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A Structured Orientation Development System for Nursing Faculty

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A Structured Orientation Development System for Nursing Faculty

by

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Abstract

A national nursing shortage is nearing its crest. The Baby Boomer generation is begining to retire in record numbers. Healthcare technology is continually evolving and the topography of nursing education is changing. In order to aquire, develop, and retain excellent nursing faculty to meet the ever changing demands, nursing faculty need to be streamlined into the world of academia. A Structured Orientation Development System (SODS) was developed to aid nursing faculty into the transition from expert bedside nurse to expert nursing faculty. A literature review found no evidence of a structured type nursing faculty orientation system. The purpose of this project was to develop a systematic structured nurse educator orientation system. The orientation system incorporated the National League for Nursing (NLN) Core Competencies of Nurse Educators and Patrica Benner's From Novice to Expert theory into a survey for nursing faculty members. The survey results were used to determine the nursing faculty member's self perception of their teaching competency level. Individual goals were developed based on teaching competency levels, and a plan was devised to evaluate the nurse faculty member's teaching competency level at six months and one year. The program allowed the nursing faculty participants to evaluate their teaching competency level utilizing the NLN Core Competencies of Nurse Educators as a guide, and develop goals to improve their teaching competency level.

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Proverbs 3: 5-6, Trust in the Lord with all thine heart; and lean not unto thine own understanding. In all thy ways acknowledge him, and he shall direct thy paths. God's words have guided me through my nursing career from day one.

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CHAPTER I

INTRODUCTION

How novice nursing faculty are oriented and transitioned into the nursing faculty role is critical for the future success of nursing. Nursing organizations predict the shortage of nursing faculty will be more profound with the impending nursing shortage (National League for Nursing (NLN), 2010). The use of experienced nursing mentors to orient novice nursing faculty is currently an essential component in the orientation process. Effective mentor relationships should continue to support nursing faculty as they progress throughout their career. However, nursing mentor relationships are often unstructured, unpredictable, and generate varied results (Penn, Wilson, & Rosseter, 2008). The development of a systematic, predictable method of transitioning the bedside nurse to the nurse faculty role has the potential to increase nursing faculty retention and ensure adequate numbers of nursing faculty for the future. The foundation of an effective transitional system begins with knowledge and should be based on evidence. The purpose of this evidence based project is to develop a systematic, predictable orientation system. The Structured Orientation Development System (SODS) should provide a systematic approach that can be used to orient and develop nursing faculty. The SODS could provide a solid foundation for the nurse faculty member to make a smooth, predictable transition into nursing education and develop to their full potential as a nurse educator.

Background

The United States population is aging. The term "Baby Boomers" refers to those individuals born between 1946 and 1964; this segment of the population is defined by the record number of births following World War II. This distinct group is scheduled to retire in record numbers over the next decade. As the Baby Boomer population begins to retire, the demand for health services predictably will increase. A variety of industries have begun to endure the ramifications of so many workers retiring at once. One such industry is healthcare, with nursing care being one of the greatest areas of concern. The notable shift in demographics has raised concerns that the healthcare workforce, especially nursing, will be insufficient to adequately serve older adults.

The U. S. Department of Health and Human Services (HHS) (2011), reported the average age of the registered nurse was 46.8 years, with only 26.6% of all nurses younger than 40. Reflecting the aging population, the average nursing faculty member's age in the United States is 55 years (NLN, 2010).

The American Association of Colleges of Nursing (AACN), (2011), predicts mature nursing faculty members are anticipated to retire in record numbers, with the largest shortfall expected by 2015. This predicted shortage of nursing faculty may have a significant impact on the potential for admitting and graduating sufficient numbers of nursing students to address the shortage of prepared nurses (Siela, Twibell, & Keller, 2009). A variety of factors have contributed to the nursing faculty shortage, including higher compensation for the bedside nurse in clinical areas and private sector settings, which may lure current and potential nurse educators away from teaching. Additional

contributing factors include the decreased number of nursing students in master and doctoral level programs in nursing. Decreased enrollment in graduate schools could ultimately result in a decrease of potential nurse educators to meet the current and predicted demands for prepared nurse educators (Thrall, 2005).

Nursing stakeholders have offered suggestions on how to address the nursing faculty shortage, including government funding for master and doctoral education, redesigning the delivery of nursing education, developing retention strategies for current nursing faculty, and recruitment of more bedside nurses into nursing education.

The national shortage of nursing faculty has limited nursing student capacity at a time when the need for nurses continues to grow. In an attempt to minimize the impact of the nursing faculty shortage on the nation's nursing shortage, the AACN has leveraged resources to secure federal funding for nursing faculty development programs. The AACN (2011) continues to collect data on nursing faculty vacancy rates across the country, and is attempting to identify effective strategies to address the shortage as well as utilizing media to focus attention on the issue.

Traditionally, established nursing faculty members have oriented novice nursing faculty to the academic arena through mentoring relationships. Mentor relationships can often be unstructured resulting in varied experience outcomes based primarily on the relationship between the mentor and mentee. Inconsistencies in the mentor relationship often leave novice nursing faculty members with feelings of uncertainty, isolation, and anxiety about the teaching role (Penn et al., 2008). The context of the educational environment is often difficult to decipher and may be an unintended barrier for novice

nursing faculty success. Research has documented that novice nursing faculty members are typically unfamiliar with the language, culture, and practices of their institution, and the academic environment is, to a vast extent, different then they had anticipated (McArthur-Rouse, 2008).

Improved retention of novice nursing faculty requires implementation of a more efficient system of orientation and development. The ideal orientation and development system would consistently, effectively, and predictably transition the bedside nurse into the role of expert nursing faculty within two to five years, given the degree of prior teaching experience the nurse faculty member possesses. A timely efficient system of transition could allow the novice nursing faculty to adjust to the new academic environment and educator role with minimal difficulty. The most commonly implemented method today to prepare novice nursing faculty for the teaching role is mentoring with a senior nursing faculty member (Smith & Zsohar, 2005). The utilization of mentoring raises questions of consistency and effectiveness with the mentoring process as the sole means of transition for the novice nursing faculty member. Variations in the mentor and mentee experiences can be extreme. Some nursing faculty question what credentials should be necessary to qualify as an expert nursing faculty mentor.

Problem Statement

One identified barrier to nursing faculty recruitment and retention is often the unstructured process schools of nursing utilize to transition the expert bedside nurse into an expert nurse educator. Therefore, to recruit and retain nursing faculty, the implementation of a more efficient system of orientation and development is needed.

The ideal orientation development system would involve consistently, effectively, and predictably transitioning the expert bedside nurse into the role of expert nursing faculty within two to five years. A timely efficient system of transition can allow a novice nursing faculty member to adjust to their new academic environment and teaching role with less difficulty. By allowing the nursing faculty member an easier transition, more nurses could be encouraged to attempt the role of nurse educator; subsequently resulting in an increase in nursing student enrollment.

Justification of the Project

Nursing is approaching the crest of a true nursing shortage across the country. Research conducted by Cangelosi (2004) predicted the nursing faculty shortage to be more than 1,000 nurse faculty nationwide over the next decade, reflecting a national vacancy rate of 11 %. In 2005, the NLN appointed a Task Group to examine the role of a nurse educator. The Task Group released the Core Competencies of Nurse Educators (Appendix A), with Task Statements. The task group identified eight core competencies of a nurse educator in a step by step outline (Table 1). The core competencies focused on three functions of the nurse educator; knowledge level, skills mastered, and attitude.

Table 1

National League for Nursing Core Competencies of Nurse Educators

Core Competency
Facilitate learning
Facilitate learner development and socialization
Use assessment and evaluation strategies
Participate in curriculum design and evaluation of program
Function as a change agent and leader
Pursue continuous quality improvement in the nurse educator
Engage in scholarship
Function within the educational environment

The Robert Wood Johnson Foundation (RWJF), (2006), reported that the nursing shortage had improved somewhat since 2002. Initiatives such as loan forgiveness programs emerged for new graduates and nurses seeking to advance their education. Additional initiatives were developed to create better work conditions in many areas throughout the country. The RWJF (2006) initiatives increased public interest in nursing as a career, however most academic nursing institutions were inadequately staffed and insufficiently prepared for the influx of potential nursing student applications (AACN, 2005).

In 2009, more than 42,000 qualified nursing student applicants could not enter nursing programs because of the perpetual deficiency of available nursing faculty (AACN, 2011). This nursing shortage is expected to continue through 2025 (Buerhaus,

Staiger & Auerbach, 2008) and is expected to reduce the number of available nurses to transition into the role of a nurse educator.

The process of mentoring raises the question of consistency and effectiveness of the mentoring process as the sole means of transition to the new nursing faculty role. However, the current system of orientation encourages additional unanswered questions, such as what makes a nursing faculty member competent to be a mentor, how long does the process take to transition the novice nursing faculty member to a confident level of practice, and what tools exist to measure the outcomes of transitional training? Stokowski (2011) noted that there must be a process utilized to educate and prepare the newest members of a profession or organization.

Purpose

The purpose of this evidence based project was to develop a systematic orientation system, the Structured Orientation Development System (SODS), to transition the bedside nurse to the nurse faculty role. This orientation system is based on the National League for Nursing (NLN) Core Competencies of Nurse Educators (2005) that establishes the basis for continuing orientation of nursing faculty, and Patricia Benner's From Novice to Expert theory (1984) (Appendix B) that provides a guide for progression for the nurse from new graduate to expert in the field.

The SODS is a six step process that culminates in a plan for continued growth as a nursing faculty member, and evaluation of goals. A quantitative pre and post survey design was utilized to evaluate the SODS Nursing Faculty Self-Assessment Survey and determine the nursing faculty's self-perception of their teaching competency level.

During an extensive literature search no relevant evaluation tool was identified for the purpose of orienting nursing faculty to the role of nurse educator. The SODS Nursing Faculty Self-Assessment Survey was developed by this Project Administrator by combining the NLN's Core Competencies of Nurses Educators (2005) and Patricia Benner's From Novice to Expert theory (1984). The Nursing Faculty Self-Assessment Survey was reviewed and written approval for use was granted by the NLN and Patricia Benner (Appendix C and D). The SODS Nursing Faculty Self-Assessment Survey is the initial step in the Structured Orientation Development System (SODS).

Structured Orientation Development System (SODS)

The SODS is an innovative system for the orientation and development of novice nursing faculty as well the continuous evaluation of established nursing faculty. The SODS can provide a guide that will allow nursing faculty to assess their teaching competency level and develop a plan to progress on the continuum from a novice educator to an expert educator. This evidence based project consists of six steps; (1) the SODS Nursing Faculty Pre Self-Assessment Survey (Appendix E), (2) a three hour SODS Nursing Faculty Core Competency Workshop, (3) the SODS Nursing Faculty Post Self-Assessment Survey (Appendix F), (4) review the SODS Nursing Faculty Post Self-Assessment Survey results and the plotting of survey results on the SODS Teaching Continuum (Appendix G), (5) the nursing faculty will work with their manager or mentor to develop goals to progress their current teaching competency level to the next teaching competency level, and (6) to evaluate the achievement of goals developed in step five, reassess and develop new goals as necessary.

The SODS is designed to allow the nursing faculty member to complete the SODS alone or with the assistance of their mentor or manager to complete the following steps: (3) the self-assessment survey, (4) plot results from the survey, (5) develop goals, and (6) evaluate achievement of goals.

The SODS Teaching Continuum (step 4) represents the skills and knowledge level of a nursing faculty member from novice to expert, detailing competency along the teaching continuum. The SODS pre and post survey results can provide a guide on the SODS Teaching Continuum that can allow both new and experienced nursing faculty to assess their teaching competency level and develop a plan to progress on the teaching continuum from a novice nurse educator to an expert nurse educator. The SODS can be utilized by schools of nursing to improve nursing faculty job satisfaction, increase retention, and encourage more nurses to consider becoming a nurse educator by making the transition process from bedside nurse to educator seamless, ultimately allowing nursing programs to enroll more nursing students into adequately staffed nursing schools.

Project Question

Is the Structured Orientation Development System (SODS) a valid, alternate method for the orientation and development of nursing faculty?

Definition of Terms

The following operational definitions will be used in this project:

- Nursing faculty member: a nurse who functions in the role of academic nurse educator.

- Transitioning: moving, evolving from one area or level of understanding to another.

- Mentor: individual(s) assisting in continued growth of another.

- Novice to Expert: individual growth in general/specific areas from a novice (beginning) level to expert level (novice, advance beginner, competent, proficient, and expert) on a progressive continuum as identified by Benner (1984).

- The Structured Orientation Development System (SODS): a formal systematic orientation system intended to direct the nursing faculty member through the various functions of the nursing faculty role from novice to expert.

- The SODS Pre and Post Nursing Faculty Self-Assessment Survey: a 66 item survey that will be electronically emailed to the nursing faculty participants of this project. The survey hyperlink will be accessible for seven days for each of the two surveys to a secure website. Survey questions are derived from the NLN

  Core Competencies of Nurse Educators (2005).

- The SODS Teaching Continuum: a systematic scale that represents five teaching competency levels from novice to expert. The Teaching Continuum can provide a visual guide for the nursing faculty member to plot their teaching competency level and develop goals for later evaluation.

Summary

The expanding aging population has created many challenges for different industries. The healthcare industry has been especially challenged with how to respond to the care needs of this aging demographic. Two identified contributing factors include the aging nursing faculty workforce and the lower than anticipated number of nursing students graduating each year. The SODS could aid the transition, orientation, and development of the expert bedside nurse to the expert nurse faculty role. The SODS Nursing Faculty Self-Assessment Survey could allow nursing faculty members to self-assess their teaching competency level. The ability of the nursing faculty member to recognize on a continuum where his or her teaching competency level ranks can serve as a visual indicator for the nursing faculty to recognize what goals are essential to progress their teaching competency to a higher level. Utilizing the SODS Teaching Continuum can allow the nurse faculty members, their immediate supervisors, and his or her mentors to more efficiently work toward the attainment of the expert nursing faculty role. Nurses who transition to the nurse faculty role with little difficulty are more likely to remain in the academic setting and therefore graduate more nursing students.

CHAPTER II

Research Based Evidence

A review of the current literature for nursing faculty orientation development programs and nurse educator orientation development programs was sparse. The literature readily identified seminal works on mentoring the experienced nurse from clinical practice to the role of nursing faculty in the academic setting. Literature on mentoring as a tool to orient and transition the clinical practitioner to the nurse educator role was consistently noted to be positive in perception, although no consistent methodology or evaluation results were evident. The literature search focused on the implementation of a formal, systematic, structured transitional program for the faculty nurse educator. In current empirical nursing literature the term 'transition' focused more often on health status or the developmental stages of disease. Additional search results for transition focused on the nursing student to graduate nurse experience. Evidence based nursing has become the standard for best practice in nursing requiring nurse educators to maintain a current knowledge base. The current and predicted future nursing faculty shortage could inevitably alter future nursing student's educational experience. Over the next decade, nursing faculty are expected to retire and leave academia in record numbers, therefore creating insufficient numbers of nursing faculty to be available to teach and develop an already deficient pool of new graduate nurses needed to provide care for the aging Baby Boomers (NLN, 2010).

Data collected were limited to the publication years of 2005-2011. Medical, Health, and Nursing data bases were utilized for the initial search. Three data bases were

selected: The Academic Search Premier, the Cumulative Index for Nursing and Allied Health Literature Plus, and PubMed. Search terms were limited to: faculty, new faculty, new nursing faculty, nursing faculty, and novice nurse educator. Boolean logic using the operator "and" was used to narrow each initial search term (s). Search terms used with the "and" operator included, development, mentorship, orientation, and programs. Research material obtained from the literature review was categorized by similar styles: mentoring methods, transitioning methods, and self-guided methods.

Review of Literature

Mentoring Methods

Smith and Zsohar (2005) identified that a successful mentoring relationship guides the neophyte educator into a successful teaching career through better adjustment and professional academic advancement. Based on their research they identified essential elements needed to produce an effective mentoring program; a collegial relationship with the mentor, improved job satisfaction in a faculty role, improved quality of nursing education, and retention in the nursing education profession were among the positive outcomes of successful mentoring programs. Smith and Zsohar's research noted that caring, connecting, and communicating are integral components of a successful mentoring relationship. The research study noted that not all senior faculty members have the desire or skill to serve as mentors to new faculty.

In 2006, the NLN published a position statement, "Mentoring of Nursing Faculty". The position statement promotes the deliberate use of mentoring as a means to fostering the career development of faculty. The position statement also examined how

mentoring could be made operational throughout the career continuum and recommended the development of a Tool Kit on mentoring (NLN, 2008). The Tool Kit contains questions intended to guide mentoring related concepts, mentoring practices at specific points throughout a faculty member's career continuum, and mentoring related outcomes. The Tool Kit also contains informational resources useful to mentees.

Alteen, Didham, and Stratton (2009) research study examined the effects of a major transition for nursing faculty undergoing a school of nursing program change from teaching in a diploma nursing program to teaching in a baccalaureate nursing program. The investigations and analyses culminated into a 10 year retrospective model for nursing faculty development. The key points to the model include self-reflection, support, mentorship, and dialogue. During the time of the program transition a large number of nursing faculty turnover occurred. The large number of nursing faculty turnover was perceived as an alignment with the national trend in the professoriate of nursing faculty retiring at a much higher rate than the inflow of adequately prepared nursing faculty at the master and doctoral levels. The nursing program's mentorship process evolved into a formalized process to help new nursing faculty with professional growth and development. The objectives of the mentorship program included, facilitating the establishment of relationships among experienced and novice nursing faculty, assisting novice nursing faculty in the transition to a nursing education role, providing advice, consultation, and expertise to nursing faculty as needed, and providing a nurturing learning environment for professional and personal development.

White, Brannan, and Wilson (2010) conducted a qualitative research study to explore the experience of protégés participating in a mentorship program for novice nursing faculty. An interpretive phenomenological research study was conducted. The one year long research study examined the experiences of the protégés participating in mentorship programs. The research study revealed three main themes: creating a meaningful mentor-protégé relationship, transitioning as a new nurse educator, and the mentor-protégé program. Three years prior to the research study the school of nursing hired 16 novice nurse educators in anticipation of the nursing faculty shortage. The necessity to maintain the nursing programs quality became a driving force for a formal mentor-protégé program. Methodological rigor was achieved using the trustworthiness criteria of credibility, dependability, confirmability, and transferability as described by Guba and Lincoln (1989). Two subthemes emerged from the process of transitioning for the new nurse educator, one of frustration and one of putting actions into practice. Frustration was expressed as concern regarding the lack of preparation to teach in a nursing program, a limited understanding of the required functions of their role as a nurse faculty member, and inconsistencies among nursing faculty. Three overall conclusions were reached from the research, developing reciprocal relationships that foster open communication is essential for successful mentoring, novice nurse educators require support and guidance to navigate through the challenges in their new role as a nurse educator, and the deliberate planned activities over time in a formal program enhance the development of novice nursing faculty. After five years, 14 of the 16 originally hired nursing faculty members remained in their positions.

Young, Pearsall, Stiles, and Horton-Deutsch (2011) conducted a qualitative research study that explored the experiences of becoming a nurse faculty leader. The hermeneutic analysis of the experience of becoming a nurse faculty leader involved interviewing 23 leaders from diverse backgrounds, roles, and situations. Research questions focused on the nurse leaders' experience of becoming a nurse leader in any dimension of leadership including work in the classroom, among nursing faculty peers, and at the institutional level or beyond. The data analysis approach to the research study was reflective, reflexive, and circular. Three themes were identified; being thrust into leadership, taking on something new, and succeeding; taking risks, trying something new with students; and facing challenges, building consensus. Nurse faculty leaders commonly describe themselves as being unprepared for a leadership position. Young et al. (2011) concluded that mentors more than ever need to be carefully chosen based on their knowledge about leadership development and enactment of best practices.

Race and Skees (2010) research study stated "learning the art of mentoring is an essential tool at any level of nursing if new staff is to be successful (p. 173)". The research study examined mentoring on all nursing levels, focusing on the different types of mentorships: formal, informal, assessed by administration, voluntary participation, and positive and negative relationships. Overbearing, and mismatched personalities were among the negative experiences expressed by some mentees. Race and Skees research study emphasized the importance for each new mentee to have a learning need assessment performed. Once an assessment is completed, a tailored program to assist the novice nurse educator can be designed.

Transitioning Methods

McDonald (2008) combines personal experience with a literature review to assist the clinical practice nurse transition into a nursing faculty position. McDonald focused on the knowledge deficit and learning curve experienced in academic organizations and environments. The research study identified that a written format that provided information on the new academic culture and support, social norms, and expectations may not always be available. Support from senior nursing faculty for new nursing faculty may not be available in formal and informal situations, as many new nursing faculty members commented on the lack of help, and the unforeseen amount of autonomy expected of the new educator.

