

# Nursing Clinical Faculty Revisited: The Benefits of Developing Staff Nurses as Clinical Scholars

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## abstract

One of the major contributing factors to the nursing shortage in Colorado and nationally is a scarcity of clinical faculty required to prepare new nurses. This article describes an innovative, collaborative project that purposefully prepares staff nurses to assume the role of clinical scholar. Although there are several models that have sought to make clinically expert nurses available as teaching faculty, the breadth and scope of the described project with its multiple partners is unique. In the first year of this grant, the identified goals were achieved. In addition, there have been significant serendipitous outcomes.

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In discussing the overall nursing shortage, Meyers (2004) stated,

In the nursing world, it's been called the perfect storm: an aging nursing school faculty, a wave of nurse retirements expected in the next decade, increasing competition for nurses in clinical settings, a lack of master's and doctorate-degree students, and economic factors making it difficult for practicing nurses to return to school. If steps aren't taken to reverse these trends, hospitals are in for some rough waters ahead. (p. 25)

Faculty shortages are a critical factor contributing to the overall nursing shortage in this "perfect storm," both in Colorado and nationwide. Wage rates, workload, academic preparation, and attrition rates are acknowledged barriers to an adequate supply of qualified nursing faculty. Health industry employers, educational institutions, and community leaders are currently investing considerable resources to meet the immediate need for academic and clinical nursing faculty in the face of a deepening shortage. To date, these efforts have been focused on short-term solutions. From the existing literature, these efforts appear to be narrow in focus and minimally collaborative, and may not be sustainable over time.

Designing and implementing a long-term solution to the nursing faculty shortage requires innovative and collaborative work. Given that nursing programs in Colorado projected a threefold greater need for clinical instructors than for academic faculty, the primary objective of the project described in this article is to increase the quantity and quality of nurses with teaching capabilities in the clinical sites used by participating academic institutions (Colorado Center for Nursing Excellence, 2005). To this end, the Colorado Center for Nursing Excellence (The Center), with the support and participation of the Colorado Department of Labor, convened a collaborative group of nurse administrators, nursing faculty, and clinically based nurse educators to develop a plan addressing these faculty issues.

## PROJECT DESCRIPTION

In the past, expert clinical nurses were often identified to serve as clinical instructors for specific schools but were given little or no formal preparation for this role. This model all too often led to dissatisfaction and burn-out for the instructors and contributed to inconsistent quality of instruction. A cornerstone of the described project is the deliberate and thoughtful construction of the coursework for the clinical scholar role.

For the purposes of this project, a clinical scholar is defined as an expert clinical nurse who meets the educa-

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TABLE 1  
**FACULTY DEMAND PROJECT COMMITTEE STRUCTURE<sup>a</sup>**

<b>Committee Name</b>	<b>Committee Purpose</b>
Advisory Committee	To provide guidance and advice on an ongoing basis regarding direction of the entire project.
Curriculum Committee	Development of the curriculum to be taught in each of the clinical scholar didactic course sessions.
Evaluation/Research Committee	Development of numerous evaluation tools to evaluate all components of the clinical rotation to determine whether the clinical scholar made a significant difference in the success of the clinical rotation.
Placement Committee	Placement of all clinical scholar students in an appropriate level clinical rotation to teach following completion of the didactic course.
Preceptor Committee	To develop a basic online preceptor training course that will serve as the foundation for additional courses, including the clinical scholar didactic course.
Publication Committee	To document and disseminate the activities and outcomes related to The Faculty Demand Project.

<sup>a</sup>Each committee consists of members from service, academia, and Colorado Center for Nursing Excellence staff.

tional preparation requirement for the contracting educational program. He or she is released from a clinical assignment and assumes full responsibility for coordination, clinical teaching, and evaluation of a group (rotation) of nursing students. The clinical scholar works in collaboration with the school of nursing course faculty who coordinate the specific course. This faculty member makes periodic site visits to the clinical agency but is based at the school of nursing. The clinical scholar maintains his or her usual employment status within the facility. Because disparate wages and benefits are significant deterrents to academic roles, clinical nurses maintain their existing salary and benefit package from their home facility. The schools reimburse the facility at the customary rate for time contracted for these rotations. Grant funds are used to help reconcile differences that may exist.

