

Transitioning Nurse Practitioners into Assistant Professors

Dr. Kristy Oden and Dr. Jenny Dawson

University of North Alabama, 1 Harrison Plaza
Florence, AL 35632

Abstract

As the nursing shortage continues to increase, there is a need for qualified nursing faculty. The development of the Doctorate of Nursing Practice, a terminal degree with a focus on clinical practice, has the potential to bridge the gap of nursing faculty. Nurse practitioners are transition into education. Nurse practitioners are experts in various practice areas but novice nursing faculty. Mentoring of new faculty by seasoned faculty is a way to grow excellent nursing faculty and increase retention of employees. Many resources exist to make this transition smooth.

Key Words: Nursing Shortage, Nurse Practitioner, Doctorate of Nursing Practice (DNP), Assistant Professor of Nursing, American Association of Colleges of Nursing (AACN), Teach, Mentor, Collaborate, Clinical experience, Systems level thinking, High quality of care, Research, Agents of change

This purpose of this article is to educate new and seasoned nursing faculty regarding various aspects of transitioning nurse practitioners into nursing faculty effectively. The authors are experienced nurse practitioners who obtained a Doctorate of Nursing Practice (DNP) degree and then decided to change career paths to become nursing faculty. Both authors currently work at a baccalaureate-level college of nursing and have completed one academic year as an assistant professor of nursing. The transition from a full-time nurse practitioner role into a full-time nurse educator was more mentally challenging yet rewarding than expected. It is the hope of the authors to reflect and share advice to others who may be considering the same career path.

On October 25, 2004, member schools affiliated with the American Association of Colleges of Nursing (AACN) voted to endorse the position statement on the practice doctorate in nursing. This position statement called for moving the current level of preparation necessary for advanced nursing practice from the master's degree to the doctorate-level by the year 2015. Doctorate of Nursing Practice (DNP) programs are designed for nurses seeking a terminal degree in nursing practice by offering an alternative to research-focused doctoral programs. In 2011, the estimated number of those enrolled in U.S. DNP programs was 9,094 (AACN Fact Sheet, 2012).

Is it possible that DNP programs could help lessen the shortage of doctorally-prepared nursing faculty? According to sources such as the AACN, the Robert Wood Johnson Foundation (RWJF), the American Association of Retired Persons (AARP), and the U.S. Department of Labor, the nursing shortage is projected to increase. The Bureau of Labor Statistics (2012) projects a 27 percent increase in nursing jobs by 2012 (from 2002), the largest increase for any occupation. The Health Resources and Services Administration (HRSA) has projected a similarly large increase in demand for nurses, from about 2 million full-time equivalents in 2000 to about 2.8 million in 2020 (Yordy, 2006). Due to the increased need for trained nurses, the increased need for well-trained nursing faculty arises. This shortage of nurses and the faculty to educate them threatens Americans' access to quality health care across all settings (Reinhard & Hassmiller, 2011). *(The full research paper regarding nursing shortages can be found at www.ahcnet.org/pdf/factors_affecting_the_health_workforce_2005.pdf. Incidentally, there is also an excellent*

website to help increase access to information relevant to decreasing the nursing shortage at www.championnursing.org.)

As nursing colleges search for professional nurses with terminal degrees to educate the future generation of nurses, it is possible that many DNPs such as the authors will change from practice to education. Nurse practitioners (NPs) are experts in clinical practice, however may not have as much experience in the areas of classroom teaching and research. The NP must remember that he or she may be an expert clinician, but is a novice faculty member. Balancing clinical practice, research, teaching, and then throwing in service to the community, respective college of nursing, and college in general may also pose a problem to many NPs in this new role. The numerous faculty responsibilities can certainly be daunting for newly-hired faculty. Also, keep in consideration that most accrediting and certifying bodies expect that faculty members who teach clinical courses also maintain clinical competence (Appendix A) (National Task Force on Quality Nurse Practitioner Education, 2002). Therefore, many nursing colleges allow faculty one day per week for professional development to maintain clinical competence with research, practice, and continuing education. At many nursing colleges, the general schedule is to have class and office hours two days per week, supervise nursing students directly in clinical settings two days per week, then have one professional development day per week in order to help the educator fulfill all of the daunting faculty roles.

