

# PLN PRACTICE LEADERSHIP NETWORK

2022 TOOL KIT

A Framework for Faculty Practice

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## TABLE OF CONTENTS

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<b>INTRODUCTION .....</b>	<b>1</b>
<b>SECTION 1: Faculty Practice: History and Key Assumptions .....</b>	<b>2</b>
<b>SECTION 2: Role of Faculty Member Engaged in Practice .....</b>	<b>4</b>
LEADERSHIP .....	4
EDUCATION .....	14
SERVICE .....	22
<b>SECTION 3: Foundations for the Infrastructure of Faculty Practice .....</b>	<b>27</b>
POLICIES .....	27
FINANCIAL .....	31
<b>SECTION 4: Documenting the Impact of Faculty Practice .....</b>	<b>37</b>
RESEARCH / SCHOLARSHIP .....	37
PATIENT OUTCOMES .....	43
<b>References .....</b>	<b>51</b>

# INTRODUCTION

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This tool kit has been a vision of the Faculty Practice Leadership Network (PLN) for several years and represents over 2 years of work by over 20 members of the PLN. We prepared this resource to provide a broad framework for faculty practice across the wide range of academic settings.

Several major reports have been published in the last several years that impact faculty practice at schools of nursing. As a result, we were intentional about including recommendations from the National Academy of Medicine's [The Future of Nursing: 2020-2030](#) report, the new AACN [Essentials](#), and the AACN report on [Advancing Healthcare Transformation: A New Era for Academic Nursing](#).

The tool kit is organized in three sections focused on the roles of the faculty members engaged in practice, the infrastructure of faculty practice, and documenting the impact of faculty practice. Each section provides a brief background and then recommendations with resources and justification of the recommendation.

***The Roles of the Faculty Member Engaged in Practice:*** There are multiple opportunities for faculty in practice to assume leadership roles. In this section, the authors explore the multidimensional nature of leadership in faculty practice, they consider relationship between practice and teaching, and the value of practice to achieving the teaching mission. All faculty engaged in practice are expected to represent the full role of a faculty member, which extends to teaching, scholarship, mentorship, and service. In this section we also explore opportunities for integrating practice into the broader academic role, in the community, and practice in support of promotion and tenure. Finally, we have a special section on the role of faculty practice in achieving the service mission of the academy.

***Infrastructure for Faculty Practice:*** Many AACN members of the Practice Leadership Network seek support for establishing a faculty practice. Faculty practice models are wide ranging and have to be adapted to the nature of the academic program in which they reside. In this section we make recommendations on establishing successful practices, with particular attention to the business of practice, especially finances, and essential policies that need to be established for successful practices.

***Scholarship: Research and Outcomes:*** One characteristic that differentiates faculty practice from other forms of nursing practice is the commitment of faculty to scholarship. In the final section of the tool kit, we focus on the unique responsibility of faculty engaged in practice to document the impact of their practice. We explore exemplars and opportunities to engage in scholarship and the impact of faculty practice with emphasis on the Triple/Quadruple Aims.

We hope you find this tool kit useful to starting and sustaining faculty practice at your college of nursing. This resource will always be a work in progress, and we welcome your feedback and examples of material related to our recommendations that you are willing to share with our members. We also hope you will join the PLN as we move forward and shape the future of faculty practice.

Thank you,  
Kate Fiandt, Tool Kit Editor  
PLN Steering Committee Chair, 2020-2022

## SECTION 1: Faculty Practice: History and Key Assumptions

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Nursing is a practice profession. Early academic leaders recognized that an ongoing practice role was essential for nurse educators. However, after World War II when nursing education moved into the academy, practice as a core role for nurse educators was lost and replaced by an emphasis on the roles of nurse educator and nurse researcher. About 40 years ago, when advanced practice nursing education moved into the academy, advanced practice prepared educators insisted that practice continue to be a part of their academic role. This movement was the start of faculty practice as we know it today. However, faculty practice is NOT limited to advanced practice nursing and provides opportunities for professional and personal enrichment for nurse educators across program types. Nurses whose expertise range from care of patients at the bedside to nursing leadership are asking to have their practice integrated into the academic roles. This document is designed to support nurse educators engaging in all forms of faculty practice.

A core assumption in this document is that faculty practice is not the same as nursing practice in general. We assume that faculty engaged in practice bring the tripartite mission to their practice. In other words, faculty engaged in practice, in addition to the role of clinical expert, bring education, research/scholarship, and service to their practice. This document is designed to support faculty who are engaged in practice to assume faculty practice as a part of their academic role and to serve as a resource for schools of nursing for establishing, maintaining, and documenting the impact of their practice initiatives.

Throughout this document you will see a common theme: the need to establish some standard principles for faculty practice in nursing. This includes modifying concepts as broad ranging as promotion and tenure, education, and patient outcomes that are impacted by faculty in practice. It is a truism that great variability that exists across organizations, if you have seen one faculty practice, you have seen one faculty practice. Promotion guidelines, workload, revenue distribution, and teaching expectations vary considerably. For the benefit of the faculty, students, patients, and the future of health care, we strongly support a unified model for faculty practice.

This unified model should address faculty practice as integrated in the institution's tripartite mission; thereby contributing to promotion, tenure, and workload. Additionally, the unified model should address the value of faculty practice to the education and scholarship mission and to the financial health of the college of nursing. Finally, since our vision of faculty practice reflects the possibilities of what nursing can contribute to health care, it is essential that faculty practice be evaluated in the context of innovation, patient outcomes, quality, cost effectiveness, access, and impact on the community.

AACN's Practice Leadership Network members see this document as a work in progress and urge faculty engaged in practice to provide input, contribute additional resources, and share their insights and vision to shape the future of faculty practice.

Finally, we have strived to make recommendations here that are evidence-based; however, the detailed literature review conducted to develop this tool kit uncovered a dearth of data to support the impact of faculty practice. As a result, many of our recommendations are based on expert opinions and the authors' experiences. ***We strongly encourage more study and scholarship on the impact of faculty practice.***

## **SECTION 2: Role of Faculty Member Engaged in Practice**

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### **LEADERSHIP**

#### **PURPOSE**

The purpose of this section is to explore, identify, and highlight multifaceted dimensions of leadership as it relates to the role of a nursing leader and faculty practice. This document contains resources to assist in the identification of essential leadership traits and the acquisition of knowledge and skills to influence and promote a dynamic range of leadership competencies in the practice and academic realm. With stronger leadership skills, nurses are better equipped to have the greatest impact on students, scholarship, health care, and beyond.

#### **AIMS**

1. To increase awareness and application of leadership attributes, traits, and competencies in relation to faculty practice.
2. To foster knowledge development through leadership resources to inform faculty practice.
3. For analysis of leadership knowledge, skills, and gaps utilizing self-assessment tools and self-reflection to enhance leadership skills in the context of faculty practice.

#### **BACKGROUND**

The ability to lead others to an unknown destination or to achieve a seemingly unobtainable goal takes a particular skillset. The capability to continually lead when circumstances differ is highly sought after and is an outcome of a highly effective leader. Leadership takes many forms, is dynamic, and can even seem elusive at times. Leadership competencies take time to achieve, and there is always a higher level that can be attained.

Leaders as well as types of leadership used can affect morale, productivity, retention, work environment, and decision-making. Successful leaders are aware of their team member's goals, strengths, and weaknesses and utilize this knowledge to provide an environment that develops and encourages while accomplishing joint goals. A main purpose of leadership development involves the identification of one's strengths and competencies, while identifying gaps in traits and skills.

Leadership development does not happen without planning and must be intentional. Embracing and pursuing lifelong learning has been recognized as a crucial component and an expectation for nursing professionals (Institute of Medicine, 2011). Intentional planning, development strategies, career planning, and goal setting can chart a path to fulfilling lifelong learning expectations. Development and advancement of leadership skills are augmented by self-assessment, resources, and formal leadership opportunities. In the rapidly changing healthcare landscape, professional leadership development is

paramount to the future of health care. Highly effective leaders are vital to preparing and inspiring future nurses to thrive, develop, and assume leadership positions, which will drive change to advance health care.

## **GAPS IN LEADERSHIP OPPORTUNITIES**

- Many resources and professional development programs for early career leaders are available. However, a gap exists for mid-career level leaders where few resources and opportunities were discovered.
- A gap was identified relative to experienced faculty whose career goals may not align to a senior administrative role (i.e. Associate Dean or Dean position).
- Many academic institutions do not offer mechanisms to recognize and utilize faculty who are not engaged at the senior administration level.

## **DEFINITIONS**

### **Leader**

A leader is someone who can craft a vision and inspire people to act collectively to make it happen, responding to whatever changes and challenges arise along the way (Visser & Courtice, 2011). Leaders provide direction, inspiration, and guidance. They exhibit courage, passion, confidence, commitment, and ambition. Leaders nurture the strengths and talents of their people and build teams committed to achieving common goals. The most effective leaders:

- Combine interpersonal skills with results-driven focus and communicate direction and strategy
- Are result focused
- Motivate and inspire others
- Set stretch goals that motivate themselves and others to push harder for achievement
- Set goals collaboratively
- Work together to build new competencies and skills
- Engage all minds in multiple learning styles
- Remains open to and apply feedback to improve (Craig, 2018)

### **Authentic Leadership**

A pattern of leader behavior that draws upon and promotes both positive psychological capacities and a positive ethical climate to foster greater self-awareness, an internalized moral perspective, balanced processing of information, and relational transparency on the part of leaders and followers (Walumbwa, Avolio, Gradner, Wernsing, & Peterson, 2008).

### **Collaborative Leadership**

Collaborative leadership is a management practice that aims to bring managers, executives, and staff out of silos to work together. In collaborative workplaces, information is shared organically, and



everyone takes responsibility for the whole. This approach contrasts with top-down organizational models where a small group of executives control the flow of information (Samur, 2019).