Skill acquisition and socialization into this new role are important components of the preparation. To meet these goals, an intense 40-hour course was developed. These goals were facilitated through a collaboration initiated by The Center.

### **Project Goals**

The identified outcomes for the project included the education and support of 45 new clinical scholars from the facilities. Three hundred sixty-two clinical rotation groups were to be staffed by clinical scholars. This translated to educating 2,534 students at a cost of \$394 per student. In addition, qualitative outcomes included decreasing student attrition rates by 15% and increasing the knowledge base of the clinical scholars through the use of newly developed advanced preparation. There was also a desire to decrease the turnover rate

for clinical educators while increasing their job satisfaction. Further, NCLEX pass rates would be maintained or improved through the increased quality of clinical faculty who are then able to use scenario-based clinical problem solving. Through the efforts of The Center and the collaborating participants, these goals are being met or exceeded.

### **Role of The Center**

The Center is a non-profit, locally funded organization whose mission is to address workforce issues for the nursing profession within Colorado. The Center staff facilitated the construction and writing of a grant proposal funded by the Colorado Department of Labor. The focus was to create a collaborative and mutually beneficial effort in addressing the issues of availability and quality of clinical instruction.

### **Collaboration**

An advisory group was convened to provide oversight and advice regarding the ongoing work of the project. This collaborative group created the model for this project and the same collaborative model was maintained for the construction and the work in the subsequent committees. The group consisted of nurse educators from three baccalaureate programs and the state community college system, plus nursing service leaders from eight facilities across the state who usually had little or no interaction. The initial working committees included curriculum, placement, and evaluation (Table 1). Subsequently, publication and preceptor committees were convened. The Colorado Department of Labor has continued to be actively involved in support of the project.

## REVIEW OF THE LITERATURE

To address faculty shortages in nursing, the development of collaborative approaches between nursing education and practice settings have been reported in the literature (American Association of Colleges of Nursing, 2006a, 2006b; Berry, 2005; Block & Sredl, 2006; Campbell & Dudley, 2005; Close, Koshar, & DelCarlo, 2000; Donner, Levonian, & Slutsky, 2005). Such efforts often began with a focus on preceptor and mentor models for students.

The fact that preceptors or mentors contribute to the success of students and new graduate nurses in the clinical environment is well documented (Palmer, Cox, Callister, Johnsen, & Matsumura, 2005). Building a bridge between nursing curriculum and nursing practice through preceptored clinical teaching maximizes learning opportunities, promotes critical thinking, increases socialization into the professional role, and promotes a positive image of professional practice (Block & Sredl, 2006). It is clear that the practice environment is important in supporting students' emerging knowledge, skill acquisition, and transition into professional practice. These authors also recognize that professionals in the clinical environment must value education. The assumption of teaching roles provides professional growth opportunities and increased job satisfaction for staff registered nurses (Nelson, Godfrey, & Purdy, 2004; Speers, Strzyzewski, & Ziolkowski, 2004). Yonge and Myrick (2004) discuss the need for formal preparation of nursing staff to successfully teach and mentor students.

Evolving from preceptor programs, a variety of endeavors that support the education of clinical experts as clinical educators have demonstrated positive outcomes for the student experience in numerous healthcare fields. Clinical experts had a significant effect on learning by imparting knowledge and role modeling "best practice" (Brownstein, Rettie, & George, 1998; Campbell & Dudley, 2005; Donner et al., 2005; Hand & Thompson, 2003; Osborn et al., 2004).

The continued evolution of collaboration is described by Phillips and Kaempfer (1987) as the clinical teaching associate (CTA) model. In this model, nurses employed by clinical agencies provide clinical instruction in collaboration with an on-site faculty from the school of nursing. These nurses planned learning experiences for students, including reviewing student preparation for the clinical assignment, facilitating students' ability to use the nursing process, and role modeling professional behavior. Notably, the CTA model is valuable because it provides students access to a clinically competent nurse who partners with a faculty member in a lead teacher role. The CTA and the lead teacher provided direct clinical

supervision. DeVoogd and Salbenblatt (1989) identified that students' learning experiences may be inconsistent using this model due to potential confusion between the roles of the CTA and the lead teacher.

