

Experiences and Challenges of Clinical Dental Hygienists Transitioning into Teaching Roles

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Abstract

Purpose: The purpose of this pilot study was to examine the experiences of novice dental hygiene faculty when transitioning from private practice into clinical teaching roles.

Methods: A phenomenological qualitative study was performed using focus groups; data was collected from the responses provided from clinical faculty members during semi-structured interviews. Focus groups were comprised of three to four members. Participants were asked open-ended questions regarding their experiences, and to identify helpful strategies which assisted them as they entered the clinical teaching setting.

Results: Participants were both female (n=16) and male (n=1), ranging from 25 to 60+ years of age, with clinical teaching experience ranging from 1 to 5 years. Emergent themes, identified from an analysis performed on the participant's responses, revealed numerous strategies encountered by novice faculty as they entered clinical teaching roles. Strategies found to be helpful during the transition into clinical teaching included: shadowing experienced faculty, availability of resources such as textbooks and course materials for use as teaching aids, and orientation sessions held prior to the beginning of each semester. Few challenges were identified from the participants' responses, however, younger novice faculty members shared challenges in regards to being taken seriously by students due to their age. Older faculty members found relearning course content and terminology to be challenging.

Conclusion: Increased understanding of the unique experiences of novice clinical faculty, and identification of the successful strategies and challenges encountered by these individuals, may aid in developing effective approaches and programs for novice faculty as they enter clinical teaching roles.

Keywords: clinical education, novice faculty, adjunct clinical faculty, dental hygiene education, clinical teaching methodology

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Introduction

A national shortage of health care educators is increasing, and could potentially jeopardize future student enrollment in health profession programs due to insufficient numbers of instructors available to teach students.¹⁻⁷ Research investigating the shortage of health professions faculty has been conducted predominantly in the field of nursing education, with a lack of faculty attributed to retirement, and the competitive salaries offered to health care providers in clinical practice.¹⁻⁷ Fifty-six percent of nursing schools have reported open faculty positions, and dental hygiene programs are also reporting faculty shortages.⁸

Research in the field of dental hygiene regarding faculty shortages and retention, has been limited. However, a study by Carr et al. investigated factors leading to dental hygiene faculty shortages, and reported similar outcomes to those found in the nursing literature.⁸ Inadequate compensation offered to faculty, as compared to salaries earned in private practice, has been a chief factor in influencing faculty choosing to leave academia.⁸ Another factor impacting the dental hygiene faculty shortage, has been the limited number of qualified candidates.⁸ Fewer graduates possess the required baccalaureate or master's degree necessary to transition into a teaching role, with a large number of associate degree programs lacking the content, skills and knowledge necessary for entry into dental hygiene education.⁸

Behar-Horenstein et al. assessed faculty development needs in dental hygiene education in 2016.⁹ Study results revealed a lack of opportunities were offered for faculty to enhance their teaching skills and expand their educational methodology, both identified as significant factors contributing to the inability to retain faculty.⁹ Although previous research in dental hygiene education has identified factors contributing to faculty shortages and retention issues, experiences and challenges of novice dental hygiene faculty members, which could impact faculty retention, has not yet been examined.^{9,10}

Novice Clinical Faculty Challenges in Health Professions Education

Novice nursing faculty have reported dissatisfaction, frustration, and a sense of uncertainty due to unmet needs encountered as they entered their new teaching role.¹ Challenges identified by these novice faculty include: a lack of awareness regarding the demands of teaching, feeling unprepared as a result of having insufficient teaching resources when entering academia, low levels of confidence, and anxiety when teaching unfamiliar material to students.¹¹ Other challenges identified by novice nursing faculty have been the lack of training in the area of educational methodology, and feeling unprepared for their teaching role despite extensive clinical experience in their chosen field.¹¹

Novice faculty members in fields of nursing and occupational therapy have found teaching responsibilities combined with the demands of didactic work and the hours required to prep for each class, to surpass their expectations.^{11,12} In addition to the time required to prepare for classroom teaching extending beyond clinical teaching responsibilities, both nursing and occupational therapy faculty were overwhelmed by the expectation of conducting research in their respective fields, despite their recent transition into academia from clinical practice.^{11,12}

Another challenge identified by novice instructors in the nursing literature was the incivility they experienced from other instructors.¹³ The most common acts of incivility cited were senior instructors focusing on novice instructors' weaknesses, and belittling them as they tried to learn their new role and responsibilities.¹³ Novice nursing instructors reported experiencing humiliation, rejection, and territorial behavior on the part of senior faculty.¹³ Senior faculty also refused to assist new instructors creating an uncivil atmosphere and making it difficult for the novice faculty to ask questions about their teaching responsibilities.¹³ Novice nursing faculty members also reported that negative experiences impacted their self-confidence and undermined their ability to teach.¹³