### **Empowerment**

Empowerment is a means to include the team in decision making by giving members a participatory role which capitalizes on their own expertise and judgment and that increases their sense of both individual worth and commitment to the organization. Empowerment also demonstrates that the leader has good listening skills and cares about the input of everyone on the team. When you empower a team, you motivate them to “row together” and increase the overall success of your mission. Empowering builds confidence in the team’s capacity to execute a collective mission and goals, establishes essential trust in an organization, and creates the secondary level of leadership necessary to ensure organizational continuity (Huntoon, 2012).

### **Emotional intelligence**

The ability to understand and access emotions and assess emotional response. Leaders with a high degree of emotional intelligence are able to reflectively regulate feelings and emotional responses to facilitate interpersonal connections and intellectual growth (Brannick, Wahi, Arce, Johnson, Nazian, & Goldin, 2009).

### **Ethical Leadership**

Ethical leadership is defined as “the demonstration of normatively appropriate conduct through personal actions and interpersonal relationships, and the promotion of such conduct to followers through two-way communication, reinforcement, and decision making” (Walumbwa, 2012).

### **Motivation**

Motivation is any internal process that energizes, directs, and sustains behavior. Motivation is a condition inside us that desires a change, either in the self or the environment. Motivation endows a person with the drive and direction needed to engage with the environment in an adaptive, open-ended, and problem-solving way (Reeve, 2018).

Intrinsic motivation is the inherent tendency to seek out novelty and challenge, to explore and investigate, and to stretch one’s capacities (Ryan & Deci, 2017). It is a naturally occurring inclination toward interest-taking, challenge-seeking, learning, and personal growth. Intrinsically motivated behaviors generate subjective feelings of interest and enjoyment that signal satisfaction in what one is doing. These intrinsic rewards encourage present and future engagement in that task, activity, or environment (Reeve, 2019).

### **Leadership Succession**

Succession planning is defined as a process for identifying and developing new leaders who can replace leaders when they retire, die, or leave an organization. This process entails developing a plan

that increases the availability of experienced and capable employees who are prepared to assume leadership roles (Good & Fabrizio, 2019).

### **Leadership Sustainability**

A sustainability leader is someone who inspires and supports action towards a better world (Visser & Courtice, 2011). These individuals who are compelled to make a difference by deepening their awareness of themselves in relation to the world around them. In doing so, they adopt new ways of seeing, thinking, and interacting that result in innovative, sustainable solutions.

### **Mentor Leadership**

This leadership style involves a senior member of the organization who shares their experience with more junior or inexperienced member(s) of the organization. To be effective, mentors must have self-awareness, adequate listening skills, and provide emotional support. Engagement must be prescriptive and involve planned meetings and activities that stress the importance of the relationship (Bruner, Dunbar, Higgins, & Martyn, 2016).

### **Resilience**

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. Resilience means "bouncing back" from difficult experiences (American Psychological Association, 2014).

### **Servant Leadership**

Hale and Fields (2007) defined servant leadership as "an understanding and practice of leadership that places the good of those led over the self-interest of the leader, emphasizing leader behaviors that focus on follower development, and de-emphasizing glorification of the leader" (Walumbwa, 2012).

### **Transformational Leadership**

"Transformational leaders are those who stimulate and inspire followers to both achieve extraordinary outcomes and, in the process, develop their own leadership capacity. Transformational leaders help followers grow and develop into leaders by responding to individual followers' needs by empowering them and by aligning the objectives and goals of the individual followers, the leader, the group, and the larger organization. Evidence has accumulated to demonstrate that transformational leadership can move followers to exceed expected performance, as well as lead to high levels of follower satisfaction and commitment to the group and organization" (Bass & Riggio, 2006).

## LEADERSHIP TRAITS



**Figure 1.** Melander and Douglass Leadership Traits

## RECOMMENDATIONS

### Recommendation 1

Self-Assessment: Faculty practice leadership should assist faculty in assessing leadership strengths and opportunities for improvement and encourage formal and informal leadership training.

Action Step	Resources
Identify a leadership pathway for professional advancement.	<ul style="list-style-type: none"> <li>• <a href="#">Daniel Goleman Emotional Intelligence Test</a></li> <li>• <a href="#">Emotional Intelligence Test</a></li> <li>• <a href="#">Clifton Strengths Assessment</a></li> <li>• <a href="#">Myers Briggs Test &amp; Personality Assessment (MBTI)</a></li> <li>• <a href="#">The Future of Nursing: 2020-2030, Chapter 9: Nurses Leading Change; Leading Self (p.278-280)</a></li> </ul>

**Justification:** Leaders need to evaluate themselves on a regular basis to identify their strengths and weaknesses. This provides an opportunity for self-evaluation to allow for skill acquisition and knowledge expansion, which results in professional growth and personal goal attainment.

## **Recommendation 2**

Leadership Programs: Promote faculty to engage in formal leadership training program(s). Below is sampling of leadership development opportunities offered by nurse-serving organizations.

<p><b>American Association of Colleges of Nursing (AACN)</b></p> <p>AACN LEADS - <a href="#">Leadership Development Programs</a></p> <ul style="list-style-type: none"><li>• <a href="#">Advancing Academic Leadership for New Deans</a></li><li>• <a href="#">Elevating Leaders in Academic Nursing (ELAN)</a></li><li>• <a href="#">AACN-Wharton Executive Leadership Program</a></li><li>• <a href="#">AACN's Diversity Leadership Institute</a></li></ul>
<p><b>American Association of Nurse Practitioners (AANP)</b></p> <ul style="list-style-type: none"><li>• <a href="#">Leadership Training Opportunity</a></li><li>• <a href="#">Executive Leadership Program</a></li></ul>
<p><b>American Organization for Nursing Leadership (AONL)</b></p> <ul style="list-style-type: none"><li>• <a href="#">Fellowships, Institutes, and Courses for Nurse Directors, Executives, and Managers</a></li></ul>
<p><b>National League of Nursing (NLN)</b></p> <ul style="list-style-type: none"><li>• <a href="#">NLN Leadership Institute</a></li><li>• <a href="#">Certification for Nurse Educators</a></li></ul>
<p><b>National Organization of Nurse Practitioner Faculties (NONPF)</b></p> <ul style="list-style-type: none"><li>• <a href="#">NONPF Faculty Leadership Mentoring Program</a></li></ul>
<p><b>Robert Wood Johnson Foundation (RWJF)</b></p> <ul style="list-style-type: none"><li>• <a href="#">RWJF Leadership Programs</a></li></ul>
<p><b>NurseTRUST (RWJF Alumni and Colleagues)</b></p> <p><a href="#">NurseTrust E<sup>3</sup></a></p>
<p><b>Sigma Theta Tau</b></p> <p><a href="#">Sigma Academies</a></p> <ul style="list-style-type: none"><li>• <a href="#">Nurse Educator Development Academy</a></li><li>• <a href="#">New Academic Leadership Academy</a></li></ul>

- [Experienced Academic Leadership Academy](#)
- [Nurse Leadership Academy for Practice](#)
- [Writing for Publication \(Virtual Academy\)](#)
- [Writing - Virtual Mini Academies](#)

**Justification:** Leadership development is essential in building organizational and personal capabilities, fostering and guiding innovation, and helping individuals identify talents and potential that will lead them into the future. Continued development is needed to obtain a broad view to empower individuals and organizations to address global challenges. According to AACN (2019), “Career-long faculty and leadership development opportunities provide for career progression as well as growth and sustainability of the profession.” This is further supported by the recommendation from *Advancing Healthcare Transformation: A New Era for Academic Nursing* (2016) in which AACN recommends creating “nursing leadership development programs for faculty and clinical practice nurses that are jointly managed by the college of nursing and clinical practice” (p. 24).

**Recommendation 3**

Provide a culture within faculty practice with a rich understanding of leadership.

Action Steps	Resources
Review core competency expectations related to nursing practice and leadership.	<ul style="list-style-type: none"> <li>• <a href="#">The Essentials: Core Competencies for Professional Nursing Education (2021)</a></li> <li>• <a href="#">The Future of Nursing: 2020-2030, Chapter 9: Nurses Leading Change</a></li> <li>• <a href="#">Interprofessional Education Collaborative (IPEC) Core Competencies</a></li> </ul>
Read the latest publications and literature from respected experts in the field of leadership.	<p><a href="#">Assessing the Effectiveness of Authentic Leadership Group Coaching, Fusco, O’Riordan, &amp; Palmer</a></p> <p><a href="#">Crucial Conversations: Tools for Talking When Stakes Are High - Patterson, Grenny, McMillian, &amp; Switzler</a></p> <p><a href="#">Dare to Lead: Brave Work. Tough Conversations. Whole Hearts Brene Brown</a></p> <p><a href="#">Difficult Conversations: How to Discuss What Matters Most - Stone, Patton &amp; Heen</a></p>

[Emotional Intelligence: Why it can Matter More than IQ - Daniel Coleman](#)

[Good to Great: Why Some Companies Make the Leap and Others Don't - Jim Collins](#)

[Harvard Business Review](#)

[Leaders Eat Last: Why Some Teams Pull Together and Others Don't - Simon Sinek](#)

[Start with Why - Simon Sinek](#)

[Leading Change - John Kotter](#)

[Mindfulness and Leadership Flexibility – Louis Baron](#)

[Single-tasking: Get More Done-One Thing at a Time - Devora Zack](#)

[The Tipping Point: How Little Things Can Make a Big Difference - Malcolm Gladwell](#)

[The Other 90%: How to Unlock Your Vast Untapped Potential for Leadership and Life](#)  
[Robert Cooper](#)

[The Power of Positive Leadership: How and Why Positive Leaders Transform Teams and Organizations and Change the World](#)  
[Jon Gordon](#)

[Wait, What?: And Life's Other Essential Questions](#)  
[James Ryan](#)




[The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change - Stephen Covey](#)

[10 Time Management Choices That Could Change Your Life - Felton & Sims](#)

<p>Listen to podcasts from respected thought leaders and authorities.</p>	<ul style="list-style-type: none"> <li>• <a href="#">Lead to Win - Michael Hyatt</a></li> <li>• <a href="#">Leadership Podcasts – John Maxwell</a></li> <li>• <a href="#">Today in Nurse Leadership - AONL</a></li> </ul>
<p>Support successful transition from clinical practice to academia.</p>	<ul style="list-style-type: none"> <li>• <a href="#">AACN Tool Kit: Transitioning from Clinical Nursing to Nursing Faculty</a></li> </ul> <p><a href="#">NLN Nurse Educator Core Competencies</a></p> <p>Literature Sources:</p> <p><a href="#">Mentoring Nontenured Track Nursing Faculty: A Systematic Review</a></p> <p><a href="#">Transition From Expert Clinician to Novice Faculty: A Blueprint for Success</a></p> <p><a href="#">Taking the Leap From Clinical Practice to Academic Faculty: A Beginner’s Guide</a></p> <p><a href="#">Key Considerations for Moving to a Nurse Faculty Role: A Dean’s Perspective</a></p> <p><a href="#">Mentoring Nurse Faculty: Outcomes of a Three-Year Clinical Track Faculty Initiative</a></p>

**Justification:** Leaders navigate different points in their professional journey that necessitate development of additional leadership traits and competencies to tap into their full potential. Once these traits and competencies are obtained, further development is needed to learn when and exactly how to use these. Successful leaders are continually assessing, reviewing, and maximizing resources that expand the development and impact of their leadership skills.

