

## ORIGINAL RESEARCH

# Online preparation programs for part-time clinical nursing instructors: A qualitative case study

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## ABSTRACT

**Background/Objective:** The global nursing shortage is worsened by critical nursing faculty shortages that constrain educational capacity, resulting in thousands of qualified applications being rejected annually. Programs increasingly rely on clinically expert registered nurses (RNs) as part-time clinical nursing instructors (CNIs), who often transition to teaching with minimal pedagogical preparation. This gap between clinical expertise and educational competency affects instructor confidence, teaching effectiveness, and student outcomes. This qualitative case study aimed to describe RNs' experiences with an online Academic Clinical Nurse Educator Preparation Program (ACNEPP) and examine its influence on their transition from clinical experts to academic CNIs.

**Methods:** A single instrumental case study design employing the constructivist paradigm was utilized. Six RNs who completed the online ACNEPP within the previous three years and worked as CNIs were recruited through purposeful sampling. Data collection included semi-structured interviews, demographic questionnaires, and program material reviews. Reflexive Thematic Analysis guided data analysis, with Benner's novice-to-expert theory as the theoretical framework.

**Results:** Three main themes emerged: RN to CNI role transition challenges, online ACNEPP design effectiveness, and valuable program content. Participants experienced significant transition difficulties including inadequate institutional preparation, unclear role expectations, and insufficient mentorship support. The online program's asynchronous, self-paced design proved highly accessible for working nurses. Participants valued practical teaching tools, clinical teaching strategies, and pedagogical content that enhanced teaching practices, including improved debriefing techniques, structured feedback provision, and student orientation strategies.

**Conclusions:** This study illuminates the potential of structured online professional development in supporting the challenging transition from clinical expert to CNI. Findings support developing self-paced, flexible programs offering practical, immediately applicable content. Educational institutions must prioritize formal orientation programs, establish mentorship programs, and provide ongoing professional development which may enhance teaching quality, improve instructor confidence, increase retention rates, and ultimately expand nursing education capacity.

**Key Words:** Case study, Clinical nursing instructor, Clinical instructor preparation, Mentorship, Nursing workforce, Online education, Professional development, Qualitative research, Role transition

## 1. INTRODUCTION

Nursing shortages in North America and worldwide represent a critical challenge, with the State of the World's Nurs-

ing 2025 report revealing a current global nursing shortfall of 5.9 million nurses, and projections indicating the need for an additional 9 million nurses by 2030.<sup>[1]</sup> This crisis is

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compounded by significant nursing faculty shortages in the United States and Canada, which directly limit nursing programs' capacity and contribute to the inability to increase student enrollment despite growing demand.<sup>[2,3]</sup> Due to faculty shortages, budget constraints and smaller student-instructor ratios required for clinical teaching, nursing schools increasingly hire clinically expert registered nurses (RNs) as academic clinical nursing instructors (CNIs) on part-time contracts, who often take this part-time role in addition to their full-time clinical roles.<sup>[4,5]</sup> However, these clinically expert RNs frequently lack formal preparation or experience in teaching, creating a significant gap between clinical expertise and educational competency. Structured orientation and professional development are essential for successful role transition, with online programs offering accessible, flexible solutions to prepare RNs for academic CNI roles.<sup>[6-8]</sup>

### 1.1 Background

The nursing workforce shortage represents a multifaceted crisis affecting healthcare delivery globally. Contributing factors include an aging workforce, insufficient graduates, inadequate compensation, and poor working conditions.<sup>[2,3]</sup> The U.S. Bureau of Labor Statistics projects 6% growth in nurse demand between 2023-2033, requiring approximately 3.3 million nurses by 2031.<sup>[9]</sup> Scheffler and Arnold<sup>[10]</sup> projected shortages of 117600 nurses in Canada and 1,807,261 in the United States by 2030.

Faculty shortages significantly exacerbate this crisis. In 2023, AACN found 65,766 qualified applications were rejected nationwide due primarily to faculty, preceptor, and clinical site shortages.<sup>[11]</sup> Contributing factors include budget constraints, aging faculty, and clinical site competition. Graduate enrollment continues declining, with master's programs decreasing by 1,176 students and PhD programs by 3.1% from 2022-2023.<sup>[11]</sup>

Nursing programs increasingly hire baccalaureate-prepared RNs as part-time CNIs to manage growing enrollment amid faculty shortages.<sup>[12,13]</sup> These CNIs supervise 6-10 students in clinical agencies but often transition with little notice and minimal pedagogical preparation.<sup>[14-16]</sup> This lack of preparation creates uncertainty and inadequacy, potentially impacting clinical education quality and student outcomes.<sup>[17,18]</sup>

### 1.2 Review of literature

Current literature demonstrates a critical need for structured educational preparation to support the transition of clinical expert nurses to CNI roles. This transition has been consistently described as significant and challenging, with CNIs frequently reporting feelings of unpreparedness and dissatisfaction that contribute to high turnover rates in undergraduate

nursing programs.<sup>[15,19,20]</sup> In a recent study by Ross et al.,<sup>[16]</sup> a survey of 113 CNIs revealed that 70.8% did not receive a formal orientation to clinical teaching, while only 29.2% participated in a formal clinical faculty orientation.

