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Professional Development Needs of Novice Nursing Clinical Teachers: A Rapid Evidence Assessment

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Abstract: The current nursing profession is challenged with a decreasing supply of competent clinical teachers due to several factors consequently impacting the quality of nursing education. To meet this demand, academic nursing programs are resorting to hiring expert nurses who may have little or no teaching experience. They need support during their transition from practice to teaching. Using the systematic approach of a Rapid Evidence Assessment (REA), scholarly literature was reviewed to identify existing professional development needs for novice clinical teachers as well as supportive strategies to aid the transition of experienced nurses into teaching practice. The REA included 29 relevant studies. Findings revealed three main professional development needs for novice clinical teachers and key supportive strategies. Based on these findings recommendations for best practices to support and prepare novice clinical teachers are presented.

Keywords: novice nursing teachers, professional development, clinical teaching, rapid evidence assessment

The growing global shortage of nurses including nursing teachers is well documented (Bard & Baker, 2012; Bell-Scriber & Morton, 2009). A strategy in response to this shortage is the recruitment of practicing nurses for clinical teaching in temporary employment positions. While these nurses are experts in practice they are mostly novice in the academic domain. The concern for stakeholders in academia and practice agencies is that novice clinical teachers often have to transit into teaching without sufficient support or preparation (Oermann, 2004). While the nursing literature highlights important considerations for clinical teachers, such as role clarification, retention, and, integration into academic positions, how to best support these novice teachers in their specific teaching-learning needs has received little scholarly attention (Baker, 2010; Coates & Fraser, 2014; Oermann, 2004). Therefore, 29 research studies were selected and reviewed using a Rapid Evidence Assessment (REA) to explore whether there was consensus in the literature about specific teaching needs of this group and to identify supportive evidence-based strategies for novice clinical teachers as they transition from practice to teaching. Reported in this paper are three core teaching needs of novice clinical teachers, identified support strategies, and recommendations to address the identified needs that emerged from the REA.

Background and literature review

Typically, novice teachers are excited to contribute to the education of future nurses, believing they are equipped with abilities to facilitate student learning and bring current clinical knowledge and skills to student learning (McDonald, 2004; Parslow, 2008). They also see teaching as a career opportunity (Johnsen, Aasgaard, Wahl, & Salminen, 2002; Nugent, Bradshaw, & Kito, 1999). Still, they often encounter a reality shock trying to meet the many responsibilities encompassed in the teaching role (Gardner & Suplee, 2010; Pratt, Boll, & Collins, 2007; Sutkin, Wagner, Harris, & Schiffer, 2008). New teachers need opportunities to develop effective clinical teaching skills and to foster strong student-teacher relationships based on relevant student and faculty feedback (Cedarbaum & Klusaritz, 2009; Klusaritz, 2009; Sutkin et al., 2008).

While the literature identifies characteristics of effective clinical teachers, it is less clear how obtaining such characteristics can be best supported. Direction for development of effective clinical pedagogies of novice nursing teachers is a gap in the literature (Johnsen et al., 2002; Kotzabassaki, Panou, Karabgli, Koutsopolou, & Ikonomou,

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1996; Li, 1996; Nelson, 2011; Woo-Sook, Cholowski, & Williams, 2002). Several scholars have presented different perspectives of clinical teaching pedagogies (Gardner & Suplee, 2010; Higgs & McAllister, 2007; Johnsen et al., 2002; Pratt et al., 2007; Williams & Klamen, 2006). Still, a comprehensive overview of supportive strategies to effectively help clinical teachers transition from expert nurse to novice teacher is not well described in the literature (Dahlke, Baumbusch, Affleck, & Kwon, 2012). Hence, a REA was conducted to identify current evidence in the nursing literature on these two aspects: the specific pedagogical learning needs of novice teachers and best practices in supporting them.

