How Challenged and Overwhelmed Faculty Become Supported and Empowered in Curriculum Development, Evaluation and Revision

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Faculty Disclosure

Meredith Roberts	PhD
Conflict of Interest:	None
Employer	Vermont Tech, USA
Sponsorship/Support	None

Objectives

By the end of the presentation, participants will be able to:

➢ Analyze three challenges perceived by nurse faculty transitioning to academia from the clinical setting

➢ Define four ways to address the challenges perceived by overwhelmed nurse faculty

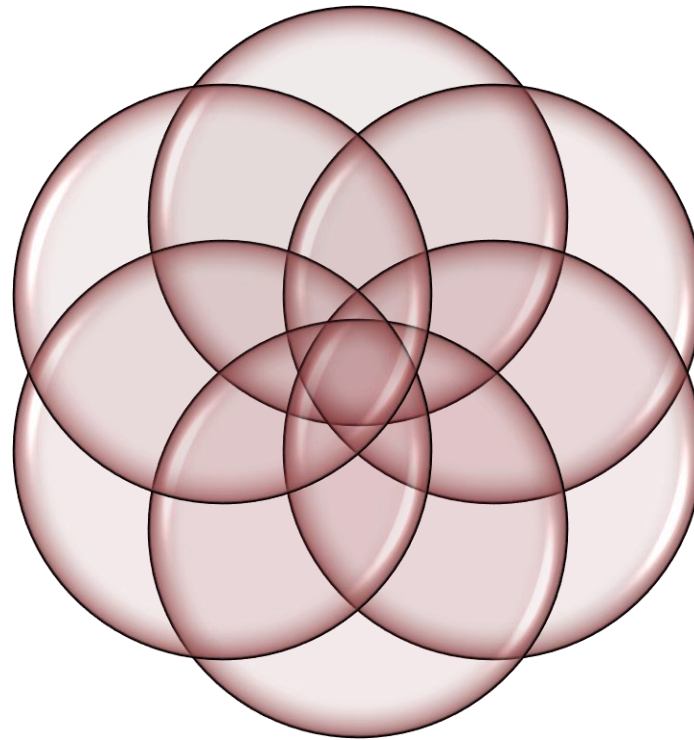➢ Evaluate three ways to support and empower faculty in academia
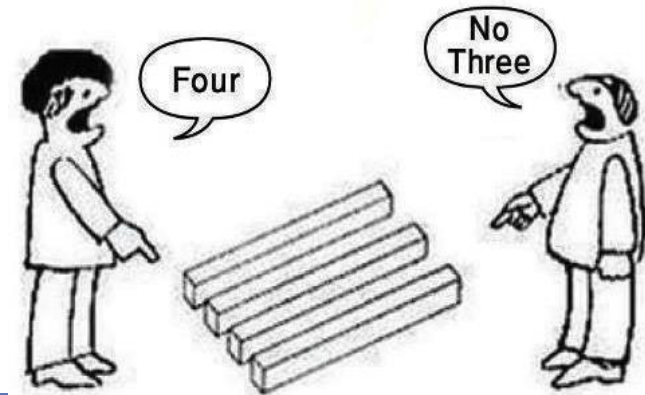
Faculty Knowledge

Accreditor mandates

Specialized preparation needed

Education varies

Clinical experts, novices at education

Clinical experts are unprepared

Faculty hired for clinical expertise

The Problem

Lack of knowledge regarding the perceptions of faculty related to their preparedness and confidence in developing, evaluating, and revising nursing curriculum.

A model of understanding to support faculty's growth and competence is needed.

Faculty may be unprepared to evaluate, develop or revise curriculum, as this is not usual nurse clinical practice. Educational preparation is inconsistent.

There is a need for strategies to benefit nurse educators

Purpose

To discover and compare perceptions and processes of faculty related to their preparedness and confidence in evaluating, developing, and revising nursing curriculum.

To use the faculty's constructions to develop a model of understanding that will support faculty's growth and competence in curriculum development, evaluation and revision.

To unveil strategies to assist faculty's growth and competence in curriculum development, evaluation and revision.

Research Questions

What are the perceptions of nursing faculty regarding their preparedness and confidence for developing, evaluating, and revising curriculum?

What strategies by nursing leadership and education might benefit nurse educators who develop, evaluate and revise nursing curriculum?

Review of the Literature

Clinicians transitioning feel overwhelmed, drowning, scared (Anderson, 2009; Weidman, 2013).

Less than 50% of associate professors and assistant professors felt their graduate preparation prepared them well (Hurtado, Eagan, Pryor, Whang, & Tran, 2012).

Experienced faculty felt stressed and many lack expertise in curriculum (Shants, Kalanek, Moulton, & Lang, 2011).