The shift from clinical expert to novice educator requires developing distinct competencies, as proficiency in clinical practice does not necessarily translate to effective teaching ability.<sup>[21]</sup> CNIs must develop skills in handling student performance issues, utilizing educational technology, and evaluating student learning—competencies distinct from clinical nursing expertise. Schoening's<sup>[22]</sup> Nurse Educator Transition Theory describes this transition through four phases: anticipation/expectation, disorientation, information seeking, and identity formation, emphasizing the need for structured support throughout this process.

Research examining CNI preparation programs reveals consensus regarding essential content areas, including role expectations, clinical conference planning, clinical experience design, and student evaluation methods.<sup>[23-25]</sup> The National League for Nursing<sup>[26]</sup> identified six core competencies for academic CNIs: functioning within educational and healthcare environments, facilitating learning, demonstrating effective communication, applying clinical expertise, facilitating learner development, and implementing assessment strategies.

Despite this consensus on required competencies, literature reveals a lack of clear direction regarding optimal content, length, and design of CNI preparation programs.<sup>[27-29]</sup> Studies consistently identify gaps in orientation programs, with CNIs requesting more support in areas such as student evaluation criteria, correlation of clinical experience with theory, and resources for students with special needs.<sup>[16,30]</sup>

Online learning platforms offer promising solutions for CNI preparation, addressing barriers such as scheduling conflicts, geographical constraints, and cost considerations. Research demonstrates nurses' positive attitudes toward online learning, citing benefits including accessibility, flexibility, and minimal disruption to clinical responsibilities.<sup>[6,8,31]</sup> However, limited research exists specifically examining RNs' experiences with online programs designed to support their transition to CNI roles, highlighting the significance of this study's contribution to the literature.

### 1.3 Purpose of the study

Understanding factors that influence successful transition from clinical nursing roles to CNI positions is crucial, as faculty shortages directly impact the quality and numbers of graduates and thereby affect the overall nursing shortage. The purpose of this qualitative case study was to describe the

experiences of RNs with an online Academic Clinical Nurse Educator Preparation Program (ACNEPP) and its influence on their transition from clinical experts to novice academic CNIs. This exploration aimed to identify optimal content and design features of the online professional development programs and how the participants integrated learnings from this program into their clinical teaching practice.

#### 1.4 Theoretical framework

Benner's<sup>[32]</sup> novice-to-expert theory served as this study's theoretical framework. The theory describes professional development through five stages: novice, advanced beginner, competent, proficient, and expert. While originally applied to clinical nursing, it applies broadly to nursing practice areas including leadership and mentorship.<sup>[33,34]</sup>

The theory's relevance lies in expert clinicians reverting to novice status when assuming CNI roles. Literature supports this concept of expert nurse clinicians becoming novice educators, experiencing uncertainty, isolation, and anxiety due to lack of pedagogical knowledge.<sup>[35-37]</sup>

Benner's theory provides a framework for professional development through formal education, experiential learning, and mentorship. Novice CNIs possess clinical knowledge but cannot apply it educationally, requiring structured support and clear direction. As they progress, CNIs develop pattern recognition and teaching priorities. Proficient CNIs demonstrate holistic educational understanding, while experts show intuitive teaching grasp and confident decision-making.<sup>[32]</sup>

This framework supported exploration of participants' transition from expert clinicians to novice CNIs and how formal online preparation influenced this process.

## 2. METHODS

This study employed a qualitative descriptive case study methodology to explore the learning experiences and perceptions of RNs who completed an online ACNEPP and their role transition from clinical nursing experts to novice CNIs. The constructivist paradigm guided this research, recognizing that knowledge is socially constructed through individual experiences and interactions with others.<sup>[38,39]</sup>

### 2.1 Study design

A single instrumental case study design was employed following the constructivist approaches outlined by Stake<sup>[40]</sup> and Merriam.<sup>[41]</sup> The case was bounded by participants' shared experience of completing the same online ACNEPP and being employed as CNIs within the United States.<sup>[42]</sup>

The research was guided by two central questions: (1) How do RNs who have taken the online ACNEPP describe their

role transition from clinical experts to academic CNIs? and (2) how do RNs describe their learning experience in the online ACNEPP and its influence on their clinical teaching practice?

### 2.2 Sampling

Research participants were RNs who had completed the online ACNEPP within the last three years and were employed as CNIs in undergraduate nursing programs in the USA following program completion. The target population consisted of approximately 60 predominantly female RNs with zero to five years of teaching experience at the time of recruitment. Purposeful sampling was employed, whereby participants were deliberately selected on the basis of their ability to provide rich, relevant, and in-depth information that could enhance understanding of the research problem and the central phenomenon under examination.<sup>[43]</sup> Six participants were recruited on a first-come, first-served basis from those meeting inclusion criteria: minimum three years of clinical nursing experience, completion of the online ACNEPP within the last three years, and current employment as a CNI following ACNEPP completion. All participants maintained active RN licensure. The initial target was ten participants; however, data saturation was reached after six participants, eliminating the need for further recruitment despite the original goal. This sample size aligns with recommended sample sizes for qualitative research employing semi-structured interviews.<sup>[44,45]</sup>

### 2.3 Setting

The study was conducted in the United States, with participants employed across various undergraduate nursing programs nationwide. Interviews were conducted using Microsoft Teams video-conferencing technology, providing a natural setting for participants familiar with online learning platforms. The online ACNEPP itself served as a contextual element, representing a structured educational intervention designed to prepare clinical nurses for academic clinical teaching roles.

