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REGISTERED NURSES' EXPERIENCE WITH ONLINE EDUCATION AND ROLE
TRANSITION TO CLINICAL INSTRUCTORS

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SAMARJIT DHILLON

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Approval of Dissertation

The undersigned certify that they have read the dissertation entitled

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TO
CLINICAL INSTRUCTORS**

Submitted by:

Samarjit Dhillon

In partial fulfillment of the requirements for the degree of

Doctor of Education in Distance Education

The examination committee certifies that the dissertation and
the oral examination is approved

Supervisor:

Dr. Agnieszka (Aga) Palalas
Athabasca University

Committee Members:

Dr. Pamela Walsh
Athabasca University

Dr. Kimberly Dunker
Pacific Union College

External Examiner:

Dr. Jennifer Lock
University of Calgary

March 5, 2025

Dedication

This dissertation is dedicated to my husband, Avtar, whose unwavering support, love, and encouragement have been an unshakeable foundation throughout the challenges of postgraduate school and life. Through every late night, every moment of frustration, and every obstacle, you have been a constant source of strength, always reminding me of my purpose and my potential. Avtar, I am forever grateful for your presence in my life—not only as a partner, but as my greatest ally and confidant. Your belief in me, especially during the times when I doubted myself, has been helping me push forward even when the path seemed uncertain.

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even the toughest days. I am beyond grateful for the endless support you have shown me, even when you may not have fully understood the magnitude of what I was working toward.

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Abstract

This research study is a descriptive qualitative case study aimed at addressing the issue of insufficient preparation of Registered Nurses (RNs) for the role of academic Clinical Nursing Instructors (CNIs) in undergraduate nursing programs in North America. CNIs are usually clinical nursing experts with little or no formal preparation related to teaching methods and pedagogy. Reports of CNIs feeling unprepared for the role of clinical teaching are well documented in the literature. This descriptive case study describes the experiences of RNs with an online Academic Clinical Nurse Educator Preparation Program (ACNEPP) and its influence on their preparation for the role of CNIs. The target population for this study was part-time CNIs in undergraduate nursing programs in the United States of America (USA) who had taken the online ACNEPP. Qualitative data collection was conducted through the review of the online ACNEPP, demographic questionnaires, and semi-structured interviews to elicit participants' experiences with the online ACNEPP and its impact on their clinical teaching practice. Findings from this study indicate that RN to CNI role transition remains challenging; they also highlight content and design features of the online ACNEPP that enhanced the participants' clinical teaching practice and facilitated their role transition. These findings provide direction for improving preparation of academic CNIs by designing short, flexible, online and on-demand professional development and onboarding programs to help support the transition of RNs to CNIs. The findings can also contribute to addressing the global nursing shortage by preparing more CNIs to support a greater number of nursing students in completing their education.

Keywords: clinical nursing instructor, academic clinical nursing instructor, registered nurse, online professional development, onboarding, clinical nurse educator preparation, role transition, asynchronous, synchronous, on-demand, online

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List of Symbols, Nomenclature, or Abbreviations

ACNEPP – Academic Clinical Nurse Educator Preparation Program

CNI – Academic Clinical Nursing Instructor

RN – Registered Nurse

Chapter 1. Introduction

Nursing education models in North America and worldwide include the teaching of relevant theory content in the classroom by nurses prepared at the master's or doctoral level and teaching of clinical skills in laboratories or clinical agency sites by Registered Nurses (RNs) holding a minimum of a baccalaureate degree in nursing. Due to the lack of availability of full-time faculty, budget constraints, and the smaller student-instructor ratio required by hospitals and nursing regulatory boards for clinical teaching, nursing schools hire baccalaureate and/or master's prepared RNs as academic clinical nursing instructors (CNIs) on a contract basis to teach undergraduate nursing students in clinical settings (Chaniz-Rico, 2022; Jetha et al., 2016; Koharchik, 2017; Woodworth, 2017). The terms CNIs and academic CNIs are used interchangeably in this study to denote academic clinical nursing instructors teaching in undergraduate nursing education programs. CNIs are often clinical nursing experts with little or no formal preparation or experience in teaching (Boamah et al., 2021; Dunker, 2014; Hewitt & Lewallen, 2010; Laari et al., 2021; Weidman, 2013). In many cases, they are hired at short notice and take on part-time clinical teaching roles in addition to their full-time clinical role as a nurse (Bergmann, 2011; Dunker, 2014; Fura & Symanski, 2014). This has also been my personal experience in my role to hire and support CNIs in an undergraduate nursing program in Canada. The level of support provided by universities in the form of orientation and onboarding programs for CNIs varies widely and frequently falls short in addressing their needs to transition to the role of CNIs (Laari et al., 2021; Page-Cutrara et al., 2022; Ross & Dunker, 2019).

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As a result of these issues, CNIs often report feeling unprepared and unsupported for the role of clinical teaching in undergraduate nursing programs (Laari et al., 2021). There is strong agreement in the literature around the importance of providing formal education, structured orientation, and mentorship to prepare RNs for the role of CNIs (Davidson & Rourke, 2012; Ross & Dunker, 2019). Online professional development programs, due to their accessibility, affordability, and flexibility, may offer a viable solution to support the preparation of RNs for the role of academic CNIs (Atack, 2003; Benson, 2004; Fura & Symanski, 2014; Karaman, 2011; Wu et al., 2018; Wu et al., 2020). My descriptive qualitative case study is aimed at exploring the experiences of RNs with taking one such Online Academic Clinical Nurse Educator Preparation Program (ACNEPP) to help support the transition from clinical nursing experts to CNIs in undergraduate nursing education programs.

Background

The shortage of nursing workforce in North America and worldwide is a well identified problem in the literature (American Association of Colleges of Nursing [AACN], 2022; Canadian Federation of Nurses Unions [CFNU], 2022; International Council of Nurses [ICN], 2021; Scheffler & Arnold, 2019; World Health Organization [WHO], 2020). Multiple reasons documented for this shortage include an aging workforce, aging population that requires more care, an insufficient number of graduates to balance out the number of nurses leaving the profession, lack of adequate financial compensation, and poor working conditions (AACN, 2022; Center for American Progress [CAP], 2022; CFNU, 2022). According to the Bureau of Labor Statistics (2017), an estimated 1.09 million nurses are needed between 2014 and 2024 in the USA,

while Scheffler and Arnold (2019) predict a shortage of 117,600 nurses in Canada and 1,807,261 nurses in the USA by 2030. In their work to project demand of doctors and nurses by Organization for Economic Co-operation and Development (OECD) countries by 2030, Scheffler and Arnold (2019) projected a “shortage of nearly 2.5 million nurses across 23 OECD countries in 2030” (p. 274). The COVID-19 pandemic has added additional challenges to the already strained health care system, with nursing vacancy rates up to 30% in some cases (CAP, 2022). ICN (2021) suggests “the pandemic could trigger a mass exodus from the profession in the near future and estimates the global shortage could be widened to nearly 13 million in the aftermath of the crisis” (p. 2).

To address the problem of nursing shortage in North America and globally, nursing education programs already operating at capacity have been advised to increase their enrollment of students (WHO, 2020; Woodworth, 2017). However, nursing schools are limited in their ability to meet these enrollment goals due to shortage of nursing faculty (AACN, 2022; Bittner & Bechtel, 2017; Gazza, 2019). According to AACN (2022), “faculty shortages at nursing schools across the country are limiting student capacity at a time when the need for professional registered nurses continues to grow” (p. 1). Amongst many other reasons for the nursing shortage, diminishing pool of nurse faculty is one of the main reasons for this health human resource crisis in the USA (Penn et al., 2008). Additional pressures from the pandemic have worsened the nursing shortage that pre-dates the pandemic, while nursing schools cannot accommodate the influx of prospective applicants due to faculty shortages (CFNU, 2021). Nursing schools in the USA “turned away 91938 qualified applications from baccalaureate and graduate nursing programs in 2021” due to inadequate number of faculty among the other factors

(AACN, 2022). The nursing faculty shortage significantly contributes to the overall nursing workforce shortage (McDermid et al., 2012).

The AACN (2022) cites “budget constraints, an aging faculty, and increasing job competition from clinical sites” as contributing factors to the crisis of faculty shortage in the USA (p. 1). Schools also struggle with lack of qualified nursing faculty to fill vacant positions (AACN, 2022; Boamah et al., 2021, Lloyd & Ferguson, 2017). AACN (2022) reported a decline of 5766 students in master’s programs in 2021 than in 2020, while enrollment in PhD programs is down to 4476 students in 2021 from 5145 students in 2013. Due to the lack of adequate supply of qualified nursing faculty, education programs are hiring baccalaureate prepared clinically expert RNs to teach part-time in clinical teaching roles to accommodate increased student enrollment (Danna et al., 2010; Jetha et al., 2016; McPherson, 2019a; Roberts et al., 2013).

CNIs help nursing programs in educating more nursing students, but the role has multiple challenges (Dunker & Manning, 2018; Sousa & Resha, 2019). In addition to educating higher numbers of nursing students, it is important for CNIs to be highly competent in their role to graduate safe nurses for the future (Rice, 2016). Nursing programs have the responsibility to recognize the importance of preparing CNIs by providing adequate orientation and mentorship to help support them in their new role (Woodworth, 2017). If a CNI lacks confidence, has limited knowledge of the curriculum and is uncertain about effective teaching/learning strategies, it will likely impact students’ opportunities and quality of learning in the clinical area (Dunker & Manning, 2018). Conversely, support through faculty development to strengthen the competencies

of CNIs as educators is associated with positive student and program outcomes and quality of nursing (Johnson, 2016; Page-Cuttrara et al., 2022).

Statement of the Problem

The main problem addressed by this study is the lack of educational preparation of RNs to take on the role of CNIs in undergraduate nursing programs in North America, with the goal of improving role preparation for the CNIs and addressing shortage of nursing faculty and nurses. CNIs are often recruited for their clinical expertise but they lack formal training and experience as educators (Clark, 2013; Schaar et al., 2015; Hewitt & Lewallen, 2010; Schoening, 2009).

In my experience as a nursing faculty member and program coordinator in an undergraduate nursing program in Canada, CNIs face barriers in taking professional development courses before they begin their teaching career due to the associated cost, schedule challenges related to their full-time or part-time clinical jobs, and the short duration between their hiring dates and beginning of the teaching term. Intensive workloads and shift work pose challenges for the RNs to attend face-to-face classes (Karaman, 2011). As a result, most start their CNI role without any formal educational preparation related to teaching methods and pedagogy, feeling unprepared and unsupported for the role of clinical teaching (Brown, 2015; Laari et al., 2021).

Online learning has been recognized as an effective educational modality for professional development to enhance nursing knowledge and for training of nursing skills in clinical settings (Barisone et al., 2019; Chen et al., 2008; Lu et al., 2009). Online education programs for professional development of this group of RNs can help address this gap in the educational preparation of CNIs by offering more accessible and flexible

options (Karaman, 2011; Reid et al., 2013; Wu et al., 2018). Short duration, accessible, affordable, and flexible online education programs may help address the current barriers and thus facilitate more clinical expert nurses to participate in the educational preparation, supporting their transition to the role of CNIs. Wu and colleagues (2018) observed that “flexible and resource-rich nature of online learning” lends itself nicely as a platform for continuing education for nurses wanting to prepare as clinical teachers (p. 11). Flexibility of time and space, self-paced learning, cost-effectiveness, and less impact on families and personal lives make online learning an attractive option to prepare RNs for the role of CNIs (Ousey & Roberts, 2013; Yu et al., 2007).

CNIs need educational preparation and support while they transition from the role of clinical expert RNs to novice nurse educators (Evans, 2013; Roberts et al., 2013; Wyte-Lake et al., 2013). Challenges of role transition from clinical to academic roles may impact part-time clinical faculty's satisfaction with the clinical teaching role and lead to problems with retention in the academic clinical teaching roles (McPherson, 2019a). Providing appropriate educational preparation and institutional support in the form of online professional development programs and mentorship to RNs transitioning to the role of CNIs may help in recruiting and retaining instructors (Baker, 2010; Hewitt & Lewallen, 2010). Having more CNIs can help support the education of more nursing students, leading to a higher number of nursing graduates and increased opportunity for more qualified applicants to become RNs.

Purpose

Limited research is available to describe the experiences of CNIs who take an online education program as a professional development tool to support their transition

into the role of CNI. It is crucial to understand the factors influencing the successful transition from clinical nurse roles to CNI roles as faculty shortages directly impact the number of graduates thereby affecting the overall nursing shortage (Wendler et al., 2021). The purpose of this qualitative case study is to describe the experiences of RNs with an online education program, the ACNEPP in the USA and its influence on their experience of transitioning to the role of CNIs from clinical experts. An exploration of this transition process, and the experience of CNIs with online ACNEPP, may be helpful in identifying optimum content and design features of the online ACNEPP and help identify support strategies aimed at assisting the transition of nurses into the role of academic CNIs.

Context of the Study

The case studied in this descriptive qualitative case study was an online ACNEPP in the USA. The selection of ACNEPP as a case for this study was made based on an internet search for such programs in Canada and USA, the ability to connect with this program provider, and the provider's willingness to grant me permission (Appendix A) to conduct this research study with its participants. The online ACNEPP is offered as a professional development tool to help prepare RNs for the role of academic CNIs. The program comprises two courses: Becoming a Clinical Nurse Educator and How to Teach the Clinical Rotation. It can be completed entirely online, with an optional component of online or virtual mentorship from the provider and the instructor of ACNEPP. The program is designed to equip RNs with the NLN Nurse Educator Core Competencies in their role as CNIs.

ACNEPP Curriculum

Nurse Educator Core Competencies by NLN (2018) serve as the underpinning framework for the program curriculum. Table 1 depicts the course and module titles in the two courses offered in the online ACNEPP. According to Knowles (2024), the author of the ACNEPP, “This predominantly video-based program is specifically designed to prepare you [the RNs] for the role as an Academic Clinical Nurse Educator” (no page). Course #1 titled Becoming a Clinical Nurse Educator provides an overview of the role transition process, expected clinical nursing instructor behaviors, mentorship, teaching and learning principles and fundamentals of clinical teaching. Course #2 titled Teaching the Clinical Rotation is aimed at enhancing RNs’ teaching abilities by providing information on practical skills for self-preparation, planning and teaching each clinical day, and providing student feedback. The program includes a post-test, program evaluation survey and instructions for requesting continuing education credits (CEUs).

Table 1***ACNEPP Curriculum***

Course 1: Becoming a clinical nurse educator	Course 2: Teaching the clinical rotation
<ul style="list-style-type: none"> • Module#1 – Transition to the role • Module #2 – The mentoring relationship • Module #3 – Teaching and learning • Module #4 – Foundational issues in clinical instruction 	<ul style="list-style-type: none"> • Module #1 – Instructor preparation • Module #2 – The clinical day • Module #3 – Bringing it all together • Module #4 – Clinical toolbox/resources • Module #5 – The student evaluation

ACNEPP Design

The ACNEPP is an online program available to RNs who want to strengthen their knowledge and skills for the role of academic CNI. Learners can take this program for a nominal fee. The program is designed to be self-paced and fully asynchronous, enhancing its accessibility for RNs and part-time CNIs who have complex clinical role schedules. RNs can enroll in this program before they begin their CNI role or during their employment as CNIs. ACNEPP is available to individual CNIs, and a group registration rate is offered to post-secondary education institutes wishing to register their CNIs as a group. According to Knowles (2022), ACNEPP is not intentionally designed around a theoretical model or framework. However, upon reviewing the ACNEPP modules, the program design is highly reflective of andragogy, reflective practice, and constructivism - theories of teaching and learning used in clinical teaching in nursing. This observation has also been corroborated by Knowles in my personal communication with her (2023).

Andragogy. Andragogy is the “art and science of adult learning, thus andragogy refers to any form of adult learning” and has five assumptions of adult learners: Self-Concept, Adult Learner Experience, Readiness to Learn, Orientation to Learning and Motivation to Learn (Knowles, 1984, as cited in Pappas, 2013). It is a way of teaching that values life experiences and knowledge of the learner as a base to build future knowledge (Crosslin et al., n.d.). Table 2 depicts the design and content features of ACNEPP that honour these five assumptions about adult learners in this program.

Table 2*Andragogy and ACNEPP*

Assumptions of andragogy	Design features of ACNEPP
Self-Concept – self-directed human being	Learners in ACNEPP can complete the program content at their own pace without any hard deadlines. Learners are encouraged to complete the modules in the given sequence; however, they may complete them in any order based on their needs
Motivation to learn – is intrinsic	The design of ACNEPP acknowledges that learners enroll in this program based on their intrinsic motivation and provides the learners with the option to enroll without being employed by an educational institution as a CNI
Orientation to learning – immediacy of application and relevance	Content of the ACNEPP is designed to be immediately relevant to the role of CNIs. The program is designed for CNIs to take while they transition to the role of CNI, providing them with the opportunity to make use of the relevant learning from ACNEPP in their CNI role
Readiness to learn – oriented to the developmental tasks of their social roles	ACNEPP is aimed at helping the adult learners prepare for the role of CNIs, learners join the ACNEPP with the readiness to learn to be more effective in their role as CNIs
Adult learner experience – each learner has their own reservoir of experience	ACNEPP design acknowledges that based on their personal experiences, each learner will process learning in their own way and at their own pace. The program is self-paced and self-directed

Constructivism. Based on the “learning theories advanced by Dewey (1916), Piaget (1972), Vygotsky (1978), and Bruner (1990), constructivism learning theory is defined as active construction of new knowledge based on a learner’s prior experience” (Koohang et al., 2009, p. 91). Instructional principles to guide the design of constructive online learning include learning that is interactive, collaborative, facilitated, authentic, learner-centered, and high quality (Hsiu-Mei Huang, 2002). The design of ACNEPP

embodies these principles by providing multiple opportunities for the learners to interact with the content and pursue active learning via short pre- and post-tests, encouraging the learners to reflect on their learning via a reflection log, and inviting them to extract personal meaning from the learning by using the 'I will' log to document what learning they can implement into their professional practice. The program provides opportunities for authentic learning by using real world examples in video lessons. High quality up-to-date resources are integrated throughout the program.

Reflective Practice. Learning through reflection is deeply embedded in nursing education at various levels. Undergraduate nursing programs require students to maintain reflective journals to connect classroom learning to clinical learning. Other benefits of reflective journaling include active engagement with learning and its context, professional and personal growth, and ability to analyze challenges and difficulties with learning (Harris, 2006). The ACNEPP design includes space for students to write reflective journals about their learning in the course and their plans on integrating their newly constructed knowledge into their clinical teaching practice.

Theoretical Framework

Benner's (1984) novice-to-expert theory of professional development for nurses in clinical roles served as the theoretical framework for this descriptive case study research. Describing the journey from a novice to an expert as a continuum of five stages of "novice, advanced beginner, competent, proficient, and expert" (p. 188), Benner used the Dreyfus model of skill acquisition (Dreyfus & Dreyfus, 1980, as cited in Benner, 1984) to develop her novice-to-expert model of professional development of newly licensed nurses to highly skilled expert registered nurses (Benner, 1984, 2001, 2005).

Although Benner's theory is commonly used to describe nursing roles with a clinical focus, it has a much broader relevance to nursing practice (Altmann, 2007). It is an effective framework to use in the context of leadership development, mentorship programs, advanced practice nursing skill acquisition, and professional advancement ladders in other areas of nursing (Altmann, 2001; Shirey, 2007). The relevance of Benner's (1984) novice-to-expert theory to this study lies in the fact that expert clinicians once again transition back to the novice stage when assuming the new role of an academic CNI. There is qualitative evidence in the nursing literature regarding expert nurse clinicians transitioning to novice nurse educators (Cooley & De Gagne, 2016; Grassley et al., 2020; Poindexter, 2013; Schoening, 2013; Spencer, 2013; Weidman, 2013). The lack of pedagogical knowledge and formal preparation for the role of nurse educator make this transition challenging (Grassley et al., 2020; Weidman, 2013). Benner's theory provides a theoretical framework that supports professional development and skill acquisition through formal education, experiential learning, and mentorship (Titzer et al., 2014). Exploring the participants' experiences of role transition from expert clinicians to novice CNIs can help illuminate the influence of formal preparation in the form of participation in the online ACNEPP on this transition.

Novice

Novice is the first level of skill acquisition in the novice-to-expert theory (Benner, 1984). Beginning clinicians typically have extensive theoretical knowledge from their program of study but lack the capacity to apply that knowledge to a clinical situation (Jewell, 2013). Novice clinicians have limited ability to use discretionary judgment and rely heavily on objective rules to guide their performance (Benner, 1984).

Similarly, the novice CNIs have strong clinical knowledge, but lack the ability to apply this knowledge in their new role as CNIs. When expert RNs enter the role of new CNIs and as the roles change from expert to novice, they are likely to experience feelings of uncertainty, isolation, and anxiety similar to the novice phase of starting to practice as a nurse (Spencer, 2013). Due to lack of experience, novices should be taught in terms of objective attributes (Benner, 1984). Supporting novice CNIs with objective thinking and rationale will give them direction and assist them in transition into the advanced beginner stage.

Advanced Beginner

The second level in the novice-to-expert theory, advanced beginner, is a clinician that can demonstrate “marginally acceptable” performance (Benner, 1982, p. 403). The nurse at the advanced beginner level has some experience dealing with real situations acquired from the novice stage. They feel comfortable in the practice setting and can identify recurring patterns that are meaningful for each situation (Benner, 1984, 2001). The advanced beginner continues to focus on the rules and guidelines previously learned in the novice stage (Benner, 1984, 2001). During this phase, the nurse educator begins to formulate some guiding principles based on previous experiences (Titzer et al., 2014). Continuous support in the form of mentors, preceptors, and colleagues is important to guide the practice of advanced beginners and help them advance to the next level of experience.

Competent

A nurse at the competent level has had two to three years of experience at the same job or in similar situations and is able to recognize subtle changes in patients' status

based on their past experiences (Benner, 2005). The competent nurse knows how to prioritize responsibilities using past experiences and knowledge (Benner, 2001, 2015). Although the speed and efficiency to complete multiple tasks at the same time may still be lacking in the competency stage, the practitioner is developing the ability to master skills and manage situations appropriately (Benner, 1982). A competent clinician can realize the long-term effects of actions and starts to focus on long term goals and developing a vision. The nurse educator in the competent phase also begins to develop these same attributes and can apply them to the teaching role. The competent nurse educator is still unable to multitask and is less flexible than the proficient nurse educator (Titzer et al., 2014). Competent educators have the knowledge and skills to engage in mentoring and collaboration with peers to continue to move forward towards proficiency stage (Owens, 2018).

Proficient

In this fourth phase of development, proficient nurses have a more holistic understanding of situations, allowing them to know what to expect from experiences in certain situations and how to adapt plans if necessary (Benner, 1984). It usually takes three to five years of experience in the role to get to the proficient stage, where holistic understanding of the situation is guided by maxims and allows for improved decision making (Benner, 1984). A proficient practitioner understands that certain aspects of the situation are more important than others, leading to the main difference between competent and proficient stage being that the proficient nurse considers fewer options when problems arise resulting in more efficient decision making (Benner, 1982).

Proficient nurse educators can focus on the key aspects of a situation with students, are

able to identify students' learning needs and areas for improvement and can collaborate with their expert peers to get guidance to build their practice (Hinderer et al., 2016; Thomas & Kellgren, 2017).

Expert

Expert practitioners are characterized by deep analytical thinking and unconscious decision making (Dreyfus, 2004). They perform in a fluid, flexible, and highly efficient manner based on their intuitive grasp of clinical situations (Benner, 1984). Expertise takes a long time to develop. Expert nurses act intuitively, can quickly recognize abnormal situations, focus on important interventions while discarding interventions not necessary for patient care in a given situation (Benner, 2005). Expert educators have the ability and confidence to act as an ethical agent regardless of adverse consequences and have the sense of responsibility for their students (Benner, 2015).

Conceptual Framework

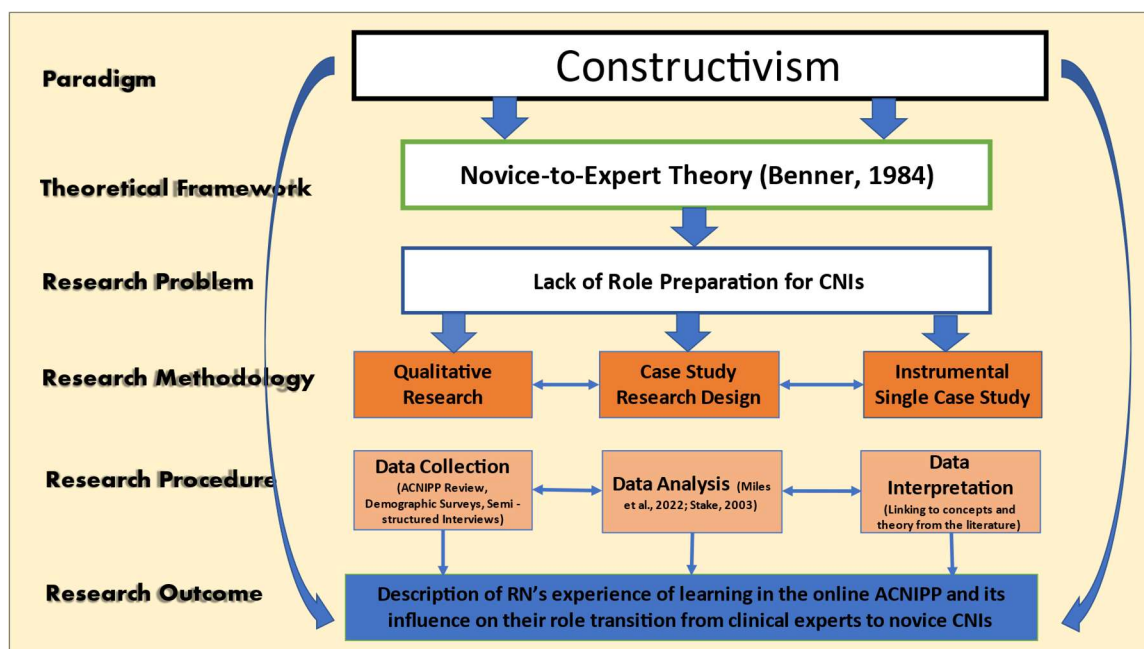
A conceptual map or framework represents a specific perspective the researcher uses to explore, interpret, and make sense of events and behaviors of the study participants (Imenda, 2014). It uses concepts from various theories and empirical findings to guide the research, serving as "the current version of the researcher's map of the territory being investigated" (Miles et al., 2014, p. 37; Green, 2014). According to Ravitch and Riggan (2011), "a conceptual framework is an argument about why the topic one wishes to study matters, and why the means proposed to study it are appropriate and rigorous" (p. 5).

Constructivism, as a paradigm, fits the purpose of my research to explore the participants' experiences and perspectives acknowledging them as the active participants

in the construction of their own knowledge, while also allowing me to acknowledge my active role in interpreting their descriptions of experiences and perspectives. More specifically, I examined participants descriptions of their experiences through the lens of cognitive constructivism as described by Piaget (1952, as cited in Kanselaar, 2002) and of social constructivism as described by Vygotsky (1978). Grounded in the constructivist paradigm, this research study used descriptive qualitative case study methodology to explore the learning experiences of RNs in an online ACNEPP and with their transition from clinical nursing experts to academic CNIs. Benner's (1984) theory of novice to expert served as the theoretical framework to study the participants' transition from clinical experts to novice CNIs. Thus, constructivism and Benner's theory of novice to expert served as the theoretical underpinnings for the conceptual framework of this study, as depicted in Figure 1.