Methods

Conceptual framework

Informed by Brookfield (1995), reflective practice was used as the justification for the project. Novice clinical teachers already have implicit values and beliefs about their practice and about teaching and learning which they bring to their new role. Teaching development support needs to include a focus on promotion of self-reflection on teaching (Jarvis-Selinger, Pratt, & Collins, 2010). Particularly explored was what pedagogical processes and support strategies were available to clinical teachers to facilitate and strengthen self-awareness of how to effectively blend their clinical practice and develop their teaching pedagogy. Each novice teacher's individual learning process should be supported by a collective sense of novice clinical teachers' needs, based on available evidence (Hubball, Collins, & Pratt, 2005). The assessment of available evidence will provide a base to develop support for clinical teachers.

Design: a rapid evidence assessment

A REA, for example as evidenced by the UK Civil Service (2012), is a useful method to explore the evidence-based literature on teaching needs and best practices to aid novice nursing clinical teachers transitioning into teaching from nursing practice. It is part of a range of critical assessment skills programs (CASP) currently available to assess evidence and incorporate it into practice (www.casp-uk.net) (Moore & Watters, 2013). The REA method offered a practical approach that typically takes approximately three months to complete and used a systematic method to review and appraise the selected literature. In the context of current health care demands, the REA is surfacing as a comparable alternative to the time and resource-consuming systematic review process and is typically more comprehensive than a scoping review process (Gannan, Ciliska, & Thomas, 2010; Hurry, Brazier, Parker, & Wilson, 2006; Joliffe & Farrington, 2007).

While some REAs explore the impact of particular interventions, the focus of this REA is on a non-impact question, i. e., the teaching and support needs of novice clinical teachers. Inclusion criteria included: studies written and available in English, from the past 20 years (1992–2012); study sample consisting of clinical teachers with less than three years of experience or described as novice; and, available in electronic format. Exclusion criteria were studies done outside of the health care field, opinion and position papers, and gray literature. The systematic search strategy included the following electronic databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Education Resources Information Center (ERIC), Pub Med, Medline, Web of Science, ProQuest Dissertations and Theses, Summon, and, Google Scholar. Search terms included: novice clinical teachers AND nursing education AND/OR health care disciplines, clinical teachers AND clinical teaching, novice clinical teachers, support/mentor clinical teachers, support strategies, teaching support(s) for novice clinical teachers, best practices/supports for nurses transitioning to teaching..

Varied terms were encountered in the different studies: clinical educator, clinical teacher, nurse teacher, nursing faculty, nurse tutor and teaching academic staff. For this REA, the term clinical teacher is utilized.

Screening and appraisal

Using the search terms, 51 studies were initially identified. A further careful screening of these studies based on the research questions and inclusion criteria resulted in the inclusion of 29 studies in this REA. To enable an objective assessment of the studies' various research methods, the quality of each of the 29 study reports were analyzed based on the Government Social Research Service (GSRS, 2010) and Gough's (2007) Weight of Evidence Assessment (WEA) tool, which include three dimensions of methodological quality, the appropriateness of the research design, and the relevance of the study's focus in answering the research question.

These criteria are set according to the GSRS Evidence for Policy and Practice Information (EPPI, 2007) data extraction and quality assessment review guidelines for educational research studies. Each study was critically analyzed against these criteria and received a score for high, medium, or low level of evidence. A high level of evidence included criteria such as the relevance of the study, sample participants and findings in addressing the research questions of this REA as well as validity of the data collection and analysis. Medium level studies included most of these criteria. A low level of evidence, however, did not strongly demonstrate the above-mentioned criteria. The first author rated all the studies according to these criteria while the supervisory committee for the study served to check the ratings to ensure consistency throughout. All 29 studies were of high or medium levels of evidence, confirming the relative high quality of the studies. The selected studies included 20 qualitative studies, 3 quantitative studies and 6 mixed methods designs. In addition to the WEA, qualitative studies received an additional critical appraisal based on ten questions of the Critical Appraisal Skills Program (CASP) collaboration, which assesses for levels of rigor, credibility and relevance of the findings as high, medium or low (Public Health Resource Unit, 2006). For quantitative studies, the Maryland Scale was incorporated (Sherman et al., 1997) to score the studies as high, medium or low, whereas for the mixed-methods studies, both the Maryland Scale and the CASP were used as per guidelines of the REA method (UK Civil Service, 2012). These scores confirmed all studies to be of high and medium levels of evidence. The 29 selected studies were conducted from 1994 to 2011 with approximately two-thirds conducted in the last decade. Ten studies were conducted in the United States of America (USA), seven in Canada, five in the United Kingdom (UK), four in Australia, and one each in Iran and Norway. One of the selected studies recruited participants from both Canada and the Netherlands.

