

# Impact of faculty practice on an academic institution's mission and vision

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**Faculty practice in a school of nursing can be the embodiment of the triad mission of an academic institution to teach, conduct research, and contribute to the community and profession. In turn, a faculty practice can mold the mission and vision of the academic institution as faculty attempt to reconcile the rigorous requirements for academic advancement with the demands of an ongoing clinical practice. In this article, faculty practice is defined and the challenges and realities involved in establishing and maintaining a viable faculty practice are enumerated from the perspective of academic administration. Strategies for dealing with the dissonance between the mission and vision of the university and the demands of clinical practice are offered and the positive contribution of the traditional academic mission to faculty practice is summarized.**

**W**hat is the relationship between faculty practice and the mission and vision of the academic institution? Is there an impact or are the mission and vision of universities and colleges impervious to changing faculty roles and societal needs? These are important questions often posed by nursing faculty to deans and other academic administrators. Nursing faculty members struggle to balance multiple professional and personal roles and are worried (appropriately) that time spent in faculty practice will not lead to academic advancement, particularly in research-intensive environments. They are eager to know how faculty practice is “counted” toward academic promotion and how such practice fits into the traditional tripartite mission of a university or college to teach, conduct research, and provide service to the profession and community.

In turn, academic administrators pose questions about how faculty practice fits into the traditional view of a university. Administrators may have backgrounds in the liberal arts or basic sciences and be unaccus-

tomed to dealing with the health care system, particularly if the campus or university does not own a medical center or other clinical services. When they review issues such as the budgetary implications of owning a clinical practice and the vulnerability of the university to malpractice litigation, they raise many questions. The questions are important and the answers often disappointing because nursing faculty practices, particularly nurse-managed centers, usually target the poor and underserved, making financial solvency an ongoing issue. Moreover, any positive impact a nurse-managed clinic has on community relationships can be cancelled with a spectacular malpractice suit successfully brought against a faculty member, student and/or nursing clinic. Discussions surrounding the relationship of faculty practice to the university's mission and vision, therefore, are important not only within schools or departments of nursing but also in other venues (eg, promotion and tenure committees or discussions with university regents or state legislators).

The purpose of this article is to review the impact of a faculty practice on the mission and vision of an academic institution. The reverse relationship, namely the impact of the academic institution's mission and vision on nursing faculty practice, will also be briefly reviewed.

## DEFINITION

The definition and types of faculty practice are well-described by Saxe and colleagues in this issue of the journal.<sup>1</sup> Briefly, faculty practice is a formal arrangement between a school of nursing and a facility wherein a faculty provides clinical services while simultaneously meeting the teaching and research needs of students and faculty. This definition is echoed in the descriptions of many schools of nursing, for example the University of Massachusetts School of Nursing. Its faculty practice plan includes “. . .direct care services for clients and consultation and educational experiences that support the provision of direct care and education of students, providers and consumers.”<sup>2</sup>

In contrast, some schools of nursing have interpreted faculty practice quite broadly. For example, the University of Wisconsin-Milwaukee College of Nursing defines faculty practice as any professional nursing activities that support its mission. “Activities may include the provision of direct health care, education,

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and/or consultation services to persons, families, agencies, and communities that support the faculty member's teaching and/or research responsibilities."<sup>3</sup> Illustrations of faculty practice at this institution include program evaluation and research consultation, activities not included in the more narrow definition of faculty practice used here.

Given that the primary purpose of faculty practice is to meet the clinical teaching and research needs of faculty and students, there is general agreement that a "moon-lighting model" also does not constitute faculty practice. A faculty member who engages in clinical practice to augment salary and/or to maintain clinical expertise (for example, working on weekends or in summer months as a nurse practitioner) is not engaged in the narrow definition of faculty practice used in this discussion. The university is usually excluded from any contractual arrangement and education of students is not included in the faculty member's clinical role.

Faculty practices have had unique beginnings, based somewhat on the opportunities available and the needs of the individual school, and these have led to diverse settings and practices. A review of nursing faculty practices across the U.S. reveal all of the wide range of clinical opportunities available to nurses today, such as health departments, public school systems, community agencies, hospitals, home care, complementary medicine clinics, primary care settings, and private practice. The financial arrangements range from free-standing nursing centers, owned and operated by schools of nursing, to contracted services such as church-based health clinics where legal and fiscal liability of the school is minimized. Ultimately, all forms of faculty practice are a unique opportunity for schools of nursing to "practice what they preach" and to demonstrate to the next generation of nursing professionals the basic tenets of nursing practice within a health care environment that is both dynamic and challenging.