Figure 1

Conceptual Map of RN's Experiences with the Online ACNEPP and the Role Transition



In line with the descriptive case study methodology, I gathered data through in-depth semi-structured interviews with participants, demographic data questionnaires, and review of the ACNEPP materials from the program website. Data from these sources provided evidence for drawing conclusions supported by a chain of evidence (Yin, 2018). Data analysis was carried out by coding for themes and sub-themes to make a detailed description of the case and its context (Creswell, 2013). Once the themes from data analysis were established, the data interpretation integrated the theoretical framework and other concepts from the existing literature to aid in describing and explaining the research findings (Nguyen et al., 2022). The final output of the study is a detailed description of RNs experiences with the online ACNEPP, with their transition from clinical nursing experts to novice CNIs and influence of the online ACNEPP on their role transition.

Significance of the Study

Considering the current global shortage in nursing and nursing faculty, combined with the lack of support for the role transition from clinical nursing experts to CNIs, it was pertinent to explore ways to recruit, support and retain CNIs. Existing research on this transition focuses on the experiences of either a full-time nursing faculty or academic CNIs in general. Gaining a better understanding of the experiences of CNIs who have taken the online ACNEPP as a resource to support their preparation for the teaching role, and thus the shift from clinical experts to CNIs, assisted in identifying content and design features of the ACNEPP that can facilitate such a learning process and role transition. Comprehending the experience of the study participants shed light on the influence of the online ACNEPP on their role transition, which may inform future revisions to the

ACNEPP as well. Findings from this study may also help inform the content and design of other similar online professional development programs for nurses.

Limitations and Delimitations

Several limitations to this study are noted. The study findings may be applicable only to academic CNIs taking the online ACNEPP and practicing as CNIs in North America because of the uniqueness of nursing education and practice contexts in North America. Due to the voluntary nature of participation and a small number of participants in keeping with the case study approach, participants' responses would not be reflective of the opinions and perceptions of all CNIs in North America.

Delimitations represent the boundaries or limits set by the researcher in order to keep the study manageable and feasible (Theofanidis and Fountouki, 2018). This study is confined to CNIs who had completed the online ACNEPP within the last three years and were teaching clinical nursing courses in undergraduate nursing programs at post-secondary educational institutions in the USA. Similarly, another delimitation is that only CNIs teaching on a part-time basis and supervising clinical learning of undergraduate nursing students were included and the study excluded those faculty teaching theoretical nursing courses in the classroom or the ones teaching both theory and clinical courses.

Research Questions

The two central research questions and additional sub-questions guiding this qualitative case study are:

1. How do the registered nurses describe their learning experience in the online Academic Clinical Nurse Educator Preparation Program and its influence on their role transition from clinical experts to academic clinical nursing instructors?

REGISTERED NURSES' EXPERIENCE WITH ONLINE EDUCATION AND ROLE TRANSITION

- 1.1. How do the participants describe the content elements of the online Academic Clinical Nurse Educator Preparation Program as facilitators or barriers to their role transition from clinical experts to academic clinical nursing instructors?
- 1.2. How do the participants describe the design features of the online Academic Clinical Nurse Educator Preparation Program as facilitators or barriers to their role transition from clinical experts to academic clinical nursing instructors?
- 1.3. How do the participants describe their ability to apply learning from the online Academic Clinical Nurse Educator Program into their role as academic clinical nursing instructors?
2. How do registered nurses, who have taken the online Academic Clinical Nurse Educator Preparation Program, describe their role transition from clinical experts to academic clinical nursing instructors?
 - 2.1. How do the participants describe their overall experience with the role transition from clinical experts to academic clinical nursing instructors?
 - 2.2. How do the participants describe the factors that influenced their role transition from clinical experts to academic clinical nursing instructors?

Definitions of Terms

For the purposes of this study, several terms are defined to clarify the intent of their inclusion, relevance to the context of online learning and to the role transition from a clinical nursing expert to a novice CNI.

Academic Clinical Nursing Instructor (CNI) – Academic CNIs are Registered Nurses whose primary responsibility in nursing education is clinical education for undergraduate, prelicensure nursing students in the clinical agencies and they are

responsible for teaching small groups of 6 to 10 nursing students caring for actual patients within clinical agencies (Forbes et al., 2010; Koharchik, 2017).

- Clinical Expert – RNs who have experience in clinical nursing roles in one or more settings for three to several years.
- Novice Clinical Nursing Instructor – RNs who have taught undergraduate nursing students in the clinical setting in an undergraduate nursing program for less than 3 years (Kumi-Yeboah & James, 2012).
- Online Academic Clinical Nurse Educator Preparation Program (ACNEPP) – is a fully online professional development program offered by a private provider in the USA and taken by the participants of this descriptive qualitative case study research.
- Online Learning – Form of education where the teacher and the learners are physically separated during instruction and all instruction and interaction is fully online with the use of various digital web-based technologies (Johnson et al., 2022; Wu et al., 2018). To maintain consistency, the term ‘online learning’ in this study is used synonymously to e-learning and web-based learning.
- Registered Nurse (RN): According to the Canadian Nurses Association (2015), “RNs are self-regulated health-care professionals who work autonomously and in collaboration with others to enable individuals, families, groups, communities and populations to achieve their optimal levels of health” (p. 5).

Summary

Undergraduate nursing programs heavily rely on CNIs for clinical instruction of students. CNIs often feel unprepared and unsupported for the role transition from clinical nursing experts to CNIs. Online clinical nursing instructor preparation programs are a possible solution for professional development of this group of RNs to help support their transition to the role of CNI. The associated benefits of time and space flexibility, cost affordability, and less interference with family and personal lives makes online education a viable option to prepare RNs for the role of academic CNIs. This research study describes the experiences of RNs with taking an online ACNEPP and the influence of this online program on their role transition from RNs to CNIs in the USA, as well as the program's content and design features that facilitated the role transition. Chapter 1 introduced the research problem, including the background of the study, statement of the problem, a theoretical framework, a conceptual map for the study, and the purpose and significance of the study. Chapter 2 presents a review of the pertinent literature, providing a more detailed context for this inquiry.

Chapter 2. Review of the Literature

The purpose of this literature review is to assess current research findings regarding the types of professional development opportunities available to CNIs teaching in undergraduate nursing programs, CNIs' perceptions of their experiences of transition to the role of CNIs from clinical experts and their professional development needs, as well as RNs perceptions of online professional development programs. This review focused on research of journal articles, books, and other published documents from the past 15 years, including some unpublished doctoral dissertations. However, certain older seminal studies are also included if crucial to the narrative supporting this study. This literature review is divided into the following categories: need for pedagogical preparation for CNIs, current state of educational resources to support CNI role preparation, competencies required for the role of CNIs, CNIs experiences of transition from clinical experts to the role of CNIs, professional development needs of CNIs, and RNs experiences with online professional development programs.

Need for Pedagogical Preparation for the Role of CNI

Global shortage of nurses and nurse educators is well documented in the nursing literature and world media (AACN, 2022; CFNU, 2022; ICN, 2021; Potempa et al., 2009, as cited in Reid et al., 2013; Scheffler & Arnold, 2019; WHO, 2020). CNIs have frequently reported feeling unprepared and dissatisfied with their role as clinical educators, contributing in part to the high turnover of CNIs in undergraduate nursing programs (Alanazi, 2022; Opreescu et al., 2017; Woodworth, 2017). Novice nurse educators often don't receive the necessary support and guidance to facilitate their transition from bedside nursing into the role of clinical educators (Larri et al., 2021). In a

survey of 74 nursing faculty about clinical teaching in pre-licensure programs, Suplee et al. (2021) reported that 31% of faculty indicated having no preparation for clinical teaching, while only 53% reported developing their teaching skills via orientation at their educational institutions. Supporting CNIs with appropriate orientation and resources for teaching and learning is important to improve job satisfaction and increase recruitment and retention of CNIs in nursing (Hewitt & Lawallen, 2010; Reid et al., 2013, Richards & Kieffer, 2022). In a scoping review of nursing faculty shortage in Canada, Boamah et al. (2021) reported employment conditions as one of the factors contributing to nursing faculty shortage and concluded that foundational work is needed to create context specific solutions.

As CNIs shift from their role of clinical nursing experts entering academia as clinical teachers, they require a significant amount of support. Skills needed for teaching are a different skill set than those required to be a clinical nurse and “proficiency as a nurse in clinical practice does not necessarily translate into effective teaching ability” (Stevens & Duffy, 2017, p. 170). CNIs are clinical experts who have not been trained in the role of teaching. They need to develop competence in the skills required in academia, including handling student performance and behavior issues, using technology to effectively teach and facilitate student learning, and evaluating student learning (Hewitt & Lewallen, 2010).

Highly efficient and committed nurse educators are needed to support quality learning experiences for the increasing number of nursing students indispensable to supply an ever-evolving healthcare landscape (Oprescu et al., 2017). Clinical and educational preparation of CNIs can help improve the retention of CNIs for nursing

programs (Spencer, 2013). There is a need for academic institutions to develop programs to prepare nursing instructors to teach adult nursing students in the classroom and clinical settings (Wendler et al., 2021).

Challenges of Role Transition from Clinical Experts to Novice CNIs

Role transition from a clinical nursing expert to novice nurse educator has been well recognized in the nursing literature as a significant and challenging shift. Numerous scholars have examined nursing faculty experiences with this transition and have provided direction for planning educational and support resources for nurse educators. The shift from clinical expert to novice nurse educator is significant and there is a noticeable lack of support surrounding this transition (Laari et al., 2021).

McDonald (2010) described transition from nursing practice to academia as a difficult journey. Adjunct clinical faculty (ACF) is another term used in the nursing education literature to denote part-time contract based academic CNIs. A qualitative study by Weidman (2013) described the experience of nurses without any preparation in educational theory as they transitioned from the role of clinical experts to novice ACFs. Those participants described the role adaptation as stressful and described the lack of support by referencing the short turnaround time between the hiring date and the start date for the novice ACF role, as “jumping right in” and “here you go” (p. 105). Spencer (2013) also wrote about the transition from clinical expert to novice ACF being challenging and, considering the lack of support for this transition, suggested additional measures such as ACF attending nursing and general education conferences and online education programs.

A qualitative study on part-time nursing faculty perceptions of their own learning needs during the transition from clinical expert to novice clinical educator role, identified the need to learn pedagogical skills to help prepare for the role adaptation as one of the themes (Owens, 2017). Jaroninski et al. (2020) explored the transition experience of ACF after they attended a formal education program to help them prepare for the role of ACF. ACF participants identified that they benefitted from exposure to multiple teaching strategies, simulation experiences, and group debriefing.

Nurse Educator Transition Theory Model

Schoening (2013), using a grounded theory approach to study full-time nurse educators, developed Nurse Educator Transition Theory (NETT) model to describe the transition experience from clinical nurse experts to novice nurse educators. NETT is a four-phase model consisting of anticipation/expectation, disorientation, information seeking, and identity formation. The anticipation phase is characterized by a positive time where the nurse is excited about teaching and finding meaning in making a difference in educating the future nurses. Other perks the participants expected and look forward to in this phase include predictable schedule, anticipation to facilitate change, and ability to do scholarly work in the academic settings.

The second phase of disorientation speaks to the absence of structure and mentorship, and inadequate orientation and socialization into the role. The information seeking phase is characterized by nurse educators seeking out peer mentors and other resources on their own to learn what is needed to do the job of the nurse educator and some may seek out formal education training at this phase to help support their pedagogical skills. During the final phase of identity formation, nurse educators

understand the nuances of difference between nurse-patient and teacher-student relationships, start to understand and set boundaries around their roles and integrate their “nursing” and “educator” identities.

A qualitative study by Wilson (2017) described the role transition from clinical nurse to ACF at rural community colleges. Wilson used Schoening (2009) NETT model as a theoretical framework for this study, with the goal of extending the application of this model in conjunction with ACF, relative to Schoening's study population of full-time nursing faculty. Wilson concluded that clinical nurse instructors experienced similar phases of transition as described by Schoening (2009); the author described these phases as realizing that one is an educator at heart, picking it up on their own, encountering the reality of first year experiences, and feeling comfortable in the nurse educator role. The participants in this study emphasized a need for more support in the form of robust orientation and mentoring programs to assist with the role adaptation from clinical nurse to clinical educators.

Wenner et al. (2019) also examined the use of the NETT model (Schoening, 2009) to describe the experiences of part-time clinical nurse educators. They concluded that the NETT model was applicable to describe the transition experience of part-time clinical nurse educators from clinical nurse experts and added two new phases to this model – “additions to model and timing” (p. 104). They emphasized that the NETT model can be utilized as a framework to design formal education programs to support orientation and mentorship of part-time clinical nurse educators. The NETT model is applicable to this population of part-time clinical instructors, emphasizing that part-time

faculty needs are unique, and programs should be tailored to meet their specific needs (Wenner et al., 2019).

CNI Role and Competencies

This section of the literature review focused on summarizing the role description for CNI and the competencies required of a CNI. CNIs are hired by nursing schools as adjunct faculty to carry out clinical teaching with undergraduate nursing students (Hewitt & Lewallen, 2010; Woodworth, 2017). The role of CNI involved dealing with complex learning situations requiring the CNI to utilize evidence-based educational methods and evaluation strategies while supporting students' learning in clinical settings (Suplee et al., 2021). CNIs often worked with groups of six to ten students supervising them while they provided care to patients in clinical settings (Koharchik, 2017). Other functions of the CNI included creating clinical patient assignments for the students, leading clinical conferences or meetings with students, supervising, and supporting students in their learning, applying critical thinking skills and evaluating students' performance (Chaniz-Rico, 2022).

The NLN (2018) has identified the following six competencies for the academic clinical nurse educator:

1. Function within the education and health care environments.
2. Facilitate learning in the health care environment.
3. Demonstrate effective interpersonal communication and collaborative inter-professional relationships.
4. Apply clinical expertise in the health care environment.
5. Facilitate learner development and socialization.

6. Implement effective clinical and assessment evaluation strategies.

The next section describes the current state of research and literature regarding professional development programs and desired curriculum to support CNIs meeting the required competencies for CNI role.

Curriculum for Clinical Nursing Instructor Preparation Programs

There is a lack of clear directions in the literature regarding the content, length, and design of professional development and orientation programs to prepare RNs for the role of CNI (Bolten, 2015; Dunker, 2014; Forbes et al., 2010; Reid et al., 2013). Several studies described and evaluated orientation and professional development programs and approaches (Beiranvand et al., 2022; Wendler et al., 2021; Weston, 2018; Wu et al., 2020); other studies focused on describing the learning needs of CNIs (Davidson & Rourke, 2012; Forbes et al., 2010; Glynn et al., 2017; Jetha et al., 2016; McPherson, 2019b; Roberts et al., 2013; Sousa & Resha, 2019). Dunker (2014) emphasized the following:

Orientation programs must provide faculty members with support to do their job, information on how to teach, evaluate, assess, and design their clinical day, resources to complete the requirements of the role, and opportunities to learn and gain more skills for their new role. (p. 12)

There is consensus in the literature about requisite content to be included in the professional development or orientation programs to ease the adaptation from clinician to CNI, including defining the role expectations of CNIs, planning and implementing meaningful clinical conferences, planning and designing clinical experiences, and evaluating student performance (Beiranvand et al., 2022; Wendler et al., 2021; Weston,

2018). Beiranvand et al. (2022) reported on a mixed-methods study in which they designed and evaluated a competency-based curriculum with structured mentoring for CNIs. This curriculum was based on “the results of the interviews with the participants and the systematic review, national guidelines for clinical nursing education, and the relevant literature” (Beiranvand et al., p. 7). The competency-based curriculum comprised effective professional communication skills, principles of clinical education, creative clinical education strategies, patient care management, supervision competencies, and professional and moral characteristics of part-time nursing instructors. Weston (2018) evaluated an online clinical instructor preparation (CIP) course to improve the self-efficacy for nurse clinicians in the role of CNI. The CIP modules in this study included “philosophy of teaching, student orientation, matching classroom and clinical content, making the clinical teaching assignment, strategies for successful teaching, and evaluation of the student” (p. 158). An integrative review of the literature by Wendler et al. (2021) demonstrated the importance of intentionally supporting CNIs in their new environment to successfully develop their skills and career.

Davidson and Rourke (2012) conducted a study measuring the orientation learning needs of newly hired clinical faculty. Their results pointed to inclusion of tools and resources with information on student clinical policies and procedures, clinical simulation, student clinical evaluation, and curriculum content and objectives for the clinical experience. McPherson (2019b) described a Delphi study aiming to understand clinical nursing faculty preparation and support needs. The study findings pointed to several areas for development, including communication, training and orientation, support, and clear role expectations. Sousa and Resha's (2019) descriptive quantitative

study surveyed adjunct clinical faculty using the Needs Assessment Survey for topic inclusion in a guide to orientation for adjunct clinical faculty. The results of this study highlighted several areas that were highly rated by ACF but were either omitted or insufficiently covered in the orientation programs. Some of the omitted items comprised “resources for student with special needs, correlation of clinical experience with theory, process for choosing patient assignments and criteria for student evaluation” (p. 225). The insufficiently covered items included the role description of ACF, criteria for grading clinical assignments or papers, and criteria for evaluation of students' clinical performance.

Forbes et al. (2010) conducted a survey to determine the needs of adjunct clinical faculty. Some of their unique findings included CNI role clarification, what to expect from the students, student evaluations, common student issues, handling problem students, and handling difficulties with staff. In a qualitative study by Glynn et al. (2017) to assess the learning needs of adjunct CNIs, 80% of the participants reported support for a structured orientation program and identified reflective practice and informatics as priority areas to be incorporated into the orientation program. Jetha et al. (2016) employed a rapid evidence assessment to identify the priority areas of professional development of CNIs. They identified three main areas including socialization into the role, professional development, and self-reflection and confidence building. The study by Roberts et al. (2013) regarding the perceived learning needs of adjunct clinical faculty identified four themes: orientation, role, support, and connection.

This review of research studies focusing on learning needs of CNIs highlighted the importance of structured orientation programs including guidance and support to

promote understanding of role expectations for CNIs, evaluation of student performance, levelling of student expectations, knowledge of classroom curriculum and learning objectives for clinical rotation, common student problems, student clinical policies and procedures, as well as handling of relationship and issues with agency staff. There is also strong evidence for incorporating a self-reflection component in the orientation programs.

Registered Nurses Experiences with Online Learning

This section of the literature review explores what is known about RNs experiences with online education programs designed to help them shift into the role of novice CNIs. Given the limited research with participants in such online programs, I have also included studies that describe RNs' experiences with learning in online programs for their clinical professional development as well.

Overall, nurses displayed a positive attitude towards online and web-based learning. Attack and Rankin (2002) reported on a mixed methods study with 57 RN participants who attended a web-based post-diploma course. These nurses rated the course and their access to the course as highly satisfactory when they accessed it from their home environment, whereas citing some challenges to course access from the work environment. Attack (2003) reported on the qualitative portion of a mixed methods study with RNs who attended a web-based post diploma course. The nurses reported that they experienced technological challenges in the first week, while they developed relationships with peers and the teacher which enabled them to focus on learning and prevented them from leaving the course. Attack also studied their ability to transfer web-

based learning into clinical practice, where six weeks post completion of the course, nurses articulated several ways the course had improved their practice.

Karaman (2011) also attested to nurses' positive perceptions about online learning and stated that they regarded online learning opportunities as suitable for their working conditions and needs. Benson (2004) highlighted many benefits of online learning such as its suitability as a means of professional development for nurses in the era of staffing shortages, which makes it difficult to release nurses from clinical jobs to attend professional development courses. Online training and professional development make knowledge and learning more accessible to nurses, without having a large number of staff being pulled away from patient care.

A nurse preceptor's role is quite like clinical nursing instructor role in that the preceptors are clinical nursing experts transitioning to support student learning in clinical nursing with 1:1 preceptor to student ratio. Wu et al. (2018) reported on a systematic review of online learning programs for nurse-preceptors and included articles published between 2000-2016. Eight online programs discussed in this systematic review included a varying level of focus on accessibility and flexibility of the programs, building an online community to engage preceptors, and providing a venue for interaction. Knowledge scores for participants in all programs increased significantly. Participants described online learning as a desirable platform for its accessibility, usability, interactivity, and reliability (Wu et al., 2018). The preceptors also liked having access to ongoing resources and support through the virtual learning programs (Wu et al., 2018).

Dunker (2014) developed and piloted an online continuing education program for ACF in the USA. The goal of this program was to share information and strategies to

support successful role transition for CNIs. Results of this pilot project “demonstrated improvement in faculty competency as evaluated through pre and posttest scores” and highlighted the need for online competency-based orientation programs to be paired with formal mentorship programs (p. 7). Participants in this pilot project appreciated the accessibility of an online course and that it was offered free of cost, not adding an additional cost to the CNIs.

While there is some evidence of nurses having positive experiences with learning in online web-based courses for their clinical professional development, there is a clear lack of research exploring the experience of RNs with online professional development courses/programs to support them with the transition from clinical expert nurses to novice CNIs.

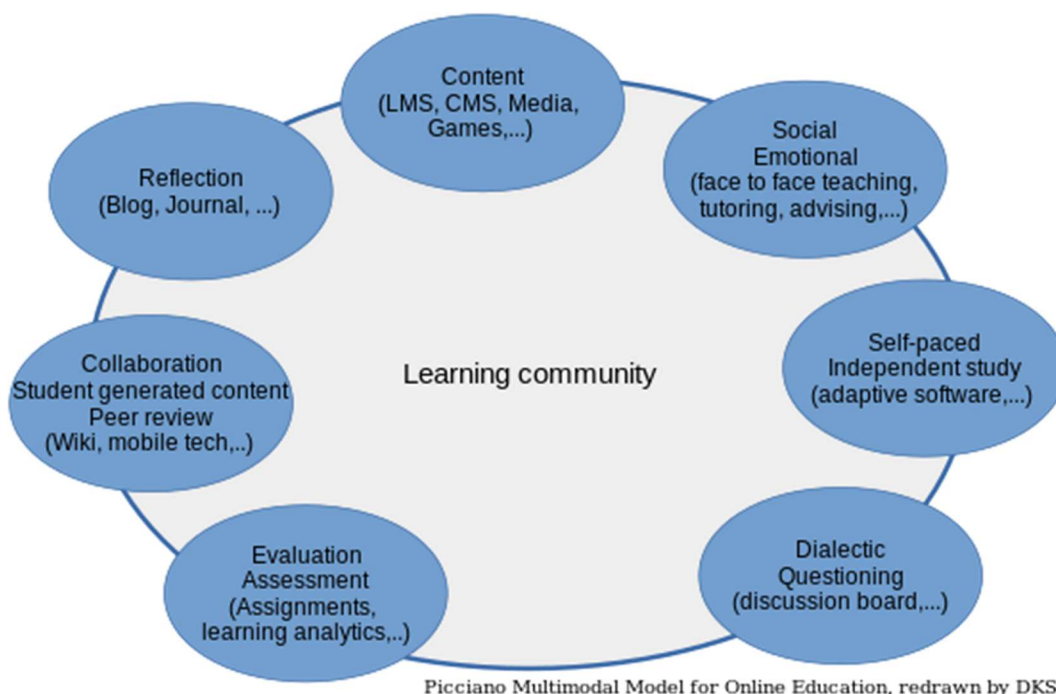
Best Practices Frameworks for Online Learning and Online Learning in Nursing

Several models of learning and best practices framework exist for online learning: Community of Inquiry (Garrison, et al., 2000), Connectivism (Siemens, 2004), and Online Collaborative Learning (Harasim, 2012). However, these best practices models are geared towards building post-secondary cohort-based courses that include high interaction between students, teachers, and the content. Online ACNEPP is a self-paced program where learners don't necessarily interact with other learners as everyone is moving through the content at their own pace and sequence. Picciano (2017) proposed a Multimodal Model for Online Education (MMOE; see Figure 2) that expands on the Blending with Pedagogical Purpose model (Bosch, 2016) by adding components like self-paced and independent instruction. MMOE is a suitable model to integrate into discussion and description of the online ACNEPP for this study, as it emphasizes that

“self-study/independent learning module can be integrated with other modules as needed or as the primary mode of instructional delivery” (Picciano, 2017, p. 97).

Figure 2

Multimodal Model for Online Education (Picciano, 2017, p. 182)



Authement and Dormire (2020) developed an Online Nursing Education (ONE) guide using the nationally recognized Quality Matters Program in the USA. This guide provided guidelines for quality in three aspects of course development: course presentation, instructor presence, as well as assessment and measurement. It emphasized the importance of building a sense of community, providing for interaction in the digital space, evidence based instructional strategies, use of formative practice to provide timely and targeted feedback, and limiting cognitive overload (Farmer & Beasley, 2022; Gunder

et al., 2021). This guide addressed quality criteria for general post-secondary courses, not providing any direction for self-paced online programs.

Summary

The critical need for structured and formal education programs to support the transition of clinical expert nurses to CNIs is evident from this literature review. Assisting the RNs with this transition can help address nursing practitioners and nursing faculty shortages by improving job satisfaction and retention for CNIs. The transition from clinical experts to CNIs in nursing is described as a significant and stressful shift. The limited support in the form of structured orientation programs and mentorship is well documented in nursing literature. Flexible and accessible education programs can help address this lack of education and support for the group of clinical experts adapting to CNI roles in nursing. Very few existing studies described the experiences of clinical expert RNs with online professional development programs to help facilitate their transition to CNIs. The findings of this qualitative case study illuminate RN's preferences for content and design features of the online ACNEPP and help us understand their experiences with this program. These findings can promote the design of more flexible, accessible, and effective online educational interventions to support the role transition from RN to CNI.

Chapter 3. Methodology

This chapter describes the research methodology, reiterating the study purpose, design, as well as research questions and subquestions that were explored. Rationale for the suitability of these research processes and core paradigmatic philosophical assumptions, including my own positionality, are presented. Subsequently, an outline of case boundaries, participant sampling, and data collection strategies is included. The process for obtaining data from the participants and plans to address reliability, validity, and authenticity concerns are also presented. Specific steps used for the data analysis are described, followed by an outline of ethical considerations and my assumptions regarding the reported study.

Qualitative Methodology

This study employed qualitative research using a descriptive case study design to describe the learning experiences and perceptions of RNs in an online ACNEPP and with their role transition from clinical nursing experts to novice CNIs. Qualitative research allows the researcher to understand how a process occurs and allows for exploration and discovery of issues and factors leading to development of certain behaviours and actions (Cohen et al., 2018; Creswell, 2013).

A research paradigm serves as a foundation for a research study by providing clear direction around how to approach the topic at hand and how to go about planning the research to answer the research questions. A paradigm also represents a world view of what is considered acceptable knowledge, how the knowledge is discovered, and a set of beliefs, principles, and assumptions about the knowledge (Cohen et al., 2018).

Considering the research paradigm before beginning a research project was instrumental

in shaping the research design. Achieving alignment between the research paradigm and the research design enhances the rigor of qualitative research and informs the meaning or interpretation of research data (Kivunja & Kuyini, 2017; Teherani et al., 2015).

I approached this research study from an interpretivist/constructivist paradigm as “the central endeavor in the context of the interpretive paradigm is to understand the subjective world of human experience” (Cohen et al., 2018, p. 19). An interpretive approach to research aims to understand the participants and their interpretations of the world around them. This study uses the term ‘constructivism’ to represent the interpretivist /constructivist paradigm. A key idea in the constructivist paradigm is “that social context and interaction frame our realities” (DeCarlo, 2018). Constructivism implies that people actively construct their own knowledge determined by their own experiences and foundational knowledge (Piaget, 1967, as cited in Nurkholida, 2018). Vygotsky (1978) added that knowledge is socially situated and constructed through interaction with others. This research study aimed at describing the RNs’ experiences with taking the online ACNEPP and with their transitions from clinical nursing experts to novice CNIs through the lens of constructivism, seeking to illuminate their lived experiences of these phenomena through their own eyes.

