

EXPLORING THE EXPERIENCES OF ADJUNCT CLINICAL DENTAL HYGIENE
FACULTY WITH PEER MENTORSHIP AS THEY TRANSITION FROM CLINICIAN TO
EDUCATOR

By

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ABSTRACT

The work-role transition from clinician to educator involves the dental hygienist creating a new identity as a dental hygiene educator. Insider guidance through peer mentorship may help support and acclimate new faculty during this work-role transition. The purpose of this qualitative narrative inquiry was to explore the experiences of adjunct clinical dental hygiene faculty with peer mentorship as they transitioned from the role of clinician to educator. Five participants who met the criteria for this study completed semi-structured, virtual interviews via Zoom. These interviews were restoried into narratives, categorized, and then manually coded into themes. The categories included development of teaching skills, confidence levels, and lack of formal orientation. The themes identified were acclimation, expectations, and support. Each of the five participants had similar experiences regarding lack of formal orientation in their new role, which contributed to lack of confidence. While the participants expressed their frustrations with the unique challenges that they faced as novice dental hygiene instructors, they each expressed a similar sense of gratitude for colleagues whom they considered to be unofficial mentors. Recommendations for further action include that all new dental hygiene faculty be provided with standardized institutional orientation, that all adjunct clinical dental hygiene instructors who are first-time teachers be assigned a mentor, and that all new dental hygiene faculty undergo a formal assessment process to ascertain their level of knowledge and skill.

Keywords: adjunct faculty, dental hygiene, mentor, peer mentorship.

DEDICATION

To those who have inspired me and planted the powerful seeds of possibility – you have opened my eyes to all that I could achieve and have forever changed the course of my life.

To my parents Peter and Catherine, thank you for your unwavering love, support, and encouragement.

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CHAPTER 1: INTRODUCTION

The word “mentor” was recorded in 1750 as a Greek word meaning "wise counselor" (Birkenfeld et al., 2021). Mentors act as guides, provide content-specific support and emotional backing, and help mentees navigate new environments and become more visible in their professional communities (Al-Jewair et al., 2019; Cress-Ackermann & Todorovich, 2015). Mentors develop a personal interest in their mentees and invest considerable time and energy guiding them through one or more stages in their career (Dow, 2014). In education, mentors facilitate a successful transition for mentees into teaching and assist them in understanding the culture, context, and policies of their new workplace (Weisling & Gardiner, 2018).

Fountain and Newcomer (2016) noted the positive influence of mentorship in the development of potential leaders. Mentorship strengthens organizational capacity by supporting improved job satisfaction and career advancement, which subsequently contributes to increased job retention rates (Al-Jewair et al., 2019). Within educational institutions, reciprocal learning relationships that are characterized by trust, respect, and commitment provide valuable support not only for the mentored faculty members as they develop their careers but also for other members of the university community—including the students (Fountain & Newcomer, 2016).

Research has found that the needs of new educators are numerous, with organizational socialization, professional development, and overcoming feelings of isolation and unpreparedness as the most prominent (Bentley et al., 2013; Dawson, 2019; George et al., 2018; Nanna, 2018). Mentorship has been viewed as an important part of the role-inductance process which can positively impact the success of the new professional, as the mentor is able to provide advice, support, and guidance that can focus on successful acculturation into the workplace (Mazzerolle et al., 2018). Bentley et al. (2013) identified insider guidance through mentorship as

an important strategy to help socialize new faculty to their roles and the expectations of the clinical academic environment. In addition, mentorship can also assist faculty in learning new skills that will position them to be successful in their academic careers (Waddell et al., 2016). On-the-job insider knowledge cannot be found in teaching handbooks or undergraduate studies; thus, novice teachers with both task-related and environment specific concerns regarding the reality of their new position may receive the individualized support that they need from peer mentorship (Bentley et al., 2013).

The main purpose of orientation for new educators is acquaintance and assimilation (Baker & DiPiro, 2019). Given the unique and specific responsibilities of teaching in a clinical discipline, orientation for new clinical dental hygiene educators is imperative. Orientation programs should immediately follow the hiring of all new employees to ensure their short-term and long-term success (Baker & DiPiro, 2019). Even with the generally accepted knowledge that orientation may improve job performance and job satisfaction, it is common for employees to enter organizations without any formal or informal training (Nanna, 2018). Orientation in the form of mentoring facilitates personal support and professional learning due to intentional practices aimed at fostering healthy work–life balance and increasing faculty agency and opportunities (Kutsyuruba & Godden, 2019).

In the field of dental hygiene, executing clinical treatment involves learned skill and competence (Behar-Horenstein et al., 2016; Vogell, 2019). While skill and competence are qualifiers to perform the clinical tasks involved with patient treatment, they are not enough to effectively educate students. Knowing how to perform a task does not necessarily transpire into teaching others how to perform that same task successfully (Smethers et al., 2018). The act of teaching requires learning *how* to teach. Most clinical adjunct dental hygiene faculty are hired

because of their experience in patient care and do not receive formal training in the educational process (Vogell, 2019). While it is required for dental hygiene faculty to hold a degree one level higher than the program in which they are teaching (i.e., a master's degree is required to teach students in a bachelor's degree program), it is not required for education to be the degree concentration (Vogell, 2019). A degree alone does not provide dental hygienists with the cognitive and metacognitive skills needed to effectively transition from clinician to educator (Behar-Horenstein et al., 2016; Smethers et al., 2018).

Standardized orientation programs for newly hired clinical dental hygiene instructors are not common (Vogell, 2019). Clinical dental hygiene instruction is not merely show and tell; the “learn as you go” mentality that adjunct instructors may be presented with may impede their ability to educate dental hygiene students properly and leaves new instructors feeling unprepared and incompetent (Vogell, 2019). The needs of clinical dental hygiene instructors may align with the needs of new teachers in a general sense but are more specific to the hands-on environment of the discipline (Behar-Horenstein et al., 2016; Smethers et al., 2018). The lack of orientation to the responsibilities of the adjunct clinical faculty role has left many new clinical dental hygiene instructors feeling unprepared and ill equipped for the role of teaching (Vogell, 2019). Most clinical instructors only have experience treating patients, not teaching students (Behar-Horenstein et al., 2016; Vogell, 2019). They must, therefore, learn how to teach what they know. Peer mentorship can afford new clinical faculty a scaffolded apprenticeship into teaching that can help bridge the gap between clinician and educator (Mullen, 2020).

Students reap the benefits of strong instruction when instructors feel confident, competent, and supported; teaching and learning are proportional in this sense (Brown et al., 2020). The goal of teaching is to encourage meaningful learning therefore effort must be made to

assist in the development of competent instructors (Brody et al., 2015; Brown et al., 2020). Fountain and Newcomer (2016) explain peer mentorship amongst faculty as a support mechanism to help new faculty “acquire and develop the competencies they need to thrive” (p. 484). Peer mentorship has the potential to provide the support and confidence needed to acclimate and socialize new dental hygiene clinical instructors smoothly into the educational environment while simultaneously hastening their professional development. Prosperous faculty often have a positive impact on both students and the educational institution in which they are employed (Lunsford et al., 2018; Nanna, 2018). This trifecta of success may be hinged upon the development of educators.

Definition of Terms

Adjunct Faculty. Adjunct faculty are non-tenured, part-time instructors who are typically employed, either full time or partially, outside of academia (Dawson, 2019).

Cognitive Apprenticeship. Cognitive apprenticeship is a model of instruction that works to make thinking visible by incorporating elements of formal schooling into traditional apprenticeship (Collins et al., 1991).

Dental Hygiene. Dental hygiene is the science and practice of the recognition, treatment, and prevention of oral diseases (Bowen, 2013).

Mentorship. Mentorship is a two-way relationship and type of human development in which one individual invests personal knowledge, energy, and time in order to help another individual grow and develop and improve to become the best and most successful they can be (Henry-Noel et al., 2019).

Peer mentorship. Peer mentorship is a social experience that embodies the concepts of learning from each other, building a base of support, and sharing activities; it allows the mentor and

mentee to take what they already know and build on their learnings by sharing with each other through interactions and collaborations (Anderson & Watkins, 2018).

Professional Development. Professional development is the continuous learning that professionals need to pursue throughout their careers to maintain, enhance, and broaden their professional competence; the process by which professionals grow and the conditions that support and promote that growth (Sancar et al., 2021).

Statement of the Problem

There is a lack of orientation and guidance given to new dental hygiene instructors transitioning from clinician to educator (Smethers et al., 2018). While literature exists to support the need and efficacy of proper orientation for new teachers in general education and other allied health disciplines, there is a gap in the literature describing orientation for dental hygiene educators (Smethers et al., 2018; Vogell, 2019). Exploration is warranted regarding how new adjunct clinical dental hygiene faculty describe the training and support needed to transition from clinician to educator. Dental hygiene is a clinical, hands-on discipline that warrants rigorous calibration amongst faculty (Mann & De Gagne, 2017; Pizanis & Pizanis, 2019; Vogell, 2019). A lack of orientation impedes the calibration necessary for successful instruction in clinical disciplines. Additionally, a lack of orientation may leave new dental hygiene faculty feeling excluded from networking activities and less informed of the department's goals, practices, and policies (Vogell, 2019).

Purpose of the Study

The purpose of this qualitative narrative inquiry was to explore the experiences of adjunct clinical dental hygiene faculty with peer mentorship as they transitioned from the role of clinician to educator. The focus of this study is to share the stories of adjunct clinical dental

hygiene faculty's initial teaching experiences as they transitioned from clinician to educator. Their descriptions of peer mentorship as it relates to providing tools for instructional acclimation and professional development during this time period were also collected and analyzed. Peer mentoring is a relationship between people who are at the same career stage or age, in which one person has more experience than the other in a particular domain and can provide support as well as knowledge and skills transfer (Pethrick, et al., 2020). The work-role transition from clinician to educator involves the dental hygienist integrating a new set of values and norms and creating a new identity as a dental hygiene educator (Vogell, 2019). Supporting new faculty in their development increases satisfaction with teaching and contributes to an encouraging, collaborative work environment (Vance, 2018; Waddell et al., 2016). Exploring adjunct clinical dental hygiene faculty experiences with peer mentorship provided an opportunity for this population to share their stories and the resulting analysis may assist administrators in gleaning a better understanding of their unique position. The data collected from this study may help strengthen the need for standardized orientation programs for adjunct clinical dental hygiene faculty and may also inform professional development for other allied health care programs.

Research Questions and Design

To explore the experiences of adjunct clinical dental hygiene instructors with peer mentorship as they transition from the role of clinician to educator, this study was guided by the following research questions:

Research Question 1: How do adjunct clinical dental hygiene faculty describe their experiences as new faculty in transitioning from clinician to educator?

Research Question 2: How do adjunct clinical dental hygiene faculty describe their experiences with peer mentorship in relation to acclimating into the instructional environment?

The research design utilized in this study was a qualitative narrative inquiry. This methodology provided insight into the participants' individual and unique experiences with peer mentorship. It allowed the researcher to uncover the incidence and prevalence of peer mentorship in the orientation of new adjunct clinical dental hygiene faculty. Adjunct clinical dental hygiene instructors were selected through purposeful sampling and interviewed. Their stories related to the central phenomenon were recorded and ordered into a narrative.

Conceptual and Theoretical Framework

Constructivism served as the broad conceptual framework informing this study, as it is the perspective from which a study is conducted. Constructivism is learner-centered, where focus is placed on the learner's needs, developmental trajectory, and conditions necessary for the learner's individual growth (Kolman et al., 2017). The central phenomenon of this study, peer mentorship, lends itself toward situated learning and more specifically aligns with social constructivism. Social constructivism considers the role of others in facilitating learning through an engagement with the learner's prior and potential learning and experience, rather than accepting the idea that cognitive development occurs naturally through the learner's interactions with their environment (Armstrong, 2019). Through social constructivism, mentee learners participate in the sociocultural practices of their new community under the mentorship of experienced practitioners. Learner-centered mentoring begins with the prior knowledge and skills of the learner, and learning occurs through situated experiences made available by the mentor; through this situated learning, knowledge is co-constructed as mentees move toward full

participation in the community (Kolman et al., 2017). Sharing knowledge and reflecting on past experiences create the base of a constructivist learning environment, in which making meaning of experience is valued (Guillaume et al., 2020).

The purpose of a theoretical framework is to demonstrate the interaction and relationship among a set of concepts (Guillaume et al., 2020). The theoretical framework that guides this study is Kolb's experiential learning theory (ELT), which includes a four-part learning cycle: concrete experience, reflection, conceptualization, and experimentation (Fewster-Thuente & Batteson, 2018; Morris, 2020). ELT places life experience as a central and necessary part of the learning process, where "knowledge is created through the transformation of experience" (Morris, 2020, p. 4). ELT was chosen to guide the study as contemporary learners do not wish to learn in a fixed environment where information is transferred to them passively; rather, they want to be active participants in their learning process (Fewster-Thuente & Batteson, 2018). The theory suggests that concrete experiences allow learners to participate actively in their roles and that this performance provides the context for examination. Learners reflect on their experience, draw conclusions, and make decisions about future behavior so that they can conceptualize the knowledge from their observations and experiment with new behaviors that are applied to future concrete experiences (Fewster-Thuente & Batteson, 2018).

Developing real world skills through experiential learning can be adequately demonstrated by means of cognitive apprenticeship (Roberts, 2018). In traditional apprenticeship, the focus is on the learner developing physical skills. Cognitive apprenticeship differs from traditional apprenticeship in that there is a stronger focus on developing mental models or metacognitive skills (Collins et al., 1991; Matsuo & Tsukube, 2020). In cognitive apprenticeship, the skills that learners must acquire are not fully observable, and the focus is on

learning underlying cognitive processes (Matsuo & Tsukube, 2020). Cognitive apprenticeship is demonstrated through the six steps of modelling, coaching, scaffolding, articulation, reflection, and exploration. This six-step sequence aligns with the four-part cycle inherent in ELT - experience, reflection, conceptualization, and experimentation – making cognitive apprenticeship a relevant vehicle for the experiential learning attained through peer mentorship.

Assumptions, Limitations, and Scope

This study was conducted under the assumption that the adjunct clinical dental hygiene faculty participants answered all questions honestly and had understood the questions asked in the interview. An additional assumption was that participants would participate in the study of their own free will without any promise or expectation of reward. The specific population from which the sample was drawn for this study was a potential limitation. The inclusion criterion for this study was adjunct clinical dental hygiene instructors from the 19 accredited hygiene programs existing within the Tri-State area, whose emails are publicly available. This criterion may have limited sample size. Other limitations could have been that the participants' responses may not have necessarily defined the population to which the individuals belong and may have only provided a localized measurement of participants' self-reported perceptions (Roberts, 2010). The scope of this study was limited to adjunct clinical dental hygiene faculty employed in the accredited dental hygiene programs in the Tri-State area. The number of adjunct clinical dental hygiene faculty employed in the 19 accredited dental hygiene programs in the Tri-State area with publicly available emails is approximately 100.

Rationale and Significance

Dental hygiene degree programs are designed to prepare students for clinical licensing and national board examinations (American Dental Hygienists' Association, 2019) and dental

hygiene faculty must, therefore, be prepared to teach to this task. The lack of a structured, new faculty orientation process exists as a hindrance to successful instruction (Baker & DiPiro, 2019). New instructors may not give students the attention that is needed if they are unprepared and when their focus is, at least partially, on their own performance. Peer mentorship may serve to not only develop the skills, competence, and confidence of new faculty, but also fine tune the skills of existing, seasoned faculty acting as mentors (Andersen & Watkins, 2018). Peer mentorship could provide improved learning experiences for students and aid in their development and competency as future professionals. This study aimed to contribute to the body of knowledge in new faculty orientation and development as it relates to student achievement outcomes.

Summary

The focus of this study is on how adjunct clinical dental hygiene faculty describe their initial teaching experiences as they transitioned from clinician to educator, as well as how they perceive the role of peer mentorship as it relates to providing tools for instructional acclimation and professional development. Themes identified within existing literature are as follows: needs of new educators, new teacher orientation, the role of a mentor, and the influence of mentorship. Novice instructors need guidance in their new roles and peer mentorship could be a beneficial tool for orientation and professional development.

New adjunct clinical dental hygiene instructors face feelings of insecurity and unpreparedness upon their maiden voyage into teaching (Vogell, 2019). Mentorship embodies the apprentice-style orientation that new clinical dental hygiene faculty are lacking (Fountain & Newcomer, 2016; Smethers et al., 2018). Guidance is needed for development and calibration of faculty at all levels of experience; the needs of new faculty, however, are greater and require

increased structure (Bentley et al., 2013). Fountain and Newcomer (2016) maintain that both mentors and mentees found mentorship to be useful in helping mentees with teaching, research, and career planning; therefore, clinical dental hygiene mentor instructors may serve to support feelings of preparedness, alleviate feelings of uncertainty, and encourage professional development amongst novice clinical dental hygiene instructors. The experience lived and shared by mentors, not merely their level of education, make them invaluable to the orientation of new faculty.

CHAPTER 2: LITERATURE REVIEW

The term “mentor” originated in Homer’s *The Odyssey*, when Odysseus entrusted his only son, Telemachus, to his trusted friend, Mentor. Mentor was tasked to counsel, educate, protect, and guide Telemachus until Odysseus returned from the very lengthy Trojan War (Birkenfeld et al., 2021). The purpose of this study will be to explore the experiences of adjunct clinical dental hygiene faculty with peer mentorship as they transition from the role of clinician to educator. Since the time of early Greek mythology, mentorship has existed as a potentially effective method of guidance, education, and orientation across various disciplines (Birkenfeld et al., 2021). To minimize attrition and maximize investment in recruitment and training, senior members of organizations in all areas of employment are frequently asked to informally mentor new employees (Dow, 2014). By helping to socialize and support new members, senior members contribute to the development of potential leaders and positively influence organizational function (Dow, 2014).

While private firms have utilized mentoring programs in leadership development for many years, it has more recently become prevalent in higher education and only in a more informal capacity (Fountain & Newcomer, 2016). Formally assigned, facilitated mentorship programs are less common; it is typically a voluntary relationship (Al-Jewair et al., 2019; Kramer et al., 2018). If this voluntary relationship is not initiated by either the new or veteran teacher, however, it may become an untapped resource. The Mentoring Conference, sponsored by the University of New Mexico Mentoring Institute and held annually since 2008, indicates increasing recognition of the importance of mentoring within higher education. The conference brings together faculty, researchers, and professionals in higher education to share mentoring best practices (Fountain & Newcomer, 2016). Similarly, SUNY Empire State College sponsored

a mentoring conference for women where participants learned how mentors were necessary for successful socialization, promotion opportunity, job satisfaction, retention, and increased self-confidence (Dow, 2014).

The most crucial development period for teachers exists during the first few years of teaching, necessitating the appropriate orientation of novice dental hygiene educators during their work-role transition (Bentley et al., 2013; Vogell, 2019). Work-role transition can be defined as “the human experience associated with entering a new community of practice” (Anderson, 2009, p. 203), and peer mentorship has the potential to mitigate the challenges of this role shift. During this transitional time, new teachers are responsible for combining the knowledge from their own education and professional experiences with the management and execution of effective instruction (Doran, 2017). Institutional and departmental support is essential to new faculty success and preservation; thus, colleges and universities must invest in their new faculty hires and ensure success through appropriate levels of support and guidance (Denaiei, 2018; Doran, 2017).

In a study on faculty mentoring practices in U.S. dental schools, Al-Jewair et al. (2019) found that 84.1% of respondents desired mentoring during their careers, demonstrating the need for these institutions to create opportunities for faculty members to find, connect with, and discuss their career goals with a mentor. While future studies are warranted to determine best practices in dental hygiene schools, new dental hygiene faculty stand to benefit from the same opportunities. Mentoring programs that are tailored to new faculty not only support individual development, but also common institutional goals, such as curriculum alignment (Denaiei, 2018; Fountain, & Newcomer, 2016). The successful enculturation of teachers into their new work

environment is heavily influenced by their initial orientation and continued guidance from those within the institution (Qadeer, 2020).

New adjunct faculty are often disadvantaged due to the lack of preparation in their graduate programs on how to effectively perform in an academic role (Waddell et al., 2016). The illusion that a degree alone is enough to prepare novice faculty to enter their profession has left new dental hygiene instructors feeling isolated and overwhelmed (Smethers et al., 2018). Both formal and informal mentoring has been recognized for facilitating transitions from clinician to educator for allied health professionals (Vogell, 2019). In peer mentorship, the lack of hierarchy allows for more organic interaction and greater ease in communication. The term “peer” underscores that both mentor and mentee are engaged in the “mutual exchange of ideas and support advancing both participants in the organization” (Danaei, 2018, p. 56). Peer mentoring creates the opportunity for improved communication and collaboration by strengthening supportive networks of colleagues among an institution's faculty (McConnell et al., 2019). Furthermore, the unique needs of the institution can be met by utilizing existing, in-house resources and expertise (Nowell, 2017).

Insider guidance through peer mentorship has been identified as an important strategy to help support and socialize new faculty to their roles and the expectations of the academic environment (Bentley et al., 2013; Nowell, 2017). Cress-Ackermann and Todorovich (2015) contend that collegial interaction and guidance should be encouraged, as teachers learn more from each other than from “authorized” individuals, such as content experts or educational specialists (p. 382-383). Additionally, research suggests that peer mentors possess unique knowledge learned from personal experience that may be instrumental to the cultural assimilation of teacher mentees into their new environment (Kramer et al., 2018; Lorenzetti et

al., 2020; Pethrick et al., 2019). Nowell et al. (2017), found that mentorship “decreased mentees anxiety and increased psychological empowerment” (p. 532). The emerging themes surrounding existing literature on mentorship as a means of orientation for new teachers are as follows: needs of new educators, feelings of isolation and unpreparedness, new teacher orientation, the role of a mentors, and the influence of mentorship.

Conceptual and Theoretical Framework

The conceptual framework provides a road map to guide both the researcher and the reader through the research process (Ravitch & Riggan, 2016). The conceptual framework informs the entire study, including research methodology, design, and data interpretation, and is the perspective from which a study is conducted (Ravitch & Riggan, 2016). The focus of this study is to provide insight on the needs of new dental hygiene faculty transitioning from the role of clinician to educator. This transition can be challenging for new dental hygiene faculty due to lack of formal training in effective methods of education (Vogell, 2019). Constructivist learning, described by educators and theorists such as Dewey (1938, 1956), Vygotsky (1978), and Meier (1995), serves as the conceptual framework for this present study. Some of the tenets of constructivist, learner-centered pedagogy include: a focus on the learner’s needs, readiness, and purposes for learning; understanding the learner within a developmental trajectory; providing conditions for learner development and autonomy; and positioning the teacher as learner, observer, and supporter (Kolman et al., 2017).

Peer mentorship, as the central phenomenon identified, can be successfully demonstrated by utilizing constructivist principles. The practice of mentorship employs social constructivism, where knowledge is constructed through interactions with others and human development is socially situated (Zhao & Carberry, 2018). According to Anderson and Watkins (2018), social

constructivism is an appropriate lens through which to view peer mentorship, as it emphasizes the collaborative nature of learning and encourages the development of cooperative relationships so that the adult learner may draw upon their own unique cultures and experiences to create meaningful learning. Cognitive apprenticeship utilizes a mentorship approach to learning that is rooted in constructivist approaches to human learning.