Nursing schools are turning away thousands due to lack of faculty (AACN, 2014)

Average MSN faculty professor age is 57 (AACN, 2014). **The pipeline is insufficient to replenish faculty** (Halsted, 2012; Slimmer, 2012)

Educator Competency and the Faculty Shortage

Faculty are displeased with their salary and workload

A nursing faculty shortage is occurring and expected to worsen (AACN, 2014)

Increasing faculty positions remain unfilled.

Only 50% of the nurse workforce holds a baccalaureate or graduate degree (HRSA, 2013)

Curriculum is lacking

Standards, Initiatives and Educational Competencies

National League for Nursing (NLN)

⬇

Outcome Based Education

| COPA | QSEN |

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The Oregon Consortium of Nursing Education

⬇

Nurse of the Future: Nursing Core Competencies

⬇

Institute of Medicine recommendations

The Essentials of Baccalaureate Education for Professional Nursing Practice

Created by American Association of Colleges of Nursing

Accreditation Commission for Education in Nursing (ACEN)

National accreditor

Commission on Collegiate Nursing Education (CCNE)

National accreditor

Bridging the Preparation-Practice Gap

36 nurse competencies in six general areas of inquiry

National Council of State Boards of Nursing (NCSBN)

Their 2010 *Tuning Analysis* compares United States and European standards

Curriculum Reform and Response

Research gap

Accreditation the biggest factor influencing curricula

Remains stressful

Large faculty turnovers during curriculum change

Research Methodology

Qualitative

Constructivist Grounded Theory

Explored and compared perceptions and processes of nursing faculty at 4 Vermont colleges

Excellence in Nursing Education Model that depicts the eight core elements required to sustain excellence in nursing education developed by The National League for Nursing (2006). Used with Permission from NLN
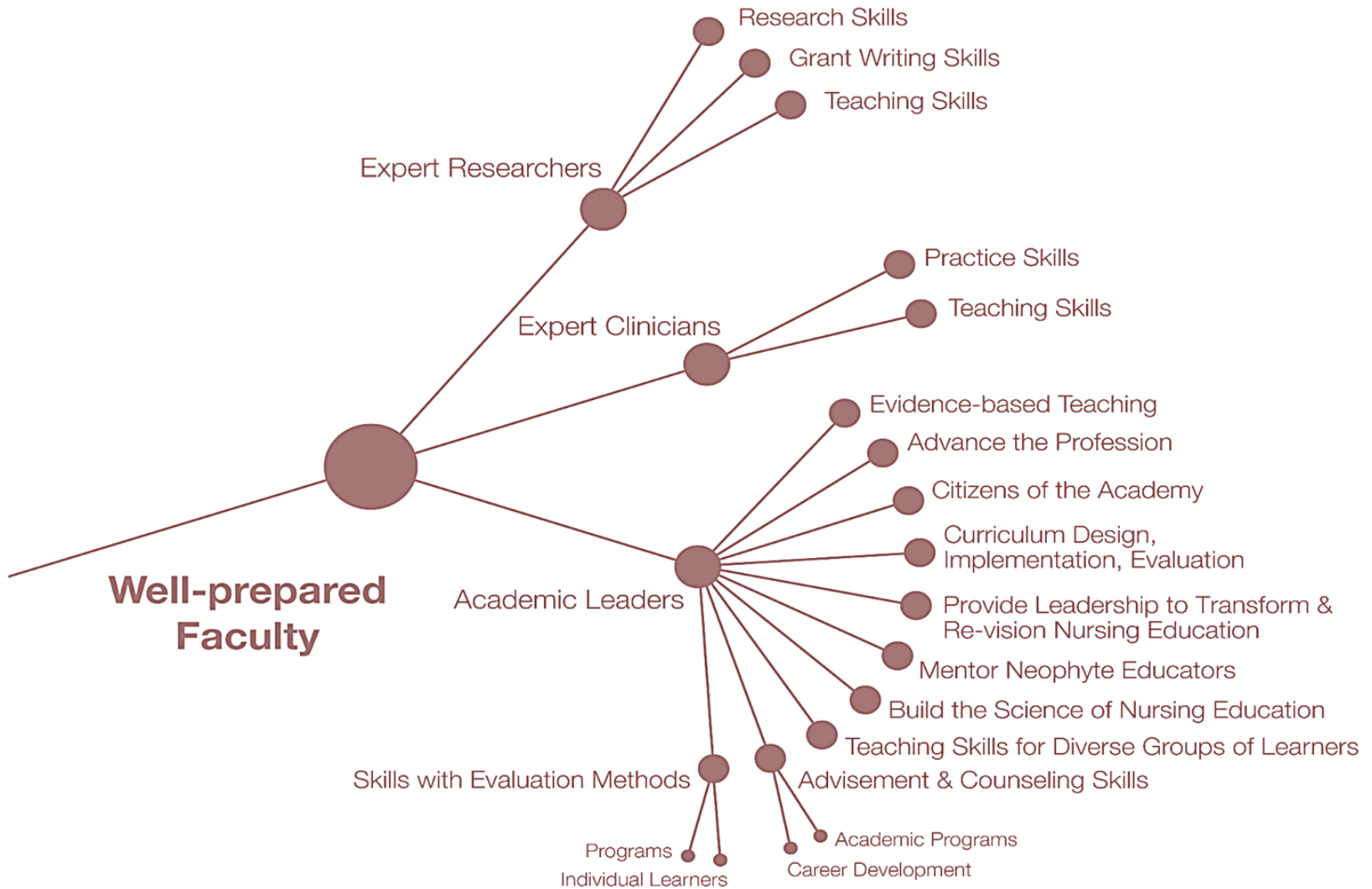
Core Component Well-prepared Faculty from the NLN Excellence Model (NLN, 2006) Used with Permission from NLN

