Transitioning From Nursing Practice to a Teaching Role

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Abstract

The national dialogue about the expanding nurse faculty shortage has piqued the interest of many nurses in practice and motivated them to pursue a teaching role. Thought eager to share their clinical expertise as nurse educators, many of them have questions about what is required to transition from the clinical practice setting to the academic environment, even on a part-time basis. This article provides practical advice on how to find teaching opportunities in higher education and make the role transition successfully. The authors address types of faculty appointments, educational qualifications needed for teaching, considerations in taking a faculty position, beginning a faculty position and learning about the academic work environment, and faculty development opportunities. They conclude by paying special attention to the essential skills needed to become a nurse educator and flourish in a teaching role.

Though workforce analysts identify many reasons for the current shortage of registered nurses (RNs), there is growing consensus that the primary reason for this escalating crisis in the United States (US) is a diminishing pool of nurse faculty. Most agree that a rapidly aging RN workforce, the increasing demand for care, and an insufficient pipeline of nurses with master's and doctoral degrees are all contributors to the U.S. nursing shortage which is expected to last at least through the year 2025 (Buerhaus, Staiger, & Auerbach, 2008). The primary concern for stakeholders seeking solutions to the shortage is the pressing need to prepare more nurse educators to enable schools of nursing to expand capacity and accommodate all those seeking a nursing career. For each of the past three years, more than 40,000 qualified applicants to baccalaureate and graduate nursing programs have been turned away from nursing schools due primarily to a shortage of faculty (American Association of Colleges of Nursing [AACN], 2008a).

The AACN has worked to draw attention to the nurse faculty shortage and advance possible solutions. In a white paper originally released in 2003, a task force of AACN members identified a number of factors contributing to the shortfall in the number of nurse educators needed. These factors included faculty retirement patterns, significant salary differentials between academia and practice, competition for nurses with graduate degrees, flat enrollment and graduation rates in advanced nursing programs, and an aging professoriate (AACN, 2005). AACN's data collection efforts also have helped to quantify this issue. The nation's senior colleges and universities are now facing a faculty vacancy rate of 8.8 percent with 88.3 percent of professional nursing programs identifying the need for more faculty (AACN, 2007).

With a clearer understanding of the root cause, initiatives to address the nursing shortage at the federal, state, and local levels have been introduced. Alleviating the nurse faculty shortage has become a priority. Most proposed federal legislation to address the RN shortage in the U.S. 110th Congress have included components to boost the faculty supply, including the Nurses' Higher Education and Loan Repayment Act of 2008 which provides graduate student loan reimbursement, and the Nurse Education, Expansion, and Development Act which provides capitation grants to schools of nursing to recruit more faculty. Though federal funding for nursing education in general has been level for the past three years, appropriations for the Nurse Faculty Loan Program has nearly doubled since FY 2004 (AACN, 2008b).

At the state level, many programs have been introduced and/or established to provide funding for nurses to complete a graduate degree in nursing in exchange for a commitment to teach. Among the states offering this attractive option are Colorado, Georgia, Maryland, Minnesota, Texas and Vermont. Efforts are also underway through foundations, such as The California Endowment, and companies including Johnson & Johnson, to offer scholarship programs to increase the faculty pool, with an emphasis on bringing much needed diversity to the nurse educator population.

At the local level, individual schools of nursing and their practice partners also are working to find creative ways to bridge the faculty gap (AACN, 2005). Many schools are partnering with hospitals and other clinical agencies to "share" graduate-prepared nurses who are also interested in teaching. Some schools have removed restrictions, thus allowing retired faculty to teach part time, while others are enhancing benefits and raising salaries to strengthen recruitment and retention efforts. To prepare younger nursing students for faculty careers, many institutions now offer a variety of fast-track programs, including baccalaureate to doctoral degrees and accelerated master's programs. These programs offer an intense, rigorous educational experience for bright nursing students and are helping to increase the pipeline of nurses with the educational preparation needed to teach. Nurse faculty are also stepping up efforts to mentor nursing students and enlighten them about the many benefits that come with a teaching career (Bartels, 2005).

Teaching is a rich and rewarding pursuit for nurses looking to share their clinical expertise with those entering the profession or nurses returning to practice with advanced preparation. One of the strongest motivators to teach is that teaching provides an opportunity to influence student success and shape the next generation of nurses. As an educator, one can model professional values and skills, and ultimately influence the quality of care provided by future nurses. Fortunately, the national spotlight on the faculty shortage has piqued the interest of many nurses in practice who are looking to enter the teaching arena but are not sure where to begin. For our purposes, nurses in "practice" include those caring for patients, managing patient care units and agencies, and serving in advanced

practice roles. Though eager to share their expertise with nursing students, many of these individuals have questions about what is required to transition from the practice setting to the academic environment, even on a part-time basis. They are asking:

- What credentials do I need in order to teach and what assistance is available to make this transition?
- What skills must good teachers possess and where can I look to develop a new level of teaching competence?
- How does academia differ from clinical practice and what inside information do I need to know to succeed as a nurse educator?

These questions and many others will be addressed in this article in which the authors describe types of faculty appointments, educational qualifications needed for teaching, considerations in taking a faculty position, beginning a faculty position and learning about the academic work environment, and faculty development opportunities. They conclude by paying special attention to the essential skills needed to become a nurse educator and flourish in a teaching role.