Cognitive apprenticeship allows veteran faculty members to act as mentors by sharing their knowledge and skills with novice faculty members through guided learning experiences (Exter & Ashby, 2019). The experience of sharing such knowledge is learner-centered, as novice faculty become experts by learning to question the “methods used by the mentor” and apply “now-explicit heuristics to authentic problems” (Exter & Ashby, 2019, p. 873). The constructivist learning theory holds that “learning is a process of internal negotiation of meaning and that learning occurs best in functional, social, or cultural context” (Imiere, 2019, p. 5). As novice clinical dental hygiene instructors attempt to make sense of their new experiences, knowledge is constructed. Active learning, which is based on the theory of constructivism, is an integral part of cognitive apprenticeship. Imiere (2019) asserts that the progress observed through one’s participation in an authentic task – experiential learning – forms the theoretical foundation of cognitive apprenticeship.

The theoretical framework of this study, Kolb’s experiential learning theory (ELT), has much potential to foster learners’ deep theoretical understanding as it conceptualizes that when learners are physically immersed in a contextually rich experience, sensory-motor information becomes embodied in memory traces (Morris, 2020). This embodiment is, therefore, central for deep conceptual understanding and for human cognition to progress to the highest levels (Morris, 2020). Roberts (2018) explains that a central tenet of experiential learning is found in the origin

of the word “experience”, which means “to test”, or “to risk” in Latin. Experiential learning incorporates novel, challenging, experiences, which inherently involves risk; learners must learn how to accept this and respond appropriately (Morris, 2020).

Rather than learning through passive observation, ELT encourages active participation so that learners may practice skills as they are acquired. Experiential learning is a process that deliberately places learners out of their comfort zones, which supports the development of adaptability as learners are positioned to appreciate changing conditions (Bailey et al., 2017). At the core of learning any subject matter are “changes in cognitive processes, i.e., metacognition (thinking about thinking), scaffolding (building upon previously obtained knowledge), and reflection” (Fewster-Thuente & Batteson, 2018, p. 4), which are key components in cognitive apprenticeship.

Cognitive Apprenticeship

Experiential learning can be accomplished through utilizing the principles of cognitive apprenticeship (Tariq et al., 2021). Apprenticeship is the vehicle for transmitting the knowledge required for expert practice where learners can see the processes of work. It is the natural way to learn (Collins et al., 1991). In traditional apprenticeship, the expert shows the apprentice how to do a task, watches as the apprentice practices portions of the task, and then turns over more and more responsibility until the apprentice is proficient enough to accomplish the task independently. That is the basic notion of apprenticeship: modeling how to perform a task and then helping the apprentice to do it. Traditional apprenticeship methods are designed to give learners the opportunity to observe, engage in, and invent or discover expert strategies in context (Birkenfeld et al., 2021). Such an approach enables them to see how these strategies combine with their factual and conceptual knowledge and how they use a variety of resources in the social

and physical environment (Matsuo & Tsukube, 2020). Peer mentorship is essentially apprenticeship. While new adjunct clinical instructors gain knowledge of instructional strategies, mentor instructors slowly reduce supports until new instructors are competent and comfortable enough to instruct independently. For the mentor, this initiative allows them to hone their own skills and accrue professional development. It is a potential win-win situation.

Peer mentorship utilizes the tenets of cognitive apprenticeship by providing opportunities to externalize knowledge and make thinking visible (Matsuo & Tsukube, 2020). Guidance is the shared conjunctive element between cognitive apprenticeship and mentorship and can be a useful tool in experiential learning (Tariq et al., 2021). When applied to new dental hygiene faculty, peer mentorship through cognitive apprenticeship would position learners (new teachers) to experience how experts (veteran teachers) deal with problems in an authentic context and they learn to solve the same or similar problems (Weisling & Gardiner, 2018). Similarly, the cognitive apprenticeship model (Collins & Holum, 1991) supports learning through guided experience.

The cognitive apprenticeship model is comprised of six steps: modeling, coaching, scaffolding, articulation, reflection, and exploration (Collins & Holum, 1991). During the modeling phase, veteran teachers demonstrate and explain their way of thinking for novice teachers to observe and understand. This can also be referred to as demonstration teaching (Weisling & Gardiner, 2018). During the coaching phase, novice teachers practice the methods previously demonstrated, while the veteran teachers offer advice, feedback, and correction if needed. During the scaffolding phase, the complexity of problems is increased while the level of assistance decreases so that new faculty can reach their goal of accomplishing tasks independently. New teachers are then given the opportunity to communicate their thoughts and

concerns and process their own thinking through the articulation phase (Minsheu et al., 2021). During the reflection phase, novice teachers can analyze their performance by utilizing metacognitive thinking. The final exploration phase allows novice teachers to explore and extend their learned skills and knowledge (Minsheu et al., 2021).

Methods used within the cognitive apprenticeship framework serve to familiarize new teachers by providing opportunities to observe, engage in, and invent or discover expert strategies in context. Situated learning, cooperative learning, and verbalization are important sociological aspects of cognitive apprenticeship that are vital to the quality of professional life for new teachers (Kimmelman & Lang, 2019). Like traditional mentors, peer mentors can provide psychosocial support as well as job-related support (Pethrick et al., 2020). Peer mentorship is advantageous due to the peer mentors' unique qualifications that are specific to the culture or environment of their specific workplace (Kimmelman & Lang, 2019).

Dental Hygiene

Dental hygiene is defined as the science and practice of the recognition, treatment, and prevention of oral diseases (American Dental Hygienists' Association [ADHA], 2019). Dental hygiene education programs provide clinical and academic opportunities for students interested in preventive oral healthcare and the promotion of good health (ADHA, 2019). As an integral member of the healthcare team, dental hygienists work together with dentists to meet the oral health needs of patients to improve patients' quality of life (New York University, 2020). Dental hygiene educational programs in the United States are required to provide content that includes oral health education, preventive oral disease counseling, and oral health promotion, as well as ensuring the dental hygienist graduate is competent to establish a dental hygiene care plan that reflects realistic goals and treatment strategies to facilitate optimal oral health (McComas et al.,

2020). To attain licensure as a registered dental hygienist, one must first graduate from an accredited dental hygiene program within a college or university. The candidate for dental hygiene licensure is also required to pass the National Board Dental Hygiene Examination, as well as a state or regional clinical examination (Johnson et al., 2020). In addition, each state has its own requirements for licensure, including a jurisprudence examination, official school transcripts, basic life support certification, local anesthesia, and age requirements (Johnson et al., 2020).

The Commission on Dental Accreditation (CODA) is the specialized accrediting agency recognized by the United States Department of Education to accredit programs that provide basic preparation for licensure or certification in dentistry and the related allied health disciplines (Vogell, 2019). CODA serves the public and profession by developing and implementing accreditation standards that monitor the continuous quality and improvement of dental education programs. CODA has an obligation to the public, the profession, and prospective students to assure that accredited dental education programs provide an identifiable and characteristic core of required education, training, and experience (American Dental Association Commission on Dental Accreditation, 2016). CODA Standard 2-1 specifies that the educational requirements for entry-level into the profession of dental hygiene “must include at least two academic years of full-time instruction or its equivalent at the postsecondary college-level.” (Johnson et al., 2020). While an associate degree in applied science fulfills the CODA requirement, two opportunities for students to attain their baccalaureate degrees in dental hygiene also exist, through either a Bachelor of Science degree completion or a straight bachelor program (Vogell, 2019).

Adjunct Faculty

Adjunct faculty have played a key role in post-secondary education for decades (Nanna, 2018). In the 1980's, to support the task of meeting instructional requirements in the mist of diminishing institutional budgets, college and university administrators and department chairs designed a method of hiring adjunct faculty (Dawson, 2019). Adjunct faculty are non-tenured, part-time instructors who are typically employed, either full time or partially, outside of academia (Dawson, 2019). They are considered experts in their fields and are often pursuing the opportunity to gain personal fulfillment through sharing their expertise (Dawson, 2019). Modern day adjunct faculty members are regularly hired to fill the void when colleges and universities choose to not fund full-time faculty positions (Dawson, 2019). Adjuncts may feel their jobs are unstable because the contractual nature of adjunct teaching suggests discontinuity and lack of integration into the role of educator (Doran, 2017). Adjunct instructors are regarded as transient workers and not an official part of the institution in which they are employed, therefore, they do not typically receive the same support and resources as full-time faculty (Nanna, 2018).

Compared to full-time tenured faculty, adjunct faculty members often work under conditions viewed as inferior (Doran, 2017). In a qualitative study conducted by Rich (2016), it was reported that adjunct faculty participants voiced concerns regarding loss of inclusion in program and departmental meetings, uncertainty regarding their faculty status, lowered sense of genuineness with respect to invitations to faculty meetings, and diminished access to quality resources (Rich, 2016). Many critics, however, argue that the use of adjunct faculty affects the status and morale of the institution because adjunct faculty typically do not participate in faculty governance and therefore, have minimal involvement in the decisions and policies and decisions affecting them (Nanna, 2018). Danaei (2018) found that adjunct faculty, however, do not have

the same opportunities to congregate and build relationships on campus as their full-time counterparts. They were not acquainted with other adjunct and full-time faculty in their department or college, thereby creating a system lacking in a sense of community and support for adjunct faculty (Danaei, 2018). Additionally, professional development for adjunct faculty is not considered a priority in many institutions and may be a contributing factor to the lack of adjunct faculty satisfaction (Danaei, 2018; Nanna, 2018; Rich, 2016).

Adjunct Clinical Dental Hygiene Faculty

There is a persistent need for health professions educators in the fields of nursing, dentistry, and allied health (Hodgkins et al., 2020). Due to this need, adjunct faculty have become instrumental to educational institutions housing health science programs (Hodgkins et al., 2020). Like other allied health educators, dental hygiene educators often transition from working in clinical practice to teaching in academia. Adjunct clinical dental hygiene instructors can be defined as clinicians who have chosen to take on an educational role (Vogell, 2019). Due to the progression of the dental hygiene profession, the number of dental hygiene programs in the United States have increased and, thus, so has the need for qualified dental hygiene educators (Hodgkins et al., 2020). The academic world is quite different from the world of clinical dental hygiene, and novice adjunct instructors must learn to navigate new environments and adapt to new roles (Vogell, 2019).

Adjunct clinical faculty comprise the majority of dental hygiene faculty and, therefore, play a significant role in teaching the newest members of the profession (ADEA, 2017). Clinical education is an essential component of dental hygiene education as it is practical education applied in a real-life situation, which makes clinical education the crux of the dental hygiene curriculum (Vogell, 2019). A lack of pedagogical preparation, however, exists across clinical

disciplines (Pizanis & Pizanis, 2019). While the effectiveness of clinical instruction relies partially on an instructor's educational expertise, teaching preparation and styles stem from instructors' educational backgrounds and past experiences, which vary widely (Pizanis & Pizanis, 2019).

To become a dental hygiene educator, one is required to have number of years of clinical practice experience (this number varies amongst dental hygiene programs), certification in local anesthesia, and hold a current Cardiopulmonary Resuscitation (CPR) certification for healthcare professionals (American Dental Association [ADA], 2019). Dental hygiene faculty are also required to hold a state dental hygiene license and to have attained a degree one level higher than the degree program in which they are teaching (Vogell, 2019). For example, to teach in a Bachelor of Science level program, one must have acquired a master's degree. There is no requirement, however, for the degree major (Vogell, 2019). Adjunct clinical dental hygiene faculty have varying backgrounds and education, with degrees in public health, dental hygiene, education, science, arts, business, healthcare administration, etc. Due to inconsistency in background and experience of adjunct faculty, Smethers et al. (2018) assert that students can be negatively impacted by faculty taking different approaches to instruction. Many adjunct clinical dental hygiene faculty transition from clinical practice to academia with little or no teaching experience (Smethers et al, 2018; Vogell, 2019).

There is a marked lack of research regarding adjunct dental hygiene faculty despite the need to recruit and retain dental hygiene instructors (Hodgkins et al., 2020). According to the American Dental Education Association (ADEA) (2017), while some clinical dental hygiene educators teach full-time, the majority teach part-time as adjunct instructors. Although adjunct clinical instructors comprise a large percentage of dental hygiene educators, they are not

provided with the same professional development opportunities as their full-time counterparts (Elder et al., 2016; Nanna, 2018). Additionally, most adjunct clinical dental hygiene faculty are hired because of their clinical experience in patient care and lack formal training in the educational process (Vogell, 2019). While adjunct clinical faculty have vast clinical skills, their teaching practices are often based on their past experiences as clinicians, rather than on guided educational methodology (Vogell, 2019). Although faculty are required to take educational coursework related to the discipline they teach, there are no formal guidelines specifying the contact hours, the frequency, or the specific content for this coursework (ADA, 2019). Therefore, there is no continuity in how faculty meet these requirements.

As a result of increased enrollment across the country, administrators face increased instructional needs, necessitating the employment of part-time adjunct faculty (Dawson, 2019). The need for the employment of part-time instructors originated in the 1960's when the increased demand for evening instruction on community college campuses led administrators to solicit help from the professional community (Dawson, 2019). A national shortage of health care educators has been increasing and could potentially jeopardize future student enrollment in health profession programs due to insufficient numbers of instructors available to teach students (Smethers et al., 2018).

According to the 2016 ADEA survey of directors, part-time faculty comprise 65% of the overall workforce and that trend was expected to continue due to an inadequate number of full-time faculty and the retirement of an aging workforce (ADEA, 2017). Trends suggest that positions will continue to be filled by adjunct faculty (ADEA, 2017). It is expected that the demand for dental hygiene services will continue, as employment for dental hygienists is projected to grow 11% from 2014 to 2024 (Bureau of Labor, 2022). The dental hygiene

profession is experiencing a shortage of educators and the shortage is predicted to increase, as approximately 50% of the dental hygiene workforce is over the age of 50 (ADEA, 2017). To handle this shortage, many institutions are increasing the numbers of part-time faculty, increasing the workload of current faculty, and hiring faculty with less than desired qualifications (ADEA, 2017). Some concerns raised by having an increasing number of adjunct clinical faculty are that adjunct clinical faculty do not go through the traditional full-time hiring procedures, they are not interviewed by a search committee, and they often do not receive a formal orientation (Vogell, 2019). The fate of the profession is directly proportional to the skills of its educators.

Transition from Dental Hygiene Clinician to Instructor

Dental hygienists who transition into the role of adjunct clinical dental hygiene instructors face many challenges, as they may be lacking in the academic preparation and skills necessary to maintain efficiency in their instructional role (Mann & DeGagne, 2017). While research on the transition from clinician to instructor in dental hygiene is lacking, novice faculty members in the 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 (Smethers et al., 2018). Challenges identified by these novice faculty include: a lack of awareness regarding the demands of teaching, feeling unprepared due to insufficient teaching resources when entering academia, low levels of confidence, and anxiety when teaching unfamiliar material to students (Smethers et al., 2018). Other challenges identified by novice nursing faculty have been the lack of training in educational methodology and feeling unprepared for their teaching role despite extensive clinical experience in their chosen field (Smethers et al., 2018).

The transition from clinician to educator requires experience and formal preparation as it connects personal learning to professional learning (Mann & DeGagne, 2017). Like nursing, dental hygiene pedagogy is not a natural consequence of clinical expertise; rather, it requires the faculty's orientation, development, and socialization (Mann & DeGagne, 2017). Research in both nursing and dental hygiene education has investigated various strategies to help guide novice faculty during their transition into academia. Mentorship, faculty orientations, and the opportunity to study clinical materials has enhanced novice faculty's transition, improved their teaching skills, and contributed to their professional development (Mann & DeGagne, 2017; Smethers et al., 2018).

Heightened awareness of the unique experiences of novice clinical faculty, and identification of the effective strategies and challenges encountered by these individuals, may assist in creating successful approaches and programs for novice faculty as they enter clinical teaching roles. A qualitative study conducted by Smethers et al. (2018) on challenges facing novice dental hygiene faculty members during their transition from clinician to educator posit that recognizing and understanding the challenges of less experienced faculty who believe students perceive them as a peer, or that they lack competence, is critical as they begin teaching. Additionally, shadowing an experienced instructor when first entering a clinical teaching role was shown to assist novice faculty members during their transitional period (Smethers et al., 2018).

Needs of New Educators

New faculty express numerous needs within their first year, including the desire to connect with colleagues, help navigating the political and social structure of the organization, and support for efficient functioning (George et al., 2018; Waddell et al., 2016). New teachers'

experiences in their initial years establish the standards of practice that will drive their career and early negative experiences can limit their future professional growth (Brown et al., 2020; George et al., 2018). Alternately, teachers who are engaged early in effective professional learning tend to continue onto a growth trajectory throughout their career (Brody & Hadar, 2015). Failing to support new teachers early in their careers is detrimental to the profession, as new teachers may feel isolated and unprepared, which negatively affects career satisfaction, faculty retention and professional development (Bentley et al., 2013; Cress-Ackermann & Todorovich, 2015; Kelly & Northrop, 2015).

Organizational Socialization

Socialization efforts are essential during an individual's early years in an organization and are important processes for both the newcomer and the organization (Dawson, 2019).

Socialization incorporates understanding of organizational structure, culture, motivation and learning, values and expectations, and mentoring (Dow, 2014). Organizational socialization is a formal process whereby newcomers become familiar with the role they will assume, the values and beliefs of the organization they are entering, and the culture that exists within the organization (Dawson, 2019; Mazzerolle, et al., 2018). According to literature, faculty development, orientation, and mentorship are the most common socialization tactics, with mentorship existing as the main organizational socialization tool (Dow, 2014; Mazzerolle et al., 2018).

Mentorship serves to help newcomers share in the organization's values, beliefs, and practices by establishing goals, outlining responsibilities and modeling desired behavior, as well as reducing the anxiety and stress that can occur with entrance into a new organization (Dow, 2014; Mazzerolle et al., 2018). The ability to integrate into organizational culture has lasting

effects on novices' attitudes and behaviors on the job; thus, interaction between novice and veteran members of an organization plays an important role in how they are socialized into the organization (Dawson, 2019). Supportive veteran members who would serve as mentors are critical to successful socialization, as they represent the organization's commitment and allow mentees to see the organization through their eyes, encouraging the novice mentee to return that commitment (Dawson, 2019; Dow, 2014).

Professional Development

The mentoring relationship focuses on support in the areas of career and personal development; it is based on transfer of knowledge as well as the establishment of social relationships and growth among like-minded individuals (Mazzerolle, et al., 2018). Mentors provide not only career counseling, but also support during the stressful period of transition and initiation, helping ease the mentee into his or her new role (Mazzerolle, et al., 2018). Effective mentorship supports an initial exchange of guidance and advice that shifts to collaboration and growth.

Amongst dental educators, Smethers et al. (2018) found that teaching competence, confidence and faculty development were enhanced through collaborative mentorship. Faculty members involved in mentoring are more likely to have opportunities to develop both professionally and personally over the span of their careers (Dawson, 2019). Recognizing novice teachers' teaching and learning needs is vital to ensuring that faculty remain current in their pedagogical expertise and may ensure faculty preparation and retention (Behar-Horenstein et al., 2016). Faculty development programs that take time to assess faculty knowledge about teaching and educational research have been reported to enhance participants' sense of belongingness (Behar-Horenstein et al., 2016).

Overcoming Feelings of Isolation and Unpreparedness

Embarking on one's teaching career can be an isolating, frustrating, and vulnerable experience (Bentley et al., 2013). The isolation and anxiety felt by new teachers affects not only the new teachers, but also their students and their school communities (Smethers et al., 2018). Research states that teachers are often reluctant to "articulate professional knowledge because of a culture of isolation" (Cress-Ackermann & Todorovich, 2015, p. 35) and a lack of tradition in sharing professional experience. A growing body of research highlights the fundamental link between student achievement and the quality of a teacher's instruction, which is affected by their emotional well-being and level of preparedness (Bentley et al., 2013; Smethers et al., 2018). Collaborating with mentors builds confidence, which is key for novice teachers to thrive, not just survive. Mentors encourage novices out of isolation and into the teaching community (Al-Jewair et al., 2019; McCann, 2013).

Literature in nursing education describe insufficient preparation in the knowledge and skills for education as a major challenge facing expert nurse clinicians who move into the academic setting (Andersen & Watkins, 2018). The role of educator is more than adding a new knowledge or skill; much like nurses, dental hygienists accept adjunct faculty positions without fully understanding their new role and often feel disconnected and unprepared (Houston, 2019; Nowell et al., 2017; Smethers et al., 2018). Unprepared adjunct faculty present a trickle-down effect that influences student performance; when adjunct faculty do not receive solid orientation and continued support, students may consequently receive decreased support from adjunct faculty (Nanna, 2018).

Bentley et al. (2013) maintain that new teachers in any discipline possess many questions and concerns but have not yet established a network of support. They go on to explain that

novice instructors are less confident than their experienced counterparts “in regard to pedagogical and content-area knowledge”, which adds to feelings of unpreparedness and insecurity (Bentley et al., 2013, p. 34). In research conducted by Bagramian et al. (2011), it was reported that new teachers were less positive about their role as faculty members and felt less prepared for professional life as compared to veteran teachers. The implementation of a mentoring program resulted in improved feelings of preparedness.

In a study conducted by Mann and DeGagne (2017) on the experiences of novice adjunct clinical nursing faculty, none of the participants felt adequately prepared to fulfill their new role. The participants agreed that teaching in a clinical setting required an enormous amount of preparation before the course begins, as well as before each clinical day. All participants identified the importance of a strong orientation program; only one participant, however, had been exposed to an orientation program and mentoring experience and found it to be invaluable (Mann & DeGagne, 2017). The participants described orientation programs as abbreviated due to lack of faculty or lack of experienced faculty and, as a result, were left struggling (Mann & DeGagne, 2017).

New Teacher Orientation for Adjunct Clinical Faculty

Orientation for adjunct clinical faculty can be defined as the formal and informal process by which they are “informed of their role, clinical responsibilities, and policies/procedures to be followed when carrying out that role” (Vogell, 2019, p. 57). Orientation serves to influence new teachers’ sense of belonging as it ensures assisted navigation through uncertain conditions, new role expectations, and cultural contexts (Vance, 2018). Literature has shown that new faculty express the desire to connect with colleagues and obtain support for efficient functioning, which may be obtained through mentorship-style orientation (Bentley et al., 2013; Fuentes et al., 2014;

Waddell et al., 2016). While many colleges provide orientation, it tends to be brief; thus, new adjunct faculty are left to sink or swim (Nanna, 2018).

Purpose of Orientation

The purpose of orientation is to acquaint and assimilate; therefore, it should be provided immediately upon the hiring of new teachers (Donnelli-Sallee, 2018). How new employees are assimilated into an institution can determine their short-term and long-term success, yet only 32% of organizations provide formal orientation (Baker & DiPiro, 2019). Orientation is typically considered as training or preparation for a new job or activity and is one of the first steps new employees encounter when they join an organization (Nanna, 2018). Even with the general acknowledgement that orientation may improve job performance and job satisfaction, new employees often enter organizations without any formal or informal training (Nanna, 2018).