Case Study Research Approach

Case study research using qualitative methodology can adopt a constructivist approach (Merriam, 1998; Stake, 1995) or a postpositivist approach as demonstrated by Yin (2002). Qualitative case study research allows for exploring a phenomenon within its context using multiple sources of data (Baxter & Jack, 2008). A constructivist approach

to conducting a case study aims at capturing the views and experiences of the participants from their own perspectives (Merriam, 1998).

Drawing from the combined consideration of the intent of this research and my philosophical orientation to constructivism as my research paradigm, this case study research followed the constructivist approach to case study research as presented by Stake (2005) and Merriam (1998). More specifically, this research study is designed as a single instrumental case study (Stake, 2005). However, since Merriam (1998), Stake (1995) and Yin (2002) all described steps of the case study research process in varying lengths and levels of clarity, I have chosen to combine certain elements from all their approaches to best serve and support the design of this study (Yazan, 2015).

The main purpose of this case study was to seek to understand the experience of the RNs with taking the online ACNEPP and its influence on the transition from clinical expert role to the CNI role. The choice of a descriptive case study as the research methodology allowed for the consideration of the experience of taking the online ACNEPP and the phenomenon of the role transition from the perspective of the CNIs who have experience with the ACNEPP and the role transition. The case study methodology also permitted the examination of details on the design and content features of the online ACNEPP as the context for the case study. The CNIs participating in this case study have completed the online ACNEPP on their own or as part of the CNI orientation support offered by the educational institution they are teaching for. The participants are considered as a single case, bounded by their participation in the same online ACNEPP.

This study employed researcher designed semi-structured interviews to carry out in-depth exploration of participants' experiences. Additionally, the online ACNEPP materials, which include the content of the program modules, assessment strategies, and communication strategies, were analyzed to describe and understand the rich context of the study and to inform analysis of study findings.

Bounding the Case

This study utilized a qualitative descriptive case study methodology to explore the phenomenon under consideration. According to Creswell (2007), "Case studies are a strategy of inquiry in which the researcher explores in depth a program, event, activity, process, or one or more individuals" (p. 13). This study focused on describing the phenomenon of RNs experience of taking the online ACNEPP in the USA, their experience of transitioning from the role of clinical nursing experts to the role of CNIs at an undergraduate nursing program in the USA, and the influence of the online ACNEPP on their role transition. The descriptive case study method requires the researcher to define the case as a system bound by certain commonalities of phenomenon, time and/or geography (Yin, 2018). The online ACNEPP completed by the case study subjects is not bound to a geographical location; however, the participants are all employed within the USA. This descriptive case study examined the case of RNs who had taken the online ACNEPP within the last three years and who had been working as a CNI in an undergraduate nursing program in the USA since completion of their online ACNEPP.

Researcher Positionality and Reflexivity

Positionality reflects the position the researcher has chosen to adopt within a given research study and represents the researcher's worldview within the study

(Holmes, 2020). According to Cohen et al. (2018), “Reflexivity, suggests that researchers should consciously and deliberately acknowledge, interrogate and disclose their own selves in the research, seeking to understand their part in, and influence on, the research” (p. 303). Positionality is informed by reflexivity and implies that the researcher is not separate from the phenomena they study (Holmes, 2020). Pursuing case study research from a relativist perspective includes acknowledgment of the role of the researcher in observing and interpreting findings (Yin, 2018).

I have used reflexivity to clarify and describe my positionality using a constructivist paradigm. A constructivist paradigm “assumes a subjective epistemology, a relativist ontology, a naturalist methodology, and a balanced axiology” (Kivunja & Kuyini, 2017, p. 33). Subjective epistemology regards knowledge as personal and subjective and requires me to interpret the reality of experiences as described by the research participants (Cohen et al., 2018). I engaged with the participants in an interactive process of dialoguing, questioning, listening, writing, and recording research data (Kivunja & Kuyini, 2017). Participant behaviors and interpretations of those behaviors are context-rich and context-dependent (Cohen et al., 2018). Thus, I aimed to understand and describe the context of this case study while presenting multiple interpretations of situations from the perspective of the participants. A relativist ontology implies that as an interpretivist researcher, I believe in no single reality or truth, that the situation under investigation has multiple realities, and that these realities can be constructed or reconstructed through interaction between me and the participants, and among the research participants (Kivunja & Kuyini, 2017). In line with a naturalist methodology (Denzin & Lincoln, 2018), I have strived to interpret data gathered in

natural settings, through naturalistic methods like interviews, discourses, and observations. While the ethical considerations for this research project are elaborated in a separate section, axiology is also considered here as part of the foundational philosophical underpinnings of my research paradigm (Denzin & Lincoln, 2018). Balanced axiology of the constructivist paradigm asserts that outcomes of the research reflect the values of the researcher regarding transactional knowing as a means to social liberation (Kivunja & Kuyini, 2017; Lincoln et al., 2011, as cited in Denzin & Lincoln, 2018). By listening to the participants' descriptions of their experiences, I have worked to ensure their voices are heard and their experiences are respected in the way I have presented the data analysis in this study.

In keeping with the axiological underpinnings of the qualitative research, I have also openly shared my background experiences, values, and biases in the context of research and acknowledged their influence on the research process and results (Creswell, 2013). The researcher is a "key instrument" in qualitative research as they collect data utilizing various data collection methods and instruments they develop such as interview guides and surveys (Creswell, 2013, p. 54). In this case study, I developed the demographic questionnaires and semi-structured interview guides, communicated with the participants via email, and conducted individual interviews with the participants as well. I also transcribed, coded, and interpreted the data.

Due to this intimate involvement with the data collection and interpretation, it is important for the qualitative researcher to position themselves in the study by clearly conveying how their professional or individual experiences may inform their interpretation of the data (Creswell, 2013). I, as the researcher in this case study, have

sought to identify any biases I may bring to the research based on my past personal and professional experiences. Reflections on my career experiences and interests are described below.

Shortly after graduating from a four-year baccalaureate degree program in nursing in India about three decades ago, I obtained licensure as a RN in Canada. After seven years of clinical nursing roles in a variety of practice settings in Canada and obtaining a Master of Nursing Education degree from a highly acclaimed university in Canada, I became employed as a CNI at a local university in Canada. I was hired for the role of CNI two weeks before the clinical rotation began and received little orientation to my role and duties as a CNI. Fortunately, I was assigned to a nursing unit that also had another group of students from the same cohort which was being taught by an experienced nurse educator. I received excellent mentorship from this experienced nurse educator and was able to access her for support via telephone and email as needed. I thoroughly enjoyed the clinical teaching role, but it wasn't without challenges like having to prove my fit for the role to the clinical unit staff, difficulty dealing with a highly anxious student, and evaluating students' learning to name a few.

After working as a CNI for one term, I was the successful candidate for a full-time faculty role in the same nursing program where I was teaching as CNI. I enjoyed this full-time teaching faculty role for 17 years, carrying out teaching in the classroom, lab, and clinical settings. During my time in this role, I was also appointed as coordinator of the BSN program, leading the hiring, orientating, and supporting practices for the CNIs in the BSN program. Being in the coordinator role exposed me to the realities of CNIs who were hired with no previous teaching experiences, no formal

educational preparation for the role of CNI, and had little to no institutional supports to facilitate the transition from clinical nursing experts to the role of CNI. During my teaching role at the university, I was also involved as member of an Education Program Review Committee of a regulatory board of nursing in Canada and hence, exposed to the lack of orientation supports and education resources for CNIs in other university programs in the province. I chose to study the experiences of CNIs who have completed an online ACNEPP, as I am passionate about improving the educational preparation of CNIs and am specifically interested in using ODDE as one of the means to improve educational preparation of CNIs.

Previously, an adult educator and currently as a graduate student, it is important for me to acknowledge that the phenomena being studied are my educational and professional realities. I have documented my self-reflection and awareness in a journal throughout the research process as part of my accountability as a researcher. I have read and reflected on my journal as part of my decision-making process about the interpretation of the data. I have also reported on relevant parts of my journal reflections in the final dissertation.

Research Questions

The two central research questions and additional sub-questions guiding this qualitative case study are:

1. How do registered nurses describe their learning experience in the online Academic Clinical Nurse Educator Preparation Program and its influence on their role transition from clinical experts to academic clinical nursing instructors?

- 1.1. How do the participants describe the content elements of the online Academic Clinical Nurse Educator Preparation Program as facilitators or barriers to their role transition from clinical experts to academic clinical nursing instructors?
- 1.2. How do the participants describe the design features of the online Academic Clinical Nurse Educator Preparation Program as facilitators or barriers to their role transition from clinical experts to academic clinical nursing instructors?
- 1.3. How do the participants describe their ability to apply learning from the online Academic Clinical Nurse Educator Program to their role as academic clinical nursing instructors?
2. How do registered nurses, who have taken the online Academic Clinical Nurse Educator Preparation Program, describe their role transition from clinical experts to academic clinical nursing instructors?
 - 2.1. How do the participants describe their overall experience with the role transition from clinical experts to academic clinical nursing instructors?
 - 2.2. How do the participants describe the factors that influenced their role transition from clinical experts to academic clinical nursing instructors?

Research Design

Data Collection Methods

Multiple sources of data and rich description of the context have been described as the core feature of case study methodology (Stake, 2005; Yin, 2018). To support this in-depth inquiry into the real-world context, the case study researcher must collect data from multiple sources ranging from “interviews, to observations, to documents, to audiovisual materials” (Creswell, 2013, p. 94). However, since this case study research

was conducted from a constructivist perspective, confirming or refuting participants' personal views against other sources of data was not relevant in this situation. I was directly interested in participants' personal views and opinions, including their perspectives on explaining their behaviors. This information was obtained by conducting individual interviews with the participants. Participants were provided with an opportunity to "corroborate" their own views by asking them about the same subject on more than one occasion (Yin, 2018, p. 121). I presented the transcripts of the interviews to the participants, asking them to check for accuracy of their views and giving them the opportunity to provide any additional thoughts if they wished. The descriptive case study "usually requires drawing on methods of document review, participant observation, and in-depth interviews to understand the experiences, perspectives, and worldviews of people in a particular set of circumstances (Denzin & Lincoln, 2017, p. 346). Other sources of evidence examined in this study comprised a review of online modules of the ACNEPP and demographic questionnaires (Appendix B) completed by the CNIs. The review of online modules and the demographic questionnaires enriched my understanding of the context of the case study and the participants, treating any speculations from these documents as clues worthy of further exploration in the semi structured interviews (Yin, 2018).

Participants

Research participants were RNs who had completed the online ACNEPP in the last three years and have been employed as a CNI in an undergraduate program in the USA post completion of the online ACNEPP. Approximately 60 RNs, who were predominantly females with zero to five years of teaching experience, had taken the

online ACNEPP over the last three years. They had taken the online ACNEPP either as their own personal initiative for professional development or as part of the orientation support offered by the educational institution at which they are teaching.

Sampling

Qualitative research uses purposeful sampling where “the inquirer selects individuals and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon in the study” (Creswell, 2013, p. 139). The research participants for this study were selected by purposeful sampling of CNIs who had taken the online ACNEPP in the USA within the last three years and had worked as CNIs in an undergraduate nursing program in the USA since completion of their online ACNEPP. Each participant was required to be registered as an RN with the nursing regulatory college of their State. Approximately 60 RNs who had completed the online ACNEPP over the last three years formed the population for this study. Six participants, who met the following inclusion criteria, were selected based on first come first serve basis from the target population: minimum three-year experience in a clinical role as an RN, completion of the online ACNEPP within the last three years, and teaching experience as a CNI post completion of the online ACNEPP.

The goal of this study was to provide a rich, contextualized description and understanding of the experiences and perspectives of the participants in this study (Cohen et al., 2018). A projected sample size of ten participants was anticipated for this study. This number of participants is considered appropriate for qualitative research involving semi-structured interviews as the small numbers of participants allows the researcher to develop a working relationship to obtain valid and in-depth information aimed at

answering the research question (Merriam & Tisdell, 2016; Miles et al., 2022). The focus is on uniqueness of the experience of the participants, rather than on the generalizability to the larger population (Cohen et al., 2018). Additionally, data saturation also guided the number of participants in this research study. Data saturation was achieved when further data collection did not add any new information to the phenomena under study. Based on limited response from the prospective participants, despite several rounds of invitations, and based on data saturation, data collection was stopped after interviewing six participants.

Participant Recruitment

Once the approval from the Research Ethics Board (REB) at Athabasca University was obtained (Appendix C), I reached out to the participants via the provider of the online ACNEPP. Letters explaining the purpose of the study and inviting participation (Appendix D) were sent via email by the online ACNEPP provider to the CNIs selected as the purposive sample for this study. My contact information was included in the invitation and potential participants were asked to contact me to express their interest in participating in this study. This call for invitation to participate in the study was repeated several times at two-week intervals, as the first few rounds of invitation did not yield any participants. Ultimately, six participants came forward and expressed interest to the provider of the ACNEPP and consented for her to share their contact information with me. I subsequently contacted the interested participants via email. In some cases, it took 3-4 email prompts before agreeing on a time that worked for me and the participant. The interested participants were asked to sign the participant consent form and fill out the demographic questionnaire before the scheduled interview.

Ethical Considerations

Research ethics “concerns what researchers ought and ought not to do in their research and research behavior” (Cohen et al., 2018, p. 111). I sought and received approval from the Athabasca University REB (Appendix C). Potential participants were asked to sign an informed consent form (Appendix E) before they began their participation in the study. However, since none of the participants signed the consent form before they arrived for the virtual semi-structured interview with me, the consent form was reviewed with them, and they signed the consent form at the beginning of the interview. They were provided with a copy of the signed consent for their records. As part of the informed consent, participants had the right to withdraw from the study at any point in time.

Participants' identities are protected using numbers instead of names in the coding process and in the description of this final research document. Video files are saved using a unique identifier, which is kept on their consent forms and a master list in a locked filing cabinet in my office. All research records are kept in a secure filing cabinet in my office and all electronic records are kept on password protected devices.

There was no anticipated physical harm to any of the individuals participating in this research study. There was a possibility that participants may feel psychological or emotional stress while describing any stressful experiences. In any such situations, I observed the participants carefully for any signs of emotional distress and invited them to discontinue a particular discussion and to end the interview if they wish. None of the participants were observed to have any signs of emotional distress. One participant became emotional and had tears while describing a story of connection and mentorship

from their career. I paused to acknowledge their emotions and asked if we needed to pause or discontinue the topic, the participant confirmed they were having happy tears and was happy to continue with the interview.

Rigor in Case Study Research

In quantitative research, reliability refers to the fact that the results of the research study are repeatable and consistent over time, while validity refers to the extent of truthfulness of the study results (Golafshani, 2003). Since qualitative research is context specific and does not aim to measure an absolute objective truth, the concepts of reliability and validity do not apply in the same sense to the context of qualitative research. The terms reliability and validity in qualitative research are replaced by terminology that subsumes both terms, such as credibility, transferability, trustworthiness, dependability, and rigor (Golafshani, 2003).

Quality of interpretive research is highly dependent on the characteristics, abilities, qualities, and efforts of the researcher as “the researcher in the interpretive research is the instrument through which the topic is revealed” (Angen, 2000, p. 391; Golafshani, 2003). To infuse credibility into their research, interpretive researchers need to commit to intense involvement with the participants, an ability to reduce the distance between self and the participants, while being aware and accountable for how their personal views influence their research process from choice of topic to data collection, interpretation, and presentation of results (Angen, 2000). For this descriptive case study research, I engaged with the participants during in-depth interviews and with the context of the study by reviewing text-based documents such as online modules of the ACNEPP.

Reflecting on my own values and views via a personal journal was also woven into the design of this study.

The following strategies, as a set of principles, were integrated into the research design of this case study, with the aim to ensure data accuracy and exactness as applicable (Angen, 2000; Denzin & Lincoln, 2018). Denzin and Lincoln (2018) provide a framework of infusing qualitative research by using validation strategies for hard data and verification strategies for soft data. Data obtained in this descriptive case study research includes a spectrum of hard descriptive data that provides concrete details of events and experiences of the participants, and soft data related to participants' perceptions, feelings, and perspectives on these experiences.

Validation Strategies

At the level of raw data, transcripts were checked with the audio or video recording for transcription errors (Easton et al., 2000). Using member checking is a way for the researcher to seek participants' views of the credibility of the study findings (Creswell, 2013). Research participants in this case study were given the opportunity to review the transcript of their interview for validity and trustworthiness. They were also advised that they can provide the researcher with additional written statements to augment the original interview if they wish. However, only one of the participants sent a written response to acknowledge that they have read the transcript and that they wish to make no changes to the transcript. The rest of the participants did not wish to review the transcripts and expressed they were satisfied with what they shared in the interview.

Verification Strategies

Verification strategies are aimed at the “adequacy and appropriateness of data quality” (Denzin & Lincoln, 2018, p. 812). Data saturation and audit trails were used as verification strategies in the design and conduct of this case study research (Denzin & Lincoln, 2018). Data saturation is reflected by presenting multiple strong examples of concepts from multiple participants in a logical manner, convincing the reader of the adequacy of the data and rightness of the analysis (Denzin & Lincoln, 2018). An audit trail is documented as a form of conceptual management of soft data. I maintained a personal journal documenting what I was thinking at a particular time in the research project, my coding decisions, process of linking concepts and theories, and reaching conclusions at different levels of the data collection and data analysis.

Data Collection, Analysis, and Interpretation

Data Collection

I conducted a review of the online ACNEPP to gain insights into the content and design of the program. Once the participants expressed interest in participating in the study, they were asked to fill out a demographic questionnaire. Six participants were selected on a first come first serve basis. A meeting time was set up for a virtual interview using MS Teams with each participant. The participants signed the informed consent for participation in the study at the beginning of their virtual interviews. An interview guide (Appendix F) was created as an instrumentation tool for the semi-structured interview questions and was sent in advance to each of the participants to allow time for deep reflection and thinking before the actual interview. Interviews were conducted individually over the internet using audio/video technology and recorded

using the online video-conferencing platform MS Teams. The interviews were recorded for easy access for transcription of the data, and opportunities for me to reflect and take notes in the research journal. Interview transcripts were shared with the participants via email to ensure accuracy and to give them an opportunity to add or delete any content if they wish.

Data Analysis and Interpretation

In alignment with my epistemological position and my constructivist research paradigm, this descriptive case study followed qualitative approaches to data collection and data analysis. Three sources of data examined in this case study research comprise demographic questionnaires completed by the CNIs, review of online modules and any related documents from the online ACNEPP, and semi-structured individual interviews with the participants. Triangulation of data from all three sources with the pertinent literature allowed the researcher to answer the central research questions for this study and enhance the trustworthiness of the data analysis (Miles et al., 2014).

For a qualitative case study approach, analysis includes making a detailed description of the case and its context (Creswell, 2013). With permission from the owner, designer, and instructor of the online ACNEPP, the program content and design were reviewed for a rich description of the context for this case. An overview of the online ACNEPP has been included in chapter one to describe the context of this case study research. Further details of the content and design of the ACNEPP are woven into the relevant sections of the findings in chapter 4 to provide a thick description of the case as context to the analysis of data and the resulting findings.

Data analysis in qualitative research happens concurrently with data collection, as it helps the researcher cycle back and forth between the two, allowing them to think about the current data and implement strategies to gather new (Miles et al., 2022). This study approached the data analysis using the six-phase Reflexive Thematic Analysis (RTA) approach (Braun and Clarke, 2024). This approach to RTA was chosen as it “centers the active role of the researcher in the data analysis; coding and theme development are conceptualized as organic processes, the interpretive analytic work as inescapably and unproblematically subjective” (p. 387). It values and emphasizes researcher reflexivity and aligns well with the constructivist paradigm for this case study research. Throughout this section of data analysis, examples of my audit trail and reflective journal are included to exemplify my real time thoughts and feelings during analysis and the active decisions I made. For this case study, RTA was driven by the research questions and the constructivist paradigm. The six-stage approach to RTA is not linear and allows for back-and-forth movement between stages as necessary (Braun and Clarke, 2024).

The first phase of RTA is “Data Familiarization” (Braun and Clarke, 2024, p.391). My data familiarization process started with my first exposure to the data while interviewing the participants using MS Teams. Interviews were video recorded, and transcripts were automatically created in MS Teams. I watched the video recordings of the interviews while also comparing it to the text of the transcripts to ensure accuracy of the transcripts. I read each transcript carefully to become more familiar with the data and removed any identifying information such as participant names or initials with a participant number. Transcripts were imported into NVivo at this point. I then re-read

each interview transcript and actively engaged in analysis by considering potential meanings and patterns while making reflective notes about some overall impressions of the data and the demographic characteristics of each of the participants. Data familiarization helped me to make sense of the interview data, against the backdrop of participant demographic characteristics and the context of their experiences. I carried out these data familiarization steps within 1-2 days of conducting each interview. As part of the data familiarization phase, I captured my thoughts on participant demographic characteristics and the context of their clinical teaching in a participant description memo. The following is an excerpt from the participant description memo.

Participant #2 - earned a bachelor's degree in human sciences and became a child life specialist. Then did BSN and MSN with a focus on clinical teaching. Took on clinical teaching as her final practicum of MSN in 2022. They are a pediatric nurse and started teaching without taking the ACNEPP. They just completed the ACNEPP at the end of 2023 and are currently teaching pediatric clinical.

Phase two involved generating codes which are labels that represent data-based meaning and some level of interpretation by the researcher (Braun & Clarke, 2024). This involved reading the transcripts, discerning meanings relevant to the research questions and tagging these segments of the data with a code label. Coding in this case study was abductive in that it was both deductive or theory driven as I was looking for meaning of data relevant to my research questions and inductive or data driven as I remained open to new ideas and observations that may not fit the existing theories or offer a new perspective about the concepts in the existing theories. According to Deterding and Waters (2021), abductive coding allows the researcher to examine the data from the lens

of preexisting theories and concepts, while also remaining open to anomalies and surprises. Braun and Clarke (2024) also emphasize the blurring of boundaries between inductive and deductive coding in that “induction is not absent of philosophical theory and what the researcher brings” (p. 394). I carried out abductive coding in NVivo by creating overarching codes based on the research questions while also remaining open to and assigning codes to data that did not fit within those broad categories of codes. Codes created during this phase of analysis ranged on a spectrum from semantic codes capturing the explicit meaning in a data segment to more latent codes capturing the underlying ideas. As I examined different segments of data in each of the interview transcripts in NVivo, I was able to tag it to one of the existing codes or create a new code as needed.

After completing the first round of coding, I reviewed the codes and child codes in each of the code categories and noticed that some of the codes had similar meaning and description, while others were too broad and needed to be split into subcategories to capture the essence of the data. So, the second round of coding led to refinement and simplification of codes by collapsing some of the codes together while creating more child codes for some. During the second round of coding, I captured my reflections and decision trails by creating memos and attaching those memos to specific codes or child codes at various levels. Simultaneously, I also reviewed and documented my reflections and thoughts in the process journal, acknowledging that my positionality influenced my lens of examination for the data. However, while being aware of the influence of my own experiences of being a CNI and coordinator responsible for orientation and support of CNIs in a nursing education program in Canada, I also consciously remained open to

hearing and reporting different experiences than mine. After moving, collapsing, splitting, renaming, and sometimes creating more new codes, I felt ready to move on to the next phase of analysis.

Phase three included developing initial themes, which are “broader patterns of shared meaning” underpinned by a central idea (Braun & Clarke, 2024, p. 395).

Although my codes were already categorized around a central idea based on the research question topics, this phase of analysis included diving deep into finding different facets of the implied meaning of segments of data under the various levels of codes and assigning a name to that theme or subtheme. I began this process by reading and revising topic summaries for each level of the codes. Some codes were not used as they were not relevant to the research questions or lacked clarity. Rewriting the topic summaries allowed me to attach some level of meaning to the data while also supporting it with direct quotes from the data. Reading and re-reading the topic summaries, reading my process journal, referring to the summary of demographic characteristics for each of the participants allowed me to see broad patterns of meaning across codes. This process led to the identification of three themes corresponding with the pre-determined categories based on research questions. Topic summaries for each theme were edited and further refined into analytic notes supported by direct quotes and examples from the data.

Phase four required reviewing and refining the themes (Braun and Clarke, 2024). The themes were compared to the data to ensure they were accurately represented in the data collated under each of the themes and to the whole data set. This comparison also allowed the opportunity to determine if any of the themes could be combined, discarded, renamed, or even the need to create any new themes. I created a table listing my

developed themes, subthemes and all of the codes subsumed under each of the subthemes (Appendix G).

The fifth phase of RTA focused on defining and naming the themes. This involved creating a concise and easily understandable name for each of the themes and writing a definition for each theme. In addition, definitions were written for each sub theme, while also examining the placement of each under the correct theme. This process helped ensure that the themes worked with the coded data, the dataset, and the research question.

The last phase of RTA was writing the report on the findings. Writing the report on findings involved further analysis and decisions around the sequence of themes for the presentation, as well as selecting the most compelling quotes and examples to illustrate and advance my analytic points (Braun & Clarke, 2024). Writing the findings report in chapter 4 included presenting the themes in a particular sequence and describing the analytic conclusions from across the codes subsumed under each of the themes and sub-themes. This report-writing phase led to further re-sequencing, re-grouping and re-naming of some of the sub-themes, as I concluded my analysis while writing the report.

Chapter 5 presents further discussion on the findings of this study by elaborating on the analytic conclusions from across the themes and subthemes, as well as presenting these conclusions in the context of findings from the published literature including the theoretical framework of novice to expert theory.

Assumptions

I acknowledge the following three assumptions in the context of this study: RNs who had taken and completed the online ACNEPP would describe positive impact of the

ACNEPP on their role transition to CNI, I would be able to identify and set aside or acknowledge my personal biases while conducting the inquiry, and the research participants would be able to recall and describe their experiences honestly.

Summary

This study was conducted using a descriptive case study methodology. Approval from appropriate institutional review boards was obtained for conducting this research. A purposeful sample of six CNIs who had completed the online ACNEPP within the last three years and had been employed as CNIs since the completion of the online ACNEPP were interviewed for approximately one hour. Interviews were transcribed, de-identified to maintain participant confidentiality, and coded for themes. The participating CNIs were invited to review the transcripts of their interviews for validity and supply additional information if desired, thereby completing member checking. The researcher reviewed the online modules and related documents for themes related to content, and design of the online ACNEPP. Qualitative data analysis was carried out using the six phases of RTA as described by Braun and Clarke, 2024. Final conclusions and recommendations were drawn by comparing the findings of this study with the theoretical framework for this study and with concepts from the existing literature.

Chapter 4. Results

The purpose of this qualitative case study was to describe the experiences of RNs with an online professional development program, the ACNEPP in the USA and its influence on their experience of transitioning to the role of part-time CNIs from clinical experts. The exploration of the experience of CNIs with the role transition and with the online ACNEPP aimed to identify optimum content and design features of the online ACNEPP and to help delineate educational support strategies aimed at assisting the transition of RNs into the role of CNIs. Chapter 4 includes a description of the participants, and a presentation of the data as well as the results from the data analysis.

Description of the Participants

A purposeful sample of CNIs was chosen from the target population of CNIs who had completed the online ACNEPP within the last three years from the time of data collection for this study and had been employed as a part-time CNI in an undergraduate nursing program in the USA since completion of the online ACNEPP. From the target population of approximately 60 CNIs, six participants volunteered to participate in the study. Four of the participants were RNs, while the other two were Nurse Practitioners (NPs). NPs are RNs with an expanded scope of practice due to additional education and nursing experience (Canadian Nurses Association, 2024). Three of the participants had master's in nursing, one was pursuing a master's in nursing education at the time of the interview, while the other two participants had bachelor's degrees in nursing.