Peggy Gerard, PhD, RN, (2010) wrote an editorial reflecting upon her baccalaureate nursing program which was organized under the unification model, which combined teaching with clinical practice, research, and/or administration. She reflected that her “practitioner-teachers” shared in-depth knowledge of their specialty in didactic classes and helped students to understand how to use that knowledge as the basis for nursing care. The unification model ensured that students were taught up-to-date health care theory and science that reflected current nursing practice (Gerard, 2010). Based upon recommendations included in *Educating Nurses* (Benner, Sutphen, Leondard, and Day, 2010), and the *Summary of the February 2010 Forums on the Future of Nursing Education* (Institute of Medicine, 2010), Dr. Gerard outlines five principles that describe the core tasks required while transitioning from NP to nursing faculty:

- (1) **Teach collaboration within the profession and with other professionals in the health care team.** This includes advocating for multidisciplinary approaches, encouraging communication and other strategies such as mutual respect. This also ties into principle four, as faculty members must build respect in the clinical community to maintain quality settings for students. Fellow novices have recommended beginning a collaborative relationship with respect, followed with praise and thanks. Confirm that clinical agencies understand that the instructor/facilitator is always available to respond to questions or concerns. Never expect or presume to make demands on their time; offer support to both sides if conflict arises (Hawkins & Fontenot, 2009). To ensure collaboration, be an advocate for the clinical site as well as for the student. Keep updated contact lists available for quick reference at all sites.
- (2) **Develop systems-level thinking that supports a safe environment and promotes a high quality of care.** Remember to maintain clear boundaries with students and clients regarding initial relationship, cultivation of understanding and knowledge, and eventually separation and redefinition. During the initiation phase, be sure to mutually agree to work together and set goals for the work to be accomplished (Barker, 2006). The initiation phase begins on the first day of class with review of the syllabus, including learning goals and class/clinical requirements. To establish a high quality of care and safe environment, the basic “rules” should not fluctuate without all parties informed.
- (3) **Promote development of the skills of inquiry, research, knowledge acquisition, and transfer.** Depending on the needs of the college, a new faculty member may not be teaching the exact field of his or her training and experience. Therefore, the faculty must live by this principle in order for survival

and to be able to transfer learning skillfully to the student. For example, a NP may know how to correctly dose medications for prescriptions, but may not have titrated IV drip rates in years. What is the solution? Read, read, and then read some more. Use reference books, nursing textbooks, hospital policy and procedure manuals, respected internet resources (Appendix B), and peers. Be able to locate current sources of evidence-based practice and foster lifelong learning within yourself and your students. This principle also encompasses the responsibility of the new faculty to respond when preceptors and community or clinical agency members request help such as finding resources and links within the university (Hawkins & Fontenot, 2009). New faculty members should go through some type of college or university-wide orientation to become familiar with the services and departments available to the campus and community.

- (4) Broaden the clinical experience so that it includes planning and delivering care for patients across the health-illness continuum, in both acute inpatient and community settings.** Structure clinical experiences which link students with a diversity of patients throughout their life stages, including health and illness. For many nurse educators, arranging clinical placements is one of the most important and time-consuming responsibilities. Although many faculty members sign a 9-month contract for their academic work, they may work all year to ensure students have appropriate clinical placements (Hawkins & Fontenot, 2009.)
- (5) Develop skills to become agents of change.** Advocate for change by actively participating in professional organizations, role modeling such behaviors, involving students in activities, and utilizing evidence to promote/support health.