Findings

The findings from these studies suggested three evidence-based needs for support in teaching practice of novice clinical teachers: socialization, professional development, and the need for self-reflection and confidence building. The latter underscored the importance of reflective practice as an essential approach in teaching development (Brookfield, 1995).

Socialization

The REA studies revealed the need for new teachers to not only learn to teach, but equally important was the need to socialize into the teaching role. Nurses working in clinical roles are typically involved with patients, families, colleagues and professionals across health disciplines. They primarily practice in team approaches and have charge nurses and educators as resources for their everyday practice. When transitioning into clinical teaching, nurses are potentially faced with the accompanying unfamiliarity and isolation of taking students to a unit where routines and people might be unfamiliar to them. Novice clinical teachers sampled in the selected studies experienced isolation in their teaching roles and did not feel integrated with their hiring academic institution and colleagues (Kelly, 2006; McArthur-Rouse, 2008; Siler & Kleiner, 2001). Socialization, therefore, needs to be supported, and is defined in three aspects; the need to acclimatize, the need to belong and the need to connect with students. Each will be discussed here.

Need to become accustomed to a new situation

Novice teachers required a connection with their experienced colleagues in practice *and* in academia in terms of supportive relationships and opportunities to connect (McArthur-Rouse, 2008; McDonald, 2004; Sheets, 2008; Siler & Kleiner, 2001). Clinical teachers had to acclimatize to their new role and into their new organizations by building relationships with the people of the practice and the teaching community. It was important to them to know the people of their new community, as well as the academic policies and practices.

Need to belong

In concert with a need to acclimatize with their new organizations and colleagues, novice clinical teachers also needed a sense of belonging. They asked to be included and welcomed in their new organization via inclusion on the email lists, having consistent teaching assignments in familiar practice environments and being involved in ongoing decision-making activities within their academic institution. (Annibas, Brenner, & Zorn, 2009; Braine, 2009; Cash, Doyle, von Tettenborn, Daines, & Faria, 2011; Higgs & McAllister, 2007; Kelly, 2006; MacNeil, 1997; McArthur-Rouse, 2008; McDonald, 2004; Sheets, 2008).

Need to connect with students

Finally, a need to connect with students was an important finding in the studies reviewed. Cranton and Carusetta (2004), for example, highlighted relationships with students as imperative for effective teaching practice. A professional relationship with students transpired into caring for them and their learning. Furthermore, Sayer (2011) reported how experienced community practice teachers built nurturing relationships with their students in the practice setting, which allowed them to assess their needs as well as focus on students' professional development. These teachers taught on the premise of a transformation model that enabled learners to build on their knowledge through reflection, rather than a model of knowledge transmission.

Professional development

A second core need revealed in the REA was for professional development of novice clinical teachers' teaching practice, both at the start of their teaching experience and throughout their first year. Professional development needs included orientation, support as well as guidance from experienced peers and feedback on their teaching practice. Novice clinical teachers asked for an effective and comprehensive orientation program (Forbes, Hickey, & White, 2010; Parslow, 2008). Findings in these studies suggested that orientation to teaching practice had been minimal or inadequate. Novice clinical teachers require orientation to teaching practice in the clinical setting and a comprehensive orientation to the practice setting itself (Parslow; Sheets, 2008). Teachers should become familiar with the academic institutions' policies, practices, and people (McAllister & Moyle, 2006; McDonald, 2004). These authors further identified that effective clinical teachers require a strong knowledge base and relational skills, to give feedback to students effectively which could be addressed and developed in a comprehensive clinical educator program. Managing student challenges such as clinical failure was revealed as a component necessary in an orientation program for novice teachers (Braine, 2009; McLeod, Steinert, Meagher, & McLeod, 2003; Sheets, 2008). In terms of support and guidance from experienced colleagues, novice faculty and clinical teachers expected their colleagues to help them learn to teach, an expectation that was not always met (McArthur-Rouse, 2008; Scanlan, 2001; Siler & Kleiner, 2001).

