The Affiliate Faculty Role: A New Model for Clinical Nurse Education

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Acknowledgements:

- Nelda Godfrey, Associate Dean for Innovative Partnerships and Practice
- Tammy Peterman, Chief Nursing Officer, The University of Kansas Health System
Who We Are

- Traditional BSN pre-licensure Program
- Total enrollment in 2017 = 126 students
- Magnet-Prepared Generalist Nurse
- Concept Based Curriculum
- Competency Based Clinical Model
Our Academic Practice Partner

- Magnet designated since 2006
- Eleven consecutive year’s ranked on US News & World Reports Best Hospital list
- Advanced Comprehensive Stroke Center
- The first Comprehensive Cardiac Center in the nation
- 4 AACN Beacon Award Winning Intensive Care Units
Our Academic Practice Partner

- Ranked 10th out of 107 academic medical centers
- One of only 69 NCI Designated Cancer Center’s in the nation
- The only accredited adult and pediatric burn facility in our region
- Named Number 1 hospital in the Kansas City Metro Area
Background

- Clinical faculty shortage:
  - Difficult to meet state board requirements
  - Large amount needed every semester
  - Need small student-to-faculty ratios
  - Challenging clinical environments

- 226% increase in use of adjunct faculty from 1975-2011 (Curtis, 2013)

- Lack of expertise by faculty who do not work at the bedside (O’Mara, McDonald, Gillespie, Brown, & Miles, 2014)
Background

- Staff nurses are interested in teaching, but lack the education or professional development needed for assuming the role (Dahlke, Baumbusch, Affleck, & Kwon, 2012)
- Academic-practice partnerships: most common method for addressing clinical faculty shortage (Wyte-Lake et al., 2013)
- How effective are these partnerships?
The Affiliate Faculty Model

- Started in 2012 by Associate Dean of Undergraduate Programs and CNO
- Staff nurses contracted to teach clinical while maintaining full-time status in the hospital
- Must meet state board qualifications for faculty
- Exchange one 12-hour shift/week in the hospital for teaching a group of 6 BSN students
- School of Nursing reimburses the hospital at employee’s base pay
Benefits to School of Nursing

- Less time spent onboarding, orienting faculty
- Able to reduce student to faculty ratios
- More applicants every year: growing in popularity, sustainability
Purpose of Study

- To evaluate both student and affiliate faculty perceptions of the effectiveness of the academic-practice partnership affiliate faculty model.
Specific Aims

1. Understand the student perception of affiliate faculty as clinical experts and their ability to reduce the theory-practice gap.

2. Discover whether student perception of safety is improved in clinical settings when under supervision of an affiliate faculty.

3. Explore the affiliate faculty model as a way of addressing the clinical faculty shortage.

4. Describe the potential benefits and challenges of the affiliate faculty model.
Methodology

- Mixed-methods descriptive survey
- BSN students/alumni from 2012-2017 and affiliate faculty who taught ≥1 semester
- 2 surveys: 1 student, 1 faculty
- Likert style + open ended questions through Survey Monkey
- IRB approval through KU SON
Results

- **Students:** N = 72
- 62.5% reported having an affiliate faculty for 3-5 semesters
- 98% agreed or strongly agreed that their affiliate faculty were clinical experts, and prepared them to deliver safe nursing care
- 83.1% also agreed or strongly agreed that their affiliate faculty impacted their ability to connect classroom concepts to clinical practice
Results

- Differences between affiliate versus non-affiliate faculty:
  - 12 = no difference
  - 10 = affiliates as less favorable
  - 7 = affiliates as more favorable
Results

- Benefits of having an affiliate faculty:
  - knowledge of the curriculum and health system
  - commitment to teaching
  - instilling confidence
  - support at the bedside
  - being a resource for employment
Results

- **Affiliate faculty**: N= 25
- **Nursing experience**: 0-3 years (28%) to 11 years or more (24%).
- **Teaching experience**: 60.9% had taught as an affiliate faculty for 2-3 semesters.
- 100% agreed or strongly agreed that their affiliate faculty role benefited the students, and benefited the unit they taught on.
Results

- Able to help students connect classroom concepts to clinical practice: 85.7% agreed or strongly agreed
- Able to prepare students to provide safe patient care: 100% agreed or strongly agreed
- Potential conflicts in their role: none (n=11), time/scheduling (n=5), and staff nurse conflicts (n=2).
Results

- **Benefits**: being with students (n=7), connecting classroom to clinical (n=7), teaching hands on/skills (n=5), and seeing students develop or “light bulb moments” (n=6).

- **Most challenging**: time/grading/scheduling (n=11), barriers to teaching (n=4), and student issues (n=3).
Benefits:

- Student perceptions of their clinical faculty as experts
- Ability to prepare them for safe nursing care delivery
- Ability to connect classroom concepts to clinical practice, both from the perspective of the students and affiliate faculty.
- Students either reported no difference or more benefits of having an affiliate faculty compared to non-affiliate faculty.
Conclusions

- When implementing affiliate faculty model, consider time management and scheduling needs of the affiliate faculty.
- Overall, affiliate faculty reported enjoyment of their experience, especially with the “light bulb moments” that come with teaching.
Questions
References