Types of Faculty Appointments

The concepts of appointment and tenure may be foreign for those outside of academia. Gaining a firm understanding about a particular school's appointment system early on will help guide potential faculty members toward a professionally satisfying and sustainable career in teaching. It is important to note that the appointment system likely will differ according to the type of teaching institution. For example, academic positions offered by large academic health centers are different from those offered by smaller teaching and service-oriented institutions. The school's mission influences the expectations regarding the scope of the educator role and the additional faculty responsibilities. Academic title or rank is determined by the "track" to which one is appointed, and the criteria for a specific track. Faculty may be appointed to tenure versus non-tenure-track and part-time versus full-time positions.

Tenure can be described as a permanent job contract within the academic institution. The tenure-track is geared toward those with a doctoral degree who are expected to perform all aspects of the faculty role including teaching, scholarship/research, service to the university and community, and often nursing practice. Educators hired into a tenure-track position are considered tenure-probationary until they consistently demonstrate excellence, are promoted to senior ranks, and granted tenure. These faculty become eligible to formally apply for tenure at a designated time after employment, typically around six or seven years. Criteria for tenure are specified by the school, and typically include academic preparation, teaching ability, publication record, departmental service, leadership, and research. Tenure-track faculty typically are full-time employees who hold titles such as Professor, Associate Professor, and Assistant Professor. The number of tenure-track positions is considerably limited compared to the various non-tenure-track positions available. Some schools are eliminating tenure altogether, and instead contract with all faculty for designated periods of employment.

Faculty may choose to pursue non-tenure-track positions because they either do not have the requisite credentials or do not want the multiple responsibilities associated with the tenure track. Generally speaking, full-time, non-tenure-track faculty spend more time teaching, less time in University, departmental, professional, and/or community service, and even less time in research than a tenure-track faculty member. In many institutions, non-

tenure-track faculty have titles such as Clinical Professor, Clinical Associate Professor, Clinical Assistant Professor, and Clinical Instructor. Although clinical-track faculty are primarily responsible for the clinical education and supervision of students in the clinical arena, they often are expected to teach in the classroom as well. Maintaining clinical proficiency is critical since these faculty members are expected to serve as clinical experts and professional role models. Nurses who are doctorally prepared but who prefer a career in research within an academic institution may also be offered a non-tenure-track faculty appointment as a research scientist. The primary responsibility of these faculty is generating and disseminating new knowledge.

Additionally, most schools of nursing offer part-time or "adjunct" faculty positions for clinical and classroom instruction. This type of appointment is given to someone whose primary employment is outside the school of nursing but whose skills and knowledge are particularly desired by the school. Part-time academic ranks and titles vary according to qualifications and responsibilities, such as lecturer or clinical instructor, depending on whether the adjunct faculty member teaches a classroom course, supervises students in the clinical setting, or works with students on projects or research. This type of employment may be a good option for professional nurses seeking flexibility due to family or other personal responsibilities that do not allow for full-time employment. A part-time clinical teaching appointment is an excellent way to enter the faculty ranks. Like clinical career ladders, nursing faculty also have academic career choices. They may start in a full-time, tenure-track position; or start in a part-time appointment and work their way up in academic rank and tenure; or remain in a clinical track or a part-time position for many years.

Educational Qualifications for Teaching

Graduate education in nursing is generally the expected preparation for full-time faculty roles. Faculty in entry-level nursing programs are expected to have "graduate-level academic preparation and advanced expertise in the areas of content they teach" (AACN, 2008c). This expectation is consistent with most nursing programs offered at both community colleges and senior colleges and universities (National Council of State Boards of Nursing, 2007). However, individual school standards, State Boards of Nursing, and professional organizations also influence the academic preparation required of faculty in a given situation. Hence some faculty positions may require varying levels of academic preparation. Master's and doctoral degree programs often include in their degree programs minor concentrations and/or a track or focus area in education (Billings, 2003). In many schools, faculty are expected to teach at multiple levels, so the more educational preparation they have, the more versatile they can be.

In academic circles, there currently is much discussion over the master's degree in nursing *education* as adequate preparation for teaching at the baccalaureate level. Individuals with a master's degree in nursing education may not be adequately prepared to teach full-time or to be competitive for faculty roles in professional nursing programs due to their lack of advanced (graduate-level) clinical preparation. Someone teaching with a master's degree in nursing education, but without advanced clinical education or expertise, is actually teaching nursing content based on their baccalaureate clinical preparation (Bartels, 2007). The analogy often used is that a biology professor would not be allowed to teach at the collegiate level based only on his or her baccalaureate coursework, even if the professor held a master's degree in education. Any profession expects its faculty to have advanced preparation in the discipline, such as nursing or biology, in order to teach others the most current content in the discipline.

For faculty to fully assume an academic role, AACN (2008c) supports the doctoral degree as the preferred preparation, mirroring the expectation of other disciplines in higher education. More than 86 percent of current vacancies in baccalaureate and higher degree granting nursing programs either require or strongly prefer faculty with a doctorate (AACN, 2007). Looking ahead, the demand for doctorally prepared faculty will likely increase with the recent endorsement of the AACN position statement (2008c) on *The Preferred Vision of the Professoriate in Baccalaureate and Graduate Nursing Programs* which includes the following language about the desired education level for nurse educators:

Consistent with academy expectations, faculty with primary responsibility for the oversight of courses in baccalaureate, master's, and doctoral nursing programs will have doctoral preparation. Doctoral graduates who will be involved in an academic role will have preparation in educational methods and pedagogies (p. 1.).

This statement provides clear support for doctoral preparation for nursing educators.

Although a full-time faculty appointment may not initially require a doctoral degree, non-doctorally prepared faculty may be expected to obtain a doctorate within a designated period of time while maintaining their academic responsibilities. Without doctoral preparation, faculty are less competitive for academic promotion and attainment of tenure. Because this is an acceptable trade-off for many educators, schools of nursing are developing clinical tracks and other mechanisms for hiring and retaining excellent clinicians who are not doctorally prepared.