In other studies, mentor support for novice clinical teachers was found to be valuable (Foulds, 2005; McDonald, 2004; Parslow, 2008), and a recommended strategy for ongoing teaching support (Annibas et al., 2009; Datillo, Brewer, & Steiner, 2009; Higgs & McAllister, 2007; McDonald, 2004; Oermann, 2004; Sheets, 2008; Wolff, 1998). A noteworthy finding was that sometimes novice teachers did not share their concerns with their mentors for fear that it would compromise their teaching job. Instead, clinical teachers asked for an alternative human resource, that of a 'go-to' person. This person would be someone they could readily access, and who would be able to provide support and guidance (Forbes et al., 2010).

Providing feedback and conducting teaching evaluations was repeatedly suggested as a way to help build novice clinical teachers' teaching practice and to further support reflective practice. Novice teachers wanted an evaluation process by the academic institution. Parslow's (2008) study participants recalled that they were never evaluated nor informed of their student evaluations, whereas in other studies, teachers measured their teaching practice based on student evaluations only or considered their teaching practice effective if their teaching assignment increased (Patterson, 1994; ICS_ref_60Siler & Kleiner, 2001). Lack of feedback is a gap in supporting clinical teachers in their transition to teaching practice (Parslow, 2008; Zafrir & Nissim, 2011).

Self-reflection and confidence building

Self-reflection on one's teaching experience is necessary to build teaching competency and confidence and a vital component of reflective practice (Jarvis-Selinger et al., 2010). It allows for novice teachers to recognize what skills and strengths they bring to teaching and what further development their teaching practice should include in order to become more confident (Braine, 2009; Dattilo et al., 2009; Scanlan, 2001; Wolff, 1998). Wolff for example, suggested that clinical teachers went through a staged process to mature as competent clinical teachers. The phases were a time of self-reflection and assessment of self-needs, examining a teaching style built on trial and error, and eventually, a focus on students and being able to manage challenging student issues. Included in the study were two important findings: that the maturation process was ongoing and not linear, and that self-confidence was a core category that enabled clinical progress through the stages.

Support strategies

In addition to the three identified areas in which novice clinical teachers require support, the REA revealed a number

of strategies that were found to be effective in enhancing novice teachers' role transition. These included a familiar environment, prior exposure to students, orientation, ongoing professional development sessions, building relationships with practice and academic colleagues, forming a new identity as teachers and using principles of adult learning theory.

A familiar environment

Familiarity with the practice environment proved a helpful strategy related to role unfamiliarity (McDonald, 2004; Parslow, 2008). Novice teachers found it imperative for their teaching success to learn the different unwritten dynamics and relationships, as well as policies and practices of the academic and practice organizations. Essentially, teachers had to navigate and learn two different cultures, academic and practice. However, familiarity with the one or both of these settings helped ease their transition (McDonald, 2004; Parslow, 2008).

Prior exposure to students

New clinical teachers found previous exposure to students to be an asset in their transition to clinical teaching. For instance, some novice teachers had worked with students while they were on their nursing units with an instructor, which was helpful in providing a frame of reference for what students' learning needs may include. Prior preceptor experience was also found to be asset in the transition to clinical teaching for similar reasons (McDonald, 2004; Nugent et al., 1999).