All participants had extensive clinical nursing experience ranging from 8-40 years in different specialty areas and all continued to work in their clinical roles while working simultaneously as part-time CNIs in an undergraduate nursing program. Five of

REGISTERED NURSES' EXPERIENCE WITH ONLINE EDUCATION AND ROLE TRANSITION

the participants had between 2 and 12 years of experience as a part-time CNI before taking the online ACNEPP. Only one participant had no teaching experience prior to taking the online ACNEPP and began their career as part-time CNI after completing the online ACNEPP. Participants had 6 months to 3 years of part-time teaching experience as CNIs since the completion of the ACNEPP. One participant completed the online ACNEPP as a self-initiated and self-funded professional development opportunity, while the other five participants completed the online ACNEPP as a professional development activity required by their education institution employers and their tuition was funded by the education institution.

Table 3

Demographic Data of Participants

Participant ID	Years of teaching (Before ACNEPP)	Years of teaching (After ACNEPP)	Years as RN	Level of Education
1	10	3	40	MSN
2	2	1	14	MSN
3	2	1	8	MSN
4	12	1	42	BSN
5	3	<1	13	MSN
6	0	<1	14	BSN

Data and Results of the Analysis

Two main research questions for this qualitative case study were: (1) how do RNs, who have taken the online ACNEPP, describe their role transition from clinical experts to academic CNIs? and (2) how do the RNs describe their learning experience in the online ACNEPP and its influence on their role transition from clinical experts to academic CNIs? Themes and sub-themes of findings related to both research questions are presented below.

Table 4

Themes and Sub-themes

Themes	Sub-themes
RN to CNI role transition	<ul style="list-style-type: none"> • Good nursing is not synonymous with good teaching • Expert nurses to novice teachers • Feeling unprepared • Factors that supported the role transition
Online ACNEPP design	<ul style="list-style-type: none"> • Preferred online asynchronous self-paced approach • Short program duration with long access period • Absence of learner-to-learner interaction • Flexible learner-to-instructor interaction • Learner-interface interaction • Effective teaching/learning strategies
Online ACNEPP content materials and resources	<ul style="list-style-type: none"> • Good quality clinical teaching resources • Setting the right context for clinical teaching • Good pedagogical practices for clinical teaching

Theme 1: RN to CNI Role Transition

Five of the participants had transitioned to the role of part-time CNIs before taking the online ACNEPP, while one participant completed the online ACNEPP before starting their role as a part-time CNI for an undergraduate nursing program. Describing their experiences with the role transition from clinical experts to CNIs, participants spoke of some of the factors that supported their role transition while also elaborating on the many factors that made their role transition more challenging. The subthemes associated with the theme of role transition included “good nursing not synonymous with good teaching”, “expert nurses to novice teachers”, “feeling unprepared”, and “factors that supported the role transition”.

Good Nursing is not Synonymous with Good Teaching. Participants shared that CNI role is quite different than the role of a bedside nurse and that being an experienced clinical nurse doesn't necessarily translate into having an easier transition to the clinical teaching role. Participant 1 stated, “teaching and nursing have a bit of difference between them. You could be a really good clinical nurse, but if you don't know the teaching aspect, it's hard for you to be a teacher”. Participant 6 further elaborated on the uniqueness of the CNI role in a nursing education program in comparison to the experience of precepting students in the role of a clinical nurse. They described that having experience as a clinical preceptor doesn't necessarily prepare you to be a clinical teacher with a formal academic institution.

I was really nervous like, gosh, I know how to be a nurse, but I was like teaching is a different thing. And even though I have worked with students a lot as that preceptor on the floor, it's just different when you are representing the university,

and you have to evaluate them. It's certainly a different role than being a nurse.

(Participant 6)

Expert Nurses to Novice Teachers. Along with acknowledging that they were beginning their journey as nursing teachers, participants acknowledged themselves as clinical experts. Participant 1 stated,

Yeah, you do have to realize, wow, in a way I'm a beginner because clinical nurse is a real expert, is just having the answers. I'm a beginning nursing instructor and wow, I've run into some situations where I just don't have an answer immediately available.

While acknowledging their own clinical expertise, participants also described learners as novices in their scope and knowledge of nursing and shared their experiences of difficulties breaking down the concepts they are trying to teach the novice student learners. Participant 4 stated,

In the beginning, I had to gear myself back as far as breaking everything down to what was just kind of intuitive to me. You know what I mean? That was difficult to break the steps down more so for the students and to step back, put my hands in my pockets.

Participant 1 shared similar experiences regarding their difficulties of presenting information to the novice learners and attributed it to their lack of pedagogical preparation for the role of CNI.

I mean, it claimed the racket, the lack of education that I got in Doctor Knowles course was probably the biggest factor because I'm stepping in as an expert nurse, but I'm beginning faculty. I need to step way back to when I'm the beginner. I

really know my medications, but I don't know how to deliver this content in a way that is understandable and memorable. So, I need some help doing that and regretfully, I didn't really get much of that in my master's degree. (Participant 1)

Feeling Unprepared. Participants reported their orientation and onboarding experience with the universities to be inadequate and some faced challenges in attending the in-person onboarding sessions due to their busy schedules and being a short notice hire. All five participants, who had started teaching as part-time CNIs before taking the online ACNEPP, described feeling unprepared for the role at the time of their role transition. Sub-themes related to feeling unprepared included “inadequate focus on teaching and learning”, “lacking role clarity”, “insufficient orientation to relevant policies and procedures”, “lack of orientation to the clinical unit”, “lack of information about the students” and “inadequate formal mentorship”.

Inadequate Focus on Teaching and Learning. Participants described their onboarding experience as being focused on providing general information about education institution policies and grading practices, while lacking content and clarity about how to enact the CNI role with the learners in a clinical setting. For example, Participant 5 described their role transition and orientation to the role of CNI as “learning on the fly” and reported having no formal onboarding experience or educational preparation for the teaching role.

There was no formal orientation whatsoever. I would be given a binder on expectations and that was all there was to it. Uh, and I got an orientation at the hospital, but that was specific to the students in that facility, in rules and regulations, and that sort of stuff, you know, training on the sorts of things

specific to the hospital that I was in. But as far as the teaching part of clinical instruction, there was nothing in the beginning at all. (Participant 5)

Two of the six participants were offered an in-person orientation day at their educational institutions. However, one participant missed the orientation due to being a short notice hire and not having the time in their schedule before starting their part-time CNI role. They were able to attend the orientation at the educational institution before beginning their second term of teaching and shared that the information presented during this orientation day was too broad and did not provide guidance around the day-to-day functioning of the CNI role.

So, I had missed orientation, so I honestly didn't really get an orientation and so I just kind of went in and figured it out and asked other instructors and then in the second semester, there was an orientation that was a broad orientation. So, it was every clinical instructor [that was teaching for that program] and everybody was in an auditorium. So, they kind of went over more like policies. So just dress code and Covid vaccines and policies and like, yeah, things they had to do before starting clinical. (Participant 2)

Another participant also shared similar views regarding the orientation and onboarding they had received from the education institution.

The orientation through the university was more here are your responsibilities as an instructor. This is what we want you to be grading on. Here is the rubric, here's the syllabus. Those kind of university specific things, but not as much as how to be a clinical instructor. (Participant 6)

Lacking Role Clarity. Participants shared that the onboarding and orientation experience did not provide them with adequate information on how to enact their CNI role with the students. This resulted in some of the participants not knowing the scope of the CNI role and lacking clarity around what their responsibilities were in relation to the clinical practice of the students. Participant 2 felt, although they were given autonomy to carry out the role of the CNI, it made the role transition more difficult for them as they were beginners in the CNI role and needed clearer direction to carry out the role. They described not knowing how to enact their CNI role with the students.

You don't feel like you're micromanaged necessarily, but sometimes I wasn't sure exactly what the expectations were as far as my role as like, do I give medications with students? Do they give medications on their own? Do they go with the nurses? Do I take them? So, when I first started instructing, I was a little bit overwhelmed just because I didn't necessarily feel like I knew exactly how to do it. (Participant 2)

Another participant described their difficulties around not knowing how to structure and organize the learning experiences for the students.

So, I didn't know. It's hard to explain. I didn't have exact structure on how the clinical day would go and what was normal and so do I assign them [patients] and let them go. So, I wasn't really sure where my role was and so I wasn't sure. Do I take the suit like I can't do eight students and do medications with all of them? Do I pick one each day? Do I let the nurses do it? What is our role besides just assigning them to a nurse? (Participant 4)

Insufficient Orientation to Relevant Policies and Procedures. Even though participants described the onboarding experience as being broad and focused on education institution policies, it appeared to omit discussion of certain policies and procedures that were important to the participants. Participant 4 described their inadequate knowledge of policies and procedure around supporting students that were not meeting the course expectations and wished they had some preparation in this aspect of the role, as they just learned by doing it.

How to go about that [to support a failing student], kind of I learned as we did it. I, you know if I was having difficulties with the student or a student wasn't passing my course, and fortunately that only happened a small number of times. I think may be 3-4 students throughout that whole 10 year period, but so that I wish I had little bit more heads up about it, it was one of those things I wish I was more prepared for. (Participant 4)

Participant 6 talked about feeling unprepared to deal with students who may engage in unprofessional or unethical behavior.

I felt or still feel, not pressure from anybody but myself, but I want to do a good job because these are, you know, future nurses and coworkers and colleagues and you know, I want them to succeed. But I also I am not a super assertive person, so I want to be sure it isn't uncomfortable for me to engage in conflict and I'm especially nervous when I see unsafe or unprofessional behavior. How to confront that? So, that's one thing that I am still feeling a little nervous about. (Participant 6)

Lack of Orientation to the Clinical Unit. Participants talked about lack of familiarity with the physical layout, systems, processes and staff of the clinical unit being a challenge to their role transition from RN to CNI. This was especially true for those who were assigned to teach in hospitals and/or clinical units different than where they were practicing in their clinical roles. Participant 6 described how they were assigned to teach in a hospital they had “never set foot in” before their teaching assignment and the educational institution did not include orientation to the unit in their onboarding experience. To mitigate the lack of familiarity with the unit, they started to take the initiative to orientate themselves to the unit at their own time for subsequent teaching assignments, where they took time on their own to spend a few hours on the clinical unit they were assigned to teach.

I actually took time on a day off to go down and have the nursing director show me around, so I was like, I don't want to show up here and I've never even set foot in that building that I don't want to show up and not know where I'm going.

(Participant 6)

Participant 5 shared their views on the lack of familiarity with the clinical unit from the perspective that they were assigned to teach in a nursing practice area in which they had not practiced for a long time. Even though they had previous experience in that area of nursing, it was significantly different from their current area of nursing practice.

It was hard for all of us [CNI and students] and ... I was kind of stepping into that acute care role after having been out of it for a long time. So, I felt maybe a little bit out of my element. (Participant 5)

Lack of Information About the Students. Participants shared that not having an opportunity to meet the students prior to their clinical teaching day and not having adequate knowledge of their level of curricular preparation added to the challenges of their role transition. Participant 6 shared that they did not have the opportunity to meet the students or have any phone/email introduction with them before their clinical teaching day, and this led to increased anxiety and stress for both the CNI and the students.

You show up at, you know, 5:30 in the morning to meet someone you've never even seen before, to take them to do something you've never done before. It's scary and you know, I mean, none of us [teachers and students] sleep the night before clinical. (Participant 6)

The main reason for the lack of contact between the student and the CNI was that the educational institution was unable to initiate an institutional email address for the CNI due to them being a short notice hire; it was the education institution policy that CNIs only communicate with students via institutional email addresses, as opposed to using personal email addresses.

Participants also described that not knowing students' level of curricular preparation made their role transition more challenging. They were not provided with adequate information about students' curricular preparation during their onboarding experience and, as a result, did not know what nursing skills are within the students' scope of nursing practice. Participant 6 shared that not knowing the level of curricular preparation and scope of students' knowledge and clinical skills affected their ability to choose appropriate clinical learning experiences for the students. They assigned a student

to a clinical area where the student didn't have the curricular preparation to take full advantage of the learning experience:

And I had chosen one student to go to the emergency department the first day, and then I found out later in the day that she hadn't been checked off on certain skills that she would have had the opportunity to do in the emergency department. But she wasn't signed off on those things [skills] yet, like for example an intravenous start, and so I felt kind of like I took the opportunity away from another student that had been checked off on those skills. (Participant 6)

Participant 5 also spoke of not having adequate knowledge about students' curricular preparation for the clinical learning experiences and attributed it to inadequate onboarding experience with the education institution. They were provided with access to the education institution Learning Management System (LMS) and were directed to learn about students' level of curricular preparation on their own time. However, they faced barriers in reviewing this content about students' level of curricular preparation due to time limitations resulting from the CNI role being a second job for them.

It was I had access, of course, to the platform where the students had all of their assignments and all of like the syllabus and those sorts of things. And I certainly could have been more motivated to look into those things, but with-it being kind of a second job that was not something I had a whole lot of time to do.

(Participant 5)

Inadequate Formal Mentorship. Participants described the onboarding experience to not include any formal mentorship for the role of part-time CNIs. One participant, who was offered some informal mentorship by a senior full-time faculty member at the education institution, described the mentorship support as inadequate due to the mentor not having knowledge of the current environment and context of clinical teaching as “There was a professor at the time that taught the pediatric course, was always available for questions. But it was kind of difficult because they weren’t teaching in the hospital, so they weren’t very familiar with the hospital” (Participant 2).

Factors that Supported the Role Transition. Participants described some of the factors that they perceived as helpful to their role transition from RN to part-time CNIs. Familiarity with the clinical unit, good interpersonal relationships with the clinical nursing staff, having experience teaching patients in the clinical RN role, and having peer support from other CNIs teaching for the same education institution were identified as factors that helped ease the transition.

Participant 1 expressed appreciation for good interpersonal relationships and support from clinical nursing staff by stating “Some of the nurses were, they put their arm around you. And hey, here’s something you need to know. Here’s who to talk to. Here’s how you get this done. Here’s how you call the pharmacy”.

Participant 2 shared that they took the time to meet with the charge nurse and director of the unit on their own time, that that was not paid by the education institution and found it helpful to be familiar with the clinical unit and staff. Participant 4 described how their role transition felt little easier due to their familiarity with the hospital, clinical

unit and staff, because they got to teach in the hospital they had worked in for a long time.

It was like you need to go [work as a CNI] now and the hospital I taught at was my hospital that I'd been working at for decades. And so, it was very easy for me as far as the clinical areas. I knew everybody in that hospital and so I and I felt comfortable cause I've worked throughout that hospital. You know, it's just one big happy family. I was very comfortable bringing the students there. (Participant 4)

Participant 2 shared that having previous experience of teaching patients in a clinical nurse role helped their transition.

And the thing [about teaching patients in hospice] is that, I mean, it's the same thing. You know I'm taking a novice lay person, family member and teaching them how to be a primary caregiver for a terminally ill patient. So, kind of applying some of the same things to students was a pretty good crossover. (Participant 2)

Participant 6 reported that having informal opportunities for co-mentorship among the CNIs who were teaching students at the same level of the education program at the same educational institution was helpful to their transition, as they were able to share resources and tips with each other.

Yesterday, for example, I had some downtime [during shift with the students] and I texted two of the girls [CNI colleagues], we have kind of a group chat going and I said I've got low census [of patients] and we are all struggling with what to do

with our time. I need help and they right away sent me several things [interactive learning activities] to do. (Participant 6)

Participant 6, who was the only participant who had taken the online ACNEPP before starting her part-time CNI role, noted that taking the program certainly helped make the role transition easier.

It kind of gave me a little bit of a structure to lean on and just a little bit more confidence going in than I would have had without it. So, I appreciate that the university did give that [online ACNEPP] for us. (Participant 6)

Theme 2: Online ACNEPP Design

Participants described several design features of the online ACNEPP that were of value to them and facilitated their participation and learning in the program. One participant, who had previous experiences learning in online education programs, summed up the overall design of the program as:

I've taken online courses before, and this one wasn't a snoozer. It wasn't one of those ones that you're just like falling asleep with just slide after slide. I mean it's just, I look forward to being able to take [this program], you know, get the time to take the class. Oh, I can't wait to go back to my course, yeah. I was like oh yes, I mean it was just light bulb after light bulb after light bulb. I learned so many new things but then it was also reaffirming what I had been actually doing [in my teaching practice]. (Participant 4)

Subthemes related to the design of the online ACNEPP included “preferred online asynchronous self-paced approach”, “short program duration with flexible long access”,

“absence of learner-learner interaction”, “flexible learner-instructor interaction”, “learner-interface interaction”, and “effective teaching/learning strategies”.

Preferred Online Asynchronous Self-Paced Approach. ACNEPP is designed as an online self-paced asynchronous program, that learners complete at their own pace. All six participants expressed appreciation for the online self-paced asynchronous feature of the program design, as it fitted well with their busy personal and professional lives. Participant 1 described this type of design as a significant contributor to the accessibility of this professional development program for nurses.

I've got 2 hours on Saturday, 2 hours on Sunday and 3 hours on Wednesday. I need to take a break for a week. I love the idea that you are reading a book, and you put your bookmark at this page, and you pick the book up again when you are ready to continue reading. Put the bookmark here, set it down, bring it back. So, very well done in that department [of designing this program]. This program is accessible to nurses that have a busy work life. (Participant 1).

Participant 2 shared that they wouldn't be able to take the online ACNEPP if it required them to log in and attend synchronous sessions at designated dates and times.

For me, flexibility was such a huge thing, like I am not sure that I could have devoted an exact time to log on, like the flexibility was a huge thing for me. Just because you know kids get sick and then I'm home, then my husband travels a lot. So, you know, it's just the chaos of everyday life. So, I personally love online, and I love being able to log in and out, pause it when I need to. (Participant 2)

Participant 2 also noted that the asynchronous self-paced design allowed for better learning for them as they were able to access the program at a time when they could focus more clearly and were not distracted with other responsibilities or schedule conflicts.

I got certified to teach a chemotherapy class and you had to log on [at designated times] and it had its benefits because we could, at one point we were teaching our group and practicing what we learned, but it was difficult. I felt like I got more out of the flexibility of being able to stop it and play it right when it had my full attention. (Participant 2)

Participant 5, while acknowledging the benefits of online synchronous or in-person learning in certain types of other learning situations, also shared similar views about asynchronous design contributing to better learning for them in this program.

I liked the fact that I could move at my own pace, and do it when I had time, because I mean, this is like I said, I've always kind of had a second job or third job and you know, family commitments, and that sort of thing. So, I learned much better in a course like this rather than in one sitting. (Participant 5)

Short Program Duration with Long Access Period. One time registration fee provides learners with access to the online ACNEPP for one full year. They can take any length of time to complete the program and maintain access to the program materials for up to one year despite having completed the program and having received a completion certificate. One participant expressed special appreciation for the feature of maintaining access to the program content after completing the program. They felt that due to not having any teaching experience prior to taking the program, they may not have realized what content was important and appreciated the ability to go back to the program content once they had some clinical teaching experience and realized they needed to revisit certain areas of the content.

And I did appreciate that [taking the ACNEPP], cause it kind of helped me think of different things that I could see going with me [into clinical teaching] and I may go back through the course now that I've worked with students a little bit just now that I've kind of have more of a feel for it to get some of those nuggets a little bit more fresh in my mind. (Participant 6)

Most of the participants were able to complete the program within two to three weeks. Participant 6, who was hired as a part-time CNI three weeks prior to the start date of their teaching assignment, expressed appreciation for the short length of the ACNEPP. Self-paced design and short length of the program enabled them to complete it before their first teaching day with the students.

It was something that was required by them [the university] prior to me taking on the students, so they provided the link for me and paid for it and then it was kind of to work on my own before I had my first weekend of clinicals with students.

So, I kind of worked through it little by little in the couple of weeks leading up to my first shift. (Participant 6)

Absence of Learner-to-Learner Interaction. At the time of data collection for this case study research, the online ACNEPP didn't have any built-in mechanisms for interaction among learners in the program. Previously, at one point in time, there was an asynchronous group chat function providing the learners with the option to interact with other learners as well as with the instructor. The group chat function was eliminated by the program provider due to the time commitment required to manage the chat. Currently, there are no channels of communication available for interaction among learners in the program.

When asked broadly about the design of the online ACNEPP, none of the participants voiced any concerns about their inability to interact with the other learners. However, when asked specifically to comment on the topic, participants had mixed views.

Two of the participants shared they preferred not to have any interaction with other learners and enjoyed learning on their own. One of these participants shared negative experience of online learning activities like group work with other learners in other academic courses as a reason for not wanting to interact with other learners and stated their preference for solo self-paced learning.

I did my bachelor's degree online and there were times we've had a couple of groups projects that, as I'm sure you've heard and know, can be kind of frustrating when you're working with people in different time zones. You know, and one of those like I want to get stuff done early and somebody else likes to leave it till the last minute. (Participant 6)

Two of the participants expressed a desire to have some level of connection and sense of community with the other learners in the program. One participant, who had taken the program when the chat function to interact with the other learners was available, liked the ability to post questions and get answers from the instructor or peers. The chat function helped them feel part of the group with the other learners and not feel alone.

Again, probably my emotional side, knowing that there are other people going through this, I'm not alone in doing this, even though I'm sitting here in the room all by myself. So that's one of the things I did enjoy about the I'll call the community of learners that were in the classroom that was created online.

(Participant 1)

Another participant observed they would have liked it if all the CNIs from their education institution were enrolled in the ACNEPP at the same time and were able to connect with each other via a group chat within the program environment. This would have helped them get to know the CNIs and have a sense of community.

Flexible Learner-to-Instructor Interaction. Online ACNEPP is designed as an online asynchronous self-paced program and the content is presented as text or asynchronous video-based lessons. The program design does not include any scheduled synchronous interaction between the learner and the instructor. There is an option to request synchronous discussion session with the instructor, but no learners have been making use of the synchronous discussion feature over the last three years. Asynchronous interaction with the instructor is available to the learners via the program website chat, Linked-in communication channels, and email.

None of the participants expressed any concerns about the absence of scheduled synchronous interaction with the instructor in the program. Three participants shared their appreciation for the asynchronous availability of the instructor in the online ACNEPP via program website chat, email and Linked-in channels.

They appreciated that the instructor contacted them via program chat to encourage questions or acknowledge their presence from time to time by saying “good to see you back in the course” (Participant 3) and was promptly available to help with any technical difficulties experienced by the learners. Participants valued the instructor’s prompt response and expertise in answering questions in great detail, “And she was always just phenomenally responsive. And every time gave me the answer that I needed and usually a little bit more...I’m going to claim I would ask a nickel question, and she give me a dollar” (Participant 1). Participant 4 expressed appreciation for the asynchronous presence of the instructor by stating “Just the fact that she was there, if I

had a question for the human there". Overall, participants in this study were satisfied with the features available for asynchronous communication with the instructor.

Learner-Interface Interaction. Learner-interface Interaction (LII) is interaction between a student and the digital interface that mediates all interactions in the online instruction context, for example, a learning management system displayed on a computer screen (Johnson & Cooke, 2016). Participants shared their views on several aspects of the learner-interface interaction including ability to print or save materials, content presentation in small sections, and linear step-by-step design. They expressed appreciation for the presentation of learning materials in a format that can be printed or saved for later reference, e.g., for access when on the clinical unit with the students. Participant 6 shared, "Yeah, I think, definitely having access and some of those printed materials, if I can kind of save those to have access to them when I'm on the [clinical] unit as like a quick reference, is very helpful."

The content of the ACNEPP is presented in modules that are further broken down into smaller sections such as video introduction to the module, topics to be discussed, video lessons, and video conclusions. Each module ends with 'check your knowledge', bibliography, evaluation of the module, and a certificate of completion. As the learner completes these sections in a module, a check mark appears beside the steps that are completed. Two of the participants shared that they liked the ACNEPP content presentation in small chunks and modules. It helped provide a sense of accomplishment when they could visually see their progress - the completed sections checked off. Participant 4 stated "You know this, the smaller sections make it very rewarding as you see them getting clicked off."

Participant 6 shared that availability of content in short sections made it convenient for them to bookmark within a module and return to the content later, “Yeah, I liked that it was self-paced and that the modules were fairly short. So, you could kind of break it up as it was convenient for you”. Breaking the content of the program into modules and further smaller sections made it more suitable for this group of learners who may have smaller chunks of time available and may need to interrupt their learning several times. Therefore, the ability to bookmark and visually see what they have completed is important to the learners.

One participant described the design of the ACNEPP as “step-by-step linear design” and expressed that this type of design was conducive to his learning.

I’m a linear thinker, so a nice linear progression [of content]. First you do this, then you do this, then you do this. Oh, you may have to do that. So, it’s like a decision tree, I guess you could call it. Very nicely done. (Participant 1)

Effective Teaching/Learning Strategies. Participants described some design features of the online ACNEPP as effective teaching strategies that contributed to effective learning for them. These included case studies, reflective journal assignments, tests or quizzes, and videos with subject matter experts. Participant 1 felt that the inclusion of case studies helped their learning by making the content more memorable for them.

The other thing is that there were case studies. Case studies will submit something in a student’s mind in a way that other things will not. I think it’s because humans are just wired at remembering stories. The story that the nurse had an encounter with this patient and this interaction, you know that this result,

and you're going to remember that better than something you read in the paragraph in the textbook. (Participant 1)

The online ACNEPP includes opportunities to write reflective journals as part of the design. Each module presents a list of reflection/discussion questions and learners are prompted to pause, reflect and write answers to those questions. Participant 1 appreciated the integration of reflective journals into the design of the program and shared how it facilitated their learning, "The reflective journals I thought were amazing. I am sharing almost a quote from her [the program instructor] 'you don't learn by experience; you learn from reflecting on experience'. I love that quote and that is so incredibly true". Participant 6 also valued the reflective journals, "Yes, like a worksheet to kind of make some notes and reflection as you went and also to, I forgot how she phrased it, but kind of some take home points that you want to bring with you".

Participants also liked that the ACNEPP had small tests or quizzes at the end of each module enabling them to test their knowledge. Each module has a "check your knowledge" section at the end. ACNEPP includes lots of video lessons from the course instructor, along with videos on interviews with experienced CNIs as subject matter experts, showcasing problem solving and role modeling in how to deal with certain situations with students in the clinical setting. Participants valued this teaching modality as it provided them with real-life examples of interactions between CNI and students and also between CNIs and clinical unit staff. It helped learners to have an overview of the common challenges faced by the CNIs and some strategies to address those challenges. Participant 4 stated, "I really appreciated the interviews that she [course instructor and designer] had with other clinical instructors and the different challenges they might have

met or the things that worked for them and their students”. Participant 1 felt that the interviews with other CNIs added richness to the course by including multiple perspectives, “I love the idea of the video with the different nursing instructors. She [course instructor and designer] brought you in a number of different people and their perspectives made the course that much richer”.

Theme 3: Online ACNEPP Content Materials and Resources

Participants voiced their appreciation for the selection and quality of the content and resources in the online ACNEPP. Participant 1 felt the content was well chosen, provided the theoretical foundations for teaching, prepared them to apply that foundation in clinical teaching and appreciated the time and effort Dr. Knowles had spent in putting this program together.

I like the well-chosen content. I don't know how many hours, but she put hours and hours into scripting, looking for what's best content out there and incorporating that. I really enjoyed that. There was a balance of academics as well as clinical practice. Your clinical practice is based on what you learn in academia, but the academia is there essentially to learn how to do what it is that you're going to do in practice. I really like that about the way she did that. (Participant 1)

Participants shared how the content of the ACNEPP helped them prepare for the role of CNI.

This [online ACNEPP] is really good, very much helped me organize what I'm going to do. It gave me a very positive outlook so that I'm not shying away from stepping into a clinical situation with students. I feel much better prepared and isn't preparation key in nursing? (Participant 4).

Participants shared their views on the various types of content materials and resources included in the ACNEPP as well as examples of how they applied the learned content to enhance their ability to teach nursing in a clinical setting. Sub-themes in this area included “good quality clinical teaching resources”, “setting the right context for clinical teaching”, and “good pedagogical practices for clinical teaching”.

