

# Strategic planning for UCSF's community health nursing faculty practices

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The University of California, San Francisco (UCSF) School of Nursing, Department of Community Health Systems has established advanced practice nursing faculty practices for the purpose of promoting the mission and vision of the School of Nursing and the Department; and building community alliances with San Francisco Bay Area agencies dedicated to providing health care to vulnerable populations. Given the growth of the UCSF faculty practices, there is an ongoing need to analyze and plan for faculty practices to meet teaching, research, and community service goals from a fiscally sustainable and business-oriented perspective. In this article, the authors define and underscore the value of strategic planning, and delineate the importance for well-articulated mis-

sion and vision statements. Additionally, strategic planning processes and methods are highlighted as well as impact and outcomes from the strategic planning phases.

## INTRODUCTION

From 1995-2001, the Department of Community Health Systems at the University of California, San Francisco (UCSF) School of Nursing began a process of establishing formal ties with community-based agencies and Internet companies for the purpose of establishing faculty practice sites. This process was somewhat opportunistic in that the ventures were created primarily upon agency interests that linked to faculty expertise. The Department sought to formalize relationships that provided opportunities for advanced practice nursing faculty with adult primary care, community health, and/or adult psychiatric nursing expertise. These faculty practice arrangements were also meant to provide quality clinical experiences for student learning, and to be fairly cost neutral for the Department.

During this period, 8 faculty practice sites were formalized and eventually 2 were terminated. Based upon an hourly fee structure, faculty staffed on-line chat rooms on selected health topics. This opportunity ended because of challenges related to ownership of disseminated information. Another faculty practice at a Salvation Army residential recovery program was closed after 2 years of operations because of a perceived anti-lesbian, gay, bisexual and transgender (LGBT) philosophy of this organization. The faculty members voted to terminate the agency contract because of this concern and their strong commitment to addressing LGBT issues. The 6 remaining faculty practice arrangements that have flourished are described in Table 1 and most are depicted in the lead article in this volume on "What is faculty practice".<sup>1</sup> Half of the practice sites reimburse the Department primarily on an hourly rate for the provision of nursing services. All financial arrangements are renegotiated on an annual basis. When possible, the contracts include a modest admin-

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**Table 1.** General description of the Department of Community Health Systems Faculty Practices

Name of Practice	Client Description	Total Number of Visits in 2002; and Client Payer Source	Type of Services	Partnerships with Practice Funding Source(s); and Financial Arrangement
Glide Health Services	Inner city homeless and/or marginally housed adults, with or without employment. Clients have significant co-morbidities including substance abuse and mental illness.	7450 total visits; 1846 unduplicated clients. 80% uninsured, 5.2% private, 2.5% Medicare, 9.7% Medicaid. (No reimbursement from any client payer source to date)	Primary care, urgent care, diabetes interdisciplinary collaborative care, mental health services, complementary healing services; and HIV testing, counseling and referral.	Glide United Memorial Methodist Church and Catholic Healthcare West. Department and agency service agreement for hourly contribution.
Marin County Health and Human Services Specialty Clinic	County residents with HIV/AIDS, HIV/HCV co-infection and Chronic HCV.	2060 HIV/AIDS and 378 HCV. 10% uninsured, 10% private insurance, 25% Medicaid/Medicare, and 65% Medicaid.	HIV/AIDS: Primary care, case management and specialty care, mental health services, and clinical trials HCV: Diagnosis and treatment	Marin County Department of Health and Human Services and Ryan White Title 1 Funding. Yearly contract between agencies for percent time of service
Nursing Faculty Practice at the Progress Foundation	Clients with psychiatric disabilities who have been diverted from acute and long-term care mental health institutional settings. Many clients are homeless or marginally housed with co-morbidities including substance use and other chronic diseases.	2100 client visits. No direct reimbursement from clients/payers. Services are contracted with Progress Foundation.	Integrated psychiatric and primary care services; and health promotion and psycho-education groups for clients. Staff education and consultation.	Progress Foundation and San Francisco Department of Public Health-Mental Health System. Department and agency service agreement for hourly contribution.
UCSF Ambulatory Care Clinics, Division of Internal Medicine	Adults from diverse socioeconomic and cultural backgrounds with complex, multi-system medical problems presenting for primary care.	728 NP client visits. 26% Self-pay, 22% Capitation (eg, Brown and Toland), 1% Commercial, 13% Contract (eg, Blue Cross), 8% Medicaid, 29% Medicare, and 1% Other.	Full service primary care.	Not applicable. Yearly contract between departments for percent of service.

istrative fee to defray costs to the Department for managing these arrangements.