Orientation

Orientation programs either formal or informal were found to be essential in the findings of several studies in the REA. A practical orientation resource, for instance a handbook, and orientation programs that were succinct in consideration of clinical teachers' time straints were suggested in several studies (Dattilo et al., 2009; Forbes et al., 2010; Kelly, 2006; McArthur-Rouse, 2008; McDonald, 2004; Parslow, 2008). Sheets (2008), further underscored that novice teachers should be provided with "...explicit directions and instructions..." (p. 175).

Ongoing professional development sessions

Professional development sessions and continuing education programs to promote self-awareness, with a focus on teaching methods and evaluation, is another recommended supportive strategy for novice clinical teachers. Related suggestions for ongoing professional development included: a formal clinical educator curriculum to allow opportunities for clinical teachers to share experiences with colleagues and encourage solution-driven conversations to teaching challenges; problem-solving discussions; evaluation of their teaching practice by their employers; and, assistance in self-evaluation (Annibas et al., 2009; Baker, 2010; Dattilo et al., 2009; Foulds, 2005; Higgs & McAllister, 2007; Kelly, 2006; MacNeil, 1997; McAllister & Moyle (2006); Parslow, 2008; Scanlan, 2001; Scarvell & Stone, 2010; Sheets, 2008; Wolff, 1998).

Building relationships with practice and academic colleagues

Relational practice development was also highlighted as a supportive strategy. Clinical teachers are described as being situated in "boundary practice" that connects both the clinical and academic arenas. Successful clinical teachers used inherent relational practice skills developed in their nursing practice to build bridges with both the academic and practice personnel and in so doing created supportive learning environments for students (Foulds, 2005; MacNeil, 1997; McArthur-Rouse, 2008; Ramage, 2004; Sheets, 2008). Scarvell and Stone (2010)'s study revealed that clinical educators built relationships across different health disciplines. These authors emphasized that learning is as much a social process as a scholarly one and building relationships with colleagues is paramount. The latter insight also was noted by Higgs and McAllister (2007), with the caution that part-time novice clinical teachers might find this more challenging, as they often feel they are outliers in the academic and practice settings.

In many studies, regardless of research design, type of teaching responsibility and geographical locations, connection was found to be paramount in facilitating the transition to clinical teaching. Cash et al. (2011) recommended increased dialogue between experienced and novice educators as a means to improve retention. Kelly (2006) added that in-person opportunities were necessary to connect with peers and to decrease role ambiguity. Braine (2009) discussed the need for sharing amongst peers to develop reflective teaching. Forbes et al. (2010) as well as Sheets (2008) also suggested face-to-face meetings or online discussions as helpful strategies.

In addition to relationship building with peers, Cranton and Carusetta (2004) further recommended that

attention to the student-teacher relationship is pivotal in teaching practice, as it led teachers to be more aware and caring for their students and their learning. Several studies found that experienced clinical teachers were important resources in role modeling establishment of nurturing learning relationships with students as a means to assess students' learning needs. Furthermore, strong relationships with students enabled teachers to improve the evaluation and learning of students, which enhanced a positive learning-teaching experience (Allison-Jones & Hirt, 2004). In contrast, novice teachers tended to more strongly emphasize the transmission of skills (Johnsen Aasgaard, Wahl, & Salminen 2002; Sayer, 2011).

Mentorship was highlighted in several studies as an important supportive strategy and various mentorship styles were described. For instance, having a mentor visit the clinical teacher in the practice setting regularly to connect the teacher to various practice partners as well as assist with teaching. Additionally, mentors might support novice clinical teachers via coaching and face-to-face workshops. In several REA studies, the assignment of formal and long-term mentor-mentee relationships was emphasized, as was assigning experienced clinical teachers to mentor their novice peers (Foulds, 2005; McDonald, 2004; Siler & Kleiner, 2001; Wolff, 1998).