For nurses in practice settings who want to teach but do not have the credentials for a full-time faculty position in higher education, or who simply wish to explore the teaching role, a number of opportunities exist. For example, you might volunteer to help with staff development programs in your agency. You may have particular clinical expertise that you can share as a guest speaker or adjunct faculty for students in a local nursing program. You may be qualified to be a clinical instructor for a local school, or a clinical preceptor for students as an agency employee. Although most schools of nursing require faculty to have earned at least one degree above the level in which they teach, some schools do hire clinical instructors or preceptors if they have the same degree as the one toward which their students are studying (Lewallen, 2002). All these opportunities will give you an idea if teaching is right for you; and if so, may encourage you to attain the advanced nursing education and other credentials necessary to serve in a more formal nursing faculty role.

Considering a Faculty Position

When considering a faculty position, it is important to know what you want and what the nursing program needs. As previously discussed, many schools seek full-time faculty, but may consider part-time appointments, particularly for clinical instructors. Before pursuing a teaching position, you should check the school of nursing's references, ranking, board approval, accreditation status, and faculty qualifications (Smith, 2005). You may want to have a conversation with a faculty member who brings students to your institution to gather, informally, information about the school and the faculty role. Contacting local schools of nursing about your interest in teaching is one of the best ways to learn about available positions. Because postings regarding teaching positions and precepting opportunities may not be easily accessible or regularly updated, this personal contact may be a vital step to securing an academic position.

Like any professional endeavor, teaching offers distinct benefits and challenges. When considering a teaching position, you will want to weigh a number of issues to determine if the educator role is a good fit for you both personally and professionally. Some aspects of the academic work environment are similar to the nursing practice environment, while others are distinct. The following considerations have been offered by several writers on the subject (Culleiton & Shellenbarger, 2007; Vance, 2004):

Benefits:

- Personal satisfaction assisting students in mastering concepts and skills
- Collaboration with like-minded colleagues
- High level of autonomy compared to many practice roles
- Access to library services, evidence-based literature, and technology resources
- Flexible work hours
- Schedule more likely to allow you to be home with family during evenings, weekends, holidays, and summers
- Increased opportunities to supplement income through consultation, faculty practice, teaching workshops, and professional presentations
- Encouragement to be published, conduct research, and write and manage grants

Challenges:

- Potentially lower salary particularly if the appointment is for a 9-10 month academic work year
- Intense workload outside of the classroom and take-home work: planning clinical experiences, making student assignments, planning learning activities, reading and grading student assignments, completing student evaluations
- Lack of patient contact if your teaching position does not include a clinical assignment, and you do not have an opportunity to maintain practice
- Anxiety about teaching clinical skills you have not used for a long time
- Interacting with challenging or failing students
- Finding time for scholarly work and keeping current in practice

Most of these challenges will arise early in your transition to teaching, and likely will diminish over time with experience, guidance from fellow faculty and mentors, and formal faculty role development.

Beginning in a Faculty Position

As with any career change, the role transition from practitioner to educator can cause feelings of uncertainty, isolation, and anxiety which is not unlike the beginning days of practice. As a new nurse, you had to become familiar with the clinical setting's rules and regulations, the staff, and the environment and culture of the particular unit. As a new faculty member, you must possess knowledge not only about your clinical specialty but also specific expectations of the faculty role, and the culture and beliefs of the teaching institution. The various tasks of teaching can be learned; but the overall context of the educational environment is harder to grasp, and may be an unintended barrier for new faculty. Research has shown that new faculty are typically unfamiliar with the language, culture, and practices of their institution, and the academic environment is much different than they anticipated (McArthur-Rouse, 2008; Siler & Kleiner, 2001). To be more comfortable with your role transition, you should learn as much as possible about the nursing school and the college or university of which the nursing school is a part, including

the academic mission and hierarchy, faculty responsibilities, promotion system, and educational policies.

Academic Mission and Hierarchy

Perhaps most importantly, successful transition into an academic setting requires faculty to develop expertise consistent with the college or university's specific mission and philosophy (Zambroski & Freeman, 2004). These missions and philosophies serve as frameworks that guide how the institution serves its students and community, and will help you understand your new role and heighten your sense of belonging. These missions and philosophies may differ depending on whether you are working at a faith-based school or a public institution, and whether the priority is placed on teaching, research, service, or a combination of these activities. Similarly, it is important for you to be aware of the nursing school's own philosophy and stated outcomes that underpin the professional curriculum. The nursing school philosophy may be based on one or more established nursing theories, and you should be comfortable with this specific theory since this school of thought will guide how you teach students (Lewallen, 2002).

In addition to the mission and philosophy, you should understand how the school is structured and administered. Review the strategic plan and organizational chart, and determine the formal lines of communication (Bellack, 2003). Find answers to questions such as: What are the roles of the president, vice-president, and provost? Is the school of nursing a separate academic entity or unit with a dean or director? If the nursing academic unit is included in a larger school of health sciences, how is the nursing program administered? How is the school of nursing divided into working units, and what are the responsibilities of the persons leading these departments or units?

Faculty Responsibilities

Fully understanding your new role as faculty is crucial to your long-term success and retention. You will want to clarify issues that affect you directly, such as: What is my job description? Who is my supervisor? Am I expected to teach independently or as part of a team? Will I teach in the classroom or in a clinical setting or both? Will I be expected to teach at one level or across levels? What additional duties will be required? What expectations exist related to scholarship, service, research, and practice?