### 2.4 Ethical considerations

Approval was obtained from Athabasca University Research Ethics Board prior to recruitment. Potential participants received study information through invitation letters from the online ACNEPP provider. Informed consent was obtained from all participants, with forms reviewed and signed during virtual interviews. Participants could withdraw at any time. Confidentiality was maintained through multiple strategies. Identifying information was removed from transcripts and replaced with participant numbers. Video recordings were stored with unique identifiers linked to consent forms in se-

cure filing cabinets. Research records were stored in locked cabinets and electronic files on password-protected devices. The researcher monitored participants for distress and was prepared to pause or discontinue interviews if needed.

## 2.5 Data collection

Multiple data sources were employed, as multiple sources of data and rich description of the context have been described as the core feature of case study methodology.<sup>[40,42]</sup> Primary data collection involved semi-structured individual interviews conducted virtually using Microsoft Teams. An interview guide was developed and shared with participants in advance. Six individual interviews were conducted, each lasting approximately one hour, and were audio and video recorded.

Secondary data sources included demographic questionnaires completed by participants and review of online ACNEPP modules and related program materials. Document review was conducted with permission from the program owner, designer, and instructor (S. Knowles, personal communication, September 28, 2023). Interview transcripts were generated automatically through Microsoft Teams and verified for accuracy by comparing with video recordings. Transcripts were shared with participants for member checking.<sup>[43]</sup> This triangulation of data sources enhanced the trustworthiness of study findings.<sup>[46]</sup>

## 2.6 Data analysis

Data analysis followed Braun and Clarke's<sup>[47]</sup> six-phase Reflexive Thematic Analysis (RTA), aligning with the constructivist paradigm by emphasizing the researcher's active interpretive role. This approach "centers the active role of the researcher in the data analysis; coding and theme development are conceptualized as organic processes".<sup>[47]</sup>

Phase one involved data familiarization through reading transcripts, watching recordings, and removing identifying information before importing into NVivo software. Phase two generated codes through abductive coding, combining theory-driven examination with inductive openness.<sup>[48]</sup> Phase three developed initial themes by identifying "broader patterns of shared meaning underpinned by a central idea".<sup>[47]</sup> Phase four reviewed and refined themes against the dataset. Phase five defined and named themes with clear definitions. The final phase involved writing findings, requiring decisions about theme presentation and quote selection. Throughout analysis, the researcher maintained a reflective journal documenting thoughts, coding decisions, and reasoning to create an audit trail supporting credibility.<sup>[49]</sup> Data saturation was achieved when no new information emerged.

## 2.7 Limitations

This single case study reflects the experiences of six participants who completed the online ACNEPP and work as CNIs in the United States. The findings cannot be generalized to all clinical nursing instructors, though detailed contextual information enables readers to assess applicability and transferability to their own contexts.

The original intent was to describe the experiences of novice clinical nursing instructors completing the ACNEPP as preparation before beginning their first teaching roles. However, recruitment challenges resulted in only one participant having completed the program before starting their first teaching assignment, while five participants had 2-8 years of teaching experience when they completed the program. This time lapse between role transition and program completion means participants' descriptions were based on memory of past events, potentially affecting the accuracy and depth of recalled experiences. It is likely that the five participants who had teaching experience before completing the ACNEPP described their experiences differently than if they had completed the ACNEPP at the beginning of their clinical teaching careers.

## 3. RESULTS

This section presents findings from the qualitative analysis examining RNs experiences with the online ACNEPP and its influence on their transition to part-time CNI roles. The results address two research questions: (1) how do RNs who have taken the online ACNEPP describe their role transition from clinical experts to academic CNIs? and (2) how do RNs describe their learning experience in the online ACNEPP and its influence on their clinical teaching practice? Three main themes emerged from the data analysis, providing insights into role transition challenges and supports, and the impact of the online educational program.

### 3.1 Sample

Six CNIs were recruited from approximately 60 participants who completed the online ACNEPP within three years and worked as part-time CNIs in undergraduate nursing programs at the time of completing the ACNEPP. The sample included four RNs and two Nurse Practitioners, with three holding master's degrees in nursing, one pursuing a master's in nursing education, and two holding bachelor's degrees.

Participants had extensive clinical experience (8-40 years) across various specialties and continued clinical work while serving as part-time CNIs. Five had 2-12 years of CNI experience before ACNEPP completion, while one had no prior teaching experience. Post-ACNEPP, participants had 6 months to 3 years of part-time CNI experience. One self-

funded the program while five completed it as an employer requirement with institutional funding. Table 1 provides detailed participant demographics.

**3.2 RN to CNI role transition**

The transition from clinical expert to CNI emerged as a complex process with participants describing both challenges and supports. Five participants transitioned before taking the online ACNEPP, while one completed the program prior to

beginning their CNI role. Four sub-themes characterized this transition experience.

**3.2.1 Good nursing not synonymous with good teaching**

Participants recognized that CNI roles differed significantly from bedside nursing and that clinical expertise did not automatically ensure effective teaching. Participant 1 stated: “teaching and nursing have a bit of difference between them. You could be a really good clinical nurse, but if you don’t know the teaching aspect, it’s hard for you to be a teacher.”