The key skill of mentoring is required in each of the above-mentioned principles. The challenge to seasoned faculty members is to pass on the mentoring they received as novices (Hawkins & Fontenot, 2009). The challenge to new faculty is (a) establishing a good relationship with your assigned or selected mentor; and (b) being organized and well-prepared. Transitioning from a nurse practitioner role into a faculty/clinical faculty role is at times confusing for everyone. The majority of the planning and organization must occur prior to the first day of class/clinical. A mentor may mean the difference between faculty retention and exodus (McDonald, 2010). Here are some key elements within the five principles to help the faculty pre-plan for mentor guidance:

- 1. Teach collaboration within the profession and with other professionals in the health care team.**
Meet with your assigned or selected mentor as soon as possible. Establish a clear working relationship and schedule times to meet in person during the semester. Ask the mentor to guide you toward resources available in your academic setting regarding class planning, clinical planning, test plans, etc...
 - Meet clinical faculty and clinical site contacts prior to the beginning of the semester. Ensure that all parties have contact information. Meet your co-workers, especially those who will be teaching the same students (your students) within the semester.
 - Make sure employees of the hospital or other clinical sites who may have previously worked with you as an NP are aware of the role changes during the semesters. Seek ways to educate and clarify the role responsibilities with staff in a respectful demeanor. Remember that the role confusion may extend to physicians, and the key to clarification is open communication.
 - Plan and implement experiences where nursing students and clinical faculty interact with other professionals/inter-disciplinary teams. Some good examples include scheduling some time in a respiratory therapy or physical therapy department or allowing a student to go with the assigned patient into a scheduled surgery during their clinical time. As the collaborative relationship/trust

grows between a clinical site and the faculty, the opportunities for more diverse and meaningful experiences will arise.

2. Develop systems-level thinking that supports a safe environment and promotes a high quality of care.

- Carefully plan the semester outline/calendar, and syllabus, including learning goals and class/clinical requirements. Don't forget to plan testing dates in collaboration with other faculty to prevent scheduling conflicts. Factor in standardized testing dates and schedule make-up class days if needed. Again, the basic "rules" should not fluctuate without all parties informed with a reasonable explanation.
- Ensure that the faculty, clinical supervisors, and students are oriented to the main clinical sites, including equipment orientation. This should be completed prior to the first day of clinical rotations. Physical options for equipment orientation may include a simulation lab, the education department at the clinical facility, the classroom, or an unused patient room at the facility. Include training for computer systems and Occupational Safety and Health Administration (OSHA) as required per your university and clinical sites. Ensure everyone (yourself, students and adjunct faculty under your course), has their updated malpractice insurance, cardiopulmonary resuscitation (CPR) card, tuberculin skin test or chest x-ray results, and other required clinical information on file prior to clinical rotations. It is also recommended to make yourself a clinical folder to keep your copies of your required information readily available during clinical rotations in the event that a hospital educator or corporate compliance officer should request the documentation.
- Many clinical sites may use electronic charting and/or computerized medication dispensing systems. Initially, limit your clinical settings to as few sites as possible to ease confusion and multiple passwords/policies, etc... Be sure to plan for training of all systems and ensure how the students receive proper training as well. Always evaluate students' charting at the end of each clinical day and have a method to validate to the facility that student charting has been reviewed by the instructor.
- Become familiar with the policies and procedures of all institutions and make sure other clinical faculty that is under your direct supervision is aware of the policies and procedures of each site.
- Be aware of needle stick and other adverse event or incident protocols for the college of nursing. Keep a copy of your handbook for reference in case of such an event.
- Ensure that your syllabus includes the university's academic honesty policy, dress code for the college of nursing, and any other non-negotiable policies. Explain in writing what the repercussions may be for failure to comply with set rules.
- Ensure safety practices in the classroom. Review college policies regarding safety and ensure the students in your classroom are aware of safety procedures.