The faculty role is more than simply teaching. Like faculty of other disciplines, nurse educators in academic settings typically have additional responsibilities which vary according to the type of faculty appointment and the school's mission. Those hired as adjunct (part-time) faculty teach and evaluate students in classroom and/or clinical settings, but may not have responsibilities beyond these. Full-time faculty may teach in class and clinical settings plus assume duties such as advising students, serving on committees, and maintaining a personal record of scholarship. At schools that place high value on research productivity, faculty both teach and secure external funding to conduct their own programs of research. By carefully assessing the school's expectations in advance, you will increase chances of a good fit with your skills and priorities. The wide variety of faculty responsibilities is captured, in the bullets below, by Lewallen (2002), Nurses for a Healthier Tomorrow (2008), and Zambroski & Freeman (2004):

- Preparing for class and clinical experiences
- Advising and/or mentoring students
- Grading students assignments

- Serving on committees for the nursing school and college/university
- Attending faculty meetings
- Engaging in scholarly work such as writing/publishing and research
- Writing grant proposals and securing extramural funding
- Participating in professional organizations including seeking elected positions
- Presenting at conferences
- Maintaining certification and/or clinical competence, even when faculty practice it is not a formal job expectation
- Engaging in peer review
- Serving as an advisor to student groups
- Doing volunteer work or serving in leadership roles in the community

Being aware of the full scope of the faculty role allows you to identify areas for personal growth and development. By participating in additional responsibilities, you are likely to gain valuable experience and recognition.

Promotion System

As part of the hiring process, you clarified your academic rank and type of position, e.g. tenure-track or other position type. Promotions within the school are based on education and various types of academic experience, and are a competitive process awarded to those who demonstrate excellence in a variety of criteria, including teaching effectiveness, publications, research, scholarship, service, and leadership.

You may be hired into an initial faculty position using a résumé, but in order to be considered for promotion, tenure, and other professional recognition within the academic environment, faculty typically document achievements in a curriculum vita or CV. This is analogous to a résumé but has a distinctly academic flavor and typically is much longer -- often 20-30 pages or more for an experienced faculty member. The CV is a comprehensive listing of all professional experiences including courses taught, presentations given, continuing education offerings or workshops attended, committee membership involvement, scholarly activities produced, community service provided, awards and recognitions received, and often much more. Schools of nursing may have a recommended template/format for developing a CV. As a new faculty member, you will want to determine the appropriate format for your school, convert your résumé to a CV, and maintain it carefully over time. A trusted faculty colleague or supervisor can guide you regarding additional materials to collect for promotion including a portfolio representing your work, student and peer evaluations, and support letters from colleagues and students (Culleiton & Shellenbarger, 2007; Reece, Pearce, Melillo & Beaudry, 2001).

Educational Policies

As a novice faculty member, you may feel a little uncomfortable in the academic working environment since you do not yet know how to speak the language. Familiarize yourself with the faculty handbook provided by your nursing program and/or the academic institution. This handbook may be an online document augmented by additional resources and/or recommended reading. As unfamiliar topics come up, such as those listed below, do some reading or ask your supervisor and/or colleagues for clarification and guidance (Culleiton & Shellenbarger, 2007):

- Rights and responsibilities of faculty
- Student policies and procedures

- Admission criteria
- Admission schedules and procedures
- Meaning of course numbers
- Usual course sequence
- Calculation of class and clinical hours
- Courses that are prerequisite to and concurrent with those you teach
- Processes for revising an existing course or developing a new one
- Methods of evaluating faculty by students, peers, and chair/supervisor

Faculty Development

Even with advanced education, exceptional clinical experience, and reading the faculty handbook, a new layer of skill is needed to prepare fully for the faculty role. To be sure, clinical expertise is pivotal to being a good teacher, but it is not sufficient by itself. Many nurses who have spent years in the practice setting are only vaguely aware of what is involved in teaching, and are surprised to learn that it is more than lecturing to a packed classroom or supervising students in a clinical practicum. All teachers must recognize the multiple aspects of the faculty role and develop the unique skills essential for success. Although many schools of nursing offer some level of formal orientation for new faculty, the individual needs of new faculty differ and their orientation content may need to vary considerably (Foley et al., 2003; Morin & Ashton, 2004).

Though a novice faculty member may find it overwhelming to figure out "what to teach and how to teach it" (Diekelmann, 2004), these new skills can be acquired through a faculty development program as well as through formal educational opportunities. As a new faculty member, you may be expected to complete certain graduate education courses or faculty development activities within a specified time after hiring, as a condition of employment. Alternately, you may have a less formal agreement and may need to explore professional development options for yourself. Many schools of nursing are located within a college or university that sponsors interdisciplinary or interprofessional teaching institutes or workshops for faculty. These can be excellent opportunities, offering you not only quality guidance on improving your teaching skills, but also a network of supportive colleagues in multiple disciplines across campus, a valuable commodity in the academic setting. Your dean or department chair may assign an experienced faculty member to guide you in the first few months. This gives you a "safe" mechanism for asking questions and obtaining direct support that you might otherwise not have in your early days. In addition to your immediate supervisor, seek out trusted faculty colleagues and key support staff, particularly for information about the informal culture of the school and how to successfully accomplish the work expected (Bellack, 2003).