**Table 1.** Participant demographics

ID	Teaching Before ACNEPP	Teaching After ACNEPP	Years as RN	Highest Credential
1	10 years	3 years	40 years	MSN
2	2 years	1 year	14 years	MSN
3	2 years	1 year	8 years	MSN
4	12 years	1 year	42 years	BSN
5	3 years	<1 year	13 years	MSN
6	0 years	<1 year	14 years	BSN

The formal academic responsibilities distinguished CNI roles from informal precepting. Participant 6 explained: “I was really nervous like, gosh, I know how to be a nurse, but I was like teaching is a different thing. And even though I have worked with students a lot as that preceptor on the floor, it’s just different when you are representing the university, and you have to evaluate them.”

**3.2.2 Expert nurses to novice teachers**

Participants experienced a unique identity challenge, maintaining expert clinical status while acknowledging beginner teaching status. Participant 1 reflected: “Yeah, you do have to realize, wow, in a way I’m a beginner because clinical nurse is a real expert, is just having the answers. I’m a beginning nursing instructor and wow, I’ve run into some situations where I just don’t have an answer immediately available.”

Breaking down intuitive clinical knowledge for novice learners proved particularly challenging. Participant 4 described: “In the beginning, I had to gear myself back as far as breaking everything down to what was just kind of intuitive to me. You know what I mean? That was difficult to break the steps down more so for the students.”

Participant 1 attributed difficulties to lack of pedagogical preparation: “I’m stepping in as an expert nurse, but I’m beginning faculty. I need to step way back to when I’m the beginner. I really know my medications, but I don’t know how to deliver this content in a way that is understandable and memorable.”

**3.2.3 Lack of preparation for the teaching role**

All five participants who began teaching before ACNEPP felt inadequately prepared, with challenges in multiple areas. Only two participants were offered formal in-person orientation sessions by their educational institutions, with one unable to attend due to being a short notice hire and scheduling conflicts with their clinical job responsibilities. The remaining three participants received no formal orientation beyond being provided with policy binders. These orientation challenges contributed to feelings of unpreparedness across several domains, as detailed in Table 2.

**3.2.4 Factors that supported the role transition**

Several factors facilitated the transition: familiarity with clinical units, positive relationships with clinical staff, previous patient teaching experience, peer support among CNIs, and for one participant, completing ACNEPP before beginning the role.

Supportive clinical staff relationships proved valuable. Participant 1 appreciated nurses who would “put their arm around you. And say hey, here’s something you need to know.” Familiarity with clinical environments eased transitions, as Participant 4 noted about teaching at their home institution: “I knew everybody in that hospital and so I felt comfortable.”

Previous patient teaching experience provided transferable skills. Participant 2 drew connections: “I’m taking a novice lay person, family member and teaching them how to be a primary caregiver... So, kind of applying some of the same things to students was a pretty good crossover.”

**Table 2.** Preparation challenges experienced by CNIs

Challenge Area	Participant Experiences
Inadequate Focus on Teaching and Learning	Orientations emphasized policies over pedagogy. Participant 5 described “learning on the fly” with “no formal orientation whatsoever”. When orientations occurred, they focused on administrative aspects rather than clinical instruction methods.
Lacking Role Clarity	Participants experienced uncertainty about role expectations and boundaries. Participant 2 explained: “sometimes I wasn’t sure exactly what the expectations were as far as my role as like, do I give medications with students? Do they give medications on their own?”
Insufficient Orientation to Policies	Despite broad policy discussions, gaps existed in addressing challenging situations. Participant 4 noted learning student support procedures “as we did it” rather than through formal preparation.
Lack of Clinical Unit Orientation	Unfamiliarity with unit layouts and staff created additional challenges. Participant 6 took personal time to orient themselves: “I actually took time on a day off to go down and have the nursing director show me around.”
Limited Student Information	Participants lacked opportunities to meet students beforehand and knowledge of their curricular preparation. Participant 6 described the anxiety on day 1 of clinical teaching: “You show up at, you know, 5:30 in the morning to meet someone you’ve never even seen before, to take them to do something you’ve never done before.”
Inadequate Mentorship	Formal mentorship programs were absent, and when informal mentorship was occasionally available, its effectiveness was limited by contextual factors. One participant who received informal support from a senior faculty member found the mentorship inadequate because the mentor lacked current knowledge of the clinical teaching environment, creating a disconnect between academic knowledge and the practical realities of clinical unit teaching that limited the support’s relevance to day-to-day CNI challenges.

Peer support created valuable networks. Participant 6 described informal co-mentorship: “I texted two of the girls [CNI colleagues] ... and they right away sent me several things [interactive learning activities] to do.”

The participant who completed the online ACNEPP before beginning their CNI role found it beneficial: “It kind of gave me a little bit of a structure to lean on and just a little bit more confidence going in than I would have had without it” (Participant 6).

### 3.3 Online ACNEPP design

Participants identified several design features of the online ACNEPP that facilitated their participation and learning. One participant summarized the overall design effectiveness: “I’ve taken online courses before, and this one wasn’t a snoozer. It wasn’t one of those ones that you’re just like falling asleep with just slide after slide... it was just light bulb after light bulb after light bulb. I learned so many new things but then it was also reaffirming what I had been actually doing [in my teaching practice]” (Participant 4). Six sub-themes characterized the design elements.