During the phase of establishing these faculty practices, it became apparent that the Department needed to engage in a more thoughtful process for initiating and maintaining faculty practices. Hence, a grant was sub-

mitted to The San Francisco Foundation to provide the means for completing an initial strategic planning process. The \$30,000 award was used to contract with Harder + Company Community Research at the recommendation of the Foundation to assist with an organizational assessment and initial planning.

**Table 1. Continued**

Name of Practice	Client Description	Total Number of Visits in 2002; and Client Payer Source	Type of Services	Partnerships with Practice Funding Source(s); and Financial Arrangement
UCSF Ambulatory Care Clinics, Division of Pulmonary Medicine	Care of adult patients with lung diseases.	197 NP client visits. 35% Medicare and Medicaid, 18% Medicaid-only, 2% Medicare-only, 17% Capitation, 15% Contract, and 13% Other.	Clinical management of adults with lung diseases, and clinical research.	Not applicable. Private practice contractual arrangement. (Ratio of the NP faculty annual billings to the total billings multiplied by the Chest faculty net share).
UCSF Community Occupational Health Program	Low wage workers (eg, garment workers, day laborers, and hotel housekeepers) in Alameda County.	400 clinical encounters. 90% uninsured.	Primary care, case-finding for and treatment of work-related injuries, and education for the prevention of work-related injuries.	California Wellness Foundation. University contractual agreement for hourly service.

Faculty support (time, energy and commitment); funds from The San Francisco Foundation (which supported the Harder + Company Community Research consultants); and time, energy and commitment from community partners provided the means for completing an initial strategic planning process. Faculty and community partners have learned several lessons and articulated many strengths and challenges through this process that will be highlighted in this article. Specifically, the authors will define and underscore the value of strategic planning, and delineate the importance for well-articulated mission and vision statements. Additionally, strategic planning processes, methods, impact and outcomes will be highlighted.

## THE IMPORTANCE OF STRATEGIC PLANNING

Strategic planning is defined as “forecasting the future success of an organization by matching and aligning all its capabilities with its external opportunities.”<sup>2</sup> It can provide a framework for coordinated efforts to ensure that key stakeholders understand and are working in support of common organizational objectives.<sup>3</sup> New opportunities can be evaluated and dynamically responded to if a strategic planning process is in place. Communication amongst partners can be improved, and strategic planning may enhance organizational viability.

The faculty practice literature strongly underscores the importance of clearly defining one’s business ven-

ture, goals and objectives, and strategies.<sup>4,5,6</sup> Stakeholders’ core values, expressed in the form of mission and vision statements, will define the academic faculty practice ventures. Academic faculty practices are unique in their need to respond to academic priorities (eg, teaching, research, practice and service demands), health care system/business variables, and the dynamic needs of community partners.

The Department’s faculty practices evolved over the past 8 years, with minimal systematic planning across practices. Although there was a perception that students had rich learning experiences in the academic faculty practices, there were no data to support this supposition. There was duplication in contract negotiations and an inconsistency with fiscal arrangements to achieve the goal of cost neutrality. There was limited sharing of best practices across sites. Furthermore, there was no system in place to systematically evaluate new faculty practice opportunities, nor were there criteria by which to determine if faculty should move forward with a new faculty practice. Faculty reported discomfort with new business responsibilities within faculty practice settings and the Department administration was often concerned about fiscal risk. Faculty not in practice within the Department did not fully understand the faculty practice arrangements, nor did they know of potential research opportunities. A proposal to fund a 2-year strategic planning process was therefore submitted to The San Francisco Foundation, and funded in 2000 to respond to these growing concerns.

## ACADEMIC MISSIONS AND VISION

For more than 85 years, the nationally recognized University of California, San Francisco School of Nursing has been committed to preparing nursing leaders to meet the health care needs of the people they serve through teaching, research, and practice. The 4 departments within the UCSF School of Nursing, which are fairly autonomous entities, have built upon the cornerstones of teaching, research and practice, via the development of their own vision and mission statements. The vision of the Department of Community Health Systems has a focus on maximizing the health of communities with an emphasis on culturally diverse and high-risk populations.<sup>7</sup>

The growth and development of nursing faculty practice arrangements with community partners was an ideal way to actualize this vision and address the University's mission of teaching, research and practice. Historically, however, nursing faculty practice arrangements were typically developed from an individual faculty interest and specialty program perspective, not from a broader organizational perspective. A clear faculty practice mission statement, consistent with broader academic mission and operations, and the Department's vision, became essential to guide the development of the strategic planning goals, objectives, activities and outcomes.

