NURSE PRACTITIONER FACULTY PRACTICE
2015

Background

As the leader in promoting quality nurse practitioner (NP) education, the National Organization of Nurse Practitioner Faculties (NONPF) recognizes and strongly endorses the importance of faculty practice towards the holistic development of competent nurse practitioner educators. Consistent with the organization’s recognition of this important topic, NONPF has previously produced Guidelines for Evaluation of Faculty Practice (Marion, 1997), Faculty Practice and Promotion and Tenure (Pohl, Duderstadt, Given, Hartig, Tolve-Schoeneberger, & Uphold, 2000), and Nurse Practitioner Faculty Practice: An Expectation of Professionalism (Blair, Donnehy, & White, 2005). The purpose of this paper is to provide an updated statement based on a review of the faculty practice literature, professional documents, and the results from the 2014 NONPF Faculty Practice survey.

The literature provides a number of definitions for faculty practice, but some of the consistent components include: interactions with clients/patients; collaboration between the faculty member, academic setting, and clinical facility; transference and integration of the NP clinical role and evidence-based practice (skills, knowledge, and research) to NP students; scholarship and inquiry; and professional service to the community. This statement does not propose to offer a new definition and assumes the educational community has a general and consistent understanding of faculty practice without the need for a precise definition.

The importance of faculty practice is addressed in professional documents and in the nursing literature. These include:

- **Criteria for Evaluation of Nurse Practitioner Programs: A Report of the National Task Force on Quality NP Education** (National task Force, 2012): “Criterion I.C: Institutional support ensures that NP faculty teaching in clinical courses maintain currency in clinical practice (p 4). Criterion V.A.1: NP programs/tracks have sufficient faculty members with the preparation and current expertise to adequately support the professional role development and clinical management courses for NP practice” (p.13).
The Commission on Collegiate Nursing Education’s Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (2013): “Standard II-D. Faculty are: sufficient in number to accomplish the mission, goals, and expected program outcomes; academically prepared for the areas in which they teach; and experientially prepared for the areas in which they teach... Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise” (p.11).

The Institute of Medicine’s The Future of Nursing: Leading Change, Advancing Health (Institute of Nursing, 2011). “Recommendation 3: Require nurse faculty members to maintain professional certification and tie these qualifications to educational accreditation. Develop institutionally based incentives for faculty to maintain clinical competency, such as participation in a faculty practice plan” (p.529).

A review of the recent (since 2000) literature identified the following concepts relevant to this paper and faculty practice.

- “Practice brings reality to the classroom and connects theory and application to practice” (Blair, 2005, p.9).

- “There is a need for experienced faculty practitioners to advance the science of the practice of active research and scholarship” (Beck & Ruth-Sahd, 2013, p.28).

- “A clear model of faculty practice remains obscure. Nursing faculty are engaged in challenging, innovative, and scholarly practices throughout the nation, yet the definitions, models, and infrastructure of these practices vary at each School. What does not vary is the value of these practices” (Becker, Dang, Jordan, Kub, Welch, Smith, & White, 2007, p. 45).

- “Identified barriers [to faculty practice] are grouped into three main categories: 1. Narrow definition of scholarship on university and college campus. 2. Lack of recognition of professional practice within the traditional triad reward system of teaching, scholarship, and service. 3. Blending of the roles of professional nurse and educator, including the growing university demands on the nurse educator” (Bosold, & Darnell, 2012, p.92).

- “Nursing faculty are encouraged to use models to enhance or develop faculty practice plans and to explore new models for the future” (Keough, 2006, p. 227).

- Faculty practice should be integrated within the institution’s present cultural values and academic triad (Newland & Truglio-Londrigan, 2003).
NONPF Faculty Practice Survey Results Review

From April-July 2014, NONPF conducted an email-based survey of the members exploring the role of faculty practice in academe. Although the response rate was low (~10%) interesting information emerged. The respondents represented non-tenure track (54%), tenure track (23%), and tenured (23%) faculty from a variety of universities, schools, and colleges. The survey demonstrated limited institutional recognition or support. The majority (89.8 %) of faculty valued and engaged in practice even when there was limited “value added” for this custom. Approximately 45% of the respondents reported that faculty practice was required by the institution, while 65% reported that the institution did not have a faculty practice plan or model. If an institution had a model or plan, less than 30% reported that they were required to be a part of this plan. Institutional support for faculty practice was medium (39%) to low (30%) with 20% reported high and 12% reporting no support. These data suggest some general questions regarding faculty practice: How does an institution support faculty practice and what form does it take? Is support at the overall university level, at the nursing school level or both?