Penn et al. (2008) provided advice on how to find teaching opportunities in higher education and how to successfully make the role transition from bedside nurse to nurse educator. The types of nursing faculty positions available were explored. What educational qualifications are needed for teaching and how the academic work environment is different than the hospital teaching environment? The research study explored what faculty development opportunities may be available to new nursing faculty. The researcher's findings identified the role transition from nurse as a practitioner to nurse as an educator can cause feelings of uncertainty, isolation, and anxiety. Those nurses new to the academic environment should seek out nursing faculty mentors and professional development opportunities to learn about the work environment in which they are teaching and to enhance their teaching abilities.

Janzen (2010) describes how the understanding of self and student can assist in actualizing the role of clinical nurse educator. The metaphor of Alice [Alice in Wonderland & through the looking glass, (Carroll, 1832)] stepping through the looking glass was used to present three dimensions that expert practitioners pass through in their journey to clinical nurse educator. Janzen theorized that the transition from expert nurse practitioner to expert nurse educator is a multidimensional process; novice nurse educators can expect to pass back and forth between a figurative gradient before their role becomes actualized, and ultimately, the process of actualization changes individuals in their role as nurse educators and as humans.

Self-Guided Methods

Hessler and Ritchie (2005) discussed the future of nursing education and the impending nursing faculty shortage. The research study provided 10 suggestions for schools of nursing to consider in order to recruit and retain new nursing faculty: provide guidance, foster socialization, encourage flexibility, conduct orientation, provide support, facilitate collaboration, allow for mistakes, coordinate teaching assignments, grow your own nursing faculty, and offer rewards. Generations are changing, and it is important that schools of nursing are aware that recruitment and retention strategies that may have been successful in the past may now be obsolete. The research study identified that at the time of publication no literature was available to support the concept of a self-guided program for new nursing faculty. The research finding further identified that at a minimum, support for a formal or informal self-guided program will help retain and recruit individuals into nursing education. A self-guided program will help ease the

transition from bedside nursing to nursing education, and helping new nursing faculty achieve balance in their careers will help decrease some of the anxiety many experience in their first year of academia.

In 2005, the NLN Task Group released the Core Competencies of Nurse Educators, With Task Statements. The Task Group conducted an extensive literature search to identify the core competencies of nurse educators. Eight competencies provide a step by step outline of the requirements necessary for nurse educators to be successful in their role. The competencies include: facilitate learning, facilitate learner development and socialization, use assessment and evaluation strategies, participate in curriculum design and evaluation of program outcomes, function as a change agent and leader, pursue continuous quality improvement in the nurse educator role, engage in scholarship, and function within the educational environment. The core competencies embody the knowledge; skills and attitudes required of nurse educators and reflect the complexity of the practice.

Culleiton and Shellenbarger (2007) research examined career opportunities in nursing education, identifying the nurse educator's role, responsibilities, and work requirements. The research provided steps the novice nurse educator could take before planning and assuming a career as a nurse educator. A step by step process is also provided for the novice nurse educators to use for successful planning, implementation, and evaluation in a medical-surgical nursing course. The researcher's explore employment options and educational requirements, preparation for the nurse educator teaching position with curriculum vitae, and potential interview questions. Within the

planning for teaching section of the study, the use of mentors or course facilitators was offered as a tool to guide new nursing faculty to the nurse educator role. Orientation time should be planned to allow the new nurse educator to become familiar with the clinical nursing faculty and the clinical expectations. The use of mentor colleagues can identify successful strategies from the past as well as potential pitfalls to avoid. The study concludes with teaching strategies and how to conduct student evaluations.

Suplee and Gardner (2009) research examined the orientation process at one academic institution. The primary focus was on meeting the needs of inexperienced nursing faculty, orientation to address new nursing faculty needs, orientation evaluation process, continued professional development, administrative support, and partnering opportunities. The research study noted that orientation programs set the stage for novice nursing faculty members' professional career journeys. The research study concluded that a comprehensive orientation program that begins prior to the academic year and then followed up monthly with one hour discussion sessions produced positive outcomes of retention for the new nursing faculty. Discussion session topics were developed based on a needs assessment conducted during orientation. Feedback from novice nursing faculty revealed a feeling of being overwhelmed in the early stages of the nursing faculty members first year. The use of mentors was supported by the nursing program and was reported by nursing faculty to help ease the transition.

Danna, Schaubhut, and Jones (2010) recount the experiences of three nurse leaders transitioning from bedside practice careers into academic nursing faculty careers. The nurses discussed the effects the nursing faculty shortage played in their transitions,

how different the culture in academia was from the hospital environment, and the nurse educator competencies needed to become an effective nurse educator. The process of orientation and faculty development could be achieved with the help of mentors however, an organized and comprehensive orientation plan is an essential first step in providing the necessary information and basic tools to guide novice nursing faculty.

Baker's (2010) research study examined a community college nursing faculty orientation program that includes goals, pre and post assessment, a group-determined instructional plan, support, mentoring, and outcomes evaluation. Research findings noted positive relationships that occur between co-workers and management also provide power and meaning to the workplace. High levels of empowerment and low levels of burnout were significant predictors of work satisfaction, with empowerment being the stronger predictor. One strategy that meets educators' needs for preparation for the nurse academic role, professional growth, and the development of a social network is the implementation of a new nursing faculty orientation program. Eleven novice nurse educators where hired over a two year period. The call for a structured orientation program was needed to ensure the novice nurse educators assumed their new roles more easily, and to aid in their retention. The researcher acknowledged the college's previous orientation program relied on the seasoned nurse educators being assigned to assist the new nurse educators, and functioning as both a preceptor and a mentor. The new nurse educators reported mixed results largely depending on how committed the preceptor mentor was to the assigned role. The importance of a more formalized orientation program immediately emerged for program evaluation reports. Self-assessment surveys

were included as a key component of the new nurse faculty orientation program. New nurse mentors were assigned based on their enthusiasm and professionalism as much as their expertise in nursing education. New evaluations revealed that novice nursing faculty felt supported and valued.

Gaps in Literature

The literature search focused on the identification of a formal systematic process to orient and develop the bedside nurse to the role of the nurse educator. While a limited number of studies referred to the use of a structured orientation program no definitive, formal, or systematic orientation process was identified. A current trend in nursing education is to recruit, orient, and transition the novice nurse educators in a consistent, cohesive best practice program that can be evaluated in a timely manner. The efficiency and effectiveness of the SODS could help ensure retention and ultimately produce expert nurse educators.

Strengths and Limitations of Literature

The NURSE Scale evidence rating system was utilized to evaluate the literature composed for this project. The NURSE Scale (an acronym for Nursing's Unique Rating Scale of Evidence) uses a hierarchal five point system to assign strength to various forms of evidence. Components of the scale include: terminology consistent with nursing science, inclusion of both quantitative and qualitative evidence, addition of non-interventional research, and inclusion of non-research evidence. The NURSE Scale ranks research findings according to methodological rigor. The use of the NURSE Scale demonstrated a weakness during the literature review. The literature readily available

demonstrated a weak evidence base. The greater part of the literature search revealed opinions of authorities and experts; a small number of single descriptive or qualitative studies were identified. The notable deficiencies in evidence based literature validated the gap in the literature.

Theoretical Framework

Patricia Benner's mid-range theory (1984) "From Novice to Expert" was selected as a foundational guide for developing and evaluating a structured nursing faculty orientation development system for the novice nurse educator to develop into an expert nurse educator. In 1982, Benner was the research study director for a federally funded grant entitled, Achieving Methods of Intraprofessional Consensus, Assessment and Evaluation Research study (the AMICAE Research study) (Altmann, 2007). The research study focus was to discover and describe knowledge embedded in nursing practice, and led to the publication of Benner's first book in 1984, *From Novice to Expert: Excellence and Power in Clinical Nursing Practice.* Benner further developed and distinguished the Dreyfus Model of Skill Acquisition and Skill Development (1980) into five levels of nursing practice: (1) novice, (2) advanced beginner, (3) competent, (4) proficient, and (5) expert (Figure 1). Benner focused on different levels of skill performance that nurses demonstrate as they progress from novice to expert (Benner, 2011). The novice nurse moves from reliance on learned principles to the use of personal experiences to assist in guiding actions. The novice nurse's view of situations changes from individual components to a more holistic view. A novice nurse advances from a

detached observer to an involved participant. Each experience the nurse encounters

builds on and expands his or her level of expertise.

Figure 1. Patricia Benner's From Novice to Exert Model

Patricia Benner's *From Novice to Expert: Excellence and Power in Clinical Nursing Practice Model Flo*w chart of how a learner moves through the developmental stages of novice to expert as they gain experience. *From Novice to Expert: Excellence and Power in Clinical Nursing, Practice*, Addison Wesley, Menlo Park, CA.

Benner's concept of moving from a novice to expert on a continuum can be

applied to the SODS, allowing nursing faculty members to advance through levels of

teaching competencies, identifying and achieving competency with each level as they

progress through the system. Identification of each stage of progress can provide the

novice nursing faculty member with measurable milestones allowing him or her to focus

on areas of deficiency to improve and progress to the next level of teaching competency.

Ultimately, novice nursing faculty members should be able to self-assess, identify their

teaching competency level, and reach their maximum potential in the nursing faculty role.

Benner further defines the From Novice to Expert theory by identifying the expert

competencies into seven domains of nursing practice (1984). Expertise in an area of

practice is gained and maintained experientially as the nurse engages in context rich

practice (Table 2).

Table 2

Benner's Novice to Expert, Seven Domains of Nursing Practice.

Seven Domains of Nursing Practice
The helping role
The teaching-coaching function
The diagnostic and patient-monitoring function
Effective management of rapidly changing situations
Administering and monitoring therapeutic interventions and regimens
Monitoring and ensuring the quality of healthcare practices
Organizational and work-role competencies

The traditional role of a mentor as the sole means of transition to aid the nursing faculty members will be reassigned. The mentor's new role will be that of a resource to aid and guide the nursing faculty member as he or she progress through the levels of the SODS and progress from novice to expert.

Benner's From Novice to Expert theory is appealing from a nurse educator perspective for a number of reasons, but primarily as it relates to the clearly defined levels of proficiency and the ability to progress from one level to another as the nursing faculty member gains skill and knowledge. The ability of the novice nursing faculty member to understand what is required for each level of progression is valuable in setting goals to obtain the next level of proficiency and achieve success.

Benner's work has found its place in a multitude of settings in particular, the From Novice to Expert theory is frequently used in the development of nursing mentorship programs (Wolak, McCann, & Madigan, 2008). Many agencies have adopted

Benner's theory to develop career ladders and guide practice in field settings (Marble, 2009). Nursing education has integrated Benner's work into curriculum development, faculty evaluations, faculty mentorship, clinical decision making, and advanced practice nursing (APN) preparation (Hawkins & Fontenot, 2009). Latham and Fahey (2006) developed a self-assessment guide for APN students. During the APN students last semester the students use journals to reflect on their activities as an APN student. The APN student faculty used the students' baseline as a guide to help the students map a plan for growth from novice to expert.

Benner's theory has application with patient teaching and health promotion. A newly diagnosed diabetic patient would be considered a novice with regard to his condition and the care required to maintain optimal health. The nurse's responsibility is to assess the patient with newly diagnosed diabetes, develop a plan of care, implement the plan, and evaluate the effectiveness of the plan of care. Teaching for the patient needs to occur in small, manageable increments so that the patient can retain the information. The degree of complexity of the information increases as the patient's knowledge level increases, exemplifying Benner's From Novice to Expert theory. The patient's level of knowledge will increase and evolve from novice to expert with the aid of the nurse as the educator. Benner's theory also has application in nursing education. Nursing students often have difficulty with prioritizing multiple patients. Novice students often look to the task that must be performed as a gauge for the amount of work that will be required of him or her. The expert nursing student can discern quickly patient acuity and begin to look at the whole picture of each patient and evaluate subtle

changes in the patient's condition rather than be overwhelmed with tasks. Clearly

defined levels of progress allow students, novice nurses, or novice nursing faculty to self-

evaluate their ability to master the didactic and skills component of each level of

development (Table 3).

Table 3

Patricia Benner's "From Novice to Expert" Model.

Stage	Description
Novice	The novice is a beginner with no experience with the given situation. Without experience rules that were taught to the novice are often applied without specific intent. The rule governed novice performer is often inflexible and limited in behavior. The novice performer operates under the conditions of: tell me what to do, and I'll do it.
Advanced Beginner	The advanced beginner has some experience (lived or mentored), identifies meaningful components in situations, begins formation of guiding principles, based on experience.
Competent	The competent performer has increased experience in practice, sees long-term effects of actions, plans consciously and deliberately, demonstrates improved efficiency and organization. The competent performer has a sense of mastery and coping ability, moves slowly and without flexibility, often lacks the ability to effectively prioritize.
Proficient	The proficient performer anticipates needs based on past experiences, perceives situations as a whole rather than aspects. The proficient performer has learned from experience what to expect in a given situation. The proficient performer demonstrates the ability to modify plans in response to changing events.
Expert	The expert performer has built a vast background of experience. The expert performer demonstrates appropriate understanding and action steps to a variety of situations. The expert performer demonstrates intuition and focus of problems providing poignant solutions. The expert performer functions from a deep comprehension of the total situation.

Many nursing programs have integrated Benner's theory into their curriculum.

River Valley Community College (2010) in Claremont, New Hampshire, is an associate

degree nursing program that openly threads Benner's theory throughout their curriculum.

Each course description posted on the college website notes that the curriculum is based

on Patricia Benner's From Novice to Expert nursing model of skill attainment. Benner's

concept of the student progressing from the novice to the expert can easily be

incorporated into any curriculum. Benner's concept can be applied globally in a nursing

program or explicitly in an individual course.

The conceptual-theoretical-empirical structure for this project included the Adult

Learning theory as a conceptual model, Patricia Benner's From Novice to Expert theory,

and pre and post surveys that utilize a Likert-type scale (Figure 2). The linkage of

conceptual models of nursing, theories, and empirical indicators in a CTE system provide

the translation of the components of nursing knowledge into realistic practice.

Conceptual Model	Adult Leaning
Theory	Patricia Benner's From Novice to Expert
Empirical Indicators	Pre and Post Survey Likert-type scale

Figure 2. Conceptual – Theoretical – Empirical System C T E

Fawcett, J., &Garity, J. (2009).Evaluation of conceptual theoretical-empirical linkages.
Evaluating research for evidence based nursing practice (pp. 57-71). Philadelphia, PA:
F.A. Davis

Summary

At a time when academia is experiencing a serious shortage of nursing faculty, it is imperative that steps be taken to recruit and retain nurse educators (NLN, 2006). Historically, schools of nursing have utilized mentoring as a primary tool of orientation for novice nursing faculty. It is important that schools of nursing are aware that recruitment and retention strategies of the past may be obsolete in the future (Hessler & Ritchie, 2005). The role of the nurse educator must adapt to the new changes the future will bring. Work satisfaction has a positive correlation with successful retention of new nurse educators. Preparation for the academic role, and professional growth both have been targeted as strategies to obtain work satisfaction (Baker, 2010). The necessity for a structured nurse educator orientation development system is evident from the current literature (Hessler & Ritchie, 2005; McDonald, 2008; Suplee & Gardner, 2009; Baker, 2010; Race & Skees, 2010). Current literature does not explore the utilization of a formal structured orientation development system for novice nursing faculty to transition into the nurse educator role, although the need for such a program has been suggested and recommended in the literature for many years. The omission of a systematic predictable orientation method in the literature provides a gap in knowledge. A SODS project could close the knowledge gap for nursing educator orientation and development, and provide a solution for the long term need in nursing education.

CHAPTER III

Project Description

The purpose of this evidence based project was to examine the implementation of the Structured Orientation Development System (SODS) as an alternate method of orientation and development for nursing faculty in the role of a nurse educator. Traditionally the methods used to orient, transition, and develop the expert bedside nurse to the role of the nurse educator have occurred through the process of mentorships with senior nursing faculty members. The mentor mentee experience has often been random and unstructured, resulting in a less than consistent method of orientation. The SODS could provide a systematic, predictable method of transitioning the bedside nurse to the nurse faculty role. The SODS is a six step process that could allow the novice nurse educator to self-assess their teaching competency level, plot survey results on the teaching continuum, develop goals to increase their teaching competency level, and evaluate their accomplishment.

Project Implementation

This evidence based project applied the SODS six step orientation process to the nursing faculty from a school of nursing college. All full time nursing faculty members of the school of nursing college were invited to participate. Participants were informed of the project and process during the spring 2012 academic semester and again at the beginning of the fall 2012 semester. The Project Preceptor emailed each eligible nursing faculty member a survey link to participate in the SODS Pre and Post Self-Assessment Survey. The nursing faculty who completed the SODS Pre Self-Assessment Survey were

invited to attend a three hour SODS Nursing Faculty Core Competency Workshop. Participants in the workshop received a handout of the NLN Core Competencies of Nurse Educators. The participants who completed the SODS Pre Self-Assessment Survey and attended the SODS Nursing Faculty Core Competency Workshop were invited to take the SODS Post Self-Assessment Survey. The participant's scores from the SODS Pre Self-Assessment Survey were tabulated and plotted on the SODS Teaching Continuum.

Setting

This evidence based project took place in the natural setting of a private university's school of nursing program located in a major metropolitan area in central North Carolina. The school of nursing program was established circa 1980, and is currently accredited by the National League of Nurses and the Southern Association of Colleges and Schools. The school of nursing offers associate, bachelor, and masters of nursing degrees. The University was established circa 1850 as a liberal arts and professional studies campus. The University serves approximately 2,600 undergraduate and graduate students.

Sample

The School of Nursing is comprised of 25 nursing faculty members. The nursing faculty represents a variety of clinical and teaching experiences. The school of nursing has experienced a variety of changes over the past year, including the resignation of the Associate Dean and Dean of the program, a newly appointed Dean of Health Services, the non-renewal of nine faculty contracts, and the hiring of four new nursing faculty positions. The concentration of the SODS project focused on the four newly hired

nursing faculty members and the completion of steps 4-6 of the SODS process. The associate degree school of nursing program is undergoing a curriculum revision while addressing a probation status from the National League for Nurses Accrediting Commission (NLNAC) regarding NCLEX (National Council Licensure Examination) first time pass scores. The School of Nursing Director (Project Preceptor) has identified a nursing faculty need for the SODS and is supportive of the implementation of the system.

<p style="text-align:center">Project Design</p>

A pre and post test method design approach was used for this evidence based project. A pre and post survey method was utilized for the same group of nursing faculty with the SODS Nursing Faculty Pre and Post Self-Assessment Survey being administered at two different times during the fall 2012 semester. A quantitative collection through an online survey of data from participants was followed by a three hour SODS Nursing Faculty Core Competency Workshop held in October, 2012, and was followed by a second quantitative collection of data through an online survey. Each SODS Nursing Faculty Self-Assessment Survey included a consent to participate disclaimer on page one of each survey. The participant's voluntary log on and completion of the SODS Nursing Faculty Self-Assessment Survey served as consent to the survey. All participants were instructed to create a unique identification number; all collected data used the unique numbers created by the participants.

The SODS Nursing Faculty Pre Self-Assessment Survey data was evaluated by the Project Administrator and a master in nursing graduate student. The four newly hired

nursing faculty members were identified from the SODS Nursing Faculty Pre Self-Assessment Survey demographic question regarding length of employment with current employer. The four newly hired nursing faculty member's pre self-assessment surveys scores were plotted on the SODS Teaching Continuum. Individual core competency tasks were identified that will assist the nursing faculty to achieve the next teaching competency level. Goals will be reviewed for progression after six months and reviewed again for achievement at one year.

Protection of Human Subjects

This evidence based project was granted permission from the Institutional Review Board (IRB) at Gardner-Webb University. Additional IRB permission was granted by the project setting's University. The Project Administrator and a nursing graduate student have both completed all respective Collaborative Institutional Training Initiative (CITI) training. All participants were fully informed regarding the purpose of the evidence project and expectations of participation during the September nursing faculty meeting. All nursing faculty were emailed a link to the SODS Nursing Faculty Pre and Post Self-Assessment Surveys. The introduction page for each survey contained a statement of confidentiality and anonymity rights, the right to withdrawal from the project without penalty, and consent to participate. Completed electronic surveys were maintained by Rational Survey website and were pass word protected; access was only available to the Project Administrator and the nursing graduate student. Confidentiality was maintained on all data collection by using a unique number to identify participants instead of names, or any other personal identifiers. The SODS Nursing Faculty Pre Self-

Assessment Survey asked each nursing faculty member to create a unique six digit number. Prior to the SODS Nursing Faculty Pre Self-Assessment Survey the nursing faculty were given a blank envelope, an index card, and written instructions on how to create a unique number. The written instructions asked the participant to write their unique number on the index card, seal the envelope, and write their name across the sealed flap. The nursing faculty members were further instructed to bring the sealed envelope to the SODS Nursing Faculty Core Competency Workshop. The sealed envelopes were collected and stored unopened. The envelopes were returned by the Project Administrator to the Project Preceptor to distribute to each nursing faculty member three days before the SODS Nursing Faculty Post Self-Assessment Survey.