Through a series of faculty focus groups, 3 core faculty practice values emerged: (1) Academic faculty practices need to support the Department's vision statement, (2) the practices should foster leadership and innovation, and (3) the faculty practices need to be financially stable. Based on these core values, the Department's faculty practice mission statement was adopted:

The Department of Community Health Systems' Faculty Practice Group will be an innovative, financially stable compilation of community-based advanced nursing practices that promote the vision of the Department and the mission of the School of Nursing through community alliances with San Francisco Bay Area agencies dedicated to providing health care to under-served and vulnerable populations. Within 3 years, the group will:

- Have a strong departmental administrative and organizational structure with related processes that will support the faculty and community partners;
- Assess potential opportunities for community-based practice and teaching sites and develop and maintain efficient and fruitful collaborative efforts with these partners;
- Analyze funding options and stabilize funding for these community alliances/faculty practices;
- Facilitate an efficient exchange of information and resources among the faculty practices and the UCSF

School of Nursing Departments and the other Schools on campus;

- Involve nursing students (pre-licensure, masters and doctoral) from all Department specialties in the faculty practices;
- Assess and document the impact of community-based faculty practices on the participating organizations, students, clients, and communities;
- Link faculties' involvement in faculty practice to the UCSF merit and promotion system, for all appointment series;
- Disseminate the achievements and successes of the faculty practice group via publications, news articles, presentations, and other means;
- Achieve excellence in patient care within a client-centered empowerment framework that focuses on care of the whole person through health promotion, harm reduction, and client advocacy;
- Develop a plan to ensure ongoing clinical research at the Department's faculty practices.<sup>8</sup>

A critical variable that helps to assure success with the stated mission is a stable and clinically competent nursing faculty workforce. Thus, as part of this mission, the Department instituted a requirement that each clinical faculty member who was hired into a greater or equal to 50% faculty appointment needed to practice at least 4 hours per week at a reimbursed faculty practice site.

## STRATEGIC PLANNING: PROCESSES AND METHODS<sup>8</sup>

Through focus group discussions within the Department's Faculty Practice Committee, 4 focus areas for strategic planning were chosen: Administration and organization; programmatic goals for research, teaching, practice, service and evaluation; marketing; and fundraising/fiscal management. Strategic planning was organized around 3 phases: Phase I included the Situational Analysis/Organizational Assessment (Sept 2000-June 2001), Phase II included Strategy Development and Implementation (January 2001-April 2001), and Phase III focused on Evaluation (April 2001-July 2002). A strategic planning task force was formed, which included clinical faculty, tenure track faculty and the Department Chair.

In fall 2000, the Harder + Company Community Research consultants began the situational and organizational assessment using several data collection methods: Literature review, interviews, and strategic planning committee meetings. These data were then organized around the 4 identified focus areas with 12 central issues identified. A corresponding list of suggestions for improvement and a potential list of collaborators/resources for resolution of the issues were developed.

A review of the literature was conducted around the focus areas to include: (1) Definitions of and models for

faculty practice, (2) scholarship in faculty practice, (3) the role of a departmental faculty practice committee, (4) evaluation methods used in academic faculty practices, and (5) the fiscal/business aspects of faculty practice including establishing rates for services, reimbursements/billing models, and models for distribution of faculty practice revenues. The consultants then conducted 25 confidential telephone interviews of stakeholders involved in the various department faculty practices. Interviewees included clinical directors, faculty practicing in the sites, community leaders, administrators, students, and medical colleagues involved in the practices. Interview questions focused on the value of the faculty practices and on the identification of the strengths and the challenges of the faculty practice arrangements. The final data collection method was through the strategic planning task force, which met twice during Phase I. Using a focus group methodology, this group developed core values related to faculty practice and the faculty practice mission statement. This group responded to and refined the 12 issues, delineated strengths and challenges; and selected the strategies and implementation methods for Phase II and Phase III.

## STRATEGIC PLANNING PHASES: IMPACT AND OUTCOMES

### *Phase 1: Situational Analysis/Organizational Assessment<sup>8</sup>*

The organizational assessment revealed several consistent themes regarding academic faculty practices. Although faculty practice is an excellent mechanism for nursing schools to achieve their missions in teaching, research, practice, and service, there are uniform challenges that potentially may limit the success of academic faculty practices. The challenges from the literature, and validated through faculty interviews, include: (1) Limited time for faculty to fulfill their obligations in the areas of practice, teaching and scholarship, (2) limited funding opportunities for faculty practice (especially for core operating support), (3) conflicts in the commitment between the community service agency and the university, (4) limited recognition for faculty practice within the context of promotion and tenure, and (5) difficulties posed by financial and contractual arrangements.<sup>9,10,11</sup>

Faculty interviews affirmed the independent, creative opportunities found in faculty practice, where personal and professional values and motivations came together to care for vulnerable clients. Faculty noted great satisfaction and the hard work involved with working with “underserved, mentally ill, poor individuals,” or “monolingual Cantonese speaking garment workers” in settings that “honor the emotional, spiritual, and mental parts of human beings.” The interviews affirmed the diversity of the faculty practice clinical settings as a strength and a challenge.