3. Promote development of the skills of inquiry, research, knowledge acquisition, and transfer. As before-mentioned, new faculty members should go through some type of college or university-wide orientation to become familiar with the services and departments available to the campus and community. Does the campus have a writing center or a learning resource center? Is a computer lab available? What nursing resources are available in the library system? Also:

- Become familiar with the nursing lab at the college. If the lab is equipped with high-fidelity simulation mannequins, schedule time with a mentor or the simulation lab manager to train.
- Inventory equipment and supplies needed for specific demonstrations, simulations, and clinical experiences. If something is missing, find out how to budget, make a purchase request order, etc...
- Read the textbook for the course being taught. If the current text is older, examine newer versions which may be purchased a semester in advance. Plan with the academic secretary prior to changing texts, as it is a lengthy process to approve and have texts available in the campus bookstore and elsewhere.
- Review any electronic companions. Determine presentation of content: traditional, hybrid/blended, or online, depending on the needs of the students and college.
- Understand that many of today's college students are extremely computer-savvy. This is a positive and at times a negative aspect. Many online resources are available as excellent tools of the education process; however, many online tools exist for academic dishonesty. Clarify policies regarding computer use in the classroom, including smart phone use, and personal notepads. Any computerized testing should ensure the college has adequate testing space and do not allow personal equipment to be utilized during testing procedures.
- Review department goals and ensure that the course syllabus and content reflects those goals. For example, if cultural competency is a departmental goal, plan and implement an activity which promotes cultural competency in the course. Discuss this with your department chairperson or dean. It is possible that faculty course evaluations exist for the course taught and insight may be gained from reviewing previous evaluations.
- Incorporate research into the clinical and classroom setting. Allow student involvement in any research that faculty is performing, when possible. Incorporate other departments in research to add the collaborative factor when possible.
- Remember as an expert NP, you are a novice faculty. Review material, webinars, seminars, etc... in other words, learn how to be a great educator. Remember that many nurses specialize strictly in nursing education; it is a field in itself and cannot be mastered overnight. Carefully self-examine personal nursing skills. If it has been years since placing a Foley catheter for instance, spend some time in the nursing simulation lab until proficiency has been reached on the skills required for your clinical settings. Transfer of learning cannot be expected of the student if the instructor has limited knowledge of a given subject or skill. Not to mention, students are critical of any mistaken comments or lack of knowledge demonstrated by an instructor. Quality and Safety Education for Nurses (QSEN) and Knowledge Skills and Abilities (KSA) resources are excellent educator tools for faculty members.
- Keep an open-door policy during office hours. Sometimes the shy student afraid to speak up in class may wander in. Post office hours and schedule in a well-viewed area and update it for any changes. Also, when your office hours are over, be prepared to close your door if you have deadlines. If your door is open, students are likely to wander in, despite your office hour postings.

- Many times, colleagues and other students will send information regarding some new technology, idea, or scientific breakthrough they wish to share. Always respond to emails, be encouraging, and if feasible, incorporate the newfound information into class or clinical experiences.
 - Attend all faculty meetings and professional development sessions; these may be scheduled after hours, usually bi-weekly. Keep all meetings organized and attend at every opportunity. These are excellent opportunities for knowledge acquisition and networking. Most colleges require that you serve on at least one committee within your college of nursing and one on the college level. Many faculty members serve as an advisor for Recognized Student Organizations (RSOs). Become familiar with the committees within your college of nursing and university. Volunteer for committee membership and RSO advisory for those which interest you and review specific rules and regulations for each involvement. Many universities review committee membership during the tenure application process.
 - Use available classroom technology (Appendix C). Review computerized presentation software, and practice until you can utilize all classroom equipment efficiently. The first day of class is not the time to learn how to progress a slide on a PowerPoint, for instance.
 - Most expert NPs have had the opportunity to speak publicly; if not, brush up on communication skills and practice until comfort is gained. A large part of confidence in front of a group is knowing the material being presented.
 - Update all classroom and clinical forms to accurately reflect the current semester, applicability, and ease of use. A messy, hard to read/grade form is not beneficial to anyone.
 - Understand the regulations of the Family Educational Rights and Privacy Act (FERPA). You may have parents calling about your student's grades, employers or other schools calling for recommendations. Ensure students have completed a FERPA waiver prior to releasing any of the students' academic or performance information.
4. **Broaden the clinical experience so that it includes planning and delivering care for patients across the health-illness continuum, in both acute inpatient and community settings.**
- As previously discussed, definitely structure clinical experiences which link students with a diverse patient population. However, the first year it is recommended to limit clinical sites to ensure proper orientation and training. Get comfortable with the sites before branching out too much.
 - Keep a record of student-client age/population/diseases so that assignments can vary from clinical to clinical. Design or utilize a well-rounded clinical check-off sheet for students and monitor it routinely.
 - Plan a clinical "boot-camp", or skills check off each semester, personalizing it to the needs of the students and the course content.
 - Develop service projects for the students to become involved in; participate in the service projects individually, or as a clinical or class group. These can include individualized projects, such as after-school reading programs, or larger projects such as health fairs and fundraisers. Again, do not overload the first year such as tackling the job of project leader of a large venture. Instead, be an active assistant in established