**Figure 2. Areas Where Academic Nursing Provides Leadership**

 <b>RESEARCH LEADERSHIP</b>	 <b>PATIENT-CARE LEADERSHIP</b>	 <b>WORKFORCE DEVELOPMENT LEADERSHIP</b>
<ul style="list-style-type: none"> <li>▪ Science of quality and patient safety</li> <li>▪ Optimal care delivery models</li> <li>▪ Science of self-management</li> <li>▪ Symptom management</li> <li>▪ Chronic condition management</li> <li>▪ Informatics (Emerging)</li> <li>▪ Science of Leadership</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community based care (office care, retail care, home care)</li> <li>▪ Nurse-managed clinics</li> <li>▪ School-based programs and University student/employee clinics</li> <li>▪ Health system inpatient program leadership</li> <li>▪ Patient engagement programs</li> <li>▪ Palliative care/end of life care</li> </ul>	<ul style="list-style-type: none"> <li>▪ Growth in advanced nursing practice curricula producing doctoral prepared nurses</li> <li>▪ Interprofessional education programs in nascent stages</li> <li>▪ Training curricula preparing clinicians for the future care delivery system</li> <li>▪ Growth in research training to produce nurse scientists</li> </ul>

(AACN, 2016)

**A CALL TO ACTION FOR LEADERSHIP IN FACULTY PRACTICE**

As faculty practice leaders, we have a responsibility to encourage the development of our future nurse leaders. Imagine if even half of the estimated 4 million nurses in the United States worked to develop their true leadership potential and learned to seize the opportunity and ability to impact patient and healthcare systems outcomes. Enhancing nursing’s leadership capacity would open new doors to innovation and elevate the influence we would have and healthcare policies that affect our patients and our profession. It is through these types of efforts that we grow both personally and professionally. Please join us in this critically important and rewarding effort.



## EDUCATION

### PURPOSE / GOALS / AIMS

This section is designed to help you advocate how and why faculty practice is important to the mission of education, as well as providing suggestions for how to objectively demonstrate its value. This will be done with consideration of the following areas:

1. National organizational focus on academic and clinical partnerships
2. Academic institution's mission
3. Community collaboration
4. Identification of an educational model
5. Collection of outcomes data
6. Orientation and mentoring for non-faculty clinical staff involved in clinical education

### BACKGROUND

Nursing is a practice discipline that requires continual awareness of healthcare changes. Faculty practice can be utilized as a methodology in nursing education towards meeting the AACN *Essentials* and NONPF competencies for nursing programs (AACN 2021, NONPF 2017b, NONPF 2017c). NONPF supports the importance of current active practice as a measure of assuring practice relevance for all NP faculty who either teach didactic content or provide NP student clinical supervision (NONPF 2017a). Current accreditation standards include that faculty are experientially prepared for the areas in which they teach including the maintenance of clinical expertise, which can be achieved through clinical practice (CCNE, 2018). Clinical and teaching competence of masters in practice professions rely on maintaining competence through continued practice by the master (Taylor, et al., 1999). The master-apprentice model supports nursing education dependence on the clinical and teaching competence of the master (Crider et al., 2011).

Despite the support of faculty practice and its impact on nursing education in national papers and guidelines (AACN 1999, NONPF 2017a, NTF 2021), faculty practice remains under-valued in academia because leadership believes it to be too costly to give faculty the time to practice. Moreover, there is a dearth of evidence supporting its impact on education. There is a need to develop support for faculty practice and how it positively produces outcomes for students in preparing them for the workforce of the future.

### ASSUMPTIONS

#### Assumptions

- Teaching is a core faculty role and an expectation of all faculty engaged in practice.

- Faculty practice provides educational opportunities for all nursing and interprofessional students (both undergraduate and graduate) and is an effective educational strategy.
- Faculty practice is not limited to clinical practice and encompasses other forms of practice such as administrative practice, consulting, etc. Faculty practice does not need to occur through the university/college, faculty who practice independently / on the side “counts” and is of value.

**Recommendation 1**

Initiate and continue a national dialogue on current and future best practices in academic-practice partnerships and identify professional organization partners

Action Steps	Resources
Utilize strategic and purposeful designs that increase the utilization of research in the clinical setting.	<ul style="list-style-type: none"> <li>• <a href="#">AACN-AONL Academic-Practice Partnership Resources</a></li> <li>• <a href="#">AACN Organizational Self-Assessment Appendix A</a></li> </ul>
Promote shared representation on key decision-making committees, joint appointments and expansion of faculty practice.	<ul style="list-style-type: none"> <li>• <a href="#">AACN-AONL Academic-Practice Partnership Resources</a></li> <li>• <a href="#">AACN Organizational Self-Assessment Appendix A</a></li> </ul>
Make recommendations on promotion and tenure policies in consideration of faculty practice.	<ul style="list-style-type: none"> <li>• <a href="#">AACN-AONL Academic-Practice Partnership Resources</a></li> </ul>

**Justification:** Collaborative leadership in academic and practicing environments are essential in transforming healthcare partnerships (AACN, 2012). Academic-practice partnerships support faculty practice by increasing opportunities for clinical research, optimizing practice opportunities, and attracting and retaining a strong workforce ready for practice. The Institute of Medicine supports that academic and clinical partnerships will foster systems for nurses to develop strategic research agendas that inform research investments and practice (AACN, 2012). AACN has called for academic nursing to be a full partner in healthcare delivery, education, and research with nursing practice fully integrated and funded across all missions in the academic health system (AACN, 2016)

Academic-practice partnerships often serve to elevate faculty practice and support research in areas of importance to the local community. These collaborations can help to increase recognition of the importance of research-based practice and help bridge the gap between practice and academia (Beal, White, Erickson, Everett, Fleshner, Karshmer, Swider, & Gale, 2012;). Academic-practice partnerships are an important mechanism to strengthen nursing practice and help nurses become well positioned to

lead change and advance health. Exemplary partnerships significantly enhanced learning opportunities and promote scholarship of the professoriate and advance the profession.

Academic-practice partnerships also increase academic credibility and spark career interest among students entering workforce (Everett, 2016). Leadership development including revision of promotion and tenure policies will supply opportunities for developing leadership and followership roles (Sebastian, Breslin, Trautman, Cary, Rosseter & Vlahov, 2018) and promote clinical staff that are essential to nursing education but receive limited attention (Pearson, Wyte-Lake, Bowman & Needleman, 2015).

**Recommendation 2**

Incorporate faculty practice into the mission of the academic institution. By extension, the leadership and administration need to support and prioritize learning that occurs in and from faculty practice, including supporting and prioritizing faculty who engage in faculty practice and teach.

Action Steps	Resources
Examine current mission statement(s) and consider whether faculty practice is included. If it is not included, consider how this can be incorporated into overall mission, and specifically within the mission of education.	<a href="#">AACN Organizational Self-Assessment Appendix A</a>
Embed faculty practice into existing mission statement(s) that are related to research and scholarship, as faculty practice is foundational to research and scholarship and community collaborations.	<a href="#">AACN Organizational Self-Assessment Appendix A</a>
Embed faculty practice into existing mission statement(s) that are related to community collaboration and partnerships, as faculty practice is foundational to outreach and providing service to the community.	<a href="#">AACN Organizational Self-Assessment Appendix A</a>
Prioritize the recruitment and retainment of faculty who engage in faculty practice.	<a href="#">AACN Organizational Self-Assessment Appendix A</a>

<p>Routinely and systematically demonstrate the high value these individuals have such as through formal recognition in the form of honors, awards, promotion and salary.</p>	<p>American Association of Colleges of Nursing (2016). <a href="#">Advancing Healthcare Transformation: A New Era for Academic Nursing.</a></p> <p>Jowett &amp; McMullan, 2006</p> <p>McSharry, McGloin, Frizzell &amp; Winters-O'Donnell, 2010</p>
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**Justification:** Faculty practice is highly beneficial to an academic institution’s mission and vision. Incorporating faculty practice into the mission of the academic institution provides an opportunity for nursing programs to “practice what they preach” (Dracup, 2004). Enhancing faculty practice through academic nursing is vital to fully integrating nurse faculty into the clinical practice of the health system and connecting the clinical service more closely to the mission of academic nursing (AACN, 2016). Strategies to consider include establishing clinical leadership positions to link academic nursing faculty to clinical practice leadership and vice-versa; facilitating joint clinical program development between academic nursing faculty and clinical practice leaders; and expanding joint appointments and practice integration to facilitate nursing faculty maintaining their certification and clinical knowledge (AACN, 2016).

Learning in and from practice requires support, resources, and prioritization (Jowett & McMullan, 2006). Developing working partnerships between education providers and healthcare delivery in program design and implementation highlight the importance of supporting learning in practice. Practice educators support both mentors and students and are perceived as an important link between the university and practice environment. These faculty are seen as credible practitioners, approachable, and accessible. Their availability to both mentors and students helps to provide an educational presence in practice, which is both clinically credible and responsive to the needs of students and mentors (Jowett & McMullan, 2006).

