

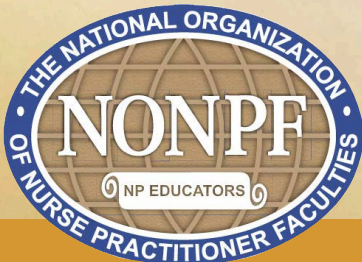
2016

NONPF Faculty Practice Toolkit



FP Components

Logistical Considerations



Introduction

The purpose of the NONPF Faculty Practice Toolkit is to identify and develop resources to support members and academic institutions engaged in faculty practice. The toolkit includes a Step-by-Step guide to operationalize a faculty practice and includes models of faculty practice plans. NONPF previously published guidelines to evaluate faculty practice (Marion, 1997).

In the recent Nurse Practitioner Faculty Practice 2015 Statement, the authors wrote: “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... NONPF... 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.”

(National Organization of Nurse Practitioner Faculties, 2015b, pp 1; 5).

The Criteria for Evaluation of Nurse Practitioner Programs (i.e., NTF Criteria) (2016) also stresses the importance of faculty practice in academic institutions. In their role to accredit nursing programs, the Commission on Collegiate Nursing Education (CCNE) (2013) utilizes the NTF Criteria to recommend that academic institutions provide support for faculty practice. According to the NTF Criteria, when practice is an expected role of the faculty member who teach clinical components of an NP program, institutional support needs to be provided for faculty to maintain their clinical practice. This is mutually beneficial to the institution and faculty who are practicing and maintaining currency with evidence-based practice and can translate these clinical experiences into the classroom. Faculty need to practice to meet certification requirements. With the CCNE charge of meeting practice requirements, as well as support from the literature and the recent Nurse Practitioner Faculty Practice 2015 Statement, this Toolkit is intended to serve as a resource for individuals and/or institutions who are responsible for developing or facilitating NP faculty practices.

(Please refer to Appendix A for a description of concepts used in this Toolkit.)

Step-by-Step Guide to Developing a Faculty Practice

Overview of How to Use this Section

The following steps will assist you in the development of an individual faculty practice and/or a formal faculty practice plan at a nursing school/college/department (NSCD). Integrating the faculty's role into either approach is a key element to success of the practice and requires dedicated time and resources. For example, a formal faculty practice plan is an organizing structure that requires resources in the form of leadership, as well as administrative and financial support; an individual faculty member working in a faculty practice requires resources focused more on workload, credentialing, and malpractice support. General recommendations are highlighted as well as more detailed logistical considerations. Implementation of these guidelines may vary across institutions based on your faculty practice or faculty practice plan goals.

Essential Components for Developing a Faculty Practice and/or a Formal Faculty Practice Plan

Identify Key Stakeholders

e.g. Dean, NSCD, participating NP faculty members, department chair, legal and/or risk management offices, external clinical partners, etc.

Clarify Membership and Leadership

e.g. differentiate between an individual faculty practice and a formal faculty practice plan, identify who among the faculty will be participating, and who will have administrative oversight.

Clarify Ownership

e.g. determine if the practice will be the responsibility of the NSCD, individual practicing faculty members, a medical center, a community partner, or a combination of different entities.

Develop Mission and Vision

This needs to be aligned with the NSCD mission and vision and with local academic and/or health institution goals (see Appendix B for example).

Once these four essential components have been established, several logistical issues should be addressed as the development of the faculty practice and/or faculty practice plan continues. See the following pages for what these include.

Logistical Considerations

for the Development of an Individual Faculty Practice and/or a formal Faculty Practice Plan:

1. Faculty Workload, Salary and Benefits
2. Annual Evaluation and/or Peer Review
3. Malpractice/Indemnification
4. APRN Credentialing
5. Collaborative Agreement (varies from state-to-state)
6. Financial Sustainability (including billing and reimbursement)
7. Site Development
8. Site Contractual or Legal Considerations
9. Ongoing Quality or Process Improvement Activities
10. Student Involvement (both direct patient care and research/QI projects)

How to Approach Logistical Considerations:

1a. How to approach a **workload** discussion.

First, determine who should be involved in the workload discussion; for example, participating NP faculty, department chair, director of faculty practice and/or Dean, or other individuals/groups. At the same time clarify who the practicing NP faculty member will report to regarding their faculty practice responsibilities. Next, negotiate workload allocation based on practice need and faculty availability. Determine length of time the workload will be applicable, e.g. in many NSCD this is renegotiated on an annual basis.

