DEVELOPMENT OF A VIRTUAL FACULTY NETWORK USING FLIPGRID

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ABSTRACT

The new landscape of contingent employment in higher education has presented unique challenges for educational institutions preparing working professionals to assume roles as educators. Unlike their traditional counterparts, adjunct faculty possess disciplinary knowledge and expertise but lack formal, academic preparation for teaching (Anderson, 2009; Cangelosi, Crocker, & Sorrell, 2009; Girard, 2003; Spencer, 2013). Consequently, adjunct faculty require additional tools for on-going development and to feel connected to the organization (AACN, 2017; McDonald, 2010). Such faculty supports influence employee motivation and workplace engagement (Bauer, 2011; Meixner, Kruck, & Madden, 2010) and are positively correlated with job satisfaction and organizational commitment (Gappa, 2000; Lew, 2009). To address the complex needs of adjunct nursing and health professions faculty, the College of Nursing and Health Care Professions has implemented an approach to faculty development using Flipgrid, a video discussion platform. Most commonly used in K-12 education as a learning tool for students, the platform was "flipped" to engage adjunct faculty across health disciplines in a virtual faculty network. Twelve faculty participated in a beta test over the course of a semester to evaluate accessibility, functionality, and overall usefulness of the platform to influence faculty engagement. Results were consistent with the literature pertaining to faculty work engagement (Forbes, Hickey, & White 2010; McDonald, 2010; Raman, 2015). Faculty reported that the professional development activity promoted a sense of community among educators and encouraged collaboration. Ability to engage in meaningful dialog, outside of traditional meetings, was reported as a major theme influencing the sharing of best practices.

STATEMENT OF PROBLEM

Representing the fastest growing population of instructional employment across degree-granting, postsecondary institutions in the United States (NCES, 2017), adjunct or sessional faculty—as they have come to be known—teach online, in the evening, or in community settings and are crucial contributors to the teaching and learning process at the undergraduate level (Lyons, 2007; Hinshaw, 2001; Charlier & Williams, 2011). However, despite a growing dependency on adjunct faculty, few institutions offer programs specifically designed to meet the unique needs of this diverse population of educators (Abbas & McLean, 2001; Gappa & Leslie, 1993; Hinds, Burgess, McCormick, & Svetich, 1985). This is particularly evident across health care programs in which a majority of faculty contributing to clinical learning are employed on a part-time, adjunct, or ad hoc basis (AACN, 2014). While formal orientation and mentorship programs are offered to full-time faculty, similar programs are lacking, or logistically difficult, for adjunct faculty to engage (Abbas & McLean, 2001; Gappa & Leslie, 1993).

Among the strategic goals of the American Association of Colleges of Nursing (AACN) is to "develop faculty and academic leaders to meet the challenges of changing health care and higher education environments" (AACN, 2014). This includes the implementation of initiatives that recruit and retain a diverse population of nurse educators to advance nursing education. However, if nursing and health care programs are to attract and retain professionals transitioning into the role of educator, unconventional approaches to development and acculturation are necessary (McDermid, Peters, Jackson, & Daly, 2012; Nardi & Gyurko, 2013).

To address the complex needs of adjunct nursing and health professions faculty, the College of Nursing and Health Care Professions has implemented an approach to faculty development using Flipgrid, a video discussion platform. Most commonly used in K-12 education as a learning tool for students, the platform drives engagement through the development of communication channels that amplify personal voice (Flipgrid, 2018). Using well-placed prompts, icons, and audio/ visual discussion starters, users participate in an online exchange that is both interactive as well as expressive. Extending the boundaries of expression beyond a single dimension, complex ideas can be conveyed more effectively, and with great emphasis, through rich video and select imagery.

In essence, the concept of engagement with students was "flipped" to instead engage adjunct faculty across health disciplines in a virtual faculty network. Twelve faculty participated in a beta test over the course of a semester to evaluate accessibility, functionality, and overall usefulness of the platform to influence faculty engagement. Associated with positive outcomes across several disciplines including business, psychology, medicine, and nursing, institutional supports designed for full-time faculty in traditional settings can also be applied in the virtual environment.

The initial implementation of Flipgrid produced unexpected results. Faculty reported that the professional development activity promoted a sense of community among educators and encouraged collaboration; however, most participants were reluctant to engage, opting instead to observe the actions of their peers and wait to engage until it appeared "safe" to do so. For others, viewing the video responses posted by administrators and full-time faculty (at times more than once) created new insights and meanings through various interpretive filters. Ability to engage in meaningful dialog, outside of traditional meetings, was reported as a major theme influencing perceived institutional support and satisfaction.