Instruments

SODS Nursing Faculty Self-Assessment Survey

The survey tool utilized in this evidence based project was developed by the Project Administrator. The SODS Nursing Faculty Self-Assessment Survey incorporates the NLN's Core Competencies of Nurse Educators (2005) and Patricia Benner's From Novice to Expert Theory (1984). To establish validity for the SODS Nursing Faculty Self-Assessment Survey, the Project Administrator sent a personal email to Patricia Benner and Linda Christensen (Chief Administration Officer of the NLN). Each email contained an attachment of the SODS Nursing Faculty Self-Assessment Survey with a request for each party to review and provide permission for their work to be used in the development of the SODS Nursing Faculty Self-Assessment Survey. Patricia Benner and Linda Christensen replied to the Project Administrator via email with full approval to use

their material. Demographics data was collected utilizing the Nursing Faculty Pre Self-

Assessment Survey. The survey contained 66 item questions from eight categories; a five

point Likert-type scale was used to evaluate the nursing faculty's perception of their

teaching competency level. The Likert-type scale structure was developed from Benner's

(1984) From Novice to Expert Theory. Each question of the survey was scored as

novice, advanced beginner, competent, proficient, or expert. Each teaching competency

level was assigned a numerical value based on the minimum and maximum possible

points obtained (Table 4). The point value distribution was based on the minimum score

possible for each competency level and up to 51% of the next level of competency.

Table 4

SODS Teaching Competency Levels

Teaching Competency	Teaching Competency score range
Novice	66– 99
Advanced Beginner	100 – 165
Competent	166 – 231
Proficient	232 – 307
Expert	308 – 330

Demographic Form

A demographic data collection form was included in the SODS Nursing Faculty

Pre Self-Assessment Survey. The demographic form included 18 questions related to

ethnicity, gender, age, nursing experience, nursing education experience, and educational

level obtained.

SODS Nursing Faculty Core Competency Workshop

One week following the SODS Nursing Faculty Pre Self-Assessment Survey, the nursing faculty members were invited to attend the SODS Nursing Faculty Core Competency Workshop. The three hour workshop date and time were allocated by the Project Preceptor. The Project Administrator presented the NLN's Core Competencies of Nurse Educators through a power point presentation (Appendix H), group discussion, interactive group activities, and participant handout material (Appendix I). The nursing faculty members were asked to participate in group discussions, small group work, interactive activities, and verbal and visual demonstration of applied concepts. The workshop took place on the campus of the school of nursing during normal working hours. Attendance to the workshop was voluntary and limited to those participants who completed the SODS Nursing Faculty Pre Self-Assessment Survey. Verification of the SODS Nursing Faculty Pre Self-Assessment Survey was from the completion certificate available at the end of the online survey. Nursing faculty who participated in the SODS Nursing Faculty Pre Self-Assessment Survey were provided instructions with the online survey; to print the survey completion certificate, sign their name on the certificate, and bring it to the SODS Nursing Faculty Core Competency Workshop for a fifty dollar VISA gift card drawing. Participants were instructed that the winner of the drawing must be present to win; if the winner was not present a new name would be drawn.

SODS Teaching Continuum

The SODS Teaching Continuum (Appendix J and K) is a guide for the nursing faculty member to plot their SODS Nursing Faculty Pre Self-Assessment Survey score

results on the teaching continuum. The SODS Teaching Continuum consists of five

teaching competency levels that progress from a novice nurse educator to an expert nurse

educator. The five teaching competency levels are based on Benner's From Novice to

Expert Theory (1984), novice, advanced beginner, competent, proficient, and expert.

Each teaching competency level is defined in content by the NLN's Core Competency of

Nurse Educators (2005). The 66 sub-competencies identified by the NLN's Core

Competency of Nurse Educators have been distributed to one of the five teaching

competency levels based on the complexity of the competency. The SODS Nursing

Faculty Pre Self-Assessment Survey results formulated a numerical score that is

transposed into one of the five teaching competency levels.

Data Collection

A quantitative method was selected because specific narrow questions were used

to collect quantifiable data from participants. A convenience sampling design was

utilized. Data collection occurred in an unbiased, objective manner through an internet

survey website. The internet survey website was password protected and access was

limited to the Project Administrator and the masters in nursing graduate student. Pre-

assigned value for each answer selection was analyzed using statistics. A pre and post

survey method was utilized for the nursing faculty who pre survey, attend the workshop

and then post survey.

Data Analysis

The quantitative data collection was entered into the International Business

Machines' (IBM): Statistical Package for the Social Sciences (SPSS) version 18 for

software analysis. Demographic data collected was described for gender, ethnicity, age, number of years in nursing profession, number of years with current employer, and number of years as a nursing faculty member. The SPSS software was utilized to obtain data for each answer selected on the SODS Nursing Faculty Pre Self-Assessment Survey distributed at the beginning of the fall 2012 academic semester. The second administration of the SODS Nursing Faculty Post Self-Assessment Survey utilized a paired-sample t-test to determine if a statistically significant mean difference was found for the frequency at the end of the project. Cohen's (1960) kappa coefficient is a statistical measure of inter-rater agreement for quantitative (categorical) items. Cohen's kappa coefficient was used for simple agreement on a coding to category .61 to .80 is considered as a substantial percentage. Cohen's kappa coefficient will limit bias from the Project Administrator and promote credibility and dependability of the quantitative data.

Timeline

The timeline began in the fall of 2011 and ended in the spring of 2013. The first project objective was to find a nursing program that was just beginning or relatively new; this would provide participants that were in need of orientation to the nurse faculty role or new to the nursing program. After several interviews with a variety of nursing programs, the current setting was selected primarily due to the large number of nursing faculty in the program. Multiple meetings were arranged with the Project Preceptor (current Director of the nursing program). The Project Preceptor expressed an interest in the SODS project to expose the nursing faculty to the NLN's Core Competencies of Nurse Educators. The Project Preceptor expressed her desire that all of the nursing

faculty become NLN Certified Nurse Educators (CNE). The SODS would expose the

nursing faculty to the NLN's Core Competencies through the SODS Nursing Faculty Pre

and Post Self-Assessment Surveys and the SODS Nursing Faculty Core Competency

Workshop. The Project Preceptor and the Project Administrator worked together to

coordinate specific dates in the fall of 2012 to function as a general get acquainted with

the nursing faculty during a back to fall nursing faculty meeting, and a specific date for

the nursing faculty development workshop when the SODS Nursing Faculty Core

Competency Workshop would be scheduled. Dates were selected when the SODS

Nursing Faculty Pre and Post Self-Assessment Surveys would be sent to the nursing

faculty before and after the SODS Nursing Faculty Core Competency Workshop. The

Project Administrator worked with the Project Preceptor to select dates to review the four

newly hired nursing faculty's survey results, plot them individually on the SODS

Teaching Continuum, review with the newly hired nursing faculty in order to develop

goals, and schedule future dates at six months and at one year to evaluate goal

accomplishment. January 21, 2013 was selected as the day the Project Administrator will

review the SODS project results with the project nursing faculty. April 2013 was

identified as the SODS project presentation date at Gardner-Webb University. The

Structured Orientation Development System project is outlined in Table 5.

Table 5

Data Collection Timeline

Date	Plan
April 2, 2012	Project preceptor introduce project to nursing faculty
September 10,2012	Meet the nursing faculty members
October 22 – 29, 2012	The Project Administrator will email an online link of the SODS Nursing Faculty Pre Self-Assessment Survey to each school of nursing faculty member.
October 29,2012	The Project Administrator will present a Nursing Faculty Core Competency Workshop (one three hour class) to the school of nursing faculty. A random drawing will occur for first gift card.
November 5 – 12, 2012	The Project Administrator will email an online link of the SODS Nursing Faculty PostSelf-Assessment Survey to each school of nursing faculty member.
November 13 – 27, 2012.	The Project Administrator will conduct data analysis, plot each new nursing faculty member on the SODS Teaching Continuum, assist each new nursing faculty with goal development and review the evaluation time frames of six months and one year.
November 19, 2012	The Project Administrator will random draw for the second gift card.
March 11, 2013	Present data to participants
April 5, 2013	Present project to the Nursing Faculty at Gardner-Webb University.

Budget

The primary resources needed for this evidence based project include: the support

of the School of Nursing Director (Project Preceptor), the nursing faculty participation,

the SODS Nursing Faculty Pre and Post Self-Assessment Surveys online, and the nursing

faculty attendance to the three hour SODS Nursing Faculty Core Competency Workshop.

Effective, collaborative communication has been established with the Project Preceptor.

The Project Preceptor disseminated the online survey link to each faculty member via

email. The Project Preceptor allocated time for the nursing faculty to participate in the

three hour SODS Nursing Faculty Core Competency Workshop. Additional resources

include: paper supplies for the workshop, computer access for each nursing faculty

member, and Project Administrator computer software access to Rational Survey, an

internet company that supplied the survey templates that were developed and emailed to

the Project Preceptor. Rational Survey is a contracted service offering a variety of

packages. The Project Administrator contracted for services from August 2012 through

March 2013, for a total of $140.00.

Two VISA gift cards valued at $50.00 each were distributed during a drawing

following the SODS Nursing Faculty Pre and Post Self-Assessment Surveys. Gift cards

are considered incentives to encourage the nursing faculty to participate in the SODS

Nursing Faculty Pre and Post Self-Assessment Surveys. Faculty who participated in the

SODS Nursing Faculty Pre Self-Assessment Survey received a non-identifiable printable

completion certificate at the end of the survey. Faculty members were asked to print the

completion certificate and add their name to the front of the certificate. Completion

certificates were collected during the SODS Nursing Faculty Core Competency

Workshop and a drawing was held for the winner of the first VISA gift card. The faculty

members were instructed that they must be present at the workshop in order to be eligible

to win. A light snack and refreshments were provided during a break at the SODS

Nursing Faculty Core Competency Workshop, $100.00 was allocated for the workshop

paper supplies and food. The second drawing occurred following the completion of the SODS Nursing Faculty Post Self-Assessment Survey. The nursing faculty members were instructed to turn completed certificates into the Project Preceptor. A drawing for the second VISA gift card occurred November 19, 2012. The school of nursing secretary at the project site randomly drew the winning certificate from a box containing the competed survey certificates. The second gift card winner was notified via email by the school of nursing secretary. The total costs for the SODS Nursing Faculty Core Competency Workshop were $200.00. The total costs for this project were $340.00 dollars.

Bias and Assumptions

Assumptions underlie the methods for this study. The first assumption is that an individual can adequately self-evaluate their teaching competency level on a novice to expert level. Secondly, it is assumed that identified levels of expertise can be evaluated using the project's instruments. Lastly, it is assumed that individuals will be truthful in response to questions related to their self perceived level of teaching competency.

Limitations

Although care was taken to assure rigor of the project design, limitations were noted to exist. Psychometric properties of the survey form have not been previously tested, therefore reliability and validity needed to be addressed. Nursing faculty involved in the study participated during work time and in their work environment. The four newly hired nursing faculty members who complete all six steps of the SODS may choose not to continue to participate in the program through completion due to lack of

personal desire or employment with the school of nursing. Also, sample size, while

adequate for this project, may not allow translation of results for other nursing programs.

Evaluation Plan

The summative evaluation process of this evidence based project was to evaluate

if the SODS could be used as an alternate method system to orient and develop nursing

faculty. Data collection and analysis from the SODS Nursing Faculty Pre and Post Self-

Assessment Survey attempted to measure if the nursing faculty's self-perception of their

teaching competency level would increase or decrease with exposure to the SODS

Nursing Faculty Core Competency Workshop. The SODS is a self-evaluation survey

which allows nursing faculty to answer a series of questions, in which answers place the

nursing faculty member's teaching competency level on a continuum. The SODS

Teaching Continuum is foundationally structured around the NLN Core Competencies of

Nurse Educators (National League of Nursing, 2005) and Patricia Benner's From Novice

to Expert theory (1984). The SODS Teaching Continuum was implemented for each of

the 14 nursing faculty members who completed the SODS Nursing Faculty Pre Self-

Assessment Survey. Each pre self-assessment participant's survey scores were plotted on

the teaching continuum and individual goals were identified to achieve the next level of

competency on the SODS Teaching Continuum. The plan includes evaluating the goal(s)

progression at six months and then goal achievement at one year.

Data results of the project were reviewed for significance during the last quarter

of 2012. The summative evaluation process of this project was to determine if the

nursing faculty as a group would increase their self-perception of the NLN's Core

Competencies of Nurse Educators, and would the four newly hired nursing faculty members increase their teaching competency level after one year. The SODS Teaching Continuum can allow the nursing faculty member to visualize how their teaching competency level coincides with the novice to expert continuum. A score of 66 to 330 can be obtained on both the pre and post survey. A score of 66 represents a novice nursing faculty member with minimum teaching experience. A score of 330 represents an expert nursing faculty member who has mastered the role of a nurse educator. Self-evaluations encourage learners to determine their own strengths and weaknesses (Oermann & Gaberson, 2009). Baker (2010) stressed the importance of a learner to feel safe while disclosing self-assessment information. Ultimately, creating a safe environment could maximize the learner's potential.

Summary

The SODS could provide the nursing faculty member with the ability to self-assess their teaching competency level in order to provide the nursing faculty member with the opportunity to guide their level of teaching competence to a higher level, to improve job satisfaction, increase retention, and encourage other expert bedside nurses to attempt nursing education as a viable and rewarding career path.

CHAPTER IV

Results

How novice nursing faculty are oriented and transitioned into the nursing faculty role is critical for the future success of nursing. Nursing organizations predict the shortage of nursing faculty will be more profound with the impending nursing shortage. The use of experienced nursing mentors to orient novice nursing faculty is currently an essential component in the orientation process, and effective mentor relationships should continue to support nursing faculty as they progress throughout their career. However, nursing mentor relationships are often unstructured, unpredictable, and generate varied results (Penn et al., 2008). The development of a systematic, predictable method of transitioning the bedside nurse to the nurse faculty role has the potential to increase nursing faculty retention and ensure adequate numbers of nursing faculty for the future. The foundation of an effective transitional system begins with knowledge and should be based on evidence. The purpose of this evidence based project is to develop a systematic orientation system, the Structured Orientation Development System (SODS), to transition the expert bedside nurse to the expert nurse faculty role.

Sample Characteristics

The first step in the SODS was to provide a self-assessment survey to the nursing faculty from a central North Carolina school of nursing. The online survey hyperlink was emailed to each nursing faculty member via the Project Preceptor. Twenty-five nursing faculty members were identified by the Project Preceptor as eligible for this project. All 25 of the nursing faculty members were invited to participate in the project. Fourteen of

the 25 nursing faculty members completed the SODS Nursing Faculty Pre Self-Assessment Survey. Eleven of the 25 faculty members made no attempt to take the online survey. No technical difficulties in taking the online survey were reported to the preceptor, Project Administrator, or contracted online survey company. Therefore elective nonparticipation was assumed. All of the 14 nursing faculty members who attempted the online pre self-assessment survey were successful in completing the entire survey.

The participants who completed the SODS Pre Self-Assessment Survey were invited to attend the SODS Nursing Faculty Core Competency Workshop (step 2 in the SODS). Twelve of the 14 pre self-assessment survey participants attended the SODS Nursing Faculty Core Competency Workshop. Step three in the SODS was to invite the 12 participants from the workshop to complete the SODS Post Self-Assessment Survey. Thirty-three percent (4) of the workshop attendees completed the SODS Post Self-Assessment Survey (Table 6). All of the participants who completed the pre self-assessment survey were individually plotted on the SODS Teaching Continuum.

Table 6

SODS Project Participation: Nursing Faculty Pre and Post Self-Assessment Survey and SODS Nursing Faculty Core Competency Workshop (N 14)

	n
Completed the SODS Pre Self-Assessment Survey	14
Attended the SODS Nursing Faculty Core Competency Workshop	12
Completed the SODS Post Self-Assessment Survey	4

Demographic Data

There were 14 participants in the pre self-assessment survey. The participants ranged in age from 40 to 66, with the average age of 54.7 years old. The participants included 13 females and 1 male. The participants reported the number of years in the nursing profession were from 18 to 44, the number of years in nursing education were from 2 to 30 years, the number of years with your current employer varied from less than 1 to 20 years, and when asked how many professional conferences they had attended during the past three years answers ranged from 3 to 20 professional conferences (Table 7).

Table 7

SODS Nursing Faculty Pre Self-Assessment Survey (N 14)

Demographic Data	Average
Age	54.7
Number of years in nursing profession	32
Number of years in nursing education	15
Number of years with current employer	7.9
Number of professional conferences attended during the past 3 years	5.9

The participants reported their initial nursing licensures status as: diploma graduates, Associate Degree in Nursing (ADN) graduates, and Bachelor of Science in Nursing (BSN) graduates. Current nursing degrees representing the highest degree earned were reported as: Masters of Science in Nursing (MSN), Doctorate of Nursing Practice (DNP), and Doctor of Philosophy (PhD) (Table 8).

Table 8

SODS Nursing Faculty Pre Self-Assessment Survey (N 14)

Initial degree and highest degree earned	*n*	% (f)
Initial licensure status		
Diploma in Nursing	6	.42
Associate Degree in Nursing	4	.28
Bachelor of Science in Nursing	4	.28
Highest current degree		
Master of Science in Nursing	7	.50
Doctor of Nursing Practice	2	.14
Doctor of Philosophy	5	.36

The majority of the participants reported their primary work environment was in a BSN program, followed by an ADN program and a MSN program. However, it should be noted that several participants reported working in multiple program levels during the semester. Previous teaching experience encompassed a variety of nursing program types from Licensed Practical Nurse (LPN) to MSN. None of the participants reported teaching in a doctorate type nursing program (Table 9).

Table 9

SODS Nursing Faculty Pre Self-Assessment Survey (N 14)

Teaching experience	% (f)	
Current nursing program that you teach in		
ADN program	.29	
BSN program	.47	
MSN program	.24	
Experience teaching in other nursing programs		
LPN program	.03	
Diploma program	.18	
ADN program	.31	
BSN program	.33	
MSN program	.15	

The participants were asked how much education and guidance was given to them on how to teach in a nursing program, 'adequate guidance' scored the highest followed by 'great guidance'. Twenty-one percent of the participants stated that they had been offered 'a little guidance' on how to teach in a nursing program. None of the participants stated that they received 'no guidance' (Table 10).

Table 10

SODS Nursing Faculty Pre Self-Assessment Survey (N 14)

How much education and guidance have you had on 'How to teach'	% (f)
No guidance	0
A little guidance	.22
Adequate guidance	.50
Great guidance	.28

Less than 25% of the participants stated that they were NLN Nurse Educator Certified (CNE). A slightly larger percentage of the participants stated that they did have a mentor for their first teaching position (Table 11).

Table 11

SODS Nursing Faculty Pre Self-Assessment Survey (N 14)

NLN CNE; Mentor offered	yes	no
Are you NLN Nurse Educator Certified	.21	.78
Did you have a mentor for your first teaching position	.85	.14

Major Findings

SODS Pre Self-Assessment Data

All statistical data were entered into SPSS (Statistical Package for the Social Sciences Version 18). Scores were tabulated individually for the participants who completed the SODS Pre Self-Assessment Survey. Individual scores placed each participant in a teaching competency category from Novice to Expert. The participants teaching competency scores ranged from Advanced Beginner to Expert; none of the participants perceived themselves as a Novice educator. All of the participants who completed the SODS Pre Self-Assessment Survey were plotted on the SODS Teaching Continuum. Each of the eight NLN Core Competencies of Nurse Educators was individually scored; the total scores were tabulated based on the sum score for all of the

eight competencies added together. Each participant was placed in a teaching

competency category from Novice to Expert based on their total score (Table 12).

Table 12

SODS Nursing Faculty Pre Self-Assessment Survey Core Competency results for each competency (N 14)

Core Competency	N	AB	C	P	E	Average Competency Level
Core Competency One	0	0	.36	.36	.28	Proficient
Core Competency Two	.07	0	.21	.36	.36	Proficient
Core Competency Three	.07	0	.21	.36	.36	Competent
Core Competency Four	.14	.07	.21	.28	.28	Competent
Core Competency Five	.07	.14	.14	.36	.28	Proficient
Core Competency Six	0	.07	.28	.36	.28	Proficient
Core Competency Seven	.07	.0 7	.28	.36	.21	Proficient
Core Competency Eight	.14	.07	.21	.28	.28	Competent

Note. N- Novice, AB-Advanced Beginner, C-Competent, P-Proficient, E-Expert

The participants have been identified as Responder 1, 2, 3, etc. in an attempt to

individualize each participants survey answers. The participants' Teaching Competency

level, age, years in nursing, and years in nursing education were compared in order to

determine trends or patterns (Table 13).

