



National Council of State Boards of Nursing (NCSBN)

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NCSBN Faculty Qualifications Committee

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BACKGROUND

In response to questions being raised by legislators and stakeholders regarding faculty qualifications, in 2005-2006 NCSBN's Board of Directors charged the Practice, Regulation and Education (PR&E) Committee to develop evidence-based nursing education indicators. PR&E Committee members participated with NCSBN's Research Department to conduct the "National Study of Elements in Nursing Education" (NCSBN, 2006b) and with NCSBN's Education Department to conduct a systematic review of nursing education outcomes (NCSBN, 2006c), for the purpose of developing evidence-based nursing education guidelines for the boards of nursing. Ultimately, the PR&E Committee presented "Evidence-Based Nursing Education for Regulation," or EBNER (NCSBN, 2006a), to the boards of nursing. The EBNER document explicitly describes, for the boards of nursing, the published evidence that underpins nursing education outcomes.

As often occurs when research is conducted, further questions were identified. EBNER, which was an analysis of NCSBN's research and other published research, supported the need for "qualified faculty" to guide and supervise student nurses. However, the question of "what is meant by 'qualified faculty'?" then arose.

At the same time, some nursing programs were struggling to maintain their faculty standards, as set by their boards of nursing, because of the current faculty shortage. Programs were having problems attracting qualified faculty, and lawmakers, in some states, were calling for a lowering of faculty standards so that more nursing students could be graduated. Yet, is lowering standards the answer? The Institute of Medicine (Greiner and Knebel, 2003, pp. 1-2) has called for an "overhaul" of health care education, stating that health professionals aren't adequately prepared, as it is, to address the ever-changing demands of health care. Similarly, the National Nursing Education Study of the Carnegie Foundation for the Advancement of Teaching has found that nursing education classroom teaching suffers from a lack of adequate teaching in the areas of natural sciences, social sciences, and humanities. (Benner, Sutphen, Leonard and Day, 2007) In this healthcare crisis, where medical errors annually kill more people than AIDS or breast cancer does (Kohn, Corrigan and Donaldson, 1999), neither the boards of nursing, whose mission is public protection, nor educators, thought the answer was to lower standards.

Therefore, the 2007-2008 NCSBN Board of Directors charged the Faculty Qualifications Committee with:

Advising staff on content of Faculty Shortage Conference

Reviewing and presenting recommendations for future faculty qualifications and roles.

The committee members made their recommendations for future faculty qualifications and roles after reviewing the following:

Input from a collaborative conference call with representatives from the American Association of Colleges of Nursing (AACN), the Commission on Collegiate Nursing Education (CCNE), the National Association for Practical Nurse Education and Service (NAPNES), the National League for Nursing (NLN), and the National League for Nursing Accrediting Commission (NLN-AC).

There were 35 evidence-based articles and/or consensus statements by experts in nursing education.

Input from the speakers and participants of the “Faculty Shortage: Implications for Regulation” conference hosted by the committee members.

Reports developed by 2006-2007 Practice, Regulation and Education (PR&E) Committee members, including the “Faculty Shortage Survey” and the “Comparison of Faculty Qualifications in National Documents” reports.

Minutes from Education Consultant Network calls.

Relevant surveys from the Education Consultant Network.

RECOMMENDATIONS

- A. Nursing faculty in RN programs (full-time and part-time) shall have either a master’s degree or a doctoral degree in nursing. Their education should include graduate preparation in the science of nursing, including clinical practice, and graduate preparation in teaching and learning, including curriculum development and implementation. Other supportive faculty with graduate degrees in related fields may participate on a nursing faculty team to enrich and augment nursing education.
- B. Nursing faculty in PN programs (full-time and part-time) shall have either a master’s degree or doctoral degree in nursing. Their education should include graduate preparation in the science of nursing, including clinical practice, and graduate preparation in teaching and learning, including curriculum development and implementation. Other faculty, BSN prepared, may participate on a nursing faculty team to enrich and augment nursing education.
- C. Clinical preceptors shall be educated at or above the level for which the student is preparing.
- D. When boards of nursing evaluate the preparation of nursing faculty members, it is essential to consider the three roles of faculty: collaborator, director of learning, and role modeling.
- E. When boards of nursing evaluate the preparation of nursing faculty members, they should assess processes of faculty orientation. All part-time faculty members, adjunct faculty members, preceptors, novice faculty members, and others, should be oriented to the nursing program’s curriculum and engaged in formal mentorships and faculty development.
- F. Boards of nursing are encouraged to collaborate with educators to foster innovation in nursing education.

PREMISES

The Faculty Qualifications Committee members developed the following premises as a foundation for their recommendations:

- A. The mission of the boards of nursing is the protection of public health, safety and welfare.
- B. Nursing education programs are faculty driven, reflective of the parent institution’s mission, and based on national standards.
- C. Program outcomes are consistent with competencies required for safe and effective nursing practice.
- D. Nursing faculty members facilitate the development of clinical judgment necessary for safe and effective practice.