A flexible, eclectic model of clinical practice that optimizes the expertise of individual nurse lecturers is advocated (McSharry, McGloin, Frizzell & Winters-O'Donnell, 2010). Key areas where lecturers can make a positive contribution include faculty practice, clinical research, and practice development. A clinical role for the nurse lecturer must be clearly defined and formally agreed between the education and healthcare providers. Clinical practice hours undertaken to operationalize the role should be included as part of the teaching commitment of nurse lecturers (McSharry, McGloin, Frizzell, & Winters-O'Donnell, 2010).

### **Recommendation 3**

Establish and prioritize community collaborations and practice partnerships.

<b>Action Steps</b>	<b>Resources</b>
Focus on interprofessional collaborations where appropriate.	See references in Justification

**Justification:** Community collaboration and practice partnerships provide opportunities for faculty practice, education, research, and service (Clifton & Roberts, 2016). It is important to have opportunities for guest lecturing, precepting, and mentoring of students through faculty practice experiences (Kelly, Abraham, Muirhead, & Shapiro, 2018). Opportunities occur with interprofessional education and promotion of scholarship when health systems are able to collaborate with faculty. These opportunities are a means and way of building strong relations in these areas to promote evidence-based practice (Kelly, Abraham, Muirhead, & Shapiro, 2018).

For nursing to have a greater impact on the health of the population, efforts toward enhancing the significance of practice cannot be overemphasized. One component of these efforts is the establishment and/or strengthening of collaborative relationships between nursing education and nursing practice. An essential element of such relationships is faculty practice (AACN, 1999).

### **Recommendation 4**

Formally identify and adopt an education or training model on which the educational institution bases its strategic planning. Cognitive Apprenticeship is one model that could be considered.

<b>Action Steps</b>	<b>Resources</b>
Consider adopting the Cognitive Apprenticeship Model to steer strategic planning.	Taylor, et al., 1999; Crider et al., 2011; Lyons et al., 2017; Chen, n.d  Pinelli et al., 2018
Disseminate information about selected model/framework to stakeholders and administrators.	Merritt et al., 2017
Incorporate faculty practice component into overall organizational structure (e.g., faculty workload, promotion, tenure, etc.).	American Association of Colleges of Nursing (2016). <a href="#">Advancing Healthcare Transformation: A New Era for Academic Nursing</a> .

**Justification:** The importance of a model that aligns with the mission and vision, while serving as a framework for providing professional nursing education, cannot be understated. The Master-Apprentice model is uniquely posited to align education and practice and has been widely used by in various professions, including nursing. This model fell out of favor in nursing education in the 1980s and 1990s because of the new value placed on theory in nursing education (Glen, 1999). The Master-Apprentice model came to be understood (pejoratively) as a “training course” model. Around that time, the notion

was that clinically gained knowledge and theoretical knowledge were somehow at odds. Without theory, the Master-Apprentice model would lead an apprentice to simply “parrot” the master, thus petrifying nursing knowledge and clinical procedures. The Master-Apprentice model was criticized as potentially unworkable because of dependence upon the competencies (theoretical, clinical, pedagogical) and willingness of the clinical master—a skepticism about competence that never arose in relation to classroom theory teachers.

**Recommendation 5**

Collect outcome data specific to faculty practice and the impact on nursing education and ensure dissemination of outcome data. Consider all undergraduate and graduate nursing programs, including non-clinical nursing programs as well such as leadership/management programs and PhD programs.

Action Steps	Resources
<p>Consider including standardized questions in course evaluations and exit surveys that are specific to faculty practice if not already included.</p>	<p>Gonzales, Hanish, Klein, Stappert, Zegers, Holmes &amp; Fiandt, 2020</p> <p>NONPF Faculty Practice Tool Kit, 2016</p> <p><a href="#">AACN Essential Clinical Resources for Nursing's Academic Mission</a>, 1999</p> <p>Kramer, Polifroni, Organek, 1986</p> <p>Fowler, Baker &amp; Geraghty, 2017</p> <p>American Academy of Nurse Practitioners (2021b). <a href="#">Clinical Outcomes: The Yardstick of Educational Effectiveness</a>.</p>
<p>Determine types of experiences available, such as volunteering, shadowing, indirect hours for master’s thesis/capstone/DNP projects, or direct clinical hours.</p>	<ul style="list-style-type: none"> <li>• Gonzales, Hanish, Stappert, Zegers, Holmes, &amp; Fiandt, 2020</li> <li>• NONPF Faculty Practice Tool Kit, 2016</li> <li>• AACN Essential Clinical Resources for Nursing’s Academic Mission, 1999</li> <li>• Kramer, Polifroni, &amp; Organek, 1986</li> <li>• Fowler, Baker, &amp; Geraghty, 2017</li> </ul>

**Justification:** There is limited research on faculty practice and nursing education, regardless of the type of nursing education. One recent study was found regarding the impact of faculty practice on nurse

practitioner education (Gonzales, Hanish, Klein, Stappert, Zegers, Holmes, & Fiandt, 2020). This pilot study identified the benefits and challenges identified by nurse practitioner students and practicing faculty. The perceived benefits included increased access to faculty preceptors and clinical sites, influencing faculty-developed education materials, increased number of real-world examples, faculty credibility, applying evidence-based practice, and overall improvement in the quality of teaching. The student and faculty-perceived challenges of faculty practice included time, faculty availability to students, managing multiple roles, and practice sites not conducive to precepting (Gonzales, Hanish, Stappert, Zegers, Holmes, & Fiandt, 2020).

Faculty practice benefits education by stimulating ideas for curricular development, providing diverse clinical placement and learning opportunities for students, and fostering student learning through innovate care models led by faculty clinicians (NONPF, 2016). Faculty practice can overcome barriers to educational competition, specifically for clinical sites (AACN, 1999).

Students taught by faculty in practice scored higher on three of the seven professional characteristics variables - integration of theory into practice, realistic perception of the work environment, and utilization of nursing research (Kramer, Polifroni, & Orgonek, 1986). Students reported more internal source of control, a higher degree of autonomy, higher self-concept and self-esteem, and more professional and bicultural role behavior than did their classmates who were taught by faculty not in practice. More research is needed to examine other potential variables. Research is also needed to ascertain whether, in fact, faculty in practice possess the attributes and characteristics associated with professional craftsmanship (Kramer, Polifroni, Orgonek, 1986).

Faculty practice allows academics to increase confidence, encourage leadership skills, and improve their teaching abilities in their clinical area of expertise (Fowler, Baker & Geraghty, 2017). Remaining clinically competent within an area of expertise benefits student learning, promotion and tenure, credibility, the strengthening of relationships in industry and the community, and personal satisfaction. Faculty practice is not solely based on updating clinical skills but remaining connected to contemporary clinical practice. In the practice arena, faculty should not be treated as an “extra set of hands” as this limits their being fully integrated into the care system and limits their own learning (Fowler, Baker & Geraghty, 2017)

**Recommendation 6**

Orient and mentor non-faculty clinical staff who are involved in clinical education.

Action Steps	Resources
Mentor non-faculty clinicians to their new role of being an educator.	Leonard, McCutcheon, & Rogers, 2016

**Justification:** University-based nurse educators need to provide educational input and support for students and staff involved in clinical practice education (Leonard, McCutcheon, & Rogers, 2016). There needs to be clear structures directed by the professional bodies for the support and development of staff involved in clinical practice education to ensure quality practice learning. Educating the next generation is a professional expectation for all clinical staff who work in areas where undergraduate and graduate nursing students are assigned.

**CALL TO ACTION / SUMMARY**

Faculty practice is an important educational strategy that remains undervalued in academia and lacks objective data to illustrate how it impacts nursing education. Evaluation of faculty practice as an educational strategy is a necessary first step to making effective and timely improvements that can be developed and implemented by schools of nursing nationwide.

Faculty practice is valuable as it allows academics to increase confidence, encourage leadership skills, and improve their teaching abilities in their clinical area of expertise (Fowler, Baker & Geraghty, 2017). Remaining clinically competent within an area of expertise benefits student learning, promotion and tenure, credibility, strengthening relationships in the industry and the community, and personal satisfaction. Faculty practice cannot solely be based on updating clinical skills; it requires a connection to contemporary clinical practice.



## **SERVICE**

### **PURPOSE**

This section provides guidelines on how best to engage in and describe the impact of services related to faculty practice.

### **Background**

There are currently no guidelines on how to establish, develop, and integrate service through faculty practice. Faculty at many universities list faculty practice in the Service category because there is no separate category in Tenure and Promotion documents for faculty practice.

Service can be defined as provision of any form of nursing intervention to address population health needs such as:

- Provide service to underserved vulnerable communities
- Address health disparities in clinical practice
- Participate in academic service: committees, national organizations, etc.
- Attend and support activities, serve as an advisor
- Provide student learning activities
- Volunteer to serve in areas related to or involving diversity, gender, or health disparities

“Service is broadly defined as the act of supporting through effort the university community, our broader society (as either a representative of the university or through the use of relevant expertise), and a faculty member’s chosen academic profession beyond the scope of that faculty member’s official teaching and/or research expectations” (Penn State Altoona, 2018).

Criteria for evaluation of service should include the scope, attainment, leadership potential, and meaningful contributions of the service opportunity.

### **GOAL**

- Define types of service in academic settings specific to faculty practice and potential outcome measures.

### **AIMS**

- Define types of service within three specific areas: community outreach, service to the profession, and service to the university.

### **ASSUMPTIONS**

- Service to institution is separate from and not equivalent to faculty practice.

## RECOMMENDATIONS

### Recommendation 1

Community outreach includes activities that engage with the community or institutions within the community to build capacity to improve population health outcomes.