Preheim, Casey, and Krugman (2006) described a model developed by the service and academic leaders to restructure the CTA model to achieve excellence in clinical teaching. According to Preheim et al. (2006), the clinical scholar is a master's prepared, practicing expert nurse who is employed by the clinical agency and simultaneously holds a clinical appointment to the school of nursing. The evolution of this role then empowers the clinical scholar to be responsible for the totality of the students' clinical experience. Collaboration with academic faculty provides the bridge between didactic content and practice.

In summary, the literature supports using clinical experts, such as staff registered nurses, in instructional roles (Landers, 2000). Consensus regarding curriculum content, length of the course, and ongoing support for these nurses in their new role is not well defined. Additionally, the complex logistics required to free up these clinicians, reconcile pay differences between clinical and academic nursing, and support of new faculty have not been addressed in the literature. The limited reports available focus primarily on relationships between one facility and a single school of nursing. This grant/project seeks to expand the scope to an entire community by developing collaboration and participation between multiple facilities and multiple schools of nursing at a variety of educational levels.

## COURSE DEVELOPMENT

The curriculum committee was composed of representatives from clinical agencies, schools of nursing, and The Center. Nine subject matter experts were convened to construct the 40-hour course. After several preliminary meetings, a day-long work session was scheduled to identify topics, organize subject areas, assign time frames for each topic, and identify teaching faculty. The basic question that drove the work was "What is the most important information needed to prepare a new clinical scholar?" By the end of these sessions, lists of "critically important" content areas were determined. The key philosophical threads that emerged include "best practices" of educational theory, highly interactive adult learning modalities, and dynamic, engaging presentation styles by faculty. Through consensus, this group honed the content into what could be covered in 40 hours.

During the next several weeks, the details of the course were crafted and refined. Before each class session, the faculty met to discuss the content to ensure the

TABLE 2  
**OUTLINE OF CLINICAL SCHOLAR PROGRAM**

Day	Content Areas
1	<ul style="list-style-type: none"> <li>• State of nursing in Colorado</li> <li>• Motivation for the role of clinical scholar</li> <li>• Role, attributes, and responsibilities of the clinical scholar</li> <li>• Introduction to human simulation</li> </ul>
2	<ul style="list-style-type: none"> <li>• Characteristics of today's learners, including gender, generational, and cultural differences, as well as consideration of work style profiles</li> <li>• Introduction to adult learning theory</li> <li>• Cognitive, affective, and psychomotor learning</li> <li>• Principles and aspects of reflective practice</li> <li>• Critical thinking, problem solving, and clinical decision making</li> </ul>
3	<ul style="list-style-type: none"> <li>• Communication relevant to the role of the clinical scholar, including verbal, nonverbal, written, electronic, and documentation</li> <li>• Effective modes of communication</li> <li>• Components in creating a culture of inquiry and effective utilization of questions</li> <li>• Conflict management relevant to the role</li> </ul>
4	<ul style="list-style-type: none"> <li>• Student role in clinical agencies, including scope of practice, National Patient Safety Goals, care environment, and culture in the clinical setting</li> <li>• Legal/ethical issues that guide the clinical role, including Health Insurance Portability and Accountability Act of 1996, Occupational Health and Safety Administration, and Americans with Disabilities Act regulations, and the student/faculty/client rights</li> <li>• Issues in planning a clinical rotation</li> <li>• Tools and resources used in making clinical assignments and managing a group of students on the clinical unit</li> <li>• Written documentation of student progress, providing verbal feedback to students</li> <li>• Planning pre and post clinical conferences</li> </ul>
5	<ul style="list-style-type: none"> <li>• How can we frame clinical experiences to increase student success with the NCLEX?</li> <li>• Role of electronic technology in teaching/learning</li> <li>• Clinical risk issues for clinical scholars</li> <li>• Support for the new clinical scholar</li> <li>• Update on current professional issues affecting the profession</li> <li>• Revisit National League for Nursing Educator competencies for clinical faculty</li> <li>• Requirements for grant-related evaluation tools</li> </ul>

best flow and integration. The inaugural class began in July 2005 and was taught by 26 different faculty members from schools of nursing, agencies, and The Center. Presentations, handouts, and a logbook were prepared and a bibliography was compiled. Many of the committee members and faculty attended much of the entire course to ensure the continuity and appropriate flow of content.