- E. Faculty members are licensed to practice nursing, as required by the jurisdiction which they are teaching.
- F. Nursing education programs recognize that collaboration with other disciplines is essential in the education of today's nurses.
- G. Recognizing the complexity of nursing education, even though the scopes of practice differ for practical nurses and registered nurses, the roles of the faculty members are similar.
- H. The science of learning drives teaching-learning methodologies in nursing education.

FUTURE FACULTY QUALIFICATIONS

In order to effectively meet the roles of faculty,

faculty members in one midwestern state. Their final sample consisted of a robust 352 nursing faculty who teach in LPN through PhD programs. They found that faculty with bachelor's degrees, or those with master's degrees in other fields, had significantly higher needs than those with master's in nursing degrees or doctorates. This is one of only a few studies that addressed LPN faculty. However, there is consensus data that support LPN faculty having a master's in nursing degree. The NCSBN Education Consultant Network members, during a conference call, strongly agreed that a graduate-prepared faculty was an essential element of a successful nursing program. Further, some Boards have found that when faculty members are prepared with a master's degree, those programs have significantly higher NCLEX pass rates. The National League for Nursing Accredited Commission (NLNAC) has found that there are significantly better outcomes (one outcome measure includes NCLEX pass rates) when programs are accredited, versus when they are not, most likely related to the higher standards associated with accreditation. (Tanner, 2008)

NCSBN's EBNER report (NCSBN, 2006a), which included data from a systematic review of nursing education outcomes (NCSBN, 2006c), and NCSBN national research findings, identified evidence-based faculty-student relationships and teaching methodologies that would imply the need for master's in nursing degrees for faculty members. The faculty-student relationships identified would require high-level interaction between students and faculty, beyond what a bachelor's educated faculty member could provide. Likewise, faculty members would need graduate coursework in education strategies to implement the research-based teaching methodologies that were identified.

Carnegie's study of nursing education (Benner et al., 2007), Riner and Billings (1999), Bartels (2007), and AACN's position statement for the preferred vision of the professoriate in baccalaureate and graduate nursing programs (2008b) all go a step further and support doctoral education of RN nursing faculty members. Riner and Billings (1999), for example, found that nursing faculty members without doctoral preparation had significantly greater developmental needs in almost all items on their scale. However, the Faculty Qualifications Committee members recognized that with the multiple levels of education for prelicensure nursing programs, and with the current faculty shortage, it is not the time for this recommendation. As it is, states are struggling to maintain the master's in nursing standard. For example, an NCSBN survey of Member Boards conducted in 2007 by the PR&E Committee found that 25 of the 36 Boards responding to the survey were allowing waivers for their RN faculty requirements for those nursing programs that provided evidence that they couldn't fill their positions with qualified faculty members. Of those states with waivers, 18 allow waivers on fewer than 10 percent of faculty in their state or territory, 4 allow waivers on 10 to 19 percent of faculty, and 3 allow waivers on 20 to 29 percent of faculty. For PN faculty, 16 Boards allowed waivers on fewer than 10 percent of the faculty in that state or territory, while one Board allowed waivers on 21 to 30 percent.

Our Member Board Profiles (NCSBN, 2008) reports on current faculty requirements in the boards of nursing:

Baccalaureate programs: one requires a doctorate, two doctorate preferred; twenty-eight require an MSN, seven MSN preferred, four MS, one master's other, and fourteen other; two require a BSN, and one BS.

ADN programs: one requires a doctorate; twenty-seven require an MSN, eight MSN preferred, four MS, and thirteen other; six require a BSN, one BS.

Diploma programs: eleven require an MSN, seven MSN preferred, three MS, four other; three require a BSN, one BSN preferred; thirteen not applicable (no diploma programs in that jurisdiction).

PN programs: nine require MSN, two MSN preferred; twenty-three require BSN, five BSN preferred, two BS, and fourteen other.

Graduate Preparation in Clinical Practice

In order for faculty members to act as role models for their students, and others, faculty members should have advanced clinical preparation in their areas of expertise. One finding from the Carnegie study of nursing education (Benner et al., 2007) was that some classroom teachers hadn't been in practice for years, and in the worst cases, students complained that faculty were not current in their understanding of

clinical practice. While faculty members surely cannot be expert in everything and are encouraged to collaborate with other clinical experts, they still should have advanced background in clinical nursing science.

With advanced education at the master's level in clinical practice, the educator has the background necessary to teach about the multiple roles of health care workers and how to delegate and supervise in

FUTURE FACULTY ROLES

The Faculty Qualifications Committee recognizes that faculty have multiple functions in their educator roles, including, but not limited to: administrative, advisor for matriculation and career, clinical coach, continuing quality improvement of education, distance learning coordination, educator in the classroom, global representative, laboratory instructor, maintaining clinical relevancy, mentor to novice faculty members, mentor to preceptors, online course development, professional leadership, research/scholar, and simulation instructor. In order to understand the future roles of the nurse faculty members more conceptually, the Faculty Qualifications Committee members have developed the following categories, based on a literature review, discussion, and feedback from the Faculty Shortage Conference.