In academia, as in many organizations, providing new employees with a solid base from which to grow serves to help them better assimilate and may positively affect their job satisfaction (Donnelli-Sallee, 2018). Many times, teachers acknowledge that their first year of employment is the most stressful and time consuming because of a lack of direction and clear understanding of job responsibilities and expectations (Nanna, 2018; Vance, 2018). Orientation sets new faculty up for early success and increases task efficiency, two key factors that contribute to career satisfaction and overall job performance (Baker & DiPiro, 2019).

Mentorship as Orientation

Mentorship as a form of orientation for new teachers may support their enculturation, socialization, and overall professional success (Smethers et al., 2018). Mentorship serves as a suitable form of orientation for new teachers, as it creates a safe and encouraging space, thus supporting their psychosocial needs (Waddell et al., 2016). It can aid in developing leadership

abilities in new teachers so that they may grow to be powerful forces for educational change (Kutsyuruba & Godden, 2019). The interdisciplinary nature of mentorship facilitates faculty members' capacity to navigate their role as new faculty, as well as to foster relationships amongst colleagues (Waddell et al., 2016). The mentor-mentee relationship can help promote innovation in teaching and learning, as the growth of the teacher directly affects the growth of students and the expansion of superior teaching (McCann, 2013). Mentorship serves to bridge the gap between the inexperienced, unsure teacher to the competent, confident teacher (Mazerolle et al., 2018).

The Role of a Mentor

Since its introduction by way of Greek mythology, the term “mentor” has been defined in numerous ways and serves many functions. A mentor is one that teaches, counsels, guides, advises, assists, and protects (Birkenfeld et al., 2021). A mentor also functions as a sponsor who takes special interest in the development of another; thus, mentorship in its truest form is a “reciprocal learning relationship characterized by trust, respect, and commitment” (Fountain & Newcomer, 2016, p. 483). Mentorship has numerous components that are focused on achievement. Mentors act as role models, exhibit greater experience, influence, and achievement, and offer direct assistance with career and professional development (Fuentes, 2014, p. 289). They provide both the content-specific and emotional supports that are invaluable to new teachers embarking on uncharted territory (Fuentes, 2014).

The professionally centered relationship between mentor and mentee is such that the experienced mentor acts as a role model for the less experienced mentee to aid in career advancement (Weinberg, 2019). The premise of this type of mentoring requires that the mentor have an in-depth understanding of professional development (Sands et al., 1991). Mentors should

not encourage imitation, rather they should facilitate their mentees' reflection, development, and authenticity (McCann, 2013). According to Disraeli (2014), the greatest good that one can do for another is not just to share their riches but to reveal to others their own - this is the crux of genuine mentorship.

The character traits of good mentors are comprehensive to say the least (Kramer et al., 2018, Waddell et al., 2016; Weinberg, 2019). They must foster a trusting, respectful, and committed relationship that supports both personal and professional development (Hieker & Rushby, 2020). They should be supportive, empathetic, reflective, accomplished, and demonstrate active learning; they should strive to increase productivity and professional growth among both the mentor and mentee; they should be approachable, motivational, and respected by peers in their field (Fountain & Newcomer, 2016; McCann, 2013). Mentors must make a commitment to value the achievements of their mentees, be relatable, and model the behavior that mentees are expected to adopt (Dow, 2014; Houston, 2019). The advancement of the mentee's personal and professional life are the objectives of the dedicated mentor (Carr et al., 2010).

Mentoring within organizations occurs when a more experienced employee is paired with a less experienced employee for the purposes of providing career and psychological support for which collective learning and growth will occur for both parties (Dawson, 2019). In academia, the more experienced faculty mentor should strive to facilitate the recruitment, retention, and advancement of new faculty, as well as to socialize novice teachers into the culture of the institution (Fountain & Newcomer, 2016). Good mentors utilize collaborative problem solving, model effective teaching practices, and offer individualized support to assist new teachers in assimilating into the practice of teaching (Bentley et al., 2013). The primary responsibilities of a

mentor should be to provide feedback to their mentee and help them set goals for career advancement (Bagramian et al., 2011). They should encourage an open and honest relationship where they can provide professional and personal guidance (Hieker & Rushby, 2020).

Influence of Mentorship

Teaching is one of the oldest professions in the world (Houston, 2019). Plato described teaching as participating jointly with another to truly learn; thus, mentoring can be viewed as a similar concept to teaching because of the reciprocal learning between mentors and mentees (Houston, 2019). When new teachers are assisted in becoming socialized to their faculty responsibilities by mentors, they are provided with a personal support system (Bagramian et al., 2011). Vagi et al. (2019), assert that teachers progress through a linear development, where the first two years of teaching are considered the time of survival. This survival mode is a cause of great stress, and mentorship has been found to relieve that stress as well as to positively influence workplace satisfaction (Bentley et al., 2013). Supportive mentors represent the institution's commitment, which encourages the mentee to return that commitment, creating a dynamic environment hinged upon loyalty and investment in professional and institutional development (Dow, 2014; Fountain & Newcomer, 2016). Furthermore, mentors provide valuable insider perspective and awareness of the unwritten rules and politics involved in their institution (Dawson, 2019).

Mentorship has been found to have a positive impact on scholarly productivity, career success, skill competence and development, career satisfaction, confidence, retention and developing collegial relationships (McCann, 2013; Nowell et al., 2017; Weisling & Gardiner, 2018). Additionally, mentees can revitalize their careers and heighten the productivity of their mentors (Dawson, 2019). The mentoring process allows the older generation to fulfill the social

obligation of passing on its knowledge and skills to the next generation (Dawson, 2019). Mentors develop opportunities to create relationships within academia that aid to their own scholarly and professional development and are positioned to capitalize on their own wisdom and experience and strengthen their identity (Weisling & Gardiner, 2018; Dow, 2014; Dawson, 2019). The critical thinking and reflection involved in mentoring a new teacher supports the growth and development of the veteran teacher.

Career Satisfaction

Faculty mentees benefit from mentoring to increase career success and satisfaction within academia (Lunsford et al., 2018; Dawson, 2019). Studies maintain the idea that adjunct faculty who feel unsupported or underappreciated for their contributions will experience decreased confidence and not perform well (Elder et al., 2016). Without a stable group of satisfied and competent adjuncts, as current faculty members start to retire, transforming adjunct faculty into full-time faculty will be unachievable (Elder et al., 2016). Additionally, it is imperative that administrators provide adjunct faculty with adequate resources and support to enhance their job satisfaction to meet the demands of their students, remain competitive in the higher education arena, and reduce turnover (Nanna, 2018).

Job satisfaction has long been considered a predictor of employee loyalty and retention (Naim & Lenka, 2018). To understand turnover and why employees leave jobs, it is important to understand what motivates them and provides job satisfaction (Nanna, 2018). Turnover in any industry is an indication that employees are either unhappy or have outgrown their positions (Nanna, 2018). An unsuccessful orientation experience in academia can lead to faculty members not fitting in well, having unrealistic expectations, and being unable to build relationships (Baker & DiPiro, 2019). Regarding adjunct faculty specifically, research suggests that professional

development, mentoring beyond orientation, and more institutional involvement will help increase career satisfaction (Nanna, 2018).

Faculty Retention

Employers may reap the benefits of mentorship in the form of employee retention (Naim & Lenka, 2018). In a study on nursing academia conducted by Nowell et al. (2017), mentorship was found to positively influence faculty decisions to stay in their positions as nurse educators, thereby potentially decreasing employee turnover and increasing retention. Although retention had not been empirically measured, Nowell et al. (2017) assert that other related outcomes, such as career satisfaction and self-confidence, may be contributory. Research suggests that mentorship is viewed as a support method that helps faculty mentees thrive and build their careers, aids in personal gratification and recognition, brings new teachers up to speed quickly, and supports their feeling of competence and confidence (Al-Jewair et al., 2019)

Faculty retention is important for students and the academic institution, as student success has been associated with positive relations that students have with faculty (Houston, 2019). In a study assessing faculty development needs in dental hygiene education, results revealed a lack of opportunities for faculty to enhance their teaching skills and expand their educational methodology, which were identified as important factors contributing to the inability to retain faculty (Smethers et al., 2018). Since the possibility of faculty shortages exists due to retirement and increased enrollment, colleges must make a concerted effort to train and retain faculty (Nanna, 2018).

Summary

There is a lack of orientation and guidance given to new dental hygiene faculty transitioning from the role of clinician to instructor (Behar-Horenstein et al., 2016; Smethers et

al., 2018). While literature exists to support the need and efficacy of proper orientation for new teachers in general education, there is a gap in the literature describing orientation for dental hygiene instructors (Danaei, 2018; Fountain & Newcomer, 2016; Fuentes et al., 2014; Kutsyuruba & Godden, 2019; Lunsford et al., 2018; Mazerolle et al., 2018; Waddell et al., 2016). The work-role transition from clinician to educator involves the dental hygienist integrating a new set of values and norms and creating a new identity as a dental hygiene educator (Vogell, 2019). The purpose of this study will be to explore the experiences of adjunct clinical dental hygiene faculty with peer mentorship as they transition from clinician to educator.

The influence of mentoring and the necessity for new teacher orientation cannot be understated (Kutsyuruba & Godden, 2019; Mazerolle et al., 2018). Peer mentorship not only meets the standards of traditional mentorship but allows for the socialization and enculturation that is unique to individual institutions (Andersen & Watkins, 2018). Immediate and proper orientation is especially important for new adjunct instructors, who may have less time and experience on campus to form professional networks than their full-time counterparts (Vance, 2018). Novice teachers who are mentored by a veteran teacher within the same institution are guided by an insider perspective, which serves to better assimilate and socialize the new teacher to their specific environment (Weisling & Gardiner, 2018). Additionally, when skilled veteran teachers step into the role of mentor, they are positioned to expand their influence and strengthen their identity as academic leaders (Weisling & Gardiner, 2018) while supporting a relationship that evolves from structured support to emerging collegueship (Hill et al., 2022). The personal and professional development supported by the reciprocity between mentor and mentee is beneficial to the entire educational community (Ferguson, 2018).

CHAPTER 3: METHODOLOGY

There is a fundamental reflexivity in narrative research that warrants the attention of the researcher and the participant collaborators as the story develops and evolves (Bloomberg & Volpe, 2016). The finished product reflects the combined views from the participant's life with those of the researcher's life in a collaborative narrative (Creswell & Creswell, 2017). Making use of the reasons influencing how individuals are enabled or constrained by social resources is one narrative approach that aligns with the proposed study. The lack of orientation and guidance given to new adjunct clinical dental hygiene instructors transitioning from clinician to educator has left many new adjunct clinical dental hygiene instructors feeling unprepared and ill equipped for the role of teaching (Smethers et al., 2018; Vogell, 2019). Most clinical instructors only have experience treating patients, not teaching students. They must, therefore, learn how to teach what they know. Narrative research does not lead to conclusions and certainty, rather the work is guided by tension and uncertainty and the process aims to offer meaning and understanding (Bloomberg & Volpe, 2016).

While literature exists to support the need and efficacy of proper orientation for new teachers in general education and other allied health disciplines, there is a gap in the literature describing orientation for dental hygiene instructors (Smethers et al., 2018; Vogell, 2019). The purpose of this qualitative narrative inquiry is to explore the experiences of adjunct clinical dental hygiene faculty with peer mentorship as they transition from the role of clinician to educator. The focus of this study is to share the stories of adjunct clinical dental hygiene faculty's initial teaching experiences as they transitioned from clinician to instructor. Their descriptions of peer mentorship as it relates to providing tools for instructional acclimation and professional development during this time period have been collected and analyzed.

To investigate the potential benefits of implementing peer mentorship to serve as orientation for newly hired adjunct clinical dental hygiene instructors, this study was directed by the following research questions:

Research Question 1: How do adjunct clinical dental hygiene faculty describe their experiences as new faculty in transitioning from clinician to educator?

Research Question 2: How do adjunct clinical dental hygiene faculty describe their experiences with peer mentorship in relation to acclimating into the instructional environment?

Dental hygiene educators were selected through purposeful sampling and interviewed. Their stories related to the central phenomenon were recorded and ordered into a narrative.

Narrative research begins with the experiences as expressed in lived and told stories of individuals (Bloomberg & Volpe, 2016). The theoretical rationale framing this study, Kolb's experiential learning theory (ELT), posits that "knowledge is created through the transformation of experience" (Morris, 2020, p. 4), making life experience a central and necessary part of the learning process. Constructivism, the conceptual framework guiding this study, asserts that the value of making meaning of experiences happens by sharing knowledge and reflecting on past experiences (Guillaume et al., 2020). Combining the views from the participants' experiences with those of the researcher's culminates in a rich collaborative narrative of experience and aligns the chosen methodology with the framework of this study (Bloomberg & Volpe, 2016).

Site Information and Demographics

In seeking to understand the experiences of adjunct clinical dental hygiene faculty with peer mentorship as they transition from the role of clinician to educator, it is important to understand their experiences within the setting of academia. Therefore, the setting of this study

takes place within the colleges that house dental hygiene programs in the Tri-State area of New York, New Jersey, and Connecticut. These programs grant both Associate of Applied Science (two year) and Bachelor of Science (four year) degrees in dental hygiene. Participant recruitment was sampled from the 19 accredited dental hygiene programs in the Tri-State area (Appendix A) whose adjunct faculty email addresses were publicly available.

Participants and Sampling Method

Dental hygiene educators were selected through purposeful sampling and interviewed. Their stories have been recorded and ordered into a narrative. This study employed purposeful sampling to enlist participants who have lived the experience being studied. According to Bloomberg and Volpe (2016), “the logic of purposeful sampling lies in selecting information-rich cases” (p. 148). One form of purposeful selection that was used is criterion-based sampling. The criterion used for this research was to study licensed adjunct clinical dental hygiene faculty who have been teaching in the clinical setting in an accredited dental hygiene program in the Tri-State area for one to 10 years cumulatively. This criterion is significant as this specific group shares comparable experiences that can provide unique insight into the role of peer mentorship in their transition from clinician to educator.

After receiving Institutional Review Board (IRB) approval, an email with a letter attached was sent to all adjunct clinical dental hygiene faculty (Appendix B) with publicly available email addresses within the dental hygiene departments of the nineteen included colleges. The email introduced the researcher, the purpose of the study, and requested participation in the study. Email invitations included the criteria that applicants must meet to participate in the study. For this qualitative study, following the narrative inquiry methodology utilized by Disque (2016) and Mupas-Obedoza (2022), five participants that met the required

criteria served as participants. Once five volunteers had been confirmed as willing participants, no further emails were disseminated. The email also included an Information Sheet (Appendix D), which outlined the purpose, the study's relevance, and additional interview details. The Information Sheet detailed that all personally identifiable information was to be detached to reduce exposure for participants, including names and email addresses. The Information Sheet informed participants that pseudonyms will be used, as well as a password-protected database file for security purposes. All participants were granted a 5-day window for validation of the transcripts.

The researcher utilized a master list of the participants with identifiable information during the recruitment process, which included the name of the participant and their email. The identifiable information on the master list was destroyed after the transcripts have been member checked by the participants. Participants were sent a password-protected Zoom link for the interview where they can participate in any location that the interviewee deemed private and comfortable. Participants were given the option to not turn on their cameras during the Zoom interview. Participants were asked to avoid using terminology that could potentially identify their institution during the interview. The recorded interviews were encrypted and stored behind a password-protected database file on a cloud server. The identity of the participants and their institutions were deidentified and any direct or indirect identifying links were redacted. Each participant was emailed their interview transcript, and participants were asked to validate the content. This validation process is referred to as member-checking (Merriam & Tisdell, 2016). Each participant was given 5 days to review their transcript and provide revisions as needed. All recorded interviews were destroyed after the transcripts had been verified for accuracy by the participants.

Instrumentation and Data Collection

The qualitative narrative inquiry was taken to explore the experiences of adjunct clinical dental hygiene faculty with peer mentorship as they transition from the role of clinician to educator. Narrative inquiry allows participants to tell stories about their lives and experiences (Clandinin & Connelly, 2000). In qualitative research the researcher is the primary instrument. The preferred method of collecting data in qualitative narrative inquiry research is in-depth, semi-structured interviewing. In-depth interviewing consists of conversations that focus on components of the research questions. Interviews were conducted one-on-one, where the researcher elicited information from the interviewee, and were approximately 45-60 minutes long. Participants were asked questions pertaining to their clinical experience prior to transitioning to education, their experiences during their transition from clinician to educator, and their reflective point of view when looking back on these experiences (Appendix C). The semi-structured interviews were conducted via Zoom video conferencing to allow for participant convenience.

Each participant was asked the same interview questions so that themes could be recognized and analyzed. Participants were asked to avoid using terminology that could potentially identify their institution during the interview. The recorded interviews were encrypted and stored behind a password-protected database file on a cloud server. Zoom's audio transcription software automatically transcribed the interview audio, storing the transcript in the cloud. The identity of the participants and their institutions were deidentified and any direct or indirect identifying links were redacted. Upon completion of each interview, participants were given 5 days to check their interview transcripts. This process ensures accuracy and positively influences the integrity of the study.

Data Analysis

The restoried narratives have been created from the transcripts of the semi structured Zoom interviews and the transcripts were shared with the participants in order to check that the information that was gathered was correct. Since the trustworthiness of results is the foundation of high-quality qualitative research, member checking was utilized to explore the credibility of results. Data in the form of the interview transcript were returned to participants to check for accuracy (Birt et al., 2016). Each participant was given 5 days to member check their transcript. The repurposing of participants' stories into data-rich narratives warrants the justification provided by member checking.

After verification of the transcripts had been completed, the interviews were restoried using the three-dimensional narrative process (Clandinin & Connelly, 2000). The retelling of stories, referred to as restorying, is described by Creswell (2015) where the researcher collects the stories from the participants, analyzes these stories for time, place, plot, and scene, and then rewrites the story in a chronological sequence. Researchers collect these stories and make meaning of them by looking at patterns that explain conflicts or culture in a certain situation (Tolman & Head, 2021). Recordings of the interviews are important because in order to communicate the participants experiences clearly, the researcher must pay close attention to tone of voice, pauses, or hand gestures (Tolman & Head, 2021). During the data analysis and restorying phase, careful attention was paid not only to the words that the participants used, but also their voice and gestures. Using the transcript and video recording, each participants' interview was restoried into a narrative.

Limitations, Delimitations and Ethical Issues

Limitations are weaknesses that can be found during any research study (Bloomberg & Volpe, 2016). Limitations to qualitative studies, particularly for narrative inquiries include providing a process for understanding and meaning rather than leading to conclusions and certainty (Bloomberg & Volpe, 2016). One of the limitations of this study is focused on reducing bias, as the narratives were rewritten in the researcher's words instead of the participants. Participants were asked to member check their interview transcripts, which assisted in reducing bias. Interviews using only a small number of people were also a limitation in that the results could not be generalizable. A low response rate was a potential limitation, as low response rates may create bias in that the sample may not represent the total population accurately (Creswell, 2015). This non-response bias occurs when certain types of respondents are under-represented due to non-participation (Cheung et al., 2017). The specific population from which the sample was drawn delimits this study.

An ethical issue surrounding this study may be the researcher's personal bias. The researcher's personal bias regarding the research topic may have influenced the development of interview questions, which could have potentially skewed the data. Merriam and Tisdell (2016) explain that the interviewer-respondent interaction is "a complex phenomenon" because "both parties bring biases, predispositions, attitudes and physical characteristics that affect the interaction and the data elicited" (p. 130). To safeguard against potential researcher bias, the guidelines for basic ethical principles outlined in The Belmont Report were followed. These guidelines include respect for persons, beneficence, and justice (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979).

The first principle defines respect for individuals as independent agents requiring protection and awareness of potential adverse consequences from inclusion in the study. It is the researcher's obligation to make the best effort to maximize benefits and minimize possible harm to participants. The second principle, beneficence, requires thorough assessment of risk and benefits to the research participant. The Belmont Report indicates that the third principle, justice, involves fairness in the distribution of obligations on research participants and balancing necessary treatments (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979).

Trustworthiness

Ravitch and Carl (2019) explain trustworthiness, or validity, as the ways that researchers can affirm that their findings are faithful to participants' experiences. The trustworthiness of qualitative research relies on what the researcher sees and hears from the study based on observations and interviews, respectively (Merriam & Tisdell, 2016). Creswell (2015) clarified that in data collection and analysis, there is a great need to ensure that "findings and interpretations are accurate" (p.258). To manage bias and strengthen the rigor of this narrative inquiry, the works of Bloomberg and Volpe (2016), Creswell (2015), and Ravitch and Carl (2019) suggested utilizing four main verification procedures: credibility, transferability, dependability, and confirmability.

Credibility

Credibility is used in research to help the researcher check to ensure that the participants' responses and perceptions align with the researcher's analysis (Bloomberg & Volpe, 2016). Using member checks, also known as respondent validation, helps the researcher secure internal credibility (Creswell & Guetterman, 2019). Member checking is an impartial way to rule out

potential misinterpretation of the participants' responses and ensures that researcher bias does not influence the participants' responses. Participants had a 5 day window to review and verify the interview transcripts to validate accuracy.

Transferability

Transferability is used to help readers to determine if a study is relevant or will be able to be conducted in other settings or communities (Bloomberg & Volpe, 2016). To help with creating a shared experience with the reader, the researcher used detailed and rich descriptions. Merriam and Tisdell (2016) describe this form of explanation as “enough description to contextualize the study such that readers can determine the extent to which their citations match the research context, and, hence, whether funds can be transferred” (Merriam & Tisdell, 2016, p. 259).

Dependability

Dependability, also known as internal validity and reliability, refers to the ability to check the processes and procedures utilized in the study and examine the ability for the study to be “applied to other situations and replicated” (Bloomberg & Volpe, 2016, p. 177). This study used semi-structured interviews, which followed an interview protocol. This protocol allowed for future replication of the study. Also, for validity and reliability purposes, interviews were recorded, transcribed, and checked by each of the participants.

Confirmability

Confirmability has been widely used and adopted in qualitative research (Merriam & Tisdell, 2016). Ravitch and Carl (2019) explain that confirmability considers that qualitative researchers seek to have confirmable data and do not claim to be objective. Confirmability was addressed using an audit trail. An audit trail is a strategy used to establish the confirmability of a

research study's findings. Confirmability involves establishing that the findings are based on participants' responses instead of the researcher's own preconceptions and biases. Audit trails serve to illustrate that findings are based on participants' narratives and describe the process of data collection in a transparent manner (Bloomberg & Volpe, 2016). The purpose is to clarify to readers why the researcher made specific decisions and to show that the analysis follows a logical path dependent on the participants' narratives. The audit trail enables readers to trace through a researcher's logic and determine whether the study's findings may be relied upon as a platform for further inquiry. The goal is to examine both the process and product of the inquiry and determine the trustworthiness of the findings (Merriam & Tisdell, 2016).