Good Quality Clinical Teaching Resources. Participants valued access to a variety of good quality clinical teaching resources available within the online ACNEPP. For example, online ACNEPP course #2 included a module titled ‘clinical toolbox/resources’. This module comprised many printable tools to help the CNIs with carrying out clinical teaching, such as organization strategies for clinical teaching, examples of organization tools, and patient assessment tools. Participant 1 described this toolbox as the best information and resources chosen by the course provider. The worksheets and tools in this toolbox assisted Participant 1 prepare for the clinical teaching day more efficiently and they shared that they regularly use these tools and worksheets in their clinical teaching practice.

After the course [ACNEPP], I don't have to take nearly as much time because now I've got the clinical toolbox and the resources that she [the course provider] brought together. I can do this in 25% of the time that I used to do it because I feel so prepared after doing her course. (Participant 1)

Participants appreciated the readings and resources linked in the online ACNEPP. Both courses in online ACNEPP contain a section on e-library that includes a list of pertinent reading materials for each course. Most of the reading content is open source and includes hyperlinks. Further to this, each module within the course includes a section

on readings and hyperlinks relevant to that section, also providing the learner with an estimated amount of time required to complete each of the readings. The reading section precedes the video lessons in the modules. Participant 4 shared they liked the way the readings were placed in the module – asking the learner to read the article or a chapter in a textbook and then return to the course to get a summary of key points. They also appreciated the quality and right number of suggested readings and resources.

It helped me kind of focus in on the, you know, on the real important points of that section, having been able to read the material first, just read through and it wasn't volumes and volumes, it was a couple of articles here and there, but it helped with my focus of what the material was that was going to be covered.

(Participant 4)

Course #1 in the online ACNEPP includes a module on Teaching and Learning theories, while course #2 includes more content related to the application of teaching and learning theories to the specific context of clinical teaching in nursing. Participant 6 found it beneficial that the program, along with information on learning theories, offered practical ideas for applying these theories, such as interactive learning activities to be utilized during clinical teaching. They implemented the “what if” game, learned from the online ACNEPP, to discuss safety scenarios and have a dialogue around what to do in certain clinical scenarios, the “scavenger hunt” to help orientate the students to different physical aspects of the unit, and “one minute nursing care plans” where students get an opportunity to do a care plan for an identified problem with the patient. They viewed it as an application of the Socratic method of teaching learned in the ACNEPP.

Just kind of coming up, you know, because there was, it was dead quiet on the floor [the clinical unit]. There was a low census [of patients], we had not a whole lot of things happening. So, we were just kind of like trying to come up with situations using the Socratic method. (Participant 6).

Setting the Right Context for Clinical Teaching. Participants indicated several ways in which the online ACNEPP content taught them to create an optimum context for clinical teaching and learning. They also acknowledged the usefulness of the ACNEPP content on planning a schedule of learning activities for a clinical teaching day with the students. Participant 2 wished they had taken this program at the beginning of their teaching career and described how they had been trying to figure out what to do with the students by trial and error.

I just remember taking the course [ACNEPP] and I was thinking, wow, I wish I could have had this two years ago because I was like, this is so much of what I've like trial and error myself as far as how to structure the day, what works best, and what debriefing looks like at the end of the day. (Participant 2)

Participant 1 shared that the program placed great emphasis on preparation and planning of teaching and learning activities a CNI must do before arriving on site for clinical teaching with the students.

This part of it was that she [the provider of the ACNEPP] offers the idea that the students will know what to expect when go into a clinical rotation if the instructor prepares very well before actually getting to the clinical site, they [the CNI] need to know how to prepare clinical teaching strategies. (Participant 1)

They had great appreciation for the content on CNI preparation for clinical teaching.

I took both of her [Knowles] courses. One was becoming a clinical nurse educator. That was the first one, the second one teaching clinical rotation. The value of preparation in that course was just over the top. I cannot talk enough about how good that was. (Participant 1)

Participants also liked that online ACNEPP included content about the importance of both CNIs and students knowing the physical layout of the clinical unit, as well as knowing the personnel, systems and processes in their learning environment. Participant 2 appreciated the emphasis on orientating the students to the clinical unit at the beginning of the teaching assignment. Prior to taking the online ACNEPP, they did not offer much orientation for the students. Learning about the importance of orienting students to the clinical unit in the ACNEPP helped them implement an orientation day for the students and felt that gave the students the “right start”.

So, I felt I know the one thing that I really incorporated in my practice from learning from her program [ACNEPP] was she talked a lot about orientation day and how important it was to make the students feel comfortable in their environment. (Participant 2)

Additionally, this participant described how ACNEPP includes a checklist of items and activities to orientate students to the clinical unit. They now spend several hours orientating the students using the checklist and feel it is beneficial to students' learning. They also have feedback from the students that orientation day helps to lower their anxiety about being in a clinical environment.

Participant 4 expressed their appreciation for the content of online ACNEPP that placed emphasis on CNI spending time on the clinical unit before beginning to teach the

students on that unit, meeting the nurses and shadowing them. This participant had implemented this idea in their practice of clinical teaching and found it helpful.

Umm, so I think also it talked a lot about like meeting with the nurses and shadowing them on the unit before you bring students, which I've also tried to do that like when I am assigned to a new unit, I usually ask the charge nurse so I can come in and shadow for a few hours and kind of get ideas from them. And that's been very helpful. (Participant 4).

Good Pedagogical Practices for Clinical Teaching. Course #2 in the online ACNEPP includes a focus on the application of good pedagogical practices and teaching strategies to the specific context of clinical teaching in nursing. Participants described learning about the application of clinical teaching concepts and strategies such as debriefing, strategies for providing feedback, participatory learning, and the concept of novice versus expert in the ACNEPP. They shared examples of these clinical teaching strategies they utilized with the students in their clinical teaching practice as CNIs.

Debriefing. Participant 2 noted that they learned how to use debriefing as a teaching strategy which they now successfully use with their students to debrief at the end of the clinical teaching day and after any significant learning experiences throughout the day. They were taught about debriefing in their master's program, however doing debriefing with live students was more valuable than learning about it theoretically. They stated, "We touched on debriefing [in the master's program], but we never really touched on it in the aspect of like how to debrief a clinical group or what are some of the ways to do that".

Strategies for Providing Feedback. Implementing ways to provide effective feedback to the students was another pedagogical practice that participants had learned in the ACNEPP and subsequently implemented in their clinical teaching. Participant 5 shared that, as a result of taking the online ACNEPP, they now provide more timely and formative feedback to the students where possible, as opposed to their previous practice of only providing summative feedback at the end of the week. Ultimately, this has been well received by the students. Participant 1 expressed that they learned how to provide effective feedback to students on their performance. The practice was explained as initially highlighting the positive aspects of the performance; this is then followed by discussing areas that need improvement, all while ensuring the conversation maintains a positive tone.

Additionally, Participant 4 discussed how they learned and integrated the concept of enabling students to reflect on their own practice and their feedback-giving style, “I’ll have them do a head-to-toe assessment with me watching them, and then I immediately provide them feedback verbally, but I ask them first, you know, how did you feel about that?”

Participatory Learning. Participant 4 shared that, as a result of taking the online ACNEPP, they are now able to engage the students in more participatory learning and can focus on the facilitation of critical thinking by asking more open-ended questions rather than just providing the information and demonstrating the psychomotor nursing skills. They now let the students do it, provide feedback, and ask open-ended questions. However, they also characterized their teaching style as a harmonious blend of inquiry

and providing information such as “tricks of the trade,” an approach they noted is well-received by their students.

Actually, it has been the addition of I ask more of the students as far as their input of what they think should be done as opposed to what's the answer to this question? I have it more of an open question of them to start doing more of their critical thinking type of thing. And then too, to give them and to critique them more, instead of just putting out the information and then just doing [demonstrating] it, to actually critique their technique a little bit more than I usually if they did an ok job. But I realized they really do enjoy my input. More of you know, maybe more tricks of the trade or something like that. (Participant 4)

Novice versus Expert. The online ACNEPP introduces the concept of novice versus expert as applicable to the role transition from RN to CNI and to the context of clinical teaching interactions between the CNIs and students. For the role transition from RN to CNI, ACNEPP emphasizes that CNIs are transitioning from being nursing experts to novice clinical teachers and need appropriate supports for this role transition. It includes a module “the mentoring relationship” that emphasizes the value of mentorship for novice CNIs, strategies to find a good mentor, and outlines the responsibilities of the mentor and the mentee. Learners also have the option of accessing virtual mentorship from the program provider at no additional cost. Participant 1 described the program designer and instructor as an excellent mentor and shared that as a result of having had the opportunity to learn from such a good mentor in the online ACNEPP, they are now more open to being a mentor for new CNIs in their career.

Did I really get a chance to practice being a clinical instructor with a mentor who's going to help me through the way that Dr. Knowles did? I regret the answer is no. Now that I've taken the course and have experienced having a good mentor, of course I'm going to be the one that comes alongside the new nursing instructor. Hey, let me help you out with this. What is going well? What is it that needs improvement? I took that directly from her course, emphasis on the mentoring relationship. One of the most valuable parts of the entire program is that she encouraged us to find a good mentor and develop a mentoring relationship. (Participant 1)

ACNEPP also emphasizes the idea that along with being novices to the role of clinical teachers, CNIs also need to acknowledge themselves as nursing experts and students as novices to the field in nursing. Participant 4 appreciated the idea of novice versus expert being introduced in the online ACNEPP. They recalled learning that the students are novices at the knowledge and skills they need to gain while the CNIs are the experts in nursing knowledge and skills. CNIs need to adapt their teaching strategies and expectations of students' performance, keeping in mind that students are novices in the profession of nursing. The participant shared their experience of integrating this learning into their teaching practice:

Yep, and I really had to bite my tongue, had to hold myself back from saying 'will you move and let me show you how to do this?' No, the student was doing it [a nursing procedure], but they were doing it at a pace that is appropriate for a beginning student, and I tried to remember when I was a student and the very first

time that I did an intravenous injection, man was I nervous and I hope my hands weren't shaking (Participant 1)

Participants welcomed the opportunity to learn the various pedagogical practices and found it helpful to implement these with their students.

Summary

The findings in this study describe the challenges experienced by RNs during their role transition from clinical roles to part-time CNIs, while also highlighting some of the factors that facilitated that role transition. The findings also present the many design features of the online ACNEPP that facilitated the learning for the RNs, and the content features that the participants found helpful and were able to integrate into their clinical teaching practice. Through analysis of the data from the participant demographic questionnaires, semi-structured interviews, and review of online ACNEPP content and design, three themes were evident, (1) RN to CNI role transition, (2) online ACNEPP design, and (3) online ACNEPP content materials and resources. The following chapter provides a discussion of the findings from this study in relation to the previous literature as well as to the theoretical framework for this study.

Chapter 5. Discussion of Findings

Chapter 5 presents a discussion and interpretation of the key findings in relation to the study research questions and in comparison to the existing literature where applicable. The chapter also includes a discussion of the findings in the context of theoretical framework of novice-to-expert (Benner, 1984).

Discussion of Findings in Relation to the Existing Literature

In this section, findings from the case study are discussed in relation to each research question, along with the corresponding themes and subthemes. Discussion includes both supporting as well as rebutting literature, where applicable. Narratives from academic CNIs highlight the relevant factors that continue to affect the transition from clinical experts to novice CNIs. Additionally, participants shared their experiences with the design and content features of the online ACNEPP, which they completed as part of their preparation for roles of part-time CNIs at academic institutions in the USA.

Research Question 1

Research question 1 focused on eliciting the participants' experiences with the role transition from RNs to CNIs asking how do the registered nurses, who have taken the online Academic Clinical Nurse Educator Preparation Program, describe their role transition from clinical experts to academic clinical nursing instructors. Participants were asked to reflect on their experience of the role transition during their first year working as a part-time CNI with an academic institution. It is important to note that Participants one to five transitioned to the role of the part-time CNIs before taking the online ACNEPP or any other equivalent professional development program, while Participant six completed

the online ACNEPP as part of their onboarding with the education institution before beginning their role as a part-time CNI for an undergraduate nursing program.

Participants described their experiences with the role transition from RN to academic CNIs, recounting the challenges they experienced and also elaborating on the factors that facilitated their role transition. The challenges they experienced in the process are not unexpected as the literature extensively documents the lack of support in the form of formal preparation for teaching roles, as well as structured orientation and onboarding (Larri et al., 2021; Suplee et al., 2021; Woodworth, 2017). The role transition from a clinical nursing expert to novice nurse educator has been well recognized in the nursing literature as a significant and challenging shift (McDonald, 2010; Spencer, 2013; Weidman, 2013). The four subthemes associated with the theme are discussed below.

Good Nursing not Synonymous with Good Teaching. CNIs are usually clinical experts who have yet to train for the role of a nursing educator. They need to develop competence in the skills required in academia, including handling student performance and behavior issues, and using technology to effectively teach, facilitate, and evaluate student learning (Hewitt & Lewallen, 2010). The study participants also noted that the academic CNI role with an education institution demands different competencies and knowledge compared to those required for the role of the clinical nurse. They clearly articulated that having experience and expertise as a clinical nurse or even as a clinical preceptor didn't necessarily prepare them to be a teacher with an academic institution. This finding is also in line with Stevens and Duffy (2017) who attested that skills needed for teaching are a different skill set than those required to be a clinical nurse and "proficiency as a nurse in clinical practice does not necessarily

translate into effective teaching ability” (p. 170). Similarly, Spencer (2013) observed that clinically expert nurses don’t necessarily have the experience and expertise “in the aspects of teaching that are expected in the academic setting” (p. 15).

Expert Nurses to Novice Teachers. According to Benner (1984), novice practitioners have little or no experience with the setting where they are expected to perform, requiring time to develop the necessary knowledge and expertise in that setting. The study participants acknowledged themselves as experts in clinical practice who were now transitioning to being novices in the field of teaching as they didn’t have any experience in the setting of clinical teaching. They recognized the limitations of their knowledge and experience in teaching and described the challenges they faced in presenting information in an easy-to-understand way to the students who were novices in the field of nursing. Reports of qualitative evidence of expert nurse clinicians transitioning to novice nurse educators are well documented in the nursing literature (Cooley & De Gagne, 2016; Grassley et al., 2020; Poindexter, 2013; Weidman, 2013). Benner’s theory offers a framework to support novice CNIs through the stages of “novice, advanced beginner, competent, proficient, and expert” (1984, p. 188) by providing formal education, experiential learning and mentorship.

Feeling Unprepared. All five participants, who had started teaching as part-time CNIs before enrolling in the online ACNEPP, noted they felt unprepared for the role of CNIs at the time of their role transition from RNs. This finding is supported by literature which documented that CNIs often report feeling unprepared and dissatisfied with their role as clinical educators, contributing in part to the high turnover of CNIs in

undergraduate nursing programs (Alanazi, 2022; Oprescu et al., 2017; Woodworth, 2017).

Participants described their orientation and onboarding experience with the education institutions as inadequate and lacking relevant content. In the NETT model developed by Schoening (2013) to describe the transition from clinical nurse experts to novice nurse educators, the second phase, “disorientation,” speaks to inadequate orientation and socialization into the role. Santisteban and Egues (2014) also attested to the lack of support experienced by part-time contract faculty in acquiring the essential competencies required for the role of a nurse educator.

One of the six participants reported having no formal orientation or onboarding experience from the educational institution and described their role transition as “learning on the fly”. This finding is supported by 31% of the nursing faculty participants in the study by Suplee et al. (2021) who reported having no preparation for clinical teaching. Similarly, in the qualitative study by Kinsey (2020), six of the clinical instructors reported receiving no orientation and were simply given the roster and told at which clinical facility they would be working. Another participant was unable to attend the in-person onboarding session due to their busy personal schedules, commitment to their full-time clinical nurse role and being a short-notice hire.

In my experience as the coordinator of an undergraduate nursing program in Canada, due to the high turnover of CNIs in undergraduate nursing programs, some were hired on short notice and were expected to start their teaching assignment without attending, or only attending a shortened version of, their orientation or onboarding sessions. Difficulties for RNs to attend orientation and onboarding sessions are

recognized in the nursing literature. Citing challenges for attending in-person onboarding sessions for their academic role due to competing commitments to their other clinical nurse job, Santisteban and Egues (2014) suggested offering orientation sessions at a variety of times to help with attendance. Participants in the study by Weidman (2013) reported the short turnaround time between hiring date and start date as one of the reasons for lack of orientation and described their beginning of the new CNI role as “jumping right in” and “here you go” (p. 105). I have distilled six sub-themes related to the theme of “feeling unprepared” ... which comprise the following: inadequate focus on teaching/learning, lacking role clarity, insufficient orientation to relevant policies and procedures, lack of orientation to the clinical unit, lack of information about the students and inadequate formal mentorship.

Inadequate Focus on Teaching and Learning. Participants described the onboarding experience as focused on providing general information about educational institution policies and procedures, whereas not including adequate content related to the day-to-day enacting of the teaching role of CNI in a clinical setting. Roberts et al. (2013) also reported in their study of part-time clinical faculty that their formal orientation only included general information about the course, educational institution and clinical agency and did not address all of the new faculty needs related to pedagogical preparation. The importance of providing pedagogical preparation for RNs to equip them for the role of CNIs is reflected in the literature. In a qualitative study by Owens (2017), one of the key learning needs identified by part-time nursing faculty involved acquiring pedagogical skills to promote their adaptation to the role. Supporting CNIs with appropriate teaching and learning resources is crucial for enhancing job satisfaction and boosting recruitment

and retention of CNIs in nursing (Hewitt & Lawallen, 2010; Reid et al., 2013; Richards & Kieffer, 2022).

Lacking Role Clarity. Participants described that their orientation and onboarding experience with the education institutions did not prepare them to adequately understand the scope, expectations, and responsibilities of the CNI role. Not having clear direction resulted in the participants not knowing their responsibilities regarding the clinical practice of students and challenges with organizing the learning experiences for the students. Recent literature encourages the inclusion of areas such as defining CNI's role expectations, planning and implementing meaningful clinical conferences, planning and designing clinical experiences, and evaluating student performance in the onboarding experience for the CNIs (Beiranvand et al., 2022; Wendler et al., 2021; Weston, 2018). Participants in the study by Vardaman et al. (2024) also witnessed new nursing faculty struggle with the role transition from clinical roles due to role ambiguity and job dissatisfaction. Findings of the current study emphasize the importance of communicating clear role expectations for the CNIs as part of the onboarding process.

Insufficient Orientation to Relevant Policies and Procedures. Even though the participants described the content of orientation and onboarding with the educational institutions to be overly focused on institutional policies, it appeared to omit discussion of specific policies and procedures. For example, the orientation and onboarding sessions did not include content such as supporting students who were not meeting course expectations and dealing with those who may exhibit unprofessional behavior in the clinical setting. These topics were not only relevant to the CNI practice but also deemed important by the study participants. Findings of some previous studies also address these

two areas broadly. For example, Forbes et al. (2010) findings from a survey on the needs of ACF highlighted the necessity to learn how to address common student issues and handle problem students. Likewise, the current study participants desired more guidance on how to support students struggling to meet course expectations and how to deal with students who may engage in unprofessional behavior.

Lack of Orientation to the Clinical Unit. Part-time CNIs are often required to work at several different clinical sites during the term or the academic year. Due to the large number of students, an educational institution may assign part-time CNIs to teach at different sites and clinical units. Participants disapproved of the lack of orientation to the clinical units, where they were assigned to teach as part of their onboarding experience with the education institution. They described unfamiliarity with the physical layout, systems, processes, and staff of the clinical unit, which added to the challenges of their role transition from RN to CNI. This was especially challenging for the participants who were assigned to teach in clinical units significantly different than their own clinical practice areas. The need for orientation to the physical layout, systems, processes, and staff of the clinical unit was discussed by Koharchik (2014). Koharchik pointed out that part-time CNIs are often given teaching assignments at different clinical facilities each term and that “each different clinical site has unique orientation requirements, policies, and procedures, as well as charting methods – all of which clinical instructors must understand and comply with” (p. 67). Jetha et al. (2016) concluded that learning the dynamics, relationships, policies, and practices of the academic and practice organizations was crucial to the success of clinical teachers; familiarity with the environment also helped ease their transition from clinical role to academic teaching

positions. In a qualitative study of experiences of novice clinical adjunct faculty by Mann and De Gagne (2017), participants described unfamiliarity with the assigned clinical unit/facility and lack of opportunity to develop relationships with the staff in the clinical unit as barriers to their role transition from clinical nurses to adjunct CNIs.

According to Koharchik (2014), CNIs must be oriented to the assigned clinical unit and its staff, but they may not be compensated for the time spent completing their orientation. This was confirmed by two of the participants in this study who took time off their full-time clinical nurse responsibilities to complete the orientation to the assigned clinical unit and were not compensated for this time by the educational institution. Educational institutions must incorporate orientation to the clinical unit as part of the onboarding experience for the part-time CNIs and include financial compensation for this time.

Lack of Information About the Students. Some of the participants only got to meet the students on their first clinical teaching day and expressed a desire for the need to communicate with the students prior to that. They felt this led to increased anxiety and stress both for the CNI and the students. For example, one participant worried about students and the CNI not being able to communicate with each other if they ran into any difficulties with their commute to the hospital or had to be absent for personal reasons. The main reason for this lack of contact between the students and the CNI was the education institution's inability to initiate a university email address because the CNIs were hired on short notice. I have also observed this as a common practice in my experience as the coordinator of an undergraduate nursing program in Canada, where CNIs are unable to connect with the students prior to their teaching day due to busy

schedules and limited access to university email addresses. However, these factors can be mitigated by the nursing program coordinator or another position responsible for the onboarding of the CNIs by facilitating sharing of phone numbers between the CNIs and nursing students.

Participants also described receiving insufficient information about students' levels of curricular preparation and scope of practice as part of their onboarding experience. This presented challenges for the CNIs in terms of selecting appropriate clinical learning experiences for the students. One participant shared that they were provided access to the educational institution's learning management system in order to gain more understanding of students' curricular preparation and scope of practice. However, they did not have time to interact with these resources due to being busy with their primary clinical role and personal life commitments. This is also a common practice in my experience as the coordinator of an undergraduate nursing education program. The need for the CNIs to know students' curricular preparation and scope of practice is well recognized in the literature. Forbes et al. (2010) survey findings listed "what to expect from the students" as one of the learning needs of ACF. Similarly, Weston (2018) applauded including a module on matching classroom and clinical content in an online CIP course that the study evaluated. These studies allude to the importance of the CNIs understanding the curricular preparation of the students in order to plan appropriate clinical learning experiences.

Koharchik (2014) also pointed out that part-time CNIs often experience challenges in knowing the students' level of curricular preparation as they usually are not supported to participate in curriculum and policy development. Participants from this

study clearly described the negative impact of not knowing students' curricular level had on their ability to plan appropriate clinical learning experiences; this highlighted the need to include this information in the orientation and onboarding of CNIs. Part-time CNIs need to have a clear understanding of the student's scope of practice, including being mindful of students' limitations, and their need to have a clear understanding of the expected outcomes of the student's clinical experience (Hewitt & Lewallen, 2010). Part-time CNIs lack of understanding of the students' level of curricular preparation can lead to negative consequences for patient safety and care, as they may not be able to communicate the student's scope of practice to the nurses working with the assigned patients, potentially leading to students being involved in procedures that are outside their scope of practice (Koharchik, 2014).

Inadequate Formal Mentorship. The study participants' onboarding experience did not include any mechanisms to foster or arrange formal mentorship for the CNIs. One participant, who was offered informal mentorship by a senior colleague, found that support to be inadequate as the senior colleague did not have knowledge of the clinical context they were teaching in. The need for formal mentorship programs to support the role transition from clinical experts to novice CNIs is well supported by the previous literature. Results from a pilot study on an online continuing education program to support the role transition to ACF in the USA by Dunker (2014) emphasized the need for online competency-based orientation programs to be paired with formal mentorship programs. Beiranvand et al. (2022) also reported on a mixed-method study where they designed and evaluated a professional development program with a competency-based curriculum and structured mentoring for CNIs. This program was based on "the results of

the interviews with the participants and the systematic review, national guidelines for clinical nursing education, and the relevant literature” (p. 7). Also, Wilson (2017) emphasized a need for more support in the form of robust orientation and mentoring programs to assist with the role adaptation from clinical nurse to clinical educators.

Factors that Supported the Role Transition. Factors that positively assisted in the role transition for the five participants in this study, who had experienced the role transition before taking the online ACNEPP, included being familiar with the clinical unit and having good rapport with the clinical unit staff, and previous experience with teaching patients in their clinical nurse role. Two of the participants, who had teaching assignments at the same hospital where they worked in their clinical nurse roles, expressed appreciation for being familiar with the unit’s physical layout, systems, and staff, noting that it greatly facilitated their role transition. Koharchik (2014) acknowledges that being assigned to teach on a unit familiar to the part-time CNIs because of their clinical practice can lead to improved efficiency and comfort level for the CNI but cautions that this may also lead to role ambiguity. Another participant shared that having previous experience teaching patients in the clinical RN role was helpful in their role transition, as teaching students had some similarities with teaching other adults.

Two of the participants shared that having opportunities for informal co-mentorship with their CNI colleagues who were teaching with the same educational institution was beneficial to their role transition. In the NETT model (Schoening, 2013), the third phase of “information seeking” is characterized by nurse educators seeking out peer mentors and other resources on their own to learn what is needed to do the job of the nurse educator. Novice nurse educators in the qualitative study by Laari et al. (2021) also

attested to seeking and using support from peers within the same educational institution as a way to support their role transition from bedside nursing to academia.

One participant, who had completed the online ACNEPP before starting their part-time CNI role, attested that the program significantly eased their role transition from clinical expert to novice CNI. The other five participants also described many positive effects of this online program on their teaching practice as CNIs. The need for structured orientation and educational preparation for the CNI role is well documented in the existing literature. Wendler et al. (2021) emphasized that academic institutions should develop programs to prepare CNIs to teach adult nursing students in the classroom and clinical settings. Spencer (2013) stipulated that clinical and educational preparation of CNIs can help improve the retention of CNIs for nursing programs.

Research Question 2

Research question 2 asked how do the registered nurses describe their learning experience in the online Academic Clinical Nurse Educator Preparation Program and its influence on their role transition from clinical experts to academic clinical nursing experts. Participants were invited to think back to their learning experiences in the online ACNEPP and describe their perceptions of the design and content features of the program. They were also asked about the impact of their learning in the ACNEPP on their clinical teaching practice. Participants shared their perceptions of the ACNEPP content and resources that they found relevant and applicable to their clinical teaching practice; they also elaborated on the design features of the online program that suited their learning preferences and needs. While sharing their learning experiences, they also elaborated on how they applied those learnings to their clinical teaching practice.

Online ACNEPP Design. Participants reported their overall learning experience with the online ACNEPP as positive and beneficial to their clinical teaching practice. They outlined several design features of the ACNEPP that facilitated their learning and suited their learning needs and preferences.

Online Asynchronous Self-Paced Approach. All participants unanimously expressed their appreciation for the online asynchronous self-paced design of the online ACNEPP. They felt that this design feature made the program more accessible and suitable for professionals and adults who had busy personal lives and were handling the CNI job as a second job in addition to their clinical nurse roles. They appreciated the flexibility to log in and out at a time that worked best for them and felt that this feature allowed for better learning because they were able to focus better when they were not distracted by other responsibilities in their lives. This aligns with my literature review finding that nurses generally display a positive attitude toward online and web-based learning. RN participants rated online professional development courses highly satisfactory and articulated ways they helped improve their clinical practice (Atack & Rankin, 2002; Atack, 2003).