1b. How to structure faculty practice **salary**.

Determine who will be responsible for the participating NP faculty member's faculty practice salary. For example, is there a separate faculty practice cost center that will pay the salary, will it come from the medical center, the practice site, or from the individual's academic department? Next, determine if the salary for faculty practice work will be identical to or different from the faculty member's traditional faculty salary. Consideration may

also be given to how either option will factor into an annual merit increase or possible bonus/productivity incentive structure.

1c. How to structure faculty practice **benefits**.

Determine if this is a benefited position through the larger human resource structure. Next, determine if the practicing NP faculty member will have access to additional faculty practice benefits such as financial support for professional membership dues, professional licenses and certifications, conference and/or CE registration, travel expense reimbursement, journal subscriptions, etc. If yes, determine who will pay for this and what the annual dollar limit will be.

2a. How to approach faculty practice **annual performance review**.

Determine who will provide an evaluation of the NP faculty member's clinical practice work, e.g. an individual from the practice site, or someone from the academic department. Determine if this evaluation will be included in the annual faculty review.

- 2b. How to structure **annual faculty practice peer review**. This may be done within the faculty member's practice site, as part of the annual NSCD faculty performance review, and/or incorporated as part of the APRN credentialing process.
3. How to structure **malpractice and indemnification requirements**. First, involve your institution's legal and risk management departments. Explain the work the faculty clinician will be performing, the location, the patient population, etc. and ask for a document outlining malpractice and indemnification for each individual practicing NP faculty member. Determine the timeline for updating these documents, typically this is done annually. Determine who will be responsible for housing these documents, e.g. in a central NSCD employee file, a separate faculty practice file, in the legal department available upon request, or other areas.
4. How to approach **APRN credentialing**. First, determine if your institution has an APRN credentialing process. If yes, it may be simplest to link the NP faculty practice clinicians into that system. If not, the practicing NP faculty member could participate in the credentialing system at their practice site, or the faculty practice plan could develop its own credentialing process. Some faculty may need to be credentialed by both, depending on requirements of the clinical site and faculty practice plan (see Appendix C for example of a credentialing checklist).
5. How to structure the APRN **collaborative agreement**. If needed by state regulations, follow state guidelines for format and frequency of review/renewal. If there is a formal faculty practice plan, then recommend the central administrative team coordinate and house required documents in one central location for all practicing NP faculty. Individual practicing NP faculty members are independently responsible for maintaining required documentation in accordance with their state regulations.
6. How to approach **billing/reimbursement**. Determine whether clinicians will bill for services, and if so, which entity (the university or the practice site) will receive these funds. For example, billing reimbursement could go directly to the NSCD, the larger medical center, the practice partner, or some combination thereof. If the revenue returns to a formal faculty practice plan, then an annual operating budget will need to be established.
7. How to develop a faculty practice **site or partnership**. Examples are provided to demonstrate how to develop a faculty practice site.
8. How to structure partnership **contracts**. Involve the legal department from inception. Determine length of contract, services to be provided, possibly a job description, signatories, etc.
9. How to structure ongoing **process and quality improvement**. Determine benchmark process outcomes to be measured and an organized feedback system. Aspects to consider include supporting clinical practice as a form of NP faculty scholarship, possible student involvement, and potential inclusion of these data into NP faculty evaluation.
10. How to structure **student involvement**. Determine types of students that would fit within the practice. For example, APRN students, pre-licensure, nursing students, interprofessional students, etc. Determine types of experiences available, such as volunteering, shadowing, indirect hours for master's thesis/capstone/DNP projects, or direct clinical hours. Establish a post-experience evaluation tool to gather feedback from students regarding quality of the experience.

Faculty Practice Models

On the following pages are a number of models that nursing schools/colleges/ departments (NSCD) may consider in developing faculty practice for their nurse practitioner faculty. Some of these models are similar in their description with minor variations.