#### 3.3.1 Online asynchronous self-paced design

All six participants appreciated the online self-paced asynchronous design, which accommodated their busy personal and professional lives. Participant 1 described this as crucial for accessibility: “I’ve got 2 hours on Saturday, 2 hours on Sunday and 3 hours on Wednesday. I need to take a break

for a week. I love the idea that you are reading a book, and you put your bookmark at this page, and you pick the book up again when you are ready to continue reading... This program is accessible to nurses that have a busy work life.”

Participant 2 emphasized the necessity of flexibility: “For me, flexibility was such a huge thing, like I am not sure that I could have devoted an exact time to log on, like the flexibility was a huge thing for me. Just because you know kids get sick and then I’m home, then my husband travels a lot.” The asynchronous design also allowed for better learning conditions, as Participant 2 noted: “I felt like I got more out of the flexibility of being able to stop it and play it right when it had my full attention.”

#### 3.3.2 Short duration with long access

The program’s one-time registration provides year-long access, allowing completion at any pace while maintaining access after completion. Participant 6 particularly valued accessing content after gaining teaching experience: “I may go back through the course now that I’ve worked with students a little bit, just now that kind of have more of a feel for it to get some of those nuggets a little bit more fresh in my mind.”

Most participants completed the program within two to three weeks. The short duration proved especially valuable for those with immediate teaching assignments. Participant 6, hired three weeks before their teaching assignment, appreciated the short duration of the program as it made it feasible

for them to meet the requirement to complete the program before their first clinical day: “It was something that was required by them [the university] prior to me taking on the students... So, I kind of worked through it little by little in the couple of weeks leading up to my first shift.”

### 3.3.3 *No learner-to-learner interaction*

The program lacked built-in mechanisms for learner interaction, having previously eliminated an asynchronous group chat function. Participants expressed mixed views when specifically asked about this feature. Two participants preferred solo learning, with one citing negative experiences with online group work: “I did my bachelor’s degree online and there were times we’ve had a couple of group projects that... can be kind of frustrating when you’re working with people in different time zones” (Participant 6).

However, two participants desired some connection with other learners. Participant 1, who experienced the previous chat function, valued the community aspect: “knowing that there are other people going through this, I’m not alone in doing this, even though I’m sitting here in the room all by myself. So that’s one of the things I did enjoy about the I’ll call the community of learners.”

### 3.3.4 *Flexible learner to instructor interaction*

The program offered flexible asynchronous instructor interaction through website chat, LinkedIn, and email, without scheduled synchronous sessions. Three participants appreciated the instructor’s proactive engagement and responsiveness. Participant 1 valued the detailed responses: “And she was always just phenomenally responsive. And every time gave me the answer that I needed and usually a little bit more... I would ask a nickel question, and she give me a dollar.”

The instructor’s encouraging presence was appreciated, as Participant 3 noted receiving messages like “good to see you back in the course.” Participants were satisfied with the asynchronous communication options available.

### 3.3.5 *Learner-interface interaction*

Participants valued several interface features, including printable materials for clinical reference. Participant 6 found this particularly helpful: “having access and some of those printed materials, if I can kind of save those to have access to them when I’m on the [clinical] unit as like a quick reference, is very helpful.”

The modular content structure with visual progress indicators provided a sense of accomplishment. Participant 4 stated: “the smaller sections make it very rewarding as you see them getting clicked off”. The ability to bookmark within modules facilitated flexible learning, as Participant 6 noted: “I

liked that it was self-paced and that the modules were fairly short. So, you could kind of break it up as it was convenient for you.” The linear design appealed to some learners. Participant 1 described: “I’m a linear thinker, so a nice linear progression [of content]. First you do this, then you do this, then you do this... Very nicely done.”

### 3.3.6 *Effective teaching/learning strategies*

Participants identified several effective teaching strategies within the program design. Case studies enhanced memorability, as Participant 1 explained: “Case studies will submit something in a student’s mind in a way that other things will not. I think it’s because humans are just wired at remembering stories.”

Reflective journals facilitated deeper learning. Participant 1 appreciated the integration: “The reflective journals I thought were amazing... ‘you don’t learn by experience; you learn from reflecting on experience’. I love that quote and that is so incredibly true.”

Knowledge checks at module completion and video interviews with experienced CNIs provided valuable learning opportunities. Participant 4 valued the expert interviews: “I really appreciated the interviews that she [course instructor] had with other clinical instructors and the different challenges they might have met or the things that worked for them.” Participant 1 noted how multiple expert perspectives enriched the course: “She brought you in a number of different people and their perspectives made the course that much richer.”

## 3.4 *Online ACNEPP content materials*

Participants appreciated the selection and quality of ACNEPP content materials. Participant 1 praised the content curation: “I like the well-chosen content... There was a balance of academics as well as clinical practice. Your clinical practice is based on what you learn in academia, but the academia is there essentially to learn how to do what it is that you’re going to do in practice.”

The content enhanced CNI preparation, as Participant 4 noted: “This [online ACNEPP] is really good, very much helped me organize what I’m going to do. It gave me a very positive outlook so that I’m not shying away from stepping into a clinical situation with students. I feel much better prepared and isn’t preparation key in nursing?”

### 3.4.1 *Clinical teaching tools*

Participants valued the variety of clinical teaching resources, particularly the ‘clinical toolbox/resources’ module containing printable tools, organization strategies, and patient assessment tools. Participant 1 found these resources transformative: “After the course [ACNEPP], I don’t have to take nearly

as much time because now I've got the clinical toolbox and the resources... I can do this in 25% of the time that I used to do it because I feel so prepared."