Many professionals who must combine education with employment, family, and other commitments take online courses because of their asynchronous nature (Hrastinski, 2008). There is also support in the existing literature that online asynchronous learning is a more accessible and suitable mode of professional development for RNs, especially when staffing shortages make it challenging to release nurses from clinical jobs to attend professional development courses (Benson, 2004; Karaman, 2011; Wu et al., 2020). In the study by Wu et al. (2018), nurse preceptors described online learning as a desirable

platform for its accessibility, usability, interactivity, and reliability. Myrick et al. (2011) also cited improved scalability and accessibility as the reasons for development of the asynchronous online professional development program for the participants in their study. Roman (2018) proposed an online asynchronous format for professional development of novice and expert clinical instructors as it facilitated attendance by very busy clinical instructors and allowed them to learn at their own pace. Findings from a literature review by Kuttner (2022) also concluded that “online self-directed learning modules are useful in acquiring knowledge, gaining clinical competency, improving confidence, and meeting the learners’ needs and satisfaction” (p. 287). Suliman et al. (2022) also attested to the effectiveness of asynchronous online learning, as in their study of the impact of synchronous and asynchronous learning for nursing students, both modes of learning led to a significant increase in learning outcomes, and there was no significant difference in students’ learning outcomes with synchronous and asynchronous classes.

Findings from this study and support from the existing literature emphasize that online asynchronous self-paced design should be an important consideration in designing professional development programs to support RNs with their transition to the part-time CNI roles. An online program, such as the online ACNEPP, with rolling admissions and where students are not limited by semester schedules, can appropriately have only three components of the MMOE – content, self-paced/independent study, and evaluation/assessment (Picciano, 2017). In a meta-analysis on the learning effects of synchronous and asynchronous online learning, Zeng and Luo (2023) reported that “an asynchronous learning environment was shown to be better in prompting students’

learning effects or at least as good as synchronous learning” (p. 31). In a study of undergraduate medical students, Hung et al. (2024) reported that both synchronous and asynchronous methods of online teaching lead to improvement in learning outcomes and learner satisfaction. Participants in this research study clearly expressed appreciation for these features of the program design that allowed them the flexibility to complete the program at their own pace and fitted with their busy personal and professional lives.

Short Program Duration with Long Access Period. While the online ACNEPP is a fairly short program, that can be completed within 2-3 weeks, learners maintain access to the program materials for up to one year even after their program completion. Participants shared that the short length of the program is well suited for this population of learners due to their busy personal and professional lives and adds to the feasibility of completing this program before they start teaching. This is especially true when they are hired at short notice and have to fit their orientation and onboarding into the schedule of their full-time clinical nurse roles. The practice of short-notice hiring for the role of academic CNIs and participants not being able to attend in-person orientation and onboarding sessions due to busy personal and professional lives is reflected in the existing literature (e.g., Bergmann, 2011; Fura & Symanski, 2014). I have also observed this as a coordinator of an undergraduate nursing program in Canada. Consequently, offering short-length, flexible online programs for the professional development of RNs for the role of part-time CNIs adds to the accessibility of the program for the RNs.

Additionally, participants valued the feature of being able to access the ACNEPP program materials for one year from the date of registration, despite having completed the program in 2-3 weeks. In the study by Wu et al. (2018), nurse preceptors expressed

appreciation for having ongoing access to learning resources and support through virtual learning professional development programs. Another example of creating similar ongoing supports for adjunct faculty was presented by Skinner et al. (2023), where they created a website called e-lounge for full-time and adjunct faculty in the Canvas Learning Management System that provided 24/7 access to recorded video tutorials and other instructional resources.

Absence of Learner-to-Learner Interaction. Learner-to-learner interaction refers to interaction between the learners as individuals or as a group (Moore, 1989). The online ACNEPP, designed as an asynchronous self-paced program, doesn't provide any synchronous or asynchronous channels for communication amongst the learners and there is no expectation for the learners to interact with each other. Two participants really liked this feature as they preferred not to have any interaction with their peers and enjoyed learning independently. One participant expressed preference for an option to connect with the other learners from their own educational institution; yet another participant appreciated the asynchronous chat feature that was previously offered in the online ACNEPP enabling learners to interact with the instructor and their peers. In the online asynchronous professional development program evaluated by Roman (2018), novice and expert clinical instructors benefitted from more experienced colleagues sharing their best practices in the asynchronous discussion forum. Such learner-to-learner interaction options may foster increased learning (Oyarzun et al., 2023). However, in the study by Hampton et al. (2017), collaborative projects with other learners were identified by the undergraduate nursing students as the least preferred and least engaging learning

method. Consequently, synchronous or asynchronous mechanisms for learner-to-learner interaction in the online PD programs for RNs can be incorporated as optional features.

Flexible Learner-to-Instructor Interaction. As an online self-paced program, content in the ACNEPP is presented as text and asynchronous video-based lessons. The program does not offer any scheduled synchronous interactions between the learner and the instructor. Learners have the option to connect with the program designer and the instructor asynchronously via program website chat, Linked-in channels, and email. They could also request a synchronous video session with the instructor if needed. Participants were satisfied with the asynchronous accessibility of the instructor. They also appreciated occasional emails from the instructor that acknowledged their presence in the program and invited learners' questions to which she responded promptly. They valued the fact that there was a real person running this online program and that they could reach her as needed. Picciano (2017) pointed out that according to the constructivist approach to teaching and learning, in addition to providing instruction, the presence of the teacher is important for the learner's social and emotional development. Picciano also asserted that even mature learners "frequently need someone with who to speak, whether to help understand a complex concept or to provide advice about career and professional opportunities" (p. 180). Authement and Dormire (2020) emphasized instructor presence as the central component of the ONE guide and suggested several ways to demonstrate instructor presence in an online course. The online ACNEPP incorporates certain strategies suggested by the ONE guide, such as sharing contact information, responding to questions within 24 hours, and availability. Martin et al. (2018) also advocated that online learners should have several channels to contact the instructor, including email.

The online ACNEPP is designed to foster learner-to-instructor interaction via several channels including email, website chat, Linked-in messaging, and the option to schedule synchronous video chat. The design feature of providing flexible access to the program instructor, was well received by the participants of the online ACNEPP, which is in line with the literature recommendations.

Learner-Interface Interaction. Learner-interface Interaction (LII) occurs between the learner and the digital interface that mediates all interactions in the online instruction context, for example, a learning management system displayed on a computer screen (Johnson & Cooke, 2016). The study participants highlighted several features of the LII that facilitated their learning. They appreciated that the learning materials could be saved or printed for later reference, for example, to be shared and used with learners in their clinical group. In addition, the online ACNEPP modules being presented in smaller sections or chunks with a visible check mark beside the completed sections were reported as beneficial features by the learners - they could clearly see their progress and bookmark a specific section for easier retrieval.

Effective Teaching/Learning Strategies. Some of the design features of the online ACNEPP, such as case studies, reflective journals, tests or quizzes, and videos with subject matter experts, were further described as effective teaching strategies. Participants felt that the case studies assisted them with content retention, while reflective journals helped the learners delineate how the knowledge may apply to their own personal teaching contexts. They liked the check your knowledge section at the end of each module. They felt that the inclusion of videos with subject matter experts was an important feature of this program and provided the learners with real-life examples of

CNI and learner interactions while making the course richer with multiple perspectives. These design features are well supported by the existing literature. In the study by Hampton et al. (2017), undergraduate nursing students identified narrated PowerPoint presentations and case studies as the most engaging and most effective methods for learning. Picciano (2017) suggested the use of multiple technologies and media in online programs, as visualization greatly enhances learning. Picciano (2017) also recommended inclusion of reflection as a powerful pedagogical strategy and inclusion of tests and quizzes as one of the ways to implement evaluation of learning in an online program. Yan et al. (2022) advocated including formative assessments such as the 'check your knowledge' section in the online ACNEPP, as formative assessment can support student learning through instructional feedback and by evaluating their proficiency level.

Online ACNEPP Content Materials and Resources. Participants also described various content materials and resources shared in the online ACNEPP and how they were able to apply the knowledge learned in the ACNEPP to their clinical teaching practice. They felt the content and materials were well chosen, provided theoretical foundations for teaching, and helped prepare them to apply this learning to the specific context of their clinical teaching roles. The three sub-themes related to the content and materials of the program are addressed next.

Good Quality Clinical Teaching Resources. Participants explained that the online ACNEPP provided them with a selection of good quality printable clinical teaching tools they would frequently use with their students. Examples of such tools included a list of organization strategies, templates for organization plans for learners and CNIs, and patient assessment tools. Participants felt that these tools helped them become

better organized and more efficient with their preparation for clinical teaching. Stevens and Duffy (2017) also supported the use of checklists and templates as time management and tracking tools for both CNIs and learners.

Participants also appreciated the quality of readings and resources linked within the program. They shared that two to three suggested readings per module were just the right number and appreciated that the time required to read was noted with each reading material; they also liked the way the learner was directed to complete the readings and then returned to the program to find a summary of the key points from those readings. In addition, ACNEPP provided the learners with templates and ideas for some interactive learning activities such as the “what if” game to discuss some safety scenarios, the “scavenger hunt” to help orientate the students to the unit, and “one-minute nursing care plans” to help students plan care for an identified problem with their patient. Participants shared examples of utilizing these learning activities in their clinical teaching practice.

Setting the Right Context for Clinical Teaching. Participants also shared examples of what they learned about preparing the proper context for clinical teaching, to enhance the effectiveness of clinical teaching and learning. Online ACNEPP emphasized the preparation and planning CNIs needed to undertake before their teaching day with the students. For example, they learned how to plan a schedule of learning activities for the students. Stevens and Duffy (2017) also endorsed that “Excellent preparation provides a foundation for flexibility” (p. 172), allowing flexibility to accommodate and adjust the schedule in response to last-minute changes in the patient’s conditions, needs, and numbers.

Participants also learned that both the CNIs and the students need to be familiar with the physical layout, equipment, policies, processes, and personnel of the clinical unit, as this contributes to the ease and effectiveness of clinical teaching and learning. As a result of learning this content and in the context of lack of orientation to the clinical unit as part of their onboarding experience with the education institution, participants now allocate time and effort to orientate themselves and their students to the clinical units. They have received positive feedback from the students regarding the impact of these efforts. Participants, after taking the online ACNEPP, shared examples of arranging and attending shadowing experiences on the clinical unit in order to learn about the physical layout, staff, patient population, and processes. They also described providing a more structured orientation experience for the students. Similarly, Stevens and Duffy (2017) recommended shadowing experiences for part-time CNIs to “learn about the unit geography, staff, and patient population” (p. 171).

Good Pedagogical Practices for Clinical Teaching. The online ACNEPP has a significant focus on good pedagogical practices for clinical teaching. Participants shared that they learned about the application of specific teaching and learning practices such as debriefing, providing feedback, and participatory learning to their clinical teaching practice. They described examples of how they enact these pedagogical strategies and concepts in their clinical teaching practice, such as debriefing, strategies for providing feedback, participatory learning, and novice versus expert. ACF participants in the study by Jaroninski et al. (2020) also identified that they benefitted from exposure to multiple teaching strategies, simulation experiences, and group debriefing in the formal education program they attended to prepare for the role of ACF.

One participant explained their use of debriefing, a teaching strategy they learned in the online ACNEPP, with learners at the end of the clinical day and after any significant learning experiences throughout the day. They use this strategy to help learners reflect on their learning and share it with others. Picciano (2017) emphasized the importance of reflection as an essential pedagogical strategy and that “pedagogical activities that require students to reflect on what they learn and to share their reflections with their teachers and fellow students extend and enrich reflection” (p. 180). Sharing reflections on one’s own experiences in clinical practice provides an opportunity for collaborative learning among students and allows for input from the clinical instructor (Gonzalez et al., 2021). CNIs often integrate intentional time outs in their clinical teaching day, during which they take the students away from the bedside and engage them in learning activities like debriefing to support the development of critical thinking (Gonzalez & Nielsen; 2023).

The best practices of providing feedback, as learned in the ACNEPP and practiced by the participants, included increasing frequency of feedback, highlighting the positive aspects of students’ practice followed by indicating areas that need improvement, and inviting students to reflect on their own practice. Feedback on performance is an integral part of students’ learning process, and “effective feedback helps to reinforce good practice, motivating the learner towards the desired outcome” (Burgess et al., 2020, p. 1). Burgess et al. (2020) assert that inviting students to reflect on their own learning helps students take ownership of their learning, and that feedback from the teacher should include both positive feedback and areas requiring improvement.

As a result of learning in the online ACNEPP, one participant shared how they now ask more open-ended questions to facilitate critical thinking rather than always providing answers, sharing information, and demonstrating psychomotor nursing skills. They felt they had learned to strike a good balance between asking questions and sharing information and that their students appreciate this approach. Rowles (2012) supported questioning and Socratic questioning as a strategy to facilitate the development of critical thinking in students.

Participants noted they benefitted from the emphasis on the concept of novice versus expert (Benner 1982, 1984) in the online ACNEPP. The program emphasized that CNIs transition from the role of clinical experts to novice CNIs and, hence, need to seek and utilize appropriate supports such as onboarding and mentorship. Participants learned about the value of mentorship to support novice CNIs in their new role, strategies to find a good mentor, and the responsibilities of the mentor and the mentee. The importance of good mentors to support nursing faculty is well acknowledged in the literature. The NLN (2006) position statement strongly encouraged the use of mentors to establish healthy work environments in order to recruit and retain qualified nurse educators. Spencer (2013) and Stevens and Duffy (2017) also emphasized that new faculty need to be encouraged to seek a mentor, and that peer mentoring can help support the transition from the bedside to the classroom.

ACNEPP also emphasized the concept of novice versus expert (Benner 1982, 1984) in the context of CNIs relationship with their students. CNIs learned to recognize themselves as clinical experts and their students as novices in the field of nursing, hence adapting their teaching strategies and expectations of students' performance accordingly.

Participants shared examples of implementing this learning and stated that recognizing their students as novices enabled them to be more patient and allowed students more time to learn the skills at hand.

Discussion of Findings in Relation to the Theoretical Framework

Benner's (1984) novice-to-expert theory, a framework for professional development of nurses, described the journey of a clinical nurse from a novice to an expert as a continuum of five stages of "novice, advanced beginner, competent, proficient, and expert" (p.188). Novice-to-expert theory served as the theoretical framework for this study and this section includes comparison of the findings of this study to the theoretical framework.

Benner (1984) described novice clinicians as having extensive theoretical knowledge from their program of study but lacking the capacity to apply that knowledge to a clinical situation. Participants in this research study, despite having a good knowledge base of clinical practice of nursing, described themselves as feeling uncertain about how to enact their role as CNI and did not feel confident in their ability to solve problems and provide answers in many situations with the learners. They presented their role transition from clinical experts to novice CNIs as being riddled with many challenges. This finding aligns with the previous literature regarding expert clinicians transitioning to novice CNIs (Cooley & De Gane, 2016; Grassley et al., 2020; Poindexter, 2013; Schoening, 2013; Spencer, 2013; Weidman, 2013) and underscores the need for support of RNs transitioning to the role of novice academic CNIs.

Benner's theory also provided a framework for supporting professional development and skill acquisition through formal education, experiential learning, and

mentorship (Titzer et al., 2014). The study participants clearly voiced their need for support in the form of structured onboarding and appreciated the educational preparation they gained via taking the online ACNEPP to support them in their role as novice CNIs. They noted that their onboarding experiences with the academic institutions were devoid of any formal or informal mentorship mechanisms. They also appreciated the insights they gained about the mentoring relationship and the methods to seek a suitable mentor, which were included in the online ACNEPP's content.

Benner (1984) also theorized that novices should be taught in terms of objective attributes. Findings from this study align with this aspect of Benner's theory in that the novice CNIs valued the ACNEPP content that provided them with clear direction on how to enact their role as part-time CNIs. Participants added that thanks to their introduction to the novice-to-expert theory (Benner, 1984), they were able to recognize the learners as novices who would require clear and concrete instructions; teaching content presented in an easy-to-understand format. This finding highlights that as a good theoretical framework to support the professional development of CNIs, the novice-to-expert theory is important to include in the pedagogical preparation of the RNs for the role of part-time CNIs. A comparison of findings from this study with Benner's novice-to-expert theory clearly illustrates that expert clinicians transition into novice CNIs when they assume the teaching role. This comparison also underscores the need to provide ongoing support to the part-time CNIs in the form of structured orientation/onboarding, educational preparation for clinical teaching, and mentorship.

Discussion of Findings in Relation to the Conceptual Framework

Constructivism implies that learners actively participate in creation, interpretation and recognition of knowledge (Salimi et al., 2023). As my paradigmatic lens for the design of this descriptive qualitative case study research, constructivism allowed me to acknowledge and enact my active role in interpreting the descriptions of participants' experiences with their role transition and with their learning in the online ACNEPP. Piaget's (1952) theory of cognitive constructivism emphasizes that individuals construct knowledge based on individual interpretation of their experiences, by reflecting and actively building understanding in their mind (as cited in Kanselaar, 2002). Each participant was interviewed acknowledging that, despite being presented with the same curriculum and design of the ACNEPP, each learner will construct meaning of their learning based on their previous knowledge, beliefs and experiences. Vygotsky's (1978) vision of social constructivism views learning and development as a social and collaborative phenomenon, where knowledge is constructed through social interactions and is influenced by the cultural context. In line with the lens of social constructivism, I engaged with the participants via semi-structured interviews to elicit their experiences as learners in the online ACNEPP and as teachers in the clinical setting, co-creating the new knowledge collaboratively in my interactions with the participants.

In addition to being woven into the design of this study as my paradigm and the online ACNEPP design being reflective of constructivism, the constructivist theory of learning is also evident in the study findings. From the lens of cognitive constructivism, participants described what content was meaningful to each of them and shared examples of how they applied the learnings to their teaching practice. Participants shared examples of implementing constructivist strategies in their own practice of clinical teaching, such

as engaging the learners in participatory learning by asking questions to stimulate critical thinking and integrating opportunities for debriefing into their clinical teaching day to foster learning by self-reflection. Social constructivism was evident in the findings as participants expressed the need for interaction with the more experienced faculty and for support through formal and informal mentorship opportunities. Acknowledgment of social constructivism was also reflected in how participants practiced setting the right context for their clinical teaching, acknowledging the significance of social interactions and contextual factors in facilitating learning for their nursing students. Consequently, carrying out this case study research from the lens of constructivism as my paradigm, extended my understanding of the concepts of cognitive and social constructivism as being complementary to each other not only in the design of my study but also in my findings.

Summary

The discussion of findings in relation to the existing literature and to the theoretical framework of this study highlights that, as described in the existing literature, the role transition from clinical experts to novice CNIs remains challenging. It clearly emphasizes the need to support RNs in this role transition by providing structured onboarding and educational support. Findings also emphasize that onboarding experiences and educational preparation programs need to be designed to maximize accessibility for the part-time CNIs by including flexible program design and content directly applicable to the practice of clinical teaching. Recommendations based on the analysis and interpretation of findings are included in the following chapter.

Chapter 6. Conclusions and Recommendations

This chapter provides an overview of the significance and implications of findings from this research study, while also acknowledging the limitations of the study. It includes recommendations on how educational institutions can support the part-time CNIs in their role transition from clinical experts to novice teachers are included, along with recommendations for future research. The chapter concludes with final thoughts and reflections about this dissertation research project.

Implications and Significance of Research Findings for Nursing

Understanding the experience of part-time CNI's role transition from clinical nursing experts to novice CNIs highlighted both the numerous challenges that continue to negatively impact this transition, as well as some factors that positively influenced their role transition. Participants' accounts of their experiences described the lack of support in the form of structured orientation and educational preparation to prepare them for the role of part-time CNIs. These findings, that are in line with the previous literature findings (Hewitt & Lawallen, 2010; Laari et al., 2021; Reid et al., 2013; Stevens & Duffy, 2017; Suplee et al., 2021) from the last two decades, emphasize that while nursing education community has had the knowledge of the need to support part-time CNIs with their role transition from clinical nurses to novice CNIs, the need for further action and improvement for this role preparation persists and requires concrete actions to address it.

Participants' descriptions of the content and design features of the online ACNEPP that enhanced their learning and program accessibility and positively influenced their role transition and clinical teaching practice may inform the design and content improvements for the online ACNEPP and other similar onboarding and

professional development programs for RNs and CNIs. These improvements in the content and design features of professional development and orientation programs could better support RNs' role transition to part-time CNIs.

All six participants unanimously expressed their appreciation for the asynchronous online design of the ACNEPP, valuing the flexibility it provided to manage their personal responsibilities and professional commitments related to their primary clinical nurse roles. One of the participants was unable to attend the in-person onboarding session offered by the educational institution due to scheduling conflicts with their clinical nurse role and began their teaching role without attending the onboarding experience. These findings highlight that accessibility and flexibility need to be the mainstay of education program design for the RNs transitioning to the role of part-time academic CNIs. Design features for in-person attendance, online synchronous interaction with the instructor, as well as both synchronous and asynchronous interaction with the other learners should be included as options for those who wish to use them to support and enhance their learning experience. Hampton et al. (2017) supported the inclusion of various teaching methodologies in online learning to include opportunities for synchronous as well as asynchronous activities and interactive and passive methodologies. Hrastinski (2008) also supported the use of synchronous and asynchronous e-learning technologies as complementary to each other while remembering that many adult learners choose to take online programs for the flexibility they afford, and asynchronous e-learning supports better flexibility and accessibility.

Findings from this study also highlighted the significance of providing formal and informal mentorship opportunities for the novice CNIs. Participants expressed the need

and desire for mentorship from experienced faculty members who are familiar with the clinical setting. Additionally, participants reported that they benefited from informal support provided by their peers teaching as part-time CNIs for the same education institution. These findings provide direction for the inclusion of formal and informal mentorship programs as support to the part-time CNIs.

The overall findings from this study emphasize the need for educational institutions to enhance support for RNs transitioning to the role of part-time academic CNIs; they provide direction for designing and implementing these supports to address the unique needs of this population of professionals. These findings have the potential to improve the preparation of the RNs for the role of part-time CNIs in undergraduate nursing programs in North America and may contribute to higher quality of clinical teaching, better job satisfaction, and improved retention for the part-time CNIs. Improved role satisfaction and retention of the part-time CNIs has the potential to ultimately contribute to increased capacity for the education institutions in North America to graduate higher number and higher quality of graduate nurses, contributing to an overall increased number of nurses in the healthcare system.

Implications and Significance of Findings for Distance Education

Beyond nursing education, these findings also provide direction for other fields of education where practitioners may be expected to assume teaching roles without any formal educational preparation. Similar needs may exist for educational institutions to support practitioners in transitioning into teaching roles in other areas of education.

Findings from this case study research underscore the need for distance education programs to be tailored to the needs and preferences of the learner population. Anderson

(2008) emphasized the importance of adapting educational content, design, and duration to the specific needs and characteristics of the learner population. Learner-centered design also improves learners engagement and retention in distance education (Mayer, 2005). The need to prioritize personalized learning by allowing learners to engage with content at their own pace is also supported by Bates (2015).

These findings also highlight the importance of tailoring learner-to-learner interaction in distance education programs as some learners preferred no interaction, while others preferred to interact with peers of their choice on their own terms. While interaction is a key factor in effective learning (Garrison & Anderson, 2003), emphasis on interaction should be tailored to the purpose of the course and learners' social context. This implies that course designers should use both synchronous and asynchronous communication tools in a flexible manner to align with the learning goals and individual learner preferences. This design feature also aligns with the idea of promoting learner autonomy in distance education (Moore, 2013). While educational theory is important, course design must remain flexible to address the unique demands of the learner population and their social contexts (Bates, 2015).

Limitations of the Study

This case study findings only reflect the experiences of this study participants, who all completed the online ACNEPP and are employed as CNIs in the USA. These findings may not be generalizable to all CNIs working in different educational and nursing practice settings within and beyond North America. Similarly, the study findings only represent experiences and perspectives of part-time CNIs supervising clinical

learning of undergraduate nursing students and exclude the faculty teaching a combination of theory courses in the classroom and clinical teaching.

The original intent of this study was to describe the experiences of novice CNIs who would take the online ACNEPP as part of their preparation for the role of part-time CNIs while transitioning from the role of RNs to CNIs. However, it was difficult to recruit participants who would complete the online ACNEPP before beginning their first teaching assignment in the role of the part-time CNI. As a result, only one participant in this study had completed the online ACNEPP before beginning their first clinical teaching role, while the other five participants had between 2-8 years of teaching experience at the time of completing the online ACNEPP. Consequently, there had been a time lapse since the five participants transitioned to their CNI role and their descriptions of their experiences were based on their memory of events and feelings.

Policy and Action Recommendations for Education Institutions

Educational institutions must support part-time CNIs with adequate onboarding, orientation and ongoing professional development programs. As novices in the field of clinical teaching, part-time CNIs require educational support and experience to become experts. This section includes recommendations for educational institutions on how to enhance support for RNs transitioning to the role of part-time CNIs. It includes recommendations related to the policy considerations as well as considerations for the design and content of onboarding, orientation, educational preparation and mentorship programs for part-time CNIs.

Educational institutions should prioritize the development and implementation of structured orientation and formal educational preparation programs tailored to part-time

CNIs. Based on the findings of this study and previous literature, such programs should include content with a clear focus on teaching and learning strategies in a clinical setting, clear expectations for the role of CNIs, planning and preparation for a clinical teaching day, process for choosing patient assignments, providing feedback to the learners, and relevant policies and procedures (Beiranvand et al., 2022; Dunker, 2014; Sousa & Resha, 2019; Wendler et al., 2021; Weston, 2018) . In addition, educational institutions need to incorporate time allotment and compensation for orientation to clinical units and agencies where the CNIs are assigned to teach. Additionally, orientation and educational programs should be standardized and mandatory for part-time CNIs to complete.

Flexibility in educational program design is critical to maximizing accessibility of these programs for part-time CNIs who are balancing clinical and academic roles. Based on the findings from this study, my professional experience, as well as previous literature, part-time CNIs usually take on the part-time CNI role in addition to their full-time or part-time clinical nurse roles and face barriers in attending in-person or synchronous online learning programs. While there is no consensus in the literature offering a fixed recipe for the design and content of professional development programs for part-time CNIs, findings from this study suggest that self-paced asynchronous design of online programs can help maximize accessibility for RNs. Synchronous interactions with the program instructor and with other learners can be included as optional features, so as to not influence the program accessibility negatively. Online professional development programs for RNs should incorporate a variety of teaching strategies like case studies, video lessons with subject matter experts, short quizzes for formative assessment and prompts for self-reflection.

According to the findings, it is important for education institutions to offer educational support not only to newly hired CNIs but also to those with previous clinical teaching experience who may not have received such support previously. Five of the study participants who had previous clinical teaching experience at the time of taking the online ACNEPP described it as helpful to their clinical teaching practice and shared several examples of applying the learned content to their clinical teaching practice. Participants with master's degrees also found the online ACNEPP effective and valuable. Educational institutions should aim to offer educational opportunities and structured orientation to all CNIs regardless of their formal educational qualifications and previous experience.

The importance of ongoing support in the form of access to educational resources and mentorship for part-time CNIs was also emphasized. CNIs cannot be expected to become experts after the initial onboarding and orientation, they need ongoing professional development and support in the form of educational resources and mentorship. This was also evident in the finding that experienced CNIs who may have considered themselves as experts in teaching due to the length of their experience in clinical teaching also appreciated the opportunity to learn from taking the online ACNEPP. Educational institutions should formalize mentorship structures for novice CNIs, both from experienced faculty members and peer mentors. Educational institutions should also establish clear expectations for mentor roles and ensure that mentors are trained to provide adequate support. Educational resources can be made available in the form of a web-based e-lounge or via LMS.

The design and content of professional development programs should be continuously evaluated and adapted to meet the unique needs of part-time CNIs. Educational institutions should evaluate and revise current onboarding and professional development programs to ensure they address the challenges unique to part-time CNIs. They should also integrate feedback from current and past CNIs to improve program accessibility, content relevance, and instructional design.

Recommendations for Future Research

This research was conducted using a single descriptive case study design. The findings captured experiences of a small group of part-time CNIs in the USA who were transitioning into their roles and participating in a specific online professional development program. Given the research methodology and a small sample size, the findings are not generalizable to other part-time CNIs within North America and beyond. While these findings provide a valuable starting point, it would be beneficial to conduct similar case studies in other geographical areas in North America and beyond to gain a wider understanding of the experience of part-time CNIs with the role transition from RNs to CNIs and with their learning experiences in other professional development programs to support this transition.