The end product was a reflection of the collective talent, creativity, and time of a large number of the foremost nursing leaders in Colorado. The course has been presented in full-day offerings, using a variety of teaching

formats appropriate to the content (Table 2). The curriculum committee members continue to be highly committed to a quality improvement process. Some revision of the content has occurred based on evaluations and faculty feedback, but most of the course remains true to the original vision shared by committee members.

## **RESULTS**

### **Response to the Course**

The response to this classroom course has far exceeded the expectations of the project. The grant designated 24 clinical scholars to be prepared in the first year of the

project. Due to demand, the registration was expanded to 33 participants. The evaluations were outstanding. Participants continue to reiterate how useful, timely, and relevant the materials are to clinical practice and teaching. Interest level about the course in the nursing community was so intense that two additional clinical scholar courses were offered and an additional 91 clinical scholars have been prepared. One local hospital increased the number of clinical rotation groups from 85 to 95 groups for the ensuing year. The majority of these groups of students will be facilitated by clinical scholars from their own facilities.

### Evaluation

Daily evaluations are conducted for student satisfaction with the course content. Individual faculty members are also evaluated by the students. In addition, the evaluation committee developed tools to collect ongoing data from students, scholars, schools, and clinical agencies. Although it is important to determine the perceived effectiveness of the clinical scholars, the project was not structured as a formal research project. The evaluation tools were constructed to be best utilized by the participating facilities and schools. Feedback is shared with each clinical scholar, facility, and school. For example, one facility has chosen to use this information as a management tool for assessing receptivity and support for students by nursing units that host clinical rotations.

### Serendipitous Outcomes

The clinical scholar program has brought new perspectives for clinical education to the academic-clinical partnership. The blending of the clinical expertise of a staff nurse with the competencies of an expert educator frames the clinical scholar role.

**Benefits to Scholars.** Many of the clinical scholar candidates entered the program looking for opportunities to expand and revitalize their practice. More than a few indicated they were suffering from burnout and were seriously considering leaving their positions and even the nursing profession. These potential departures were surprising and alarming because these nurses had been identified within their agencies as some of the “brightest and the best.” Losing these nurses would be detrimental to clinical agencies because of the wealth of professional experience and backgrounds among these nurses. The serendipitous advantage to the agencies’ support of the project has been retention of these valuable nurses. Clinical scholar students stressed how the program has renewed their interest and optimism in the profession. Working with students has affirmed their own clinical expertise and awakened them to their

contributions, as well as an awareness of opportunities in the profession.

Another outgrowth of the program has been the desire by many of the clinical scholar students to acquire additional education. An unanticipated outcome has been to introduce these bedside nurses to multiple career opportunities within the profession, such as teaching, research, leadership, and advanced practice. This potential is enhanced by some of the schools offering free tuition in exchange for teaching student rotations; one school offers “one course per clinical” rotation.

**Benefits to Facilities.** Due to the extreme shortage of faculty, some schools were forced to contract for clinical instructors who lacked experience, preparation, and orientation. The facilities have been concerned about the quality of care provided with these less qualified instructors. There is significantly greater confidence in the clinical competency of the clinical scholars because they are employees of the facility.

There has been a revitalization of a “culture of inquiry” in the clinical agencies for the practicing nurse. This outcome is in part due to the fact that the clinical scholar is both associated with the school of nursing as an instructor and serves as an expert nurse on the unit where he or she staffs. A cross-fertilization of best practices and support for questioning the status quo through nursing research has served to improve the quality of care to patients. Integrating nursing students into the unit with their clinical scholars ignites interest in new approaches to patient care issues. Mere association with the academic process stimulates critical thinking.

**Benefits to Nursing Students.** Learning environments are enhanced for students because the clinical scholar role is an extension of existing working relationships. Association with the clinical scholar more readily assimilates students into the clinical scholar’s home unit. There is greater continuity of care because the clinical scholar is intimately familiar with the details of the shift-to-shift operations and can easily incorporate these often subtle nuances into the students’ clinical experiences. The clinical scholar’s level of familiarity with the nursing unit improves the workflow for the students and staff and decreases staff frustrations.