For 69%, the faculty practice was not a part of the academic institution (e.g., nurse manage clinic). The majority (64.7%) of the survey respondents arranged their own faculty practice and the majority (57%) practiced 8-12 hours/week, 20% working < 8hours, and 6% working 16-20 hour/week. Approximately 29% responded that faculty practice plan guided workload and financial decisions, whereas 39% reported no impact. Sixty percent reported that the institution received no financial support from the faculty’s practice and 53% received direct compensation separate from their faculty appointment.

The majority (89.3 %) reported their clinical practice was sufficient to maintain competency and national recertification. The survey asked whether faculty practice was included in the faculty’s annual evaluation process: 46% responded yes and 52% responded no. Half of the respondents reported interprofessional/interdisciplinary team models of care. When questioned whether faculty practice was considered a component of the institution’s missions, the responses identified research (4%), teaching (21%), service (41%) or a separate practice mission (34%). Approximately 75% engaged in faculty practice are performing teaching activities via precepting and/or overseeing student experiences and yet only 21% responded that their institution recognized that faculty practice was a vehicle for teaching.

For decades, the various organizations AACN and CCNE advocated that NP faculty be clinically competent as evidenced by maintaining certification and clinical practice. The certifying bodies AANP and ANCC require varying numbers of clinical hours for recertification and yet institutional support remains minimal or absent. Even with the work of Boyer and others, most universities fail to appreciate the role of clinical practice in the rubrics of promotion and tenure.
Many universities identify “service” to the college, university, and community as one of the three prongs of tripartite mission of the institution. In the survey, 41% identified institutional recognition of faculty practice as service. Traditionally, service is weighted less than research/scholarship and teaching in the promotion and tenure process. For 54%, faculty practice was not considered a component of promotion and tenure however, greater than half of the respondents reported that faculty practice was considered part of their workload or FTE. At those institutions where faculty practice is recognized as a component for promotion and tenure, only 21% had institutional guidelines for scholarship related to faculty practice. Interestingly, some institutions have utilized faculty practice as a means to secure grant funding but when the funding is gone the institutional support is often lost as well, unless the faculty practice model is self-sustaining. Some questions arise: Have these attitudes persisted because the professional organizations have failed to make a case for faculty practice and its role in higher education? Does the profession lack leverage because it remains identified as professional education?

The survey also included open-ended questions and from a qualitative review of the responses the following themes emerged.

- Identify what you believe are the benefits of faculty practice.
  - Maintain currency in clinical practice trends
  - Maintain clinical knowledge and skills
  - Opportunity for best-practice role modeling to students
  - Opportunity for direct supervision and evaluation of students
  - Helps faculty better understand student clinical experiences
  - Opportunities for interprofessional collaboration/education
- Identify barriers that you have or are experiencing related to your ability to participate in faculty practice.
  - Lack of dedicated workload/FTE time to practice
  - Professional exhaustion (“trying to do it all”)
  - Faculty Practice not valued by academic institution
  - Difficulty juggling both clinical practice and academic requirements/expectations
  - Coordination between academic and practice institutions
  - Struggles between academic (e.g. tenure-track) and clinical practice roles
  - Finding suitable part-time practice to coordinate with faculty responsibilities
- Please share any comments about faculty practice you think are important for NONPF to consider
  - NONPF needs to provide support for faculty practice
  - Establish standards for NP faculty practice
  - Develop guidelines for incorporation of faculty practice into academic promotion
  - Develop guidelines for the “scholarship” of faculty practice
Final Statement

NONPF is an organization dedicated to the promotion of quality NP education and recognizes the critical relationship of faculty practice to fostering high quality, competent NP educators. Based on evidence from the literature and the best practices in education and clinical practice, we propose the following:

- Faculty Practice is a professional requirement for maintaining clinical competency and relevancy for NP educators involved in the clinical education of NP students.

- Clinical practice, being a requirement for certification and/or licensure, should be incorporated as a component of the salaried workload/FTE of NP faculty teaching clinically related courses.

- Faculty Practice as a component of academic promotion should be viewed as a form of scholarship. In their guidelines for promotion and/or tenure, schools should develop clear criteria and examples of evidence that delineate practice as a scholarly mission.

- NP faculty and university administrators should seek innovative ways to accommodate the financial implications of faculty practice. Benefits, such as faculty precepting students, community collaboration, and practice improvement projects should be considerations in the economics of faculty practice.

References


Marion, L. (1997). National Organization of Nurse Practitioner Faculties Guidelines for Evaluation of Faculty Practice (pp. 9-10). In Faculty Practice: Applying the Models.


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