## TENSIONS WITH THE UNIVERSITY MISSION

### *Creating a Reward System*

The university promotion system is based on the traditionally expressed mission of the university — education, research and scholarship, and service. Academic portfolios are filled with teaching evaluations, published articles and textbooks, and letters from colleagues attesting to standing within the profession and contribution to the discipline. Time spent caring for patients in a faculty practice can detract from achievements in the traditional arenas of publication and classroom teaching. Therefore, university promotion committees must be encouraged to look at the academic portfolios of faculty engaged in significant amounts of clinical practice in new ways or the faculty will be disadvantaged when compared to that faculty not engaged in direct clinical practice.<sup>4</sup>

Many academic institutions with health science schools have responded to the realities of faculty practice by developing 2 parallel series or tracts for faculty: (1) An academic series that is traditional in its expectations of productivity related to data-based publications and extramural grants, and (2) a clinical series that emphasizes excellence in clinical teaching and practice. At the University of California, San Francisco, both tracts exist and allow for a distinction of effort. Professors engaged in significant amounts of faculty practice can successfully proceed through the ranks of assistant, associate and full professor in the clinical tract. Interestingly, on its sister campus at the University of California, Los Angeles (there are only 2 schools of nursing in the University of California system), the clinical track was discontinued in the Schools of Nursing and Dentistry approximately 25 years ago as not being consistent with the university's mission of creative innovation. Thus, even within the same academic system, the potential for faculty practice to mold or change the mission of the university differs.

At the University of California, San Francisco, the difference between the academic and clinical tracks lies in the nature of the activities expected. Faculty on the clinical track spend more time in the practice setting modeling best practices for students and doing one-to-one teaching compared to faculty on the academic track who may focus on didactic teaching and formal mentorship of students' research (eg, in theses and dissertations). In the School of Nursing, scholarship is expected in both academic and clinical series. It is important to note that if creative contributions to the discipline are mandatory for promotion in a clinical series, faculty must be given release time from clinical duties to engage in scholarship.

In schools with both an academic and clinical series, there appear to be general agreement about the nature of the evidence of scholarship between the 2 tracks. While a professor in the academic series is expected to have externally funded research grants and data-based publications in peer-reviewed journals, professors in the clinical series are expected to have externally funded educational training grants or grants to support innovations in patient care. Evidence of competence and productivity expected by promotion committees for a clinical professor might include activities such as serving as an expert on national guideline panels, giving lectures on clinical topics at national or international meetings, serving as an officer of a professional society, and maintaining clinical certification. Publications are also expected on the clinical track, but focus more appropriately on clinical topics and research utilization in clinical practice. (See [Table 1](#) for examples of activities).

The challenge of creating an appropriate faculty track to accommodate the demands of faculty practice is that a 2-track system is often not viewed as equally

**Table 1. Examples of activities expected in the clinical professor series**

- Participation as a collaborator in a clinical study or trial
- Development of new clinical techniques or diagnostic approaches
- Development of innovative teaching methods, materials, or curriculum
- Evaluation of clinical or teaching programs
- Development of data base to evaluate clinical services
- Enhancement of efficiency of a clinical service

valued within the traditional research-intensive university. Issues around equity in salary, participation in academic senate activities, and recruitment procedures must be addressed if a 2-tier system is to be avoided. Failure in 1 series (eg, the academic series) should not be the prelude for transfer to another series (eg, the clinical track) or the inferiority of 1 track is inevitable. Similarly, procedures related to the process of recruiting candidates should be similar between the 2 series.

No matter what academic series is used to support faculty practice, succession planning and training of new faculty is critical to its sustainability. Clinical practice can exact a toll on faculty as they struggle with the priorities of teaching, research, and practice. Burn-out from multiple roles is a constant threat and can become all too real if the clinical practices are undervalued in terms of their contribution to the school and the university. Faculty structures should be continually assessed to ensure appropriate compensation and advancement for faculty who engage in faculty practices. Faculty must see the connection between their efforts in a school-sponsored clinical practice and their own professional advancement. The messages in this regard must be clear and consistent from academic administration and be reflected in promotion criteria.

### *Fiscal Challenges*

One of the most formidable issues facing most faculty practices is financial sustainability. Establishing and maintaining a faculty practice requires an entrepreneurial spirit that can be quite foreign to nursing faculty and academic administrators, and there are few successful role models to follow. The likelihood of obtaining financial support for either start-up or maintenance of a faculty practice from the academic institution (a frequent hope of nursing faculty) is highly unlikely, given current fiscal constraints facing universities today.

