syllabus, clinical expectations, and evaluation processes (Fura & Symanski, 2014). Fura and Symanski (2014) examined a group of 17 adjunct clinical adjunct faculty who participated in an orientation

program prior to the start of clinical sessions. The adjunct faculty completed a pretest before attending orientation sessions and a posttest after completion of their clinic instruction. The orientation consisted of online presentations and online resources to help guide the instructor as they moved through clinical sessions. The resources were meant to give adjunct faculty opportunities to reach out to more experienced faculty members for mentoring and support as well as improve access to useful educational tools. Participants reported that orientation was helpful and resources given during their sessions are accessed and used frequently. The adjunct faculty appreciated the use of online information for convenience.

These findings are also supported by Hewitt & Lewallen's (2010) literature review. Their report cited an increase in instructor confidence and overall job satisfaction for those adjunct faculty who participated in orientation programs. Increased job satisfaction is an important factor to consider as it can often improve the retention rates of the adjunct faculty. This is a crucial consideration in a time where faculty are hard to find and constant instructor turn over can be detrimental to the success of the student (Hewitt & Lewallen, 2010). Improved instructor confidence will also produce higher quality teaching with increased student success.

Orientation programs are designed to introduce the faculty to the interworking's of the institution. These programs can also clarify expectations and responsibilities of the adjunct faculty as they move forward in the educational year. The support felt at orientation does not need to slow once the orientation program is complete. Developing faculty educational programs or academies at universities either independently or through collaboration with other organizations can give the institutions more bang for their buck. Two of these programs are the last instructor support systems reviewed.

The Eastern shore faculty academy and mentorship initiative. This program also referred to as ES-FAMI, is a collaborative program produced by three nursing education institutions in Maryland. The institutions came together to figure out how to address the shared difficulty in recruiting adjunct faculty for their nursing programs. The group decided to create a training/education program that would entice current working clinicians in their area to become clinical adjunct faculty with the hope of establishing a pool of clinical adjunct faculty and mentors that could be used to improve faculty numbers and student enrollment (Reid, Jaronsinski, Mister & Seldomridge, 2013). The ES-FAMI is offered to a minimum of six participants twice per year at rotating locations. Clinicians wishing to participate must possess at least a bachelor's degree, two years clinical experience, and complete an application process. The program is a 16 hour hybrid program consisting of face to face sessions, web based activities and discussion, as well as simulation experiences. All are designed and instructed by experience adjunct faculty from the collaborative institutions. A few of the topics included in sessions were student interaction methods, creating safe learning environments, multitasking, and clinical assignments (Reid et. al., 2013). The ES-FAMI simulation session gives potential adjunct faculty an opportunity to practice interaction styles and to handle difficult situations in a safe environment. Once the program is completed the potential instructor is entered into a sheltered database accessed by supporting institutions looking for quality adjunct faculty (Reid et. al., 2013).

The authors studied the clinicians participating in ES-FAMI during the first year. Of the 12 participants that completed the program during the two sessions that were offered, nine participants were eventually employed as clinical educators. An additional six had applied to or enrolled in advance degree programs. All participants reported increased confidence as an

instructor and ability to handle the tasks at hand. The collaboration did however experience issues with communication during planning phases of the project. Participating institutions reported confusion about responsibilities in final course design, gathering needed staff and supplies, even the location of the academy. These issues continue to be reviewed and refined as the program continues.

In addition to creating a unique recruiting pool for the involved universities, the academy program has also created flourishing institutional partnerships, increased resources and in general increased nursing faculty numbers for the state of Maryland. The additional faculty are also much better prepared to instruct students. Overall this collaboration is viewed as a success and continues to be used.

While the northeast developed the Eastern shore faculty academy and mentorship initiative in response to the shared nurse educator shortage, in the southeast the clinical associate resource and support program was developed. This program was used to better support adjunct clinical adjunct faculty at a small rural university. This program is discussed next.

Clinical associate resource and support. A rural southeastern university relied heavily on numerous adjunct clinical adjunct faculty. In an effort to better serve the instructor and students the adjunct clinical adjunct faculty were given a survey and asked what they felt was needed to better support them. Needs identified included access to course resources, assistance or guidance when dealing with student issues and better understanding of university policies and procedures (Hunt, Curtis, & Sanderson, 2013). In response to the survey the university redesigned their orientation program and created the clinical associate resource and support program, also called CARS. The goal of this program was to address the needs of faculty and improve the quality of the clinical experiences.

The CARS program is multi-step orientation scheduled months in advance to ensure that all faculty, whether adjunct, part-time and full-time can attend. Orientation begins with a large group session. During this time university policies and procedures are reviewed, technology access is discussed, and faculty meet and discuss issues with other faculty to create a supportive network. The second step is smaller, course specific, breakout sessions. Classroom adjunct faculty are given the opportunity to meet with their clinical cohorts to discuss course objectives, goals and expectations for clinical, and adjunct clinical adjunct faculty are able to discuss areas of concern. Simulation sessions are also included during the day long orientation, so adjunct faculty are able to practice interaction skills and receive feedback in a safe environment. Should an adjunct faculty need additional support, mentorship relationships can also be created during this program. The overall goal of CARS is to provide extensive support and training to the adjunct faculty in order to improve clinical experiences for both student and instructor (Hunt et. al., 2013). The program continues improve through the use of evaluations by participating adjunct faculty and students. The CARS program has many opportunities to provide quality training that improves instructor confidence, knowledge and instruction ability.

As nursing educations faces a shrinking instructor population and inexperienced educators are called to fill in gaps. It is imperative that institutions understand what makes quality faculty and how to support faculty to meet these expectations. A discussion on how to best support these initiatives follows.