Summary

Chapter 3 provided the methodology of the study. The intent of the study was to explore the experiences of adjunct clinical dental hygiene faculty with peer mentorship as they transition from the role of clinician to educator, therefore a qualitative narrative inquiry approach was an appropriate method. The findings of this qualitative study will be presented in Chapter 4. Chapter 5 will provide a summation of the research, conclusions to the research questions, and recommendations for additional research based on the research findings.

CHAPTER 4: RESULTS

The purpose of this qualitative narrative inquiry was to explore the experiences of adjunct clinical dental hygiene faculty with peer mentorship as they transition from the role of clinician to educator. This study documented the stories of adjunct clinical dental hygiene faculty's initial teaching experiences as they transitioned from clinician to educator and their descriptions of peer mentorship as it relates to providing tools for instructional acclimation and professional development during this time.

To investigate the potential benefits of implementing peer mentorship to serve as orientation for newly hired adjunct clinical dental hygiene instructors, this study was directed by the following research questions:

Research Question 1: How do adjunct clinical dental hygiene faculty describe their experiences as new faculty in transitioning from clinician to educator?

Research Question 2: How do adjunct clinical dental hygiene faculty describe their experiences with peer mentorship in relation to acclimating into the instructional environment?

The research questions were used to develop semi structured interview questions, as a way to provide a voice to adjunct clinical dental hygiene instructors and allow them to share their experiences with transitioning from clinician to educator. Narrative research is a way of representing and understanding experience (Clandinin & Connelly, 2000). A narrative inquiry allowed the participants in this study to share their experiences with transitioning from the role of clinical dental hygienist to clinical dental hygiene educator. Once the interviews were transcribed, the interviews were restoried and organized based on the following three categories: development of teaching skills, confidence levels, and lack of formal orientation. The restoried

narratives were developed by paying close attention to Clandinin and Connelly's (2000) three dimensions of narrative writing, time, place, and social interactions. As the narratives were restoried, themes were identified that were common among the participant interviews. In this study three themes emerged from the participant narratives which included acclimation, expectations, and support.

Analysis Method

Qualitative narrative inquiry allowed for the retelling of the stories that the study participants presented as data for this study. The retelling of stories, referred to as restorying, is described by Creswell (2015) where the researcher collects the stories from the participants, analyzes these stories for time, place, plot, and scene, and then rewrites the story in a chronological sequence. The narratives were carefully read through with a focus on finding common ideas and themes. The common ideas were color coded in each narrative and patterns began to appear. The three themes that emerged from the analysis of the data in this study include acclimation, expectations, and support. The participants' information was written as a narrative that included a combination of direct quotes and paraphrasing of the stories that they told. To enhance the accuracy and credibility of the data collected for this study, after the interviews were completed and transcribed, they were sent to participants for member-checking. The transcripts were then restoried into narratives and sent to members to check for accuracy (Creswell, 2015; Merriam & Tisdell, 2016). All identifying information was deidentified when creating the narratives and participant identities were protected using pseudonyms.

Presentation of Results and Findings

Five participants who met the criteria required for this research study answered the participant recruitment email and participated in semi structured interviews on the Zoom virtual

platform to share their experiences transitioning from clinical dental hygienist to adjunct clinical dental hygiene instructor. The interviews lasted about 45 minutes each; the shortest interview was 35 minutes and the longest was 60 minutes. Once the information from the interviews were organized, the participants' stories were written in narrative form using Clandinin and Connelly's (2000) three dimensions of writing which include paying close attention to time, place, and social interactions. After the participants' transcripts were verified for accuracy, they were written into narratives. Within each narrative the participants were able to describe their own individual experiences transitioning from clinical dental hygienist to adjunct clinical dental hygiene instructor. Each of the narratives were organized into three categories: development of teaching skills, confidence levels, and lack of formal orientation. The narratives were coded and then themes were identified, including acclimation, expectations, and support.

Table 1

Participant Profile

| Participant Name (Pseudonym) | Education | Age | Years as a Clinical Dental Hygienist | Years as a Dental Hygiene Instructor |
|------------------------------|--|-----|--------------------------------------|--------------------------------------|
| Isabel | Master of Science in Curriculum Development and Instructional Technology | 52 | 25 | 4 |
| Kara | Master of Science in Dental Hygiene | 27 | 6 | 1 |
| Jamie | Master of Science in Global Health | 33 | 9 | 4.5 |
| Diana | Master of Science in Dental Hygiene | 50 | 14 | 2 |
| Jeannine | Bachelor of Science in Health Services and Administration | 26 | 5.5 | 1 |

Isabel

Isabel began teaching as an adjunct clinical dental hygiene instructor 4 years ago. She has been a dental hygienist for twenty-five years and has specialized in pediatric, periodontic, and cosmetic dentistry. She did not receive any formal training on how to teach clinical dental hygiene in an academic environment. During her first teaching year, Isabel taught only clinical courses. She continues to work in both clinical practice and education. She came upon her role as an educator quite unintentionally, while recruiting her former professor to conduct a continuing education course for dental hygienists hosted by her place of employment. It was then that her former professor encouraged her to send her resume to the dental hygiene department at her former school and to apply for an adjunct clinical instructor position. Although Isabel's former professor was adamant that Isabel should apply for the position, she was not interested in teaching at that time. A year later when this former professor reached out to Isabel again and requested that she send in her resume and apply for the position, Isabel decided to give it a try. She got the position and immediately fell in love with teaching.

Development of Teaching Skills

Isabel developed her teaching skills partly from her graduate studies, as she holds a master's degree in education, and partly from her years of experience providing individualized care to patients. When transitioning from clinician to educator, she did not have a formal orientation into her new role. While Isabel read all of the available policy and procedure manuals to assist in acclimating to her new environment, she felt that having someone to check-in with would have been very helpful in developing her teaching skills. She observed her colleagues in action and felt that she could go to them with any questions that she had but did not have an assigned mentor to help guide her through her initial transition into teaching. On her own time,

Isabel chose to shadow (observe) one of her willing and more experienced colleagues, as a way to help acclimate herself into her new role and environment.

The amount of time that Isabel chose to shadow her colleague was not predetermined, as this was a voluntary activity. Isabel shadowed her colleague a few times and found it extremely helpful and enlightening. By observing the methods and practices of a seasoned instructor, Isabel was able to witness the application of the teaching theories that she had learned in her graduate studies, as well as how to handle the nuances involved with treating patients in a dental clinic that is set within an academic environment. She found the passive style of guidance that is associated with observation to be very helpful and chose a colleague who had a phenomenal command of the clinical environment. Isabel was able to make connections between the way this colleague worked to the way she worked and drew upon these connections to assist in her professional development. She quickly noticed that private dental practices function quite differently from dental clinics set within teaching institutions. Looking back, she wished that she had been more prepared for the transition from clinician to educator and felt that having an official mentor would have been helpful in easing her doubts and concerns and would have elevated her level of preparedness on a daily basis.

When asked to describe the term “peer mentorship”, Isabel stated that her idea of peer mentorship is “an experienced colleague who mentors an inexperienced colleague.” She stated that she had not participated in peer mentorship when transitioning into her role as dental hygiene educator but had some ideas as to what effective peer mentorship should look like. Isabel stated that the mentor should work with their mentee over a predetermined period of time, frequently check-in with their mentee, guide them and provide feedback on their performance during their initial teaching period, and that the mentor and mentee might come up with goals

and objectives together for the mentee to meet. She mentioned that, when considering herself as a learner during her initial teaching period, she didn't know what she didn't know, and therefore would have found a guide in the form of an official mentor invaluable to her development as a teacher.

Although Isabel did not have an official mentor assigned to her when first taking on the position of adjunct clinical dental hygiene instructor, she did have a colleague who unofficially took Isabel under her wing and acted like a mentor. Isabel describes this unofficial mentor as someone who invested time explaining things and talking to her, encouraging her, making her feel welcome in her new environment, and even inviting Isabel to observe her while lecturing in her didactic courses. She would discuss student scenarios (anonymously) with Isabel to help Isabel learn how to handle various situations that may arise when dealing with students, and even invented student case study scenarios for Isabel to navigate. Isabel is very grateful to her unofficial mentor for taking an interest in her early development as an educator.

Isabel expressed that she would have liked to have had an official mentor assigned to her when she was a newly hired dental hygiene instructor. She felt as though an assigned mentor would have provided her with a safe space because this person would expect and encourage her questions and curiosities and would not feel bothered by her. Part of the role of an assigned mentor would be to set aside time for their mentee, and Isabel felt as though that would make her feel more comfortable in taking up someone else's time since the time would be set aside especially for her. She stated that having an official go-to person in her new place of employment to guide her, not only in the practical but in the emotional aspects of her new role, might have eased some of the insecurities that Isabel felt during her transition from clinician to educator.

Confidence Levels

Assuming her new role as adjunct clinical dental hygiene instructor made Isabel recognize how much of an educator she had actually been throughout her career as a clinical dental hygienist. While Isabel educated her patients in a one-on-one capacity during clinical treatment, she realized how passionate she was about teaching when placed in an official teaching position. She described an “a-ha moment” shortly after transitioning into the role of adjunct clinical dental hygiene instructor when she realized that she had more to offer to her new role than she thought, which was why she was initially hesitant to apply for the position. With this “a-ha” moment also came a heightened sense of self-awareness regarding the lack of knowledge and skill in which she had previously had much confidence in.

Isabel explained how challenging it was to acclimate to her new role as educator. While she instantly felt that the role of educator was the right fit for her, she did not expect the particular challenges associated with this new role. She felt a lack of confidence in her knowledge and skills and was concerned that this would negatively impact her effectiveness as an educator. She also felt untrained for the quality and quantity of work that accompanied the adjunct clinical dental hygiene instructor position. Additionally, she was inexperienced in the administrative aspects of her new role, such as the knowledge of school and department policies that she was expected to follow, which made her feel overwhelmed.

Lack of Formal Orientation

Isabel’s lack of formal orientation left her feeling very unprepared and doubtful that she could effectively fulfill her new role as an adjunct clinical dental hygiene instructor. The only orientation that she received was “getting all the papers” (school and department policies and procedures) and having to sort through them alone. She felt as though orientation was basically

just a set of instructions and that it lacked a humanistic approach. She did not feel that all of her needs as a new instructor were met. She wished that she would have had clearer direction as to what her responsibilities were and how to carry them out through a more formal onboarding process. She felt anxious, intimidated, and nervous; Isabel understood that that these were likely normal feelings associated with taking on any new role but felt that steps could have been taken to mitigate them.

Isabel felt that there was an expectation for her to know more than she knew simply because she was a clinical dental hygienist who had been practicing for many years. Isabel expressed that, during her transition from clinician to educator, she adopted the “fake it till you make it” mindset and tried to learn from her surroundings while faking command of her new role. She felt that she was able to lean on her years of experience as a dental hygienist a bit, because in the real world she had to be prepared to deal with the unknown with each patient on a daily basis. She tried to make those connections when dealing with the many unknowns associated with her new role. She stated that if an official onboarding process had been in place, perhaps one that incorporated case studies, scenarios, and other methods directly related to clinical instruction, it would have likely improved the quality of her initial teaching experience. She expressed the need for investment in time for newly hired instructors.

Kara

Kara began teaching as an adjunct clinical dental hygiene instructor 1 year ago. She has been a dental hygienist for 6 years and has specialized in general dentistry, with an emphasis on radiology. She continues to work in both clinical practice and education but has always had a passion for education, as she expressed interest in wanting to be a math teacher before deciding to pursue a career as a dental hygienist. Her motivation to explore a career path in education

stemmed partly from that passion, as well as the realization that clinical dental hygiene is tiring and ergonomically stressful. Kara did not receive a formal orientation into her new role as adjunct clinical dental hygiene instructor when she was hired.

Development of Teaching Skills

Kara developed her teaching skills in various ways. She participated in both a practicum experience while completing her Bachelor of Science degree and a student-teaching capstone project while completing her Master of Science degree at the school in which she is now employed. She felt that these experiences helped to prepare her for the transition from clinician to educator. While completing her practicum experience, she was placed with a mentor during clinical instruction. She was placed in the school in which she is now employed. During this practicum, Kara experienced structured mentorship in that she met with her mentor once a week so that she could discuss goals and objectives, ask questions, receive feedback, and voice concerns. She was also required to keep a reflective journal of entries discussing each experience during her practicum journey. Both Kara and her mentor were required to fill out formal paperwork throughout the entirety of this practicum experience. She observed her mentor while providing clinical dental hygiene instruction, listened as her mentor explained the theory and logic behind clinical instruction and the accompanying grading, was observed by her mentor when it was time for Kara to demonstrate instruction and grading, and was gradually given more responsibility to instruct students independently (although her mentor was not far) toward the end of the semester. She participated in the six steps of cognitive apprenticeship – modeling, coaching, scaffolding, articulation, reflection, and exploration – which provided her with a solid foundation in the theory and practice of clinical instruction.

The practicum experience solidified Kara's passion for teaching and influenced her decision to participate in a student-teaching experience to fulfill the capstone requirement needed to complete her Master of Science degree. During her student-teaching experience, Kara was once again placed in the same school in which she is now employed. This time, however, she was placed in three different classes – clinic, laboratory, and lecture – and received three mentors. This mentorship was not as structured as the mentorship in her practicum. She felt that she was not taught as much during her student-teaching experience regarding how to talk to students. Her three mentors were always available to answer any questions that Kara had and to go over her notes before she demonstrated a presentation but did not quite embody the spirit and attributes of an archetypical mentor in the same way as that of her practicum mentor. During her student-teaching, Kara experienced more of a loose mentorship and each of her mentors had a different style. She found the student-teaching experience very helpful overall but did not feel that her practicum or student-teaching experiences should have taken the place of a formal orientation upon getting hired as an adjunct clinical dental hygiene instructor.

Kara felt that the clinical instruction that she received in her practicum helped to prepare her for the clinical instruction that she participated in during her student-teaching for her capstone, which furthermore lent a sense of preparedness to her clinical teaching skills when she was transitioning from clinician to clinical instructor. She did not, however, feel the same sense of preparedness for the laboratory and didactic classes that she would be teaching. Kara wondered if this might have been due to the lack of structure in the capstone student-teaching as compared to her practicum experience, or because she participated in clinical instruction twice already. Upon initial hire, Kara was required to shadow for half of a semester in those classes that she had not received mentorship in either her practicum or student-teaching experiences.

Kara received an ample amount of support from her colleagues, many of whom assumed the role of unofficial mentor. They offered guidance during clinic in the moment, which allowed Kara to assess her strengths and weaknesses as a clinical instructor, while also offering assistance in acclimating to the ins and outs of life in her new environment, such as explaining to her how to clock her hours. She felt comfortable asking them questions and appreciated when they would provide her with information that she did not know that she was supposed to know. Overall, Kara felt supported by the majority of her colleagues and looked to those that she was most comfortable with for the assistance that she needed in her professional development.

Kara developed her teaching skills from her practicum and student-teaching experiences. She stated that she took bits and pieces from everybody, paying close attention to the teaching styles and tactics of her colleagues and incorporating them into her own. The cognitive apprenticeship style of mentoring that she experienced while in her practicum was especially helpful, as she not only observed through shadowing, but she was able to learn through the tell-show-do method so that she had the opportunity to try her own style of teaching on for size. When asked about her knowledge of the term peer mentorship, Kara described it as “students teaching the students or a colleague teaching a colleague.” She said that the first thing that came to mind was the peer teaching activities that the senior students are required to complete in the dental hygiene program in her institution. She explained that senior students are required to participate in a specific number of hours peer teaching the junior students in clinical instruction. Kara expressed that this is a beneficial activity because students are often less intimidated by their peers than by instructors. If she had an official peer mentor during her initial transition from clinician to educator, she imagined it would have positively influenced her professional development and reduced her feelings of insecurity. Kara expressed her belief that if she had an

assigned person to take her under their wing, she would have had an easier time acclimating to her new role.

Confidence Levels

Overall, Kara did not feel confident or competent to teach clinical dental hygiene during her transitional period from clinician to educator. She feels that this was partly due to the lack of formal orientation and partly due to her age. Kara was 26 years old and had only graduated the dental hygiene program 5 years prior to becoming an adjunct clinical dental hygiene instructor; she felt that these characteristics diminished her authority with the students, as well as some of her colleagues, which challenged her ability to instruct effectively. She mentioned that some of the veteran instructors would often mistake her for a student, which added to her insecurity regarding her age and her new role as instructor.

When asked to describe her emotions during her transition from clinician to educator, Kara stated that she felt “frazzled and scared” and that she “lacked confidence” in performing her new role effectively. She stated that one of her biggest challenges when transitioning from clinician to educator was gaining confidence. She felt that she was guilty of overthinking and was “scared to give the wrong answers” (to students) or to “fail” students. She believed she was a bit too lenient in the beginning of her new role due to her lack of conviction in her abilities. Additionally, there is certain verbiage that is used when instructing students in clinic that is not typically used in the real world when treating patients in private practice, and Kara felt that she would have benefitted from some type of calibration for new faculty to get her up to speed. She expressed that she had to relearn the content that she was expected to teach but did not have structured guidance on how to do so. She stated that there was a lack of clarity; she was never provided with information ahead of time, but only received information after the fact. This learn

as you go theory was not conducive to the confidence-building that was crucial for Kara's early development as a clinical instructor.

Lack of Formal Orientation

Formal orientation into her new role was not provided to Kara when she was hired as an adjunct clinical dental hygiene instructor. She assumed that was due to the amount of time that she spent at her institution of employment while participating in her practicum and student-teaching capstone, as well as the additional shadowing. She felt that the practicum, student-teaching experience, and additional shadowing that she completed upon gaining employment was helpful in preparing her for the transition from clinician to educator, however, also felt that a more structured, formal orientation was needed.

Kara felt that a formal, structured system of orientation for new instructors should be in place, both at an institutional level and a department level. Her lack of confidence was due in part to not knowing what she was supposed to know and feeling a bit isolated. Some of what she didn't know involved institutional policies and procedures, and some of what she didn't know was very specific to clinical dental hygiene instruction. For example, she did not have any of her colleagues' phone numbers and, when she hit traffic one day on her way to clinic, she had no way of contacting the other instructors working with her that day to let them know. She stated that a formal onboarding with paperwork and pamphlets or videos for quick reference would have been helpful. Kara strongly felt that without her unofficial mentors who chose to take the time to help her as a new instructor, she would have been lost. For this reason, she believes that assigning an official mentor to new adjunct clinical dental hygiene instructors would be highly beneficial for effective and efficient acclimation into their new role.

Jamie

Jamie began teaching as an adjunct clinical dental hygiene instructor 4 and a half years ago. She has been a dental hygienist for 9 years and has specialized in prosthodontic and general dentistry. She continues to work in both clinical practice and education. Her motivation to become a dental hygiene educator stemmed from the impactful experiences that she had as a student while she was in the dental hygiene program. Jamie stated that she had the opportunity to work with two professors that changed her life. During her last semester in the program, Jamie was having a rough time and these professors provided her with the extra guidance and attention that she needed to be up to par and feel prepared to take her licensure examinations. She felt confident and proud of herself thanks to the time and care given to her by these two professors. Jamie knew at that point that she wanted to pay it forward and positively impact other people's lives in the way that her professors had impacted hers. For this reason, she chose a teaching practicum while completing her Bachelor of Science degree in dental hygiene so that she could begin to pave the way for a career in education.

Not only does Jamie have a passion for education, but she also has a passion for community service. Jamie decided to pursue a Master of Science degree in global health and, during her last semester in her master's degree program, she was offered a job that aligned with her interests in both education and community service. The position was as an adjunct instructor in a school where she would be participating in community outpatient rotations in which dental students would provide care to underprivileged children. This job opportunity was very far from where Jamie lived and was not conducive to her lifestyle, therefore she did not accept the position. Jamie's passion for global health and community service, however, was awoken with this opportunity.

Development of Teaching Skill

Jamie decided to contact the dental hygiene department chair in her alma mater school to inquire about opportunities for service within her own community that mirrored the community outreach rotation conducted by the other school. The department chair recommended that she shadow an instructor in one of the outpatient rotations that the students were already actively engaged in, which dealt more with the geriatric and special needs populations. Jamie decided to take the department chair up on her offer to shadow on her own time during this rotation, which she did for one semester. Jamie loved the experience and applied for a position at her alma mater school as an adjunct clinical dental hygiene instructor. She started working the following semester and was placed as one of the instructors that accompanies students to their geriatric/special needs outpatient rotation.

Jamie developed her teaching skills in large part from her practicum and shadowing experiences. Through observation of colleagues, she attempted to assimilate their techniques and apply them to her own teaching methodology. Jamie expressed that, while she felt that she was thrown into her new role as clinical instructor, this sink or swim method forced her to learn how to fulfill her new role. While she would have liked more guidance and support, she also felt that too much guidance could be restrictive by “altering the way you develop and grow on your own.” Cultivating her own individuality as an educator was, and still is, important to Jamie.

When asked if she could describe the term peer mentorship, Jamie responded that peer mentorship is “when you become a clinical instructor at the beginning of your career, you can either nominate someone or someone is nominated for you to be your mentor so that you have them to reflect on with any questions, emotions, or anything that you feel you need to talk to them about.” Jamie did not have an official assigned mentor during the time that she was

transitioning from clinician to educator and felt that there would have been pros and cons to having a mentor during that time. She did, however, have an unofficial mentor whom Jamie had a comfortable relationship with and whose guidance she found to be very beneficial. This colleague, who was also an adjunct clinical dental hygiene instructor, was always available to guide her and support her professional development, allowing Jamie to grow authentically as an educator.

Confidence Levels

As a new instructor, Jamie expressed that she lacked confidence and needed to feel comfortable in her own shoes. She felt the need to be 100% correct when answering students' questions and explaining her grading methods, because she feared being judged by not only the students, but her colleagues as well. She expressed being nervous about being penalized for any mistakes that she might make. As she transitioned from clinician to educator, Jamie felt as if some of her colleagues did not have confidence in her abilities to teach, which negatively affected her own confidence in her teaching abilities. During one of her early experiences, she was required to grade a student on a clinical competency collaboratively with another instructor. During this experience, she felt as if she was not treated as an equal by the other instructor and was not taken seriously by the instructor or the student. Consequently, Jamie felt that she had to be ready to defend herself and had her guard up with both the students and her colleagues for quite a while. This added extra pressure to the already stressful activity of acclimating to her new role. Gaining credibility with her peers was just as important to Jamie as gaining credibility with the students. Jamie expressed that she considered preparedness and confidence to be an evolving task that becomes a bit easier with time, however it was challenging during her initial transition from clinician to educator.

Part of the challenge for Jamie was overcoming her own nervousness about her credibility, as she was always worried about saying the wrong things. She felt that her age, however, presented the biggest challenge and lent itself to her insecurity surrounding her credibility as an instructor. Jamie was in her twenties when she started working as an adjunct clinical dental hygiene instructor and was concerned this would reflect poorly on her authority as an instructor. She feared that students would try to take advantage due to her age. For this reason, Jamie was hard on grading at first in an attempt to gain the students respect and trust in her ability as an instructor. She stated that now, as she has become more comfortable in her personal teaching style, she has relaxed a bit.