STATEMENT OF PURPOSE

The current shortage of nurse educators is well documented (AACN, 2017; Anderson, 2009; Anderson, 2009; Cangelosi et al., 2009; Cranford, 2013; Girard, 2003; Hinchcliffe-Duphily, 2011; McDonald, 2010; Schoening, 2013; Spencer, 2013). In 2016, nursing schools in the United States turned away 64,067 qualified applicants from baccalaureate and graduate programs due to insufficient resources, most important of these—an ample supply of faculty (AACN, 2017). A Special Survey on Vacant Faculty Positions released by the American Association of Colleges of Nursing (AACN) in October of 2016 revealed that, beyond current vacancies, additional new positions were needed to offset faculty retirements and meet the growing demand for a more educated workforce.

The national shortage of qualified faculty has led to a dramatic increase in the number of positions staffed by clinicians with varying levels of education and clinical expertise (Spencer, 2013; Suplee & Gardner, 2009). With little to no formal preparation for teaching, adjunct faculty have assumed an influential role in clinical instruction (Cangelosi et al., 2009; Hinchcliffe-Duphily, 2011; Reid, Hinderer, Jarosinski, Mister, & Seldomridge, 2013; Spencer, 2013). The growing body of literature pertaining to faculty transition suggests novice faculty do not fully understand the role of educator despite an eagerness to "share their clinical expertise through teaching" (Cangelosi et al., 2009, p. 367; Spencer, 2013). Instead, they operate on the assumption that, as expert clinicians, they can easily assume roles as nurse educators (Cangelosi et al., 2009; Girard, 2003; Hinchcliffe-Duphily, 2011; Schoening, 2013).

Several studies have explored the transition experiences of novice educators from the bedside to the classroom (Anderson, 2009; Cangelosi et al., 2009; Girard, 2003; Spencer, 2013); however, few studies examine the quality of engagement and perceived satisfaction with development programs

intended to acclimate the faculty member to the institution, its culture, and its practices (Ormann, 1998; Sarmiento, Laschinger, & Iwasiw, 2004; Wareham, 1996; Whalen, 2009). Rather, the literature is replete with reports of insufficient opportunities for professional development and socialization among adjunct faculty in particular (Abbas & McLean, 2001; Gappa & Leslie, 1993; Hinds et al., 1985; Lundy & Warme, 1990). If nursing education is to address faculty shortage through efforts to attract and retain qualified faculty, the quality of interactions between and among faculty groups, in the context of social networks, must be examined.

According to Weimer's (2013) epistemology of learning, we draw conclusions and construct our own personal meanings through the processes of examination, questioning, validating, and revising. This approach to knowledge development for professional practice provides a strong foundation on which we can make sense of the unexpected and bring to bear intuition, aesthetics, and "other ways of knowing" (Weimer, 2013). Generally excluded from traditional discussions of scholarship and scholarly inquiry, the philosophy characterizes the experience of negotiating new ideas into personalized schemas from which we contextualize our place the world (Weimer, 2013).

The conceptual framework proposed by Weimer (2013) complements the approach to reflective practice identified by Brookfield (1998) in which practitioners are encouraged to uncover "the assumptions that frame how they work" (p. 197). In so doing, practitioners are challenged to see the world through the following four complementary lenses: The lens of their own autobiographies, the lens through which the learner sees, the lens of colleagues' perceptions, and the lens of the discipline (e.g., knowledge from the theoretical, the philosophical, and the research literature) (Brookfield, 1998). Brookfield (1998) notes, "Viewing what we do through these different lenses alerts us to distorted or incomplete aspects of our assumptions that need further investigation" (p. 197). By applying these lenses to our examination of the lived experiences of adjunct faculty as they engage in the work of negotiating new skills, developing new relationships, and becoming a new role, we uncover the following new dimensions that the clinician must overcome: self-consciousness, self-doubt, and interdependency.

Activity / Project Description

Bringing faculty together into a forum where best practices can be shared, faculty can network, and receive updates, or ask questions—all while feeling supported and valued—has been an ongoing emphasis within the College of Nursing and Health Care Professions. This project began in the fall of 2017. Many online, full-time faculty at Grand Canyon University were using the technology within their online classrooms and reported that students were thriving academically as well as socially. After exploring the technology and its capabilities, an initial meeting was scheduled with the Flipgrid ambassador for the university who supported us in moving forward with the "flipped" approach as a way to engage faculty. Achieving a basic understanding of the technology, its potential limitations, and use with other populations was critical. This process included the identification of appropriate parameters for creating 60-second videos, the creation of grids using specific images that conceptually aligned to users' perceptions of themes associated with teaching, and boundaries for information sharing that ensured netiquette. Simultaneously, we developed ease-of-use processes that would be sensitive to the challenges historically experienced by the unique population of health care professionals we were targeting. Once the grid was configured, a select group of faculty (n=7) evaluated the platform for accessibility and functionality, then a convenience sample of faculty was drawn from nursing and other health care disciplines (n=12) to participate in a beta test over the course of the semester. Faculty were encouraged to utilize images, icons, and links to supplement video responses in which faculty expressed their views regarding the educational process and prior experiences as health care providers and educators.