Each model will follow an outline:

- **Model type**
- **Overview:** A few sentence overview that briefly explains the model
- **Constituents:** Identifies the constituents involved in this model and the role/services of each constituent: e.g., faculty, clinical entities (outside clinic or organization, department within the universities health center, etc.), and the school of nursing
- **Work & Financial Considerations:** e.g. FTE (faculty practice included or not), revenues from practice, who/how pays for NP services, liability coverage, credentialing, etc.
- **Miscellaneous comments:** e.g., can faculty be a preceptor while doing faculty practice, does faculty practice in this model “count” for promotion/tenure
- Specific **examples** of this model



A. Model: Faculty Practice with External Clinical Entities

Overview: An agreement or contract is developed by the NSCD or university to facilitate an NP faculty member's clinical practice with a non-university entity. This agreement or contract may be a formal, legally binding document or a less formal agreement that describes the services requested and requirements of the NSCD/university, faculty, and non-university clinical entity.

Constituents:

- NP faculty member: Works with NSCD to coordinate practice component within faculty role. Provides expected services to non-university clinical entity.
- NSCD or university: Negotiates with non-university clinical entity to develop an agreement or contract that identifies services provided by the NP faculty member and the compensation process for the NP faculty member's work.
- Non-university clinical entity: Provides site for faculty practice. Also negotiates with NSCD to develop agreement or contract that identifies services NP clinical services required and the compensation plan.

Work & Financial Considerations: Providing clinical care services by a faculty at an outside, non-university clinical entity typically requires a formal contract with delineation of responsibilities regarding faculty payment, work scheduling, liability, credentialing, licensing, and other fees (e.g. DEA license). Payment for faculty services can be based on percentage of time the NP faculty member is in practice (e.g. 0.2FTE) and may be equivalent to faculty's academic salary or at a mutually negotiated rate based on clinical entity's norms. NSCD may want to consider the need to add administrative fees to contract/agreement.

Miscellaneous: Depending on the needs of the entity, the NP faculty member may provide clinical services as an NP, scientist/researcher, or consultant. The NSCD should seek

input from the clinical entity's directors to provide input for the faculty's annual evaluation. Faculty may or may not be able to serve as a preceptor for students in this model. Clinical practice at a non-university clinical entity may or may not be included as evidence for promotion depending on the NSCD's promotion and tenure criteria.

Example: Susan is a Psychiatric Mental Health Nurse Practitioner (PMHNP) and Clinical Associate Professor in the school of nursing (SON). Her academic work accounts for 70% (0.7FTE) of her total workload and consists of teaching and advising in the PMHNP program, serving as a Chair for DNP students, and participating in SON committees. As a faculty member in the clinical track, she is eligible for promotion (but not tenure) and is not involved in research. Clinical practice can be used as evidence of scholarship for promotion within the SON's promotion guidelines. The remaining 30% (0.3FTE) (~ 1.5 days/week) of her time is in clinical practice with a large, local health care organization that provides mental health services in a number of clinics throughout the community. Susan is nationally credentialed and has liability coverage through the university's credentialing committee. An annual, renewable contract is established between the university and the clinical agency outlining each party's expectations. The contract establishes that the clinical agency will be invoiced by the university and will reimburse the SON for 30% of the faculty member's salary (plus benefits). Any annual salary increases are discussed with the clinical agency before the renewal of each year's contract. In coordination with the practice site, Susan develops her practice schedule, accommodating her teaching and other academic responsibilities. With the approval of the clinical agency, Susan may serve as a preceptor for PMHNP students. The clinical agency is expected to provide clinical supervision for Susan and provide input to the SON for her annual faculty evaluation.

B. Model: Faculty Practice with Internal Clinical Entities

Overview: A clinical unit within the university's health care system (especially an Academic Health Center) that "buys out" clinical time from the FTE of an NP faculty member. Large and specialized university health systems can offer rich opportunities for NP faculty practice. Universities are also striving to develop inter-professional opportunities for their students and faculty members, and the university health system can serve as a prime location for faculty to fulfill collaborative roles as clinical providers, educators, and/or investigators.

Constituents:

- NP faculty member: Works with NSCD and health system to coordinate practice time within faculty role. Provides expected services to the university health system's clinical unit.
- NSCD: The NSCD and/or individual faculty negotiates with the health system's clinical unit to develop a written/ verbal agreement or contract that identifies the expectations of the faculty, the NSCD, and the health system as well as the compensation process for NP faculty member's work.
- University health system clinical unit: Provides clinical site for NP faculty practice. The university health system or individual clinical unit negotiates with NSCD and NP faculty member to develop a written/ verbal agreement/ or contract that identifies the expectations of the NP faculty member, the NSCD, and the health system as well as the compensation plan.