Participants in this study unanimously reported a preference for the asynchronous design of the online ACNEPP. Further research is needed to understand part-time CNIs' preferences for different modes of professional development programs to support their role transition. For example, a quantitative study could ask part-time CNIs about their likelihood of participating in online synchronous, online asynchronous, hybrid, or in-person professional development programs. This could provide valuable insights for

designing professional development programs tailored to this unique group of professionals.

Comparative research studies could further illuminate experiences of the role transition between part-time CNIs who received structured orientation and educational support, and those who did not. This could help highlight the benefits of educational supports for novice part-time CNIs. This study focused on the experiences of part-time CNIs who were only teaching clinical courses in undergraduate nursing programs. Replicating this study with full-time nursing faculty who teach both theory and clinical courses in undergraduate nursing programs could help understand their experiences and potentially extend our understanding of useful resources like online ACNEPP and mentorship for full-time nurse educators. Lastly, exploring best practices for designing formal and informal mentorship programs to support RNs for the role transition into part-time CNIs could improve the design and use of mentorship programs for this group.

Final Thoughts and Conclusions

The purpose of this descriptive case study research was to explore the RNs experience with role transition from clinical experts to novice CNIs and their learning journey within an online professional development program. The study's findings contribute to the existing body of literature by underscoring the challenging nature of the role transition from clinical experts to novice CNIs. They also highlight the necessity for educational institutions to support RNs during this transition by offering structured orientation, onboarding, mentoring, and professional development programs. The study further emphasizes that, beyond initial support during the hiring and orientation process

for the CNIs, educational institutions should provide ongoing support in the form of mentorship and access to professional development resources.

Participants in this study shared their experience with the content and design features of the online ACNEPP and examples of positive influences of the online ACNEPP on their teaching practices. The ACNEPP is a fully online asynchronous program that does not require learners or the instructor to be online at any scheduled times and can be completed by the learners in two to three weeks. All participants expressed appreciation for the asynchronous online design feature, citing the flexibility it afforded to learn at their own time and pace which greatly enhanced the accessibility of the program. They also appreciated the relatively short length of the online ACNEPP. These findings underscore the importance of considering the accessibility of onboarding and professional development programs for RNs transitioning to the role of part-time CNIs. The study lays a clear foundation for considering short self-paced online asynchronous professional development programs to support RNs preparing for the role of academic part-time CNIs.

In conclusion, educational institutions should prioritize the flexibility of training programs, integrate mentorship opportunities, and create structured, supportive environments that address the specific needs of part-time CNIs. Such measures can enhance the transition experience for RNs moving into part-time teaching roles, improve teaching quality, and contribute to higher retention and job satisfaction among academic CNIs. These policy changes and actions are key to improving nursing education in North America and ensuring that part-time CNIs are well-prepared for their clinical teaching roles.

References

- Alanazi, F. J. (2022). The experience of novice nurse faculty in Saudi Arabia. *International Journal of Nursing Education Scholarship*, 19(1).
<https://doi.org/10.1515/ijnes-2021-0138>
- Altmann, T. (2007). An evaluation of the seminal work of Patricia Benner: Theory or philosophy? *Contemporary Nurse*, 25(1-2), 114-123.
- American Association of Colleges of Nursing. (2022). *Nursing faculty shortage*. Retrieved January 1, 2023, from <https://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Faculty-Shortage>
- Anderson, T. (2008). *The theory and practice of online learning*. Athabasca University Press.
- Angen, M. J. (2000). Evaluating interpretive inquiry: Reviewing the validity debate and opening the dialogue. *Qualitative Health Research*, 10(3), 378-395.
- Attack, L. (2003). Becoming a web-based learner: Registered nurses' experiences. *Journal of Advanced Nursing*, 44, 289–297. <https://doi.org/10.1046/j.1365-2648.2003.02804.x>
- Attack, L., & Rankin, J. (2002). A descriptive study of registered nurses' experiences with Web-based learning. *Journal of Advanced Nursing*, 40, 457–465.
<https://doi.org/10.1046/j.1365-2648.2002.02394.x>
- Authement, R. S., & Dormire, S. L. (2020). Introduction to the online nursing education best practices guide. *SAGE Open Nursing*, 6, 2377960820937290.
<https://journals.sagepub.com/doi/10.1177/2377960820937290>

- Baker, S. L. (2010). Nurse educator orientation: Professional development that promotes retention. *Journal of Continuing Education in Nursing, 41*, 413-417. doi: 10.3928/00220124-20100503-02.
- Barisone, M., Bagnasco, A., Aleo, G., Catania, G., Bona, M., Scaglia, S. G., Zanini, M., Timmins, F., & Sasso, L. (2019). The effectiveness of web-based learning in supporting the development of nursing students' practical skills during clinical placements: A qualitative study. *Nurse Education in Practice, 37*, 56–61. <https://doi.org/10.1016/j.nepr.2019.02.009>
- Bates, T. (2015). *Teaching in a digital age: Guidelines for designing teaching and learning for a digital age*. Tony Bates Associates.
- Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report, 13*(4), 544–560.
- Beiranvand, S., Mohammad Khan Kermanshahi, S., Memarian, R., & Almasian, M. (2022). From clinical expert nurse to part-time clinical nursing instructor: Design and evaluation of a competency-based curriculum with structured mentoring: a mixed methods study. *BMC Nursing, 21*(1), 1–10. <https://doi.org/10.1186/s12912-021-00797-8>
- Benner, P. (1982). From novice to expert. *American Journal of Nursing, 82*(3), 402-407. Retrieved from <https://www.jstor.org/stable/3462928>
- Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Addison-Wesley.
- Benner, P. (2001). *From novice to expert excellence and power in clinical nursing practice* (Rev. ed). Prentice Hall Health.

- Benner, P. (2005). Using the Dreyfus Model of Skill Acquisition to describe and interpret skill acquisition and clinical judgment in nursing practice and education. *Bulletin of Science, Technology & Society*, 24(3), 188-199. <http://doi.org/ddxhq9>
- Benner, P. (2015). Curricular and pedagogical implications for the Carnegie study, educating nurses: A call for radical transformation. *Asian Nursing Research*, 9, 1-6. <https://doi.org/10.1016/j.anr.2015.02.001>
- Benson, E. P. (2004). Online learning: A means to enhance professional development. *Critical Care Nurse*, 24(1), 60–63. <https://doi.org/10.4037/ccn2004.24.1.60>
- Bergmann, D. R. (2011). *A study of adjunct faculty (Doctoral dissertation)*. Available from ProQuest Dissertations and Theses. (UMI No. 3468611)
- Bittner, N. P., & Bechtel, C. F. (2017). Identifying and describing nurse faculty workload issues: A looming faculty shortage. *Nursing Education Perspectives*, 38(4), 171-176. <https://doi.org/10.1097/01.nep.0000000000000178>
- Boamah, S. A., Callen, M., & Cruz, E. (2021). Nursing faculty shortage in Canada: A scoping review of contributing factors. *Nursing Outlook*, 69(4), 574–588. <https://doi.org/10.1016/j.outlook.2021.01.018>
- Boblin, S. L., Ireland, S., Kirkpatrick, H., & Robertson, K. (2013). Using Stake's qualitative case study approach to explore implementation of evidence-based practice. *Advancing Qualitative Methods*, 23(9), 1267-1275.
- Bolton, K. M. (2015). *Effects of an online education program on self-efficacy and knowledge of the clinical teacher role: A study with nursing clinical instructors* [M.Sc., Queen's University (Canada)]. Retrieved November 2, 2022, from

<https://www.proquest.com/pqdtglobal/docview/1685875714/abstract/B0D4F18FBC1E4099PQ/1>

Braun, V. & Clarke, V. (2024). Thematic analysis. In Denzin, N. K., Lincoln, Y. S., Giardina, M. D., & Cannella, G. S. (Eds), *The sage handbook of qualitative research* (pp. 385-402). Sage Publications Inc.

Brown, T. (2015). *Challenges of a novice nurse educator's transition from practice to classroom* [Ed.D., Walden University]. Retrieved November 18, 2022, from <http://0.www.proquest.com/pqdtglobal/docview/1686105008/abstract/B1422CFBEBB14395PQ/1>

Bureau of Labor Statistics. (2017). *Employment projections 2016-2026*. [News release]. <https://www.bls.gov/ooh/healthcare/registered-nurses.htm>

Burgess, A., van Diggele, C., Roberts, C., & Mellis, C. (2020). Feedback in the clinical setting. *BMC Medical Education*, 20(2), 460. <https://doi.org/10.1186/s12909-020-02280-5>

Canadian Federation of Nurses Unions. (2022). *Canada's nursing shortage at a glance*. Retrieved Jan. 15, 2023 from https://nursesunions.ca/wp-content/uploads/2022/07/nurses_shortage_media_ref_guide_comp.pdf

Canadian Federation of Nurses Unions. (2021). *We're already in the next health care crisis: A platform for change from Canada's nurses*. Retrieved Jan. 15, 2023 from https://nursesunions.ca/wp-content/uploads/2021/08/CFNU_next_EN_FINAL.pdf

Canadian Nurses Association. (2015). *Framework for the practice of registered nurses in Canada*. Retrieved Apr. 16, 2023 from <https://hl-prod-ca-oc-download.s3-ca->

[central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/Framework for the Practice of Registered Nurses in Canada__1_.pdf](https://central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/Framework_for_the_Practice_of_Registered_Nurses_in_Canada__1_.pdf)

Center for American Progress. (2022). *Fact sheet: Easing the American nursing shortage*. Retrieved December 30, 2022, from <https://www.americanprogress.org/article/fact-sheet-easing-the-american-nursing-shortage/>

Chaniz-Rico, D. (2022). *A Qualitative Study on the Onboarding Process of Novice Adjunct Nurse Faculty in Nursing Education* [D.Ed., Capella University]. <https://www.proquest.com/pqdtglobal/docview/2645889218/abstract/21E9D9BB38F74271PQ/3>

Chen, I. J., Yang, K. F., Tang, F. I., Huang, C. H., Yu, S., (2008). Applying the technology acceptance model to explore public health nurses' intentions towards web-based learning: a cross-sectional questionnaire survey. *International Journal of Nursing Studies*, 45, 869–878. <https://doi.org/10.1016/j.ijnurstu.2006.11.011>

Clark, C. I. (2013). A mixed-method study on the socialization process in clinical nursing faculty. *Nursing Education Perspectives*, 34(2), 106–110.

Cohen, L., Lawrence, M., & Morrison, K. (2018). *Research methods in education* (8th ed.). Routledge.

Cooley, S. S., & De Gagne, J. C. (2016). Transformative experience: Developing competence in novice nursing faculty. *Journal of Nursing Education*, 55(2), 96-100. <http://doi.org/f8q5fm>

- Creswell, J. W. (2013). *Qualitative inquiry and research design – Choosing among five approaches* (3rd ed.). Sage.
- Creswell, J. W. (2007). *Qualitative inquiry and research design – Choosing among five approaches* (2nd ed.). Sage.
- Crosslin, M., Benham, B., Dellinger, J., Patterson, A., Semingson, P, Spann, C., Usman, B., & Watkins, H. (n.d.). *Creating online learning experiences: A brief guide to online courses, from small and private to massive and open*. Mavs Open Press.
- Danna, D., Schaubhut, R. M., Jones, J. R. (2010). From practice to education: Perspectives from three nurse leaders. *Journal of Continuing Education in Nursing, 41*, 83-87.
- Davidson, K. M., & Rourke, L. (2012). Surveying the orientation learning needs of clinical nursing instructors. *International Journal of Nursing Education Scholarship, 9*(1). <https://doi.org/10.1515/1548-923X.2314>
- DeCarlo, M. (2018). Paradigms, theories, and how they shape a researcher's approach. *Scientific Inquiry in Social Work*. Open Social Work Education. <https://scientificinquiryinsocialwork.pressbooks.com/chapter/6-2-paradigms-theories-and-how-they-shape-a-researchers-approach/>
- Denzin, N. K., & Lincoln, Y. S. (Eds) (2018). *The sage handbook of qualitative research* (5th ed.). Sage Publications Inc.
- Deterding, N. M. & Waters, M. C. (2021). Flexible Coding of In-depth Interviews: A Twenty-first-century Approach. *Sociological Methods & Research, 50* (2), 708 - 739. <https://doi.org/10.1177/0049124118799377>

- Dreyfus, S. E. (2004). The five-stage model of adult skill acquisition. *Bulletin of Science, Technology & Society*, 24(3), 177-181. <http://doi.org/dz6j6m>
- Dunker, K. S. (2014). Development and preliminary testing of an on-line continuing education program for adjunct clinical nursing faculty. *International Journal of Nursing*, 1(2). <https://doi.org/10.15640/ijn.v1n2a2>
- Dunker, K. S., & Manning, K. (2018). Enhancing quality and safety in clinical teaching: Statewide live continuing education program for adjunct clinical nursing faculty. *Journal of Nursing Education and Practice*, 8(7). <https://doi.org/10.5430/jnep.v8n7p78>
- Easton, K. L., McComish, J. F., & Greenberg, R. (2000). Avoiding common pitfalls in qualitative data collection and transcription. *Qualitative Health Research*, 10(5), 703-707.
- Evans, J. D. (2013). Factors actors influencing recruitment and retention of nurse educators reported by current nurse faculty. *Journal of Professional Nursing*, 29(1), 11-20. <https://doi.org/10.1016/j.profnurs.2012.04.012>
- Farmer, S., Ard, N., Beasley, S. F., & Nunn-Ellison, K. (2022). ACEN accreditation perspectives: Distance education. *Teaching and Learning in Nursing*, 17(4), 341–343. <https://doi.org/10.1016/j.teln.2022.05.013>
- Forbes, M. O., Hickey, M. T., & White, J. (2010). Adjunct faculty development: Reported needs and innovative solutions. *Journal of Professional Nursing*, 26(2), 116–124. <https://doi.org/10.1016/j.profnurs.2009.08.001>

- Fura, L. A., & Symanski, M. E. (2014). An online approach to orientating clinical nursing faculty in Baccalaureate nursing education. *Nursing Education Perspectives*, 36(5), 324-326.
- Gagnon, Y. (2010). *The case study as research method – A practical handbook*. Quebec University Press.
- Garrison, D. R. & Anderson, T. (2003). *E-learning in the 21st century: A framework for research and practice*. Routledge.
- Garrison, D. R., Anderson, T., & Archer, W. (2000). Critical inquiry in a text-based environment: Computer conferencing in higher education model. *The Internet and Higher Education*, 2(2–3), 87–105.
- Gazza, E. A. (2019). Alleviating the nurse faculty shortage: Designating and preparing the academic nurse educator as an advanced practice registered nurse. *Nursing Forum*, 54(2), 144–148. <https://doi.org/10.1111/nuf.12307>
- Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report*, 8(4), 597–606. <https://doi.org/10.46743/2160-3715/2003.1870>
- Grassley, J. S., Strohfus, P. K., & Lambe, A. C. (2020). No longer expert: A meta-synthesis describing the transition from clinician to academic. *Journal of Nursing Education*, 59(7), 366-374. Doi:10.3928/01484834-20200617-03
- Green, H. E. (2014). Use of theoretical and conceptual frameworks in qualitative research. *Nurse Researcher*, 21(6), 1-7. <https://doi:10.7748/nr.21.6.34.e1252>
- Glynn, D. M., McVey, C., Wendt, J., & Russell, B. (2017). Dedicated educational nursing unit: Clinical instructors role perceptions and learning needs. *Journal of*

Professional Nursing, 33(2), 108–112.

<https://doi.org/10.1016/j.profnurs.2016.08.005>

Gonzalez, L., Cano, S. & Frost, L. (2021). Preparing the next generation nurse: Student experiences with a clinical reasoning clinical education curriculum. *The Maryland Nurse*. <https://www.healthcareers.com/nurse-resources/nurse-credentialing-education/student-experiences-with-a-clinical-reasoning>

Gonzalez, L. & Nielsen, A. (2023). An integrative review of teaching strategies to support clinical judgment development in clinical education for nurses. *Nurse Education Today*, 133, 1-17. <https://doi.org/10.1016/j.nedt.2023.106047>

Gunder, A., Vignare, K., Adams, S., McGuire, A. & Rafferty, J. (2021). Optimizing high-quality digital learning experiences: A playbook for faculty. *Every Learner Everywhere*. Retrieved Jan. 3, 2023 from <https://www.everylearnereverywhere.org/resources/faculty-playbook/>

Hampton, D., Pearce, P. F., & Moser, D. K. (2017). Preferred Methods of Learning for Nursing Students in an On-Line Degree Program. *Journal of Professional Nursing*, 33(1), 27–37. <https://doi.org/10.1016/j.profnurs.2016.08.004>

Harasim, L. (2012). *Learning theory and online technologies*. Routledge/Taylor & Francis.

Harris, M. (2006). *The integration and development of Van Aswegen's (1998) model of critical thinking, within a nursing programme, to promote critical reflective practice* [unpublished doctoral thesis], Durban University of Technology.

Hennink, M., & Kaiser, B. N. (2022). Sample sizes for saturation in qualitative research:

A systematic review of empirical tests. *Social Science and Medicine*, 292, 1-10.

<https://doi.org/10.1016/j.socscimed.2021.114523>

Hewitt, P. & Lewallen, L. P. (2010). Ready, set, teach! How to transform the clinical nurse expert into the part-time clinical nurse instructor. *Journal of Continuing*

Education in Nursing, 41(9), 403–407. [https://doi.org/10.3928/00220124-](https://doi.org/10.3928/00220124-20100503-10)

[20100503-10](https://doi.org/10.3928/00220124-20100503-10)

Hinderer, E. A., Rowsey, P. J., Gray, T. F., Kneipp, S. M., Giscombe, C. W., Foster, B.

B., Alexander, G. R., & Kowlowitz, V. (2017). Bridging the gender divide:

Facilitating the education path for men in nursing. *The Journal of Nursing*

Education, 56(5), 295-299. <https://doi.org/10.1097/NNE.0000000000000243>

Holmes, A. G. D. (2020). Researcher positionality – A consideration of its influence and place in qualitative research – A new researcher guide. *Shanlax International*

Journal of Education, 8(4), 1-10. <https://doi.org/10.34293/education.v8i4.3232>

Hrastinski, S. (2008). *Asynchronous and Synchronous E-Learning*. EDUCAUSE

Review. Retrieved November 2, 2024, from

<https://er.educause.edu/articles/2008/11/asynchronous-and-synchronous-elearning>

Huang, H. (2002). *Toward constructivism for adult learners in online learning*

environments. <https://doi.org/10.1111/1467-8535.00236>

Hung, C.-T., Wu, S.-E., Chen, Y.-H., Soong, C.-Y., Chiang, C., & Wang, W. (2024). The evaluation of synchronous and asynchronous online learning: Student experience,

learning outcomes, and cognitive load. *BMC Medical Education*, 24(1), 326.

<https://doi.org/10.1186/s12909-024-05311-7>

Imenda, S. (2014). Is there a conceptual difference between theoretical and conceptual frameworks? *Journal of Social Sciences*, 38(2), 185–195.

<https://doi.org/10.1080/09718923.2014.11893249>

International Council of Nurses Policy Brief. (2021). *The global nursing shortage and nurse retention*. Retrieved Jan. 15, 2023 from

https://www.icn.ch/sites/default/files/inline-files/ICN%20Policy%20Brief_Nurse%20Shortage%20and%20Retention_0.pdf

Jarosinski, J. M., Seldomridge, L. A., Reid, T. P. & Hinderer, K. A. (2020). Learning how to teach in nursing: Perspectives of clinicians after a formal academy. *Nurse Educator*, 45(1), 51-55. doi: 10.1097/NNE.0000000000000662.

Jetha, F., Boschma, G., & Clauson, M. (2016). Professional development needs of novice nursing clinical teachers: A rapid evidence assessment. *International Journal of Nursing Education Scholarship*, 13(1), 1–10. <https://doi.org/10.1515/ijnes-2015-0031>

Jewell, A. (2013). Supporting the novice nurse to fly: A literature review. *Nurse Education in Practice*, 13, 323-327. <http://dx.doi.org/10.1016/j.nepr.2013.04.006>

Johnson, K. V. (2016). Improving adjunct nursing instructors' knowledge of student assessment in clinical courses. *Nurse Educator*, 41(2), 108-110.

Johnson, G., & Cooke, A. (2016).

Johnson, N., Seaman, J., & Poulin, R. (2022). Defining different modes of learning: resolving confusion and contention through consensus. *Online Learning*, 26(3).

doi: <http://dx.doi.org/10.24059/olj.v26i3.3565>

Kanselaar, G. (2002). Constructivism and socio-constructivism. Retrieved from

<https://www.kanselaar.net/wetenschap/files/Constructivism-gk.pdf>

Karaman, S. (2011). Nurses' perceptions of online continuing education. *BMC Medical Education*, 11, 86. <https://doi.org/10.1186/1472-6920-11-86>

Kinsey, L. (2020). *New Nursing Clinical Instructors (CI) Transition from Bedside to Academia: A Qualitative Study* [Ph.D., Capella University].

<https://www.proquest.com/docview/2456881756/abstract/DA0811ADBAF94171PQ/1>

Kivunja, C., & Kuyini, A. B. (2017). Understanding and applying research paradigms in educational contexts. *International Journal of Higher Education*, 6(5), 26-41.

<https://doi.org/10.5430/ijhe.v6n5p26>

Koharchik, L. (2017). Supporting adjunct clinical faculty – Strategies to promote learning and enhance feelings of belonging among adjunct instructors. *Teaching for Practice*, 117(9), 58-62.

<https://doi.org/10.1097/01.NAJ.0000524551.58567.c6>

Koohang, A., Riley, L., Smith, T., & Schreurs, J. (2009). E-learning and constructivism: From theory to application. *Interdisciplinary Journal of E-Learning & Learning Objects*, 5, 91–109.

Kumi-Yeboah, A., & James, W. (2012). Transformational teaching experience of a novice teacher: A narrative of an award-winning teacher. *Adult Learning*, 23(4), 170-177. doi: 10.1177/1045159512457354

Kuttner, W. R. (2022). Online Self-Directed Learning Module: A Literature Review.

Journal for Nurses in Professional Development, 38(5), 287–301.

<https://doi.org/10.1097/NND.0000000000000916>

Laari, T. T., Apiribu, F., Gazari, T., Akor, M. H., Mensah, A. B. B., Atanuriba, G. A.,

Kuunibe, J. K., & Amooba, P. A. (2021). Strategies adopted by novice nurse educators to facilitate their transition from practice to academia: A qualitative study in Ghana. *SAGE Open Nursing*, 7, 23779608211035210.

<https://doi.org/10.1177/23779608211035209>

Lloyd, J., & Ferguson, S. L. (2017). Innovative information technology solutions:

Addressing current and emerging nurse shortages and staffing challenges worldwide. *Nursing Economics*, 35(4), 211-212.

Lu, D. F., Lin, Z. C., Li, Y. J., (2009). Effects of a web-based course on nursing skills and knowledge learning. *Journal of Nursing Education*, 48, 70–77.

Mann, C., & De Gagne, J. C. (2017). Experience of novice clinical adjunct faculty: A qualitative study. *The Journal of Continuing Education in Nursing*, 48(4), 167–

174. <https://doi.org/10.3928/00220124-20170321-07>

Martin, F., Wang, C., & Sadaf, A. (2018). Student perception of helpfulness of

facilitation strategies that enhance instructor presence, connectedness, engagement and learning in online courses. *The Internet and Higher Education*,

37, 52-65. <https://doi.org/10.1016/j.iheduc.2018.01.003>

McDermid, F., Peters, K., Jackson, D., & Daly, J. (2012). Factors contributing to the shortage of nurse faculty: A review of the literature. *Nurse Education Today*,

32(5), 565–569. <https://doi.org/10.1016/j.nedt.2012.01.011>

McDonald P. J. (2010). Transitioning from clinical practice to nursing faculty: Lessons learned. *Journal of Nursing Education*, 49(3), 126–131.

<https://doi.org/10.3928/01484834-20091022-02>

McPherson, S. (2019a). Part-time clinical nursing faculty needs: An integrated review. *Journal of Nursing Education*, 58(4), 201–206.

<https://doi.org/10.3928/01484834-20190321-03>

McPherson, S. (2019b). A delphi study to understand clinical nursing faculty preparation and support needs. *Journal of Nursing Education*, 58(10). Retrieved Jan. 2, 2023 from <https://doi.org/10.3928/01484834-20190923-05>

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). John Wiley & Sons.

Merriam, S. B. (1998). *Qualitative research and case study applications in education*. San Francisco, CA: Jossey-Bass.

Miles, M. B., Huberman, A. M., & Saldana, J. (2022). *Qualitative data analysis – A methods sourcebook* (3rd ed.). Sage Publications, Inc.

Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative data analysis – A methods sourcebook* (3rd ed.). Sage Publications, Inc.

Moore, M. G. (2013). *Handbook of distance education*. Routledge.

Myrick, F., Caplan, W., Smitten, J., & Rusk, K. (2011). Preceptor/mentor education: A world of possibilities through e-learning technology. *Nurse Education Today*, 31(3), 263–267. <https://doi.org/10.1016/j.nedt.2010.10.026>

National League for Nursing. (2006) *Mentoring of nurse faculty*. Retrieved Oct 23, 2024

from <https://staging-nln.rd.net/news/newsroomnln-position-documents/archived-position-statements>

National League for Nursing. (2018). *Academic clinical nurse educator*. Retrieved Jan.

19, 2023 from <https://www.nln.org/education/nursing-education-competencies/core-competencies-for-academic-nurse-educators>

Nguyen, T. N., Whitehead, L., Dermody, G., & Saunders, R. (2022). *The use of theory in qualitative research: Challenges, development of a framework and exemplar*.

<https://doi.org/10.1111/jan.15053>

Nurkholida, E. (2018). Developing authentic material of listening on higher education

based on constructive learning of Jean Piaget and Vygotsky theory. *OKARA:*

Journal Bahasa dan Sastra, 12(1), 59-74.

<https://doi.org/10.19105/ojbs.v12i1.1762>

Opreescu, F., McAllister, M., Duncan, D., & Jones, C. (2017). Professional development

needs of nurse educators: An Australian case study. *Nurse Education in Practice*,

27, 165–168. <https://doi.org/10.1016/j.nepr.2017.07.004>

Ousey, K., & Roberts, D. (2013). Improving access to CPD for nurses: The uptake of

online provision. *British Journal of Community Nursing*, 18(2), 78–83.

Owens, R. A. (2017). Part-time nursing faculty perceptions of their learning needs during

their role transition experiences. *Teaching and Learning in Nursing*, 12(1), 12–

16. <https://doi.org/10.1016/j.teln.2016.10.002>

Oyarzun, B., Stefaniak, J., Bol, L., & Morrison, G. R. (2018). Effects of learner-to-

learner interactions on social presence, achievement and satisfaction. *Journal of*

Computing in Higher Education, 30(1), 154–175. <https://doi.org/10.1007/s12528-017-9157-x>

Page-Cuttrara, K., Bradley, P., & Baker, C. (2022). Nurse educator certification:

Overview and evaluation of the Canadian Association of Schools of Nursing program. *Quality Advancement in Nursing Education - Avancées En Formation Infirmière*, 8(4). <https://doi.org/10.17483/2368-6669.1356>

Pappas, C. (2013). *The Adult Learning Theory—Andragogy—Of Malcolm Knowles*.

ELearning Industry. <https://elearningindustry.com/the-adult-learning-theory-andragogy-of-malcolm-knowles>

Penn, B. K., Wilson, L. D., & Rosseter, R. (2008). Transitioning from nursing practice to a teaching role. *Online Journal of Issues in Nursing*, 13(3), 16p–16p.