Experiences with incivility among novice dental hygiene faculty has not been investigated, nor has it been studied extensively within health professions in general, with the exception of nursing.¹⁴ While limited research has been conducted in dental education regarding uncivil behavior amongst dental faculty, studies in dental education have focused on the perceptions of students regarding faculty interactions and the impact of faculty incivility on their learning experiences.¹⁴

Strategies Assisting Novice Clinical Faculty in the Health Professions

Research in both nursing and dental hygiene education has investigated various strategies to help guide novice faculty during their transition into academia.^{12,15,16} Mentorship from experienced faculty was found to be an effective strategy assisting in novice faculty's successful transition into teaching, while also contributing to their professional development.^{13,14} Another strategy, identified by novice dental hygiene clinical instructors, was the opportunity to receive professional development courses prior to employment.¹⁴ Although a background in teaching methodology was identified as being helpful, novice dental hygiene educators reported lacking the educational background in the didactic courses which would have helped them to prepare to teach the material.¹⁴ Paulis compared student and faculty perceptions regarding the role of preparation for clinical teaching. While both students and instructors identified training in teaching methods and communication as highly important, faculty identified student evaluation methods and grading were the most emphasized areas in their teaching preparation courses.¹⁰ The Paulis study provides insight into approaches which can assist novice faculty transition into a teaching role, however, the experiences and barriers encountered by novice dental hygiene faculty has not been investigated. The purpose of this pilot study was to gain further understanding of the challenges encountered by novice dental hygiene faculty and to consider their impact on the recruitment and retention of novice dental hygiene faculty members.

Methods

Massachusetts College of Pharmacy and Health Sciences University Institutional Review Board (IRB) granted this study "exempt" status in accordance with 45 CFR 46.101(B) (2) and was assigned protocol number IRB060616S. A phenomenological qualitative pilot study was designed using focus groups with semi-structured interviews and open-ended questions to explore novice dental hygiene faculty experiences when transitioning from clinical practice into academia. For

the purposes of this study, novice dental hygiene clinical instructors were defined as entry level faculty, with minimal experience or knowledge in clinical teaching. Inclusion criteria for study participants was having ≤ 5 years teaching experience. Faculty members with full time employment status, administrators, and adjunct faculty with >5 years of clinical teaching experience, were excluded from the study.

Participants were recruited from a single program, with two campuses, where students earn a Bachelor of Science in dental hygiene. Five focus groups were conducted between the two campuses, with 3-4 clinical faculty participants in each group. Participants were recruited using a convenience sampling technique, based on their availability to be on campus. Focus group members were grouped by availability which was determined by the day of the week that they taught; age or other demographic factors were not considered. All focus groups were led by the principal investigator (PI), who was a full-time faculty member in the dental hygiene program.

Informed consent and demographic data were collected from the participants via Qualtrics[®] (Provo, UT) survey software. Face-to-face and virtual focus groups used Zoom (San Jose, CA), a video conferencing tool which records and interviews multiple participants at one time, to collect responses from the novice faculty.

Demographic and qualitative interview questions were pilot-tested with novice faculty members (n=7) not participating in the study. Feedback from the faculty participants provided guidance regarding clarification of the interview questions, effectiveness of the semi-structured interview, and the data collection procedure. Novice faculty participants (n=17) were recruited through an email invitation and were given two weeks to provide online consent to participate in the study and provide demographic data. Each focus group lasted 40 to 45 minutes, and the face-to-face interviews (n=4) were conducted on the campus where the PI was employed. The virtual focus group (n=1) was conducted on the remote campus and was recorded using Zoom technology. The data recorded from both the virtual and the face-to-face focus groups were transcribed following the interview sessions.

A thematic analysis was used to analyze the transcribed data collected from the interview sessions. Participants' responses were reviewed multiple times with the potential patterns identified and highlighted in the transcribed data. Patterns appearing repeatedly in the transcribed data were used to identify the emerging themes.¹⁶ After analyzing the qualitative data collected from the participants (n=17), no new patterns or themes emerged, suggesting saturation had occurred.¹⁶

Results

Demographics

A total of (n=17) novice faculty members participated in the qualitative pilot study ranging in age from 20 to 30 years (n=6) to over 61 years of age (n=1). The vast majority identified as female (n=16) versus male (n=1) and the majority held a bachelor's degree (n=11) as their highest level of education. Years of experience as a dental hygienist ranged from one to three (n=3) to eleven or more (n=6). Demographic responses are shown in Table I.