Forming a new identity

Novice clinical teachers have realized they are creating a new professional identity as clinical teachers. Their role as care providers in their nursing practice has evolved into provision of education, mentoring and support to students as clinical teachers (Gonzalez & Font, 2012). Making explicit the need to develop a new identity as a teacher helped novice clinical teachers successfully transition into teaching. Teachers faced challenges with their changing and expanding roles coupled with professional isolation. Explicitly articulating and acknowledging the process of identity transformation served as an important response to their struggles with role confusion (McArthur-Rouse, 2008; Ramage, 2004).

Use of adult learning theory principles

The introduction of adult learning theories to help prepare novice teachers is another supportive strategy revealed in the evidence assessment. Cranton and Carusetta (2004) and Sheets (2008) premised Mezirow's (1997) transformative learning theory as a useful framework to describe the evolution of an adult's "frame of reference" which is created by one's experiences, values and beliefs. Being exposed to such theory helps novice teachers to reflect on their teaching values, and preferences. This also speaks to Brookfield's (1995) conceptual lens that lays the groundwork for supporting novice clinical teachers' transition to teaching by encouraging reflection of teaching experiences, beliefs, and values of nursing and teaching. In addition, Pratt, Boll, and Collin's (2007) work urges nurse teachers to reflect on and analyze their existing teaching strategies and values. Novice clinical teachers must be supported in their teaching competency by tapping into their implicit values and experiences. Expert nurses know what to teach, drawing from their acquired specialized body of knowledge, skill and practice expertise, but explicit reflection grounded in adult learning principles helps them to further develop their knowledge of how to teach it (Scanlan, 2001).

Discussion

The goals of this REA were to explore whether there was consensus in the literature about specific teaching needs for novice clinical teachers and to identify supportive evidence-based strategies as this group transitioned from practice to clinical teaching. These goals were met, as 29 studies revealed a consensus of three core needs: socialization, professional development, and self-reflection and confidence building. Additionally, a collection of evidence-based supportive strategies were discovered in the studies that, if implemented, may enhance novice clinical teachers' transition to teaching.

Participants across the various studies expressed the need for socialization stemming from feeling a lack of belonging, a loss of identity, and isolation. Novice clinical teachers were in a new role, distanced from their everyday nursing skills, familiar practice environments and colleagues, and in essence their familiar identity. This is corroborated by Dickelmann's (2004) research that attributed some of the faculty loneliness to the busyness of academia which limits time to share and engage in discussions related to new teaching practices with colleagues. Ongoing professional development in the form of comprehensive orientation programs as well as guidance and mentorship from experienced peers was strongly highlighted in many of the REA studies. This ongoing need is echoed in a National League for Nursing's report (as cited in Oermann, 2004) that encourages members of nursing education to develop

"Centers of Excellence in Nursing Education" which could serve to create innovative professional development solutions in an effort to "...promote ongoing faculty development or advance nursing education research" (p. 7). The need for self-reflection and confidence building was revealed on a smaller scale in some studies and highlighted authentic self-reflection as a means for teachers to weigh what they brought to their teaching practice as strengths from the practice arena, and identify which aspects required support and learning for development of teaching practice.

The second intention of the REA was to identify supportive evidence-based strategies in backing novice clinical teachers' transition to clinical teaching. These included teaching in familiar practice environments, prior exposure to students on nursing units, orientation, ongoing professional development sessions, building relationships, building a new identity, and using principles of adult learning theory. These evidence-based supportive strategies were found dispersed in the studies. A key benefit of the REA was that it allowed us to describe and systematically present these various evidence-based supportive strategies in an organized and comprehensive way, so they can guide - almost as a toolkit - the development of a systematic approach to teaching support for new clinical teachers.

Recommendations

This section outlines the key recommendations resulting from the REA and reveals two important insights. First, the development and support of teaching competence is an ongoing process for clinical teachers. They should be committed to continually reflect and build their teaching from one experience to the next. Secondly, such development is a shared responsibility between the novice clinical teacher and the academic institution. Nursing faculty administrators might benefit from further time and investment in implementing the evidence-based strategies to support and prepare clinical teachers (Higgs & McAllister, 2007; Parslow, 2008; Wolff, 1998). When more qualitative evidence on clinical teaching support emerges, a meta-synthesis of the evidence is also recommended (Thorne, 2016).