projects and require students to fulfill some type of project during the semester until more confidence in the position has been gained.

- Collaborate with other instructors to tailor clinical experiences which combine students; many times knowledge transfer can occur from peers.
- A simulation lab is an excellent clinical experience to allow multiple experiences. Remember that patient scenarios may be tailored to exact specifications/learning outcomes.

5. Develop skills to become agents of change.

- Become a member of national, state and/or local professional organizations.
- Become a member of Sigma Theta Tau International.
- Assist with the Student Nurses' Association on campus when possible; at minimum support their functions on campus.
- Involve students in Nurses' Day activities; plan a field trip to the capitol for Nurses' Day and incorporate a class project around it.
- Keep aware of local, state, and federal guidelines, proposals, and needs.
- Stay abreast of scholarships, funds, and other monies which may be beneficial to the students. Many students suffer hardships and financial difficulty which limits study time and clinical time. A small amount of funding can mean graduating or not for many. (Now not only are you a patient/family advocate, you are a college/nursing student advocate.)
- Present ideas and opinions respectfully in collegiate meetings; remember a collaborative effort is required in most cases for change to occur.

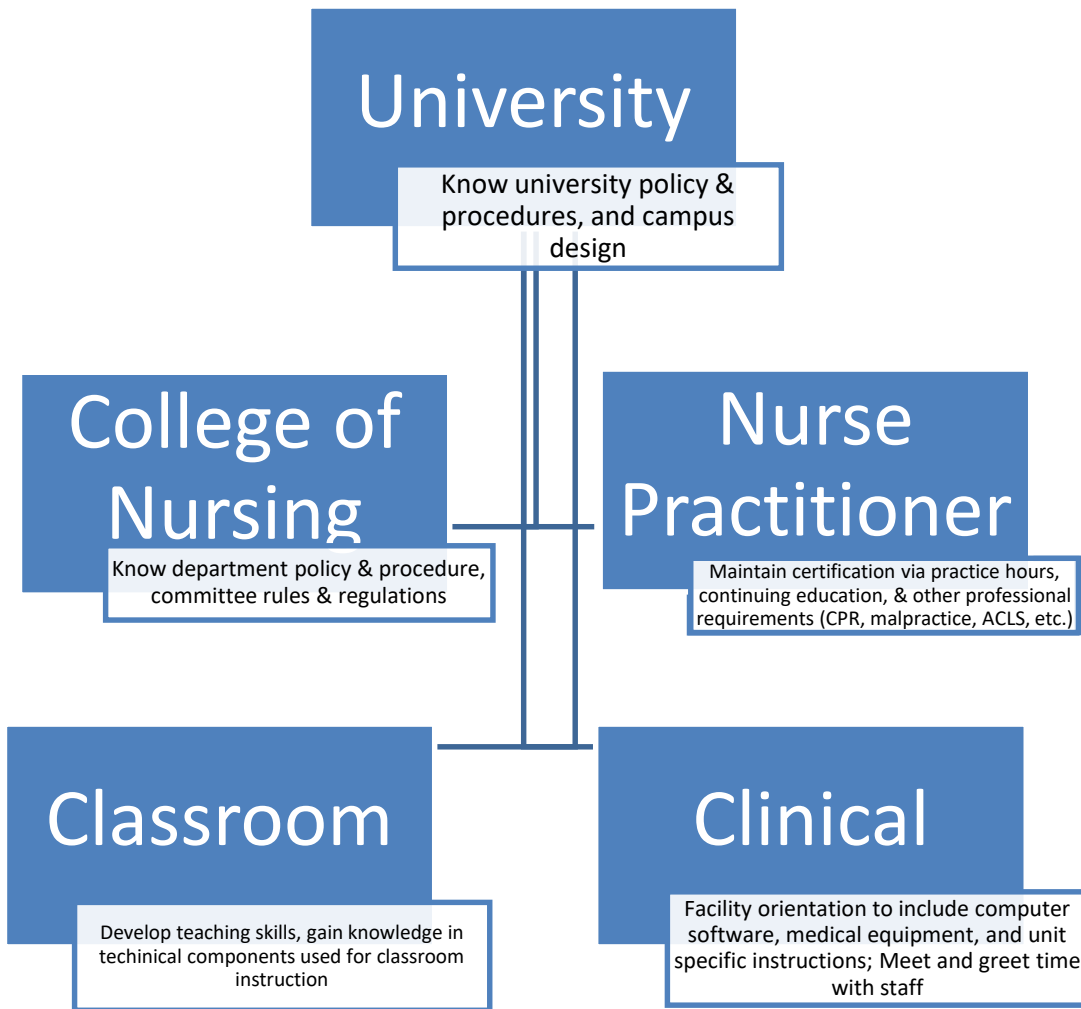
In summary, transitioning nurse practitioners into faculty is a daunting task, but with mentoring, organization, and pre-planning, the rewards are great. Dr. Gerard's five principles, when applied to the mentoring process provide a foundation that can be followed throughout the nursing faculty's career, initially as the mentee, then as the mentor. Utilizing the resources available at the college, department, and clinical level enables the NP to develop the necessary skills to become a quality faculty member.

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Appendix A