Collection of Data

Voluntary informed consent was received

Recorded semi-structured interviews occurred on 15 experienced nurse faculty from 4 colleges within Vermont

The interviewee had the opportunity to review the transcript of the interview to make any needed corrections.

The participant could withdraw at any time

Theme 1: Most faculty have low confidence

In spite of years of experience, an average of over 29 years nursing, and an average of 13 as an educator, 87% of faculty could not express confidence

Theme 2: Poor support & communication
93% experienced challenges in communication & support

They say they want to change but they really don't…very frustrating

The greatest challenges are with your staff

Learn trial by fire

Adequate buy-in is huge

You feel like you're asking too many questions

Very little peer support

There's a lot of resistance

Poor Support and Communication

I began to feel risk…in an environment where you did not feel trust and respect and you did not feel communication was effective

Miscommunications misunderstandings ….I began to feel some risk

Communication between departments

with each leadership change there has been a change in expectations

Lost at sea

Tossed to the wolves

Theme 3: Majority of novice educators lack knowledge R/T curriculum alignment with course outcomes

73.3% did not believe they saw the big picture or understood how their course fit with the curriculum when they developed their 1st course
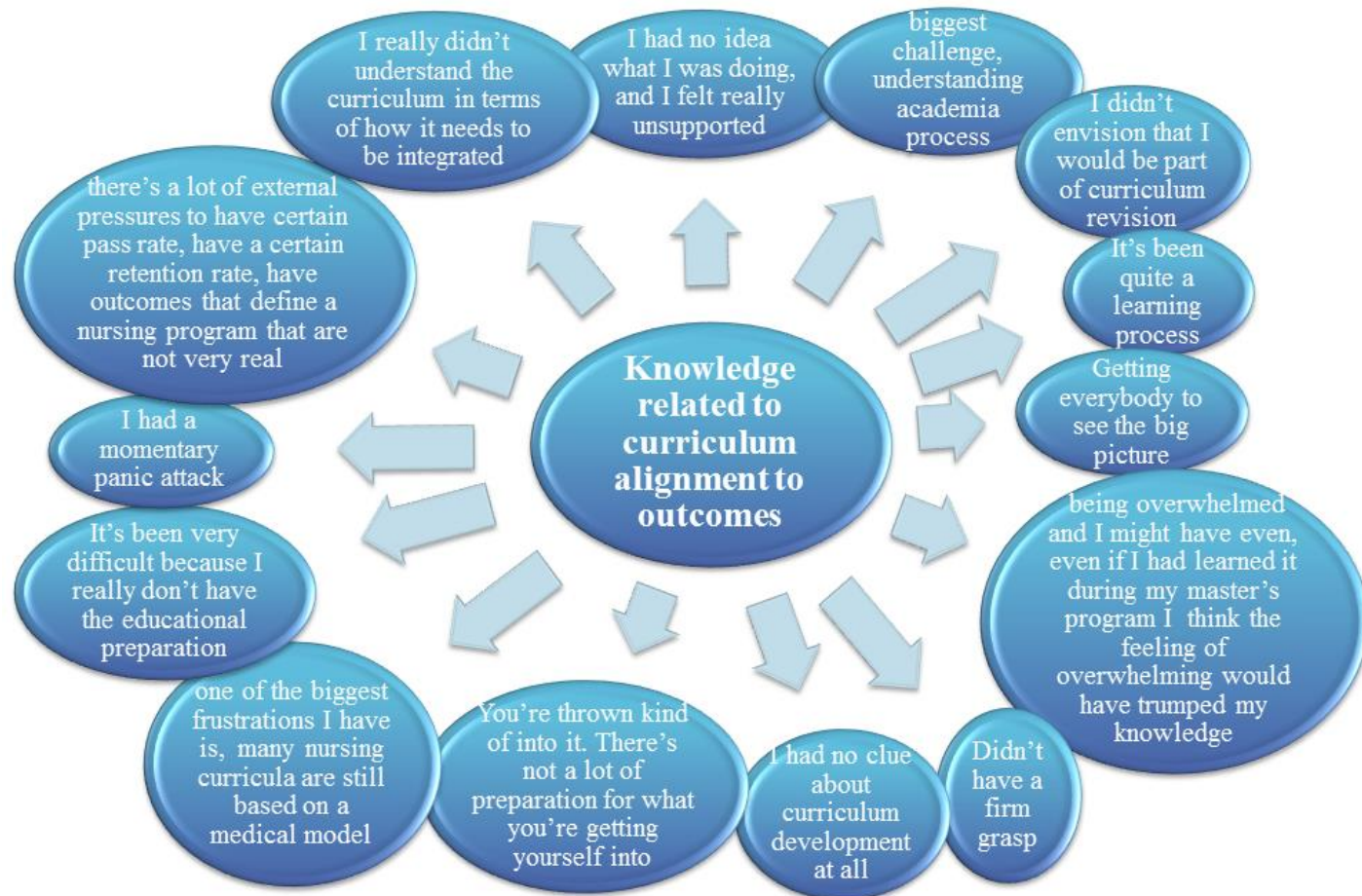
Theme 4: Mentorship is needed