RESULTS

A number of unforeseen difficulties were observed at the onset of implementation. The first of these involved access to basic technology, or lack thereof. Some faculty did not have computers equipped with a web camera, which was needed for recording asynchronous videos. This came as a surprise given the basic technology requirements common in clinical and classroom environments as well as the heavy emphasis on integration of

technology for teaching in health care education. Rather, it was assumed that all faculty participants possessed, or had access to, the technology needed to operate Flipgrid including webcams.

The second challenge faced involved motivation to participate. Several faculty members (n= 6) asked the question, "What's in it for me?" The predominant concern voiced by faculty centered on limited time to devote to activities not directly associated with teaching. As before, the response from faculty came as a surprise, particularly given the range of opportunities (from 60 seconds to 90 seconds) in which to develop video posts or prompts. In the six months preceding project implementation, faculty at all levels reported a desire for more opportunities to become involved in peer-to-peer discussion and sharing of best practices. In particular, nursing faculty expressed a strong desire to feel more connected to the college and their adjunct faculty colleagues. However, it became apparent that motivation to engage was, as least in part, linked to lack of time, enumeration, or other benefit.

Lack of time was a considerable barrier experienced by participants. Full-time faculty expressed appreciation when invited to participate in the beta test but were reticent to accept the invitation to participate. Lack of time above and beyond existing commitments and job responsibilities made the prospect of participating burdensome to some. Paradoxically, however, numerous requests were received from adjunct, as well as full-time faculty, for more involvement in college discussions and opportunities to connect with other faculty in order to dialogue. Given the disconnect regarding interpretations of "participation," "engagement," and "voice," reflections related to why participate, when to engage, and who has a voice became themes requiring clarification and one-to-one discussion as the situations began to unfold.

Understanding faculty reluctance to participate was difficult to unpack at the onset of the project as few faculty posted introductory videos during the first two weeks following implementation. This task involved posting an introduction to the group along with a brief explanation of something unique about themselves. The task was anticipated to take three minutes. Interestingly, however, reports generated in Flipgrid showed that while some participants did not post their own videos, the faculty repeatedly

entered the system to view the videos generated by others. By the final week of implementation, the analytics within the technology calculated that the faculty had viewed between eight and 10 hours of video on a wide range of topics from university resources to teaching and learning practices.

PROPOSED REASONS FOR THE PROBLEM

It is theorized that competing conceptual frameworks and constructed realities negatively influence faculty engagement and development of professional identity among educators, in particular those new to the teaching role. However, experts in the delivery of patient care, nurses and health care professionals lacking formal preparation for teaching also lack the conceptual framework necessary to distinguish academic from non-academic roles. In order to develop a new professional identity, clinicians must integrate what appear to be competing conceptual views (Finlow, 2011). While educators at all levels recognize the characteristics and skills associated with clinical expertise, skills associated with teaching are not apparent to clinicians.

Furthermore, misconceptions in the preparation necessary to assume the role of educator further hinder the development of a professional identity (Hinchcliffe-Duphily, 2011). Rather, the work of teaching is embedded in a more complex structure of scholarship and inquiry, of which the institutional sub-culture influences academic identity (Finlow, 2012). Finlow (2012) concluded that in order to overcome separateness and achieve a sense of belonging within the culture of higher education, novice educators must develop an identity that is both "professional" and "academic" (p. 118). Individual conceptualizations of the professional role, coupled with "unspoken rules," contribute to the construction of realities that mirror social practices rather than professional practices.

EVALUATION OF PROPOSED REASONS FOR THE PROBLEM

Understanding faculty reluctance during the reflective process was difficult and at times disappointing; however, face-to-face and phone conversations allowed us to examine concepts underlying the behaviors observed—namely fear and role conflict. The following questions characterized the concepts in action: Who is going to have access to view the grid; is someone in a

position of authority going to evaluate the quality of interactions; and are there potential negative consequences associated with participation?

Perceptions of fear were more pronounced among nursing faculty than among other health care faculty. In a face-to-face discussion with one faculty member, internal conflict regarding role was voiced. The nursing faculty member inquired about the educational level of those participating in the discussion, alluding to a perceived deficiency of knowledge when compared to those prepared at the doctoral level. Interestingly, this faculty member was considered a seasoned educator with nearly 20 years of experience in health care education and was nearing completion of a terminal degree in her field. These statements confirm the proposed reasons for disconnect regarding interpretations of "participation," "engagement," and "voice," as well as the unexpected responses related to role and the teaching identity. We propose that identity formation in nursing and health care faculty are directly influenced by competing conceptual frameworks, development of new realities, and socialization within an academic milieu.

