

Transition From Expert Clinician to Novice Faculty: A Blueprint for Success

Melissa Kalensky, DNP, FNP-BC, and Karen Hande, DNP, ANP-BC

ABSTRACT

The lack of nurse educators will exacerbate impending nursing shortages, yet graduate nursing education continues to ignore preparation for faculty roles. This gap provides new nurse educators inadequate role socialization and hinders retention. With an intentional approach, new faculty can effectively navigate challenges inherent to an academic appointment. In this article we describe a blueprint for novice faculty to meet the demands of teaching, practice, scholarship, and service.

Keywords: faculty development, new faculty, novice, nursing, transition

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An impending shortage of 260,000 registered nurses by 2025, perpetuated by a dearth of nursing faculty, threatens to create gaps in patient care nationwide.^{1,2} Nursing programs at every educational level indicate a shortage of faculty.^{3,4} As a result, a large majority of universities recruit clinical experts to fill gaps in faculty—many with little or no formal education in teaching and learning principles. New faculty are challenged with a professional adjustment of fulfilling the role of nurse educator. Although their clinical or research expertise may enhance student learning, incongruence between clinical and academic cultures inhibits adequate preparation for new faculty.⁵ Abrupt transition from being expert clinicians to “on-the-job” training as faculty often fails to provide adequate role socialization.⁶ New faculty report the stresses associated with the academic role as problematic, resulting in difficult role transitions that can lead to departure.^{7,8} Those transitioning to a faculty position may experience culture shock due to a lack of socialization, preparation for an academic role, orientation, and expectations that faculty will be adept in managing teaching, service, and scholarship.^{6,8,9} Despite these challenges, Candela et al noted that the work environment can be a channel to support recruiting and retaining nursing faculty.¹⁰ With an intentional approach to role transition, new faculty can effectively navigate some of the initial hurdles inherent to an academic appointment.⁶

Understanding educational content is important, but success in a faculty role also relies on a practical approach to processing information, goal setting, and time management. As with any role transition, the shifting responsibilities of an academic appointment require intensive time and attention at the outset. Literature clearly defines the challenges of role transition from clinician to faculty member, but the lack of best approaches to facilitate new faculty success demonstrates a gap in supporting these clinicians. In this article we provide a blueprint for developing a personal approach to meeting the often times competing demands of teaching, practice, scholarship, and service.

TEN TIPS FOR NEW NURSING FACULTY

1. Prepare for Promotion

Promotion and rank criteria warrant immediate attention. At minimum, promotion criteria include teaching, scholarship, and service. Understanding expectations inherent in tenure versus nontenure positions, or research versus clinical tracks, is essential in setting goals and establishing your priorities for your unstructured faculty time. Scholarship in particular has wide variability in definition and expectation among colleges.¹¹ A discussion of how you will meet the rank behaviors with your department chairperson (or other supervisor) at the onset of your faculty role will help to define your priorities and establish a timeline of goals in your first

years as a faculty member. Meet regularly with your administrator who will provide evaluation and feedback and be transparent about your goals with the objectives of: (1) gaining an understanding of departmental expectations; (2) monitoring progress; (3) defining or redefining priorities as circumstances warrant; and (4) allowing leadership to guide you to appropriate faculty development opportunities.

With the multiple competing demands inherent in a faculty role, it is easy to not regularly document your accomplishments between annual evaluations. Consider updating your curriculum vitae at the start of each semester. Establish a more comprehensive system, such as a chart divided into the main criteria for promotion, to regularly log activities according to your school's promotion requirements to provide additional structure. This approach helps to strategically map expectations and establish priorities necessary to meet rank criteria.

2. Establish a Network of Mentors

The National League of Nursing outlines the necessity for mentorship at every phase of a faculty member's career, including the recommendation of a formal process of mentoring.⁶ Undoubtedly, faculty can benefit from mentoring, but there are few outcomes data to determine the best mentoring approach. Until recently, most academic settings supported traditional dyadic mentoring models, but this one-size-fits-all approach does not necessarily support success.¹² Alternatively, peer mentoring in academic medical faculty improves academic productivity, social connections, and workplace satisfaction.¹² Regardless of the model, the key to building an effective network of mentors includes an assessment of your personal needs. Consider your professional goals and seek the most appropriate mentor who can guide you to success. Peers and/or colleagues often share strategies; establish relationships with those who you would like to learn more from.

Generally, an early career mentor serves a tripartite role in supporting the development of technical skills related to teaching, builds an understanding of the complex social aspects of an academic appointment, and assists with navigation of the educational institution's organization and culture. Your department may assign you a mentor to address each of these areas, but, either way, they should not be your only resource.

Adequate support requires sustained mentorship and input from multiple experienced faculty members in order to address your personal needs in areas of scholarship, research, professional growth, and sustaining clinical practice.¹⁰ For instance, your assigned new faculty mentor may help with task-based teaching skills, such as writing a course syllabus. Another mentor may orient you to the social and cultural aspects of teaching. Other colleagues may have particular interest areas in research, academic advising or doctoral projects and can provide specific guidance in these areas. Developing a network of formal and informal mentors will allow insight to various aspects of the faculty role. Identifying mentors outside of your institution can provide even more robust support. Regular discussion of educational topics outside of your college provides a safe space to explore ideas or problems without concern for appearing inexperienced.

3. Create a Faculty Development Plan

During your first year, development may focus broadly on building a network of support, accessing resources, forging new relationships, and understanding responsibilities. Although our colleagues in the business and finance industry frequently employ a professional development plan to guide their approach to systematic professional development, the nursing literature lacks evidence to guide faculty in taking a similar approach.¹³ However, this discrepancy coupled with widespread variations in teaching responsibilities, clinical practice area, and individual interests represent an opportunity to create your own tailored approach to faculty development. Some universities require a development plan as part of the faculty annual review. Yet, this development plan should be a summary of your long-term goals for the academic year. Your short-term goals will likely result from detailed discussion of your department chairperson's expectations for your first year (ie, workload, student advising, committee involvement, publication, practice, and service). Your long-term goals, with a timeline for progression, will manifest as a result of your interests, institutional demands, and development throughout the first year.

Mapping a personal faculty development plan provides a framework for self-monitoring and self-reflection. It also serves the purpose of creating a line

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