The strength is the easy responsiveness to an emerging community or client need; and the challenge is planning for this diversity across faculty practice sites. Faculty uniformly reported “win-win” faculty practice arrangements, noting benefits of providing high quality, culturally diverse practice settings for students, being able to supplement faculty salaries with additional revenue, and the fulfillment of personal and professional goals. Challenges included the faculty perception that agencies value service over education, and the tension around fiscal contracting for faculty involvement in the practice sites.

Student comments were overwhelmingly positive about delivering care to a diverse and vulnerable population. Working side by side with faculty experts, who could link the curricular goals with appropriate clinical experiences, was highly valued.

Agency representatives noted the benefits of a University partnership to be “expert clinical care and health education that honors the dignity of clients who would otherwise be getting poor, slow or no care” and “enriched services and benefits from research and teaching activities.” Improved agency credibility and reputation in the community, improved grant-funding opportunities and creative synergism were additional benefits of a community agency-University faculty practice partnership. The key area of concern, however, was the fiscal/contractual relationship, with a perception that the University wanted the community agency to bear the full cost of the faculty time, and not share the costs of faculty teaching time.

Phase I data collection was completed, and the significant issues were summarized around the 4 focus areas:

- Administration/organization: The strengths and liabilities of the organizational environment within the School and the Department may facilitate or inhibit the success of faculty practice.
- Programs: A need has been identified for increased clarity around programmatic goals and objectives for the faculty practices in research, teaching, service, and evaluation.
- Marketing: There is a lack of concerted marketing efforts to promote faculty practice within the School and in the community at large.
- Fundraising/fiscal-contracting arrangements: There is a need for increased attention to the fiscal and contractual issues related to the faculty practices.

Overall, 12 conclusions were generated by the Department’s Faculty Practice Committee. Four observations were identified to improve the administration/organization of the faculty practice: (1) The Departmental organizational structure does not reflect the value of faculty practice, thus limiting collaboration, (2) the independent spirit/diversity of each practice poses challenges to communication, collaboration and sharing creative ideas across practice sites, (3) commu-

**Table 2.** Progress toward goals and objectives in the strategic plan<sup>8</sup>

Goal	Key Objectives	Accomplishments to Date	Continuing Priorities
1. Enhance organizational structures within the Department that facilitate faculty practice (FP).	<p>Increase administrative support.</p> <p>Improve organizational/structural support.</p> <p>Improve contract development and renewal.</p>	<p>Developed a centralized tracking system for faculty credentials &amp; employee health surveillance.</p> <p>Secured administrative support for the credentials and employee health surveillance database from the Dean's Office.</p> <p>Created a faculty practice Web-based directory.</p> <p>Established a working relationship with the Department's Clinical Scholarship Committee.</p> <p>Highlighted clinical service as a key criteria for merit and promotion in the clinical professor series.</p> <p>Developed training sessions, and policies and procedures regarding compensation plan.</p> <p>Established orientation and mentoring guidelines for new faculty around FP.</p> <p>Established FP contract development and renewal process.</p>	<p>Complete roles and responsibilities document for FP Committee.</p> <p>Approve draft for decision-making guidelines regarding FP.</p> <p>Revise peer evaluation forms.</p> <p>Ongoing education of faculty about FP.</p>
2. Increase FP-based clinical research	Increase coordination of FP research.	<p>Conducted and currently conducting clinical research at three FP sites.</p> <p>Discuss research ideas on a regular basis.</p> <p>Have submitted papers for publication.</p>	<p>Reconsider the purpose for a community advisory board (eg, to discuss joint initiatives).</p> <p>Publish.</p>
3. Develop ongoing evaluation of the FP program.	Conduct process and impact evaluation.	<p>Developed and implemented survey and interview tools.</p> <p>Completed the first impact evaluation.</p>	<p>Institutionalize annual evaluation.</p> <p>Implement cost-effectiveness and value-added research.</p>
4. Market the FP program within the School and the UCSF campus, to current community partners and funders, and to applicants.	Promote the FP program to various stakeholders.	<p>Created a FP bulletin board.</p> <p>Created a FP section on the School of Nursing's Website.</p> <p>School's Dean has visited 3 of 6 FP sites.</p> <p>Presented regularly at local and national conferences.</p> <p>Highlighted FPs in student recruitment brochures.</p>	