COMPETING CONCEPTUAL FRAMEWORKS

In an ethnographic study of new nurse educators employed at a large university in the United Kingdom, Finlow (2012) explored important questions about the parity of roles within the larger context of nursing. Participants were asked to compare and contrast the identities of higher education practitioners and non-academic practitioners. Having only relative experience in higher education, it was found that identities attributed to each type of practitioner were focused on organizational responsibilities and the traditional meaning of the term "academic" rather than the overarching purpose assigned to the nursing discipline. The perception of competing frameworks, professional versus academic, became evident. Whereas the identity of professionals in the practice environment were linked to clinical expertise, the identity of professionals engaging in the work of teaching were embedded in a more complex structure of scholarship and inquiry, of which the institutional sub-culture influenced academic identity (Finlow, 2012). Finlow (2012) concluded that in order to overcome separateness and achieve a sense of belonging within the

culture of higher education, novice educators must develop an identity that is both "professional" and "academic" (p. 118).

A NEW REALITY

To better understand the work-role transition of clinical experts assuming full-time teaching roles in baccalaureate programs, Anderson (2009) examined the constructed realities of 18 nurse practitioners and clinical nurse specialists entering academia at 14 programs. Using semi-structured interviews and a naturalistic inquiry approach to data collection, the researcher gathered data reflecting individual experiences encountered upon entering the academic setting which included thoughts, reflections, emotions, expectations, observations, and interactions. Individual stories shared by participants provided a rich context for understanding the complexity of the transition, as well as specific features of the multi-phase process. The experience of transition was conceptualized as a metaphor of a mermaid entering the "sea of academia" (Anderson, 2009, p. 203). Analysis of patterns emerging from data resulted in the aggregate depiction of the experience of transition viewed through six fluid periods of the following: "Sitting on the shore," "splashing in the shallows," "drowning, treading water," "beginning strokes," and "throughout waters" (Anderson, 2009, p. 204). Results of the study revealed the complex work-role transition of new educators entering a new community of practice in which there are psychological, social, and cognitive effects. It offers a representational understanding of the lived experience of work-role transition as experienced by new educators and provides a foundation for the development of a new, occupational reality.

SOCIALIZATION AND THE ACADEMIC MILIEU

Building upon previous studies exploring the influence of culture on occupational transition of nurse clinicians, Clark (2013) conducted a mixed-methods study to identify the social processes linked to the phases of professional transition for nurses moving into clinical faculty roles. Results of the study revealed the following five stages of transition: Beginning the role, employing strategies to survive the role, coming to a turning point in the role, sustaining success in the role, and finding fulfillment in the role (Clark, 2013). For each of the stages, successful progression was linked to role

assimilation and acculturation into the academic milieu.

Although strategies to mitigate unexpected challenges were identified by participants, overwhelmingly, staff nurses reported differences between the role of clinician and clinical faculty, emphasizing that "there is a social process to becoming a clinical instructor and it may not be a natural outgrowth of being a staff nurse" (Clark, 2013, p. 109). While teaching was deemed an important skill exercised in the role of staff nurse, it was not considered the primary role nor was it the skill for which expertise was measured. The shift in expectations, coupled with a lack of preparation to meet the demands of teaching, resulted in role strain for several participants (Clark, 2013). The study outcomes have broad implications for the socialization of novice educators in academia. In addition to opportunities for orientation and professional development, clinicians must integrate into the social scheme of education.

REFLECTIVE CRITIQUE

Throughout the project there were a number of interactions with various faculty members that demonstrated the need for additional structural supports and opportunities for acculturation as an educational community of practice. While current systems and processes designed to support faculty provide an avenue to access institutional and instructional resources, collectively these activities represent a starting point, rather than an end-point, upon which faculty begin to engage. On-going faculty development will require intentional examination of the development trajectory of the faculty group, individually as well as collectively, and intentional planning for opportunities to build and reinforce faculty culture. As clinicians entering academia, the lens of their own biographies, the lens of colleagues' perceptions, and the lens of the discipline (Brookfield, 1998) must coalesce for the clinician to become an educator.

It is evident that the needs of part-time and adjunct faculty differ from their traditional counterparts. On-demand access to resources and opportunities to engage in peer-to-peer dialog, as well as mechanisms to share the lived experience, are factors that influence faculty engagement and moreover, intent to stay. Therefore, ongoing research is needed to evaluate the effectiveness of strategies developed to address the unique development needs of adjunct faculty, in particular.

Recommendations for structural supports within the college include the development of faculty champions to support novice and adjunct faculty as they begin to integrate new technologies and engage in teaching, development of peer-discussion groups within the Flipgrid platform on topics unique to adjunct faculty teaching in health care disciplines, and the development of opportunities for social engagement as a means to encourage interdisciplinary collaboration and informal mentorship. We anticipate these approaches will empower the faculty while encouraging each unique group to develop their own voice as educators.

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