Table 13

SODS Nursing Faculty Pre and Post Self-Assessment Survey (N 14)
Nursing Faculty Individual Core Competency Self-Assessment scores and competency
ranking

	Competency Level	Age	Years in nursing	Years in nursing education
Responder 1	Expert	66	44	30
Responder 2	Proficient	58	40	25
Responder 3	Competent	40	18	9
Responder 4	Advanced Beginner	51	30	3
Responder 5	Expert	49	28	22
Responder 6	Competent	50	28	15
Responder 7	Competent	59	38	14
Responder 8	Expert	50	30	25
Responder 9	Advanced Beginner	58	32	2
Responder 10	Proficient	51	32	10
Responder 11	Proficient	54	20	16
Responder 12	Proficient	58	35	30
Responder 13	Proficient	58	35	15
Responder 14	Expert	62	42	26

The NLN Core Competencies were ranked individually based on the participant's

score of each core competency. The core competencies were then placed in the ranking

order that represents the highest and lowest teaching competency score (Table 14). The

highest teaching competency score represents the core competency that the majority of

the participants scored themselves the most competent in. Core Competency number 2:

Facilitate learner development and socialization scored the highest among the

participants. Core Competency number 4: Participate in curriculum design and

evaluation of program scored the lowest as competent among the participants.

Table 14

SODS Nursing Faculty Pre Self-Assessment Survey (N 14)

Nursing Faculty's ranking of Core Competencies
Core Competency 2 - Facilitate learner development and socialization
Core Competency 1 - Facilitate learning
Core Competency 6 - Pursue continuous quality improvement in the nurse educator role
Core Competency 5 - Function as a change agent and leader for program outcomes
Core Competency 3 - Use assessment and evaluation strategies
Core Competency 7 - Engage in scholarship
Core Competency 8 - Function within the educational environment
Core Competency 4 - Participate in curriculum design and evaluation of program

SODS Nursing Faculty Core Competency Workshop

The Project Preceptor identified 25 eligible nursing faculty members for the

project. All 25 received the email hyperlink to the SODS Nursing Faculty Pre Self-

Assessment Survey, 14 nursing faculty members completed the survey, making them

eligible to attend the SODS Nursing Faculty Core Competency Workshop. Twelve of the

14 nursing faculty members attended the October 29, Monday afternoon three hour long

workshop.

The workshop was held at the school of nursing building located on the secondary

campus a few miles from the main campus. The Project Preceptor designated a nursing

faculty contact person for the Project Administrator to coordinate with the classroom set up. The Project Preceptor was out of town and therefore unable to attend the workshop. Arrangements were made with the contact person to set up the classroom in advance of the scheduled workshop time. The classroom was a modern large rectangular room approximately 20 by 50 feet. The room was equipped with student combination chair and swing arm desk top. Room capacity was approximately 80 desks. A countertop surface along the left hand side of the room was utilized as a buffet area to set up a fruit tray, vegetable tray, and refreshments.

The Pre Self-Assessment Survey completion certificates where collected as the nursing faculty entered the workshop. Each workshop participant received a SODS Nursing Faculty Core Competency Workshop power point handout. Eight Core Competency poster boards lined the back of the classroom. Each poster board listed one of the eight core competencies and two primary colored post-it notes that offered a teaching strategy or idea to help accomplish the competency. After a brief introduction the Project Administrator explained the purpose of the project and the objectives for the workshop. The participants were given a SODS Nursing Faculty Core Competency Workshop Handout in order to follow along with the lecture and to take notes if desired. The power point was interactive and lively as the participants answered questions and volunteered personal experiences that related to each core competency.

After the completion of the first half of the power point presentation, the Project Administrator randomly selected one participant to draw from the completed survey certificates for the $50.00 VISA gift card. The winning participant was present and

presented the gift card. Before a brief intermission, the participants were divided into groups of three and assigned two or three of the core competency posters lining the back wall of the classroom. They were instructed to add post-it notes with additional suggestions on how to accomplish the core competencies based on their teaching experiences. The participants were offered the snacks and refreshments while on their break. Some of the participants immediately moved to the back of the room and started adding post-it notes to their assigned poster board. As more participants re-entered the room, they too began working on their poster boards. After a few snacks the participants began wandering around the room looking at the other core competency poster boards and adding additional post-it notes on poster boards that they were not assigned. After approximately 30 minutes, all of the participants had read each poster board and contributed multiple post-it note suggestions.

The Project Administrator did not anticipate this degree of interaction, and after praising the group for their effort, the second portion of the power point presentation was started. The Project Administrator revised the second portion of the presentation to include the interactive group work of the participants. The Project Administrator asked the participants to verbally share with the group some of the new suggestions or ideas they acquired while reading the other poster boards. A rich and lively discussion followed as many of the participants shared what they had learned from each other. The workshop concluded with the Project Administrator providing information to the group about the SODS Post Self-Assessment Survey that would be emailed to them on

November 5, 2012. As the workshop participants exited the workshop, a large number of them offered words of encouragement and praise for the workshop and the project.

SODS Post Self-Assessment Data

The participants who completed both the SODS Nursing Faculty Pre Self-Assessment Survey (step 1) and the SODS Nursing Faculty Core Competency Workshop (step 2) were invited to take the SODS Nursing Faculty Post Self-Assessment Survey (step 3). Four out of the 12 potential participants completed the SODS Nursing Faculty Post Self-Assessment Survey. Seventy-five percent of the post self-assessment participants increased their self-assessment survey score. Only one participant of the post self-assessment survey decreased their survey score. Only one out of the four post self-assessment survey participant's teaching competency category changed based on their post self-assessment survey score. The pre and post self-assessment survey score percentage of change were noted as positive or negative (Table 15).

Table 15

SODS Nursing Faculty Pre and Post Self-Assessment Survey (N 4)

Nursing Faculty Individual Core Competency Pre and Post Self-Assessment scores

	Pre-survey Score	Competency Level	Post-survey Score	Competency Level	Score Change
Responder 1	327	Expert	269	Proficient	-0.21
Responder 5	310	Expert	328	Expert	+0.06
Responder 7	204	Competent	215	Competent	+0.05
Responder 13	260	Proficient	261	Proficient	+0.004

To establish reliability of the tool Cronbach's alpha coefficient was utilized. The

SODS Pre and Post Self-Assessment Survey's Cronbach alpha coefficient score was .78

indicating a positive correlation between variables and a positive indicator for reliability.

The SODS Nursing Faculty Pre and Post Self-Assessment Survey scores were

analyzed per competency for each pre and post survey completed. Each of the eight core

competencies were assigned a score based on the participant's perception of their

teaching competency level before and after attending the SODS Nursing Faculty Core

Competency Workshop. Participant's scores for their pre and post self-assessment

surveys include a notation of positive or negative score changes for each competency.

Responder number one's post self-assessment survey scores were consistently less than

their pre self-assessment survey scores. Responder number one's teaching competency

level dropped from Expert to Proficient based on total survey scores. The other three

participant's pre and post self-assessment survey scores did not alter their teaching

competency category (Table 16).

Table 16

SODS Nursing Faculty Pre and Post Self-Assessment Survey (N 4)
Competency scores pre survey, workshop attendance, post survey scores (change in
score)

	Responder 1	Responder 5	Responder 7	Responder 13
Competency 1	70 / 60 (-10)	39 / 70 (+31)	49 / 53 (+4)	51 / 56 (+5)
Competency 2	40 / 32 (-8)	38 / 39 (+1)	23 / 27 (+4)	32 /28 (-4)
Competency 3	33 / 22 (-8)	30 / 30 (0)	15 / 20 (+5)	25 / 24 (-1)
Competency 4	40 / 34 (-6)	36 / 40 (+4)	19 / 22 (+3)	32 / 32 (0)
Competency 5	40 / 31 (-9)	38 / 40 (+2)	26 / 24 (-2)	31 / 34 (+3)
Competency 6	40 / 35 (-5)	34 / 40 (+6)	29 / 28 (-1)	39 / 34 (-5)
Competency 7	27 / 24 (-3)	25 / 29 (+4)	20 / 17 (-3)	22 / 23 (+1)
Competency 8	40 / 31 (-9)	39 / 40 (+1)	23 / 24 (+1)	28 / 32 (+4)

A paired-sample t-test was used to analyze each SODS Nursing Faculty Pre and

Post Self-Assessment Survey mean scores. The mean scores of the SODS (standard

deviations in parentheses) were 275.25 (55.4) before the intervention and 268.25 (46.36)

after the intervention. This difference was not statistically significant, $t(3) = 4.03, p =$

.714, 95% CI [-48.22, 62.22]. A Pearson correlation of .66 representing a strong

correlation among the variables was noted (Table 17).

Table 17

SODS Pre- and Post- Self-Assessment Surveys; Paired Two Sample t test

Pre Survey		Post Survey			Mean Difference		
M	*SD*	*M*	*SD*	*N*	95% CI	*t*(3)	*p*
275.25	55.4	268.25	46.36	4	-48.22, 62.22	.403	.714

SODS Teaching Continuum

The four newly hired nursing faculty members were among the 14 SODS Pre Self-Assessment Survey participants who were plotted on the SODS Teaching Continuum. The four newly hired nursing faculty members were identified from the pre self-assessment survey by their answer to the question, 'the number of years with current employer'. The four newly hired nursing faculty members were compared for trending on their teaching competency level, age of participant, number of years in nursing profession, and number of years in nursing education (Table 18). The four newly hired nursing faculty members did not complete the SODS Post Self-Assessment Survey.

Table 18

SODS Nursing Faculty Pre Self-Assessment Survey (N 4)
Newly hired nursing faculty individual Core Competency Self-Assessment scores and competency ranking

	Competency Level	Age	Years in nursing	Years in nursing education
Responder 3	Competent	40	18	9
Responder 4	Advanced Beginner	51	30	3
Responder 9	Advanced Beginner	58	32	2
Responder 10	Proficient	51	32	10

Summary

The SODS was presented to the nursing faculty from a central North Carolina school of nursing program. The Project Preceptor emailed the nursing faculty the online hyperlink to participate in the pre and post self-assessment surveys. The nursing faculty who complete the pre self-assessment survey were invited to attend the SODS Nursing

Faculty Core Competency Workshop. The nursing faculty who attended the core competency workshop were invited to complete the post self-assessment survey. Demographic data was collected from all pre self-assessment surveys. Pre self-assessment core competency data provided insight to the perceived teaching competency level of each participant. The number of eligible workshop participants was relatively high based on the number of completed pre self-assessment surveys (85%). Post self-assessment survey completion produced a low outcome, representing less than 25% of those eligible to participate. All nursing faculty who completed the pre self-assessment survey were plotted on the SODS Teaching Continuum.

CHAPTER V

Discussion

The purpose of this evidence based project was to examine the implementation of the Structured Orientation Development System (SODS) as an alternate method of orientation and development for nursing faculty in the role of a nurse educator in an academic setting. The SODS is a six step process that could allow the novice nurse educator to self-assess their teaching competency level, plot their survey score results on the teaching continuum, develop goals to increase their teaching competency level, and evaluate their accomplishment. Mentorships with senior nursing faculty members have traditionally been utilized to orient, transition, and develop the expert bedside nurse to the role of the nurse educator. The mentor mentee experience is often random and unstructured, resulting in a less than consistent method of orientation. The SODS could provide a systematic, predictable method of transitioning the expert bedside nurse to the expert nurse faculty role.

Implication of Findings

Twenty-five potential nursing faculty members were eligible to participate in the project, 56% of those eligible participants completed the SODS Nursing Faculty Pre Self-Assessment Survey. Those participants who completed the pre self-assessment survey were invited to attend the SODS Nursing Faculty Core Competency Workshop. Twelve out of 14 (85%) participants attended the workshop; four out of the 12 (33%) workshop participants completed the SODS Nursing Faculty Post Self-Assessment Survey. The low response rate for the post self-assessment survey was not expected by the Project

Administrator. One potential explanation for the low response rate can be attributed to the impending Thanksgiving break and the delayed timing of the post self-assessment survey. The pre self-assessment survey was emailed to the nursing faculty seven days before the workshop. The post self-assessment survey was emailed by the Project Preceptor to the nursing faculty eight days following the workshop. The post self-assessment survey was scheduled to remain active for eight days. The Project Preceptor was out of town on the day the post self-assessment survey was to be sent. The Project Preceptor designated the acting associate dean to send the email to the nursing faculty. The post self-assessment survey was sent on the Monday, November 5, 2012, but instead it was sent to the nursing faculty on Tuesday, November 6, 2012 (Presidential Election Day). Monday was selected as the first day for the post self-assessment survey distribution because so many of the faculty were in their offices on Monday. Tuesday, the day of the email distribution, could have been a distraction due to the Presidential election. The nursing faculty was scheduled to be off for Thanksgiving break the week following the survey; this could have caused a distraction as many of the faculty were on break during the last two days of the survey. Higher response rates could have occurred if the post self-assessment survey had been emailed to the nursing faculty a day or two following the workshop.

The design composition and structural layout of the SODS Nursing Faculty Pre Self-Assessment Survey as an assessment tool proved successful in generating relevant data. Online participants who attempted to take and complete the surveys did so without

any reports of complications. The amount of time to complete the survey was consistent among the participants.

Demographic data from the project participants were equivalent to national statistics. The NLN (2010) Nurse Educator Shortage Fact Sheet reported 48% of nurse educators were age 55 and over, the project participants age averaged 54.7 with 50% over the age of 55. The survey questions that focused on the number of years in the nursing profession, and the number of years in nursing education revealed that 70% of the participants have devoted more of their nursing career to nursing education than they did to bedside nursing. An overwhelming 93% of the nursing faculty began their nursing careers in their early twenty's.

On a national level nurse faculty are not as well credentialed as their counterparts in other academic disciplines (NLN, 2010). Only one third of nurse educators in the United States hold a doctoral degree. In 2006 the NLN faculty census reported that 83% of full-time faculty teaching in associate degree nursing programs, and 92% of full time faculty teaching in diploma nursing programs hold a master's degree. Fifty percent of the SODS project participants held a master's degree and 50% held a doctoral degree. A high correlation was noted between the number of years in nursing education and highest earned degree. Those nursing faculty who have more longevity in nursing education also had the highest earned credentials.

In 2010 Baker called for a structured orientation program to ensure the novice nursing faculty can assimilate into their new role more easily, and to aid in their retention. When asked 'How much education and guidance have you received on how to

teach" 50% of the participants reported they received 'adequate guidance', no participants reported 'no guidance' as a response. Baker's research found that new nurse educators reported mixed results on their mentor experience largely depending on how committed the mentor was to the assigned role (Baker, 2010). Danna et al. (2010) stated that the process of orientation and faculty development could be achieved with the help of mentors, however an organized and comprehensive orientation plan is essential in preparing novice nursing faculty for the role.

The largest majority of the participants currently teach in a BSN program (47%). Most of the participants reported having some teaching experience in all levels of nursing education with the exception of a doctoral program. For the question, 'Are you NLN Nurse Educator Certified' an overwhelming 78% stated no. The NLN reported as of August 2012, that 3,415 full time nursing faculty had passed the Certified Nurse Educator certification (CNE) (NLN, 2012). In the same report the NLN stated that there were approximately 3,200 nurse educators nationwide in 2012. Therefore, less than ten percent of the identified nurse educators were registered as CNE certified. Twenty-two percent of the project participant's stated that they were NLN, CNE certified, which is well above the NLN's reported national average.

Individual pre self-assessment survey scores revealed none of the participants perceived themselves as a novice educator, two participant's scores placed them in the advanced beginner category, three participant's scores placed them in the competency category, five participant's scores placed them in the proficient category, and four participant's scores placed them in the expert category. No correlation was noted

between the age of the participant and the number of years in the nursing profession related to their perceived teaching competency levels. The number of years in nursing education was noted as a trend for those participants who perceived themselves as expert with an average of 25.75 years in nursing education. Those whose teaching competency score placed them in the proficient category averaged 19 years of experience in nursing education, those whose teaching competency score placed them in the competent category averaged 12.6 years in nursing education, and those participants whose teaching competency score placed them in the advanced beginner category averaged 2.5 years in nursing education. Therefore a correlation can be made that more years in nursing education equates to a higher teaching competency score. Fifty percent of the pre self-assessment survey participants have been in nursing education for 16-30 years, respectively these participant's pre self-assessment survey scores ranked them proficient and expert. However, one participant's pre self-assessment survey score ranked them as proficient with only 10 years in nursing education.

Table 12 compared the pre self-assessment survey participants perceived teaching competency level of each core competency. Core Competency number one, none of the participants perceived themselves as Novice or Advanced Beginner, the participant's scores for Core Competency number one placed the group in the Proficient Teaching Competency category. Core Competency number four had the highest number of participants perceive themselves as novice. Core Competency number four, Participate in Curriculum Design and Evaluation of Program Outcomes, is a key function of the nurse educator role. The competency reflects competence in connecting institutional

philosophy and mission with current health care trends, knowledge of program outcomes, and revision of the curriculum based on outcomes. The low scores in this competency could be a reflection of the probation status the school of nursing is currently under with the Board of Nursing related to low first time NCLEX pass rates. A nursing curriculum that is nursing faculty developed is often more supported by the faculty, and will therefore produce positive outcomes.

The SODS Nursing Faculty Core Competency Workshop had a great participation rate of 85% of those who completed the SODS Pre Self-Assessment Survey. The nursing faculty demonstrated positive attitudes and cooperation during the workshop. The nursing faculty openly shared teaching strategies to each of the core competencies. Open discussion forums encourage idea sharing among the nursing faculty; this semi structured environment can provide invaluable learning for novice nursing faculty.

Those participants who completed both the pre and post self-assessment surveys were consistent with their answer choices with the exception of one participant, whose post self-assessment survey data results were 58 points less (-21%) than their pre self-assessment survey score. The lower score moved Responder (1) from a teaching competency category of Expert to Proficient. Responder (1) is the oldest nursing faculty member with the most years in the nursing profession, and among two nursing faculty members with the most seniority in nursing education (30 years). Responder (1) pre self-assessment survey score was nearly perfect at 327 out of 330. The post self-assessment scores for Responder (1) varied per competency, the largest point decline of 10 points was noted on competency one. Assumptions can be made that the repeated exposure (pre

self-assessment survey, workshop, and post self-assessment survey) of the core competencies caused Responder (1) to reassess their teaching competency from a more informed perspective.

Three out of the four participants who completed both the pre and post self-assessment surveys maintained their teaching competency category, only one participant's teaching competency category dropped from expert on the pre self-assessment survey to proficient on the post- self-assessment survey. Data from the pre and post surveys revealed Core Competency number one had the greatest drop (-10) in points and the greatest increase (+31) in points. Core Competency number seven maintained the most consistent score for the four pre and post survey participants.

Three out of the four participants who completed both the pre and post self-assessment surveys maintained their teaching competency category, only one participant's teaching competency category dropped from expert on the pre self-assessment survey to proficient on the post- self-assessment survey. Data from the pre and post surveys revealed Core Competency number one had the greatest drop (-10) in points and the greatest increase (+31) in points. Core Competency number seven maintained the most consistent score for the four pre and post survey participants.

The four newly hired nursing faculty are younger in age on average (50 years) than the NLN's national nursing faculty average age (55 years), and younger than the average age of the project's nursing faculty members (54.7 years). Teaching competency scores for the newly hired were calculated as the following: two participants perceived they were advanced beginners, one participant perceived themselves as competent, and

one participant perceived themselves as proficient. These finding are consistent with the

number of years of teaching experience they reported. The advanced beginners reported

having two and three years of experience in nursing education and nine and ten years of

nursing education respectfully for the competent and proficient participants.

Application to Conceptual Framework

The NLN Core Competencies of Nurse Educators combined with Patricia

Benner's From Novice to Expert theory was an appropriate combination of conceptual

framework and guide for this project. The NLN Core Competencies of Nurse Educators

established in 2005 provided a timely and content appropriate guide for the nursing

faculty to self-assess their teaching competency level. By using the core competencies to

exhibit responsibilities described in role descriptions, faculty have a standards-based

framework for evaluating their own performance and for communicating the scope of

their responsibilities. The Core Competency standards should be used for determining

faculty qualifications, interviewing candidates for faculty positions, orienting new

faculty, conducting faculty evaluation processes, and developing goals for faculty

scholarship and professional development. Faculty mentors should use the core

competencies as role descriptions to provide evaluative feedback for faculty in their

transitional role as nurse educators and members of the academic community.

Benner's From Novice to Expert theory is considered by a few critics as general

in scope, however situational dependent. The model is relatively simple regarding the

five stages of achievement from novice to expert. Progression along the continuum of

the model is sequential but may include regression when the nurse finds him or herself in

an unfamiliar situation. Benner provides theoretical definitions for all major concepts within her theory, but not the operational definitions necessary for empirical measurements.

The NLN Core Competencies of Nurse Educators combined with Benner's From Novice to Expert theory provide a visual and objective guide that allows the nursing faculty member to discern which competency level most closely describes their skill and knowledge level.