100% agree: mentorship is needed

faculty need, when they're a new faculty member, they need a mentor

obviously I've had to be mentored by a few

The most effective tactic I've used to develop curriculum, I would say is interpersonal relationships.

colleagues made it easier for me

so I find myself mentoring a brand new faculty member when I'm brand new in this role here too and that's another additional challenge

the best actions that we've had up to date is availability of resources and mentorship of faculty

Mentors made it easier for me

In order for myself to grow, luckily I was fortunate that there was a fellow who taught me

Need Mentorship and Relationships

It's not easy as a brand new faculty coming in.
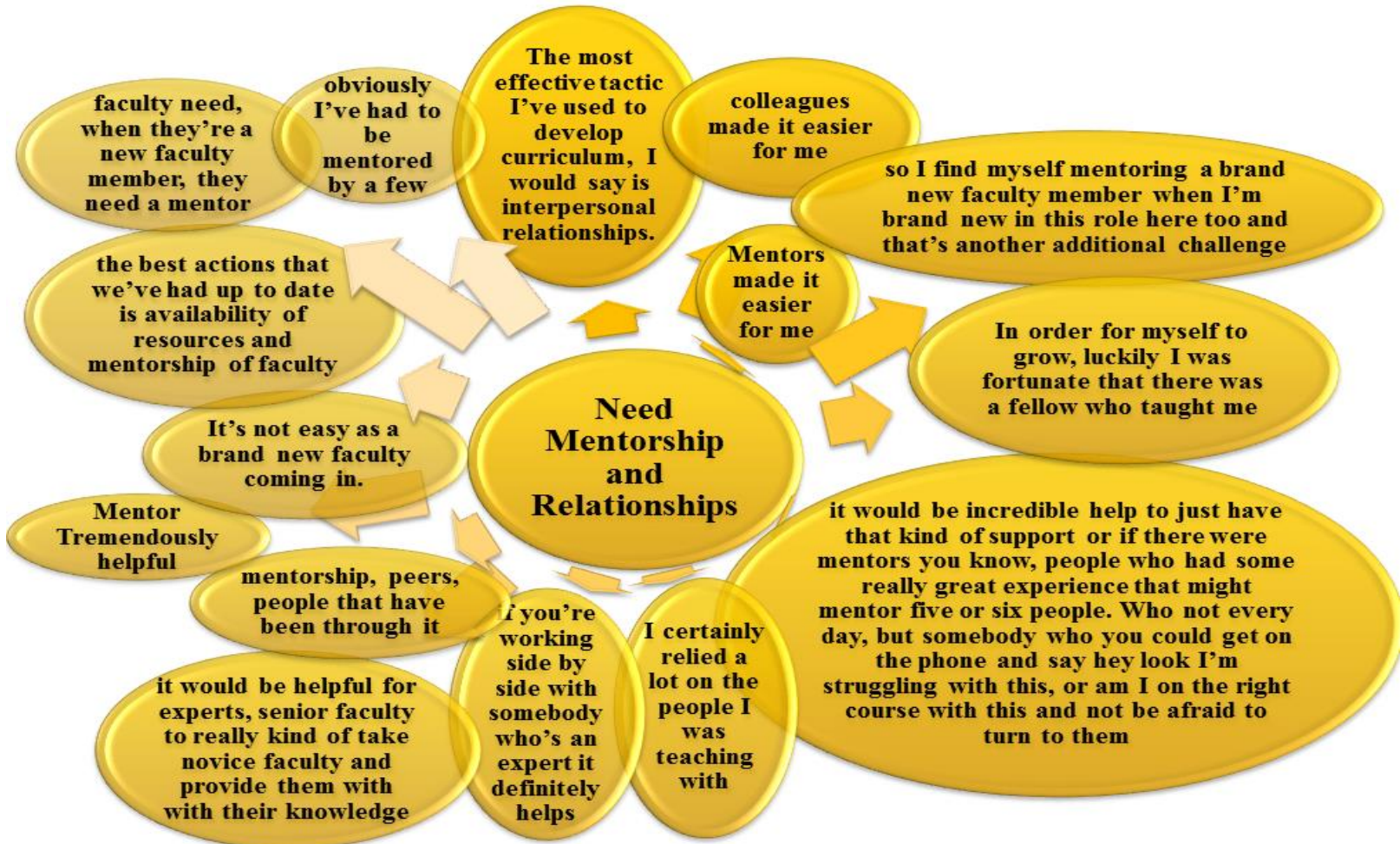
Mentor Tremendously helpful