Many faculty practices have been unsuccessful in being cost neutral, much less achieving profitability, because their initiation did not include a reasonable

business plan and market assessment.<sup>5,6</sup> Moreover, it takes an extra level of administration to manage these practices, including such issues as contractual agreements, overall governance, policies and procedures, malpractice insurance, quality assurance, credentialing, and evaluation processes. Thus, the fiscal challenges are found at both the initiation and the maintenance of a practice.

Various financial models can be used to meet these challenges. Revenue may be the result of fee-for-service or contracts with health care organizations or public entities. For example, at the University of California, San Francisco, 3 of our nurse-managed centers depend on reimbursement for services to meet expenses. Unfortunately, the higher the proportion of indigent and uninsured working poor in a faculty practice, the more daunting is the fiscal challenge. In 2 clinics that provide care to indigent young women and families, as well as in an occupational health clinic that focuses on minimum-wage workers, we have had to vigorously pursue support from foundations and private philanthropy, as well as shore up billing systems. The School's external Board of Advisors (a group of community leaders) assumed the responsibility for making the largest of the 3 nurse-managed centers financially viable by retiring a high-interest construction loan through their own charitable contributions. A grant was obtained from the Health Resources and Services Administration for the same clinic to strengthen its information technology, including billing services. The results have been highly successful, but the future will continue to be challenging given the nature of the patient population. Public support and private philanthropy will always be required in these types of nurse-managed centers without the financial support available in a universal health care system.

A school of nursing can also contract with a public or private entity (eg, city, county, or school) to provide clinical services. Examples that lend themselves to this model are nurse midwives who practice in county-supported hospitals, advanced practice nurses who take responsibility for patients in a skilled nursing facility, and nurse practitioners that manage the health care services offered by a community church. The sponsoring institution can pay part or all of the faculty salaries and, therefore, the faculty practice will be cost-neutral to the school. Strategies frequently employed to enhance financial viability are summarized in Table 2. A successful faculty practice may require a combination of strategies.

## **SUPPORTING FACULTY PRACTICE**

Faculty practices continue to face many challenges in traditional universities and in today's health care systems. Characteristics key to successful faculty practice include such things as whether the practice is integral to the long-range strategic plan, mission, and vision of the

school; whether there exists a critical mass of faculty in practice; the delineation of clear goals for the practice; whether the practice is recognized in the organizational structure of the school; and the inclusion of faculty practice in tenure and promotion criteria.<sup>7,8</sup>

Despite the many challenges, commitment to faculty practices by schools of nursing yields many tangible and intangible benefits. These benefits are best summarized within the tripartite university mission of education, research, and community services.

### *Education*

Two obvious advantages can be attributed to faculty practice related to the educational mission of universities. First, a successful faculty practice provides an unparalleled opportunity for teaching students in undergraduate and graduate programs about the essentials of nursing clinical practice. While it is necessary to educate nursing students in the classroom, the profession still requires extensive “hands-on” experience. Nursing students benefit greatly when they work side-by-side with faculty role models who adroitly demonstrate how to handle the important day-to-day issues involved with patient care. These faculty members establish important credibility in the eyes of students and can inspire them to a high level of expertise.

Second, faculty practices provide increased sites for students’ clinical rotations. The pool of available sites for student placements is shrinking because of the burden that the commitment to educate new nurses adds to a healthcare system that is already stretched beyond its limits.<sup>9</sup> This shrinkage of potential clinical placements comes at a time when there is pressure on schools of nursing to increase enrollments to help alleviate the nursing shortage. The increasing complexity of illnesses, treatments, and technology requires a high level of preparation of nursing students, adding to the importance of clinical experience during the educational program and underscoring the importance of good clinical sites. Faculty practices provide an alternative to, and are independent of, the traditional hospital or ambulatory care placement structure, giving valuable control to nursing faculty over clinical sites and the quality of care provided.

### *Nursing Research and Scholarship*

With the expansion of masters and doctoral level nursing programs in recent years,<sup>10</sup> research has become an increasingly important component for student education in all schools of nursing. Faculty practice offers a rich environment for observing scientific gaps in patient care. It also offers the opportunity to implement best practices based on outcomes research—a living laboratory for evidenced-based practice. Thus, both faculty and graduate students can benefit from the data available on patient care in a faculty practice.