**Benefits to Academic Institutions.** Because of the clinical scholar program, more clinical faculty members who have appropriate skills are available to schools. Costly investment in the orientation and preparation of clinical instructors to enter clinical agencies is no longer necessary. Schools of nursing have increased assurance regarding baseline teaching competency of clinical faculty because the clinical scholars have completed the didactic program. The clinical scholar program provides consis-



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## key points

### Staff Development

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- 1 Traditionally, clinical instructors have been given little or no formal training for the role.
  - 2 Schools of nursing and clinical agencies both benefit when collaborating to design education programs to prepare staff nurses to assume the role of clinical scholar.
  - 3 Utilization of the clinical scholar model increases the availability and quality of clinical faculty.
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tency in educational approaches across units and across facilities. Additionally, schools of nursing appreciate that this project provides a new, widely recognized community standard for preparing clinical scholars, where previous approaches have been inadequate.

**Benefits to Rural Facilities.** Initially, the grant was constructed with the focus on the metropolitan schools of nursing and facilities. An unexpected outcome was interest generated in the program throughout the State of Colorado, particularly the rural areas. Community colleges in these areas suffer faculty shortages even more acutely than their urban counterparts. The clinical scholar program offers the opportunity to expand available clinical faculty by developing staff nurses in these more remote areas.

### FUTURE CONSIDERATIONS AND CONCLUSIONS

As with every new endeavor, there are challenges and issues for future consideration. Challenges for the facilities include release time for participants and consideration of the number of hours required to complete an entire student rotation. Additionally, clinical scholars have responsibilities before a student rotation to prepare for students and after a rotation to prepare evaluations and grade assignments. These multiple responsibilities, which require additional release time, are critically important in a climate where the nursing shortage makes it difficult to adequately staff a unit. Within the first year, a small number of trained scholars have been lost to the project through promotion to leadership positions, geographic relocation, and reevaluation of the suitability of the role to them personally.

Challenges for the schools have also been identified. Because the clinical scholars' original roles and strongest

bonds are with their clinical agency, socialization into the particular nursing program's philosophy is more complex. Clinical scholars are not always available to meet with course faculty or attend other academic functions. In addition to clinical teaching responsibilities, the clinical scholars have ongoing staffing responsibilities that may compromise their availability to the schools. Furthermore, it is often difficult to arrange meetings and communication with faculty regarding student progress. Another challenge is that clinical scholars may work with students from several different nursing schools whose program goals, philosophies, and expectations vary. Because of these issues, some agencies have sought to generalize clinical experiences for all schools, rather than allowing each school to design the experience that best fits the needs of their particular students.

Without continuing grant support, the monetary shortfall between what schools pay for clinical faculty and existing clinical nurse salary levels and benefit packages is a significant issue that requires resolution. It is clear that the benefits of this model are so significant to the agencies and to the schools that both may choose to financially support these continuing efforts.

Sustainability of the clinical scholar didactic program remains an issue due to the number of volunteer faculty hours required to teach the course. It is unclear how long, after completion of the grant, partners in both education and service will continue to release their educators to teach in such a program. Consequently, a defined plan for sustaining this effort must be determined.

There are also issues involving continuing work with the clinical scholars. For example, there is a need for more formal mentoring of these novice educators, including continued structured classes past the initial course and one-on-one mentoring with an experienced educator. From our experience, it is clear that the clinical scholars want "just-in-time" consultation with an educator they know and trust. Such a supportive educator role in the clinical sites needs to be developed. Although experienced educators are available in most of the facilities, their multiple responsibilities prevent them from dedicating the necessary time to supporting and developing these novice clinical scholars.

The clinical scholar program has been readily accepted by both schools of nursing and agencies. For the schools, this program has been a major step in addressing the issues of recruitment, preparation, and utilization of clinical faculty. For the agencies, this program has reassured unit staffs that these clinical faculty are fully oriented and acclimated to the unit culture. Additionally, the program creates smoother and more positive clinical learning experiences for students who may be more like-

ly to choose the participating agency as their eventual work setting. This clinical scholar role also allows facilities to identify strong students whom they would like to employ as graduates.

This collaboratively conceived and implemented project has resulted in improved clinical experiences for students, expanded educational opportunities for staff, and greater numbers of clinical rotations in facilities. Finally, the program has provided the framework for the continued collaboration and communication between nursing clinical agencies and nursing schools.

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