Action Steps	Resources
Establish formalized academic-practice partnerships.	<a href="#">Guiding Principles to Academic Partnerships</a>  <a href="#">Academic Practice Partnerships Tool Kit</a>  <a href="#">Partnership Expectation and Outcome Matrix (with templates, documents)</a>
Develop joint appointments that emphasize faculty's expertise, interprofessional opportunities. Types of appointments include: <ul style="list-style-type: none"> <li>• Clinical vs. academic appointments</li> <li>• School of Medicine</li> <li>• School of Public Health</li> <li>• Clinical appointment in health care organizations</li> </ul>	<a href="#">Advancing Healthcare Transformation: A New Era for Academic Nursing (p. 22)</a>
Establish goals for civic engagement activities, i.e. health fairs, immunization clinics, senior centers and screening, free clinics, global health partnerships. Develop outcome measures and reporting schedule for each civic engagement activity. Incorporate activities related to health disparities within your community.	<a href="#">Advancing Healthcare Transformation: A New Era for Academic Nursing (p. 27)</a>
Serve on community advisory boards (i.e, county health commission, city planning commission). Bring healthcare perspective to community advocacy and policy.	Statler, A.M. & Arms, D. (2016). Serving on organization boards: what nurses need to know. <i>Online Journal of Issues in Nursing</i> , 21(2):8. doi: 10.3912/OJIN.Vol21No02PPT01

**Justification:** Faculty engaged in practice should be familiar with the community they serve and consider the impact of their practice on the community. Faculty should establish formal relationships within the community, including serving on local boards or engaging in community-academic partnerships that demonstrate academia’s commitment to serve the community.

**Recommendation 2**

Serve the profession. Seek service activities that engage faculty members expertise to address issues related to population health or contribute to enhancing other healthcare professional’s knowledge or expertise.

Action Steps	Resources
<p>Serve on professional advisory boards, including interprofessional and multidisciplinary teams, such as healthcare organizations, state nursing boards, professional nursing organizations at local, regional, state, national, or international level.</p>	<p><a href="#">Nurses on Boards Coalition</a></p> <p><a href="#">The Importance and Impact of Nurses Serving on Boards.</a></p>
<p>Participate as consultant for NGOs or disease specific non-profit organizations (i.e., ADA, ACS, AHA, Red Cross).</p>	<p><a href="#">National Nurses in Business Association</a></p>
<p>Engage in workforce development, including efforts to diversify the workforce.</p>	<p>Buerhaus, P., Perloff, J., Clarke, S., O’Reilly-Jacob, M., Zolotusky, G. &amp; DesRoches, C. (2018). Quality of Primary Care Provided to Medicare Beneficiaries by Nurse Practitioners and Physicians. <i>Medical Care</i>, 56 (6), 484-490. doi: 10.1097/MLR.0000000000000908.</p> <p>Buerhaus, P. (2018). <a href="#">Nurse practitioners: A solution to America’s primary care crisis.</a> American Enterprise Institute.</p> <p>Cimiotti, J., Li, Y., Sloane, D., Barnes, H., Brom, H., and Aiken, L. (2019). Regulation of the nurse practitioner workforce: implications for care across settings. <i>Journal of Nursing Regulation</i>, 10(2), 31-37. doi: 10.1016/S2155-8256(19)30113-9</p>

Advance scholarship and nursing expertise through service as a journal editor, editorial board member, abstract reviewer, conference presenter, and in other ways.	Oerman, M. & Hayes, J. (2019). Writing for Publication in Nursing. Springer.
Provide expert consultation (i.e., program development, curriculum design).	<a href="#">National Nurses in Business Association</a>

**Justification:** All faculty are expected to serve the profession. Faculty engaged in practice should identify ways to engage in professional service specific to their practice and clinical expertise.

**Recommendation 3**

Serve the academic institution. Faculty should engage in organizational citizenship behaviors related to their area of faculty practice/expertise.

Action Steps	Resources
Faculty engaged in practice should be active in interprofessional services activities such as campus-wide clinical specialty groups, support for student volunteer activities, or leadership of practice at the campus level.	Penn State, Altoona. (2018, Feb. 8). Service and the Scholarship of Service to the University, Society and the Profession
Faculty engaged in practice should be active in leadership of the institution’s shared governance related to practice. This might include service as a member or leader of a faculty practice committee or as part of the Faculty Practice Plan.	Penn State, Altoona. (2018, Feb. 8). Service and the Scholarship of Service to the University, Society and the Profession
Faculty engaged in practice should bring the faculty practice perspective to faculty governance related to the tripartite mission (e.g. serve on school promotion and tenure committee, research committees, and represent/advocate for faculty on clinical track).	Penn State, Altoona. (2018, Feb. 8). Service and the Scholarship of Service to the University, Society and the Profession

Lead development of interprofessional education efforts at college and institution level	<a href="#">Advancing Healthcare Transformation: A New Era for Academic Nursing (p. 25)</a>
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**Justification:** Service to the academic institution is an essential role in academe. Faculty engaged in practice can use their practice perspective in serving the academic community.

### **A Call to Action for Service**

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In institutions in which Faculty Practice is incorporated into effort for Service, nursing faculty should advocate for differentiating Faculty Practice from service and include faculty practice as a specific subsection in their annual evaluation. Nursing faculty should engage in research to determine the value of engaging faculty in practice as preceptors for students who may need added supervision or remediation. Serving in a preceptor role within a Faculty Practice may well serve as a mitigating factor for students who have not been successful in clinical practicum and lead to student success.

# SECTION 3: Foundations for the Infrastructure of Faculty Practice

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## POLICIES

### PURPOSE

In this section, recommendations on best practice for policies specific to developing and operationalizing practice in a faculty setting will be considered.

### BACKGROUND

Faculty practice policy sets forth the overarching guidelines for operationalizing a faculty practice plan/program. Typically, a faculty practice council/advisory board is engaged in developing a faculty practice plan and guiding policy development.

### RECOMMENDATIONS

#### Recommendation 1

All clinical faculty should demonstrate participation in an aspect of clinical practice related to their expertise.

Action Steps	Resources
Advance policies that support practice as a requirement for full-time faculty. Define allocation of FTE. Define how practice is supported via teaching assignment release time or part of the appointment.	<a href="#">University of Texas Health Science Center at San Antonio</a> <a href="#">Louisiana State University Faculty Practice Plan</a> <a href="#">Missouri State University Faculty Practice Plan</a> <a href="#">University of Utah College of Nursing Faculty Practice Plan</a>

**Justification:** Nursing is a practice discipline and demonstration of ability to practice in their area of clinical expertise is an expectation and accreditation standard.

## **Recommendation 2**

Create formal policies/procedure and an extended on-boarding process for faculty members transitioning into the faculty practice role.

<b>Action Steps</b>	<b>Resources</b>
Develop and implement a policy for the process of on-boarding faculty new to the faculty practice role.	<a href="#">Edwards, J. B. (2002). Faculty Practice and Health Policy. Nursing Administration Quarterly</a>
Assign each faculty member transitioning to a practice role a mentor who will support the transition period.	<a href="#">NLN Mentoring of Nurse Faculty Tool kit</a>
Develop and implement guidelines for mentoring faculty transitioning to the practice role, including review of expectations regarding clinical performance and the integration of education and scholarship into the faculty practice role.	<a href="#">NLN Mentoring of Nurse Faculty Tool kit</a>

**Justification:** Access to practice policies and procedures are essential to faculty engaging in practice. This is particularly important since most faculty participate in the practice part-time. As a result many faculty rotate through the practice, each for a portion of the time at the clinic. Clearly established policies and procedures are essential for the standardization of the processes of running the practice. On-boarding is equally important. Transitioning to a faculty practice role can be a challenge, whether the faculty is transitioning from full-time practice or from full-time teaching. Either role transition can be disorienting. An on-boarding process and access to clear policies and procedures is essential for faculty engaging in faculty practice for the first time.

## **Recommendation 3**

Develop clear policies for identifying, contracting for, and evaluating clinical sites for faculty practice.

<b>Action Steps</b>	<b>Resources</b>
Define policy for university approval for signed contracts/Memoranda of Understanding (MOUs).	<a href="#">University of Utah College of Nursing Faculty Practice Plan</a>

Consider MOUs or clinical site practice contracts that include an outline of faculty and site practice and payment guidelines for university-affiliated sites.	Because of legal nature of contracts, they are generally not published. Consider going to AACN PLN listserv and ask members if they might have a copy to share.
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**Justification:** A faculty practice site should benefit practicing faculty and the tripartite mission of the college. As a result, it is essential that clear policies and procedures are in place to identify potential sites, for contracting for faculty practice, and for evaluation practice sites.

**Recommendation 4**

Develop policies regarding the role of the faculty engaged in practice that demonstrate a pathway for successful promotion. Faculty practice should provide opportunities for service and scholarship that support promotion with or without tenure. All institutions should have a definition of *promotion*.

Action Steps	Resources
Define descriptions of research, scholarship, and service. Be sure to specify if they are components of the promotion and tenure process.	<a href="#">Edwards, J. B. (2002). Faculty Practice and Health Policy. Nursing Administration Quarterly</a>
Review definitions of clinical faculty practice.	<a href="#">AACN Position Statement on the Practice Doctorate in Nursing</a>  <a href="#">NONPF Definition on Clinical Faculty Practice</a>

**Justification:** Promotion is dependent on how each institution defines clinical practice. Promotion is very individualized – a practice component may either be related to direct patient care or influencing clinical practice and patient care. Institutions should incorporate definitions from the AACN and NONPF into their own promotion policy. National guidelines reflect an expectation that faculty teaching didactic or clinical settings in nurse practitioner programs should maintain clinical practice.

**Recommendation 5**

Demonstrate how faculty practice improves access to care and builds academic-practice partnerships within the community.

Action Steps	Resources
Quantify and demonstrate the impact of faculty practice to the college of nursing,	<a href="#">AACN Guiding Principles to Academic-Practice Partnerships</a>



<p>university, local, regional and/or state stakeholders.</p>	<p><a href="#">Harbman P, Bryant-Lukosius, D., Martin-Misener, R., et al. (2017). Partners in research: building academic-practice partnerships to educate and mentor advanced practice nurses.</a></p> <p><a href="#">Edwards, J. B. (2002). Faculty Practice and Health Policy. <i>Nursing Administration Quarterly</i></a></p>
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**Justification:** As noted in other sections of the tool kit, documentation of the impact of faculty practice on the tripartite mission and patient outcomes, including the Triple Aim are critical to supporting sustainability. There may be times when the benefits of faculty practice are based solely on the impact of the practice on the mission and/or the Triple Aim, and not based on a dependable revenue stream.