mentorship, peers, people that have been through it

if you're working side by side with somebody who's an expert it definitely helps

I certainly relied a lot on the people I was teaching with

it would be incredible help to just have that kind of support or if there were mentors you know, people who had some really great experience that might mentor five or six people. Who not every day, but somebody who you could get on the phone and say hey look I'm struggling with this, or am I on the right course with this and not be afraid to turn to them

it would be helpful for experts, senior faculty to really kind of take novice faculty and provide them with with their knowledge

Theme 5: Faculty development and education is needed to aid knowledge

100% agreement that faculty development would be helpful to learn the educator role related to curriculum. Expert clinicians could be novice educators
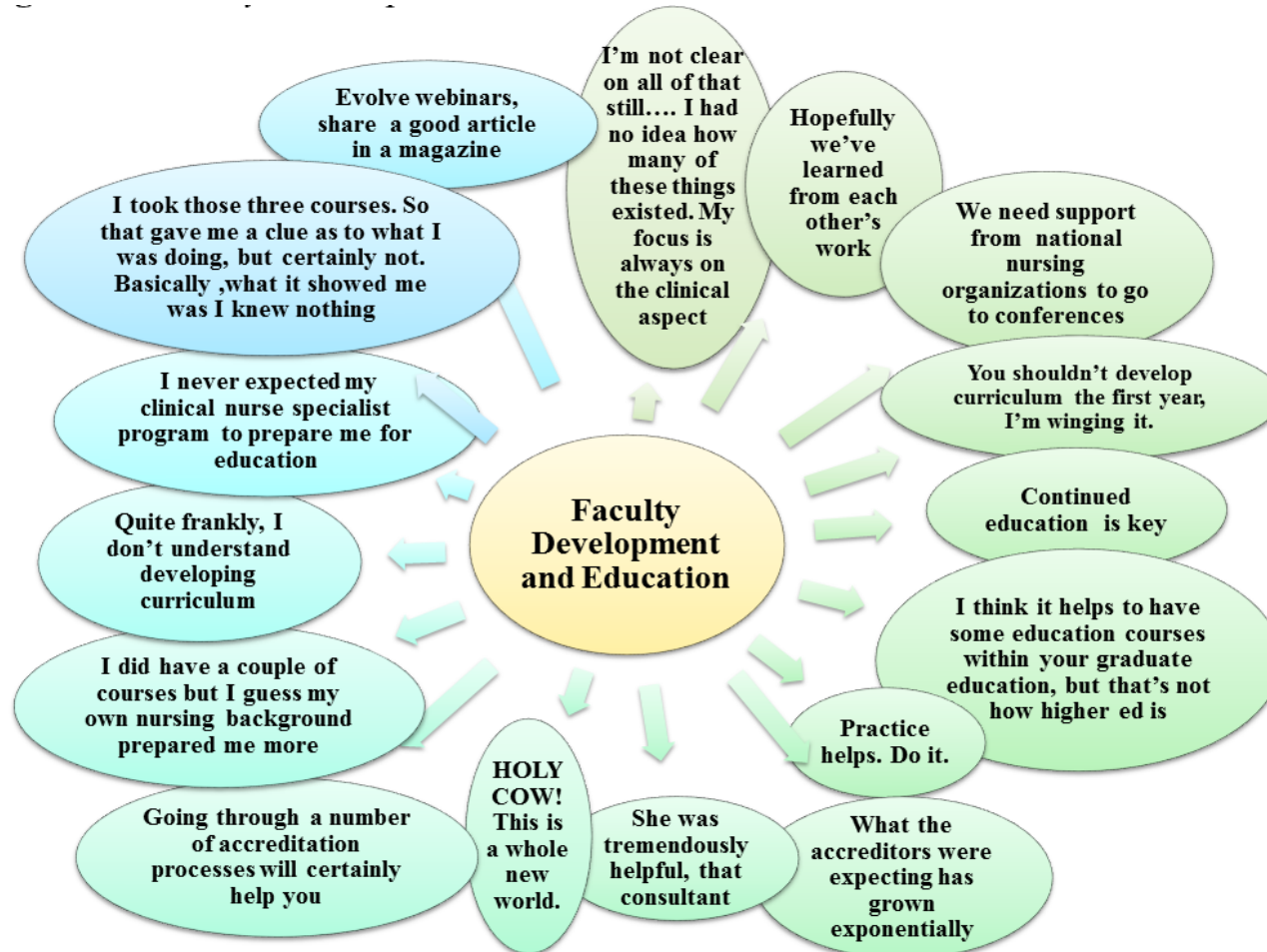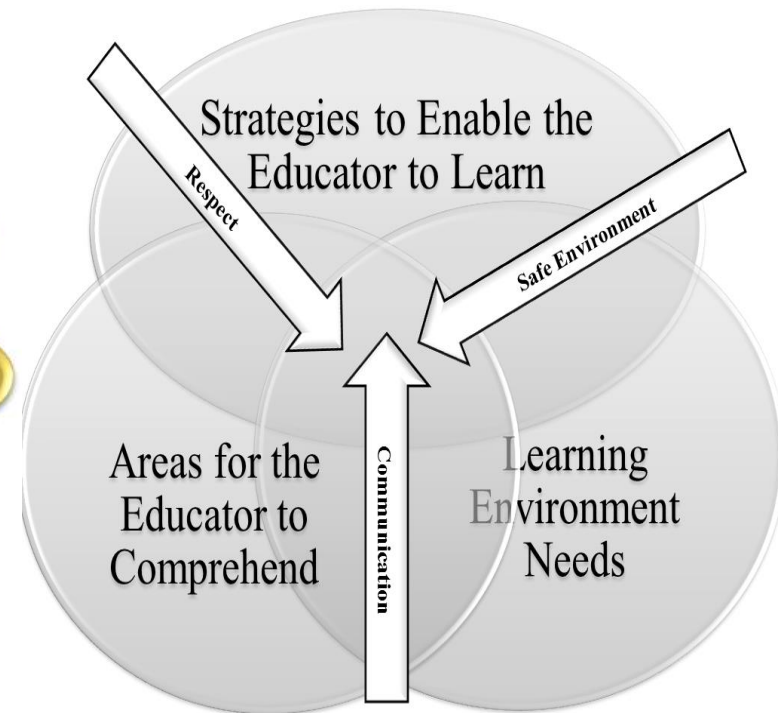
Theme 6: Overloaded and inadequate time