The quality and accessibility of readings were appreciated. Participant 4 liked the strategic placement of readings before video lessons: "It helped me kind of focus in on the real important points of that section, having been able to read the material first... it wasn't volumes and volumes, it was a couple of articles here and there."

Participants valued the practical application of learning theories. Participant 6 implemented several activities learned from the program, including "what if" games for safety scenarios, scavenger hunts for unit orientation, and "one minute nursing care plans," describing these as applications of the Socratic method learned in ACNEPP.

**3.4.2 Setting the right context for clinical teaching**

The program taught participants to create optimal clinical teaching contexts. Participant 2 wished they had accessed this content earlier: "I just remember taking the course [ACNEPP] and I was thinking, wow, I wish I could have had this two years ago because I was like, this is so much of what I've like trial and error myself as far as how to structure the

day."

Emphasis on preparation and planning was particularly valued. Participant 1 appreciated the preparation focus: "This part of it was that she offers the idea that the students will know what to expect when go into a clinical rotation if the instructor prepares very well before actually getting to the clinical site."

The importance of student orientation to clinical units was emphasized. Participant 2 implemented orientation days after learning about their importance: "I really incorporated in my practice from learning from her program [ACNEPP] was she talked a lot about orientation day and how important it was to make the students feel comfortable in their environment."

Participant 4 implemented the recommendation for CNIs to shadow unit nurses before teaching: "it talked a lot about like meeting with the nurses and shadowing them on the unit before you bring students, which I've also tried to do... And that's been very helpful."

**3.4.3 Good pedagogical practices for clinical teaching**

Participants learned and implemented various pedagogical practices from the program, as outlined in Table 3.

**Table 3.** Pedagogical practices learned and implemented by CNIs

Pedagogical Practice	Participant Experiences
Debriefing	Participants learned effective debriefing strategies to implement with students in their clinical teaching. Participant 2 noted the practical value: "We touched on debriefing [in the master's program], but we never really touched on it in the aspect of like how to debrief a clinical group or what are some of the ways to do that."
Feedback Strategies	Participants improved their feedback provision. Participant 5 now provides "more timely and formative feedback to the students where possible, as opposed to their previous practice of only providing summative feedback." Participant 4 learned to encourage student self-reflection: "I ask them first, you know, how did you feel about that?"
Participatory Learning	The program promoted active learning approaches. Participant 4 described their evolved teaching style: "it has been the addition of I ask more of the students as far as their input of what they think should be done as opposed to what's the answer to this question... to actually critique their technique a little bit more."
Novice versus Expert Concept	This framework helped participants understand both their role transition and student interactions. The program emphasized mentorship for novice CNIs, with Participant 1 becoming more open to mentoring others: "Now that I've taken the course and have experienced having a good mentor, of course I'm going to be the one that comes alongside the new nursing instructor." The concept also guided appropriate expectations for student performance. Participant 1 described restraining expert impulses: "I really had to bite my tongue, had to hold myself back from saying 'will you move and let me show you how to do this?' No, the student was doing it [a nursing procedure], but they were doing it at a pace that is appropriate for a beginning student."

**4. DISCUSSION**

The transition from clinical nursing expert to academic CNI represents a significant professional shift that has been well-documented in nursing literature as challenging and complex.<sup>[37,50,51]</sup> This study's findings illuminate the multi-faceted nature of this transition and provide valuable insights

into how structured educational preparation can support registered nurses in their journey from bedside nursing to clinical teaching. The experiences shared by participants underscore persistent gaps in institutional support while highlighting the potential of targeted online professional development programs to address these deficiencies.

#### 4.1 The challenge of role transition: From expert to novice

The study findings confirm that the transition from clinical expert to academic CNI is characterized by a fundamental shift in professional identity and competency requirements. Participants consistently described feeling unprepared for their new roles, echoing extensive literature documenting the inadequacy of traditional orientation processes for clinical nursing instructors.<sup>[15,20,52]</sup> This transition represents what Benner's<sup>[32]</sup> novice-to-expert theory describes as a return to novice status, where previously confident clinical experts find themselves uncertain and seeking guidance in an unfamiliar educational environment.

The distinction between clinical competence and teaching competence emerged as a central theme. Participants clearly articulated that clinical expertise does not automatically translate to effective teaching ability, reinforcing Stevens and Duffy's<sup>[21]</sup> assertion that "proficiency as a nurse in clinical practice does not necessarily translate into effective teaching ability" (p. 170). This finding challenges common assumptions in nursing education that clinical competence alone qualifies nurses for teaching roles and emphasizes the need for specialized preparation in educational theory and practice.

The inadequacy of traditional orientation and onboarding processes was consistently reported across participants, as shown in Table 2. Most described their initial preparation as focused on institutional policies rather than the practical aspects of clinical teaching. This gap between institutional requirements and pedagogical preparation has significant implications for both instructor confidence and student learning outcomes.<sup>[53]</sup> The absence of role clarity, insufficient orientation to clinical units, and lack of information about student preparation levels created additional barriers to effective teaching performance.<sup>[23–25]</sup>

#### 4.2 Institutional barriers and support deficits

The study revealed several institutional practices that inadvertently impede successful role transitions. Short notice hiring practices, compressed or absent orientation periods, and lack of formal mentorship programs create conditions where new clinical nursing instructors must "learn on the fly".<sup>[37]</sup> These practices, while perhaps addressing immediate staffing needs, ultimately compromise both instructor effectiveness and retention.