**Call to Action on Policies**

Faculty have an obligation, as a member of the academy, to provide service. Faculty engaged in practice should provide service in three main areas in addition to practice: community outreach, service to the profession, and service to the university. In addition to practice as service, it is essential that practicing faculty seek opportunities to engage in service to communities through volunteering on community boards, to the profession through service geared towards improving population health and to the university through organizational interprofessional collaborative efforts.

# FINANCIAL

## PURPOSE

This section focuses on how to locate and use resources related to financial aspects of faculty practice and makes recommendations based on the resources regarding developing a business plan. Developing metrics for the evaluation of faculty practice business plans is essential.

## BACKGROUND

Faculty practice has historically not been financially sustainable for a variety of reasons. The AACN report on *Advancing Healthcare Transformation* (2016) recommends promoting and expanding nurse-managed health clinics and emphasizes the need for these practices to “expand participation in next-generation payment arrangements” such as Accountable Care Organizations (ACOs). Faculty practice must have a sophisticated and sustainable business model, which must also be applicable to academia.

Some important concepts to consider include the following:

**Revenue** -- How much money (total) is brought in from faculty practice. Examples include payments for patient care services rendered, contract revenue, and grant revenue.

**Income** -- Revenue minus any related expenses; often referred to as Net Income or Excess Revenue over Expenses.

**Expenses** -- Any expenses required to operate a faculty practice. Examples include personnel expenses (salaries), expenses associated with a bricks and mortar building, equipment, required licenses and certifications for practicing faculty, advertising, and marketing, among other expenses.

**Sustainability** – Those engaged must consider whether faculty practice needs to be 100% self-sustainable or if there is another source to help cover costs.

**Profitability** – In non-profit organizations such as schools of nursing, profit is described as Excess Revenue over Expenses. Some considerations include if the faculty practice has more revenue than expenses, what happens with the surplus funds? Do they get returned to the college of nursing, to the faculty practice structure, or paid to the practicing faculty? The nature of the faculty arrangement guides the amount, type, and disbursement of reimbursement for faculty assignments. When practice is beyond the individual faculty workload, individual monetary faculty arrangements are recommended.

**Practice Incentive** -- Consider how to incentivize faculty to practice through their college of nursing. Also consider the differences and issues for 9-month faculty who are not paid for summer

work. An alternate pay structure may be necessary for 9-month faculty who practice during the summer under the auspices of the college of nursing.

**Practice Hours** -- Clearly define the exact number of practice hours or practice weeks the faculty must engage in over the course of a year. For example, if faculty is released 0.2 FTE for practice, do they need to average 8 hours/week for 52 weeks/year, or for just 48 weeks per year? Also include whether faculty following up on test results as part of continuity of care during non-practice days counts towards faculty practice hours. Other considerations may include whether faculty are required to attend meetings and trainings at their clinical agency and if this is faculty practice time.

**Faculty Workload** -- Consideration must be given to how faculty practice workload is determined as well as workload for other academic responsibilities, such as teaching, service, and scholarship/research. Some issues to sort out may include whether faculty are allowed to miss a practice day to fulfill other academic duties. Consider whether policies need to be developed and if there are any repercussions for practice hours not completed. Policies must also address faculty practice and vacation time, sick time, etc.

**Outcome Measures** – These may include revenue, income, and any other faculty practice related expenses, to be reported on a quarterly, biannual, and/or annually. Additional measures may include reviewing faculty release time for practice and comparing it against the actual number of hours practices, to be reviewed on a quarterly, biannual, and/or annually.

## RECOMMENDATIONS

### Recommendation 1

Identify the practice model, or combination of models on which the faculty practice is based.

Action Steps	Resources
Identify the practice model, which include: <ul style="list-style-type: none"> <li>• FP with external clinical entities</li> <li>• FP with internal clinical entities</li> <li>• FP within a nurse-managed clinic</li> <li>• Independent practice outside academic workload</li> <li>• Clarify risk tolerance and sustainability plan in advance; incorporate in business plan</li> </ul>	NONPF Faculty Practice Toolkit (2016) pages 6-10

<a href="#">Optimize opportunities for revenue generation using value based reimbursed models and billing for RN role.</a>	<a href="#">AACN (2016) recommendation: “expand participation of academic nursing in next-generation of payment arrangements” (p. 23)</a>
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**Justification:** Insufficient resources, including financial resources, are a major barrier to faculty practice (AACN, 2016). NONPF has a step-by-step toolkit to support the development of an individual faculty practice and/or formal faculty practice plan (NONPF, 2016). The toolkit includes a review of the four faculty practice models, essential components of faculty practice and/or a formal practice plan to consider once a faculty practice model has been selected, and logistical considerations. Essential components include identifying key stakeholders, clarifying membership and leadership, clarifying ownership, and developing the mission and vision for faculty practice and/or a formal faculty practice plan. Once the four essential components have been appropriately addressed, additional logistical considerations should be addressed that includes faculty workload, salary and benefits; annual evaluation and/or peer review; malpractice/indemnification, APRN credentialing; collaborative agreement if applicable; financial sustainability including billing and reimbursement; site development, site contractual or legal considerations; ongoing quality or process improvement; and student involvement (NONPF, 2016). Optimization of faculty practice is a worthwhile endeavor that can result in growth as well as improved self-sustainability (Gonzales & Stoltman, 2020). Optimization of faculty practice can occur at any time, even with an established faculty practice, but is ideally done when planning for the implementation of a new faculty practice.

**Recommendation 2**

Every practice should have a comprehensive business plan.

Action Steps	Resources
Develop a business plan to meet the needs of a start-up or on-going faculty practice. <ul style="list-style-type: none"> <li>• Start-up – need to find source of start-up funding</li> <li>• On-going – need to determine how to optimize or improve revenue, and/or expand services</li> </ul>	Buppert, C. (2022). <i>Nurse Practitioner’s Business Practice and Legal Guide</i> . Burlington, MA: Jones & Bartlett Learning.  Sheffield, A. J. (2019). Improving Access to Health: A Business Plan Approach to Creating a Sustainable Nurse-Led Community Clinic. <i>Nursing Economics</i> , 37(6), 306-316.

## **Business Plan Outline**

1. Executive Summary
  - 1.1 Problem
  - 1.2 Solution
  - 1.3 Financial Information
2. Mission Statement
3. Organization and Management
  - 3.1 Organizational structure
  - 3.2 Management team
  - 3.3 Specific goals
4. Needs Assessment of Target Population
5. Objectives with Timeline
  - 5.1 Performance metrics
6. Financial Plan
  - 6.1 Projected operating expenses for years 1-3
  - 6.2 Projected revenue for years 1-3
7. Marketing/Advertising/Publicity Strategy

**Justification:** A business plan is a strategic tool to allow faculty practice groups the opportunity to outline the business rationale and value potential to clinical partners.

**Recommendation 3:**

**Faculty practice leaders should track financial metrics regularly.**

Action Steps	Resources
Track the following metrics: <ul style="list-style-type: none"><li>• Expenses</li><li>• Revenue</li><li>• Income</li><li>• Written off expenses</li><li>• Patient care volumes (visit numbers)</li></ul>	<a href="#">Journal of Health Care Finance</a> <a href="#">FPM (formerly Family Practice Management)</a> Buppert, Carolyn. (2017). <i>Nurse Practitioner's Business Practice and Legal Guide</i> .  Penner, Susan J. (2016). <i>Economics and Financial Management for Nurses and Nurse Leaders</i> . Springer Publishing Company.

**Justification:** There are many reasons to track financial data carefully. The first is that economic data is integral to sustainability in faculty practice. Secondly, since many faculty practices provide care to indigent populations, data will support the organization's bottom line. Finally, cost-effectiveness is one of the healthcare outcomes of the Triple Aim. Financial data on the cost of care is essential to document cost-effectiveness.

**Recommendation 4**

Have a clear faculty practice plan or policy to clarify workload, incentives, and benefits.

Action Steps	Resources
Clarify in plan how the faculty benefit from the practice, e.g., workload, supplemental compensation, paid time off or sick leave, etc.	Examples: <a href="#">University of Utah College of Nursing Faculty Practice Plan</a>  <a href="#">University of Texas Health Science Center at San Antonio</a>  <a href="#">Louisiana State University Faculty Practice Plan</a>

**Justification:** A Faculty Practice Plan serves as a clear guide to all components of faculty practice, and typically outline workload, supplemental compensation, and time off. Many medical practice plans address governance of the practice enterprise and distribution of revenue. These are less common in a nursing faculty practice plan but are certainly appropriate.

## **A Call to Action for Finances**

Too often, faculty engaged in practice do not desire to be involved in the business end of a practice. The information we have provided here should facilitate faculty engagement and consideration of the practice business model. If the model is indigent care and practice revenue cannot cover costs, it is essential that faculty are clear on what metrics-justifying the cost of the practice to the organization that is supporting it. This may be data on cost-effectiveness, student access to clinical sites, community partnership, or even the billable worth of the services. And in addition, the business plan must account for the costs of the faculty and have policies regarding workload, financial incentives, and benefits. Finally, it is essential to explore and use innovative payment options that are being implemented to support the value-based payment model. Our Call to Action is to ask all faculty engaged in practice to be involved in the business of practice as an essential part of their roles and responsibilities as a practicing faculty member.

## SECTION 4: Documenting the Impact of Faculty Practice

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### RESEARCH / SCHOLARSHIP

#### PURPOSE

- 1). Describe the current state of nursing faculty practice in relation to research and scholarship.
- 2). Determine and discuss the impact of faculty practice on academic nursing scholarship. This might be the practicing faculty member's scholarship or other scholarship within the college of nursing.
- 3). Establish a framework and action steps based upon current literature that promote research and scholarship within the faculty practice environment.