Besides school-specific offerings, a number of regional and national conferences are designed for developing teaching excellence in nursing faculty. For example, AACN offers annual conferences for faculty in specific types of programs, such as Baccalaureate, Master's, and Doctoral Education Conferences, as well as the yearly Faculty Development Conference for nurse educators early in their careers. Even if you have graduate preparation in nursing, you may want to consider enrolling in graduate courses or a certificate program in nursing education, either in a traditional classroom in your local community or by distance education. Several national health professions education associations have joined forces to sponsor Education Scholar <www.educationscholar.org>, an intensive, Web-based faculty development program consisting of eight modules. Those who hold a nursing faculty position may take selected modules or the entire program, depending on need and interest. Some nursing schools subsidize faculty enrollment in these programs.

Essential Skills for Nurse Educators

AACN recently conducted a survey of member school deans and directors, and gleaned some interesting results related to essentials skills for new faculty. Deans were asked to identify the behaviors of novice faculty that give assurance of adequate preparation for the teaching role. Over 220 deans and directors replied, offering 700 specific suggestions. According to the frequency of responses, the following five skills, knowledge, and/or characteristics (in order) were considered by deans to be most the most essential for new faculty:

1. Teaching Skills
2. Knowledge, Experience, and Preparation for the Faculty Role
3. Curriculum/Course Development Skills
4. Evaluation and Testing Skills
5. Personal Attributes

Table 1 shows a complete listing of faculty skills and attributes particularly valued by nursing deans. These characteristics are not necessarily present in all faculty, particularly new ones, and the list is not intended to be discouraging. Rather, these skills and attributes can be considered priorities to guide faculty development efforts over time. Table 2 identifies resources that will assist faculty to develop these skillls and attributes.

Teaching Skills

Perhaps more than any other proficiency for nurse educators, the ability to help students learn how to master essential skills and knowledge in order to become professional nurses is paramount. Inexperienced faculty often think in terms of their own *teaching* when the emphasis should be on student *learning* – a critical distinction. Understanding the uniqueness of adult learners and how they learn is necessary to being able to facilitate the learning process. Adults come to higher education with a wealth of experience, as well as definite goals and a desire for a voice in their education. They seek practical applications to real-world problems and need to know that their time in class and clinical practice is well spent. They also may present challenges that require novice educators to be prepared and perhaps seek advice from colleagues (Condon, 2008).

The most effective teacher of adults engages learners in seeking answers, finding meaning, and applying new information rather than simply transmitting vast amounts of content to them. Lecturing is an efficient way to share subject matter with a large audience, and certainly has a long tradition and continued relevance in nursing education (Young & Diekelmann, 2002). However, most adult learners place a high value on getting actively involved in their own learning rather than just listening to lectures. Academic leaders are looking for educators who use creativity and innovation in approaching the teaching-learning process. Several generational cohorts are found in today's educational institutions and work sites. Increasingly, teachers are challenged to engage a range of students across the age span. For example, in the classroom, older adult learners may need encouragement to participate fully; but when they do participate, the discussion and interactions are rich with their life experiences and perspectives. Younger learners particularly are attracted to technology, and the use of technology can be a powerful incentive for their learning, as well as a catalyst for older faculty to learn how to use newer equipment and approaches, such as simulation and distance learning (Connors, 2008; Spunt & Covington, 2002; Zager, 2008). Teaching also means being responsible for the myriad logistics and challenges of classroom and clinical experiences which are critically important to learning but may be overlooked.

These logistics may include determining how students should address you, responding to problematic equipment or disruptive students, and making clinical assignments ([Burke & Van Nostrand, 2008](#); [Wingate, 2008](#)). Consequently, developing proficiency in helping students learn is one of the most essential skills for a new faculty member.

Knowledge, Experience, and Preparation for the Faculty Role

Nursing school deans prefer to hire faculty who have educational and experiential preparation for the role. However, expert clinicians increasingly are being hired for faculty positions with the understanding that they will need assistance, through a program of professional development and mentoring, to become more proficient in their academic skills. A record of scholarship, writing, and research is very attractive, but this may be from clinical practice as opposed to that done in the academic setting. The uncompromising expectation of you as a new faculty member is clinical expertise and mastery of the subject(s) you will teach.

Curriculum/Course Development

The term *curriculum* refers to what is taught; the subject matter itself. This flows directly from your clinical expertise and is intricately tied to how you teach. Important course development skills include determining what your level of students needs to know; differentiating between nice-to-know and need-to-know content; and logically sequencing the information to maximize student learning. Curricular knowledge and skill includes knowing how your content fits into a course, and/or how your course fits into the total nursing education program. It means understanding the distinction between developing a course (what students will learn and how they will learn it) and developing/using/revising a syllabus, which is a detailed document that tells students what to expect ([Maloney, 2008](#); [Shelton, 2008](#)). Skill in curriculum development includes creating sound objectives or learning outcomes which guide the content and serve as the basis for evaluating learner achievement. It requires articulating what content is essential for current practice, and ensuring that classroom content and clinical experiences are directly linked and complement each other. Typically, all faculty are expected to engage in dialogue with their academic colleagues to develop or revise content, learner activities, and evaluation methods for a course or program of study.Curriculum development and revision may be unfamiliar to you. However, these skills can be developed as a natural extension of your clinical knowledge and expertise.