100% alluded to being extremely busy with inadequate time either currently or previously as faculty. Excessive workload, faculty in short supply, and inadequate time added to stress when curriculum must be assessed in addition to other responsibilities
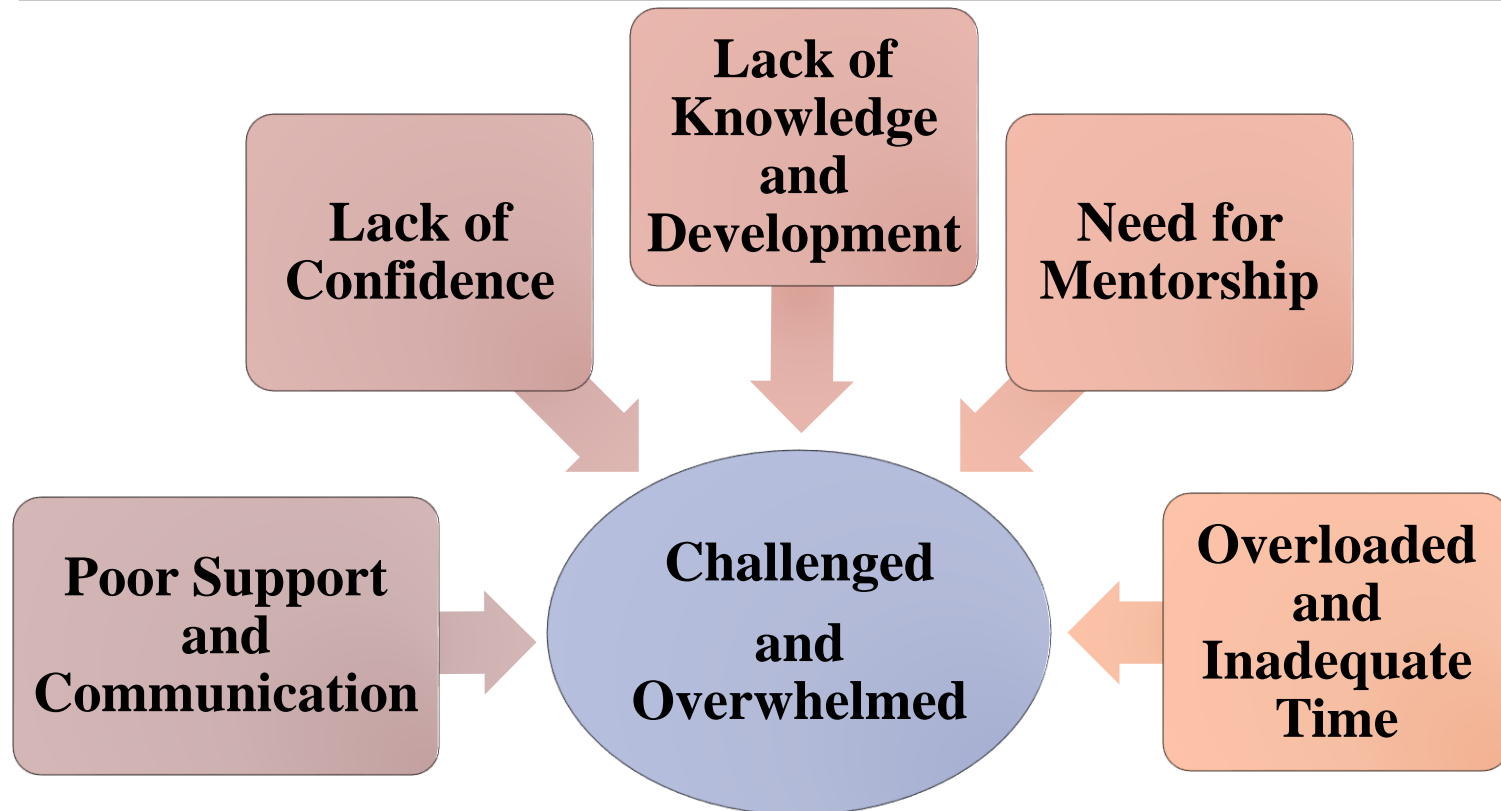
I think it's nuts that nurse educators leave because it's a black hole.