#### BACKGROUND

Faculty practice provides an important way to strengthen community/academic partnerships and formalize clinical and academic relationships to a mutually beneficial outcome (Premji et al, 2011). Newland and Truglio-Londrigan (2003) define nursing as a practice-based profession that is guided by outcomes, and that nurse educators can shape both research and practice through excellent teaching and mentorship. Bosald and Darnell (2012) recognize faculty practice as a key element for professional enhancement of faculty, credibility with students, progress for the university, and service to the community. Within a faculty practice what is not often understood is the need to redefine what is or what can be utilized as scholarship from an academic perspective. From the clinical provider perspective, what is often not appreciated is how to turn activities that are performed each and every day in the clinical environment into meaningful scholarly pursuits that meet academic requirements for the faculty practice provider.

The first established tenure documentation from the American Association of University Professors (AAUP) was noted in 1915 via the Declaration of Principles on Academic Freedom and Tenure (AAUP, 2006). AAUP core tenants for promotion and/or tenure include promoting inquiry and advancing the sum of human knowledge; providing general instruction to students; and developing experts for various branches of public service. Clinician educators who work in faculty practices associated with academic health centers or academic institutions often find their scholarly achievements under-appreciated and often invisible. This lack of recognition faculty practice devalues the context of how the practice role contributes to clinical and classroom teaching as well as how this vital work serves the overall mission, vision, and goals of the university. Within nursing, the value of faculty practice on scholarship in academic nursing has not been extensively studied nor has it been vastly described in relation to how the practice relates to tenure and promotion within academe. Thammasitboon and colleagues (2017) suggest that creating an educational enterprise that empowers clinician educators to engage in a broad range of scholarly activities and produce educational scholarship will help to recruit faculty and



clinicians to an academic faculty practice role while also increasing their individual levels of satisfaction with their work. Nurse faculty who participate in faculty practice are well positioned to meet the tenure and/or promotion tenants of AAUP while simultaneously engaging students and patients in the art and science of academic nursing scholarship.

Geraci and Thigpen (2017) discussed several dilemmas of tenure and/or promotion related to faculty practice participation, stating that work beyond patient care and clinical teaching are always necessary. Suggestions of items that may be included in the evaluation of promotion include but are not limited to a higher volume of clinical productivity in the faculty practice, development of novel or influential quality improvement initiatives that are important to the practice setting, or production of scholarly work that is relevant to the associated educational institutions mission, vision, or goals. All aforementioned suggestions have the potential to come at a premium cost to faculty who are engaged not only in the faculty practice but also immersed in academic instruction within their parent institution. These potentially competing interests for faculty time require true dedication to achieve each of the required components in order to successfully integrate teaching, scholarship, and clinical productivity.

Clinical practice scholars often use quality improvement methodologies to assess and analyze clinically specific issues; whereas traditional tenure line faculty use the scholarship of discovery through research that generates new knowledge or understanding as the means to quantify their scholarly pursuits (Hartjes, 2018). Measuring or quantifying the impact of scholarship on practice is fraught with many unknowns and inconsistencies across practice settings. Examples that can result in a measurable, quantifiable outcome that have been used with success in faculty practice include patient satisfaction with provider, student interactions within the practice setting, and overall satisfaction with the use of telehealth/telemedicine modalities are but a few that are noted in the literature and via anecdotal information. Additionally, metrics surrounding the cost – both financial and in staff-hours- of developing and implementing a faculty practice are important variables to consider in assessing overall practice success that can be utilized by faculty from a scholarship perspective. Gonzales and Stoltman (2019) also discuss utilizing the impact of nurse-led intensive primary care on satisfaction, clinical outcomes, and costs as a facet of scholarship derived from faculty practice.

## **CONCEPTUAL DEFINITION**

### **Scholarship**

Scholarship is the communication of knowledge generated through multiple forms of inquiry that inform clinical practice, nursing education, policy, and healthcare delivery. Scholarship is inclusive of discovery, integration, application, and teaching (Boyer, 1990). The hallmark attribute of scholarship is the cumulative impact of the scholar's work on the field of nursing and health care. For the purpose of this document this definition is expanded to include, from the same reference, the scholarship of discovery and scientific inquiry, the scholarship of practice and the scholarship of teaching (AACN, 2018).

## **Faculty Practice**

For the purposes of this work, the AACN definition of faculty practice is used. This definition states that “the term practice, specifically nursing practice, refers to any form of nursing intervention that influences healthcare outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and healthcare organizations, and the development and implementation of health policy.

## **Outcome Measures**

- Achieve promotion with or without tenure with practice as key criterion, including exemplars of DNP (clinical doctorate) scholarship
- Internal and external funding dollars
- Publications/dissemination
- Policy change
- Developing a measurable and obtainable outcome document that demonstrates scholarly and clinical products
  - Using Bloom’s taxonomy with weighted progression of actions, equitable measurement criteria can be used to determine the impact of faculty practice on scholarship in academic nursing.
  - Utilizing a timeline to measure activity progression will allow those in the faculty practice to be forward thinking in what types of undertakings they can engage in to garner success in a nursing faculty practice.

## **RECOMMENDATIONS**

### **Recommendation 1**

Determine practical strategies and framework(s) to empower clinician-educators in scholarly practice-based endeavors.

<b>Action Steps</b>	<b>Resources</b>
Identify facilitators and barriers experienced by faculty practice educators.  Identify framework (practical or theoretical) that support faculty practice members and learners in the faculty practice setting to conduct interprofessional, educational, or clinical research that leads to effective clinical progression of students as well as promotion and/or tenure for faculty working in the practice.	Thammasitboon, et al. (2017); Bosold and Darnell (2012)  AACN (2018) Defining scholarship in nursing practice

<p>Support faculty practice members and learners in the faculty practice setting to conduct interprofessional, educational, or clinical research that leads to effective clinical progression of students as well as promotion and tenure for faculty working in the practice.</p>	
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**Justification:** One thing that should differentiate faculty engaged in practice from other clinicians is their engagement in scholarship. This may take many forms, including as noted in the AACN (2018) document on nursing scholarship, the scholarship of discovery or scientific inquiry, the scholarship of practice, and the scholarship of teaching. Faculty practice provides a rich foundation to support all three categories of nursing scholarship; and as noted throughout this document, there are many developing areas of all three types of scholarship in faculty practice.

**Recommendation 2**

Develop teaching academies within the academic environment to nurture excellence in teaching clinical scholarship.

Action Steps	Resources
<p>Provide a roadmap to document faculty effectiveness in the five domains of education, which include teaching, curriculum development, advising/mentoring, educational leadership, and learner assessment.</p>	<p>Ryan, et al., (2019); Irby and O’Sullivan (2018)</p>
<p>Assess barriers and facilitators to productivity (clinical and scholarly) within the faculty practice setting, including issues of time management related to productivity, and explore the under-appreciation placed on practice based educational scholarship/research, how to advance on a clinical track, how does the path crosswalk with medicine and what influence, if any is gained by mentoring students on DNP projects. After completing the assessment, implement strategies that are practice specific to encourage scholarly and clinical productivity.</p>	<p>Smeltzer et al (2016)</p>

**Justification:** The Association of American Medical Colleges (AAMC) has several studies that support the implementation of teaching academies to support the development and advancement of faculty with dual appointments, the development of student clinicians, and the community at large that benefits from having a faculty practice in their communities. Small studies with a mixed method design indicate that acknowledging and supporting faculty productivity encourages ROI solutions that can increase workplace and career satisfaction.

**Recommendation 3**

Recognize the importance of nurse faculty practice participants by including faculty practice in the mission, vision, and values of nursing institutions.

Action Steps	Resources
Develop mechanisms and reward systems to acknowledge innovation, interprofessional engagement, and attention to broader social issues within practice such as social and structural disparities that influence health outcomes.	Irby and O’Sullivan, 2018; Fiandt, Barr, Hille, et al, 2004
Review and revise strategic plans to include faculty practice and outcome metrics to measure success as well as scholarly outcomes for promotion and tenure.	Premji et al, 2011

**Justification:** The benefits and outcomes of faculty practice are often under reported and not clearly understood by key stakeholders. It is important to recognize the contributions faculty practice makes to teaching/academe, practice, student mentorship, and the overall community served.

**Recommendation 4**

Devise a team approach to support practice, academe, and scholarship within the faculty practice setting to unite different levels of preparation/disciplines that will best promote optimal outcomes.

Action Steps	Resources
Define interdisciplinary team members (and students) that can contribute to clinical, research/scholarship, and education.  Identify and develop measures of impact, such as ROI, impact of insurance	Prado, Napierkowski, & Marshall, 2016  <a href="#">Coalesce: Team Science</a> Collins, A., Hess, M.A., Hallman, M.G., Johnson, K., Harris, L., Petty, A., & Roussel, L. 2021

<p>reimbursements, and increased or improved outcomes for patients.</p> <p>Create strategies to unite the best clinical and scholarship expertise.</p> <p>Promote excellence for clinical nursing and the communities through practice transformation and pragmatic research in clinical settings.</p>	
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**Justification:** Those engaged in faculty practice recognize the importance of working with interdisciplinary teams to advance scholarship and achieve results. Emphasizing team engagement will better position the practice to lead transformation and innovation.

### **CALL TO ACTION FOR INCORPORATING SCHOLARSHIP/RESEARCH INTO FACULTY PRACTICE**

- Encourage clinical excellence in nursing through practice transformation and implementation of pragmatic research and scholarship in faculty practice settings.
- Establish a defined framework for promotion and tenure guidelines for those working in faculty practice settings.
- Showcase faculty effectiveness in the five domains of education: teaching, curriculum development, advising/mentoring, educational leadership, and learner assessment.
- Acknowledge barriers that exist in the faculty practice realm that can impede successful navigation of scholarship and research that occurs in the practice setting. Highlight these barriers, such as time management and misunderstandings related to the faculty role in the clinical environment and how it relates to the academic portions of the faculty role.
- Identify ways to reward pioneering efforts beyond practice including providing funding and grants to those engaged in addressing structural disparities that influence the populations served by the faculty practice.
- Build an effective interdisciplinary team that can positively contribute to clinical research, scholarship, and educational learning environments.