Similar to Halstead's (2007) assertion about faculty competencies, that it's not the expectation that all educators possess all competencies, the same is true for the role of faculty. Not every faculty member is expected to take every role. At the same time, these categories are not always discrete. That is, a faculty member could act as a role model in directing student learning by collaborating with a clinical expert to teach.

It is expected that there will be a rich balance of faculty members to take on these e Faaltalsocted

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Additionally, collaboration in clinical practice and across disciplines (Garman, Leach and Spector, 2006; Greiner and Knebel, 2003; McKay and Crippen, 2008) is essential in today's health care environment. Collaborative relationships have been linked to better patient outcomes, decreased costs of healthcare, and greater responsiveness of health care providers. (McKay and Crippen, 2008) Therefore, nurse educators must model this behavior in their roles as faculty.

B. Director of Student Learning

The following are some examples of this role:

Clinical faculty;

important for clinical faculty members, including asking questions, reporting data to staff, and interacting with physicians.

It is important for seasoned faculty members to role model teaching behaviors for novice faculty members and preceptors. Siler and Kleiner (2001), in a phenomenological study of 12 nurse lecturers, found that novice nurse faculty members reported they were rarely prepared for the faculty role; were unfamiliar with the language, culture and practices for the role; and reported the workload was much higher than they had expected. In Halstead's (2007) literature review of novice faculty members, it is clear that novice faculty members have many needs that require role modeling of the faculty role by seasoned faculty members. Similarly, role modeling is important for part-time faculty members and preceptors. Riner and Billings (1999) reported that part-time faculty members have significant development needs, particularly in the areas of teaching methods, evaluation, and curriculum. These researchers stressed the importance of having experienced faculty mentor them. There is a similar need for experienced faculty members to role model teaching for preceptors. In a study of 86 preceptors, researchers found that preceptors reported they were unprepared to precept new graduates and that they needed more support from seasoned faculty members (Yonge, Hagler, Cox and Drefs, 2008).

Closely related to role modeling is the importance of integrating feedback and reflection into this role so that students and others can learn from the experience. NCSBN, in a systematic review, found feedback and reflection to be an evidence-based component of nursing education that every faculty member should incorporate into their teaching and mentoring (NCSBN, 2006a; NCSBN, 2006c). Bjørk and Kirkvold (1999), in Norway, conducted an elegantly designed study of new graduates that found how essential feedback and reflection is for new graduates. With only a short orientation period and no opportunity for feedback and reflection on how to improve, new nurses made the same mistakes (such as dangerously removing tubes and contaminating wounds) after eight to fourteen months in practice.

FACULTY ORIENTATION

As the Faculty Qualifications Committee reviewed the literature on nursing education, they found a need for preceptors, part-time, adjunct, novice, and other faculty members, to be integrated into the nursing curriculum. This issue was also reviewed in the Role Modeling section of this document, and some relevant research findings were reported in that section.

Halstead (2007) cites several studies that report the significant needs of novice educators, who often become overwhelmed with the faculty role. Likewise, in Benner et al., (2007) national study of nursing education, they found that staff nurses who partnered with students frequently had no teaching experience and had difficulties integrating their clinical teaching with the classroom teaching. The Carnegie researchers, Benner et al., (2007) recommended ongoing faculty development for all part-time clinical instructors. Interestingly, similar problems are seen globally, as Dempsey (2007), from Ireland, qualitatively studied six clinical nurses who were being transitioned into faculty roles, and they often felt a low self-confidence, overwhelmed with the role, and under-prepared.

These findings can be extrapolated to all faculty members who take part in nursing education. A comprehensive orientation and ongoing development is important, along with engagement in the curriculum.

The Faculty Qualifications Committee considered the possibility of recommending a required full-time/part-time percentage of faculty members. They reviewed an August 2007, NCSBN survey of the Education Consultants which found that only four of the 36 Boards that responded had specific percentages limiting part-time faculty. Further, the Faculty Qualifications Committee held a collaborative conference call at their September 2007 PR&E meeting, with representatives from AACN, CCNE, NAPNES, NLN, NLNAC. While the participants on the call recognized that part-time faculty members are increasing in nursing programs, they also felt that requiring a percentage of full-time faculty to part-time faculty would be too prescriptive during this faculty shortage.

COLLABORATION TO FOSTER INNOVATION IN NURSING EDUCATION

The IOM 2003 report (Greiner and Knebel, 2003) on health professions education challenged the nursing community to develop a new vision for health professions education. Given the complexity of health care today, it is important for nurse educators and regulators to collaborate so that we can design and implement innovative and better ways of educating our future nurses. Innovation in nursing education was discussed at the “Faculty Shortage: Implications for Regulation,” and it was clear that collaboration between educators and regulators is the key to successful innovation in nursing education.

One exciting collaborative project discussed at the faculty shortage conference was the work of the Texas Board of Nursing (Wilson and Thomas, 2008). With nursing education stakeholders, this Board of Nursing created a plan for fostering innovative nursing education models, which are designed to promote increased graduations from Texas professional nursing education programs. The purpose of the Board’s focus on innovation is to reach the state’s goal of graduating 9,700 professional nursing students by the year 2010 while maintaining quality education and

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