To really make a difference and really do the kind of things that you'd like to do so you know workload in nursing is a huge problem

I don't have a lot of time to work on curriculum at all

They tell me that it's an equal amount of work when I have 12 students in my class versus when I have 100. I can tell you point blank that the workload its grossly different…. it's ludicrous."

Doing curricular revision or even mapping is going to happen on nights and weekends after you've had an exhausting 50 hour week, so I just don't think there's time

Oh my god! Workload

challenging stressful exhausting

I was working full-time in a half-time job. I had two babies at that time, I was finishing my degree

Overloaded and Inadequate Time

Time, you know release time to do that. Nobody ever has that. And over the summer you're working in the hospital to make up for the salary you lost by being a nurse educator

a challenge I face is the work load as in academia. I've been a nurse for many decades and I'm used to working hard, but I think for me the balance of working in the community as a nurse and as a nurse educator was very challenging. physical exhaustion

it's all geared towards NCLEX. Completely, there's no fluff at all. None of the niceties. I don't have time.

I just don't know how to do it in that short a period of time

I was given the task to get this course up and running in 5 or 6 days

two or three of me would make it much easier

more piled on and more piled on.. You go home and you're working all evening or you're working all Saturday or you're working all Sunday and you're not getting any rest and people are wondering why you're cranky

workload is hard. I know that there's this whole push with academia to do more with less.

Theme 7: Suggested Strategies
Full report on ProQuest with open access

Results – The Theory: Challenged & Overwhelmed

Lack of Knowledge and Development

Lack of Confidence

Need for Mentorship

Poor Support and Communication

Challenged and Overwhelmed

Overloaded and Inadequate Time

A Theory Describing How Faculty Challenges Lead to Becoming Overwhelmed with Curriculum Development, Evaluation and Revision