Work & Financial Considerations: Internal agreements are between a faculty member, the NSCD, and the university health care system that can provide a model for creating mutually beneficial, collaborative practices that support the needs of the NP faculty member, client population, and the missions of the NSCD. The agreement or contract identifies the roles and responsibilities of the NSCD, the NSCD NP faculty, and the clinical unit. Agreements are mutually developed among the three entities and can be used for short-term NP faculty practice opportunities or for ongoing opportunities with an annual review of the agreement. An NP faculty member involved in an internal agreement may also be involved with the health care system's faculty practice plan, if present. A faculty practice plan is usually an operational unit for clinical practice by members of the faculty of an Academic Health Center. Payment for NP faculty services can be based on the percentage of time the NP faculty member is in practice and may be equivalent to the NP faculty's salary or a mutually negotiated rate. Transferring funds between the university

entities (clinical unit and NSCD) for NP faculty member's compensation for practice is facilitated by the faculty already being in the university system.

Miscellaneous: Delineation of responsibilities regarding faculty liability coverage, credentialing, licensing, and other fees (e.g., DEA license) should be included in the agreement. Supervisors of the NP faculty members within the clinical unit should be involved in annual faculty evaluations. In this model, NP faculty members are generally expected to serve as preceptors in their clinical site for NSCD/university students.

Example: George, an Adult Gero Acute Care NP (AGACNP), is an Assistant Professor who teaches in the SON's AGACNP program. His academic work accounts for 80% (0.8FTE) of his total workload and consists of teaching and advising in the AGACNP program, serving as a Chair for DNP students, and participating in SON committees. As a faculty member in the academic/research track, he is eligible for promotion and tenure and is involved in research. The remaining 20% (0.2FTE) (usually 2 days every other weekend) of his time is in clinical practice within the university's academic health system's hospital. George works with a team of physicians and APRNs in the Trauma Services department serving in a "hospitalist-type" role for critical-care inpatients. George is credentialed for his practice and has liability coverage through the university's credentialing committee. An annual renewable letter of agreement is established between the SON and the clinical department chair outlining each party's expectations. The agreement establishes that the clinical department will pay for 20% of the NP faculty member's salary (plus benefits). Any annual salary increases are discussed with the clinical department chair before the renewal of each year's contract. George (like all practicing faculty within the academic health center) is a member of the hospital system's faculty practice plan. This means that if George's department's revenues exceed budgetary expectations, the department is given the excess revenue for distribution within the department. In his department, excess revenues are utilized to support individuals in faculty/practice development (e.g. travel to conferences) rather than as a monetary "bonus". In collaboration with the Trauma Services department, George plans his practice schedule, accommodating his teaching and other academic responsibilities. The department chair (or designee) is expected to provide clinical supervision and provide input to the SON for George's annual faculty evaluation. George consistently serves as a preceptor for AGACNP SON students in his clinical role.

C. Model: Faculty Practice within a Nurse-Managed Health Clinic

Overview: A clinical enterprise operated by the NSCD which provides healthcare services to a community of clients, facilitates faculty practice and student clinical placements. Nurse-managed health clinics or centers (NMHC) are located across the country and are often associated with nursing academic units. NMHCs typically provide care to individuals who are uninsured or underinsured and have limited access to care and generally provide services at reduced or lower rates. NMHCs generally rely on financial/physical resources from patient-generated revenue, grants, internal and external organizations, and community organizations and can provide clinical sites for students as well as practice opportunities for the NP faculty. With the advent of the Affordable Care Act, many of the uninsured and underserved populations will have access to increased levels of insurance coverage. They may utilize other clinics and providers or continue care at their established NMHC.

Constituents:

- NP Faculty members: NP faculty and non-faculty clinicians provide clinical services at the NMHC, preferably utilizing the site to involve students. NP faculty members coordinate their clinical and academic responsibilities in collaboration with their academic supervisor and NMHC administrators.
- NSCD: Provides the administrative and financial oversight for the NMHC operations. Coordinates with the NP faculty member and NMHC for faculty clinical time and utilization of the NMHC for student clinical activities.
- NMHC facility & administrators: Maintain the daily clinical operations of the NMHC within the range of offered healthcare services. Coordinate with the NSCD, NP faculty, and students in their use of the NMHC for NP faculty practice and academic program clinical experiences.
- Students: NP students directly benefit from attending a NSCD with a NMHC because they are able to complete clinical hours working with underserved populations who may utilize the services of a NMHC.

