

# Exploring the Experiences of Adjunct Faculty using a Structured Framework

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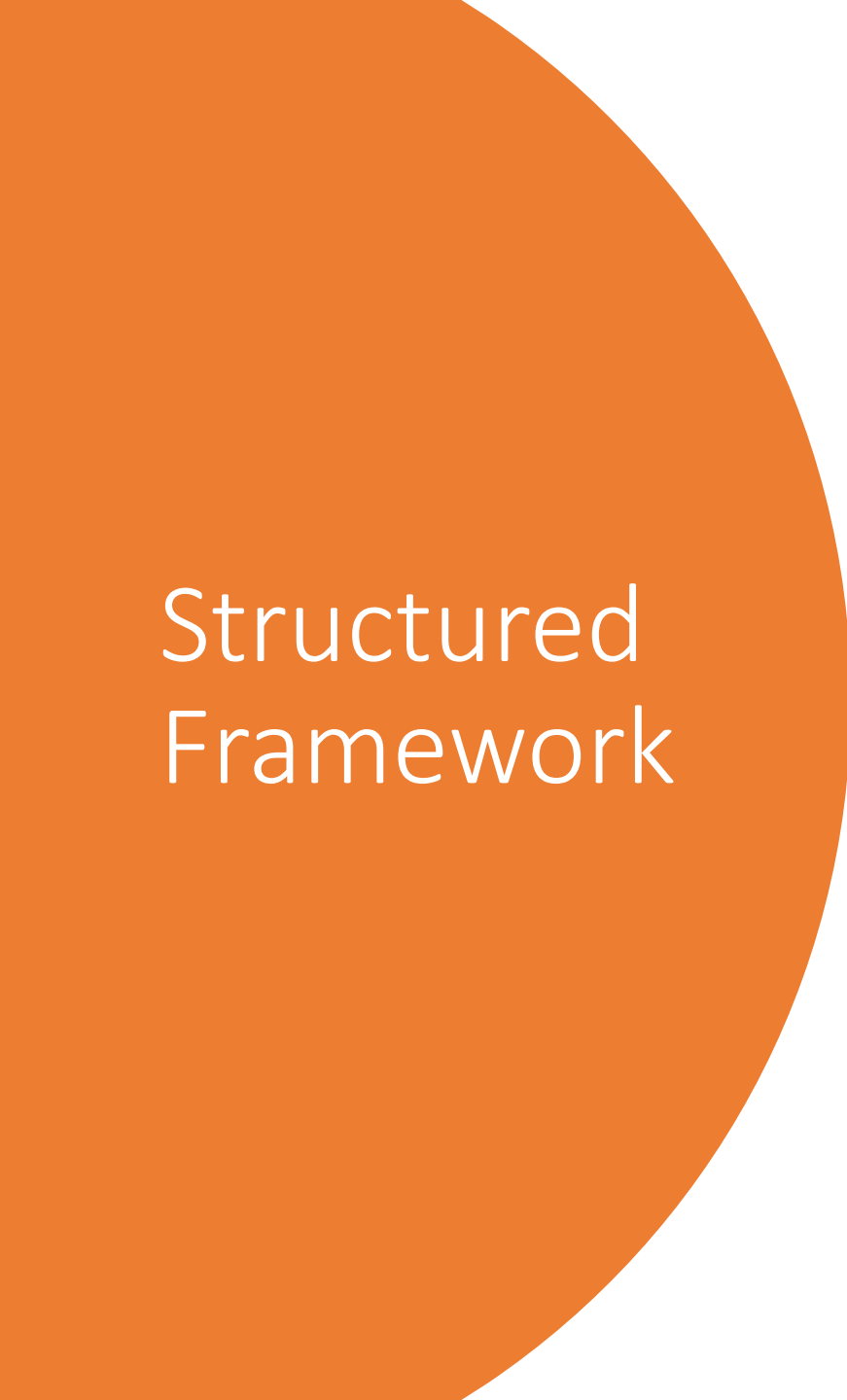


# Clinical Adjunct Faculty

- Part-time employees who are contracted to teach in the clinical setting.
  - Expert clinicians fill in the need in the clinical setting where clinical supervision is needed (McPherson, 2019).
  - Work clinically and teach part-time (McPherson, 2019).
  - Using clinical adjunct faculty allows nursing programs to continue to grow and increase their admissions (Forbes et al., 2010).
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# Lack of Training for Clinical Faculty

- Teaching critical thinking in the clinical setting looks very different than teaching it in the classroom setting (Huber, 2022).
- It is critical that students develop cognitive, psychomotor, and affective skills in the clinical setting (Oermann & Gaberson, 2021), however, clinical instructors cannot be expected to have this pedagogical knowledge without training and mentorship.
- The utilization of a structured framework gives the clinical instructor support as they lack fundamental knowledge of how to teach in the clinical setting (Johnson, 2016).