Evaluation and Testing

Of all the skills required of new faculty, the evaluating and testing may be the most intimidating. Fortunately resources exist to help novice faculty learn more about this specialized area of educational practice. Evaluation of students stems from the curriculum skills previously discussed. If expected outcomes are clear and content is logical, it is easier to evaluate students. In addition to using various evaluation tools, faculty must learn to give frequent and positive feedback, advise students how they have or have not met objectives, and offer constructive and respectful guidance to improve student performance. Clinical evaluation is familiar to you if you have interacted previously with students and instructors in the clinical environment. Careful assessment of clinical performance ensures that students meet objectives and practice safe patient care. A number of approaches, including written assignments, anecdotal notes, rating forms, skills checklists, and portfolios can assist with student evaluation ([Oermann, 2008](#)). You may be less familiar with evaluation in the classroom, especially developing tests. Because testing is so widely used, new faculty

who are expected to contribute to or develop tests must be able to develop or use a test blueprint, write strong test questions (called items), and ensure that these items are valid and reliable (McDonald, 2008). Further, tests should be created according to guidelines and style of the NCLEX-RN® in order to familiarize students with the test format and approach, and prepare them for success on this pivotal examination (Manning, 2008). Written tests, although important, are only *one* way of assessing student learning in the classroom; faculty should develop a variety of evaluation approaches for the setting in which they teach. In both classroom and clinical evaluation, the creative challenge comes from determining the many ways students can demonstrate their achievement of objectives, attainment of knowledge, and mastery of skills.

Personal Attributes

As seen in Table 1, the list of personal characteristics desired by deans is long, and may seem impossible to capture in one person. Interpersonal and communication skills, however, have been shown to be particularly important to success as an educator and are emphasized here. Just as faculty are expected to work collaboratively and collegially with fellow teachers in academic life, they must also work well and interact positively with students. Inexperienced faculty sometimes believe they must be formal, aloof, and superior to students to maintain appropriate boundaries and ensure that students respect them. Nothing could be farther from the truth. In a study of several hundred undergraduate and graduate students, Wolf, Bender, Beitz, Wieland, & Vito (2004) found that students considered faculty to be successful if they, in addition to possessing strong teaching skills, created a warm learning environment and were supportive of students. These faculty were enthusiastic, available, approachable, respectful, flexible, and had a sense of humor. Conversely, students considered faculty weaknesses to include rigidity, inaccessibility, poor communication skills, and poor relationships with students. Similarly, Shelton (2003) studied the relationship between faculty support and retention of nursing students. Indicators of support included respect for students, acknowledging when students did well, approachability, listening to students, patience, and genuine interest in students. Students who perceived higher levels of faculty support were more likely to persist through their nursing program than students who withdrew voluntarily or experienced academic failure. This finding becomes even more important as the nursing shortage persists.

Conclusion

Transitioning from the clinical practice role to a teaching role is a rewarding journey that requires a new level of professional development and a strong commitment to ensuring that students are well-prepared for contemporary practice. Those considering a teaching position on a full- or part-time basis are encouraged to take that all-important first step in seeking a faculty position. Nurses who aspire to a teaching role but who lack graduate-level preparation are encouraged to advance their education. Those new to the academic environment should seek out faculty mentors and professional development opportunities to learn about the work environment in which they are teaching and to enhance their teaching abilities. Many experienced nurse educators welcome the opportunity to serve as guides and mentors to newer faculty. Given the growing faculty shortage, now is the time for you to consider making the move into nursing education, and thus helping to sustain the future of the nursing profession.

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References

American Association of Colleges of Nursing. (2005). *Faculty shortages in baccalaureate and graduate nursing programs: Scope of the problem and strategies for expanding supply.* White Paper. Accessed May 29, 2008 at www.aacn.nche.edu/Publications/WhitePapers/FacultyShortages.htm.

American Association of Colleges of Nursing. (2007). *Special survey on vacant faculty positions for academic year 2007-2008.* Accessed May 29, 2008 at www.aacn.nche.edu/IDS/pdf/vacancy07.pdf.

American Association of Colleges of Nursing (2008a). *2007-2008 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing.* Washington, DC: Author.

American Association of Colleges of Nursing (2008b). *Nursing workforce development programs: Supporting the next generation of nurses and the faculty who educate them.* Accessed May 29, 2008 at hwww.aacn.nche.edu/Government/pdf/BrochureTitleVIII.pdf.

American Association of Colleges of Nursing. (2008c). *Position statement on the preferred vision of the professoriate in baccalaureate and graduate nursing programs.* Accessed May 21, 2008 at www.aacn.nche.edu/Publications/positions/preferredvision.htm.

Bartels, J. (2005, January). Your career as a nurse educator. *Imprint*, 52(1), 42-44.

Bartels, J. E. (2007). Preparing nursing faculty for baccalaureate-level and graduate-level nursing programs: Role preparation for the academy. *Journal of Nursing Education*, 46(4), 154-8.

Bellack, J. P. (2003). Advice for new (and seasoned) faculty. *Journal of Nursing Education* 42(9), 383-384.

Billings, D. M. (2003). What does it take to be a nurse educator? *Journal of Nursing Education*, 42(3), 99-100.

Buerhaus, P., Staiger, D.O. & Auerbach, D.I. (2008). *The Future of the Nursing Workforce in the United States: Data, Trends and Implications.* Boston: Jones and Bartlett Publishers.

Burke, B. K. & Van Nostrand, S.E. (2008). Managing logistics of clinical experiences. In B. Penn (ed.), *Mastering the teaching role: A guide for nurse educators,* pp. 201-208. Philadelphia: F. A. Davis.

Condon, E. H. (2008). Adults as students: Special considerations. In B. Penn (ed.), *Mastering the teaching role: A guide for nurse educators,* pp. 77-86. Philadelphia: F. A. Davis.

Connors, H. R. (2008). Beyond the classroom: Considering distance approaches. In B. Penn (ed.), *Mastering the teaching role: A guide for nurse educators,* pp. 163-175. Philadelphia: F. A. Davis.

Culleiton, A. & Shellenbarger, T. (2007). Transition of a bedside clinician to a nurse educator. *MEDSURG Nursing,* 16(4), 253-257.