Work & Financial Considerations: Start-up costs and routine clinic administration are two significant issues that need to be addressed in starting and maintaining a NSCD-operated clinic. Compensation for NP faculty services can be based on the percentage of time NP faculty are in the practice site and may be equivalent to the NP faculty member's salary or a different, mutually negotiated rate. The financial success of a NMHC

is often tied to community financial support and/or grant funding.

Miscellaneous: NP faculty members are generally expected to serve as preceptors for NP students in this model. Non-faculty nursing clinicians in a NMHC may also be utilized as part-time or short-term instructors in the NSCD academic arena.

Example: Carla is a new Adult Gero Primary Care NP (AGPCNP) faculty member who was offered a position as an Assistant Professor at the University School of Nursing (SON). During the negotiations process, Carla was offered a faculty practice opportunity as part of her position. The offer stated that 20% of her faculty time would be spent as an AGPCNP in the school owned NMHC at a salary, which is higher than the salary she was being offered for taking on 100% teaching responsibilities. For example; without the faculty practice, her salary offer was \$100,000 per annum; however, with the additional practice component her salary would be \$125,000 per annum. Carla's teaching responsibilities would account for 80% and her clinical NP faculty practice would account for the additional 20%, providing a 1.0 FTE. As a part of this offer, Carla would have one day a week designated as clinical practice where she would see patients in the SON owned clinic. There are no outside parties involved in this contract. The revenues generated by the NMHC from billing for patient services, provided by Carla as well as the other NP faculty colleagues, are allocated to the SON while NP faculty have no additional financial benefits other than the salary support outlined above. The funds and the faculty time are simply allocated to different departments within the SON. Carla would also be serving as a preceptor for NP students at this nurse managed health center. Carla will be eligible for all the full time faculty benefits of the academic institution including the option for promotion and tenure. The SON will bear the cost of Carla's licenses, certifications, credentialing, as well as providing liability insurance coverage. Additionally, there are fewer scheduling conflicts because the other NP's practicing at the facility are faculty members and all have teaching assignments and a designated day of clinical practice at the clinic. NP students assigned to this clinical site have opportunities for service learning projects. Additionally, undergraduate nursing students, pharmacy students, and other health care students who are assigned to this clinical site have the opportunity for interprofessional and team learning experiences.

D. Model: Independent Practice by Faculty Outside of Academic Workload

Overview: In this model an NP faculty member engages in clinical practice outside of the expected activities of their SON employment by arranging independently with a clinical entity to provide patient care services.

Constituents:

- NP faculty member: Coordinates clinical practice around academic expectations. In some cases, the NP faculty member may practice in the summer if they are on a 9-month academic calendar or choose other hours (e.g. weekends) that do not generally interfere with academic teaching responsibilities.
- Clinical entity: Hires the NP faculty member and coordinates the NP faculty member's practice schedule with their academic responsibilities.

Work & Financial Considerations: In this model, the NP faculty member is paid directly by the employing entity and there is no transfer of funds through the NSCD. Faculty may elect to reduce their NSCD FTE to accommodate their outside employment. The NP faculty member will need to negotiate with the clinical employer in regards to liability coverage, credentialing, and options for work-related benefits (e.g. funds for CE, bonus options).

Miscellaneous: NP faculty involved in non-SON sponsored practice should inform the NSCD and their direct supervisor of any potential conflict of interest related to their outside practice or potential interference with expected academic duties. The clinical entity could serve as a clinical preceptor site

for NP students with the NP faculty member or other clinicians. Practice outside of the faculty's workload may or may not be considered in support of academic promotion and/or tenure.