The first recommendation is for both novice clinical teachers and academic institutions to consistently aim to meet the needs of teachers during their transition from practice to teaching. The REA has identified three core needs. Using these necessities as a starting point may allow both parties to work together towards the same goals and concentrate their efforts to further streamline the transition. Working together towards similar goals may also create a stronger partnership that will serve well in the long term.

Addressing the identified teaching needs using the supportive strategies documented in this REA as a starting point may enhance the transition of nurses from practice to teaching. This approach will include novice clinical teachers as informed stakeholders who will understand the essential learning process for new teachers. They also have at their fingertips a comprehensive list of support strategies that will empower them in their transition. Similarly, members of the nursing academia will be also be cognizant of novice clinical teachers' professional development requirements, and will be able to use the evidence-based strategies to further inform orientation and support programs for these teachers. This approach may indeed enhance and streamline the challenging transition for new clinical teachers.

The second recommendation supported by the REA is for academic institutions to assign a formal mentor who is an experienced clinical faculty member. This person should provide ongoing support to clinical teachers and help them prepare for their first teaching experience(s) (Foulds, 2005; McDonald, 2004; Siler & Kleiner, 2001; Wolff, 1998). The effectiveness of using a formal mentor may benefit from further research.

Thirdly, building in time and opportunity for ongoing reflection, self-assessment and confidence building is recommended to prepare novice clinical teachers for their teaching practice. Studies in the REA suggest reflective conversations with peers as one strategy to enable novice clinical teachers to recognize the practice experience they bring to their teaching as an asset and which will strengthen their confidence (Higgs & McAllister, 2007; McDonald, 2004; Scanlan, 2001). Also, systematic feedback on teaching is recommended (Miller & Groccia, 2010; Parslow, 2008). Stakeholders in academia, such as faculty and practice partners in nursing, can help teachers build upon their practice expertise, in particular, their ability to be resourceful and build relationships with patients and colleagues. This is corroborated by Diekelmann (2004) who suggested that new teachers lacking support "...drew on their practice experience and expertise to form a basis for developing their skills and expertise in teaching" (p. 102). This is an aspect that should be cultivated in the preparation of teaching practice for novice clinical teachers.

A fourth and final recommendation supported by the REA's findings is to hire clinical faculty in permanent

appointments. Such a commitment will provide opportunities to more consistently and effectively implement the supportive strategies outlined within the REA findings. An additional benefit to clinical teachers being hired on a permanent basis is the enhanced opportunity for ongoing effective connection and bridging between practice and clinical teaching.

Limitations

The limitations of the REA method include less extensive search methods than full systematic reviews, which may potentially lack specificity and increased risk of including bias, in particular publication bias and inconclusive or weak studies. Nonetheless, this REA utilized the Web of Science to map out current studies, for example, those cited that matched the inclusion criteria and informed the research question. The studies selected mainly explored the perceptions and experiences of clinical teachers in their role transition from practice to teaching, not the administrators' points of view.

Conclusion

Novice clinical teachers find transitioning into clinical teaching practice rewarding and their previous nursing experience is an asset for their teaching practice. However, these teachers are new to the teaching arena and have specific teaching needs which were not well articulated or described in the available literature. Hence, a REA was conducted to identify current evidence in the nursing literature on these two aspects: the specific pedagogical learning needs of novice teachers and best practices in supporting them. Twenty nine studies were included in the REA, with the majority being qualitative studies. Based on this assessment three explicit teaching support needs were identified.. In addition, the authors of the REA were able to list a series of useful strategies to expand novice teachers' competency and confidence. Based on the REA findings, the authors conclude that successful transition of these teachers depends on their investment in teaching competency development and on a shared responsibility among teachers, academic administrators and practice partners to focus on supportive strategies to meet the identified needs of socialization, ongoing professional development, self-reflection, and self-confidence.

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