Diekelmann, N. (2004). Experienced practitioners as new faculty: New pedagogies and new possibilities. *Journal of Nursing Education.* 43(3), 101-103.

Foley, B. J., Redman, R. W., Horn, E. V., Davis, G. T., Neal, E. M., & Van Riper, M. L. (2003). Determining nursing faculty development needs. *Nursing Outlook*, 51(5), 227-232.

Heiberger, M.M. & Vick, J.M. (2002). Learning the lingo. The Chronicle of Higher Education Career Network, Monday, April 22, 2002. Accessed May 29, 2008 at http://chronicle.com/jobs/news/2002/04/2002042201c/careers.html.

Heiberger, M.M. & Vick, J.M. (2003). Learning the lingo, Part II. *The Chronicle of Higher Education* Career Network, Thursday, July 3, 2003. Accessed May 29, 2008 at http://chronicle.com/jobs/news/2003/07/2003070301c/careers.html.

Heiberger, M.M. & Vick, J.M. (2003). Learning the lingo, Part III. *The Chronicle of Higher Education* Career Network, Thursday, June 16, 2006. Accessed May 29, 2008 at http://chronicle.com/jobs/news/2006/06/2006061501c/careers.html.

Lewallen, L.P. (2002). Using your clinical expertise in nursing education. *Clinical Nurse Specialist*, 16(5), 242-246.

Maloney, P. (2008). Planning a course. In B. Penn (ed.), *Mastering the teaching role: A guide for nurse educators,* pp. 89-96. Philadelphia: F. A. Davis.

Manning, L. (2008). Preparing students for the NCLEX-RN®. In B. Penn (ed.), *Mastering the teaching role: A guide for nurse educators,* pp. 339-358. Philadelphia: F. A. Davis.

McArthur-Rouse, F. J. (2008). From expert to novice: An exploration of the experiences of new academic staff to a department of adult nursing studies. *Nurse Education Today*, 28, 401-408.

McDonald, M. E. (2008). Developing trustworthy classroom tests. In B. Penn (ed.), *Mastering the teaching role: A guide for nurse educators,* pp. 275-286. Philadelphia: F. A. Davis.

Morin, K. H. & Ashton, K. C. (2004). Research on faculty orientation programs: Guidelines and directions for nurse educators. *Journal of Professional Nursing*, 20(4), 239-250.

National Council of State Boards of Nursing. (2007, March). *PR&E Committee Faculty Shortage Survey*. Accessed May 29, 2008 at www.ncsbn.org/07_Final_Faculty_Qualifications.pdf.

Nurses for a Healthier Tomorrow. (2008). *Nurse educator career profile*. Accessed May 29, 2008 at www.nursesource.org/nurse_educator.html.

Oermann, M. H. (2008). Clinical evaluation. In B. Penn (ed.), *Mastering the teaching role: A guide for nurse educators,* pp. 299-313. Philadelphia: F. A. Davis.

Reece, S. M., Pearce, C. W., Melillo, K. D., & Beaudry, M. (2001). The faculty portfolio: Documenting the scholarship of teaching. *Journal of Professional Nursing*, 17(4), 180-186.

Shelton. D. P. (2008). Developing a course syllabus. In B. Penn (ed.), *Mastering the teaching role: A guide for nurse educators,* pp. 97-103. Philadelphia: F. A. Davis.

Shelton, E. N. (2003). Faculty support and student retention. *Journal of Nursing Education*, 42(2), 68-76.

Siler, B. & Kleiner, C. (2001). Novice faculty: encountering expectations in academia. *Journal of Nursing Education.* 40(9), 397-408.

Smith, L. (2005). Joys of teaching nursing. *Nursing2005.* 35(1), supplement: Career Directory, 134-135.

Spunt, D. & Covington, B. G. (2008). Utilizing clinical simulation. In B. Penn (ed.), *Mastering the teaching role: A 233-guide for nurse educators,* pp. 233-251. Philadelphia: F. A. Davis.

Vance, C. (2004). Why teach nursing? *Nursing Spectrum.* Accessed May 29, 2008 at http://include.nurse.com/apps/pbcs.dll/article?AID=2004404050354.

Wingate, A. (2008). Managing the modern classroom. In B. Penn (ed.), *Mastering the teaching role: A guide for nurse educators,* pp. 133-152. Philadelphia: F. A. Davis.

Wolf, Z. R., Bender, P. J., Beitz, J. M., Wieland, D. M., & Vito, K. O. (2004). Strengths and weaknesses of faculty teaching performance reported by undergraduate and graduate nursing students: A descriptive study. *Journal of Professional Nursing* (20)2, 118-128.

Young, P. & Diekelmann, N. (2002). Learning to lecture: Exploring the skills, strategies, and practices of new teachers in nursing education. *Journal of Nursing Education*, 41(9), 405-412.

Zager, L. R. (2008). Intergenerational perspectives. In B. Penn (ed.), *Mastering the teaching role: A guide for nurse educators,* pp. 65-75. Philadelphia: F. A. Davis.

Zambroski, C. & Freeman, L. (2004). Faculty role transition from community college to a research-intensive university. *Journal of Nursing Education.* 43(3), 104-106.