Limitations

Several limitations exist for this study. Requiring the participants to complete the multiple steps of participation and attendance could have diminished participant interest in the project. Per the Project Preceptors request, the online survey hyperlink was emailed as a forward to the nursing faculty by the Project Preceptor and not the Project Administrator, this could have been perceived as a work performance related task. The SODS Nursing Faculty Core Competency Workshop was limited to one Monday afternoon and may not have been convenient for all nursing faculty members. The SODS Nursing Faculty Core Competency Workshop (step 2) and the SODS Post Self-Assessment Survey (step 3) were designed for the purpose of this project and will not be anticipated segments for the future implementation of the SODS.

Future implementation of the SODS will include a brief self-paced power-point tutorial that reviews the NLN Core Competencies of Nurse Educators in place of the three hour workshop. This tutorial will precede the SODS Nursing Faculty Self-Assessment Survey, the plotting of the teaching competency on the SODS Teaching

Continuum, and the development of goals to be reviewed at six months for progression and at one year for achievement.

Implications for Nursing

The SODS is a visionary step to improve the process of orienting and developing the expert bedside nurse to the expert nurse educator. The SODS is a structured method of orientation to the world of academia and to the professional development of skills and acquisition of knowledge. The SODS provides a simplistic definition of Benner's From Novice to Expert, this explanation of the terms allows the participant to self-assess their ability from novice to expert for each of the core competencies. Newly hired nursing faculty or new to the academic environment can utilize the SODS independently or through the guidance of a manager or mentor. Mentors from the traditional sense will assume a new role of guiding the new faculty member through the SODS Teaching Continuum, developing and assessing goals. The SODS has the potential to allow a nursing faculty to personalize a plan of orientation and career development. When multiple faculty are hired at one time the SODS could allow the nursing faculty member to customize a plan or orientation and development that is specific to their needs. Multiple SODS Teaching Continuum plans can be monitored by one mentor or manager.

Recommendations

The NLN Core Competencies of Nurse Educators should be a foundational element included in all levels of nursing education. The NLN Core Competencies of Nurse Educators should be included in the hiring process of new faculty, and included in the annual performance appraisal for each nursing faculty member. The implementation

of Benner's From Novice to Expert theory applied to the NLN Core Competencies of

Nurse Educators allows the individual to personalize their competency level from novice

to expert.

A brief introduction of the NLN Core Competencies of Nurse Educators in the

form of a power-point tutorial or handout prior to the SODS Self-Assessment Survey

would allow the nursing faculty member to review and reflect on the core competencies

before assigning a personal competency level. Plotting the competency level of each

nursing faculty member on the SODS Teaching Continuum is a visual and didactic form

of recognition of where to begin the process. Developing goals and setting dates to

review progression and achievement provide a sense of accountability to the process.

Conclusion

Due to the limited amount of literature on the topic of nursing faculty orientation

and development, the need for a structured orientation and development program is

essential as the current aging nursing faculty population begins to retire. The SODS

exposed the nursing faculty in a central North Carolina school of nursing to the NLN

Core Competencies of Nurse Educators on a personal level, allowing the nursing faculty

to select the teaching competency level from novice to expert that was the best fit for

them. The areas of professional growth are evident for the participants of this project.

Individual or group work could focus on the NLN Core Competencies of Nurse

Educators that scored as advanced beginner or competent. The importance of this project

is more evident than before for this Project Administrator. A successful strong nursing

faculty should produce exceptional nursing graduates.

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Appendix A

NLN CORE COMPETENCIES OF NURSE EDUCATORS
©WITH TASK STATEMENTS

Core Competency 1
Facilitate Learning
Nurse educators are responsible for creating an environment in classroom, laboratory, and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes. To facilitate learning effectively, the nurse educator:

• Implements a variety of teaching strategies appropriate to learner needs, desired learner outcomes, content, and context
• Grounds teaching strategies in educational theory and evidence-based teaching practices
• Recognizes multicultural, gender, and experiential influences on teaching and learning
• Engages in self-reflection and continued learning to improve teaching practices that facilitate learning
• Uses information technologies skillfully to support the teaching-learning process
• Practices skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in a variety of contexts
• Models critical and reflective thinking
• Creates opportunities for learners to develop their critical thinking and critical reasoning skills
• Shows enthusiasm for teaching, learning, and nursing that inspires and motivates students
• Demonstrates interest in and respect for learners
• Uses personal attributes (e.g., caring, confidence, patience, integrity and flexibility) that facilitate learning
• Develops collegial working relationships with students, faculty colleagues, and clinical agency personnel to promote positive learning environments
• Maintains the professional practice knowledge base needed to help learners prepare for contemporary nursing practice
• Serves as a role model of professional nursing

Core Competency 2
Facilitate Learner Development and Socialization
Nurse educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role. To facilitate learner development and socialization effectively, the nurse educator:

• Identifies individual learning styles and unique learning needs of international,
	adult, multicultural, educationally disadvantaged, physically challenged,
	at-risk, and second degree learners
• Provides resources to diverse learners that help meet their individual learning
	needs
• Engages in effective advisement and counseling strategies that help learners
	meet their professional goals
• Creates learning environments that are focused on socialization to the role of the
	nurse and facilitate learners' self-reflection and personal goal setting
• Fosters the cognitive, psychomotor, and affective development of learners
• Recognizes the influence of teaching styles and interpersonal interactions on
	learner outcomes Assists learners to develop the ability to engage in thoughtful
	and constructive self and peer evaluation
• Models professional behaviors for learners including, but not limited to,
	Involvementin professional organizations, engagement in lifelong
	learning activities, dissemination of information through publications,
	presentations, and advocacy

Core Competency 3
Use Assessment and Evaluation Strategies
Nurse educators use a variety of strategies to assess and evaluate student learning in
classroom, laboratory and clinical settings, as well as in all domains of learning. To use
assessment and evaluation strategies effectively, the nurse educator:

• Uses extant literature to develop evidence-based assessment and evaluation
	practices
• Uses a variety of strategies to assess and evaluate learning in the cognitive,
	psychomotor, and affective domains
• Implements evidence-based assessment and evaluation strategies that are
	appropriate to the learner and to learning goals
• Uses assessment and evaluation data to enhance the teaching-learning process
• Provides timely, constructive, and thoughtful feedback to learners
• Demonstrates skill in the design and use of tools for assessing clinical practice

Core Competency 4
Participate in Curriculum Design and Evaluation of Program Outcomes
Nurse educators are responsible for formulating program outcomes and designing
curricula that reflect contemporary health care trends and prepare graduates to function
effectively in the health care environment. To participate effectively in curriculum
design and evaluation of program outcomes, the nurse educator:

• Ensures that the curriculum reflects institutional philosophy and mission, current
	nursing and health care trends, and community and societal needs so as to

prepare graduates for practice in a complex, dynamic, multicultural health care environment
- Demonstrates knowledge of curriculum development including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies
- Bases curriculum design and implementation decisions on sound educational principles, theory, and research
- Revises the curriculum based on assessment of program outcomes, learner needs, and societal and health care trends
- Implements curricular revisions using appropriate change theories and strategies
- Creates and maintains community and clinical partnerships that support educational goals
- Collaborates with external constituencies throughout the process of curriculum revision
- Designs and implements program assessment models that promote continuous quality improvement of all aspects of the program

Core Competency 5
Function as a Change Agent and Leader
Nurse educators function as change agents and leaders to create a preferred future for nursing education and nursing practice. To function effectively as a change agent and leader, the nurse educator:

- Models cultural sensitivity when advocating for change
- Integrates a long-term, innovative, and creative perspective into the nurse educator role
- Participates in interdisciplinary efforts to address health care and educational needs locally, regionally, nationally, or internationally
- Evaluates organizational effectiveness in nursing education
- Implements strategies for organizational change
- Provides leadership in the parent institution as well as in the nursing program to enhance the visibility of nursing and its contributions to the academic community
- Promotes innovative practices in educational environments
- Develops leadership skills to shape and implement change

Core Competency 6
Pursue Continuous Quality Improvement in the Nurse EducatorRole
Nurse educators recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential. To pursue continuous quality improvement in the nurse educator role, the individual:

- Demonstrates a commitment to life-long learning
- Recognizes that career enhancement needs and activities change as experience is

gained in the role
- Participates in professional development opportunities that increase one's
  effectiveness in the role
- Balances the teaching, scholarship, and service demands inherent in the role of
  educator and member of an academic institution
- Uses feedback gained from self, peer, student, and administrative evaluation to
  improve role effectiveness
- Engages in activities that promote one's socialization to the role
- Uses knowledge of legal and ethical issues relevant to higher education and
  nursing education as a basis for influencing, designing, and implementing policies
  and procedures related to students, faculty, and the educational environment
- Mentors and supports faculty colleagues

Core Competency 7
Engage in Scholarship
Nurse educators acknowledge that scholarship is an integral component of the
faculty role, and that teaching itself is a scholarly activity. To engage effectively
in scholarship, the nurse educator:

- Draws on extant literature to design evidence-based teaching and evaluation
  practices
- Exhibits a spirit of inquiry about teaching and learning, student development,
  evaluation methods, and other aspects of the role
- Designs and implements scholarly activities in an established area of expertise
- Disseminates nursing and teaching knowledge to a variety of audiences through
  various means
- Demonstrates skill in proposal writing for initiatives that include, but are not
  limited to, research, resource acquisition, program development, and
  policy development
- Demonstrates qualities of a scholar: integrity, courage, perseverance, vitality,
  and creativity

Core Competency 8
Function within the Educational Environment
Nurse educators are knowledgeable about the educational environment within
which they practice and recognize how political, institutional, social and
economic forces impact their role. To function as a good "citizen of the
academy," the nurse educator:

- Uses knowledge of history and current trends and issues in higher education as a
  basis for making recommendations and decisions on educational issues
- Identifies how social, economic, political, and institutional forces influence
  higher education in general and nursing education in particular
- Develops networks, collaborations, and partnerships to enhance nursing's

influence within the academic community
- Determines own professional goals within the context of academic nursing and the mission of the parent institution and nursing program
- Integrates the values of respect, collegiality, professionalism, and caring to build an organizational climate that fosters the development of students and teachers
- Incorporates the goals of the nursing program and the mission of the parent institution when proposing change or managing issues
- Assumes a leadership role in various levels of institutional governance
- Advocates for nursing and nursing education in the political arena

These competencies were developed by the NLN's Task Group on Nurse Educator Competencies

Judith A. Halstead, DNS, RN (Chair), Wanda Bonnel, PhD, RN, Barbara Chamberlain, MSN, RN, CNS, C, CCRN,Pauline M. Green, PhD, RN, Karolyn R. Hanna, PhD, RN, Carol Heinrich, PhD, RN, Barbara Patterson, PhD, RN,Helen Speziale, EdD, RN, Elizabeth Stokes, EdD, RN, Jane Sumner, PhD, RN, Cesarina Thompson, PhD, RN,Diane M. Tomasic, EdD, RN, Patricia Young, PhD, RN, Mary Anne Rizzolo, EdD, RN, FAAN,(NLN Staff Liaison) (NLN, 2005)

Appendix B
Patricia Benner's From Novice to Expert Theory

Benner's Stages of Clinical Competence

In the acquisition and development of a skill, a nurse passes through five levels of proficiency: novice, advanced beginner, competent, proficient, and expert.

Stage 1: Novice

The Novice or beginner has no experience in the situations in which they are expected to perform. The Novice lacks confidence to demonstrate safe practice and requires continual verbal and physical cues. Practice is within a prolonged time period and he/she is unable to use discretionary judgement.

Stage 2: Advanced Beginner

Advanced Beginners demonstrate marginally acceptable performance because the nurse has had prior experience in actual situations. He/she is efficient and skilful in parts of the practice area, requiring occasional supportive cues. May/may not be within a delayed time period. Knowledge is developing.

Stage 3: Competent

Competence is demonstrated by the nurse who has been on the job in the same or similar situations for two or three years. The nurse is able to demonstrate efficiency, is coordinated and has confidence in his/her actions. For the Competent nurse, a plan establishes a perspective, and the plan is based on considerable conscious, abstract, analytic contemplation of the problem. The conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and organisation. Care is completed within a suitable time frame without supporting cues.

Stage 4: Proficient

The Proficient nurse perceives situations as wholes rather than in terms of chopped up parts or aspects. Proficient nurses understand a situation as a whole because they perceive its meaning in terms of long-term goals. The Proficient nurse learns from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. The Proficient nurse can now recognise when the expected normal picture does not materialise. This holistic understanding improves the Proficient nurse's decision making; it becomes less laboured because the nurse now has a perspective on which of the many existing attributes and aspects in the present situation are the important ones.

Stage 5: The Expert

The Expert nurse has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. The Expert operates from a deep understanding of the total situation. His/her performance becomes fluid and flexible and highly proficient. Highly skilled analytic ability is necessary for those situations with which the nurse has had no previous experience.

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice.* Menlo Park: Addison-Wesley, pp. 13-34.

Appendix C: National League for Nursing Permission Letter

NLN

National League
for **Nursing**

May 24, 2012

Dana Mangum
Gardner-Webb University
100 S Main Street
Boiling Springs, NC 28017
danamangum@carolina.rr.com

Dear Ms. Mangum:

I am writing in response to your e-mail of April 14, 2012, in which you request permission to use NLN materials for your capstone project at Gardner-Webb University in Boiling Springs, NC.

> **NLN Material Copyright Request**
> Use the Core Competencies of Nurse Educators in a nursing faculty self assessment survey for your capstone project at Gardner-Webb University in Boiling Springs, NC.
>
> **Permission Granted to:**
> Use the Core Competencies of Nurse Educators in a nursing faculty self assessment survey for your capstone project at Gardner-Webb University in Boiling Springs, NC.

In granting permission to include the material noted above, it is understood that the following assumptions operate and "caveats" will be respected:

- The material will be included only in a nursing faculty self assessment survey for your capstone project at Gardner-Webb University in Boiling Springs, NC.
- The material will not be modified in any way.
- The material will be cited as noted above.
- The self assessment survey in which the requested material appears will acknowledge that it has been included with the permission of the National League for Nursing, New York, NY
- The National League for Nursing owns these rights being granted
- No fees are being charged by the NLN for this permission.

I am pleased that material published by the NLN is seen as valuable, and I'm pleased that we are able to grant permission for its use. Please call me *(212-812-0329)* with any questions about items noted in this letter. Thank you.

Most sincerely,

Linda S. Christensen, JD, MSN, RN
Chief Administration Officer
National League for Nursing

Appendix D: Patricia Benner's Permission Letter

Dana Mangum

From: "Benner, Patricia" <Patricia.Benner@ucsf.edu>
To: "Dana Mangum" <
Sent: Tuesday, April 17, 2012 11:05 AM
Attach: Benner From Novice to Expert 5-31-07 Society and Technology article.doc
Subject: RE: Doctoral student needs permission

Dear Dana, I read your survey with great interest. It is excellent. I encourage you strongly to make this survey count and add a much larger number based upon a power analysis. Even without statistical analysis you will learn so much more with more responses. And believe it or not your write up will be easier and quicker because you will be more confident of the robustness of your data. This is an opportunity not to be lost on small numbers. If your survey works well, I am sure NLN would partner with you to further it. You are welcome to use the Novice to Expert theory, please see second edition of Expertise in Nursing practice 2010...for the best information. It is in the public domain, so as long as you follow citation rules, you do not really need my permission. I am attaching an article that may be useful, but please do read, especially the competent phase, chapter at the very least along with the introduction for a clarification and enrichment of the fact that this is not a trait or talent model but rather an experiential and developmental model. I am a bit disappointed not to see the influence of the Carnegie study Educating Nurses: A Call for Radical Transformation ....in your survey. You might want to read and add items on teaching for clinical imagination, integrating classroom and clinical education, knowledge acquisition and knowledge use, teaching for a sense of salience, and strengthening "socialization" to formation so that the student's agency (desire and commitment to form him or herself as a self-improving nurse) Please see EducatingNurses.com. I beg you to add in the demographic section a history of how much education and guidance they have had in learning how to teach...formal courses, continuing education courses, faculty development opportunities in their school, professional conferences....or even just ONE question on whether they have every had any formal courses on learning how to teach. How current and how much clinical experience (see Bain's work on best teachers who know their field in depth). More than you asked for but don't lose this opportunity to increase your sample size so that you will have publishable papers!! and can add to a very sparse field in focusing on domain specific education. Good luck!! (no feedback to me required!!) Just friendly advice in excess! Cordially, Patricia Benner

From: Dana Mangum
Sent: Saturday, April 14, 2012 12:06 PM
To: Benner, Patricia
Subject: Doctoral student needs permission

Dear Dr. Benner,

My name is Dana Mangum I am a second year Doctor of Nursing Practice (DNP) student at Gardner-Webb University in Boiling Springs, North Carolina. My capstone project will focus on a nursing faculty orientation and development program. I would like to use the NLN's core competencies of nurse educators in a nursing faculty self assessment survey. The competencies will not be altered and credit will be given to the NLN for use. I also plan to incorporate your From Novice to Expert Model in the survey. I would like to have your permission to use your model. I have attached a copy of the proposed survey. My project is projected to take place during the fall of 2012 academic semester. My plan is to email a link to the survey via - BSN nursing faculty at North Carolina.

Appendix E

SODS Pre Self-Assessment Survey

SODS

Structured Orientation Development System

A NURSING FACULTY

PRE-SELF ASSESSMENT SURVEY

SODS – Nursing Faculty Pre-Self Assessment Survey

Introduction

This project is being conducted by Dana Mangum at Gardner-Webb University to assess if personal perception will change after a three hour workshop on the NLN's Core Competencies for Nurse Educators.

Procedure

You will be asked to complete two online surveys. This is the **first survey**; it is being emailed to you two weeks before the workshop. The **second survey** will be emailed to you three weeks following the workshop. Each survey consists of 66 questions and will take approximately 15-20 minutes to complete. There are 18 demographic questions.

Risks

There are no risks for participation in this project.

Benefits

It is hoped that your participation will provide you with additional knowledge about the NLN's Core Competencies for Nurse Educator, help establish application validity to the survey, and provide information on what constitutes a nursing faculty.

Confidentiality

All information provided will remain confidential and will only be reported as group data with no identifying information. All data, including surveys will be kept in a secure location and only those directly involved with the project will have access to. After the project is completed, the surveys will be destroyed.

Participation

Participation in this project is voluntary. You have the right to withdraw at anytime or refuse to participate entirely without jeopardy to your job status, or standing with the college.

Questions about the Research

If you have questions regarding this study, you may contact Dana Mangum at 704-****, DMangum@****** or Dr. Mary Griffin at 704-******, MGriffin@*********

Survey Research - The return of this survey is your consent to participate in the project.

Patricia Benner's: From Novice to Expert Theory will be utilized during this survey as a guide to evaluate self perception of your teaching competency level. You are asked to select the competency level that best reflects your competency for each question, rating yourself from novice to expert on each question. Below is an example of each level of competency.

Patricia Benner's From Novice to Expert levels of nursing experience:

Novice

- Beginner with no experience
- Taught general rules to help perform tasks
- Rules are: context-free, independent of specific cases, and applied universally
- Rule-governed behavior is limited and inflexible
- Ex. "Tell me what I need to do and I'll do it."

Advanced Beginner

- Demonstrates acceptable performance
- Has gained prior experience in actual situations to recognize recurring meaningful components
- Principles, based on experiences, begin to be formulated to guide actions

Competent

- Typically a nurse with 2-3 years experience on the job in the same area or in similar day-to-day situations
- More aware of long-term goals
- Gains perspective from planning own actions based on conscious, abstract, and analytical thinking and helps to achieve greater efficiency and organization

Proficient

- Perceives and understands situations as whole parts
- More holistic understanding improves decision-making
- Learns from experiences what to expect in certain situations and how to modify plans

Expert

- No longer relies on principles, rules, or guidelines to connect situations and determine actions
- Much more background of experience
- Has intuitive grasp of clinical situations
- Performance is now fluid, flexible, and highly-proficient

SODS – STRUCTURED ORIENTATION DEVELOPMENT SYSTEM

Nursing Faculty Self Assessment Survey: Section 1/9

For each item identified below, select the term that you feel best represents your level of competency.