Example: Jill, an FNP, is a clinical instructor in the SON. Jill is nearing retirement and has chosen to reduce her academic activities to half-time. Jill teaches 50% (0.5FTE) to maintain benefits and her academic workload consists of teaching and advising in the FNP program. As a half-time faculty member in the clinical track, she is not eligible for promotion and is not involved in research. Jill appreciates the value of clinical practice and throughout her career has always maintained a clinical practice. In order to have maximum flexibility for her life/work balance, she independently arranges her clinical practice with a local primary care clinic and generally works 1-2 days per week collaborating with her SON supervisor around her teaching responsibilities each term. The SON is not involved in Jill's clinical arrangement, but to avoid any conflict of interest, she is expected to report her practice activities to her SON supervisor. Jill is not credentialed through the university and maintains her own liability coverage which is partially reimbursed by the clinical agency where she works. Because Jill has been in practice longer than in academia, her clinical salary is higher than her faculty salary—an additional incentive for independently arranging her clinical practice. Jill may serve as a preceptor for SON, FNP students after getting approval from the clinical agency. The clinical agency is expected to provide clinical supervision for Jill and is not expected to report any annual evaluations to the SON.

Resources

Agency for Healthcare Research and Quality. *National Quality of Measures Clearinghouse*. Retrieved from <https://www.qualitymeasures.ahrq.gov/browse/nqf-endorsed.aspx>.

Blair, K. (2005). Does faculty practice validate the NP educator role? *The Nurse Practitioner*, 30 Suppl Sourcebook, 9-10.

Blair, K. (2005). How to negotiate a faculty practice. *Topics in Advanced Practice Nursing eJournal*, 5(4).

Buppert, C. (2014). *Nurse Practitioner's Business Practice and Legal Guide*, 5th ed. Burlington, MA: Jones & Bartlett Learning.

Commission on Collegiate Nursing Education. (2013). *Standards for accreditation of baccalaureate and graduate nursing programs*. Retrieved from <http://www.aacn.nche.edu/ccne-accreditation/Standards-Amended-2013.pdf>.

Institute for Healthcare Improvement. *IHI Triple Aim Initiative*. Retrieved from <http://www.ihl.org/engage/initiatives/tripleaim/Pages/default.aspx>.

IOM (Institute of Medicine). (2011). *The future of nursing: Leading change, advancing health*. Washington DC: The National Academies Press.

Marion, L. (1997). *Faculty Practice: Applying the Models*. Retrieved from <http://www.nonpf.org/?13>.

National Organization of Nurse Practitioner Faculties. (2015a). *NONPF White Paper Nurse Practitioner Faculty Workload 2015*. Retrieved from <http://c.ymcdn.com/sites/nonpf.site-ym.com/resource/resmgr/Docs/WorkloadWhitePPRJan2015.pdf>.

National Organization of Nurse Practitioner Faculties. (2015b). *Nurse Practitioner Faculty Practice 2015*. Retrieved from <http://c.ymcdn.com/sites/nonpf.site-ym.com/resource/resmgr/Docs/FacultyPracticePaperFinal201.pdf>.

National Task Force on Quality Nurse Practitioner Education. (2016). *Criteria for Evaluation of Nurse Practitioner Programs*, (5th ed.) Washington DC: National Organization of Nurse Practitioner Faculties.

Pohl, J. M., Duderstadt, K., Tolve-Schoeneberger, C., Uphold, C. R., & Hartig, M. T. (2012). Faculty practice: What do the data show? Findings from the NONPF faculty practice survey. 2002. *Nursing Outlook*, 60(5), 250-258.