The lack of orientation to clinical units emerged as particularly problematic, especially for instructors assigned to unfamiliar practice areas. Participants described struggling with different physical layouts, policies, procedures, and staff re-

lationships, adding unnecessary complexity to their teaching responsibilities.<sup>[54,55]</sup> This finding suggests that institutions may underestimate the importance of contextual familiarity in supporting effective clinical instruction.

The absence of formal mentorship programs represents a missed opportunity for institutional support. While some participants described informal peer mentoring as helpful, the lack of structured mentorship left many feeling isolated in their new roles.<sup>[22]</sup> The literature consistently supports formal mentorship as crucial for nursing faculty development and retention,<sup>[28,56,57]</sup> yet this study suggests such programs remain uncommon in practice.

#### 4.3 The promise of structured educational preparation

The participants who completed the online ACNEPP demonstrated how structured educational preparation can address many of the challenges associated with role transition. The program's design features—online delivery, asynchronous format, self-paced progression, and flexible access—addressed the practical constraints faced by working nurses while providing substantive pedagogical preparation.<sup>[24,51]</sup>

The program's emphasis on practical teaching tools and strategies proved particularly valuable. Participants appreciated concrete resources such as organization templates, assessment tools, and interactive learning activities that they could immediately implement in their practice.<sup>[21]</sup> This finding underscores the importance of providing novice educators with tangible, applicable resources rather than purely theoretical content.

As described in Table 3, integration of pedagogical theory with practical application was evident in participants' descriptions of improved teaching practices. Their adoption of debriefing techniques, enhanced feedback strategies, and more effective questioning approaches demonstrated how educational preparation can translate to improved student learning experiences.<sup>[58,59]</sup> The program's emphasis on understanding novice versus expert learning needs helped instructors adapt their teaching approaches to better support student development.<sup>[32]</sup>

#### 4.4 Technology and accessibility in professional development

The study's findings regarding the ACNEPP's design features provide important insights for developing flexible access professional development programs. The unanimous appreciation for online, asynchronous, self-paced learning reflects the realities of modern nursing practice, where profession-

als must balance multiple responsibilities while pursuing continuing education.<sup>[31,60,61]</sup> Research demonstrates that nurses generally display positive attitudes toward online and web-based learning, with participants rating such courses as highly satisfactory and beneficial to clinical practice.<sup>[62]</sup>

The program's short duration with extended access period addressed both the immediate need for rapid preparation and the ongoing need for reference materials. This design recognizes that learning is not a discrete event but an ongoing process that requires sustained support.<sup>[8]</sup> The ability to access materials for up to one year after completion provided participants with continued scaffolding as they gained experience in their teaching roles.

The flexible approach to learner-instructor interaction, offering multiple communication channels without mandatory synchronous participation, accommodated diverse learning preferences while maintaining instructional support.<sup>[63,64]</sup> This finding suggests that effective online professional development programs can provide meaningful instructor presence without requiring rigid scheduling that may conflict with learners' professional and personal obligations.

#### 4.5 Pedagogical insights and practice transformation

The study revealed how exposure to evidence-based teaching practices can transform clinical instruction approaches. Participants' adoption of debriefing, reflective practices, and critical thinking strategies demonstrated the potential for structured preparation to enhance the quality of clinical education.<sup>[58,64]</sup> Their recognition of students as novices requiring clear, concrete instruction showed how theoretical frameworks can inform practical teaching decisions.<sup>[32]</sup>

The emphasis on setting appropriate context for clinical teaching proved particularly valuable. Participants learned to view environmental factors, preparation processes, and relationship-building as integral components of effective clinical instruction rather than peripheral concerns.<sup>[21]</sup> This holistic understanding of clinical teaching represents a significant advancement from the traditional model of simply placing experienced nurses in teaching roles without adequate preparation.

The program's focus on feedback strategies yielded tangible improvements in instructor-student interactions. Participants described more structured approaches to providing both positive reinforcement and constructive criticism, incorporating best practices such as increasing feedback frequency and inviting student self-reflection.<sup>[65]</sup> These evidence-based approaches suggest that pedagogical preparation can enhance

the quality of student learning experiences while building instructor confidence.

#### 4.6 Theoretical framework validation

The study findings strongly support Benner's<sup>[32]</sup> novice-to-expert theory as an appropriate framework for understanding the clinical expert to instructor transition. Participants' descriptions of uncertainty, need for concrete guidance, and gradual skill development align closely with Benner's characterization of novice practitioners.<sup>[35,36,66]</sup> This theoretical alignment validates the appropriateness of applying established nursing development frameworks to academic transitions.

The theory's emphasis on supporting novice practitioners through formal education, experiential learning, and mentorship was reflected in participants' expressed needs and positive responses to structured preparation.<sup>[67]</sup> The ACNEPP's design incorporated these supportive elements, contributing to its effectiveness in facilitating role transition.