Competency 1 – Facilitate Learning Nurse educators are responsible for creating an environment in classroom, laboratory, and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes. To facilitate learning effectively, the nurse educator:	Teaching Competence Level				
	Novice	Advanced Beginner	Competent	Proficient	Expert
1. Implements a variety of teaching strategies appropriate to learner needs, desired learner outcomes, content, and context	○	○	○	○	○
2. Grounds teaching strategies in educational theory and evidence-based teaching practices	○	○	○	○	○
3. Recognizes multicultural, gender,and experiential influences on teaching and learning	○	○	○	○	○
4. Engages in self-reflection and continued learning to improve teaching practices that facilitate learning	○	○	○	○	○
5. Uses information technologies skillfully to support the teaching-learning process	○	○	○	○	○
6. Practices skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in a variety of contexts	○	○	○	○	○
7. Models critical and reflective thinking	○	○	○	○	○
8. Creates opportunities for learners to develop their critical thinking and critical reasoning skills	○	○	○	○	○
9. Shows enthusiasm for teaching, learning, and nursing that inspires and motivates students	○	○	○	○	○
10. Demonstrates interest in and respect for learners	○	○	○	○	○
11. Uses personal attributes (e.g., caring, confidence, patience, integrity and flexibility)	○	○	○	○	○
12. Develops collegial working relationships with students, faculty colleagues, and clinical agency personnel to promote positive learning	○	○	○	○	○

environments					
13. Maintains the professional practice knowledge base needed to help learners prepare for contemporary nursing practice	○	○	○	○	○
14. Serves as a role model of professional nursing	○	○	○	○	○

SODS – STRUCTURED ORIENTATION DEVELOPMENT SYSTEM

Nursing Faculty Self Assessment Survey: Section 2/9

For each item identified below, select the term that you feel best represents your level of competency.

Competency 2 – Facilitate Learner Development and Socialization Nurse educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role. To facilitate learner development and socialization effectively, the nurse educator:	Teaching Competence Level				
	Novice	Advanced Beginner	Competent	Proficient	Expert
1. Identifies individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second degree learners	○	○	○	○	○
2. Provides resources to diverse learners that help meet their individual learning needs	○	○	○	○	○
3. Engages in effective advisement and counseling strategies that help learners meet their professional goals	○	○	○	○	○
4. Creates learning environments that are focused on socialization to the role of the nurse and facilitate learners' self-reflection and personal goal setting	○	○	○	○	○
5. Fosters the cognitive, psychomotor, and affective development of learners	○	○	○	○	○
6. Recognizes the influence of teaching styles and interpersonal interactions on learner outcomes	○	○	○	○	○
7. Assists learners to develop the ability to engage in thoughtful and constructive self and peer evaluation	○	○	○	○	○
8. Models professional behaviors for learners including, but not limited to, involvement in professional organizations, engagement in lifelong learning activities, dissemination of information through publications and presentations, and advocacy	○	○	○	○	○

SODS – STRUCTURED ORIENTATION DEVELOPMENT SYSTEM

Nursing Faculty Self Assessment Survey: Section 3/9

For each item identified below, select the term that you feel best represents your level of competency.

Competency 3 – Use Assessment and Evaluation Strategies Nurse educators use a variety of strategies to assess and evaluate student learning in classroom laboratory and clinical settings, as well as in all domains of learning. To use assessment and evaluation strategies effectively, the nurse educator:	**Teaching Competence Level**				
	Novice	Advanced Beginner	Competent	Proficient	Expert
1. Uses extant literature to develop evidence-based assessment and evaluation practices	○	○	○	○	○
2. Uses a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and affective domains	○	○	○	○	○
3. Implements evidence-based assessment and evaluation strategies that are appropriate to the learner and to learning goals	○	○	○	○	○
4. Uses assessment and evaluation data to enhance the teaching-learning process	○	○	○	○	○
5. Provides timely, constructive, and thoughtful feedback to learners	○	○	○	○	○
6. Demonstrates skill in the design and use of tools for assessing clinical practice	○	○	○	○	○

SODS – STRUCTURED ORIENTATION DEVELOPMENT SYSTEM
Nursing Faculty Self-Assessment Survey: Section 4/9

For each item identified below, select the term that you feel best represents your level of competency.

Competency 4 – Participate in Curriculum Design and Evaluation of Program Outcomes Nurse Educators are responsible for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepares graduates to function effectively in the health care environment. To participate effectively in curriculum design and evaluation of program outcomes, the nurse educator:	**Teaching Competence Level**				
	Novice	**Advanced Beginner**	**Competent**	**Proficient**	**Expert**
1. Ensures that the curriculum reflects institutional philosophy and mission, current nursing and health care trends, and community and societal needs so as to prepare graduates for practice in a complex, dynamic, multicultural health care environment	○	○	○	○	○
2. Demonstrates knowledge of curriculum development including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies	○	○	○	○	○
3. Bases curriculum design and implementation decisions on sound educational principles, theory, and research	○	○	○	○	○
4. Revises the curriculum based on assessment of program outcomes, learner needs, and societal and health care trends	○	○	○	○	○
5. Implements curricular revisions using appropriate change theories and strategies	○	○	○	○	○

SODS – STRUCTURED ORIENTATION DEVELOPMENT SYSTEM
Nursing Faculty Self Assessment Survey: Section 5/9

For each item identified below, select the term that you feel best represents your level of competency.

Competency 5 - Function as a Change Agent and Leader Nurse educators function as change agents and leaders to create a preferred future for nursing education and nursing practice. To function effectively as a change agent and leader, the nurse educator:	Teaching Competence Level				
	Novice	Advanced Beginner	Competent	Proficient	Expert
1. Models cultural sensitivity when advocating for change	O	O	O	O	O
2. Integrates a long-term, innovative, and creative perspective into the nurse educator role	O	O	O	O	O
3. Participates in interdisciplinary efforts to address health care and educational needs locally, regionally, nationally, or internationally	O	O	O	O	O
4. Evaluates organizational effectiveness in nursing education	O	O	O	O	O
5. Implements strategies for organizational change	O	O	O	O	O
6. Provides leadership in the parent institution as well as in the nursing program to enhance the visibility of nursing and its contributions to the academic community	O	O	O	O	O
7. Promotes innovative practices in educational environments	O	O	O	O	O
8. Develops leadership skills to shape and implement change	O	O	O	O	O

SODS – STRUCTURED ORIENTATION DEVELOPMENT SYSTEM

Nursing Faculty Self Assessment Survey: Section 6/9

For each item identified below, select the term that you feel best represents your level of competency.

Competency 6 - Pursue Continuous Quality Improvement in the Nurse Educator Role Nurse educators recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential. To pursue continuous quality improvement in the nurse educator role, the individual:	**Teaching Competence Level**				
	Novice	**Advanced Beginner**	**Competent** **Proficient**		**Expert**
1. Demonstrates a commitment to life-long learning	○	○	○	○	○
2. Recognizes that career enhancement needs and activities change as experience is gained in the role	○	○	○	○	○
3. Participates in professional development opportunities that increase one'seffectiveness in the role	○	○	○	○	○
4. Balances the teaching, scholarship, and service demands inherent in the role of educator and member of an academic institution	○	○	○	○	○
5. Uses feedback gained from self, peer, student, and administrative evaluation to improve role effectiveness	○	○	○	○	○
6. Engages in activities that promote one's socialization to the role	○	○	○	○	○
7. Uses knowledge of legal and ethical issues relevant to higher education and nursing education as a basis for influencing, designing, and implementing policies and procedures related to students, faculty, and the educational environment	○	○	○	○	○
8. Mentors and supports faculty colleagues	○	○	○	○	○

SODS – STRUCTURED ORIENTATION DEVELOPMENT SYSTEM
Nursing Faculty Self Assessment Survey: Section 7/9

For each item identified below, select the term that you feel best represents your level of competency.

Competency 7 – Engage in Scholarship Nurse educators acknowledge that scholarship is an integral component of the faculty role, and that teaching itself is a scholarly activity. To engage effectively in scholarship, the nurse educator:	Teaching Competence Level				
	Novice	Advanced Beginner	Competent	Proficient	Expert
1. Draws on extant literature to design evidence-based teaching and evaluation practices	O	O	O	O	O
2. Exhibits a spirit of inquiry about teaching and learning, student development, evaluation methods, and other aspects of the role	O	O	O	O	O
3. Designs and implements scholarly activities in an established area of expertise	O	O	O	O	O
4. Disseminates nursing and teaching knowledge to a variety of audiences through various means	O	O	O	O	O
5. Demonstrates skill in proposal writing for initiatives that include, but are not limited to, research, resource acquisition, program development, and policy development	O	O	O	O	O
6. Demonstrates qualities of a scholar: integrity, courage, perseverance, vitality, and creativity	O	O	O	O	O

SODS – STRUCTURED ORIENTATION DEVELOPMENT SYSTEM
Nursing Faculty Self Assessment Survey: Section 8/9

For each item identified below, select the term that you feel best represents your level of competency.

Competency 8 – Function within the Educational Environment Nurse educators are knowledgeable about the educational environment within which they practice and recognize how political, institutional, social and economic forces impact their role. To function as a good "citizen of the academy," the nurse educator:	**Teaching Competence Level**				
	Novice	Advanced Beginner	Competent	Proficient	Expert
1.Uses knowledge of history and current trends and issues in higher education as a basis for making recommendations and decisions on educational issues	○	○	○	○	○
2. Identifies how social, economic, political, and institutional forces influence higher education in general and nursing education in particular	○	○	○	○	○
3. Develops networks, collaborations, and partnerships to enhance nursing's influence within the academic community	○	○	○	○	○
4. Determines own professional goals within the context of academic nursing and the mission of the parent institution and nursing program	○	○	○	○	○
5. Integrates the values of respect, collegiality, professionalism, and caring to build an organizational climate that fosters the development of students and teachers	○	○	○	○	○
6. Incorporates the goals of the nursing program and the mission of the parent institution when proposing change or managing issues	○	○	○	○	○
7. Assumes a leadership role in various levels of institutional governance	○	○	○	○	○
8. Advocates for nursing and nursing education in the political arena	○	○	○	○	○

SODS – STRUCTURED ORIENTATION DEVELOPMENT SYSTEM
Nursing Faculty Self Assessment Survey: Section 9/9

For each item identified below, select the appropriate answer.

Demographic Data Collection						
1. What is your unique number (make up 6 numbers)						
2. Gender	M	F				
3. Ethnicity	African American	Asian	Caucasian	Hispanic	Other	
4. Age						
5. Number of years in nursing profession						
6. Number of years in nursing education						
7. Number of years at current employer						
8. Type of nursing program you currently work in	ADN	BSN	MSN			
9. Highest degree earned	BSN	MSN	DNS	DNP	PhD	Other
10. What was your initial nursing degree	LPN	Diploma	ADN	BSN		
11. Type(s) of nursing programs you have worked in	Diploma	LPN	ADN	BSN	MSN	PhD
12. Did you have a mentor for your first teaching position	Yes	No				
13. Are you NLN Nurse Educator Certified	Yes	No				
14. How much education and guidance have you had on how to teach	No guidance	A little guidance	Adequate guidance	Great guidance		
15. How many formal courses on teaching have you had						
16. Do you attend continuing education courses	Yes	No				
17. Are faculty development opportunities available for you to attend at your school	Yes	No				
18. How many professional conferences have you attended in the past 3 years.						

1.Please print the certificate of completion.

2. Complete the certificate by printing your first and last name on the employee line.

3. Bring the completed certificate with you to the October 29, 2012 SODS Nursing Faculty Core Competency Workshop. A Visa gift card valued at 50.00 will be randomly given away during a drawing.

Certificate of Completion

SODS

Nursing Faculty Pre Self Assessment Survey

EMPLOYEE NAME_____

SODS Nursing Faculty Pre Self Assessment Survey, 2012

Appendix F

SODS Post Self-Assessment Survey

SODS

Structured Orientation Development System

A NURSING FACULTY

POST SELF-ASSESSMENT SURVEY

SODS – Nursing Faculty Post Self Assessment Survey

Post Survey Instructions

1) Please complete the SODS Nursing Faculty Post Self Assessment Survey only if you

 have taken the SODS Nursing Faculty Pre-Self Assessment Survey and

2) attended the three hour SODS Nursing Faculty Core Competency Workshop

Introduction

This project is being conducted by Dana Mangum at Gardner-Webb University to assess if personal perception will change after a three hour workshop on the NLN's Core Competencies for Nurse Educators.

Procedure

You will be asked to complete two online surveys. This is the **second survey** being emailed to you one week following the workshop. Each survey consists of 66 questions and will take approximately 15 - 20 minutes to complete. There are no demographic questions on this survey.

Risks

There are no risks for participation in this project.

Benefits

It is hoped that your participation will provide you with additional knowledge about the NLN's Core Competenciesof Nurse Educators, help establish application validity to the survey, and provide information on what constitutes a nursing faculty.

Confidentiality

All information provided will remain confidential and will only be reported as group data with no identifying information. All data, including surveys will be kept in asecure location and only those directly involved with the project will have access tothem. After the project is completed, the surveys will be destroyed.

Participation

Participation in this project is voluntary. You have the right to withdraw at anytime or refuse to participate entirely without jeopardy to your job status, or standing with the college.

Questions about the Research

If you have questions regarding this study, you may contact Dana Mangum at 704-****, DMangum@***** or Dr. Mary Griffin at 704-*****, MGriffin@********

Survey Research - The return of this survey is your consent to participate in the project.

Patricia Benner's From Novice to Expert Theory will be utilized during this survey as a guide to evaluate self perception of your teaching competency level. You are asked to select the competency level that best reflects your competency for each question, rating yourself from novice to expert on each question. Below is an example of each level of competency.

Patricia Benner's From Novice to Expert levels of nursing experience:

Novice

- Beginner with no experience
- Taught general rules to help perform tasks
- Rules are: context-free, independent of specific cases, and applied universally
- Rule-governed behavior is limited and inflexible
- Ex. "Tell me what I need to do and I'll do it."

Advanced Beginner

- Demonstrates acceptable performance
- Has gained prior experience in actual situations to recognize recurring meaningful components
- Principles, based on experiences, begin to be formulated to guide actions

Competent

- Typically a nurse with 2-3 years experience on the job in the same area or in similar day-to-day situations
- More aware of long-term goals
- Gains perspective from planning own actions based on conscious, abstract, and analytical thinking and helps to achieve greater efficiency and organization

Proficient

- Perceives and understands situations as whole parts
- More holistic understanding improves decision-making
- Learns from experiences what to expect in certain situations and how to modify plans

Expert

- No longer relies on principles, rules, or guidelines to connect situations and determine actions
- Much more background of experience
- Has intuitive grasp of clinical situations
- Performance is now fluid, flexible, and highly-proficient

SODS – STRUCTURED ORIENTATION DEVELOPMENT SYSTEM

Nursing Faculty Self Assessment Survey: Section 1/9

For each item identified below, select the term that you feel best represents your level of competency.

Competency 1 – Facilitate Learning Nurse educators are responsible for creating an environment in classroom, laboratory, and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes. To facilitate learning effectively, the nurse educator:	Teaching Competence Level				
	Novice	Advanced Beginner	Competent	Proficient	Expert
1. Implements a variety of teaching strategies appropriate to learner needs, desired learner outcomes, content, and context	O	O	O	O	O
2. Grounds teaching strategies in educational theory and evidence-based teaching practices	O	O	O	O	O
3. Recognizes multicultural, gender,and experiential influences on teaching and learning	O	O	O	O	O
4. Engages in self-reflection and continued learning to improve teaching practices that facilitate learning	O	O	O	O	O
5. Uses information technologies skillfully to support the teaching-learning process	O	O	O	O	O
6. Practices skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in a variety of contexts	O	O	O	O	O
7. Models critical and reflective thinking	O	O	O	O	O
8. Creates opportunities for learners to develop their critical thinking and critical reasoning skills	O	O	O	O	O
9. Shows enthusiasm for teaching, learning, and nursing that inspires and motivates students	O	O	O	O	O
10. Demonstrates interest in and respect for learners	O	O	O	O	O
11. Uses personal attributes (e.g., caring, confidence, patience, integrity and flexibility)	O	O	O	O	O

12. Develops collegial working relationships with students, faculty colleagues, and clinical agency personnel to promote positive learning environments	○	○	○	○	○
13. Maintains the professional practice knowledge base needed to help learners prepare for contemporary nursing practice	○	○	○	○	○
14. Serves as a role model of professional nursing	○	○	○	○	○

SODS – STRUCTURED ORIENTATION DEVELOPMENT SYSTEM

Nursing Faculty Self Assessment Survey: Section 2/9

For each item identified below, select the term that you feel best represents your level of competency.

Competency 2 – Facilitate Learner Development and Socialization Nurse educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role. To facilitate learner development and socialization effectively, the nurse educator:	Teaching Competence Level				
	Novice	Advanced Beginner	Competent	Proficient	Expert
1. Identifies individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second degree learners	○	○	○	○	○
2. Provides resources to diverse learners that help meet their individual learning needs	○	○	○	○	○
3. Engages in effective advisement and counseling strategies that help learners meettheir professional goals	○	○	○	○	○
4. Creates learning environments that are focused on socialization to the role of thenurse and facilitate learners' self-reflection and personal goal setting	○	○	○	○	○
5. Fosters the cognitive, psychomotor, and affective development of learners	○	○	○	○	○
6. Recognizes the influence of teaching styles and interpersonal interactions on learneroutcomes	○	○	○	○	○
7. Assists learners to develop the ability to engage in thoughtful and constructive selfand peer evaluation	○	○	○	○	○
8. Models professional behaviors for learners including, but not limited to, Involvementin professional organizations, engagement in lifelong learning activities,dissemination of information through publications and presentations, and advocacy	○	○	○	○	○

SODS – STRUCTURED ORIENTATION DEVELOPMENT SYSTEM

Nursing Faculty Self Assessment Survey: Section 3/9

For each item identified below, select the term that you feel best represents your level of competency.

Competency 3 – Use Assessment and Evaluation Strategies Nurse educators use a variety of strategies to assess and evaluate student learning in classroom laboratory and clinical settings, as well as in all domains of learning. To use assessment and evaluation strategies effectively, the nurse educator:	Teaching Competence Level				
	Novice	Advanced Beginner	Competent	Proficient	Expert
1. Uses extant literature to develop evidence-based assessment and evaluation practices	O	O	O	O	O
2. Uses a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and affective domains	O	O	O	O	O
3. Implements evidence-based assessment and evaluation strategies that are appropriate to the learner and to learning goals	O	O	O	O	O
4. Uses assessment and evaluation data to enhance the teaching-learning process	O	O	O	O	O
5. Provides timely, constructive, and thoughtful feedback to learners	O	O	O	O	O
6. Demonstrates skill in the design and use of tools for assessing clinical practice	O	O	O	O	O

SODS – STRUCTURED ORIENTATION DEVELOPMENT SYSTEM

Nursing Faculty Self Assessment Survey: Section 4/9

For each item identified below, select the term that you feel best represents your level of competency.

	Teaching Competence Level				
Competency 4 – Participate in Curriculum Design and Evaluation of Program Outcomes Nurse Educators are responsible for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepares graduates to function effectively in the health care environment. To participate effectively in curriculum design and evaluation of program outcomes, the nurse educator:	Novice	Advanced Beginner	Competent	Proficient	Expert
1. Ensures that the curriculum reflects institutional philosophy and mission, current nursing and health care trends, and community and societal needs so as to prepare graduates for practice in a complex, dynamic, multicultural health care environment	O	O	O	O	O
2. Demonstrates knowledge of curriculum development including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies	O	O	O	O	O
3. Bases curriculum design and implementation decisions on sound educational principles, theory, and research	O	O	O	O	O
4. Revises the curriculum based on assessment of program outcomes, learner needs, and societal and health care trends	O	O	O	O	O
5. Implements curricular revisions using appropriate change theories and strategies	O	O	O	O	O
6. Creates and maintains community and clinical partnerships that support educational goals	O	O	O	O	O
7. Collaborates with external constituencies throughout the process of curriculum revision	O	O	O	O	O
8. Designs and implements program assessment models that promote continuous qualityimprovement of all aspects of the program	O	O	O	O	O

SODS – STRUCTURED ORIENTATION DEVELOPMENT SYSTEM

Nursing Faculty Self Assessment Survey: Section 5/9

For each item identified below, select the term that you feel best represents your level of competency.

Competency 5 - Function as a Change Agent and Leader Nurse educators function as change agents and leaders to create a preferred future for nursing education and nursing practice. To function effectively as a change agent and leader, the nurse educator:	**Teaching Competence Level**				
	Novice	**Advanced Beginner**	**Competent**	**Proficient**	**Expert**
1. Models cultural sensitivity when advocating for change	O	O	O	O	O
2. Integrates a long-term, innovative, and creative perspective into the nurse educator role	O	O	O	O	O
3. Participates in interdisciplinary efforts to address health care and educational needslocally, regionally, nationally, or internationally	O	O	O	O	O
4. Evaluates organizational effectiveness in nursing education	O	O	O	O	O
5. Implements strategies for organizational change	O	O	O	O	O
6. Provides leadership in the parent institution as well as in the nursing program to enhance the visibility of nursing and its contributions to the academic community	O	O	O	O	O
7. Promotes innovative practices in educational environments	O	O	O	O	O
8. Develops leadership skills to shape and implement change	O	O	O	O	O

SODS – STRUCTURED ORIENTATION DEVELOPMENT SYSTEM

Nursing Faculty Self Assessment Survey: Section 6/9

For each item identified below, select the term that you feel best represents your level of competency.