## **Table 2. Strategies to enhance financial viability of nursing faculty practices**

- Identify market needs and create an initial business plan
- Market clinical services to increase diversity of payer mix
- Improve billing and coding practices through consultants or grants
- Create a lay Board of Advisors to spearhead philanthropy
- Establish contracts with payers or community institutions for services
- Secure external funding from foundations and federal/state government through grants
- Create presence in community through active involvement of media

Being able to use faculty practices to meet the research mission of a university requires uniform data collection techniques and a commitment to creating the informatics structure necessary to collect and store data. The National Institutes of Health Roadmap Initiative<sup>11</sup> provides a powerful incentive to implement a network of uniform data collection for storage, analysis and sharing across multiple nurse-managed health centers and other forms of faculty practice. Agreement on a minimum data set has remained an elusive goal, but would facilitate research across sites and would allow practitioners to begin testing best practices in large multi-site trials and demonstration projects. The initiative also supports translational research that could be conducted in faculty practices. For example, the development of new technologies to improve the assessment of clinical outcomes such as a computerized adaptive health assessment is an important focus of the new initiative. This could revolutionize how symptoms and treatment outcomes are assessed.

### *Community Service*

Schools of nursing are often criticized as being “ivory tower” in their thinking and interactions with the communities that surround them. Given that a majority of nurse practitioners (54%) list family practice as their primary specialty and 42% practice in urban settings,<sup>10</sup> they are in the perfect position to be of service to a majority of the underserved populations and those who struggle with access to care in a specific community. The faculty and students from an individual school of nursing can be highly visible in the community, thereby embodying the values of the university within that community.

Additionally, nurses participating in faculty practices are well-positioned to become leaders in the community. They are often forced to seek additional support

and resources outside the university to sustain clinical practices designed to serve the homeless and uninsured. As such, they are afforded the opportunity to sit on local and regional committees where health policies are developed and implemented.

The effectiveness of faculty practice programs in the communities they serve should be continually evaluated. The importance of building community relationships to ensure the success of these practices cannot be understated. Faculty practices should elicit feedback from the community to understand how they do and do not meet these needs.

## SUMMARY

Tension often exists between the traditional mission and vision of the university and the realities of faculty practice housed within schools of nursing. Faculty and administrators need to continue to look for ways to foster and grow these practices and make them independently sustainable and consistent with the mission and vision of the university. In particular, the value of clinical practice has to be reflected in faculty hiring and promotion criteria.

Faculty practice has the potential to combine the university missions of education, research, and community service in a single setting. In fact, faculty practice can be essential to achieving a fully integrated mission and vision in a school of nursing. It provides a unique opportunity for schools to “practice what they preach” and provides the matrix for the preparation of future nurse clinicians. The setting of a faculty practice provides opportunities for nurse scientists to develop research questions evolving from and grounded in

clinical practice, as well as for a laboratory to demonstrate best practices. Finally, faculty practice can be an important and highly visible vehicle for community service. The challenges of nursing faculty practice are great but so, too, are the rewards.

## REFERENCES

1. Saxe JM, Burgel BJ, Stringari-Murray S, Collins-Bride GM, Dennehy P, Janson S, et al. What is faculty practice? *Nurs Outlook*, 2004;52:166-73.
2. University of Massachusetts School of Nursing. Available at: [http://www.umass.edu/nursing/about/faculty\\_practice](http://www.umass.edu/nursing/about/faculty_practice). Accessed April 14, 2004.
3. University of Wisconsin-Madison School of Nursing. Available at: [http://www.uwm.edu/nursing/community/urban\\_health\\_practice](http://www.uwm.edu/nursing/community/urban_health_practice). Accessed April 14, 2004.
4. Budden L. Nursing faculty practice: Benefits vs costs. *J Adv Nurs* 1994;19:1241-46.
5. Lindeke LL, Chesney ML. Reimbursement realities of advanced nursing practice. *Nurs Outlook* 1999;47:248-51.
6. McIntosh E, Nagelkerk J, Vonderheid SC, Poole M, Dontje K, Pohl JM. Financially viable nurse-managed centers. *Nurs Practitioner* 2003;28:40,46,48,51.
7. Lang NM, Evans LK, Swan BA, Penn Macy initiative to advance academic nursing practice. *J Prof Nurs* 2002;18:63-9.
8. Evans LK, Swan BA, Lang NE. Evaluation of the Penn Macy initiative to advance academic nursing practice. *J Prof Nurs* 2003;19:8-16.
9. Scott J. The healthcare crisis is back again. *Healthcare Financial Management* 2002;56:1,26-27.
10. Department of Health and Human Services. Available at: <http://www.hrsa.gov/>. Accessed April 14, 2004.
11. National Institutes of Health. Available at: <http://nihroadmap.nih.gov/>. Accessed September 30, 2003.