Jamie made it clear that lack of credibility was her biggest challenge as a novice instructor, which hindered the growth of her sense of competence and confidence. She stated that she felt that she was expected to know things that she didn't know, which added to her lack of confidence. She also explained that interacting with the students was a bit challenging. She had to learn how speak to students and how to approach the various situations that present while instructing in a clinical setting. She had to re-learn the proper verbiage to use in the educational clinical dental setting, versus the verbiage used in private dental practices. Additionally, Jamie felt that being on the other side of the fence posed a bit of a challenge, as she had been on the student side of the fence not too long ago and now had to position herself on the instructor side of the fence. She was very self-aware and wanted to make sure that she provided (for the students) the way that the other instructors did. She felt that dealing with many different emotions at the same time while juggling her teaching responsibilities and learning the clinical procedures and protocols was very overwhelming.

One issue that Jamie felt existed as a barrier to the development of her confidence was lack of communication. She mentioned that there was, and continues to be, a lack of communication between the part-time (adjunct) faculty and the full-time faculty. She explained that it is difficult to collaborate with peers if all those involved are not working on an even playing field. It is her belief that adjunct faculty are not privy to all of the departmental information as the full-time faculty, and these grey areas serve as a hindrance to calibration and effective instruction.

Lack of Formal Orientation

Jamie did not receive formal orientation upon being hired as a new adjunct clinical dental hygiene instructor. Not only was she placed in outpatient rotations, but she was also placed in clinical and laboratory classes within her institution. She felt that, although she had shadowed during outpatient rotation, she was thrown right into the other classes without much guidance as to how to perform her duties effectively. She stated that most of her colleagues were very helpful and would answer any questions that she had, but she was very much on her own to navigate her new role. Jamie assumed that she was not provided orientation because she had already completed a teaching practicum at the school in which she is employed, as well as the voluntary shadowing; she stated, however, that the practicum and shadowing experiences were not the same and that proper orientation was needed to prepare her to actively instruct students. She felt more prepared to fulfill her new role during the outpatient rotation but less prepared in the clinical and laboratory classes.

Regarding recommendations for administration, Jamie felt that a formal orientation for new instructors is needed, both at the college-wide level and the departmental level. Jamie expressed that, for new hires that are not alumni of the school (unlike Jamie), formal orientation

would be especially helpful, as they are entering completely unfamiliar territory. For new hires that are alumni (like Jamie) it could help to differentiate their former expectations as a student from what their expectations should be as an instructor. It would help them land firmly on the other side of the fence. She stated that the specific ins and outs of clinical instruction would not be covered in a college-wide orientation, therefore departmental orientation is also necessary to provide a strong foundation for new instructors. She suggested weekly or bi-weekly meetings, either in-person or virtual, with an assigned mentor or mentors. She suggested that the novice instructor might choose their mentor from a group of willing mentors so they may feel more comfortable and have the most suitable mentor. She mentioned that not only should the novice instructor shadow their mentor, but that the mentor should observe the novice instructor in action so that they may give constructive feedback for the novice instructor to improve. Jamie stated that this might help alleviate the insecurities felt by new instructors during their transitional period and would serve to build confidence. Jamie stated that, if there was a designated orientation across the board for all, credibility may not have been a factor as a greater foundation could have been established.

Diana

Diana began teaching as an adjunct clinical dental hygiene instructor two years ago. She has been a dental hygienist for fourteen years and continues to work in both clinical practice and education. She has experience in all fields of general dentistry, with the exception of pediatrics. The motivation for Diana to seek out a career path aside from clinical dental hygiene was her need for a change. She was beginning to feel a bit burnt out from the redundancy of working in the same office for a long time, as well as the lengthy, physically exhausting hours associated with clinical work. She felt as though a career in education would offer her the longevity that a

clinical career could not offer, and therefore decided to pursue a path that would incorporate both – the path of dental hygiene educator.

Development of Teaching Skills

In addition to working as a clinical dental hygienist and adjunct clinical dental hygiene instructor, Diana also works as a physical trainer in a gym. She felt that part of her teaching skill stemmed from her experience as a gym trainer, as she applies the same theory of teaching that she uses in her group training classes to her clinical instruction. As a trainer, she has come to realize that she must instruct differently for different people, and this understanding has become central to her methodology as a clinical instructor. The development of the specific teaching skills required in clinical dental hygiene instruction, however, has come in large part from the capstone project that she completed for her master's degree.

To satisfy the requirements of a culminating capstone project necessary to complete the Master of Science degree in dental hygiene, Diana chose to participate in a semester of student teaching. She completed her student teaching at the same school in which she would eventually gain employment as an adjunct clinical dental hygiene instructor. It was during this time that she was able to develop and hone her skills as a dental hygiene instructor. Diana was placed in three different clinical and laboratory classes, with a focus on dental radiology instruction, and received an assigned mentor for each class. She spoke fondly and appreciatively of her mentors, explaining how instrumental they were in helping her to develop her competence and confidence as an educator. She found that having specific people assigned to her that she could reach out to with questions and concerns very comforting, as she hesitantly admitted that she required a lot of reassurance during her student teaching experience. She felt secure in voicing her needs to her mentors, and confident that they would do what was required to satisfy those needs. For

example, Diana explained that one of her mentors worked very fast when grading and she felt that she could not keep up. She felt comfortable in asking her mentor to show her how to do something repeatedly. Diana went on to explain to her mentor that she learned best with the tell-show-do method and, after explaining and modeling the action for Diana, her mentor would then ask her to do it the next time. Additionally, she met with each of her mentors weekly where they discussed goals and objectives for Diana as the learner, offered feedback, and provided a safe space for Diana to ask questions and voice her concerns. She felt that this open communication was crucial to the development of her teaching skills.

Confidence Levels

Diana's expectation of what her transition from clinician to educator would be was different than what became her reality. She assumed that she would be more confident as a novice instructor and that she would know more, especially having had twelve years of clinical experience at that time. Due to this lack of confidence, she neglected to trust her gut and made mistakes that she felt could have been avoided. She was concerned that others expected her to know things that she didn't know and the pressure of those unmet expectations weighed heavily on her, as she did not want to disappoint her colleagues or look stupid. She felt as if there was an unspoken learn as you go process in transitioning from clinician to educator that she was able to accept because she did not feel alone. Although she did not have an assigned mentor as she did during her student teaching, she felt as though she could still go to her three capstone mentors for guidance in an unofficial capacity once she was employed at that institution. Due to this sense of camaraderie Diana felt at ease; the level of comfort and safety in her environment satisfied her most important needs as a new instructor.

During her first teaching year, Diana taught only clinical and laboratory courses. While her student teaching experience gave her a moderate sense of preparedness, she explained that there were many challenges that she was faced with during her maiden voyage into teaching. First, she felt that using the proper terminology while teaching presented quite a challenge. For example, in clinical practice she would use the term “take an x-ray”, where in an educational setting the proper term is to “expose a radiograph.” Habits are formed during clinical practice outside of an educational setting that Diana felt created an obstacle to smooth transitioning into the role of clinical instructor. Next, she felt that she had to re-learn much of the content in the courses to better assist students in connecting theory to practice, which is the crux of effective health science education. Diana felt that she took for granted simply knowing what to do in clinical practice after so many years but admitted not being able to explain why or how to do them. Additionally, she did not expect to feel intimidated by the students. She stated that she had to learn how to speak to the students professionally and disguise any doubts or fears she may have been harboring. She also became hyper-aware of her reactions while interacting with students and had to work on adjusting to her surroundings. Her confidence as an educator was challenged in the face of these obstacles.

Lack of Formal Orientation

Diana did not receive any formal orientation when transitioning from clinician to educator. The school in which Diana works (and had completed her student teaching) required that new hires complete a half-semester of shadowing as a form of orientation before beginning active employment. Since Diana gained employment at this school the semester immediately following her student teaching, she was able to start working immediately, as her capstone fulfilled the shadowing requirement. Diana explained that shadowing would have consisted of

merely observing another faculty member while they worked, and as Diana learns best with the tell-show-do method, shadowing would not have given her the sense of confidence and preparedness that the mentorship associated with student-teaching had provided for her. This mentor-centered student teaching provided the type of formal training that would not have been offered to her by the institution as a new educator.

When asked if she had any recommendations for administration to help orient novice instructors into their role, Diana mentioned having a centralized area for questions, such as a question board. She expressed the vast differences in the levels and variety of clinical and laboratory instruction, and that novice instructors should be able to contact instructors who are well-versed in each of the curriculum courses in a convenient and comfortable way. The online platform would provide clarity, allow for more comprehensive faculty interaction, and encourage a sense of community for those who may feel intimidated. While Diana started her teaching career having known many of her colleagues due to her student teaching experience, many novice instructors start their careers in institutions where they do not know anyone and may not feel comfortable asking for guidance.

Jeannine

Jeannine began teaching as an adjunct clinical dental hygiene instructor 1 year ago. She has been a dental hygienist for over 5 years and has specialized in pediatric, cosmetic, and general dentistry. She continues to work in both clinical practice and education but knew that she wanted to be a dental hygiene educator from the time of her high school graduation. For Jeannine, teaching dental hygiene allows her to help in a field that she is so passionate about. She feels as though teaching comes naturally for her, as she has always acted as a leader amongst her peers and simply has a knack for it. Jeannine is passionate about lifelong learning and

professional development and, immediately after graduating with an associate in science degree in dental hygiene, Jeannine went on to receive a Bachelor of Science degree and is currently enrolled in a Master of Science program. Her goal was to be a dental hygiene instructor and she was motivated to take the steps necessary to achieve that goal.

When Jeannine received an email from her alma mater school informing her of an open position to teach in their dental hygiene program, she did not think twice about applying for it. The position was not an entry-level position, it was a position to teach didactic courses. She knew she was not yet qualified for that particular position but she wanted to get her name out there so that perhaps she would be considered for an adjunct position if and when one became available. Much to her delight, the school requested an interview and, while they did not offer her the didactic position, they offered her a position as an adjunct clinical dental hygiene instructor. Jeannine was thrilled and immediately accepted, as teaching clinical dental hygiene was what she had truly wanted at that time. Jeannine expressed that she would like to teach didactic classes and become a full-time faculty member in the dental hygiene program in the future, which informed her decision to go on for a master's degree. Starting as an adjunct clinical instructor while still taking courses toward obtaining her master's degree and working clinically in private practice, however, was the perfect fit for her.

Development of Teaching Skills

Upon acquiring the position as adjunct clinical dental hygiene instructor, Jeannine was originally informed that she must complete a semester of shadowing, where she would observe a colleague while working, before starting work herself. Jeannine was just shy of having 5 years' experience as a dental hygienist, which was a requisite for obtaining the position. Starting work after a semester of shadowing would have brought Jeannine to the full 5 years' worth of clinical

experience. Due to unforeseen circumstances, the dental hygiene department chair in her school informed her the summer before she was to begin shadowing that they would need her to begin working immediately.

Jeannine decided then that she would volunteer to shadow on her own time during the semester to help acclimate to her new role. While shadowing and working simultaneously was not the original plan, it worked well for Jeannine. She felt that the reason it worked so well for her was because she was working in her alma mater school and was very familiar with how clinical instruction functioned there. She felt like she picked up the operation of clinical instruction at her school pretty fast, but also felt that shadowing was instrumental to her professional development and acclimation early on. Jeannine chose whom she would shadow based on a recommendation from another colleague whom she knew very well. When Jeannine approached this colleague requesting to shadow her, she welcomed her with open arms. She developed a very close relationship with this colleague and considers her an unofficial mentor.

While most of Jeannine's colleagues were helpful and she felt as if she could go to them with any questions she may have had, the clinical environment is very busy, with numerous instructors, patients, and students on the clinic floor simultaneously. Jeannine felt that her colleagues could not offer her any solid, real-time guidance due to these circumstances and felt grateful that she had her unofficial mentor to check in with. Throughout Jeannine's first year as an educator, she received much praise from students, fellow colleagues, and even her department chair. She believes that she would not be in the favorable position that she is in right now had it not been for the guidance given to her freely by her unofficial mentor.

In the absence of any formal training, to prepare for her role as adjunct clinical dental hygiene instructor Jeannine took it upon herself to do her homework. She took continuing

education courses, watched instructional videos, read the clinic manual, and created a binder of pertinent documents to take with her during her clinical instruction to avoid potentially giving students the wrong answers. She was not given any recommendations as to how to prepare for clinical instruction and was faced with a variety of challenges. She realized that she had to re-learn some of the content and verbiage used in the educational clinical setting and she felt as though she needed to re-familiarize herself to get up to speed.

Confidence Levels

Jeannine was nervous about starting her new role as adjunct clinical instructor as it was a big transition, and this nervousness was only exacerbated by the awareness that she did not have the full 5 years' clinical experience that was required. She felt like the odd man out because she was transitioning with less experience than her colleagues had when they transitioned. Jeannine reminded herself that the school chose her for a reason and used that mindset to strengthen her confidence level.

Jeannine admitted to being intimidated at first, as there had been some changes to the curriculum and clinical procedures since she had been a student, and she studied diligently to adjust to these changes. She also struggled with time management, which she still struggles with but considers herself to have improved immensely. She feels strongly that the familiarity of her surroundings - the setting and numerous colleagues who were her former professors – influenced how smoothly she transitioned from clinician to educator.

In her second semester as an adjunct clinical instructor, Jeannine also developed a mentor-like relationship with her clinic coordinator, which contributed greatly to Jeannine's confidence and development as an educator. Jeannine stated that she has not been comfortable and has not been able to master anything yet because she has been placed in different levels of

clinic; her clinic coordinator, however, pushed her to expand her professional experiences by encouraging her to teach in different levels of clinic and laboratory courses, as that is the best way to grow and develop professionally. She provided Jeannine with the constructive criticism that is the crux of transformational feedback. Jeannine has learned to become comfortable with being uncomfortable, much to the credit of her clinic coordinator, and expressed much admiration and appreciation for her.

When asked to describe the term peer mentorship, Jeannine explained that it is “a mentor who is assigned to help you through a process. Similar to an advisor and advisee.” While Jeannine did not have a formal assigned mentor, she felt that during her shadowing experience, her unofficial mentor offered her as much as an assigned mentor could have offered. Jeannine expressed that her unofficial mentor played a big role in building her confidence. She was always able to put her head together with her unofficial mentor and genuinely enjoyed working with her in clinic when she was not shadowing. She could text or call her unofficial mentor with questions or concerns at any time – she was always there to meet Jeannine’s needs. She felt as if her unofficial mentor kept her on an even playing field and that they developed a reciprocal relationship, where her unofficial mentor would also ask for Jeannine’s opinion and/or input on her instructional methods. Jeannine describes her unofficial mentor very simply and affectionately as her confidante.

Jeannine felt that, although she was a young instructor at the time of her transition from clinician to educator, the students respected her. She was sure to assert herself and take command of her role as instructor, which was well-received. A few of her colleagues, however, did not take her very seriously right away. Jeannine did not let this discourage her and allowed her performance as an instructor to solidify her competency in the eyes of her colleagues. She

feels as if she has grown tremendously during her initial year as an educator and has come to develop an excellent rapport with her colleagues, students, and administration.

Lack of Formal Orientation

Formal orientation into her new role as adjunct clinical dental hygiene instructor was not provided to Jeannine when she was hired. Despite this lack of training, she felt that her transition from clinician to educator was quite smooth. She felt that, overall, her needs as a new instructor were met at the time that she was transitioning from clinician to educator. She felt as though she would have liked more formal training, or some sort of structured orientation, but that going right into her new role worked for her. She stated that she had no choice but to learn, and so she did. Jeannine understands that, based on prior knowledge, experience, and circumstance, every new instructor will have a different experience transitioning from clinician to educator; due to these vast differences, she recommended that administration implement a mandatory training program for all new hires, including orientation with an assigned mentor. Jeannine's unofficial mentor provided her with the comfort and guidance conducive to her smooth transition and believes that mentorship would be beneficial to all new educators.

Themes

After the narratives were restored and member checked they were then manually coded to look for themes. Three themes emerged from the data. The first theme that was identified was acclimation. The participants shared their experiences with transitioning from clinical dental hygienist to adjunct clinical dental hygiene instructor and described both the obstacles and facilitators involved in their acclimation. The second theme that was identified was expectations. The participants expressed frustration with levels of knowledge, competence and skill that was expected of them, versus the levels of knowledge, competence, and skill that they felt they

actually possessed at the time that they transitioned from clinician to educator. The last theme that was identified was support. The participants described their experiences with various forms of mentorship and how experiential learning, or lack thereof, shaped their maiden voyage into teaching.

Acclimation

The first theme that developed from restorying personal narratives from this study was acclimation to the participants' new roles and environments. Isabel, Kara, Jamie, Diana, and Jeannine all had similar experiences with acclimation during their transition from clinical dental hygienists to adjunct clinical dental hygiene instructors. They each shadowed colleagues to help them acclimate to their new roles and environments, however each participant experienced varying degrees of shadowing. Each participant's acclimation was also heavily influenced by their level of familiarity with their colleagues and institution, as well as their social inclusion amongst their peers.

Shadowing. Observation, also referred to as shadowing or modeling, is the first step in the theory of cognitive apprenticeship (Collins et al., 1991). During the modeling phase, veteran teachers demonstrate and explain their way of thinking for novice teachers to observe and understand. This is also referred to as demonstration teaching (Weisling & Gardiner, 2018). It is an important step but it is only one step of six in the cognitive apprenticeship theory; the six steps are modeling, coaching, scaffolding, articulation, reflection, and exploration. While observation is important, as veteran instructors are able to model proper procedure, skill, and behavior while instructing students in clinical settings by making thinking visible by explaining the thought process behind their actions, true experiential learning cannot happen without the completion of the following five steps. Coaching, for example, allows novice instructors to

replicate the procedure, skill, and behavior modeled by veteran instructors while explaining what they should be thinking and considering while completing the task at hand.

Although Kara, Jamie, and Diana experienced more steps in the cognitive apprenticeship process while they were students, none of the participants were given the opportunity to experience any hands-on mentorship after acquiring the position as adjunct clinical dental hygiene instructor. Diana particularly expressed that she learns best with a tell-show-do form of pedagogy, which she was not offered during her transition from clinician to educator. When explaining her experience with shadowing, Jamie said “When you shadow, you’re watching someone else do it. But then when you have to critically think in your own head as to how you would execute it, it’s very different.” For Isabel, shadowing worked well for her learning style. By observing, she felt that she could easily mimic the way in which her colleagues worked while finding her own balance as an educator. All of the participants felt that their shadowing experiences were helpful but also felt that more structured guidance into their work-role transition would have been beneficial in acclimating to their new roles and environments.

Familiarity. Each of the participants in this study obtained positions as adjunct clinical dental hygiene instructors in their alma mater schools. The sense of familiarity with their surroundings, as well as with the procedures and protocols of the particular clinical settings in which they were working, provided a sense of comfort to each of the five participants as they transitioned from clinical dental hygienist to adjunct clinical dental hygiene instructor. While there were some changes in the clinical procedures and protocols from when the participants were students to when they began working as instructors, the ease of their familiar clinical settings allowed them to acclimate to these changes rather seamlessly. Jamie expressed that she could not imagine being thrown right into her new role, and handling it half as well, had she not

begun her career in education at her alma mater school. She felt that she was only able to grasp the ins and outs of clinic so well because she was familiar with the protocol. Kara felt that transitioning from clinician to educator in her alma mater school so soon after graduating was the biggest thing in her favor.

Many of the participants also felt that their transition was eased by the familiarity with their colleagues, as many of their colleagues were their former professors. Jeannine stated that working alongside so many familiar faces facilitated an easier transition from clinician to educator. Diana also expressed a similar sense of comfort, as she transitioned into her role as an instructor immediately following her student-teaching experience in the same institution. The familiar faces of her former student-teaching mentors, who became her colleagues, put Diana at ease. Other participants, however, felt that having former professors as colleagues acted as a hinderance as they transitioned from clinician to educator. Jamie felt that some of her former professors-turned-colleagues did not take her seriously when she began as an adjunct clinical dental hygiene instructor, which caused her to doubt her competency in her new role. Jamie and Kara both felt that, because they were so young and had graduated only a few years prior to becoming instructors, some of their colleagues treated them as if they were still students. Kara recalled a situation while working with a colleague on the clinic floor where her colleague mistook her for a student because she “didn’t realize I was working there.” Rather than getting a fresh start into their new roles as educators, Jamie and Kara felt a bit discriminated against by some of their former professors during their initial transition into education. Kara also, however, described some positive situations with former professors whom she felt did not discriminate against her based on her age or inexperience as a new educator.

Socialization. Socialization efforts are essential during an individual's early years in an organization and are important processes for both the newcomer and the organization (Dawson, 2019). Socialization incorporates understanding of organizational structure, culture, motivation and learning, values and expectations, and mentoring (Dow, 2014). According to literature, faculty development, orientation, and mentorship are the most common socialization tactics, with mentorship existing as the main organizational socialization tool (Dow, 2014; Mazzerolle et al., 2018). While none of the participants had official mentors, each of them had unofficial mentors whom they shadowed, as well as multiple colleagues that willingly helped them acclimate to their new roles and environments.

Jeannine felt very supported by her colleagues during her transition from clinician to educator. She stated that her unofficial mentor became her best friend in clinic and has helped her social development within her institution as much as she has helped her professional development. She went on to explain a situation involving her department chair toward the end of her first semester of teaching that was a major confidence-booster. Jeannine's department chair sent her a text message (Jeannine had typically only communicated with her department chair via email) which said "I've been hearing really good things about you. I would like to give you two clinical sessions to teach next semester." This made Jeannine realize that her colleagues must have been speaking positively about her, which provided her with a heightened sense of camaraderie. Additionally, the fact that her department chair chose to text her rather than email her made the situation more personal and meaningful, adding to an increased sense of belonging amongst her peers.

Kara expressed much gratitude toward two of her colleagues that she considered very quickly to be more friends than colleagues. She stated that without these two colleagues she

would have been lost and would not have known what to do. They made her feel welcome and included both personally and professionally, which aided in her organizational socialization. Diana stated that she worked with amazing people during her transition from clinician to educator that were friendly, helpful, and inclusive. Jamie expressed appreciation for one of her colleagues who, when Jamie was placed in clinical level that she had not had any experience in before, took the time to help acclimate Jamie to the structure of that clinic. Jamie stated that she loved the way this colleague supported and guided her in handling the students and felt an instant sense of solidarity. Her colleague not only modeled desired behavior for Jamie, but also clearly outlined her responsibilities, which served to reduce Jamie's anxiety and increase her sense of belonging.

Expectations

Another theme that developed from restorying personal narratives from this study was expectations. Expectations regarding the level of knowledge and preparedness that a novice instructor should have, compared to the levels of knowledge and preparedness that novice teachers have in reality, can be very different. Each of the participants in this study described their experiences with the expectations that they faced when transitioning from clinical dental hygienist to adjunct clinical dental hygiene instructor.