Table I. Demographic Responses

Characteristics	n	%
Age		
20 to 30	6	35%
31 to 40	5	29%
41 to 50	1	6%
51 to 60	4	24%
61+	1	6%
Gender		
Male	1	6%
Female	16	94%
Transgender		
Highest level of education		
Associate degree	2	12%
Bachelor degree	11	65%
Master's degree	4	24%
Doctoral degree	0	0%
# years of experience as a Dental Hygienist		
1 to 3	3	18%
4 to 5	2	12%
6 to 7	2	12%
8 to 10	4	24%
11 to more	6	35%
# years of experience of teaching in Dental Hygiene		
1 to 3	9	53%
4 to 5	8	47%
6 to 7	0	0%
8 to 10	0	0%
11 to more		

Focus Group Responses

Responses to each of the open-ended questions provided insight into the experiences novice faculty encounter as they entered their new clinical teaching role (Table II). Participants reported age-related challenges, however, most responses reported positive experiences which had assisted them during their transition into academia. More experienced clinicians aged 40 years and older (36%) felt challenged by re-learning terminology and adapting to new technology during their transition to teaching. Younger, less experienced clinicians,

between the ages of 20 to 30 years (21%), felt students doubted their competence as instructors due to their age and lack of experience, and frequently viewed them as their peers.

A majority of the participants (53%) reported they had a seasoned instructor to assist them during the transition into their clinical instructor role. Although 47% of the participants had not been shadowed by an experienced instructor, participants did not share any negative comments about being on their own. Participants reported that their effective teaching strategies were often self-directed; a majority practiced with

Table II. Focus Group Questions and Selected Responses

<p>What experiences did you encounter transitioning into your role as a clinical instructor?</p>	<p>“I always had an instructor who I was able to shadow during my transition. I observed their flow and picked up what methods worked for me. This really helped me with the transition.”</p> <p>“I was lucky enough that I was taught by a seasoned instructor. I now feel I know better how to run the lab and present different concepts.”</p>
<p>What strategies helped you feel prepared for your new clinical teaching role?</p> <p>Provide examples of the strategies you developed and share if they were self-directed or provided from a mentor/colleague.</p> <p>If provided, what type of materials could have helped you be more prepared with your strategies?</p>	<p>“I would read the chapters in the textbook on the content or skill being taught a week ahead of time in order to feel prepared.”</p> <p>“The orientation meeting provided teaching methodology which guided me for the upcoming clinical role in the semester.”</p> <p>“Calibration meetings at the beginning of the semester helped me identify goals for the upcoming semester and helped me figure out what changes I needed to focus on.”</p> <p>“I reviewed all of the feedback the students received in their binders from the other instructors to identify what the students were working on.”</p> <p>“Videos of clinical skills would have helped me with all of the assessments we do.”</p> <p>“In calibration meetings adding hands on demonstration and a chance to ask questions would have been a great refresher for me.”</p>
<p>If any, what professional educational dental hygiene training did you receive during your transition into your clinical teaching role?</p> <p>What training was most helpful pertaining to your teaching role and was this training informal or formal?</p>	<p>“I have taken some educational courses at other institutions that opened my mind to teaching...this helped me with the transition into the clinical teaching role.”</p> <p>“I relied heavily on faculty orientation which oriented me on how things run in the program.”</p>
<p>What experiences encouraged your decision to become a dental hygiene clinical instructor?</p>	<p>“My clinical instructors were very informative and caring; when I observed this character with the instructors, it made me want to become a teacher.”</p> <p>“What made me go into teaching was a combination of things, the educational environment I had been in, the possibilities academia offers, and lifelong learning. Academia is just very inspirational.”</p>

student textbooks (57%) and other course materials found on the clinical course management software platform (41%).

Formal experiences offered through the dental hygiene program to assist novice faculty prepare for their teaching included: faculty orientation sessions (21%), clinical calibration meetings (21%) and feedback from experienced instructors (14%). Thirty-six percent of the participants reported that instructional videos and visual aids, such as hands on instrumentation demonstrations, would have aided them to prepare for their new roles.

Many of the novice faculty (42%) reported completing formal graduate courses which helped prepare them for their role as clinical educators. Other participants (42%) stated they relied on the formal training provided at annual faculty orientation meetings to help them understand the expectations for their teaching role. A majority of the participants (71%) reported the supportive and inspiring clinical instructors they had worked with, and the positive learning environment during their own dental hygiene school experiences, had encouraged them to become clinical educators.

Emerging Themes

Qualitative data collected from the participants' responses revealed four major themes: availability of course resources, orientation and monthly calibration meetings, shadowing and mentoring provided by experienced instructors, and age-related challenges encountered when entering a teaching role.

Theme 1. Availability of course resources

Participants repeatedly expressed the effectiveness of dental hygiene resources and their impact on their teaching experiences.

"I was definitely one to go home after clinic and re-read the chapters students were working on, and then would take notes. This helped to make teaching easier."