Participants' recognition of their students as novices requiring different instructional approaches demonstrated how theoretical understanding can inform practice. This metacognitive awareness—understanding both their own developmental stage as educators and their students' developmental needs—represents a sophisticated application of theoretical knowledge to practice.<sup>[32]</sup>

### 5. KEY FINDINGS AND THEIR SIGNIFICANCE

The study findings confirm persistent challenges in the transition from clinical expert to novice CNI while highlighting the potential of structured educational preparation. The documented difficulties with traditional orientation processes, combined with the positive outcomes from participation in the ACNEPP, provide clear direction for improving support systems for CNIs.

The unanimous preference for asynchronous, self-paced online learning reflects the practical realities facing part-time CNIs who must balance multiple professional and personal commitments. This finding has important implications for program design and accessibility, suggesting that flexibility should be a primary consideration in developing professional development programs for this population.

#### 5.1 Broader implications for nursing education

The study's findings extend beyond individual instructor preparation to address broader challenges in nursing education. The documented difficulties in role transition may contribute to the persistent shortage of qualified clinical nursing instructors, suggesting that improved preparation and

support could enhance recruitment and retention in these critical roles.

The highlighted potential of online professional development suggests opportunities for scalable solutions to instructor preparation challenges. Programs like the ACNEPP could potentially be adapted and implemented across multiple institutions, providing consistent, evidence-based preparation for clinical nursing instructors.

The study also highlights the importance of recognizing clinical instruction as a specialized practice requiring distinct competencies. This recognition could inform discussions about credentialing, continuing education requirements, and career development pathways for CNIs.

This discussion has examined the key findings of this study in relation to existing literature and theoretical frameworks, revealing both persistent challenges and promising solutions in the preparation of CNIs. The evidence suggests that while role transition remains challenging, structured educational preparation can significantly improve both instructor confidence and teaching effectiveness. These findings have important implications for individual professional development, institutional policies, and the broader nursing education enterprise.

## 5.2 Implications for nursing education institutions

Study findings underscore persistent gaps in institutional support for CNIs despite decades of literature documenting these needs.<sup>[15,52,68]</sup> While nursing education recognizes the need for role transition support, concrete actions remain insufficient and require immediate attention.

Educational institutions must develop structured orientation and formal preparation programs for part-time CNIs. These programs should include clinical teaching strategies, role expectations, clinical day planning, patient assignments, feedback provision, and relevant policies.<sup>[23–25]</sup> Institutions must also provide time allocation and compensation for clinical unit orientation.

Flexibility in program design maximizes accessibility. Part-time CNIs face significant barriers attending in-person or synchronous programs due to competing commitments. Self-paced asynchronous online designs maximize accessibility while optional synchronous interactions accommodate diverse learning preferences.<sup>[69,70]</sup>

Ongoing mentorship and professional development support is essential. CNIs cannot achieve expertise through initial orientation alone.<sup>[28,57]</sup> Institutions should formalize mentorship structures with experienced faculty and peers, establish clear expectations, ensure mentor training, and continuously

evaluate programs based on feedback.<sup>[23,26,56]</sup>

## 5.3 Recommendations for future research

Given this study's single case design and small sample, findings are not generalizable. Future research should include similar case studies in diverse geographical areas to broaden understanding of CNI role transition experiences and professional development programs.

While participants preferred asynchronous design, research is needed on different modality preferences. Quantitative studies examining CNIs' likelihood of participating in synchronous online, asynchronous online, hybrid, or in-person programs could inform design decisions.

Comparative studies examining CNIs who received structured orientation versus those who did not could illuminate educational intervention benefits. Replicating this study with full-time faculty teaching theory and clinical courses could extend understanding of resources and mentorship needs. Research on mentorship program best practices could improve CNI support structures, examining mentor training, matching processes, and ongoing support mechanisms to optimize effectiveness.

## 6. CONCLUSION

This descriptive case study explored RNs' experiences transitioning from clinical experts to novice CNIs through an online professional development program. The findings confirm the challenging nature of this transition while highlighting the critical need for structured institutional support.

The online ACNEPP's asynchronous, self-paced design significantly enhanced accessibility for participants managing multiple commitments. Its short duration and practical content proved effective in supporting role transition and improving teaching practices, underscoring the importance of flexible program design for part-time CNIs.

Educational institutions must move beyond recognizing support needs to implementing concrete solutions: structured orientation programs, adequate compensation for clinical unit orientation, formal mentorship programs, and ongoing professional development opportunities. These measures can enhance teaching quality, increase job satisfaction, and improve retention rates, ultimately expanding nursing education capacity to address critical healthcare workforce needs.

Institutions should prioritize flexible training programs, integrate mentorship opportunities, and create supportive environments addressing CNIs' specific needs. These policy changes are essential for improving nursing education and ensuring CNIs are well-prepared for their teaching responsibilities.

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## AUTHORS CONTRIBUTIONS

Dr. Samarjit Kaur Dhillon was responsible for designing the study, data collection, data analysis, writing the doctoral dissertation this manuscript is based on, and preparing the manuscript for this article. Dr. Kimberly Silver Dunker contributed to the design and execution of the doctoral dissertation study in the role of a dissertation committee member, and a subject matter expert and has contributed to revisions of the manuscript. Dr. Susan Knowles is the owner, instructional designer and instructor of the online ACNEPP and has contributed to the dissertation study by allowing and facilitating recruitment of participants who have completed the ACNEPP. Dr. Susan Knowles also participated in revisions of the manuscript.

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## DATA SHARING STATEMENT

No additional data are available.

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