Competency 6 - Pursue Continuous Quality Improvement in the Nurse Educator Role Nurse educators recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential. To pursue continuous quality improvement in the nurse educator role, the individual:	Teaching Competence Level				
	Novice	**Advanced Beginner**	**Competent**	**Proficient**	**Expert**
1. Demonstrates a commitment to life-long learning	O	O	O	O	O
2. Recognizes that career enhancement needs and activities change as experience is gained in the role	O	O	O	O	O
3. Participates in professional development opportunities that increase one's effectiveness in the role	O	O	O	O	O
4. Balances the teaching, scholarship, and service demands inherent in the role of educator and member of an academic institution	O	O	O	O	O
5. Uses feedback gained from self, peer, student, and administrative evaluation to improve role effectiveness	O	O	O	O	O
6. Engages in activities that promote one's socialization to the role	O	O	O	O	O
7. Uses knowledge of legal and ethical issues relevant to higher education and nursing education as a basis for influencing, designing, and implementing policies and procedures related to students, faculty, and the educational environment	O	O	O	O	O
8. Mentors and supports faculty colleagues	O	O	O	O	O

SODS – STRUCTURED ORIENTATION DEVELOPMENT SYSTEM

Nursing Faculty Self Assessment Survey: Section 7/9

For each item identified below, select the term that you feel best represents your level of competency.

Competency 7 – Engage in Scholarship Nurse educators acknowledge that scholarship is an integral component of the faculty role, and that teaching itself is a scholarly activity. To engage effectively in scholarship, the nurse educator:	Teaching Competence Level				
	Novice	**Advanced Beginner**	**Competent**	**Proficient**	**Expert**
1. Draws on extant literature to design evidence-based teaching and evaluation practices	O	O	O	O	O
2. Exhibits a spirit of inquiry about teaching and learning, student development, evaluation methods, and other aspects of the role	O	O	O	O	O
3. Designs and implements scholarly activities in an established area of expertise	O	O	O	O	O
4. Disseminates nursing and teaching knowledge to a variety of audiences through various means	O	O	O	O	O
5. Demonstrates skill in proposal writing for initiatives that include, but are not limited to, research, resource acquisition, program development, and policy development	O	O	O	O	O
6. Demonstrates qualities of a scholar: integrity, courage, perseverance, vitality, and creativity	O	O	O	O	O

SODS – STRUCTURED ORIENTATION DEVELOPMENT SYSTEM

Nursing Faculty Self Assessment Survey: Section 8/9

For each item identified below, select the term that you feel best represents your level of competency.

Competency 8 – Function within the Educational Environment Nurse educators are knowledgeable about the educational environment within which they practice and recognize how political, institutional, social and economic forces impact theirrole. To function as a good "citizen of the academy," the nurse educator:	Teaching Competence Level				
	Novice	Advanced Beginner	Competent	Proficient	Expert
1.Uses knowledge of history and current trends and issues in higher educationas abasis for making recommendations and decisions on educational issues	O	O	O	O	O
2. Identifies how social, economic, political, and institutional forces influence higher education in general and nursing education in particular	O	O	O	O	O
3. Develops networks, collaborations, and partnerships to enhance nursing's influence within the academic community	O	O	O	O	O
4. Determines own professional goals within the context of academic nursing and the mission of the parent institution and nursing program	O	O	O	O	O
5. Integrates the values of respect, collegiality, professionalism, and caring to build an organizational climate that fosters the development of students and teachers	O	O	O	O	O
6. Incorporates the goals of the nursing program and the mission of the parent institution when proposing change or managing issues	O	O	O	O	O
7. Assumes a leadership role in various levels of institutional governance	O	O	O	O	O
8. Advocates for nursing and nursing education in the political arena	O	O	O	O	O

Certificate of Completion

SODS

Nursing Faculty Post Self Assessment Survey

EMPLOYEE NAME_____

SODS Nursing Faculty Pre Self Assessment Survey, 2012

Appendix G

SODS - Teaching Continuum

Nursing Faculty Name: _____

       Date:
       Beginning SODS Teaching Competency Level = _____

       Date:
       One Year SODS Teaching Competency Level _____

Total Core Competency Score

Novice 66-99   Proficient 232-307

Advanced Beginner 100-165   Expert 308-330

Competent 166-231

Scoring System per Core Competency

Core Competency 1
Novice 14-21, Advanced Beginner 22-35, Competent 36-49, Proficient 50-63, Expert 64-7-

Core Competencies 3 & 7
Novice 6-10, Advanced Beginner 11-15, Competent 16-20, Proficient 21-25, Expert 26-30

Core Competencies 2, 4, 5, 6, 8
Novice 8-14, Advanced Beginner 15-21, Competent 22-28, Proficient 29-34, Expert 35-40

Core Competency 1 – Facilitate Learning

Nurse educators are responsible for creating an environment in classroom, laboratory, and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes. To facilitate learning effectively, the nurse educator:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert

Score

__   1. Implements a variety of teaching strategies appropriate to learner needs, desired learner outcomes, content, and context

__   2. Grounds teaching strategies in educational theory and evidence-based teaching practices

__   3. Recognizes multicultural, gender, and experiential influences on teaching and learning

__   4. Engages in self-reflection and continued learning to improve teaching practices the facilitate learning.

__   5. Uses information technologies skillfully to support the teaching-learning process

__   6. Practices skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in a variety of contexts

__   7. Models critical and reflective thinking

__   8. Creates opportunities for learners to develop their critical thinking and critical reasoning Skills

__   9. Shows enthusiasm for teaching, learning, and nursing that inspires and motivates students

__   10. Demonstrates interest in and respect for learners

__   11. Uses personal attributes (e.g., caring, confidence, patience, integrity and flexibility) that facilitate learning

__   12. Develops collegial working relationships with students, faculty colleagues, and clinical agency personnel to promote positive learning environments

__   13. Maintains the professional practice knowledge base needed to help learners prepare for contemporary nursing practice

__   14. Serves as a role model of professional nursing.

_____ points = _____ Competency Level

Goal#1

Goal#2

Six month review

_____

One year accomplishment

_____

Core Competency 2 – Facilitate Learner Development and Socialization
Nurse educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role. To facilitate learner development and socialization effectively, the nurse educator:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score

__ 1. Identifies individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second degree learners

__ 2. Provides resources to diverse learners that help meet their individual learning needs

__ 3. Engages in effective advisement and counseling strategies that help learners meet their professional goals

__ 4. Creates learning environments that are focused on socialization to the role of the nurse and facilitate learners' self-reflection and personal goal setting

__ 5. Fosters the cognitive, psychomotor, and affective development of learners

__ 6. Recognizes the influence of teaching styles and interpersonal interactions on learner outcomes

__ 7. Assists learners to develop the ability to engage in thoughtful and constructive self and peer evaluation

__ 8. Models professional behaviors for learners including, but not limited to, involvement in professional organizations, engagement in lifelong learning activities, dissemination of information through publications and presentations, and advocacy

_____ points = Competency Level
Goal#1
Goal#2
Six month review

_____
One year accomplishment
_____

Core Competency 3 – Use Assessment and Evaluation Strategies

Nurse educators use a variety of strategies to assess and evaluate student learning in classroom, laboratory and clinical settings, as well as in all domains of learning. To use assessment and evaluation strategies effectively, the nurse educator:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score

__   1. Uses extant literature to develop evidence-based assessment and evaluation practices

__   2. Uses a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and affective domains

__   3. Implements evidence-based assessment and evaluation strategies that are appropriate to the learner and to learning goals

__   4. Uses assessment and evaluation data to enhance the teaching-learning process

__   5. Provides timely, constructive, and thoughtful feedback to learners

__   6. Demonstrates skill in the design and use of tools for assessing clinical practice

_____ points = Competency Level
Goal#1
Goal#2
Six month review

_____

One year accomplishment

_____

Core Competency 4 – Participate in Curriculum Design and Evaluation of Program Outcomes

Nurse educators are responsible for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepare graduates to function effectively in the health care environment. To participate effectively in curriculum design and evaluation of program outcomes, the nurse educator:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score

__ 1. Ensures that the curriculum reflects institutional philosophy and mission, current nursing and health care trends, and community and societal needs so as to prepare graduates for practice in a complex, dynamic, multicultural health care environment

__ 2. Demonstrates knowledge of curriculum development including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies

__ 3. Bases curriculum design and implementation decisions on sound educational principle, theory, and research

__ 4. Revises the curriculum based on assessment of program outcomes, learner needs, and societal and health care trends

__ 5. Implements curricular revisions using appropriate change theories and strategies

__ 6. Creates and maintains community and clinical partnerships that support educational goals

__ 7. Collaborates with external constituencies throughout the process of curriculum revision

__ 8. Designs and implements program assessment models that promote continuous quality improvement of all aspects of the program

_____ points = Competency Level
Goal#1
Goal#2
Six month review
_____
One year accomplishment
_____

Core Competency 5 - Function as a Change Agent and Leader

Nurse educators function as change agents and leaders to create a preferred future for nursing education and nursing practice. To function effectively as a change agent and leader the nurse educator:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score

__ 1. Models cultural sensitivity when advocating for change

__ 2. Integrates a long-term, innovative, and creative perspective into the nurse educator role

__ 3. Participates in interdisciplinary efforts to address health care and educational needs locally, regionally, nationally, or internationally

__ 4. Evaluates organizational effectiveness in nursing education

__ 5. Implements strategies for organizational change

__ 6. Provides leadership in the parent institution as well as in the nursing program to enhance the visibility of nursing and its contributions to the academic community

__ 7. Promotes innovative practices in educational environments

__ 8. Develops leadership skills to shape and implement change

____ points = Competency Level
Goal#1.
Goal#2
Six month review
_____

One year accomplishment
_____

Core Competency 6 - Pursue Continuous Quality Improvement in the Nurse EducatorRole

Nurse educators recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential. To pursue continuous quality improvement in the nurse educator role, the individual:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score

__　　　1. Demonstrates a commitment to life-long learning

__　　　2. Recognizes that career enhancement needs and activities change as experience is gained in the role

__　　　3. Participates in professional development opportunities that increase one's effectiveness in the role

__　　　4. Balances the teaching, scholarship, and service demands inherent in the role of educator and member of an academic institution

__　　　5. Uses feedback gained from self, peer, student, and administrative evaluation to improve role effectiveness

__　　　6. Engages in activities that promote one's socialization to the role

__　　　7. Uses knowledge of legal and ethical issues relevant to higher education and nursing education as a basis for influencing, designing, and implementing policies and procedures related to students, faculty, and the educational environment

__　　　8. Mentors and supports faculty colleagues

_____ points = Competency Level
Goal#1
Goal#2
Six month review

_____

One year accomplishment

_____

Core Competency 7 – Engage in Scholarship

Nurse educators acknowledge that scholarship is an integral component of the faculty roleand that teaching itself is a scholarly activity. To engage effectively in scholarship, the nurse educator:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score

__   1. Draws on extant literature to design evidence-based teaching and evaluation practices

__   2. Exhibits a spirit of inquiry about teaching and learning, student development,evaluation methods, and other aspects of the role

__   3. Designs and implements scholarly activities in an established area of expertise

__   4. Disseminates nursing and teaching knowledge to a variety of audiences through various means

__   5. Demonstrates skill in proposal writing for initiatives that include, but are not limited to, research, resource acquisition, program development, and policy development

__   6. Demonstrates qualities of a scholar: integrity, courage, perseverance, vitality, and creativity

_____ points = Competency Level

Goal#1
Goal#2
Six month review

_____

One year accomplishment

_____

Core Competency 8 – Function within the Educational Environment

Nurse educators are knowledgeable about the educational environment within which they practice and recognize how political, institutional, social and economic forces impact theirrole. To function as a good "citizen of the academy," the nurse educator:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score

__　　　　1. Uses knowledge of history and current trends and issues in higher education as a basis for making recommendations and decisions on educational issues

__　　　　2. Identifies how social, economic, political, and institutional forces influence higher education in general and nursing education in particular

__　　　　3. Develops networks, collaborations, and partnerships to enhance nursing's influence within the academic community

__　　　　4. Determines own professional goals within the context of academic nursing and the mission of the parent institution and nursing program

__　　　　5. Integrates the values of respect, collegiality, professionalism, and caring to build an organizational climate that fosters the development of students and teachers incorporates the goals of the nursing program and the mission of the parent institution when proposing change or managing issues

__　　　　6. Assumes a leadership role in various levels of institutional governance

__　　　　7. Advocates for nursing and nursing education in the political arena

＿＿＿＿＿＿＿＿＿ points = Competency Level
Goal#1
Goal#2
Six month review
_____

One year accomplishment
_____

Appendix H

SODS Nursing Faculty Core Competency Workshop Power Point

Nursing Faculty Core Competency Workshop #1

Objectives:

1) Nursing faculty will attend the Nursing Faculty Core Competency Workshop.

2) By the end of the workshop the nursing faculty will be able to identify the 8 NLN Core Competencies of Nurse Educators.

3) By the end of the workshop the nursing faculty will be able to identify Patricia Benner's From Novice to Expert Theory.

4) By the end of the workshop nursing faculty will demonstrate the ability to incorporate one basic principles of the NLN Core Competencies of Nurse Educators into their professional knowledge base.

5) Build strong partnerships with co-workers and employers to produce strong learning environments for students.

Patricia Benner's From Novice to Expert Model

Novice

Advanced Beginner

Competent

Proficient

Expert

Facilitate Learning
NLN Core Competency #1

Nurse educators are responsible for creating an environment in the classroom, laboratory, and clinical setting that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes.

Facilitate Learner Development and Socialization
NLN Core Competency #2

Nurse educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role.

Use Assessment and Evaluation Strategies

NLN Core Competency # 3

Nurse educators use a variety of strategies to assess and evaluate student learning in classroom laboratory and clinical settings. As well as in all domains of learning.

Participate in Curriculum Design and Evaluation of Program Outcomes

NLN Core Competency # 4

Nurse educators are responsible for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepares graduates to function effectively in the health care environment.

Function as a Charge Agent and Leader
NLN Core Competency # 5

Nurse educators function as change agents and leaders to create a preferred future for nursing education and nursing practice.

Pursue Continuous Quality Improvement in the Nurse Educator role
NLN Core Competency # 6

Nurse educators recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential.

Engage in Scholarship
NLN Core Competency # 7

Nurse educators acknowledge that scholarship is an integral component of the faculty role, and that teaching itself is a scholarly activity.

Function within the Educational Environment
NLN Core Competency # 8

Nurse educators are knowledgeable about the educational environment within which they practice and recognize who political, institutional, social and economic forces impact their role.

Function within the Educational Environment
NLN Core Competency # 8

Nurse educators are knowledgeable about the educational environment within which they practice and recognize who political, institutional, social and economic forces impact their role.
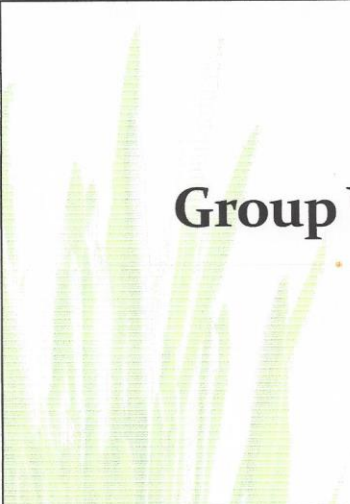
Food Break

1/26/2013

Group Work

30 minute
count down

Restart

Presentations

Facilitate Learning
NLN Core Competency # 1

Nurse educators are responsible for creating an environment in the classroom, laboratory, and clinical setting that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes.

Facilitate Learner Development and Socialization
NLN Core Competency # 2

Nurse educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role.

Use Assessment and Evaluation Strategies
NLN Core Competency # 3

Nurse educators use a variety of strategies to assess and evaluate student learning in classroom laboratory and clinical settings. As well as in all domains of learning.

Participate in Curriculum Design and Evaluation of Program Outcomes

NLN Core Competency # 4

Nurse educators are responsible for formulating of program outcomes. Nurse educators are responsible for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepares graduates to function effectively in the health care environment.

Function as a Charge Agent and Leader

NLN Core Competency # 5

Nurse educators function as change agents and leaders to create a preferred future for nursing education and nursing practice.

Pursue Continuous Quality Improvement in the Nurse Educator role

NLN Core Competency # 6

Nurse educators recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential.

Engage in Scholarship

NLN Core Competency # 7

Nurse educators acknowledge that scholarship is an integral component of the faculty role, and that teaching itself is a scholarly activity.

Function within the Educational Environment
NLN Core Competency # 8

Nurse educators are knowledgeable about the educational environment within which they practice and recognize who political, institutional, social and economic forces impact their role.

Thank you

Appendix I

SODS Nursing Faculty Core Competency Workshop

Participant Handout Material

SODS

Structured Orientation Development System
For
Nursing Faculty

Dana Mangum MSN, RN

Why SODS?
**The Structured Orientation Development
System for Nursing Faculty.**

> Nursing faculty (the sod) are the core of the
> nursing profession, guiding and developing
> seedlings (the students) to meet their full
> potential of becoming established sod.
>
> Nursing faculty must first be nourished
> themselves and allowed to thrive, in order to
> produce seedlings.

Nursing Faculty Core Competency Workshop #1

Objectives:
1) Nursing faculty will attend the Nursing Faculty Core Competency Workshop.
2) By the end of the workshop the nursing faculty will be able to identify the 8 NLN Core Competencies of Nurse Educators.
3) By the end of the workshop the nursing faculty will be able to identify Patricia Benner's From Novice to Expert Theory.
4) By the end of the workshop nursing faculty will demonstrate the ability to incorporate one basic principles of the NLN Core Competencies of Nurse Educators into their professional knowledge base.
5) Build strong partnerships with co-workers and employers to produce strong learning environments for students.

Patricia Benner's From Novice to Expert Model

Novice

Advanced Beginner

Competent

Proficient

Expert

Facilitate Learning
NLN Core Competency #1

Nurse educators are responsible for creating an environment in the classroom, laboratory, and clinical setting that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes.

Facilitate Learner Development and Socialization
NLN Core Competency #2

Nurse educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role.

Use Assessment and Evaluation Strategies

NLN Core Competency # 3

Nurse educators use a variety of strategies to assess and evaluate student learning in classroom laboratory and clinical settings. As well as in all domains of learning.

Participate in Curriculum Design and Evaluation of Program Outcomes

NLN Core Competency # 4

Nurse educators are responsible for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepares graduates to function effectively in the health care environment.

Function as a Charge Agent and Leader

NLN Core Competency # 5

Nurse educators function as change agents and leaders to create a preferred future for nursing education and nursing practice.

Pursue Continuous Quality Improvement in the Nurse Educator role
NLN Core Competency # 6

Nurse educators recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential.

Engage in Scholarship
NLN Core Competency # 7

Nurse educators acknowledge that scholarship is an integral component of the faculty role, and that teaching itself is a scholarly activity.

Function within the Educational Environment
NLN Core Competency # 8

Nurse educators are knowledgeable about the educational environment within which they practice and recognize who political, institutional, social and economic forces impact their role.

Thank you

November 5 -12

The second SODS Nursing Faculty Self-Assessment Survey link will be emailed to you.

The second VISA gift card drawing will be November 19, 2012

A Nursing Faculty debriefing of the project has been tentatively scheduled for mid December.

Appendix J

SODS - Teaching Continuum Example 1

Nursing Faculty Name: <u>Example for Responder # 9</u>

   Date: October, 2013
   Beginning SODS Teaching Competency Level= <u>Advanced Beginner</u>

   Date:
   One Year SODS Teaching Competency Level _____

Total Core Competency Score

   Novice: 66-99   Proficient: 232-307

   Advanced Beginner: 100-165   Expert: 308-330

   Competent: 166-231

Scoring System per Core Competency

Core Competency 1
Novice 14-21, Advanced Beginner 22-35, Competent 36-49, Proficient 50-63, Expert 64-7

Core Competencies 3 & 7
Novice 6-10, Advanced Beginner 11-15, Competent 16-20, Proficient 21-25, Expert 26-30

Core Competencies 2, 4, 5, 6, 8
Novice 8-14, Advanced Beginner 15-21, Competent 22-28, Proficient 29-34, Expert 35-40

Core Competency 1 – Facilitate Learning

Nurse educators are responsible for creating an environment in classroom, laboratory, and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes. To facilitate learning effectively, the nurse educator:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score

Score	
1	1. Implements a variety of teaching strategies appropriate to learner needs, desired learner outcomes, content, and context
1	2. Grounds teaching strategies in educational theory and evidence-based teaching practices
2	3. Recognizes multicultural, gender, and experiential influences on teaching and learning
3	4. Engages in self-reflection and continued learning to improve teaching practices the facilitate learning.
2	5. Uses information technologies skillfully to support the teaching-learning process
2	6. Practices skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in a variety of contexts
3	7. Models critical and reflective thinking
3	8. Creates opportunities for learners to develop their critical thinking and critical reasoning skills
3	9. Shows enthusiasm for teaching, learning, and nursing that inspires and motivates students
2	10. Demonstrates interest in and respect for learners
1	11. Uses personal attributes (e.g., caring, confidence, patience, integrity and flexibility) that facilitate learning
3	12. Develops collegial working relationships with students, faculty colleagues, and clinical agency personnel to promote positive learning environments
3	13. Maintains the professional practice knowledge base needed to help learners prepare for contemporary nursing practice
4	14.Serves as a role model of professional nursing.