Theme 2. Orientation and calibration sessions

Faculty orientation and calibration sessions helped novice faculty understand the expectations in their role as clinical instructors.

"I think faculty orientations help us a lot; it gets our wheels spinning before the semester starts and gets us all on the same page."

"I think you learn a lot in our calibrations meetings...we all share common stories of what occurs with students during clinic sessions and this helped me to know what to do with students."

Theme 3. Shadowing and mentoring

Shadowing an experienced instructor, when first entering a clinical teaching role, was shown to assist novice faculty members during this transition period.

"I think shadowing is really helpful, I shadowed other instructors in clinic and I was always able to ask questions to see if I was doing things the right way."

"I observed the more experienced instructors to see what techniques might work for me and then adjusted this to my own methods."

Theme 4. Age-related challenges

Age-related challenges were identified by instructors as they transitioned into academia. For older instructors, the need to re-learn terminology and refresh their knowledge of dental hygiene content was identified as the greatest challenge.

"It was hard to put the material I was teaching students into the correct words for them, and I had to return to the textbook to learn it."

"I forget the specific terminology after being away from academia for 20 to 25 years; it required having to go back and review/relearn the material being assigned to students."

Younger instructors found challenges in being perceived as competent and establishing an appropriate relationship with students which would allow for effective learning.

"I think the biggest challenge was to learn not to become the student's friend. You have to find a balance of being an instructor and a nice person at the same time."

"I felt that being a younger instructor, students would question me about how long I have been teaching; I sensed they were questioning my competency."

Discussion

There is a gap in the literature identifying the challenges novice dental hygiene faculty members face during their transition into clinical teaching.^{12,14} Responses to the four open-ended questions and sub-questions (Table II) shared by the participants provided insight into the experiences of novice faculty when transitioning into their clinical teaching role. Use of resources such as textbooks, materials, and terminology to help prepare curriculum for the week was identified as being helpful for the novice faculty in this pilot study. These findings support those of Forbes et al. identifying a lack of materials and resources as obstacles for novice faculty transitioning into clinical teaching.¹

Formal experiences including orientation and calibration sessions and faculty feedback were viewed positively in this study, a finding that parallels the outcomes of Baker who found nursing faculty's attendance during orientation provided important guidance in their teaching roles.¹³ Similar findings were also identified by Tax et al. study on effective dental hygiene teaching models demonstrating the effectiveness of providing educational methodology to faculty entering clinical teaching roles.¹⁷ Another study by Mann et al. investigating novice nursing faculty's transition into academia, also supports this study's findings.¹⁸ Mann et al. identified mentorship, faculty orientations, and the opportunity to study clinical materials, enhanced novice nursing faculty's transition and improved their teaching skills.¹⁸ Findings from the Moystad et al. study of Norwegian dental educators also supports this pilot study outcomes.¹⁹ Moystad et al. found teaching competence, confidence and faculty development were enhanced through collaboration across a faculty of dental educators.¹⁹ The positive role of mentoring of novice dental hygiene educators by experienced faculty found in this pilot study, was also confirmed by the Cangelosi, Sawatzky et al., and Specht research outcomes, demonstrating that novice nursing faculty were assisted by the presence of faculty mentors.^{20,5,13}

Despite the identified parallels supported by previous research in regards to effective strategies for novice health professions faculty members, emerging themes identified in this pilot study were in contrast to research conducted primarily in nursing education.¹⁰⁻¹² Identified issues for novice clinical educators in nursing included: incivility from established faculty, lack of awareness of workload, and lack of support from the institutions where they taught.¹⁰⁻¹² Similar challenges were not identified by participants in this pilot study. However, the contrasting outcomes may be related to the limited dental hygiene educator population studied.

Limitations of this qualitative pilot study included the participants' self-evaluation of their experiences and potential recall bias. Participants may also have been reluctant to share their experiences in front of peers potentially influencing their responses. Another potential limitation was the PI who worked with some of the participants as a full-time faculty member which may have impacted the honesty of the responses. The small sample size (n=17), from a single dental hygiene program was also a limitation, preventing generalization of the findings.

Conclusion

This qualitative pilot study identified the challenges novice dental hygiene faculty members face during their transition from clinical practice to educator. Recognizing and

understanding the challenges of younger, less experienced faculty who believe students perceive them as a peer, or that they lack competence, is critical as they begin teaching. Older more experienced clinicians, often feel challenged by the need to re-learning terminology and adapt to new technology, should be provided with adequate resources and support from experienced faculty to successfully transition into clinical teaching roles. Future research, using a larger and more diverse sample size from multiple dental hygiene programs, is recommended to identify other challenges which may be experienced by novice dental hygiene faculty members.

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