Table 1: Essential Skills for Nurse Educators
Teaching Skills

Teaching Skills
- Understands adult learners and teaching-learning principles
- Selects and uses a variety of teaching strategies rather than simply lecturing
- Employs creativity, novelty, and innovation in teaching methods
- Facilitates learning and actively engages students
- Develops a personal teaching style
- Utilizes a student/learner-centered approach in teaching
- Appreciates learning styles
- Individualizes as practical
- Remains flexible in teaching – manages time and responds to learner/class needs
- Teaches concepts, skills, and values – not just content
- Promotes evidence-based practice and clinical judgment in students
- Uses online applications and simulation technology
- Prepares lesson plans/lectures
- Teaches students in clinical practicum
- Makes appropriate and useful clinical assignments
- Guides students in clinical procedures
- Coaches students toward achievement of objectives
- Integrates evidence into clinical applications
- Manages the classroom
- Deals effectively with challenging students
- Explains complex concepts to novices

2. Knowledge, Experience, and Preparation for the Faculty Role
- Clinical expertise, particularly recent/current experience
- Expertise in subjects taught
- Knowledge of the discipline
- Knowledge of educational theory; how faculty can impact student learning

- Understanding of the collegiate environment
- Understanding of legal and ethical issues pertaining to education
- Participation in professional activities
- Completion of course work in education
- Previous experience as a speaker, teacher, preceptor, teaching assistant
- Strong writing skills
- Engagement in scholarship, research, publishing

3. Curriculum/course development
- Understands curriculum and curriculum trends
- Designs and revises curriculum
- Participates on Curriculum Committee and/or in discussions about curriculum design
- Plans a course
- Develops class content that allows students to grow in knowledge
- Meaningfully organizes and appropriately levels and paces content
- Prepares course materials using current literature and clinical evidence
- Understands how curriculum threads are sequential and flow through the program
- Understands curriculum mapping
- Understands and uses a course syllabus
- Works with a current syllabus
- Revises a syllabus
- Develops a useful and organized course syllabus including a schedule
- Develops learning outcomes
- Writes clear and measurable objectives
- Focuses on learning outcomes more than content or process
- Designs learning activities to achieve objectives
- Demonstrates the relationship among objectives, content, learning experiences, and evaluation
- Ensures that classroom learning and clinical experiences coincide
- Differentiates between need-to-know and nice-to-know content
- Aware of how the course taught fits into the overall curriculum
- Utilizes evaluation information to make changes in a course

4. Evaluation and Testing
- Understands/develops a variety of evaluation methods
- Matches testing/evaluation to course content and objectives
- Develops evaluation approaches that are congruent with stated objectives
- Creates valid and reliable evaluation methods
- Effectively evaluates student performance and measures student learning
- Develops and uses tests
- Constructs appropriately leveled tests
- Uses test blueprints
- Follows NCLEX-RN test plan and format
- Writes strong test items, particularly at higher levels
- Develops items that require critical thinking skills used by practicing nurses
- Performs test-item analysis
- Performs clinical evaluation
- Assesses clinical judgment of students
- Develops rubrics for evaluation of clinical performance and assignments
- Discriminates levels of student performance
- Offers both negative and positive evaluations
- Specifies how students have or have not met objectives
- Provides constructive feedback on performance
- Fails students if necessary
- Identifies students with problems and refers appropriately
- Evaluates written assignments fairly and consistently

- Justifies decisions
- Tolerates ambiguity and avoids rigidity when evaluating students
- Assigns grades for courses

5. Personal and Professional Attributes
- Works collegially, collaboratively, and actively with other faculty in groups/teams
- Demonstrates willingness to participate in peer review; receives excellent peer ratings
- Open to feedback; values feedback from senior faculty/mentors
- Demonstrates good interpersonal and communication skills
- Communicates with students and course coordinators
- Positively interacts with students in class and clinical
- Skilled in conflict resolution, negotiation, and problem solving
- Develops good relations with students
- Shows genuine interest in and respect for students
- Thoughtful, caring
- Maintains standards
- Connects with diverse student populations
- Serves as a role model, mentor, advisor
- Patient
- Articulate
- Thorough
- Concise
- Assertive; sets direction
- Consistent
- Flexible
- Enthusiastic
- Good listener
- Confident in providing nursing care
- Demonstrates good critical thinking, clinical judgment
- Able to manage personal stress, time
- Demonstrates willingness to learn and learn more about teaching
- Committed to lifelong learning
- Demonstrates passion for teaching; values the teaching role
- Demonstrates professional attitude

Table 1. Data compiled through a special AACN survey conducted in April 2008

Table 2: Suggested Resources
Beres, J. (2006). Staff development to university faculty: Reflections of a nurse educator. *Nursing Forum*. 41(3), 141-145.
Billings, D.M. & Halstead, J.A. (2008). *Teaching in nursing: A guide for faculty*, 3rd ed. Philadelphia: Saunders Book Company.
Caputi, L. & Engelmann, L. (2004). *Teaching nursing: The art and science*, Volumes 1 and 2. Glen Ellyn, IL: College of DuPage Press.
Gaberson, K.B & Oermann, M.H. (2007). *Clinical teaching strategies in nursing*, 2nd edition. New York: Springer Publishing Company

Novotny, J. M. & Griffin, M. T. Q. (2006). *A Nuts-and-Bolts Approach to Teaching Nursing.* 3rd edition. New York: Springer Publishing Company.

Palmer, P.J. (1998). *The courage to teach: Exploring the inner landscape of a teacher's life.* San Francisco: Jossey-Bass, Inc.

Penn, B.K. (2008). *Mastering the teaching role: A guide for nurse educators.* Philadelphia: F. A. Davis.

Schriner, C. (2007). The influence of culture on clinical nurses transitioning into the faculty role. *Nursing Education Perspectives,* 28(3), 145-149.

Tomorrow's Professor Mailing List[SM]. Accessed May 29, 2008 at http://ctl.stanford.edu/Tomprof/index.shtml

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