Knowledge. A unanimous theme amongst the five participants was the feeling that they were expected to know more than they knew upon initial hire as adjunct clinical dental hygiene instructors. This led to feelings of insecurity and unpreparedness. When discussing clinical procedures and protocol, Kara expressed that "it was expected that I knew it already" because she was a student not that long ago; looking at the procedures and protocols through the eyes of an instructor rather than a student, however, was very different. She wondered if she would have

been provided with a more formal orientation if she was not a former student, but rather someone who had been hired from the outside. Upon her initial transition from clinician to educator, Isabel described handling the frustration of expectations versus reality with a “fake it till you make it” mindset while trying to absorb all of the knowledge that she was supposed to know already. Isabel not only felt the weight of her peers’ expectations, but also of her own. Isabel felt that, after practicing as a dental hygienist for 22 years, she would have had ample knowledge to teach dental hygiene effectively. When she first obtained the position as adjunct clinical dental hygiene instructor, she felt that she really had something to offer. Once Isabel began teaching, however, she became much more self-aware, particularly of her own gaps in knowledge.

All five participants also felt that they had to re-learn the professional verbiage that students are taught in the dental hygiene program. Diana described her initial experience teaching in radiology lab:

I felt like I had to re-teach myself a lot of radiology that I don’t use in everyday practice, especially terminology. You know, we don’t say ‘take an x-ray’, we say ‘expose radiographs.’ I had to start using the proper terminology again after 12 years. You don’t think about stuff like that when you’re working.

Much like Isabel, Diana expected that she would have known more due to her years of practice as a clinical dental hygienist. Unfortunately, the habits acquired after working in private practice tend to stray quite a bit from the proper manner in which students learn the practice of dental hygiene.

Kara described trying to listen to her colleagues while they were working with students so that she could steal wording from them because she felt that she had to re-learn some of the proper verbiage that she lost while working in private practice. She went on to say that she

wasn't away from school so long to create such bad habits but also noted that some bad habits can be made in a week. She was very aware of where she could improve in her new role as an educator. Jeannine also felt that she had lost some of the knowledge and proper verbiage that she had learned as a student and was expected to know as an instructor, which was partly due to the fact that she began working in pediatric dentistry after graduation. For example, she had to re-learn AAP classification because that is not typically used in pediatric dentistry. She stated, "I speak a different language in pediatric dentistry" and took it upon herself to brush up on the protocol, content, and verbiage that she was expected to know to instruct effectively.

Preparedness. Dental hygienists who transition into the role of adjunct clinical dental hygiene instructors face many challenges, as they may be lacking in the academic preparation necessary to maintain efficiency in their instructional role (Mann & DeGagne, 2017). Novice faculty members in similar health science disciplines, such as 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 (Smethers et al., 2018). Isabel explained how the amount of preparation that was needed at the adjunct level was vastly different than what she had initially expected:

It's not just the work – it's so much more than just the hours that you are there teaching.

There is a significant amount of preparation that goes into it beforehand so that you can be effective when you are there. For a 4-hour clinic, it wasn't what I expected. You teach all these students and each student learns differently. You need to prepare for what you are teaching and how you are going to explain it to each student.

Kara also expressed feeling unprepared to reach the level of teaching that was expected of her when she was newly hired. She had not seen many of the instruments that the students worked

with since she was a student. The students worked with a whole cassette of various instruments and Kara had only used three instruments a day since working in private practice. She stated that she felt like she needed a crash course in instrument identification.

Jeannine described preparing herself to be unprepared. She knew that she would need to brush up on much of what was learned as a student and then lost in private practice, to meet not only her own teaching expectations, but the performance expectations of her institution. She explained what she did as a novice instructor to prepare to teach effectively:

I did my homework. I printed out everything that I needed. I studied. I took extra CE's. I was really on top of it, but I feel like that's on you. Someone else could have gone in there not prepared. That was my choice, no one told me to do that. I made a whole binder – it's like a cheat sheet because I don't want to not know the answer if a student asks me a question. I always have it on hand.

Diana and Jamie both described feeling as though they could have been more prepared for the tasks involved in teaching, however, they also felt that their shadowing experiences elevated their level of preparedness.

Support

The third theme that developed from restorying personal narratives from this study was support. The academic world is quite different from the world of clinical dental hygiene, and novice adjunct instructors must learn to navigate new environments and adapt to new roles (Vogell, 2019). While none of the participants in this study had an official mentor assigned to them at the time that they were transitioning from clinical dental hygienist to adjunct clinical dental hygiene instructor, each of them had one or more unofficial mentors that supported them during their initial teaching period.

Unofficial mentorship. Isabel, Kara, Jamie, Diana, and Jeannine each expressed gratitude toward their colleagues who took on the role of unofficial mentor during their transition from clinician to educator. These colleagues willingly invested their time into helping their new colleagues develop professionally. Vagi et al., (2019) assert that teachers progress through a linear development, where the first two years of teaching are considered the time of survival. All of the participants in this study described feeling as though their unofficial mentors positively contributed to their experiences during their first year of teaching. When asked to describe the kind of support that her unofficial mentor provided, Isabel stated:

She was someone that I could definitely go to ask questions. She invested time in talking to me, explaining things to me, and encouraging me. She extended the invitation and welcomed me into her didactic classes so that I could observe and learn more. She was always willing to answer any questions, discuss students – even if it was anonymously. Like not telling me about a specific student but giving me a case scenario to see how I would manage a similar situation.

Jamie described her unofficial mentor as a former professor who really helped her acclimate to her new role. Jamie said “She’s amazing. She still helps me. When I see her in clinic, I’m like ‘thank God’! It’s such a sense of relief when I see her.” Jeannine also expressed much affection toward her unofficial mentor, explaining that they had a very reciprocal relationship:

She gave me pointers on how to improve. She would also come to me if she was worried about something or had a question. It was open and it wasn’t like she was 10 steps ahead. She always kept me on the same playing field as her. It makes you feel better. If I was worried about something or feeling insecure about something, I would just go to her and she would make me feel 10 times better.

Diana and Kara felt that they had numerous colleagues who fulfilled the unofficial mentor role when they were transitioning from clinician to educator, particularly those colleagues who were their former mentors in their practicum and student-teaching experiences. These colleagues voluntarily provided both the content-specific and emotional supports that are invaluable to new teachers embarking on uncharted territory.

Official mentorship. Although none of the participants had official mentors assigned to them when they were hired as adjunct clinical dental hygiene instructors, all five participants expressed their belief that assigned mentorship at the time that they were transitioning from clinician to educator could have been beneficial. Mentors act as role models, exhibit greater experience, influence, and achievement, and offer direct assistance with career and professional development (Fuentes, 2014, p. 289). Kara, Jamie, and Diana felt that the official mentors that they had while completing their practicum and student-teaching experiences continued to guide them during their initial teaching period. They felt comfortable turning to their former mentors for assistance and advice while acclimating to their new roles.

When Isabel was asked if she would have liked an official mentor assigned to her during her transition from clinician to educator, she stated:

Absolutely, because I think that when you have that assignment, its sort of a safe space that you feel like ‘okay, it’s okay for me to go to this person and ask questions.’ When it’s someone that isn’t assigned to you, in the back of your mind you feel like ‘I don’t want to bother them.’ You might hesitate a little bit more. Whereas, if you have that assignment, then you know that this person has time set aside for you.

Kara suggested that assigned mentorship should be adjunct to adjunct so that new adjunct instructors would not feel intimidated, as both the mentor and mentee would be working on more common ground.

Jamie had conflicting opinions on assigned mentorship. While she had a good relationship with the mentor that she voluntarily shadowed before she was hired as an adjunct clinical dental hygiene instructor, she voiced concerns regarding having an assigned mentor during the transition from clinician to educator:

Having someone (assigned mentor) watching you work can be restrictive. You're thrown in there and you're so new and you're just trying to develop your own way of teaching. Sometimes too much advice alters your way of developing and growing on your own. So honestly, I feel that there are pros and cons. I think that, yes, it could be helpful so that you have that guidance. You know, someone to correct you before you make mistakes. But then again, you want to develop your own individuality. But I guess that could be a con if you want to feel comfortable in your own skin and try things, like 'oh, okay I could do it this way' instead of having somebody watch over you, making you nervous and stuff.

Jamie went on to suggest that perhaps newly hired instructors could pick their mentor from a group of willing colleagues. This way, the new instructor might feel more comfortable. What Jamie describes is similar to the experience that Jeannine had with her unofficial mentor. Jeannine explained that she had the opportunity to choose her unofficial mentor and it worked out really well. Due to her positive experience, she believes it would be beneficial for newly hired instructors to have mentors assigned to them. Since her unofficial mentor made her

experience transitioning from clinician to educator a whole lot easier, she believes that all new hires should be given the same opportunity for guidance through mentorship.

Recommendations for administration. Each of the five participants described a lack of formal orientation provided to them when they were transitioning from clinician to educator. They offered recommendations for the implementation of future orientation programs that they felt would have made their transition easier. Isabel stated that a true onboarding process was needed. She shared the process of onboarding for full-time faculty in her institution, and felt that the same onboarding process would benefit adjunct faculty:

They have an orientation where they match new full-time faculty members with mentors. They have these spaces (virtually) for meetings and questions. They have resources available, sort of like Blackboard. They have training set up through an asynchronous site so that new full-time faculty can go in at their leisure. Something like this would be helpful for adjuncts.

She expressed her belief that having an assigned mentor during her first teaching year would have been a valuable part of her orientation, as a mentor could have helped her understand the cultural norms of her institution and deal with the emotional aspects of teaching.

Kara suggested having instructional videos or pamphlets available for new adjunct faculty. During her first semester teaching, she did not even know how to log her hours for payment because no one told her how or when to do it. She was not offered a quick reference-type guide as to how to function, not only as a dental hygiene instructor, but as an employee of her institution. She stated that, overall, there should be more guidance set up for new hires. Jamie spoke similarly about the need for more guidance. Jamie suggested that new hires should be able to choose a mentor from a group of willing colleagues and that they participate in weekly or bi-

weekly meetings so that the novice teachers have a set person and place to voice concerns and ask questions. She suggested that the meetings could be either in-person or virtual, depending on what works best for those involved.

Diana recommended that there be a virtual question board for new instructors and that they should have someone specific that they can reach out to, like a mentor, regarding concerns that they may not want to post on a public question forum. She also felt that orientation should be provided for each grade level of clinic since the instruction involved in each level is so different. This would provide much needed clarity for adjunct clinical dental hygiene instructors. Jeannine recommended mandatory training for all new hires, regardless of their prior knowledge or circumstances. She stated that mandatory training would make the transition from clinician to educator a little easier. She had a tremendous amount of support from her unofficial mentor while she was transitioning but expressed concern for the well-being of other new hires that transition without mandatory training or a mentor.

Summary

The participants in this study shared their experiences as they transitioned from the role of clinical dental hygienist to adjunct clinical dental hygiene instructor. The participants shared their stories regarding mentorship, motivation to become educators, development of their teaching skills, and experiences with acclimation and orientation. Each of the five participants had similar experiences regarding lack of formal orientation in their new role, which contributed to lack of confidence. Through shadowing and the assistance of willing colleagues, the participants were guided toward developing professional competence and skill. While the participants expressed their frustrations with the unique challenges that they faced as novice

dental hygiene instructors, they each expressed a similar sense of gratitude for colleagues whom they considered to be unofficial mentors.

Overall, the five participants in this study have had similar experiences in transitioning from clinician to educator. None of the participants received formal orientation while transitioning from clinical dental hygienist to adjunct clinical dental hygiene instructor, and their feeling regarding the need for formal orientation and mentorship for newly hired clinical dental hygiene instructors was unanimous. The data analysis and subsequent thematic development focused on the professional development of novice clinical dental hygiene instructors and the challenges faced by this unique population. The participants' perceptions of their work-role transition were carefully examined in this narrative inquiry. Chapter 5 will integrate the data from Chapter 4 and provide the conclusion, interpretation and importance of findings, implications, and recommendations for action and further study.

CHAPTER 5: CONCLUSION

The purpose of this qualitative narrative inquiry was to explore the experiences of adjunct clinical dental hygiene faculty with peer mentorship as they transitioned from the role of clinician to educator. The research design utilized in this study was a qualitative narrative inquiry. The study was limited by this methodology, as narrative inquiry calls for a small pool of participants. Additional limitations included the potential for researcher bias and subjectivity (Merriam & Tisdell, 2016). Five participants shared their personal stories during semi-structured interviews conducted over Zoom. These interviews were restoried narratively into three categories: development of teaching skills, confidence levels, and lack of orientation. The narratives were then coded and three themes emerged: acclimation, expectations, and support. This qualitative narrative inquiry study was guided by the following research questions:

Research Question 1: How do adjunct clinical dental hygiene faculty describe their experiences as new faculty in transitioning from clinician to educator?

Research Question 2: How do adjunct clinical dental hygiene faculty describe their experiences with peer mentorship in relation to acclimating into the instructional environment?

In this final chapter, an overview of the study, the research questions that guided the study, and interpretation and importance of findings as it relates to each of the research questions are presented. Furthermore, this chapter also provides a discussion of the implications and recommendations for action. Additional sections in this chapter cover the recommendations for further research, and the conclusions drawn from the results presented from the previous chapter.

Interpretation and Importance of Findings

The theoretical rationale framing this study, Kolb's experiential learning theory (ELT), posits that "knowledge is created through the transformation of experience" (Morris, 2020, p. 4), making life experience a central and necessary part of the learning process. The narrative inquiry approach aligns with the framework of this study in that it combines views from the participants' experiences with those of the researcher's experiences, culminating in a rich collaborative narrative of experience (Bloomberg & Volpe, 2016). This section will share the interpretations and importance of the shared experiences of the participants with peer mentorship as they transitioned from clinician to educator.

Research Question 1

Research Question One was "How do adjunct clinical dental hygiene faculty describe their experiences as new faculty in transitioning from clinician to educator?" In answering this question, it is necessary to first understand the impact of a work-role transition. Work-role transition can be defined as "the human experience associated with entering a new community of practice" (Anderson, 2009, p. 203). For the dental hygienist, the work-role transition from clinician to educator involves integrating a new set of values and norms and creating a new identity as a dental hygiene educator (Vogell, 2019). This transition requires experience and formal preparation as it connects personal learning to professional learning (Mann & DeGagne, 2017). As in all health science disciplines, dental hygiene pedagogy is not a natural consequence of clinical expertise; rather, it requires the faculty's orientation, development, and socialization (Mann & DeGagne, 2017).

Each of the participants in this study explained their reasons for, and/or consequences surrounding, becoming an educator. Kara and Jeannine had always possessed both interest in,

and enthusiasm for, education. They knew, even while completing the dental hygiene program, that they would immediately go on to bachelor and master's programs in the hopes of becoming dental hygiene educators as soon as possible. Jamie's love for global health and community service became her motivation for choosing the role of educator, as it became an avenue for her to immerse herself in those passions. After 12 years of clinical dental hygiene, Diana had begun to feel that she needed a change. She stated that physically, 40 hours of clinical work per week was quite daunting and felt that a career in education could be a change that would suit her needs. Unlike the other four participants in this study, Isabel, who had been a clinical dental hygienist for 22 years at the time that she took on the role of adjunct clinical dental hygiene instructor, did not seek out this new role; rather, it was brought to her. It was not her intention to teach, but her former professor felt strongly that Isabel had what it took to be an effective educator and encouraged her to apply for the position of adjunct clinical dental hygiene instructor.

Despite differences in the ways by which the participants found themselves becoming educators, their experiences transitioning from clinician to educator bore remarkable similarities. All of the participants expressed feelings of insecurity, unpreparedness, and expectations that they should know more than they know. They each struggled with the demands of teaching in the clinical environment and noted how different performing clinical dental hygiene is in the real world, as stated by Isabel and Kara, versus instructing clinical dental hygiene in an educational setting. It is worth mentioning that the participants hold bachelor's and master's degrees in various disciplines, with only Isabel holding a master's degree in education. When the participants were asked how they developed their teaching skills, Isabel was the only one of the five participants that credited her master's degree program as partially responsible for her

development as a teacher. Isabel felt more unprepared regarding the policies and procedures of her particular institution, rather than feeling unprepared for the methodology involved in teaching.

Formal orientation into their new role as adjunct clinical dental hygiene instructor was not offered to any of the five participants. The purpose of orientation is to acquaint and assimilate; therefore, it should be provided immediately upon the hiring of new teachers (Donnelli-Sallee, 2018). How new employees are assimilated into an institution can determine their short-term and long-term success (Baker & DiPiro, 2019). Orientation is typically considered as training or preparation for a new job or activity and is one of the first steps new employees encounter when they join an organization (Nanna, 2018). Orientation serves to influence new teachers' sense of belonging as it ensures assisted navigation through uncertain conditions, new role expectations, and cultural contexts (Vance, 2018).

Orientation for adjunct clinical faculty can be defined as the formal and informal process by which they are "informed of their role, clinical responsibilities, and policies/procedures to be followed when carrying out that role" (Vogell, 2019, p. 57). The participants in this study each felt that there was a lack of clarity and direction during their first teaching year, aligning with the literature stating that teachers acknowledge that their first year of employment is the most stressful and time consuming because of a lack of direction and clear understanding of job responsibilities and expectations (Nanna, 2018; Vance, 2018). Each of the participants expressed their belief that some type of formal orientation should be in place for new hires and that mentorship should be part of that orientation.

Without proper guidance as to how to perform their new role effectively, the participants experienced lack of confidence in their abilities to teach effectively, which contributed to

feelings of vulnerability and incompetence. These early experiences set the stage for faculty retention and career satisfaction, which affects both students and administration. Teaching and learning are proportional in that students reap the benefits of strong instruction when instructors feel confident, competent, and supported (Brown et al., 2020). The goal of teaching is to encourage meaningful learning therefore effort must be made to assist in the development of competent instructors (Brody et al., 2015; Brown et al., 2020). Job satisfaction has long been considered a predictor of employee loyalty and retention; therefore, it is imperative that administrators provide adjunct faculty with adequate resources and support to enhance their job satisfaction to meet the demands of their students, remain competitive in the higher education arena, and reduce turnover (Naim & Lenka, 2018; Nanna, 2018).

Research Question 2

Research Question Two was “How do adjunct clinical dental hygiene faculty describe their experiences with peer mentorship in relation to acclimating into the instructional environment?” Through the sharing of their stories, the participants in this research study all shared that mentorship had a positive influence on their transition from clinical dental hygienist to adjunct clinical dental hygiene instructor. During this transitional time, new clinical dental hygiene instructors are responsible for combining the knowledge from their own education and professional experiences with the management and execution of effective instruction (Doran, 2017). Although none of the participants had an official mentor assigned to them during their transitional period, they all had unofficial mentors in the form of peers who were willing to guide and advise them.

In peer mentorship, the lack of hierarchy allows for more organic interaction and greater ease in communication. The term “peer” underscores that both mentor and mentee are engaged

in the “mutual exchange of ideas and support advancing both participants in the organization” (Danaei, 2018, p. 56). Jeannine explained that her unofficial mentor always kept her “on the same playing field” and cultivated a mutual relationship in which she also sought out Jeannine’s opinions and advice. Jeannine felt that she was a valued member of the team thanks to the guidance that she received from her unofficial mentor. Kara explained that she got very lucky during her first semester teaching because she had two unofficial mentors that not only guided and advised her but were careful to not to make her feel as if she was incompetent. She recalled a particular experience with one of her mentors:

I could tell that she (unofficial mentor) would feel bad if she had to correct me in clinic. One time she told me that my student’s patient didn’t have safety glasses on. I was like ‘oh my gosh, I forgot to look!’ because I was just so worried about getting all the paperwork done correctly. She was like ‘That’s alright! I just don’t want to overstep!’ and I said ‘No not at all! Please tell me so I can get better!’ I could tell she was always kind of scared to tell me if I had done something wrong, but she always said it very kindly.

Kara appreciated that her unofficial mentor did not abuse her power as the more senior instructor on the clinic floor; rather, Kara felt very much that her unofficial mentors both treated her as an equal while still providing the guidance that she needed as a new instructor.

Research has shown that collaborating with mentors builds confidence, which is key for novice teachers to thrive, not just survive. Mentors encourage novices out of isolation and into the teaching community (Al-Jewair et al., 2019; McCann, 2013). All of the participants in this research study experienced a lack of confidence during their transition from clinician to educator, and credit their unofficial mentors in helping to elevate their confidence levels. Diana felt that

her unofficial mentors acted as a great support system. One of her unofficial mentors encouraged her to trust her gut and helped build Diana's confidence in her own teaching abilities tremendously. Isabel expressed that the modeling provided by her unofficial mentor while she shadowed her helped in acclimating her to her new role as an educator. Isabel said that, through observation, she could see what her unofficial mentor was doing with her mind while she was working. She felt that her unofficial mentor had a phenomenal command of the clinic and mimicked her actions and behavior when she was teaching on the clinic floor.

A mentor functions as a sponsor who takes special interest in the development of another; thus, mentorship in its truest form is a "reciprocal learning relationship characterized by trust, respect, and commitment" (Fountain & Newcomer, 2016, p. 483). The interdisciplinary nature of mentorship facilitates faculty members' capacity to navigate their role as new faculty, as well as to foster relationships amongst colleagues (Waddell et al., 2016). Jamie still feels a strong connection to her unofficial mentor, even though she transitioned from clinician to educator almost 5 years ago:

She (unofficial mentor) is amazing. She still helps me a lot. Like when I see her in clinic, I'm like 'Thank God!' It's just such a sense of relief. I wrote this big letter about her and she loved it. She was so happy. We have the same cultural background also so we bonded about that too.

Jamie felt that her connection with her unofficial mentor transcended that of a professional relationship, and genuinely considers her mentor to be a friend. Jeannine also felt that she developed more than just a professional relationship with her unofficial mentor. She describes her mentor as her best friend in clinic and credits her with the favorable position that she currently holds within the dental hygiene department in her institution.

The support that was provided willingly by colleagues acting as unofficial mentors helped the participants in this study to acclimate to their new roles as adjunct clinical dental hygiene instructors, as well as their new environments. Studies show that adjunct faculty who feel unsupported or underappreciated for their contributions will experience decreased confidence and not perform well (Elder et al., 2016). Without a stable group of satisfied and competent adjuncts, as current faculty members start to retire, transforming adjunct faculty into full-time faculty will be unachievable. The relationships formed and the supports provided through mentorship not only serve as acclimation tools but lay the foundation for career satisfaction and faculty retention.

Each of the participants in this study transitioned from clinician to educator in their alma mater schools, with many of their new colleagues having been their former professors. The participants were offered guidance willingly from colleagues who became their unofficial mentors, however, each of the participants felt that this informal type of mentorship only existed because they already knew their new colleagues. While they found the support offered by their unofficial mentors beneficial, they wondered if they would have been offered the same support had they not been graduates of the schools in which they gained employment. They strongly felt, because their unofficial mentors were so helpful to them, that a formal mentorship program with assigned mentors would be a valuable part of orientation for new adjunct faculty, especially those who were not “home grown”, as Kara pointed out. Additionally, a more formal mentorship program that included more than merely shadowing and relying on the generosity of the willing unofficial mentors would allow novice instructors who learn best with the tell-show-do method, a method that is central to cognitive apprenticeship (Collins et al., 1991), to feel more confident and prepared for their new roles.