Levels of the Nurse Practitioner and the Professor in the University Setting



Appendix B

Resources

- American Association of Colleges of Nursing (AACN) www.aacn.nche.edu
- American Nurses' Association
<http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/vol132008/No3Sept08/ArticlePreviousTopic/IntegrationofTechnology.html>
- American Nurse Today www.americannursetoday.com
- Family Educational Rights and Privacy Act
<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
- KSA <http://www.cdc.gov/hrmo/ksahowto.htm>
- National Council of State Boards of Nursing (NCSBN) www.ncsbn.org

- National League for Nursing <http://www.nln.org/facultycertification/index.htm>
- QSEN www.qsen.net
- Robert Wood Johnson Foundation (RWJF) www.rwjf.org

Appendix C

Examples of Current Technology for Educators

Blackboard Collaborate: connection, communication, and collaboration through real-time or anytime virtual classrooms, offices, and meeting spaces.

Camtasia: video editing software to customize your videos and add interactive content

Learning Systems: Blackboard, ANGEL, Desire2Learn, Pearson eCollege, Canvas, Sakai and Moodle are just a few examples.

Respondus Test Generation Software: tools to create and manage exams that can be printed to paper or published directly to computer software. This tool may allow the instructor to move exams from one course to another and to access publisher test banks. The Lockdown Browser keeps students from printing, copying, accessing other applications or visiting another URL during computerized testing.

Screencast.com: store and share video content and post videos on Facebook, Twitter, or a blog.

Smart Classrooms: high definition projectors, Smart Boards and Sympodiums. Smart Boards replace chalk and dry-erase boards with a system that includes an interactive whiteboard, computer, projector, and software which may be linked wirelessly. Sympodiums are interactive pen displays which can be connected to any computer through USB and external ports. Sympodiums have inking functionality in order to write over slides, save notes, access websites and project work onto a large screen for interaction.