## Structured Framework

- Provides a systematic, organized, and clear approach to guiding both students and faculty in the clinical setting to foster critical thinking (Nielsen et al., 2016).
  - Allows for a common language to be used by both students and faculty (Nielsen et al., 2016).
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# Research Purpose

- There is minimal research on pedagogical approaches to prepare students for clinical judgment in the clinical setting (Huber, 2022).
- This study aimed to understand how clinical adjunct faculty describe their experiences while using a structured framework to focus on clinical judgment in the clinical setting.
- Educational course was taught to clinical adjunct faculty to explain how fostering clinical judgment while teaching in the clinical setting is important.

# Themes



# Structure

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“I kind of talked about things very broadly and this allowed me to get a little bit more specific.”

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I didn't always get to where I wanted to before. It helped me focus on what was most important for the students.”

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“You know, I feel like we wouldn't always hit the mark and we would like stumble into some good ways of doing it, but not always.”

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“You know, I feel like we wouldn't always hit the mark and we would like stumble into some good ways of doing it, but not always.”

# Structure

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“I think the structure, it just helps guide me in my thinking and questioning what I'm talking to them about more than anything.”

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“Prior to using the model, I kind of just took my experience as a nurse. I also used my knowledge of the facility that I was at and I kind of just like winged it, I guess.”

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“I've probably taught for about 5 years now, and I teach every semester. I feel like my way of teaching has been from my experience of what has worked and not worked, but there was never necessarily a structure to it. I don't think I was ever given any real feedback or taught how to teach the clinical. So, for me, my experience has really just been from my own experiences and with students of what works and what doesn't work.”

# Reflection

- “In the moment they did have an idea of what was going on, and sometimes they were just like, okay, I know the heart rates going up, I see the blood pressure is going down and that's not good, but it's hard for them to kind of figure out in the moment, so this would get the conversation rolling.”
- “Being able to take a step back, you know. We would go through the model and talk about mostly like a main takeaway from the experience, and then for what would they would do differently next time. They usually always had something to add of what they would do next time, such as delegate to another nurse, or when to call the doctor, or a call rapid response. If I see that the vital signs are getting worse, what intervention would I do differently? And then they are able to kind of translate that more into their practice.”
- “I had the “opportunity to step in a little bit more and be like, oh well maybe we should do this instead.”

# Noticing



- “One example that just happened was that the patient was on the floor with max settings of high flow oxygen, and they were like, no I feel fine, I feel great. But what they're telling you is very different than what you're noticing. At the beginning of the shift, her oxygen saturations were like 97, 98, and kind of as the shift dwindled down, it was like 93, 94 and she was using more accessory muscles, and my students were actually able to notice without even me prompting them. They said I saw that this happened as the shift went on and she just looked worse, and although she kept saying she felt fine, she didn't look fine. So, using this model helped the students realize that. I think that this model and the way that we ask the questions using this model and in this exact order helps their wheels start turning and kind of helps develop those critical thinking skills.”

# Noticing

- “For experienced nurses, it is very easy to understand the difference between subjective and objective, but it is not like that for students. And with this framework, you can offer this skill.”
- “The student was really quick to notice that the patient’s O2 sat was dropping, their heart rate was going up, their blood pressure was going down, and their temperature was going up.”



# Engagement

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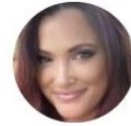
- “It can be a little difficult to get them talking, but I think that these prompts and these questions can help pull it out of them.” The reality of it is we want to keep our students busy. We want them to be on the go most clinical days, but sometimes that's not the reality. Sometimes a patient census can be down, you know? There may be no deliveries during the clinical day. So how am I going to talk about labor and delivery? How am I going to give them exposure if they don't have the hands-on opportunity? And I think, having discussions that kind of follow the Tanner model helps at least give them that more enriched type of learning.”



# Engagement

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- "The structured model kept students engaged, got the wheels spinning and the conversation rolling."
- "Before, I would to debrief a situation, it would be just a couple questions. They were very open-ended and when I would ask the students, it would be kind of hard to get them to engage."



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Do's and Don'ts when raising a teenager:

Don't:

- \*Act excited when you see them
- \*Ask them how their day was
- \*Make any jokes... they will never be funny
- \*Expect any form of affection
- \*Sing out loud when driving
- \*Expect them to tell you that they love you

Do:

- \*Love them anyway

# How can nurses advocate?

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# How can we support belonging?

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- **Create a Welcoming Environment**

- Create a classroom climate that is open and respectful
- Seek feedback from students about their learning experiences
- Ensure that all students have access to the resources they need to succeed, including accommodations



# How can we support belonging?

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- Foster Inclusivity
  - Support networks
  - Promote teamwork and collaboration
  - Personalize interactions
  - Encourage participation from all



# How can we support belonging?



- **Mentorship and Role Modeling**
  - Reflect and act on feedback

# Why feeling uncomfortable is the key to success

"Your comfort zone is a beautiful thing, but you will never grow there"

your comfort zone →



where the magic happens!



# Thank you!

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