Implications

This study contributed to the body of research that has been assembled about standardized orientation and mentorship for health science educators by sharing the experiences of adjunct clinical dental hygiene instructors as they transitioned from clinician to educator. This study also contributed to the body of knowledge in new faculty orientation and development as it relates to student achievement outcomes. Dental hygiene degree programs are designed to prepare students for clinical licensing and national board examinations (American Dental Hygienists' Association, 2019) and dental hygiene faculty must, therefore, be prepared to teach to this task. The lack of a structured, new faculty orientation process exists as a hindrance to successful instruction. New instructors may not give students the attention that is needed if they are unprepared and when their focus is, at least partially, on their own performance. Peer mentorship may serve to not only develop the skills, competence, and confidence of new faculty, but also fine tune the skills of existing, seasoned faculty acting as mentors (Andersen & Watkins, 2018). Peer mentorship could provide improved learning experiences for students and aid in their development and competency as future professionals.

While literature exists to support the need and efficacy of proper orientation for new teachers in general education and other allied health disciplines, there is a gap in the literature describing orientation for dental hygiene educators (Smethers et al., 2018; Vogell, 2019). This study provided data to assist in filling that gap. The main purpose of orientation for new educators is acquaintance and assimilation (Baker & DiPiro, 2019). Orientation programs should immediately follow the hiring of all new employees to ensure their short-term and long-term success (Baker & DiPiro, 2019). Even with the generally accepted knowledge that orientation may improve job performance and job satisfaction, it is common for employees to enter

organizations without any formal or informal training (Nanna, 2018). Formal orientation was not provided to any of the participants in this study as they transitioned from clinical dental hygienist to adjunct instructor and, subsequently, they each described a lack of confidence and feelings of unpreparedness.

Adjunct clinical faculty comprise the majority of dental hygiene faculty and, therefore, play a significant role in teaching the newest members of the profession (ADEA, 2017). Clinical education is an essential component of dental hygiene education as it is practical education applied in a real-life situation, which makes clinical education the crux of the dental hygiene curriculum (Vogell, 2019). A lack of pedagogical preparation, however, exists across clinical disciplines (Pizanis & Pizanis, 2019). While the effectiveness of clinical instruction relies partially on an instructor's educational expertise, teaching preparation and styles stem from instructors' educational backgrounds and past experiences, which vary widely (Pizanis & Pizanis, 2019). The participants in this study held degrees in various disciplines, with only one participant holding a degree in education. With regard to expertise in time working as a clinical dental hygienist, it was widely varied, with Isabel having 22 years of experience to Jeannine having 4.5 years of experience before transitioning to adjunct clinical dental hygiene instructors (Table 1). The participants' educational backgrounds and clinical expertise influenced the quality of their experiences transitioning from clinician to educator.

There is a marked lack of research regarding adjunct dental hygiene faculty despite the need to recruit and retain dental hygiene instructors (Hodgkins et al., 2020). According to the American Dental Education Association (2017), while some clinical dental hygiene educators teach full-time, the majority teach part-time as adjunct instructors. Although adjunct clinical instructors comprise a large percentage of dental hygiene educators, they are not provided with

the same professional development opportunities as their full-time counterparts (Elder et al., 2016; Nanna, 2018). Jamie spoke to this point by explaining her feelings regarding the separation and lack of communication between the full-time and part-time faculty within the dental hygiene department at her institution. She believed that adjunct instructors were not privy to the same information as the full-time faculty. She felt as though the lack of collaboration between full-time and part-time faculty hindered her early professional development.

While research on the transition from clinician to instructor in dental hygiene is lacking, novice faculty members in the 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 (Smethers et al., 2018). Challenges identified by these novice faculty include: a lack of awareness regarding the demands of teaching, feeling unprepared due to insufficient teaching resources when entering academia, low levels of confidence, and anxiety when teaching unfamiliar material to students (Smethers et al., 2018). Isabel's experience aligns with these challenges, as she was unaware of the amount of work and preparation that goes into teaching beforehand as well as feeling uninformed of her institution's policies and procedures. Other challenges identified by novice nursing faculty have been the lack of training in educational methodology and feeling unprepared for their teaching role despite extensive clinical experience in their chosen field (Smethers et al., 2018).

Orientation in the form of mentoring facilitates personal support and professional learning due to intentional practices aimed at fostering healthy work-life balance and increasing faculty agency and opportunities (Kutsyuruba & Godden, 2019). In education, mentors facilitate a successful transition for mentees into teaching and assist them in understanding the culture, context, and policies of their new workplace (Weisling & Gardiner, 2018). While private firms

have utilized mentoring programs in leadership development for many years, it has more recently become prevalent in higher education and only in a more informal capacity (Fountain & Newcomer, 2016). Both formal and informal mentoring has been recognized for facilitating transitions from clinician to educator for allied health professionals (Vogell, 2019). In peer mentorship, the lack of hierarchy allows for more organic interaction and greater ease in communication. All of the participants in this study had unofficial mentors in the form of peers that were willing to help guide the participants as they transitioned from clinician to educator. The participants found their unofficial mentors to have been invaluable to their acclimation to their new roles and expressed appreciation for their support.

In a study on faculty mentoring practices in U.S. dental schools, Al-Jewair et al. (2019) found that 84.1% of respondents desired mentoring during their careers, demonstrating the need for these institutions to create opportunities for faculty members to find, connect with, and discuss their career goals with a mentor. While future studies are warranted to determine best practices in dental hygiene schools, new dental hygiene faculty stand to benefit from the same opportunities. This study found that clinical dental hygienists transitioning into the role of educators consider mentoring an essential part of their effective acclimation and orientation. The participants in this study had positive experiences with their unofficial mentors and expressed that they would have liked to have had official mentors assigned to them as well. Moving forward, they felt that official mentorship would be helpful for new educators as part of a structured orientation process.

This study benefits clinical dental hygienists transitioning into the role of adjunct clinical dental hygiene instructors as well as the institutions in which they are employed and the students that they teach. This study serves to share information about the benefits of mentorship as part of

orientation for dental hygienists transitioning from clinician to educator. Understanding the participants' experiences can help start conversations about the needs of new educators and potentially avoid the lack of confidence and feelings of unpreparedness expressed by the participants in this study. Mentorship strengthens organizational capacity by supporting improved job satisfaction and career advancement, which subsequently contributes to increased job retention rates (Al-Jewair et al., 2019). Within educational institutions, reciprocal learning relationships that are characterized by trust, respect, and commitment provide valuable support not only for the mentored faculty members as they develop their careers but also for other members of the university community—including the students (Fountain & Newcomer, 2016). Students reap the benefits of strong instruction when instructors feel confident, competent, and supported; teaching and learning are proportional in this sense (Brown et al., 2020). The goal of teaching is to encourage meaningful learning therefore effort must be made to assist in the development of competent instructors (Brody et al., 2015; Brown et al., 2020).

Recommendations for Action

After reviewing the participants' experiences with transitioning from clinician to educator there are several recommendations for further action. The participants in this study explained that clinical dental hygienists who take on the role of adjunct clinical dental hygiene instructor may need extra support to become familiar with their new position. The participants in this study were looking for a more standardized orientation process to assist them in acclimating to not only their new role, but their new environment. Institutional administrators should consider that new teachers' experiences in their initial years establish the standards of practice that will drive their career and early negative experiences can limit their future professional growth (Brown et al., 2020; George et al., 2018). Faculty development programs that take time to assess faculty

knowledge about teaching and educational research have been reported to enhance participants' sense of belongingness (Behar-Horenstein et al., 2016). Recognizing novice teachers' teaching and learning needs is vital to ensuring that faculty remain current in their pedagogical expertise and may ensure faculty preparation and retention (Behar-Horenstein et al., 2016).

The first recommendation for action is that all new dental hygiene faculty be provided with standardized institutional orientation. Regardless of whether a new hire has had teaching experience elsewhere, they must be given the opportunity to familiarize themselves with the inner workings of their new institution. This would include the policies and procedures which all faculty are expected to follow. New faculty must be given access to important information that is specific to the institution in which they will be teaching. The participants in this study each explained how difficult it was to process all of the information that they needed, particularly when they did not know what they were supposed to know. Part of the issue was not having been given all of the information that they needed to function effectively within their new institution, and part of issue was not knowing that they were missing pertinent information. Initially, they felt as though they were provided with limited information and that much of the information that was needed at the moment was only provided after the fact. The ability to access the information that they needed and apply it in a timely manner was lacking. A formal orientation process may serve to mitigate this issue and provide faculty with an early positive experience.

The second recommendation for action is that all adjunct clinical dental hygiene instructors who are first-time teachers, despite their years of experience as clinical dental hygienists, be assigned a formal mentor. This mentorship experience should follow the six steps of cognitive apprenticeship – modeling, coaching, scaffolding, articulation, reflection, and exploration. The participants in this study experienced modeling, as they each shadowed

(observed) their mentors during their transitional period. To support meaningful learning and build confidence, however, all six steps must be experienced. While she did not experience the six steps of cognitive apprenticeship while transitioning from clinician to educator, Kara did experience each of these steps as a student while completing her practicum in her Bachelor of Science program. The formal mentorship that embodied her practicum experience provided Kara with increased confidence and preparedness when becoming an adjunct instructor and teaching in clinic, as opposed to the lack of confidence and preparedness that she felt when teaching in laboratory and didactic courses.

The third recommendation for action is for assessment. All the participants in this study felt as though they were expected to meet unrealistic expectations regarding their level of knowledge, which led to feelings of unpreparedness. The act of teaching requires learning how to teach (Brown et al., 2020; George et al., 2018). Most clinical adjunct dental hygiene faculty are hired because of their experience in patient care and do not receive formal training in the educational process (Vogell, 2019). Isabel talked about how new hires should be assessed for their level of understanding and likened clinical knowledge to driving. She discussed how people with driver's licenses knew all the necessary information at the time it was needed to pass the test, but after years of driving, bad habits are formed. She wondered if "someone who took a driving test ten years ago could teach someone how to drive properly now." Isabel candidly explained her feelings after being hired as an adjunct instructor after 22 years of working as a clinical dental hygienist:

New adjunct clinical instructors are allowed to work with students without (administration) having any real idea where they are at. There should be questions, like about teaching strategies or their clinical experience. It's like I said I was a hygienist for

22 years and they were like ‘okay, you’ll be great!’ but they don’t even know what kind of hygienist I’ve been for 22 years. Maybe I’ve been a terrible hygienist! They (administration) should invest a little more time to understand where this hygienist (new hire) is at and what they can offer.

Isabel felt that new hires should be assessed and given clear direction regarding their strengths and weaknesses so that they may provide proper and effective instruction.

Instructional assessment may be conducted by implementing a work for hire type of system, where adjunct instructor candidates are observed in action during clinical instruction. Skills assessment could be conducted through demonstration on a typodont. A typodont is a model of the oral cavity, including teeth, gingiva, and the palate. A typodont is an educational tool, allowing students to safely practice certain dental procedures on the plastic teeth of a model before actually performing the procedures on live patients, and serves as an excellent means for clinical skills assessment. Adjunct clinical instructor candidates should have the opportunity to demonstrate their skills so that they not only feel competent as novice instructors but have the opportunity to improve in areas that they may be lacking and develop professionally.

Recommendations for Further Study

Many studies have been conducted surrounding the needs of new educators. Studies surrounding the needs of new teachers in dental hygiene education, however, are lacking. The needs of clinical dental hygiene instructors may align with the needs of new teachers in a general sense but are more specific to the hands-on environment of the discipline (Behar-Horenstein et al., 2016; Smethers et al., 2018). Each of the participants in this study described the unique challenges that they faced when transitioning from clinical dental hygienist to adjunct clinical dental hygiene instructor. One parallel amongst the challenges faced by the participants was the

lack of formal orientation provided for them by administration within their institutions. It would be beneficial to conduct a qualitative study with administration to explore the perceptions that administrators have in relation to orientation and the favorable acclimation of new faculty.

Each participant spoke of their experiences with unofficial mentorship while transitioning from clinician to educator, and Kara and Diana discussed their experiences with formal mentorship while they were students in their bachelor's and master's programs as well. All of the participants spoke highly of their mentorship experiences and agreed that having a formal, assigned mentor would have been beneficial in easing their transition from clinician to educator. Each of the participants transitioned from clinician to educator in their alma mater schools, and they felt that the willingness of their unofficial mentors to offer assistance was directly related to the fact that they were already acquainted. The participants felt fortunate, but each expressed that they wondered if anyone would have offered guidance if they were perfect strangers in an unfamiliar school. For this reason, the participants felt that the formality of having a structured program with an assigned mentor would be beneficial for other new dental hygiene instructors in the future. Further qualitative studies to explore the experiences of adjunct clinical dental hygiene faculty with mentorship as they transition from the role of clinician to educator would be beneficial in understanding the part that mentorship plays in the work-role transition of this unique demographic.

This study had several limitations. One potential limitation was that the participants' responses may not have necessarily defined the population to which the individuals belong and may have only provided a localized measurement of participants' self-reported perceptions. Additionally, the interview questions in this study focused on learning about adjunct clinical dental hygiene instructors' perceptions of their experiences with peer mentorship as they

transitioned from clinician to educator. This study was conducted under the assumption that the adjunct clinical dental hygiene faculty participants answered all questions honestly and had understood the questions asked in the interview. Another limitation was using a small sample of adjunct clinical dental hygiene instructors from the Tri-State area, consisting of New York, New Jersey, and Connecticut. This study only interviewed five adjunct clinical dental hygiene instructors from the nineteen accredited hygiene programs existing within the Tri-State area, whose emails were publicly available.

Moving forward, a quantitative study on the experiences of adjunct clinical dental hygiene instructors with peer mentorship as they transitioned from clinician to educator could help to reach more adjunct clinical dental hygiene instructors. A questionnaire could be distributed via email to adjunct clinical dental hygiene instructors in the 330 accredited dental hygiene programs within the United States. A questionnaire with a Likert format could be used requiring that each participant indicate his or her degree of agreement or disagreement with questions relative to the research study. More participants of different ages, levels of expertise, and locations could share their experiences, and their survey data could be compared and analyzed to add to the research conducted in this study.

Conclusion

The most crucial development period for teachers exists during the first few years of teaching, necessitating the appropriate orientation of novice dental hygiene educators during their work-role transition (Bentley et al., 2013; Vogell, 2019). The work-role transition from clinician to educator involves the dental hygienist integrating a new set of values and norms and creating a new identity as a dental hygiene educator (Vogell, 2019). Research has shown that supporting new faculty in their development increases satisfaction with teaching and contributes

to an encouraging, collaborative work environment (Vance, 2018; Waddell et al., 2016). The successful enculturation of teachers into their new work environment is heavily influenced by their initial orientation and continued guidance from those within the institution (Qadeer, 2020). Insider guidance through peer mentorship is an important strategy to help support and socialize new faculty to their roles and the expectations of the academic environment (Bentley et al., 2013; Nowell, 2017).

Dental hygiene degree programs are designed to prepare students for clinical licensing and national board examinations (American Dental Hygienists' Association, 2019) and dental hygiene faculty must, therefore, be prepared to teach to this task. New instructors may not give students the attention that is needed if they are unprepared and when their focus is, at least partially, on their own performance. Peer mentorship may serve to not only develop the skills, competence, and confidence of new faculty, but also fine tune the skills of existing, seasoned faculty acting as mentors (Andersen & Watkins, 2018).

The purpose of this qualitative narrative inquiry was to explore the experiences of adjunct clinical dental hygiene faculty with peer mentorship as they transitioned from the role of clinician to educator. One-on-one semi-structured interviews were conducted with each of the five participants via the Zoom virtual platform and lasted between 35 – 60 minutes. These interviews were transcribed and restoried in a narrative format. Once the narratives were created, they were manually coded to look for patterns and themes. Each of the narratives were organized into three categories: development of teaching skills, confidence levels, and lack of formal orientation. The themes that emerged were acclimation, expectations, and support. Exploring adjunct clinical dental hygiene faculty experiences with peer mentorship provided an opportunity for this population to share their stories and the resulting analysis may assist administrators in

gleaning a better understanding of their unique position. The data collected from this study may help strengthen the need for standardized orientation programs for adjunct clinical dental hygiene faculty, validate the benefits of mentorship as an essential part of effective orientation, and also inform professional development for other allied health care programs.

REFERENCES

- Al-Jewair, T., Herbert, A. K., Leggitt, V. L., Ware, T. L., Hogge, M., Senior, C., Carr, R., & Da Silva, J. D. (2019). Evaluation of faculty mentoring practices in seven US Dental Schools. *Journal of dental education*, 83(12), 1392-1401.
- American Dental Association (2019). Commission on Dental Accreditation: Standards for dental hygiene education programs. Retrieved from https://www.ada.org/~media/CODA/Files/2019_dental_hygiene_standards.pdf?la=en
- American Dental Education Association (2017). ADEA 2016 Survey of Allied Dental Program Directors Summary and Results. Washington, D.C.: American Dental Education Association. Retrieved from www.adea.org/WorkArea/DownloadAsset.aspx?id=27353
- American Dental Hygienists' Association (ADHA) (2019). *Policy manual*. https://www.adha.org/resources-docs/7614_Policy_Manual.pdf
- Anderson, J. K. (2009). The work-role transition of expert clinician to novice academic educator. *Journal of Nursing Education*, 48(4), 203-208. Retrieved from <https://search-proquest-com.une.idm.oclc.org/docview/203950506/fulltextPDF/EDFBA9F2840B4AA3PQ/1?accountid=12756>
- Andersen, T., & Watkins, K. (2018). The value of peer mentorship as an educational strategy in nursing. *Journal of Nursing Education*, 57(4), 217-224.
- Armstrong, F. (2019). *Social constructivism and action research: Transforming teaching and learning through collaborative practice*. Routledge.
- Bailey, A. W., Johann, J., & Kang, H. K. (2017). Cognitive and physiological impacts of adventure activities: Beyond self-report data. *Journal of Experiential Education*, 40(2), 153-169.

- Bagramian, R. A., Taichman, R. S., McCauley, L., Green, T. G., & Inglehart, M. R. (2011). Mentoring of dental and dental hygiene faculty: A case study. *Journal of Dental Education, 75*(3), 291-299.
- Baker, B., & DiPiro, J. T. (2019). Evaluation of a structured onboarding process and tool for faculty members in a school of pharmacy. *American journal of pharmaceutical education, 83*(6).
- Behar-Horenstein, L. S., Garvan, C. W., Catalanotto, F. A., Su, Y., & Feng, X. (2016). Assessing faculty development needs among Florida's allied dental faculty. *American Dental Hygienists' Association, 90*(1), 52-59.
- Bentley, E., Morway, A., & Short, T. (2013). The wish list: Articulating and responding to new teachers' concerns. *The English Journal, 102*(3), 33-39.
<http://www.jstor.org/stable/23365370>
- Birkenfeld, K., Gilchrist, E., & Hoaglund, A. (2021). While Odysseus Was Away Mentoring Pre-service Teachers Across Generations: Examining Roles, Guidelines and Models. *College Student Journal, 55*(4), 422-428.
- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research, 26*(13), 1802-1811.
- Bloomberg, L. & Volpe, M. (2016). *Completing your qualitative dissertation: A road map from beginning to end*. (3rd ed.). Sage Publications.
- Brody, D. L., & Hadar, L. L. (2015). Personal professional trajectories of novice and experienced teacher educators in a professional development community. *Teacher development, 19*(2), 246-266.

- Brown, B., Friesen, S., Beck, J., & Roberts, V. (2020). Supporting new teachers as designers of learning. *Education Sciences, 10*(8), 207.
- Bureau of Labor Statistics. (2022). United States Department of Labor, *Occupational Outlook Handbook, 2021-2022 Edition, Dental Hygienists*. Retrieved from <https://www.bls.gov/ooh/healthcare/dental-hygienists.htm>
- Carr, E., Ennis, R., & Baus, L. (2010). The dental hygiene faculty shortage: Causes solutions and recruitment tactics. *The Journal of Dental Hygiene, 84*(4), 165-169. Retrieved from <https://une.idm.oclc.org/login?url=https://search-proquest-com.une.idm.oclc.org/docview/866443006?accountid=12756>
- Cheung, K. L., Peter, M., Smit, C., de Vries, H., & Pieterse, M. E. (2017). The impact of nonresponse bias due to sampling in public health studies: a comparison of voluntary versus mandatory recruitment in a Dutch national survey on adolescent health. *BMC public health, 17*(1), 276.
- Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in Qualitative Research*. Jossey-Bass Publishers.
- Collins, A., Brown, J. S., & Holum, A. (1991). Cognitive apprenticeship: Making thinking visible. *American educator, 15*(3), 6-11.
- Commission on Dental Accreditation. (2016). *Accreditation standards for dental education programs*.
- Cress-Ackermann, S., & Todorovich, J. (2015). Two women, one shared experience: A mentorship story. *Art Education, 68*(4), 34–39. <http://www.jstor.org/stable/45239848>
- Creswell, J. (2015). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (5th ed.). Boston, MA: Pearson.

- Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.
- Creswell, J. W., & Guetterman, T. C. (2019). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*. Pearson.
- Danaei, K. J., (2018). *Mentoring and adjunct faculty*. (Doctoral dissertation). Retrieved from https://www-une-edu.une.idm.oclc.org/sites/default/files/mentoring_and_adjunct_faculty.pdf.
- Dawson, B. L. (2019). *Perceptions of the role of faculty mentoring to socialize adjunct faculty into institutional culture at a state university in Georgia*. (Doctoral Dissertation). Retrieved from [ProQuest Dissertations \(mercer.edu\)](https://www.proquest.com/docview/2311111111)
- Disque, A. (2016). *Exploring the experiences of senior enlisted military wives seeking higher education through distance learning*. [Doctoral dissertation, University of New England]. DUNE: Digital UNE.
- Disraeli, B. (2014). The greatest good you can do for another is not just to share your riches, but to reveal to him his own. *Social Work*.
- Donnelli-Sallee, E. (2018). Supporting online teaching effectiveness at scale: Achieving efficiency and effectiveness through peer review. *Journal of Educators Online*, 15(3), n3.
- Doran, L. (2017). *A case study of adjunct faculty: Community and collegial support*. (Doctoral dissertation). Retrieved from https://www-une-edu.une.idm.oclc.org/sites/default/files/adjunct_faculty_case_study.pdf.
- Dow, R. S. (2014). Leadership responsibility in mentoring organization newcomers. *Journal of management policy & practice*, 15(1).