33 points = Advanced Beginner Competency Level

Goal#1 Question #1: Implements a variety of teaching strategies such as classroom case studies and group discussions.
Goal#2 Question #2: Grounds teaching strategies in educational theory and evidence based teaching practice by reviewing lecture material with current text books and journals.
Six month review

_____

One year accomplishment

_____

Core Competency 2 – Facilitate Learner Development and Socialization

Nurse educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role. To facilitate learner development and socialization effectively, the nurse educator:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score

2   1. Identifies individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second degree learners

1   2. Provides resources to diverse learners that help meet their individual learning needs

1   3. Engages in effective advisement and counseling strategies that help learners meet their professional goals

2   4. Creates learning environments that are focused on socialization to the role of the nurse and facilitate learners' self-reflection and personal goal setting

1   5. Fosters the cognitive, psychomotor, and affective development of learners

1   6. Recognizes the influence of teaching styles and interpersonal interactions on learner outcomes

1   7. Assists learners to develop the ability to engage in thoughtful and constructive self and peer evaluation

5   8. Models professional behaviors for learners including, but not limited to, involvement in professional organizations, engagement in lifelong learning activities, dissemination of information through publications and presentations, and advocacy

14 points = Novice Competency Level

Goal#1 Question #2: Provides resources to diverse learners that help meet their individual learning needs such as outlines of power point lectures, allows lectures to be recorded, and offers videos and multi-media resources.
Goal#2 Question #3: Engages in effective advisement and counseling strategies that help learners meet their professional goals such as utilizing an outline for advisement or counseling needs that covers a variety of learning methods to offer the student.
Six month review

_____

One year accomplishment

_____

Core Competency 3 – Use Assessment and Evaluation Strategies

Nurse educators use a variety of strategies to assess and evaluate student learning in classroom, laboratory and clinical settings, as well as in all domains of learning. To use assessment and evaluation strategies effectively, the nurse educator:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score
1   1. Uses extant literature to develop evidence-based assessment and evaluation practices
1   2. Uses a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and affective domains
1   3. Implements evidence-based assessment and evaluation strategies that are appropriate to the learner and to learning goals
2   4. Uses assessment and evaluation data to enhance the teaching-learning process
2   5. Provides timely, constructive, and thoughtful feedback to learners
1   6. Demonstrates skill in the design and use of tools for assessing clinical practice

8 points = Novice Competency Level

Goal#1 Question #1: Uses extant literature to develop evidence based assessment and evaluation practices. Reviews and revises as necessary current assessment and evaluation practices.
Goal#2 Question #2: Uses a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and affective domains by utilizing a variety of charts found on the internet that reflects examples of each learning domain
Six month review
_____

One year accomplishment
_____

Core Competency 4 – Participate in Curriculum Design and Evaluation of Program Outcomes

Nurse educators are responsible for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepare graduates to function effectively in the health care environment. To participate effectively in curriculum design and evaluation of program outcomes, the nurse educator:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score

1   1. Ensures that the curriculum reflects institutional philosophy and mission, current nursing and health care trends, and community and societal needs so as to prepare graduates for practice in a complex, dynamic, multicultural health care environment

1   2. Demonstrates knowledge of curriculum development including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies

1   3. Bases curriculum design and implementation decisions on sound educational principle, theory, and research

1   4. Revises the curriculum based on assessment of program outcomes, learner needs, and societal and health care trends

1   5. Implements curricular revisions using appropriate change theories and strategies

1   6. Creates and maintains community and clinical partnerships that support educational goals

1   7. Collaborates with external constituencies throughout the process of curriculum revision

1   8. Designs and implements program assessment models that promote continuous quality improvement of all aspects of the program

8 points = Novice Competency Level

Goal#1 Question #1: Ensures that the curriculum reflects institutional philosophy and mission, current nursing and health care trends, and community and societal needs so as to prepare graduates for practice in a complex, dynamic, multicultural health care environment. Review the colleges institutional philosophy and mission statement for congruence with course material. Review national and professional standards to lecture and clinical practice.

Goal#2 Question #2: Demonstrates knowledge of curriculum development including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies by having a curriculum committee member review current course objectives, learning activities and evaluation process.

Six month review

_____

One year accomplishment

_____

Core Competency 5 - Function as a Change Agent and Leader

Nurse educators function as change agents and leaders to create a preferred future fornursing education and nursing practice. To function effectively as a change agent and leader the nurse educator:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score
3   1. Models cultural sensitivity when advocating for change
3   2. Integrates a long-term, innovative, and creative perspective into the nurse educator role
2   3. Participates in interdisciplinary efforts to address health care and educational needs locally, regionally, nationally, or internationally
2   4. Evaluates organizational effectiveness in nursing education
2   5. Implements strategies for organizational change
2   6. Provides leadership in the parent institution as well as in the nursing program to enhance the visibility of nursing and its contributions to the academic community
2   7. Promotes innovative practices in educational environments
2   8. Develops leadership skills to shape and implement change

18 points = Advanced Beginner Competency Level

Goal#1 Question #3: Participates in interdisciplinary efforts to address health care and educational needs locally, regionally, nationally, or internationally by reading at least two interdisciplinary articles and or attending a workshop or conference.
Goal#2 Question # 4: Evaluates organizational effectiveness in nursing education by reviewing the colleges organizational structure and corresponding roles.

Six month review
_____

One year accomplishment
_____

Core Competency 6 - Pursue Continuous Quality Improvement in the Nurse EducatorRole

Nurse educators recognize that their role is multidimensional and that an ongoingcommitment to develop and maintain competence in the role is essential. To pursue continuous quality improvement in the nurse educator role, the individual:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score
5   1. Demonstrates a commitment to life-long learning
5   2. Recognizes that career enhancement needs and activities change as experience is gained in the role
4   3. Participates in professional development opportunities that increase one's effectiveness in the role
2   4. Balances the teaching, scholarship, and service demands inherent in the role of educator and member of an academic institution
4   5. Uses feedback gained from self, peer, student, and administrative evaluation to improve role effectiveness
3   6. Engages in activities that promote one's socialization to the role
2   7. Uses knowledge of legal and ethical issues relevant to higher education and nursing education as a basis for influencing, designing, and implementing policies and procedures related to students, faculty, and the educational environment
1   8. Mentors and supports faculty colleagues

31 points = Proficient Competency Level

Goal#1 Question #8: Mentors and supports faculty colleagues by offering to mentor or provide expertise knowledge to assist a colleague in clinical or classroom.
Goal#2 Question #4: Balances the teaching, scholarship, and service demands inherent in the role of educator and member of an academic institution by designating one day each semester to devote time to scholarship or service.
Six month review

_____

One year accomplishment

_____

Core Competency 7 – Engage in Scholarship

Nurse educators acknowledge that scholarship is an integral component of the faculty role and that teaching itself is a scholarly activity. To engage effectively in scholarship, the nurse educator:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert

Score

3   1. Draws on extant literature to design evidence-based teaching and evaluation practices

2   2. Exhibits a spirit of inquiry about teaching and learning, student development, evaluation methods, and other aspects of the role

3   3. Designs and implements scholarly activities in an established area of expertise

3   4. Disseminates nursing and teaching knowledge to a variety of audiences through various means

2   5. Demonstrates skill in proposal writing for initiatives that include, but are not limited to, research, resource acquisition, program development, and policy development

2   6. Demonstrates qualities of a scholar: integrity, courage, perseverance, vitality, and creativity

15 points = Advanced Beginner Competency Level

Goal#1 Question #2: Exhibits a spirit of inquiry about teaching and learning, student development, evaluation methods, and other aspects of the role by reporting to the faculty one article per semester that relates to one of the spirits of inquiry.

Goal#2 Question # 5: Demonstrates skill in proposal writing for initiatives that include, but are not limited to, research, resource acquisition, program development, and policy development by documenting question #2's goals for the nursing faculty to review.

Six month review

_____

One year accomplishment

_____

Core Competency 8 – Function within the Educational Environment

Nurse educators are knowledgeable about the educational environment within which they practice and recognize how political, institutional, social and economic forces impact theirrole. To function as a good "citizen of the academy," the nurse educator:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score

<u>1</u>   1. Uses knowledge of history and current trends and issues in higher education as a basis for making recommendations and decisions on educational issues

<u>1</u>   2. Identifies how social, economic, political, and institutional forces influence higher education in general and nursing education in particular

<u>1</u>   3. Develops networks, collaborations, and partnerships to enhance nursing's influence within the academic community

<u>2</u>   4. Determines own professional goals within the context of academic nursing and the mission of the parent institution and nursing program

<u>1</u>   5. Integrates the values of respect, collegiality, professionalism, and caring to build an organizational climate that fosters the development of students and teachers, incorporates the goals of the nursing program and the mission of the parent institution when proposing change or managing issues

<u>1</u>   6. Assumes a leadership role in various levels of institutional governance

<u>1</u>   7. Advocates for nursing and nursing education in the political arena

<u>7 points = Novice Competency Level</u>

Goal#1 Question #1: Uses knowledge of history and current trends and issues in higher education as a basis for making recommendations and decisions on educational issues by reading and reporting on one evidence based article per semester.
Goal#2 Question # 2: Identifies how social, economic, political, and institutional forces influence higher education in general and nursing education in particular through membership to a professional organization.
Six month review

_____

One year accomplishment

_____

Appendix K

SODS - Teaching Continuum Example 2

Nursing Faculty Name: <u>Example for Responder # 10</u>

      Date: October, 2013
      Beginning SODS Teaching Competency Level = <u>Proficient</u>

      Date:
      One Year SODS Teaching Competency Level _____

Total Core Competency Score

Novice 66-99   Proficient 232-307

Advanced Beginner 100-165   Expert 308-330

Competent 166-231

Scoring System per Core Competency

Core Competency 1
Novice 14-21, Advanced Beginner 22-35, Competent 36-49, Proficient 50-63, Expert 64-7-

Core Competencies 3 & 7
Novice 6-10, Advanced Beginner 11-15, Competent 16-20, Proficient 21-25, Expert 26-30

Core Competencies 2, 4, 5, 6, 8
Novice 8-14, Advanced Beginner 15-21, Competent 22-28, Proficient 29-34, Expert 35-40

Core Competency 1 – Facilitate Learning

Nurse educators are responsible for creating an environment in classroom, laboratory, and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes. To facilitate learning effectively, the nurse educator:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score

4   1. Implements a variety of teaching strategies appropriate to learner needs, desired learner outcomes, content, and context

4   2. Grounds teaching strategies in educational theory and evidence-based teaching practices

4   3. Recognizes multicultural, gender, and experiential influences on teaching and learning

4   4. Engages in self-reflection and continued learning to improve teaching practices the facilitate learning.

4   5. Uses information technologies skillfully to support the teaching-learning process

4   6. Practices skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in a variety of contexts

4   7. Models critical and reflective thinking

4   8. Creates opportunities for learners to develop their critical thinking and critical reasoning skills

4   9. Shows enthusiasm for teaching, learning, and nursing that inspires and motivates students

4   10. Demonstrates interest in and respect for learners

4   11. Uses personal attributes (e.g., caring, confidence, patience, integrity and flexibility) that facilitate learning

4   12. Develops collegial working relationships with students, faculty colleagues, and clinical agency personnel to promote positive learning environments

4   13. Maintains the professional practice knowledge base needed to help learners prepare for contemporary nursing practice

4   14.Serves as a role model of professional nursing.

56 points = Proficient Competency Level

Goal#1 Question #1: Implements a variety of teaching strategies such as classroom case studies and group discussions.
Goal#2 Question #2: Grounds teaching strategies in educational theory and evidence based teaching practice by reviewing lecture material with current text books and journals.
Six month review

_____

One year accomplishment

_____

Core Competency 2 – Facilitate Learner Development and Socialization

Nurse educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role. To facilitate learner development and socialization effectively, the nurse educator:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score

4   1. Identifies individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second degree learners

4   2. Provides resources to diverse learners that help meet their individual learning needs

4   3. Engages in effective advisement and counseling strategies that help learners meet their professional goals

4   4. Creates learning environments that are focused on socialization to the role of the nurse and facilitate learners' self-reflection and personal goal setting

4   5. Fosters the cognitive, psychomotor, and affective development of learners

4   6. Recognizes the influence of teaching styles and interpersonal interactions on learner outcomes

4   7. Assists learners to develop the ability to engage in thoughtful and constructive self and peer evaluation

4   8. Models professional behaviors for learners including, but not limited to, involvement in professional organizations, engagement in lifelong learning activities, dissemination of information through publications and presentations, and advocacy

32 points = Proficient Competency Level

Goal#1 Question # 1: Identifies individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second degree learners by appropriately assessing each students needs as the need arises, offering a variety of learning methods, scheduling one on one session with those students who are having difficulty.

Goal#2 Question #2: Provides resources to diverse learners that help meet their individual learning needs such as outlines of power point lectures, allows lectures to be recorded, and offers videos and multi-media resources.

Six month review

_____

One year accomplishment

_____

Core Competency 3 – Use Assessment and Evaluation Strategies

Nurse educators use a variety of strategies to assess and evaluate student learning in classroom, laboratory and clinical settings, as well as in all domains of learning. To use assessment and evaluation strategies effectively, the nurse educator:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score

<u>4</u>   1. Uses extant literature to develop evidence-based assessment and evaluation practices
<u>4</u>   2. Uses a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and affective domains
<u>4</u>   3. Implements evidence-based assessment and evaluation strategies that are appropriate to the learner and to learning goals
<u>4</u>   4. Uses assessment and evaluation data to enhance the teaching-learning process
<u>4</u>   5. Provides timely, constructive, and thoughtful feedback to learners
<u>4</u>   6. Demonstrates skill in the design and use of tools for assessing clinical practice
24 points = Proficient Competency Level

Goal#1 Question #1: Uses extant literature to develop evidence based assessment and evaluation practices. Reviews and revises as necessary current assessment and evaluation practices.
Goal#2 Question #2: Uses a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and affective domains by utilizing a variety of charts found on the internet that reflects examples of each learning domains.
Six month review

_____

One year accomplishment

_____

Core Competency 4 – Participate in Curriculum Design and Evaluation of Program Outcomes

Nurse educators are responsible for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepare graduates to function effectively inthe health care environment. To participate effectively in curriculum design and evaluation of program outcomes, the nurse educator:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score
4   1. Ensures that the curriculum reflects institutional philosophy and mission, current nursing and health care trends, and community and societal needs so as to prepare graduates for practice in a complex, dynamic, multicultural health care environment
4   2. Demonstrates knowledge of curriculum development including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies
4   3. Bases curriculum design and implementation decisions on sound educational principle, theory, and research
4   4. Revises the curriculum based on assessment of program outcomes, learner needs, and societal and health care trends
4   5. Implements curricular revisions using appropriate change theories and strategies
4   6. Creates and maintains community and clinical partnerships that support educational goals
4   7. Collaborates with external constituencies throughout the process of curriculum revision
4   8. Designs and implements program assessment models that promote continuous quality improvement of all aspects of the program

32 points = Proficient Competency Level

Goal#1 Question #1: Ensures that the curriculum reflects institutional philosophy and mission, current nursing and health care trends, and community and societal needs so as to prepare graduates for practice in a complex, dynamic, multicultural health care environment. Review the college institutional philosophy and mission statement for congruence with course material. Review national and professional standards to lecture and clinical practice.
Goal#2 Question #2: Demonstrates knowledge of curriculum development including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies by having a curriculum committee member review current course objectives, learning activities and evaluation process.
Six month review

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One year accomplishment

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Core Competency 5 - Function as a Change Agent and Leader

Nurse educators function as change agents and leaders to create a preferred future fornursing education and nursing practice. To function effectively as a change agent and leader the nurse educator:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score
4   1. Models cultural sensitivity when advocating for change
4   2. Integrates a long-term, innovative, and creative perspective into the nurse educator role
4   3. Participates in interdisciplinary efforts to address health care and educational needs locally, regionally, nationally, or internationally
4   4. Evaluates organizational effectiveness in nursing education
4   5. Implements strategies for organizational change
4   6. Provides leadership in the parent institution as well as in the nursing program to enhance the visibility of nursing and its contributions to the academic community
4   7. Promotes innovative practices in educational environments
4   8. Develops leadership skills to shape and implement change

32 points = Proficient Competency Level

Goal#1 Question #1: Models cultural sensitivity when advocating for change by demonstrating an understanding of the need for change and the implications of change, resources could include, journal articles, faculty discussions.
Goal#2 Question # 2: Integrates a long-term, innovative, and creative perspective into the nurse educatorrole by attending professional meetings, reporting to the nursing faculty on meeting updates, continuing education classes, certifications.
Six month review

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One year accomplishment

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Core Competency 6 - Pursue Continuous Quality Improvement in the Nurse EducatorRole

Nurse educators recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential. To pursue continuous quality improvement in the nurse educator role, the individual:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score

<u>4</u>   1. Demonstrates a commitment to life-long learning

<u>4</u>   2. Recognizes that career enhancement needs and activities change as experience is gained in the role

<u>4</u>   3. Participates in professional development opportunities that increase one's effectiveness in the role

<u>4</u>   4. Balances the teaching, scholarship, and service demands inherent in the role of educator and member of an academic institution

<u>4</u>   5. Uses feedback gained from self, peer, student, and administrative evaluation to improve role effectiveness

<u>4</u>   6. Engages in activities that promote one's socialization to the role

<u>4</u>   7. Uses knowledge of legal and ethical issues relevant to higher education and nursing education as a basis for influencing, designing, and implementing policies and procedures related to students, faculty, and the educational environment

<u>4</u>   8. Mentors and supports faculty colleagues

<u>32 points = Proficient Competency Level</u>

Goal#1 Question #1: Demonstrates a commitment to life-long learning by maintaining or beginning professional relationships, continuing education classes, attending workshops and conferences, at least one during the calendar year.
Goal#2 Question #2: Recognizes that career enhancement needs and activities change as experience is gained in the role. Take SODS survey at one year point to determine new goals for next year based on my needs.
Six month review

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One year accomplishment

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Core Competency 7 – Engage in Scholarship

Nurse educators acknowledge that scholarship is an integral component of the faculty role and that teaching itself is a scholarly activity. To engage effectively in scholarship, the nurse educator:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score
<u>4</u> 1. Draws on extant literature to design evidence-based teaching and evaluation practices
<u>4</u> 2. Exhibits a spirit of inquiry about teaching and learning, student development,evaluation methods, and other aspects of the role
<u>4</u> 3. Designs and implements scholarly activities in an established area of expertise
<u>4</u> 4. Disseminates nursing and teaching knowledge to a variety of audiences through various means
<u>4</u> 5. Demonstrates skill in proposal writing for initiatives that include, but are not limited to, research, resource acquisition, program development, and policy development
<u>4</u> 6. Demonstrates qualities of a scholar: integrity, courage, perseverance, vitality, and creativity

<u>24 points = Proficient Competency Level</u>

Goal#1 Question #1: Draws on extant literature to design evidence-based teaching and evaluation practices by reading at least one article per semester to strengthen my evidence based teaching and evaluation practices.
Goal#2 Question # 2: Exhibits a spirit of inquiry about teaching and learning, student development,evaluation methods, and other aspects of the role by presenting a spirit of inquiry article to the faculty two times a year.
Six month review

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One year accomplishment

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Core Competency 8 – Function within the Educational Environment

Nurse educators are knowledgeable about the educational environment within which they practice and recognize how political, institutional, social and economic forces impact their role. To function as a good "citizen of the academy," the nurse educator:

Competency score: 1-novice, 2-advanced beginner, 3-competent, 4-proficient, 5-expert
Score

4   1. Uses knowledge of history and current trends and issues in higher education as a basis for making recommendations and decisions on educational issues

4   2. Identifies how social, economic, political, and institutional forces influence higher education in general and nursing education in particular

4   3. Develops networks, collaborations, and partnerships to enhance nursing's influence within the academic community

4   4. Determines own professional goals within the context of academic nursing and the mission of the parent institution and nursing program

4   5. Integrates the values of respect, collegiality, professionalism, and caring to build an organizational climate that fosters the development of students and teachers incorporates the goals of the nursing program and the mission of the parent institution when proposing change or managing issues

4   6. Assumes a leadership role in various levels of institutional governance

4   7. Advocates for nursing and nursing education in the political arena

28 points = Proficient Competency Level

Goal#1 Question #1: Uses knowledge of history and current trends and issues in higher education as a basis for making recommendations and decisions on educational issues by reading and reporting on one evidence based article per semester.

Goal#2 Question # 2: Identifies how social, economic, political, and institutional forces influence higher education in general and nursing education in particular through membership to a professional organization.

Six month review

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One year accomplishment

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