Strategic Solutions
Addressing the challenges

Practice

Education and Continued Development

Mentorship

Time Release

Collaboration and Feedback

Supported and Empowered: A Model of Understanding to Support Faculty's Growth and Competence in Curriculum Development, Evaluation and Revision
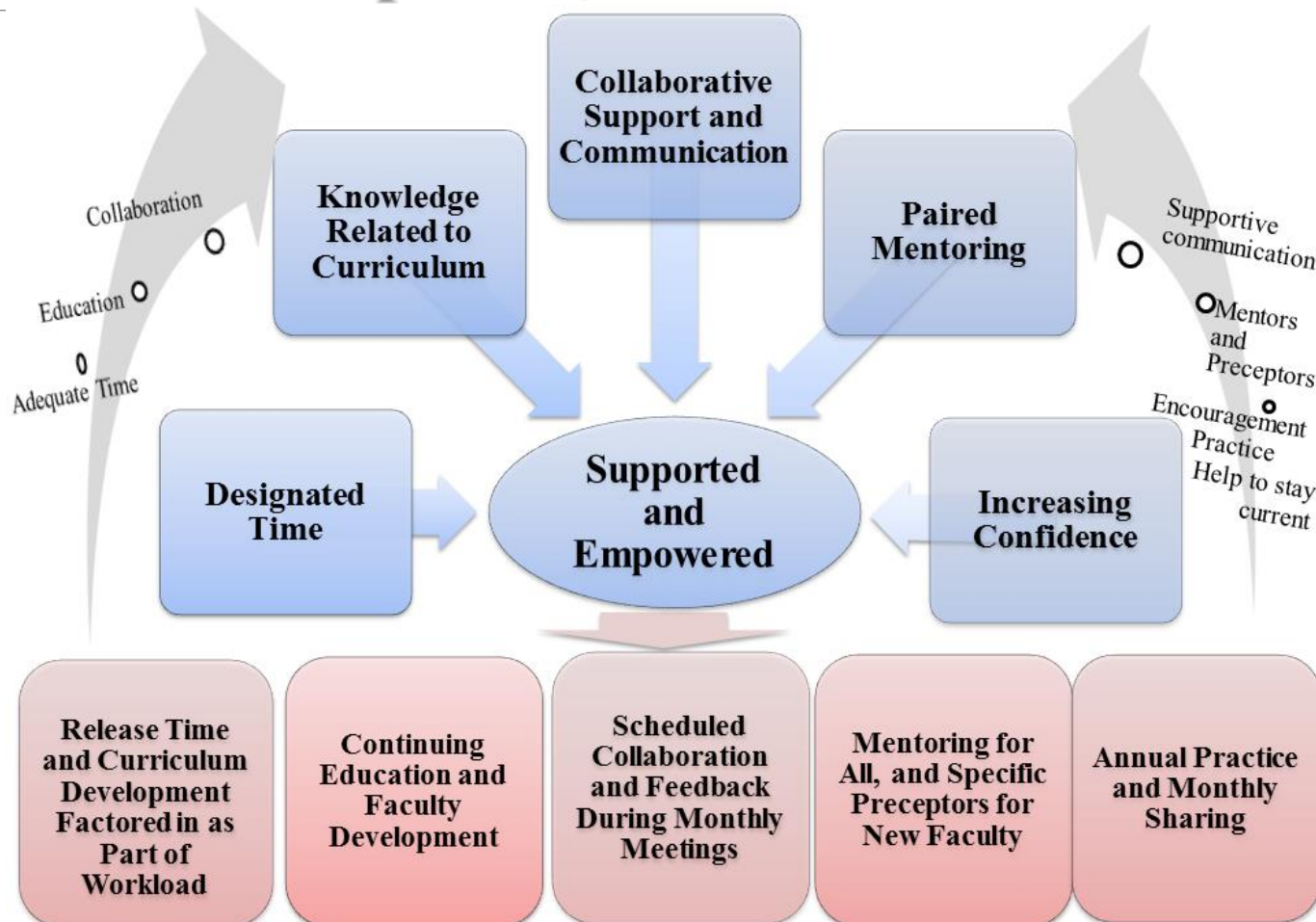
Evaluating Faculty Support & Empowerment

Assess areas of concern related to Challenged and Overwhelmed

Select and apply a strategy or strategies from the Model of Understanding.

Consider anonymous surveys in the targeted area to aid knowledge of effectiveness**.** Ask how to improve.

Use collaborative meetings to share strategies, practice, assess the work environment, and create opportunities to communicate

Recognize & reward excellent curriculum creation. To recognize excellence, knowledge is needed. Report trends. Provide feedback.

Track faculty retention rates. Record rewards and raises. Note who is being left out or feeling isolated. Find out why.

Comparison to the Literature
The study confirmed

There is a lack of qualified faculty

Transitioning clinicians feel like they are drowning

Faculty enter academia with inadequate preparation

The skills of an educator are not those of a practitioner

The Study Confirmed Previous Findings:

Transition from clinician to faculty is challenging. Faculty who were mentored had an easier transition.

Many clinically expert nurses have only minimal understanding of the faculty educator role

Teaching loads are demanding and nurse educators salaries are lower than acute care nurse clinicians

New faculty feel stress, lack of support, and lack confidence

Faculty feel frustrated due to lack of time to complete work

Future Directions

An interventional study, to test strategies faculty suggested

The hidden curriculum in nursing.

Research on how long it takes for novice faculty coming from the clinical setting to acclimate to the new culture of academia with a preceptor mentor, and the training for the mentors

Incivility toward novice educators

The inability for faculty to retire or vacation for those with high debt or workload. This affects the profession as well as the nurse

Questions

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