- Elder, S. J., Svoboda, G., Ryan, L. A., & Fitzgerald, K. (2016). Work factors of importance to adjunct nursing faculty. *Journal of Nursing Education, 55*(5), 245-251.
doi:10.3928/01484834-20160414-02
- Exter, M. E., & Ashby, I. (2019). Using cognitive apprenticeship to enculturate new students into qualitative research. *The Qualitative Report, 24*(4), 873+.
https://link.gale.com/apps/doc/A588342537/AONE?u=nysl_oweb&sid=googleScholar&xid=377c116b
- Ferguson, S. (2018). Ask not what your mentor can do for you...: The role of reciprocal exchange in maintaining student–teacher mentorships. *Sociological Forum, 33*(1), 211-233.
- Fewster-Thuente, L., & Batteson, T. J. (2018). Kolb's experiential learning theory as a theoretical underpinning for interprofessional education. *Journal of allied health, 47*(1), 3-8.
- Fountain, J., & Newcomer, K. (2016). Developing and sustaining effective faculty mentoring programs. *Journal of Public Affairs Education, 22*(4), 483-506.
<http://www.jstor.org/stable/44113751>
- Fuentes, M. V., Ruiz Alvarado, A., Berdan, J., & DeAngelo, L. (2014). Mentorship matters: Does early faculty contact lead to quality faculty interaction? *Research in Higher Education, 55*(3), 288-307.
- George, S. V., Richardson, P. W., & Watt, H. M. (2018). Early career teachers' self-efficacy: A longitudinal study from Australia. *Australian Journal of Education, 62*(2), 217-233.
- Guillaume, N., Jones, S. M., & De La Fosse, K. (2020). Academic residency: Effective engagement and mentorship of doctoral students. *Journal of College Teaching & Learning (TLC), 17*(1), 1-10.

- Henry-Noel, N., Bishop, M., Gwede, C. K., Petkova, E., & Szumacher, E. (2019). Mentorship in medicine and other health professions. *Journal of Cancer Education*, 34(4), 629-637.
- Hieker, C., & Rushby, M. (2020). Key Success Factors in Implementing Sustainable Mentor Programmes in Large Organisations. *International Journal of Evidence Based Coaching & Mentoring*, 18(2).
- Hill, S. E., Ward, W. L., Seay, A., & Buzenski, J. (2022). The Nature and Evolution of the Mentoring Relationship in Academic Health Centers. *Journal of Clinical Psychology in Medical Settings*, 1-13.
- Hodgkins, C., Boyd, L., Vineyard, J., Smilyanski, I., & Dominick, C. (2020). Factors affecting part-time dental hygiene faculty members' intent to stay in education. *Journal of Dental Education*, 84(4), 409-417.
- Houston, M. (2019). Faculty mentoring programs at academic institutions: A systematic literature review and suggestions for future mentoring programs. *IJETMR*, 6(10), 24-30.
- Imiere, E. (2019). An Application of Cognitive Apprenticeship to Philosophy Instruction. *Online Submission*.
- Johnson, K., Gurenlian, J., Garland, K., & Freudenthal, J. (2020). State licensing board requirements for entry into the dental hygiene profession. *American Dental Hygienists' Association*, 94(2), 54-65.
- Kelly, S., & Northrop, L. (2015). Early career outcomes for the "best and the brightest" selectivity, satisfaction, and attrition in the beginning teacher longitudinal survey. *American Educational Research Journal*, 52(4), 624-656.
- Kimmelman, N., & Lang, J. (2019). Linkage within teacher education: cooperative learning of teachers and student teachers. *European journal of teacher education*, 42(1), 52-64.

- Kolman, J. S., Roegman, R., & Goodwin, A. L. (2017). Learner-centered mentoring: Building from student teachers' individual needs and experiences as novice practitioners. *Teacher Education Quarterly*, 44(3), 93–117. <https://www.jstor.org/stable/90010905>
- Kramer, D., Hillman, S. M., & Zavala, M. (2018). Developing a culture of caring and support through a peer mentorship program. *Journal of Nursing Education*, 57(7), 430-435.
- Kutsyruba, B., & Godden, L. (2019). The role of mentoring and coaching as a means of supporting the well-being of educators and students. *International Journal of Mentoring and Coaching in Education*.
- Lunsford, L., Baker, V., & Pifer, M. (2018). Faculty mentoring faculty: Career stages, relationship quality, and job satisfaction. *International Journal of Mentoring and Coaching in Education*, 7(2), 139-154.
- Mann, C. & De Gagne, J.C. (2017). Experience of novice adjunct clinical faculty: a qualitative study. *Journal of Continuing Education in Nursing*, 48(4), 167-74.
- Matsuo, M., & Tsukube, T. (2020). A review on cognitive apprenticeship in educational research: Application for management education. *The International Journal of Management Education*, 18(3), 100417.
- Mazerolle, S. M., Nottingham, S. L., & Coleman, K. A. (2018). Faculty mentorship in higher education: The value of institutional and professional mentors. *Athletic Training Education Journal*, 13(3), 259-267.
- McCann, T. (2013). Mentoring matters: A reflection on mentors and mentoring. *The English Journal*, 102(6), 88-90.

- McComas, M. J., Hurlbutt, M., & Fontana, M. (2020). A survey of cariology education in US dental hygiene programs: The need for a core curriculum framework. *Journal of Dental Education, 84*(12), 1348-1358.
- McConnell, K., Geesa, R. L., & Lowery, K. (2019). Self-reflective mentoring: Perspectives of peer mentors in an education doctoral program. *International Journal of Mentoring and Coaching in Education.*
- Medina, M. S., Castleberry, A. N., & Persky, A. M. (2017). Strategies for improving learner metacognition in health professional education. *American journal of pharmaceutical education, 81*(4), 78. doi:10.5688/ajpe81478
- Merriam, S. B. & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation.* Hoboken NJ: Jossey-Bass Publications.
- Minschew, L. M., Olsen, A. A., & McLaughlin, J. E. (2021). Cognitive apprenticeship in STEM graduate education: A qualitative review of the literature. *AERA Open, 7*, 23328584211052044.
- Morris, T. H. (2020). Experiential learning—a systematic review and revision of Kolb’s model. *Interactive Learning Environments, 28*(8), 1064-1077.
- Mullen, C. A. (2020). *Practices of cognitive apprenticeship and peer mentorship in a cross-global STEM lab.* The Wiley international handbook of mentoring: Paradigms, practices, programs, and possibilities, 243-260.
- Mupas-Obedoza, R. (2022). *A narrative inquiry on the entrepreneurial experiences of female military spouses with advanced degrees.* [Doctoral dissertation, University of New England]. DUNE: Digital UNE.

- Naim, M. F., & Lenka, U. (2018). Development and retention of Generation Y employees: a conceptual framework. *Employee relations*.
- Nanna, K. C. (2018). *The effects of informal mentoring on adjunct faculty job satisfaction at an open enrollment university*. (Doctoral dissertation). Liberty University.
- National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. (1979). *The Belmont report: Ethical principles and guidelines for the protection of human subjects of research*. U.S. Department of Health and Human Services.
- New York University (2020). Dental hygiene programs.
<https://dental.nyu.edu/academicprograms/dental-hygiene-programs.html>
- Nowell, L., Norris, J. M., Mrklas, K., & White, D. E. (2017). Mixed methods systematic review exploring mentorship outcomes in nursing academia. *Journal of advanced nursing*, 73(3), 527-544.
- Pethrick, H., Nowell, L., Paolucci, E. O., Lorenzetti, L., Jacobsen, M., Clancy, T., & Lorenzetti, D. L. (2020). Peer mentoring in medical residency education: A systematic review. *Canadian Medical Education Journal*, 11(6), e128.
- Pizanis, V. G., & Pizanis, C. (2019). Effective and ineffective clinical teaching in dental hygiene education: a qualitative study. *Journal of dental education*, 83(8), 904-913.
- Qadeer, A. (2020). Mentoring role of senior colleagues in professional socialization of beginning english teachers in pakistan.
- Ravitch, S. M., & Carl, N. M. (2019). *Qualitative research: Bridging the conceptual, theoretical, and methodological*. Sage Publications.

- Ravitch, S. M., & Riggan, M. (2016). *Reason & rigor: How conceptual frameworks guide research*. Sage Publications.
- Rich, T. (2016). Adjuncts matter: A qualitative study of adjunct's job satisfaction. *Online Journal of Distance Learning Administration*, 19(3), 1-5
- Roberts, C. M. (2010). *The dissertation journey: A practical and comprehensive guide to planning, writing, and defending your dissertation*. Corwin Press.
- Roberts, J. (2018). From the editor: The possibilities and limitations of experiential learning research in higher education. *Journal of Experiential Education*, 41 (1), 3-7.
- Sands, R. G., Parson, L. A., & Duane, J. (1991). Faculty Mentoring Faculty in a Public University. *The Journal of Higher Education*, 62(2), 174–193.
<https://doi.org/10.2307/1982144>
- Sancar, R., Atal, D., & Deryakulu, D. (2021). A new framework for teachers' professional development. *Teaching and Teacher Education*, 101, 103305.
- Smethers, R. D., Smallidge, D. L., Giblin-Scanlon, L. J., & Perry, K. R. (2018). Experiences and challenges of clinical dental hygienists transitioning into teaching roles. *American Dental Hygienists' Association*, 92(6), 40-46.
- Tariq, M., Iqbal, S., Haider, S. I., & Abbas, A. (2021). Using the cognitive apprenticeship model to identify learning strategies that learners view as effective in ward rounds. *Postgraduate Medical Journal*, 97(1143), 5-9.
- Tolman, D. L., & Head, J. C. (2021). Opening the black box: A primer for the listening guide method of narrative inquiry. *Qualitative Psychology* (Washington, D.C.), 8(2), 152- 170.

- Vagi, R., Pivovarova, M., & Miedel Barnard, W. (2019). Keeping our best? A survival analysis examining a measure of preservice teacher quality and teacher attrition. *Journal of Teacher Education, 70*(2), 115-127.
- Vance, L.M.A. (2018). *New adjunct faculty orientation practices at community colleges: Creating a culture of inclusion*. (Doctoral dissertation). Retrieved from <https://une-illiadoclc-org.une.idm.oclc.org/illiad/illiad.dll?Action=10&Form=75&Value=44365>
- Vogell, S. L. (2019). *The lived experiences of adjunct clinical dental hygiene faculty* (207) [Doctoral dissertation, University of New England]. DUNE: DigitalUNE. *All Theses and Dissertations*. <https://dune.une.edu/theses/207>
- Waddell, J., Martin, J., Schwind, J. K., & Lapum, J. L. (2016). A faculty-based mentorship circle: Positioning new faculty for success. *Canadian Journal of Higher Education, 46*(4), 60-75.
- Weinberg, F. J. (2019). How and when is role modeling effective? The influence of mentee professional identity on mentoring dynamics and personal learning outcomes. *Group & Organization Management, 44*(2), 425-477.
- Weisling, N. F., & Gardiner, W. (2018). Making mentoring work. *Phi Delta Kappan, 99*(6), 64-69. <http://dx.doi.org.une.idm.oclc.org/10.1177/0031721718762426>
- Zhao, Z. & Carberry, A. R. (2018). Developing postdoctoral scholar and graduate student mentorship ability. *2018 IEEE Frontiers in Education Conference (FIE)* (pp. 1-7).

APPENDIX A

SITES

Participants were recruited from accredited dental hygiene programs offered in the following nineteen schools in the Tri-State Area:

1. Farmingdale State College
2. CUNY Hostos Community College – Bronx, NY
3. CUNY New York City College of Technology – Brooklyn, NY
4. Erie Community College – Buffalo, NY
5. Hudson Valley Community College – Troy, NY
6. Monroe Community College – Rochester, NY
7. New York University – New York, NY
8. Orange County Community College – Middletown, NY
9. Plaza College – Forest Hills, NY
10. SUNY Broome Community College – Binghamton, NY
11. Bergen Community College - Paramus, NJ
12. Camden County College – Blackwood, NJ
13. Eastern International College – Jersey City, NJ
14. Middlesex County College – Edison, NJ
15. Rowan College at Burlington County – Mount Laurel, NJ
16. Goodwin College – East Hartford, CT
17. Tunxis Community College – Farmington, CT
18. University of Bridgeport – Bridgeport, CT
19. University of New Haven – West Haven, CT

APPENDIX B.

PARTICIPANT RECRUITMENT EMAIL

Dear [adjunct clinical instructor],

I am contacting you today to invite you to participate in a voluntary study to share your experiences with peer mentorship during your initial transition from clinician to educator. This study is a part of my doctoral program, where I am a student at the University of New England. The title of my research is Exploring the Experiences of Adjunct clinical Dental Hygiene Faculty with Peer Mentorship as They Transition from Clinician to Educator. Your department chair has issued a letter supporting my research and provided me with the names and emails of the adjunct clinical dental hygiene faculty. The focus of this study is to share the stories of clinical dental hygiene faculty's initial teaching experiences as they transitioned from clinician to instructor. Exploring adjunct clinical dental hygiene faculty experiences with peer mentorship provides an opportunity for this population to share their stories and these stories may assist administrators in gaining a better understanding of their unique position. The data collected from this study may help strengthen the need for standardized orientation programs for adjunct clinical dental hygiene faculty and may also inform professional development for other allied health care programs.

I have identified adjunct clinical dental hygiene faculty for several reasons. Adjunct clinical dental hygiene faculty comprise the majority of dental hygiene faculty and, therefore, play a significant role in teaching the newest members of the profession. The academic world is quite different from the world of clinical dental hygiene, however, and novice adjunct instructors must learn to navigate new environments and adapt to new roles. Many adjunct clinical dental hygiene faculty transition from clinical practice to academia with little or no teaching experience. Heightened awareness of the unique experiences of novice clinical faculty, and identification of

the effective strategies and challenges encountered by these individuals, may assist in creating successful approaches and programs for novice faculty as they enter clinical teaching roles.

There are two requirements for participation in this study: 1. The participant has a minimum of five years' experience working as a clinical dental hygienist before becoming a adjunct clinical dental hygiene instructor, and 2. The participant has been an adjunct clinical dental hygiene instructor in the Tri-State area for one to ten years.

If you agree to support this study, I will invite you to participate in a confidential, recorded Zoom interview at a mutually agreeable time. Your decision to participate is voluntary, and you can withdraw at any time or refuse to answer any question without any consequences of any kind. I expect the recorded Zoom interview length to be between 45-60 minutes, with time in the end for any additional questions the participant may have. If you are willing to participate in this study, please let me know by replying to this email. I appreciate your consideration and look forward to your response.

Sincerely,

Rosalie Forrester MS, RDH

University of New England Doctoral Student

APPENDIX C.

INTERVIEW QUESTIONS

1. Tell me about yourself and your dental hygiene career (i.e., education, years of experience, areas of specialty, length of teaching, currently working).
2. How long did you work as a clinical dental hygienist prior to becoming an adjunct clinical dental hygiene instructor?
3. How and why did you choose to become an adjunct clinical dental hygiene instructor?
4. Describe your experience as an adjunct clinical instructor teaching in the clinical setting.
5. Can you share stories about your early experiences as an adjunct clinical dental hygiene instructor?
6. Is your experience as an adjunct clinical dental hygiene instructor different than what you expected? If so, how?
7. What is your experience or education in the field of adult education? How and where did you develop your teaching skills?
8. Were you asked to teach any didactic (in person or online) courses in addition to clinical courses when initially hired as an adjunct clinical dental hygiene instructor?
9. Are you familiar with peer mentorship? If so, can you describe it in your own words?
10. Did you have a mentor in an official capacity? i.e., was a mentor assigned to you when you were hired?
11. Did you have an unofficial mentor? i.e., someone who took you under their wing and offered guidance without assignment?
12. Describe your orientation as an adjunct. Did you (Do you) feel prepared and competent to teach clinical dental hygiene?
13. What type of guidance did you find most helpful in developing competence as a dental hygiene educator?
14. Do you feel that your needs as a new instructor were met at the time that you were transitioning from clinician to educator?
15. What do you perceive were facilitators as you transitioned from clinician to educator?
16. What were the challenges or obstacles you faced as a new instructor?
17. What do you perceive were barriers to your transition from clinician to educator?
18. What did your institution do to meet your needs as a new instructor? Can you explain?

19. Were you asked to join any committees (college-wide and/or departmental) when initially hired as an adjunct clinical dental hygiene instructor?
20. What recommendations would you make for administration to help orient novice instructors into their new educational role?
21. Is there anything else you would like to add that we haven't already addressed?
22. Additional interview questions TBD

APPENDIX D.

Participant Information Sheet

| | |
|------------------------------|---|
| Version Date: | 6/21/2023 |
| IRB Project #: | 0523-18 |
| Title of Project: | Exploring the Experiences of Adjunct Clinical Dental Hygiene Faculty with Peer Mentorship as They Transition from Clinician to Educator |
| Principal Investigator (PI): | Rosalie Forrester, Assistant Professor at Farmingdale State College |
| PI Contact Information: | rforrester@une.edu 917-648-6773 |

INTRODUCTION

- This is a project being conducted for research purposes. Your participation is completely voluntary.
- The intent of the Participant Information Sheet is to provide you with important details about this research project.
- You are encouraged to ask any questions about this research project, now, during or after the project is complete.
- The use of the word ‘we’ in the Information Sheet refers to the Principal Investigator and/or other research staff.

WHAT IS THE PURPOSE OF THIS PROJECT?

The purpose of this research project is to explore the experiences of clinical adjunct dental hygiene faculty in transitioning from clinician to educator and their experiences with peer mentorship in relation to acclimating into this environment. This research is being conducted as part of a dissertation and will include five participants.

WHY ARE YOU BEING ASKED TO PARTICIPATE IN THIS PROJECT?

You are being asked to participate in this research study because 1. you are an adjunct clinical dental hygiene instructor with a minimum of five years’ experience working as a clinical dental hygienist before becoming an adjunct clinical dental hygiene instructor, and 2. you have been an adjunct clinical dental hygiene instructor in the Tri-State area for one to ten years.

WHAT IS INVOLVED IN THIS PROJECT?

You will be asked to participate in one semi structured interview with the principal investigator that will last approximately 45-60 minutes over Zoom.

You may choose a pseudonym to be used in place of your name for the study.

You will be given the opportunity to leave your camera on or off during the interview, and your interview will be recorded using Zoom.

After the interview, you will be emailed a copy of your transcript to review for accuracy. You will have five business days to respond, or I will assume that you have no comments and will assume the transcript to be accurate.

WHAT ARE THE POSSIBLE RISKS OR DISCOMFORTS INVOLVED FROM BEING IN THIS PROJECT?

The risks involved with participation in this research project are minimal and may include an invasion of privacy or breach of confidentiality. Participants have the right to skip or not answer any questions, for any reason.

Please see the 'WHAT ABOUT PRIVACY & CONFIDENTIALITY?' section below for additional steps we will take to minimize an invasion of privacy or breach of confidentiality from occurring.

WHAT ARE THE POSSIBLE BENEFITS FROM BEING IN THIS PROJECT?

There are no likely benefits to you by being in this research project; however, the information we collect may help us understand the unique position of adjunct clinical dental hygiene faculty transitioning from clinician to educator.

WILL YOU BE COMPENSATED FOR BEING IN THIS PROJECT?

You will not be compensated for being in this research project.

WHAT ABOUT PRIVACY AND CONFIDENTIALITY?

We will do our best to keep your personal information private and confidential. However, we cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Additionally, your information in this research project could be reviewed by representatives of the University such as the Office of Research Integrity and/or the Institutional Review Board.

The results of this research project may be shown at meetings or published in journals to inform other professionals. If any papers or talks are given about this research, your name will not be used.

- Data will only be collected during one-on-one participant interviews using Zoom, no information will be taken without participant consent, and transcribed interviews will be checked by participants for accuracy before they are added to the study.
- Pseudonyms will be used for all participants and any personally identifying information will be stripped from the interview transcript.
- All names and e-mails gathered during recruitment will be recorded and linked to a uniquely assigned pseudonym within a master list.
- The master list will be kept securely and separately from the study data and accessible only to the principal investigator.
- The interview will be conducted in a private setting to ensure others cannot hear your conversation.
- Participants are given the option to turn off their camera during Zoom interview.
- You will be asked to avoid using any terminology that could potentially identify your former or current institution(s) in your interview.
- The identity of the participants and their institutions will be deidentified and any direct or indirect identifying links will be redacted.

- Once member checking of the transcribed interview is complete the recorded Zoom interview will be destroyed.
- Once all transcripts have been verified by the participants, the master list of personal information will be destroyed.
- All other study data will be retained on record for 3 years after the completion of the project and then destroyed. The study data may be accessed upon request by representatives of the University (e.g., faculty advisors, Office of Research Integrity, etc.) when necessary.
- All data collected will be stored on a password protected personal laptop computer accessible only by the principal investigator.

WHAT IF YOU WANT TO WITHDRAW FROM THIS PROJECT?

You have the right to choose not to participate, or to withdraw your participation at any time without penalty or loss of benefits. You will not be treated differently if you decide to stop taking part in this project.

If you request to withdraw from this project, the data collected about you will be deleted when the master list is in existence, but the researcher may not be able to do so after the master list is destroyed.

WHAT IF YOU HAVE QUESTIONS ABOUT THIS PROJECT?

You have the right to ask, and have answered, any questions you may have about this research project. If you have questions about this project, complaints, or concerns, you should contact the Principal Investigator listed on the first page of this document.

WHAT IF YOU HAVE QUESTIONS ABOUT YOUR RIGHTS AS A RESEARCH PARTICIPANT?

If you have questions or concerns about your rights as a research participant, or if you would like to obtain information or offer input, you may contact the Office of Research Integrity at (207) 602-2244 or via e-mail at irb@une.edu.

APPENDIX E.

IRB APPROVAL LETTER

INNOVATION FOR A HEALTHIER PLANET

Office of Research Integrity
Institutional Review Board

Biddeford Campus
11 Hills Beach Road
Biddeford, ME 04005
(207) 602-2244 T
(207) 602-5905 F
[Portland Campus](#)
716 Stevens Avenue
Portland, ME 04103

DATE OF LETTER: May 24, 2023

PRINCIPAL INVESTIGATOR: Rosalie Forrester
FACULTY ADVISOR: Mitchell Henke, Ph.D.

PROJECT NUMBER: 0523-18
RECORD NUMBER: 0523-18-01

PROJECT TITLE: Exploring the Experiences of Clinical Adjunct Dental Hygiene With Peer Mentorship as They Transition from Clinician to Educator

SUBMISSION TYPE: New Project
SUBMISSION DATE: May 22, 2023

ACTION: Determination of Exempt Status
DECISION DATE: May 24, 2023

REVIEW CATEGORY: Exemption Category # *2ii*

The Office of Research Integrity has reviewed the materials submitted in connection with the above-referenced project and has determined that the proposed work is exempt from IRB review and oversight as defined by 45 CFR 46.104.

You are responsible for conducting this project in accordance with the approved study documents, and all applicable UNE policies and procedures.

If any changes to the design of the study are contemplated (e.g., revision to the research proposal summary, data collection instruments, interview/survey questions, recruitment materials, participant information sheet, and/or other approved study documents), the Principal Investigator must submit

an amendment for review to ensure the requested change(s) will not alter the exempt status of the project.

If you have any questions, please send an e-mail to irb@une.edu and reference the project number as specified above within the correspondence.

Best Regards,

A handwritten signature in black ink that reads "Bob Kennedy". The signature is written in a cursive style with a large, stylized "B" and "K".

Bob Kennedy, MS
Director of Research Integrity