Picciano, A. G. (2017). Theories and frameworks for online education: Seeking an integrated model. *Online Learning*, 21(3). <https://doi.org/10.24059/olj.v21i3.1225>

Poindexter, K. (2013). Novice nurse educator entry-level competency to teach: A national study. *Journal of Nursing Education*, 52(10), 559-566.

<http://doi.org/f5hvhs>

Ravitch, S. M., & Riggan, M. (2017). *Reason and rigor – How conceptual frameworks guide research* (2nd ed.). Sage Publications, Inc.

Reid, T. P., Hinderer, K. A., Jarosinski, J. M., Mister, B. J., & Seldomridge, L. A.

(2013). Expert clinician to clinical teacher: Developing a faculty academy and mentoring initiative. *Nurse Education in Practice*, 13(4), 288–293.

<https://doi.org/10.1016/j.nepr.2013.03.022>

- Rice, G. (2016). An orientation program for clinical adjunct faculty. *ABNF Journal*, 27(1), 7–10.
- Richards, A. J., & Kieffer, J. (2022). Addressing the associate level nurse faculty shortage: Do job and mentoring satisfaction predict retention? *Teaching and Learning in Nursing*, S1557308722001147.
<https://doi.org/10.1016/j.teln.2022.09.007>
- Roberts, K. K., Chrisman, S. K., & Flowers, C. (2013). The perceived needs of nurse clinicians as they move into an adjunct clinical faculty role. *Journal of Professional Nursing*, 29(5), 295–301.
<https://doi.org/10.1016/j.profnurs.2012.10.012>
- Roman, T. (2018). Novice and expert clinical instructors: A method to enhance teaching capabilities. *Nursing Education Perspectives*, 39(6), 368-370.
- Ross, J. G., & Dunker, K. S. (2019). New clinical nurse faculty orientation: A review of the literature. *Nurse Education Perspectives*, 40(4), 210-215.
- Rowles, C. J. (2013). Strategies to promote critical thinking and active learning. In D. M. Billings & J. A. Halstead. *Teaching in Nursing E-Book: A Guide for Faculty* (pp. 258-284). Elsevier Health Sciences.
- Santisteban, L., & Egues, A. L. (2014). Cultivating Adjunct Faculty: Strategies Beyond Orientation. *Nursing Forum*, 49(3), 152–158. <https://doi.org/10.1111/nuf.12106>
- Salimi, M. et al. (Eds.). (2023). Designing and developing the constructivism-based online learning. *Proceedings of the 7th International Conference on Learning Innovation and Quality Education*, https://doi.org/10.2991/978-2-38476-301-6_66

- Schaar, G. L., Titzer, J. L., & Beckham, R. (2015). Onboarding new adjunct clinical nursing faculty using a quality and safety education for nurses-based orientation model. *Journal of Nursing Education*, 54(2), 111-116.
- Scheffler, R. M., & Arnold, D. R. (2019). Projecting shortages and surpluses of doctors and nurses in the OECD: What looms ahead. *Health Economics Policy and Law*, 14(2), 274-290.
- Schoening, A. M. (2013). From bedside to classroom: The nurse educator transition model. *Nursing Education Perspectives*, 34(3), 167-172.
- Schoening, A. M. (2009). *The journey from bedside to classroom: Making the transition from nurse to nurse educator* [Unpublished doctoral dissertation thesis]. University of Nebraska.
- Shirey, M. R. (2007). Competencies and tips for effective leadership. *Journal of Nursing Administration*, 17(4), 167-170.
- Siemens, G. (2004). Connectivism: A learning theory for the digital age.
<http://www.elearnspace.org/Articles/connectivism.htm>
- Sousa, M. P., & Resha, C. A. (2019). Orientation learning needs of adjunct clinical faculty in the United States. *Nursing Education Perspectives*, 40(4), 222-227.
<https://doi.org/10.1097/01.NEP.0000000000000462>
- Suliman, M., Ta'an, W., Abdalrhim, A., Tawalbeh, L., & Aljezawi, M. (2022). The impact of online synchronous versus asynchronous classes on nursing students' knowledge and ability to make legal and ethical decisions. *Nurse Education Today*, 109, 105245. <https://doi.org/10.1016/j.nedt.2021.105245>

- Spencer, C. (2013). From bedside to classroom: From expert back to novice. *Teaching and Learning in Nursing*, 8(1), 13–16. <https://doi.org/10.1016/j.teln.2012.10.004>
- Stake, R. E. (2005). Qualitative case studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed., pp. 443-466). Sage.
- Stake, R. E. (1995). *The art of case study research*. Sage.
- Stevens, K. E., & Duffy, E. A. (2017). A Toolkit for nursing clinical instructors. *Teaching and Learning in Nursing*, 12(2), 170–172. <https://doi.org/10.1016/j.teln.2016.04.003>
- Suplee, P. D., Gardner, M., & Jerome-D’Emilia, B. (2021). Nursing faculty preparedness for clinical teaching. *Journal of Nursing Education*, 53(3). <https://doi.org/10.3928/01484834-20140217-03>
- Teherani, A., Martimianakis, T., Stenfors-Hayes, T., Wadhwa, A., & Varpio, L. (2015). Choosing a qualitative research approach. *Journal of Graduate Medical Education*, 7(4), 669–670. <https://doi.org/10.4300/JGME-D-15-00414.1>
- Theofanidis, D., & Fountouki, A. (2018). Limitations and delimitations in the research process. *Perioperative Nursing*, 7(3), 155–162. <https://doi.org/10.5281/zenodo.2552022>
- Thomas, C. M. & Kellgren, M. (2017). Benner’s novice to expert model: An application for simulation facilitators. *Nursing Science Quarterly*, 30(3), 227-234.
- Titzer, J. L., Shirey, M. R., & Hauck, S. (2014). A nurse manager succession planning model with associated empirical outcomes. *The Journal of Nursing Administration*, 44, 37-46. doi: 10.1097

- Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes*. London: Harvard University Press.
- Weidman, N. A. (2013). The lived experience of the transition of the clinical nurse expert to the novice nurse educator. *Teaching and Learning in Nursing*, 8(3), 102–109.
<https://doi.org/10.1016/j.teln.2013.04.006>
- Wendler, M. C., Vortman, R. K., Rafferty, R., & McPherson, S. (2021). What do novice faculty need to transition successfully to the nurse faculty role? An integrative review. *International Journal of Nursing Education Scholarship*, 18(1).
<https://doi.org/10.1515/ijnes-2021-0095>
- Wenner, T. A., Hakim, A. C., & Schoening, A. M. (2020). The work-role transition of part-time clinical faculty: Seeking to validate the Nurse Educator Transition Model. *Nurse Educator*, 45(2), 102-105. doi: 10.1097/NNE.0000000000000704
- Weston, J. (2018). The clinical instructor program: Improving self-efficacy for nurse educators. *Nurse Educator*, 43(3), 158–161.
<https://doi.org/10.1097/NNE.0000000000000452>
- Wilson, D. S. (2017). *Teachers at heart: A case study exploration of the role transition from clinical nurse to community college adjunct clinical nursing instructor* [Unpublished doctoral dissertation thesis]. Morgan State University.
- Woodworth, J. A. (2017). Adjunct nurse faculty demographics and intent to stay teaching: *Nurse Educator*, 42(6), 295–298.
<https://doi.org/10.1097/NNE.0000000000000376>
- World Health Organization. (2020). *State of the world's nursing*. Retrieved Jan. 19, 2023 from <https://www.who.int/publications/i/item/9789240003279>

- Wu, X. V., Chi, Y., Chan, Y. S., Wang, W., Ang, E. N. K., Zhao, S., Sehgal, V., Wee, F. C., Selvam, U. P., & Devi, M. K. (2020). A web-based clinical pedagogy program to enhance registered nurse preceptors' teaching competencies – An innovative process of development and pilot program evaluation. *Nurse Education Today*, 84, 104215. <https://doi.org/10.1016/j.nedt.2019.104215>
- Wu, X. V., Chan, Y. S., Tan, K. H. S., & Wang, W. (2018). A systematic review of online learning programs for nurse preceptors. *Nurse Education Today*, 60, 11–22. <https://doi.org/10.1016/j.nedt.2017.09.010>
- Wyte-Lake, T., Tran, K., & Bowman, C. C., A systematic review of strategies to address the clinical nursing faculty shortage. *Journal of Nursing Education*, 52(5), 245-252. <https://doi.org/10.3928/01484834-20130213-02>
- Yan, H., Lin, F., & Kinshuk. (2022). Removing Learning Barriers in Self-paced Online STEM Education. *Canadian Journal of Learning and Technology*, 48(4), Article 4. <https://doi.org/10.21432/cjlt28264>
- Yin, R. K. (2018). *Case study research and applications: Design and methods* (6th ed.). Sage.
- Yin, R. K. (2002). *Case study research: Design and methods*. Sage.
- Yu, S., Chen, I. J., Yang, K. F., Wang, T. F., & Yen, L. L., (2007). A feasibility study on the adoption of e-learning for public health nurse continuing education in Taiwan. *Nurse Education Today*, 27, 755–761.
- Zeng, H., & Luo, J. (2023). Effectiveness of synchronous and asynchronous online learning: A meta-analysis. *Interactive Learning Environments*, 32, 1–17. <https://doi.org/10.1080/10494820.2023.2197953>

Appendix A - Letter of Collaboration

LETTER OF COLLABORATION

Date: 09/28/2023

Re: Letter of Collaboration for Samarjit Dhillon's EdD Dissertation Study

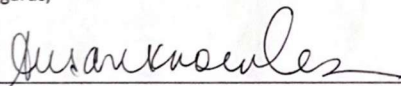
Dear Samarjit Dhillon,

This letter confirms that I, as the sole designer, provider, and owner of the online Academic Clinical Nurse Educator Preparation Program (ACNIPP), allow you access to my program website <https://www.clinicalnursinginstructor.com> to review the learning modules for the purpose of your research study 'Registered nurses experience with an online professional development program and role transition from clinical nursing experts to novice clinical nursing instructors'. I am also happy to assist you with participant recruitment by emailing the request for participation to the past and current participants of the online ACNIPP.

I understand that you will only access the online ACNIPP website during the study's active [Research Ethics Board](#) (REB) approval period. All study-related activities must cease if REB approval expires or is suspended.

If I have any concerns related to this project, I will contact you at sdhillon8@learn.athabascau.ca. For concerns regarding REB policy or human subject welfare, I may contact the Athabasca University Research Ethics Officer by email at rebsec@athabascau.ca or by telephone at (780)213-2033.

Regards,

	9/28/2023
<small>Signature</small>	<small>Date Signed</small>
Dr. Susan Knowles	Designer, provider, and owner of the online ACNIPP
<small>Full Name</small>	<small>Job Title</small>

Appendix B: Participant Demographic Questionnaire

REGISTERED NURSES EXPERIENCE WITH ONLINE PROFESSIONAL DEVELOPMENT
PROGRAM AND ROLE TRANSITION TO CLINICAL NURSING INSTRUCTORS

Date _____

Principal Investigator (Researcher):

Samarjit Kaur Dhillon

Supervisor:

Dr. Aga Palalas

Participant Name _____

Email Address _____

Number of years of experience working as a RN _____

Length of experience working as a CNI before enrolling in the online
ACNIPP _____

When did you enroll in the online ACNEPP by Dr.
Knowles _____

Did you complete all modules of the two courses in the online
ACNEPP _____

If not, approximately how much of the online ACNEPP did you
complete _____

Length of experience working as a CNI since completing the
ACNEPP _____

Thank you.

Samarjit Dhillon

Appendix C: Certification of Ethics Approval



CERTIFICATION OF ETHICAL APPROVAL

The Athabasca University Research Ethics Board (REB) has reviewed and approved the research project noted below. The REB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Athabasca University Policy and Procedures.

Ethics File No.: 25373

Principal Investigator:

Mrs. Samarjit Dhillon, Graduate Student
Faculty of Humanities & Social Sciences\Doctor of Education (EdD) in Distance Education

Supervisor/Project Team:

Dr. Agnieszka Palalas (Supervisor)

Project Title:

Registered Nurses Experience with Online Professional Development Program and Role Transition from Clinical Nursing Experts to Novice Clinical Nursing Instructors

Effective Date: October 11, 2023

Expiry Date: October 10, 2024

Restrictions:

Any modification/amendment to the approved research must be submitted to the AUREB for approval prior to proceeding.

Any adverse event or incidental findings must be reported to the AUREB as soon as possible, for review.

Ethical approval is valid for a period of one year. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

An Ethics Final Report must be submitted when the research is complete (i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable)) or the research is terminated.

Approved by:

Date: October 11, 2023

Katie MacDonald, Chair Faculty of Humanities & Social Sciences, Departmental Ethics Review Committee

Athabasca University Research Ethics Board University Research Services Office 1 University Drive,
Athabasca AB Canada T9S 3A3 E-mail rebsec@athabascau.ca Telephone: 780.213.2033

Appendix D – Participant Information and Invitation Letter

REGISTERED NURSES EXPERIENCE WITH ONLINE PROFESSIONAL DEVELOPMENT PROGRAM AND ROLE TRANSITION TO CLINICAL NURSING INSTRUCTORS

Date: October 18, 2023

Principal Investigator (Researcher):
Samarjit Kaur Dhillon

Supervisor:
Dr. Aga Palalas

My name is **Samarjit Dhillon**, and I am a **doctoral student at Athabasca University, Alberta, Canada**. As a requirement to complete my degree, I am conducting a research project about Registered Nurses (RNs) experience with learning in the online Academic Clinical Nurse Educator Preparation Program (ACNEPP) provided by Dr. Susan Knowles in the USA and with their role transition from clinical experts to novice clinical nursing instructors (CNIs). I am conducting this project under the supervision of Dr. Aga Palalas.

I invite you to participate in this project if your answer to the following questions is 'yes':

- Do you hold a practicing RN license in one or more of the States of the USA?
- Do you have a minimum of 3 years of clinical experience working as a RN?
- Were you enrolled in and have completed a minimum of 50% of the online ACNEPP provided by Dr. Knowles within (approximately) the last two years?
- Do you have experience working as a part-time CNI in an undergraduate nursing program in the USA since completion of at least 50% of the online ACNEPP?

The purpose of this research project is to explore and describe the experience of RNs with an online professional development program and its influence on their role transition from clinical experts to CNIs. Findings from this study can help improve the preparation of clinical nursing instructors by shining light on the content and design features of the online ACNEPP that help support the transition of RNs to CNIs. The findings can help further improve the design and content of the online ACNEPP and other similar professional development programs for RNs. By helping improve role preparation for the CNIs, findings can also help improve quality and quantity of nursing graduates joining the workforce.

Your participation in this project would involve an individual interview with me using an online audio-visual platform. Your participation is entirely voluntary and would take approximately 60-90 minutes of your time. The interview will be scheduled for a time that is convenient to your schedule. A transcript of the interview will be shared with you to provide you with an opportunity to alter/clarify your comments if you wish.

REGISTERED NURSES' EXPERIENCE WITH ONLINE EDUCATION AND ROLE TRANSITION

All information you provide during the study will be handled to ensure your confidentiality. Raw data will be anonymized and stored on my password protected personal device.

By participating in this research study, you will be contributing to the disciplinary knowledge around RNs experiences with online professional development and with the role transition to novice CNIs. I do not anticipate you will face any risks because of participating in this research. I will be providing you with a **50 US dollars amazon gift card** as a token of appreciation of your time and your willingness to share your experience.

Thank you for considering this invitation. If you would like to participate in this research project or would like more information, please contact me by e-mail at sdhillon8@learn.athabascau.ca or my supervisor by email at agapalalas@athabascau.ca.

Thank you.

Samarjit Dhillon

This project has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns about your treatment as a participant, the research, or ethical review processes, please contact the Research Ethics Officer by e-mail at rebsec@athabascau.ca or by telephone at 780.213.2033.

Appendix E – Informed Consent

LETTER OF INFORMATION / INFORMED CONSENT FORM *REGISTERED NURSES EXPERIENCE WITH ONLINE PROFESSIONAL DEVELOPMENT PROGRAM AND ROLE TRANSITION TO CLINICAL NURSING INSTRUCTORS*

Date _____

Principal Investigator (Researcher): Supervisor:

Samarjit Kaur Dhillon

Dr. Aga Palalas

You are invited to take part in a research project entitled 'Registered Nurses Experience with Online Professional Development Program and Role Transition from to Clinical Nursing Instructors'.

This form is part of the process of informed consent. The information presented should give you the basic idea of what this research is about and what your participation will involve, should you choose to participate. It also describes your right to withdraw from the project. In order to decide whether you wish to participate in this research project, you should understand enough about its risks, benefits and what it requires of you to be able to make an informed decision. This is the informed consent process. Take time to read this carefully as it is important that you understand the information given to you. Please contact the principal investigator, Samarjit Dhillon if you have any questions about the project or would like more information before you consent to participate.

It is entirely up to you whether or not you take part in this research. If you choose not to take part, or if you decide to withdraw from the research once it has started, there will be no negative consequences for you now, or in the future.

Introduction

My name is Samarjit Dhillon and I am a doctoral student at Athabasca University, Alberta, Canada. As a requirement to complete my degree, I am conducting a research project about Registered Nurses (RNs) experience with learning in the online Academic Clinical Nurse Educator Preparation Program (ACNEPP) provided by Dr. Susan Knowles in the USA and with their role transition from clinical experts to novice clinical nursing instructors (CNIs). I am conducting this project under the supervision of Dr. Aga Palalas.

Why are you being asked to take part in this research project?

You are being invited to participate in this project because:

- You were enrolled in and have completed the online ACNEPP provided by Dr. Knowles within the last two years to support your transition to the role of a CNI in an undergraduate nursing program in the USA.
- You have experience teaching as a part time clinical nursing instructor in an undergraduate nursing program in the USA.

2

What is the purpose of this research project?

The purpose of this research project is to explore and describe the experience of RNs with an online professional development program and its influence on their role transition from clinical experts to CNIs. Findings from this study can help improve the

preparation of clinical nursing instructors by shining light on the content and design features of the online ACNEPP that help support the transition of RNs to CNIs. The findings can help further improve the design and content of the online ACNEPP and other similar professional development programs for RNs. By helping improve role preparation for the CNIs, findings can also help improve quality and quantity of nursing graduates joining the workforce.

What will you be asked to do?

Your participation in this project would involve an individual interview with me using an online audio-visual platform (MS Teams). Your participation is entirely voluntary and would take approximately 60-90 minutes of your time. The interview will be scheduled for a time that is convenient to your schedule. A transcript of the interview will be shared with you to provide you with an opportunity to alter/clarify your comments if you wish.

What are the risks and benefits?

UPON SUCCESSFUL COMPLETION OF THE INTERVIEW, you will be contributing to the disciplinary knowledge around RNs experiences with online professional development and with the role transition to novice CNIs. I do not anticipate you will face any risks because of participating in this research. I will be providing you with a 50 US dollars amazon gift card as a token of appreciation of your time and your willingness to share your experience.

Do you have to take part in this project?

As stated earlier in this letter, involvement in this project is entirely voluntary. If at any time you become uncomfortable, you may refuse to answer any questions or share information. If you choose not to participate, or if you decide to withdraw from the research once it has started (by notifying me that you no longer wish to participate), there will be no negative consequences at any time. Your data can be removed from the project at your request up to two weeks after the date of the recorded interview, after which point the data will be anonymized and will become part of the study.

How will your privacy and confidentiality be protected?

The ethical duty of confidentiality includes safeguarding participants' identities, personal information, and data from unauthorized access, use or disclosure. I will make every effort to ensure your confidentiality is maintained. You will not be identified in publications. I will be responsible for maintaining confidentiality of any data that I possess. All participants will be given a pseudonym that will be used if there is a need to refer to a specific participant in the written version of the research. All data, both audio-video and written, will be stored safely in a locked cabinet or on my password protected laptop using password protected files. My dissertation supervisors and I will be the only people with access to the data.

How will your anonymity be protected?

Anonymity refers to protecting participants' identifying characteristics, such as name or description of physical appearance. Every reasonable effort will be made to ensure your anonymity; you will not be identified in publications without your explicit permission. 3

How will the data collected be stored?

All data, both audio-video and written, will be stored safely in a locked cabinet or on my password protected laptop using password protected files. My dissertation supervisors and I will be the only people with access to the data.

This study will use the MS Teams to collect data, which is an externally hosted cloud-based service. When information is transmitted over the internet privacy cannot be guaranteed. There is always a risk your responses may be intercepted by a third party (e.g., government agencies, hackers). Further, while the researcher(s) will not collect or use IP address or other information which could link your participation to your computer or electronic devices without informing you, there is a small risk with any platform such as this of data that is collected on external servers falling outside the control of the research team. If you are concerned about this, we would be happy to make alternative arrangements (where possible) for you to participate, perhaps via telephone. Please contact Samarjit Dhillon at sdhillon8@learn.athabascau.ca for further information. Recordings (audio/video) will be saved in a password protected file to my local computer, not the cloud-based service. Please note that it is the expectation that participants agree not to make any unauthorized recordings of the content of a meeting / data collection session.”

Who will receive the results of the research project?

I may present a summary of the findings at conferences and publish the findings in print or online publications. The existence of the research will be listed in an abstract posted online at the Athabasca University Library's Digital Thesis and Project Room and the final research paper will be publicly available. Once the research is completed, participants and members of the public can obtain a copy of the results through the Athabasca University Library's Digital Thesis and Project Room. Data in these publications and in the final research report will only be reported in the aggregate information and any identifiable information regarding the participants will be removed from the direct quotes.

Who can you contact for more information or to indicate your interest in participating in the research project?

Thank you for considering this invitation. If you have any questions or would like more information, please contact me, Samarjit Dhillon, by e-mail sdhillon8@learn.athabascau.ca or my supervisor Dr. Aga Palalas by email agapalalas@athabascau.ca. If you are ready to participate in this project, please complete and sign the attached Consent Form and return it by email to me, Samarjit Dhillon at sdhillon8@learn.athabascau.ca.

Thank you.

Samarjit Dhillon

This project has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns about your treatment as a participant, the research, or ethical review processes, please contact the Research Ethics Officer by e-mail at rebsec@athabascau.ca or by telephone at 780.213.2033. 4

Informed Consent:

Your signature indicates that you have read the information provided above and have decided to participate in this study. You may withdraw at any time after signing this form if you decide you do not wish to participate. The information you have provided up to that time can be retained by the researchers in their reports or you can request that we don't use it and it will be withdrawn. (Withdrawal of information from the study will only be possible for upto 2 weeks from the date of the recorded interview).

REGISTERED NURSES' EXPERIENCE WITH ONLINE EDUCATION AND ROLE TRANSITION

Name: _____ Date: _____

Signature: _____

By initialing the statement(s) below,

_____ would like to receive a copy of the results of this research study by email.

e- mail address:

Please retain a copy of this consent information for your records. Sending this consent form to me via email at sdhillon8@learn.athabascau.ca constitutes your consent and implies your agreement to the above statements.

Appendix F -Participant Interview Guide

The semi-structured interview topics:

- 1- Learning experience in the online Academic Clinical Nurse Educator Preparation Program (ACNEPP) (addresses Q 1.1 & 1.2)
- 2- Role transition from clinical experts to novice Clinical Nursing Instructors (CNIs) (addresses Q 2.1 & 2.2)
- 3- Influence of ACNEPP on the role transition (addresses Q 1.3 & 2.2)

Interview Guide

Topic 1: Learning experience in the online ACNIPP:

- 1- I would love to hear about your experience as a Registered Nurse (RN) and as a CNI. (Ice breaker) (Possible prompts: How long have you worked as a RN and in what type of settings? What got you interested in working as a CNI? How long have you worked as a CNI?)
- 2- Can you please share your experience of learning in the online ACNEPP provided by Dr. Susan Knowles in the USA. (Possible prompts: What got you interested in taking this program? How long did it take for you to complete the program?)
- 3- How would you describe the content you learned in the online ACNEPP? (addresses Q 1.1) (Possible prompts: Was the content relevant to your expectations? Was the content relevant and applicable to your role transition to a CNI? Were you able to understand the content?)
- 4- How would you describe the design features of the online ACNEPP? (addresses Q1.2) (Possible prompts: How was the content presented to you? How was the accessibility of the content? How was your navigation through the online program environment?)
- 5- Please share any additional thoughts or experiences you may have had related to the online ACNEPP. (addresses Q1.1, 1.2, & 1.3) (Possible prompts: How was your interaction with the program provider or with any of your peers in the program? Anything else that stands out in your memory as the best or the worst thing about the online ACNEPP)

Topic 2: Role transition from clinical nursing experts to novice CNIs (addresses Q2.1 & 2.2)

- 1- How would you describe your role transition from being a clinical expert to teaching as a new clinical nursing instructor for a nursing program? (addresses Q2.1) (What feelings do you remember about your role transition?)
- 2- What was helpful to facilitate your role transition? (Q 2.2) (What, if anything, helped support your role transition? What do you wish was there or would happen differently to help support your transition?)
- 3- What made it difficult for you to adapt to the new role of CNI in a nursing program? (Q 2.2) (What, if anything, made your role transition difficult?)

Topic 3: Influence of online ACNEPP on the role transition (Q 1.1, 1.2 & 1.3; 2.1 & 2.2)

- 1- How did taking the online ACNEPP help or hinder your role transition from clinical expert to the novice CNI in the nursing program?
 - 2- What content or design elements were of help in aiding your transition?
 - 3- What recommendations would you have to improve the online ACNEPP for future learners?
-

Appendix G – Code List Phase 4 of RTA

Theme	Sub-theme	Codes and Child Codes
RN to CNI Role Transition	Teaching is different than nursing	<ul style="list-style-type: none"> Teaching is different than nursing
	Expert nurses to novice teachers	<ul style="list-style-type: none"> Expert to Novice
	Lack of familiarity with the clinical unit and students	<ul style="list-style-type: none"> Lack of familiarity with the clinical unit Not knowing students' scope of practice
	Lack of orientation and mentorship	<ul style="list-style-type: none"> Lack of orientation and mentorship
	Lack of educational preparation for teaching	<ul style="list-style-type: none"> Lack of pedagogical knowledge (to deal with unprofessional behavior and failing students) Lack of educational preparation for the role Uncertainty around role of CNI
	Facilitators of role transition	<ul style="list-style-type: none"> Support from staff in the clinical unit Previous teaching experience Communication and support from other CNI colleagues Online ACNEPP
Online ACNIPP Content	Clinical teaching resources	<ul style="list-style-type: none"> Clinical toolbox/resources Interactive learning activities Readings and resources
	Setting the right context for clinical teaching	<ul style="list-style-type: none"> CNI orientation to clinical teaching Planning a schedule for the clinical teaching day

REGISTERED NURSES' EXPERIENCE WITH ONLINE EDUCATION AND ROLE TRANSITION

Theme	Sub-theme	Codes and Child Codes
		<ul style="list-style-type: none"> • CNI Preparation for clinical teaching • Student orientation to the clinical unit
	Pedagogical best practices for clinical teaching	<ul style="list-style-type: none"> • Debriefing with the students • Providing feedback to the students • Participatory learning • Students as novices and CNIs as experts in nursing
Online ACNIPP Design	Online asynchronous design	<ul style="list-style-type: none"> • Self-paced design
	Interaction with other learners and instructor	<ul style="list-style-type: none"> • Interaction with other learners within ACNEPP • Accessibility of program instructor
	Long access and short length of the program	<ul style="list-style-type: none"> • Length of ACNEPP • Length of access to ACNEPP •
	Learner-interface interaction	<ul style="list-style-type: none"> • Ability to print or save materials • Content presentation in small chunks • Learner navigation through ACNEPP • Linear step by step design
	Effective teaching strategies	<ul style="list-style-type: none"> • Case studies • Reflective journals • Tests or quizzes • Videos with experts