# PATIENT OUTCOMES

## PURPOSE

This section will provide recommendations and resources for studying the impact of faculty practice on patient outcomes.

## BACKGROUND

In AACN's 2016 report *Advancing Healthcare Transformation*, a key recommendation was to “enhance the clinical practice of academic nursing” (p.4). Although the report does not address patient outcomes per se, the recommendations to strengthen faculty practice and nurse-managed clinics clearly support the need for data on the impact of these practices on patient outcomes.

Value-based Reimbursement. It is increasingly important that faculty practice document the impact on outcomes, specifically the Triple/Quadruple Aims. The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 focuses on rewarding healthcare organizations for value over volume. The Merit Based Incentive Payment System (MIPS) is a component of the MACRA Quality Payment Program which measures performance in four performance categories: quality, promoting interoperability, improvement activities and cost. The quality category replaced the Physician Quality Reporting System (PQRS) and requires providers to report quality measures related to patient outcomes, patient safety, appropriate use of resources, patient experience and care coordination. CMS has created over 200 quality measures related to health promotion, acute and chronic disease management. Promoting interoperability refers to patient engagement and use of the electronic health record patient portal to end health information. Improvement activities include assessing how providers improve their clinical practice. The cost category evaluates the cost of patient care provided. Advanced practice nurses are eligible to participate in MIPS. All of the performance categories are important, but nurses will probably find the measures in the quality category more useful in demonstrating quality patient outcomes.

## GOALS

- Compare nursing faculty practices with more traditional medical practices to highlight the particular value of nursing and advanced practice nursing on patient outcomes.
- Provide faculty practices with tools and references to allow the documentation of impact specific to patient outcomes to support the academic nursing's tripartite mission.

## ASSUMPTIONS

- Faculty practice is different than non-faculty practice; the academic perspective includes research/scholarship, education, and focus on evolving evidence.

- This material is designed to address a wide range of faculty practice types from new and developing practices to established practices. Content also addresses a variety of patient population or service types as well as population and/or community health practices.
- Many faculty practices are more likely to deal with vulnerable patients, including those at risk for poor outcomes due to social determinants, poverty, low health literacy, and limited access to health care.

## RECOMMENDATIONS

### Recommendation 1

All faculty practice should have a mechanism for tracking impact of practice on patient outcomes.

Actions	Resources
Develop a comprehensive program of evaluation to assess impact of practice on patient outcomes.	<a href="#">Institute for Healthcare Improvement</a>
Monitor outcomes and document changes in practice based on rapid cycle improvements.	Use of electronic health record tools for reporting patient outcomes

**Justification:** Value-based reimbursement determines the worth of a practice based on the impact it has on patient outcomes with particular attention to patient and provider satisfaction, cost effectiveness, and clinical outcomes. Faculty practices should be able to document, at a minimum, equivalency to mainstream healthcare practices. Additionally, CCNE and other accrediting bodies consider the impact of faculty beyond students in their assessments.

### Recommendation 2

Develop a nationwide database with a standard set of outcome metrics to record the impact of faculty practices, including those that reflect traditional substitutive (medical) practice and outcomes unique to nursing practice (e.g. nurse sensitive outcomes).

Actions	Resources
Conduct an organizational evaluation. Track organizational culture on key nurse sensitive values and track the impact of these on other outcomes, including social determinants, health literacy, and access to care.	<a href="#">Healthy People 2030</a>

<p>Record outcomes, including:</p> <ul style="list-style-type: none"> <li>• Process measures</li> <li>• Outcome measures</li> <li>• Balancing measures</li> <li>• System Function</li> <li>• Community Benefits</li> </ul>	<p><a href="#">Science of Improvement: Establishing Measures (IHI)</a></p> <p><a href="#">Healthy People 2030</a></p> <p><a href="#">Impact of Academic Nurse-Managed Centers on Communities Served.</a> <a href="#">Pohl, et al. (2007)</a></p>
<p>Track outcomes using a standard metrics.</p>	<p><a href="#">National Quality Forum</a></p> <p><a href="#">AHRQ Quality Indicators</a></p> <p><a href="#">OECD Health Care Quality Indicators</a></p> <p><a href="#">Nursing Database of Nursing Quality Indicators (NDNQI)</a></p> <p><a href="#">The Joint Commission Performance Measures</a></p> <p><a href="#">NCQA HEDIS Measures</a></p> <p><a href="#">Armstrong Institute for Patient Safety and Quality</a></p> <p><a href="#">WHO Patient Safety</a></p> <p><a href="#">Uniform Data System (UDS) Clinical Quality Measures</a></p> <p><a href="#">Physician Quality Reporting System (PQRS)</a></p> <p><a href="#">Merit-Based Incentive Payment System</a></p>
<p>Collect data to reflect practice at three levels: patient, system/practice, and profession.</p>	<p><a href="#">Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes</a></p> <p>Scholarship on the impact of nurse-led care on the profession</p>



Engage students at all levels in the process of studying the impact of faculty practice on outcomes (e.g., DNP student projects related to faculty practice and patient outcomes)	<a href="#">The State of Doctor of Nursing Practice Education in 2022</a>
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**Justification:** Faculty practice should be able to demonstrate both the equivalence of nursing practice to traditional health care and areas in which nurse-led practices excel. Faculty practice should focus on the individual patient, family, and community as well as address the impact of the practice on the system and profession. This data is important to showing what differentiates nursing practice in general from faculty practice.

**Call to Action**

Throughout this document there is emphasis on the need to document the impact of faculty practice. The impact of faculty practice has been explored related to the tripartite mission, specifically the impact of practice on education, research/scholarship, and service. This section references the final area of need, the impact of faculty practice on patient outcomes. We believe that nursing practice, especially advanced practice nursing, has a unique impact on patient outcomes. One of the essential ways to document this is through standardized metrics regarding outcomes of faculty practice that are collected, shared, collated, and disseminated. The call to action, therefore, is to develop standardized outcome metrics that are shared throughout all faculty practices and other independent nursing practices, and integrated into student projects, e.g., DNP projects.

# RECOMMENDATIONS

## Leadership:

### **Recommendation 1**

Self-Assessment: Faculty practice leadership should assist faculty in assessing leadership strengths and opportunities for improvement and encourage formal and informal leadership training.

### **Recommendation 2**

Leadership Programs: Promote faculty to engage in formal leadership training program(s). Below is sampling of leadership development opportunities offered by nurse-serving organizations.

### **Recommendation 3**

Provide a culture within faculty practice with a rich understanding of leadership.

## Education:

### **Recommendation 1**

Initiate and continue a national dialogue on current and future best practices in academic-practice partnerships and identify professional organization partners

### **Recommendation 2**

Incorporate faculty practice into the mission of the academic institution. By extension, the leadership and administration need to support and prioritize learning that occurs in and from faculty practice, including supporting and prioritizing faculty who engage in faculty practice and teach

### **Recommendation 3**

Establish and prioritize community collaborations and practice partnerships.

### **Recommendation 4**

Formally identify and adopt an education or training model on which the educational institution bases its strategic planning. Cognitive Apprenticeship is one model that could be considered.

### **Recommendation 5**

Collect outcome data specific to faculty practice and the impact on nursing education and ensure dissemination of outcome data. Consider all undergraduate and graduate nursing programs, including non-clinical nursing programs as well such as leadership/management programs and PhD programs.

### **Recommendation 6**

Orient and mentor non-faculty clinical staff who are involved in clinical education.

### **Service:**

### **Recommendation 1**

Community outreach includes activities that engage with the community or institutions within the community to build capacity to improve population health outcomes.

### **Recommendation 2**

Serve the profession. Seek service activities that engage faculty members expertise to address issues related to population health or contribute to enhancing other healthcare professional's knowledge or expertise.

### **Recommendation 3**

Serve the academic institution. Faculty should engage in organizational citizenship behaviors related to their area of faculty practice/expertise; however, service to institution is not equivalent to faculty practice.

### **Policies:**

### **Recommendation 1**

All clinical faculty should demonstrate participation in an aspect of clinical practice related to their expertise.

### **Recommendation 2**

Serve the profession. Seek service activities that engage faculty members expertise to address issues related to population health or contribute to enhancing other healthcare professional's knowledge or expertise.

### **Recommendation 3**

Develop clear policies for identifying, contracting for, and evaluating clinical sites for faculty practice.

### **Recommendation 4**

Develop policies regarding the role of the faculty engaged in practice that demonstrate a pathway for successful promotion. Faculty practice should provide opportunities for service and scholarship that support promotion with or without tenure. All institutions should have a definition of *promotion*.

**Recommendation 5**

Demonstrate how faculty practice improves access to care and builds academic-practice partnerships within the community.

**Financial:**

**Recommendation 1**

Identify the practice model, or combination of models on which the faculty practice is based.

**Recommendation 2**

Every practice should have a comprehensive business plan.

**Recommendation 3**

Faculty practice leaders should track financial metrics regularly.

**Recommendation 4**

Have a clear faculty practice plan or policy to clarify workload, incentives, and benefits.

**Research / Scholarship:**

**Recommendation 1**

Determine practical strategies and framework(s) to empower clinician-educators in scholarly practice-based endeavors.

**Recommendation 2**

Develop teaching academies within the academic environment to nurture excellence in teaching clinical scholarship.

**Recommendation 3**

Recognize the importance of nurse faculty practice participants by including faculty practice in the mission, vision, and values of nursing institutions.

**Recommendation 4**

Devise a team approach to support practice, academe, and scholarship within the faculty practice setting to unite different levels of preparation/disciplines that will best promote optimal outcomes.

**Patient Outcomes:**

**Recommendation 1**

All faculty practice should have a mechanism for tracking impact of practice on patient outcomes.

**Recommendation 2**

Develop a nationwide database with a standard set of outcome metrics to record the impact of faculty practices, including those that reflect traditional substitutive (medical) practice and outcomes unique to nursing practice (e.g., nurse sensitive outcomes).

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