Appendix A: Concepts

- a. **Academic Nursing Setting for Nurse Practitioner Education:** A brick and mortar and/or virtual NSCD that provides didactic and clinical experiences for nurse practitioner students.
- b. **Collaborative Practice Agreement for Nurse Practitioners:** Collaborative practice agreements are dependent upon state law regarding scope of practice, and include information about the relationship between the nurse practitioner and collaborating physician. The agreement may discuss functions of the nurse practitioner, prescriptive authority, record review, resources and communication, as well as other information deemed necessary for this agreement.
- c. **Contract or Agreement for a Faculty Practice:** A faculty practice contract/agreement may be formal and legally binding or a less formal agreement that describes the services requested and requirements of the NSCD, university, faculty, and non-university clinical entity. The academic institution's Risk Management and/or Legal Department should be involved in development of these documents.
- d. **Employment Agreement for Practice as a Nurse Practitioner:** An employment agreement is a legally binding agreement between the nurse practitioner and the practice site. The agreement may include information about employment including expected work hours, compensation, benefits, disability, insurance, term and termination, management support, as well as specific state requirements and other information deemed necessary for the employment agreement.
- e. **Faculty Practice:** For the purposes of this paper, faculty practice in the context of nurse practitioner education has a broad meaning. Generally, nurse practitioner faculty practice requires that a nurse practitioner is affiliated with a nurse practitioner educational program(s), and engages in a clinical practice that is formally or informally linked to education of students within the nurse practitioner faculty program(s). Faculty practice can be accomplished via several different models.
- f. **Faculty Practice Plan:** For the purposes of this paper, a faculty practice plan is an operational unit within an academic institution that formalizes the clinical practice by members of the faculty. A Faculty Practice Plan usually has distinct goals/mission, and a charter that delineates such things as membership, governance structure, financial matters, and liability and indemnification.
- g. **NSCD:** For the purposes of this paper, this acronym refers to Nursing Schools, Colleges and/or Departments – as there are different titles used for the nursing “unit” within an academic institution.
- h. **Nurse Practitioner Credentialing:** A governing body in a health care setting reviews multiple sources of information to assess if the nurse practitioner is fully qualified to practice in a specific setting. Information reviewed may include advanced practice educational experiences, licensure, certification, clinical expertise and prior clinical experiences, as well as other information deemed necessary for credentialing. The determination of core and/or specialized clinical privileges may also be included in the credentialing process.

Appendix B:

Example of Faculty Practice Plan Mission and Vision Statement

Mission & Vision: (Name of University) Nursing Faculty Practice is the nursing practice of the faculty and staff that is administered and fiscally managed through the (Name of University) Nursing Faculty Practice office.

Our mission is to provide practice opportunities for the integration of education, research, and clinical practice to advance faculty and staff in their clinical field of expertise, and to provide measurable health benefits and solutions for the populations served.

Our vision is to be recognized for excellence in providing comprehensive and innovative evidence-based nursing services that address the healthcare needs of individuals, families and communities.

Our goals are to:

1. Facilitate scholarly practice for NSCD faculty
2. Stimulate ideas for curricular development
3. Provide diverse clinical placement and learning opportunities for students
4. Foster student learning of innovative care models from faculty clinicians
5. Provide supportive research environments
6. Provide a platform for faculty to develop relevant practice opportunities
7. Align with the larger University community benefit plan
8. Disseminate knowledge to health care communities
9. Operate with fiscal accountability to assure the sustainability of the practice

Appendix C: Example of Faculty Practice Plan APRN credentialing process

The Office of Faculty Practice Annual Credentialing Documentation Checklist – RN & APRN 2016

Please use this checklist to compile documentation supporting your clinical work for the Nursing Office of Faculty Practice. Return all documentation to Faculty Practice.

Name _____

Position _____

Faculty Practice Site _____

Please submit the following to Faculty Practice:

___ Resume

___ RN License

___ Peer Review

___ CPR BLS certificate (or ACLS, PALS or NRP as applicable to practice)

___ *APRN License

___ *Collaborative Agreement with annual Renewal Forms (if applicable)

___ *Proof of Professional Certification (i.e. ANCC, AANP)

___ *Controlled Substance License (if applicable)

___ *DEA Certificate (if applicable)

*items required only for APRNs

Date Due _____

Faculty Practice E-mail _____

Address _____

Contributors

Angela Moss, MSN, APN-BC, RN
Rush University

Dianna Inman, DNP, RN, APRN, CPNP-PC, PMHS
University of Kentucky

Gary Laustsen, PhD, APRN-FNP, FAANP, FAAN
Oregon Health & Science University

Nancy George, PhD, RN, FNP-BC, FAANP
Wayne State University

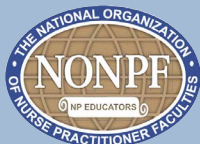
Michelle Pardee, DNP, FNP-BC
University of Michigan

Susan Kelly-Weeder, PhD, FNP-BC, FAANP
Boston College

Deborah Becker, PhD, ACNP, BC, CHSE, FAAN
University of Pennsylvania

Susan Buchholz, PhD, ANP-BC, FAANP
Rush University

Amita Avadhani, DNP, DCC, ACNP, ANP, CCRN
Rutgers University



National Organization of Nurse Practitioner Faculties

1615 M Street, NW, Ste. 270

Washington, DC 20036

202-289-8044

www.nonpf.org