Discussion

Nursing students have given a fairly clear picture of what traits they desire in faculty members to help them get the most out of their educational experience. The study conducted by Gillespie (2001) found that faculty's actions and traits can have specific effects on the

educational experience and learning of the student, establishing a link between the clinical teaching style and student outcomes. Comprehensive orientation programs along with opportunities for continued training and professional development may help ensure faculty have the skills and traits necessary to be effective educators (Suplee et. al., 2013).

Adjunct faculty members often possess little to no educational background, receive little to no educational training yet are held to the same standards as full time faculty by students. These same adjunct faculty members often build the bridge from theoretical to clinical or practical learning making it crucial they receive adequate training (Hunt et. al., 2015). Important aspects for educational institutions to consider as the educational climate and nursing programs continue to change, making faculty training and support programs necessities. The educational institutions need to take heed offering more training programs for adjunct faculty in order to develop, support and strengthen the desirable traits as defined by students.

Clinical education is changing as fast as adjunct faculty are retiring. Off-campus clinical sites are becoming difficult to secure and staff. Patients in the hospital are more complex and the nurses are often overwhelmed with responsibilities leaving little time for the nurses to work with students (Nielsen et. al., 2013). This fast paced complex clinical environment may not be conducive to student learning if adjunct faculty aren't confident and prepared in their role. Interactions between the writer and the public health adjunct clinical adjunct faculty demonstrated many of these frustrations. Reports of confusion, uncertainty, and frustration were frequently expressed. Many of the adjunct faculty wanted to know more about the course such as objectives, goals, and expectations to correlate the clinical experience to classroom learning. These important concepts were rarely shared. As such, the adjunct faculty found it hard to engage students without knowing what students were expected to learn. Orientation opportunities

may have reduced these identified problems, allowed better connection with the students and improved student knowledge and understanding of the clinical setting in which they were placed.

Orientation programs, while vital to the success of many educators, do not often exist for the adjunct faculty. Existing programs are usually full day or multiple day sessions during the week. It is probable that most adjunct faculty would like to attend but cannot due to prior commitments. Education institutions need to consider these commitments and perhaps adjust their orientation programs. Adjustments could include offering partial day, online, or evening sessions. The adjunct faculty could also be paired with an experienced instructor who would act as a mentor, a resource for support and orientation to the institution and coursework (Fura & Symanski, 2014). These adjustments would make orientation accessible to all adjunct faculty increasing feelings of support and possibly decreasing frustrations which may lead to retention of adjunct faculty. Many of the public health adjunct faculty would have felt better about clinical experiences if they would have experienced some sort of orientation.

Student interactions are another area frequently reported as difficulty by the adjunct faculty. Providing feedback and evaluations to students is often uncomfortable for the adjunct faculty who spends most of their days as a clinician. The transition from clinician to instructor is improved with participation in simulation programs (Hunt et. al., 2014). Simulation sessions are often offered as part of orientation programs but there may also be large benefits to offering frequent smaller simulations throughout the year. Frequent simulation sessions could help adjunct faculty address problems as they arise. The smaller sessions may reduce time commitments thus improving the attendance of the adjunct faculty. Simulation is one more opportunity to improve instructor confidence, improve job satisfaction and retention of adjunct faculty (Hunt et. al., 2014).

Creation of multifaceted programs like the Eastern shore faculty academy and mentorship initiative (ES-FAMI) (Reid et. al., 2013) or Clinical associate resource and support (CARS) (Hunt et. al., 2013) show promise in developing quality adjunct faculty. Utilizing simulation, orientation, and other support sessions. These programs cover a wide array of topics, provide resources and assist the adjunct faculty in developing relationships with other faculty members. These programs can offer opportunities to ignite excitement about nurse education. Perhaps leading clinicians to full-time educator roles or to begin work toward their terminal degrees, results like these were reported in the study by Reid, et. al. (2013).

Implications for the Nurse Educator

As we continue to see nurse educator numbers dwindle without change in the demand for new nurses, utilization of the nurse clinician as adjunct faculty will become commonplace. The introduction of inexperienced adjunct educators who do not fully understand what they are signing up for can lead to instructor frustration and challenging interactions with students (Hewitt & Lewallen, 2010). Current research shows nursing students desire an education that is of a more humanistic nature (Gillespie, 2002). Students want to have quality, caring relationships with their adjunct faculty as described previously. Preparing adjunct faculty to be successful is imperative for both student and instructor. Well-developed orientation and simulation programs are great starts to helping develop great educators.

Educational institutions and established nurse educators have a responsibility to continue developing support and training programs for novice educators, especially those in adjunct positions. Effective nursing adjunct faculty are crucial for a student's clinical educational experience, and more importantly, for the patients that they are and will be caring for as nurses

(Parsh, 2010). Therefore, assuring that the adjunct faculty understands his or her role and responsibilities is imperative.

Conclusion

Nursing education will continue to change, perhaps more rapidly than seen in recent years. As the number of qualified educators dwindles and potential nursing students continue to be turned away, universities and colleges need to begin thinking outside the box. Recruitment of clinicians as adjunct faculty is a first step outside and has filled a void in the nursing education system. However educational institutions cannot assume these adjunct faculty will succeed independently. Adjunct faculty need more support and training due to their lack of educational background. Institutions are responsible to ensure that all of their adjunct faculty receive orientation, supportive resources, and on-going training opportunities. Providing these opportunities has improved the experiences of both the instructor and student. Development and evaluation of instructor training programs is crucial to the success and satisfaction of both faculty and student, including the adjunct faculty.

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