**Table 2. Continued**

Goal	Key Objectives	Accomplishments to Date	Continuing Priorities
5. Establish and maintain a revenue-neutral FP program.	Ensure that rates charged are affordable and offset costs. Determine responsibility and accountability for financial integrity.	Implemented the revised cost/revenue monitoring system in September '02 (Each UCSF-salaried faculty member records non-billable and billable hours to assess costs and revenues at the end of the fiscal year.) Completed preliminary financial reports. Laid foundation for new tiered rate structure. Increased internal support and mentoring for grant-writing. Disseminated grant opportunities regularly. 6 of 9 FP-related grants submitted were funded. Regularly oriented faculty to fiscal reporting structures.	Complete and implement new rate structure. Utilize cost/revenue data to make FP-related decisions on an ongoing basis.

nication/sharing of expertise within and between departments has not been fully actualized, and (4) limited department resources to meet faculty practice needs. Four program-related concerns were identified: (1) The need for more faculty practice research, (2) students' request for more faculty practice experiences, (3) lack of resources for additional patient care/faculty time, and (4) the need for evaluation data to document faculty practice outcomes. In the area of marketing, 1 issue was identified: (1) The need to market the practices to the Department, School and campus, and to community agencies and potential donors/foundations. In the area of fundraising/fiscal and contractual arrangements, 3 issues were listed: (1) The need for core clinic operational support, (2) the need for an overall fiscal plan for the faculty practice venture, and (3) the need for standardized contract development, management and renewal process for the faculty practices.

Each of these observations was then subdivided into specific issues with a listing of suggestions for change and resources needed to make an impact on these issues. For example, one specific issue in the administration/organization focus area was the perception that involvement in faculty practice was not rewarded for promotion in the same way as other faculty endeavors in the School. Suggestions to address this issue included: Examining the merit/promotion criteria around clinical practice, establishing a formal performance evaluation for faculty practice, and including a self-

evaluation of faculty practice performance in the criteria for merit and promotion. This issue was then referred for further action to the Department Clinical Scholarship Committee, and for school-wide action, to the Associate Dean for Academic Affairs. Overall, 40 specific faculty practice issues were generated under the 4 focus areas, reflecting the rich data generated through the organizational assessment/situational analysis phase.

#### *Phase II Strategy Development and Implementation<sup>8</sup>*

Phase II began in January 2001. The strategic planning task force worked with the consultants to prioritize the 40 specific issues from most important to least important, with the outcome to develop measurable goals and objectives for the highest priority issues by February, 2001. The aim was to create a flexible strategic plan, a living document that was focused on those high priority-high need issues to sustain these faculty practices. An additional strategy was to acknowledge and value the additive work that faculty practice often requires; and not to generate a list of tasks for an already overburdened faculty, especially when several issues focused on needed resources.

The strategic plan was formulated around the 4 focus areas, with the addition of a separate goal for evaluation, to total 5 strategic goals (Table 2). Each goal has objectives, strategies, measures of success, and ac-

countability for the strategy with a timeline. For example, one strategy under the first goal is to “increase the consideration that faculty practice is given in the decision about merit and promotion.” Tasks under this strategy include: (1) Developing recommendations to ensure that faculty practice is recognized in the area of maintaining professional competence and creative activities, (2) criteria areas for clinical faculty promotion/merit evaluation, (2) reviewing other nursing schools’ scholarship guidelines for faculty practices for clinical and tenure-track faculty, (3) revising peer evaluation forms to reflect the value of faculty practice, (4) educating merit and promotion committees (ie, faculty peers) regarding the role of faculty practice in merit and promotion, and (5) educating and mentoring faculty in ways to highlight faculty practice achievements in his/her curriculum vitae. A specific faculty member is assigned to these tasks, with completion targeted for year 2 of the strategic plan timeline.

The strategic plan was subsequently presented to the Department faculty for discussion and adoption. The strategic planning task force was disbanded in June 2001, with the responsibility of the strategic plan shifted to the Department Faculty Practice Committee.

### *Phase III: Evaluation*<sup>8</sup>

One goal in the strategic plan was to develop an ongoing evaluation approach for the Department’s faculty practices. The first impact evaluation of the faculty practices was completed in spring 2002. The evaluation included 4 methods:

1. Self-administered client satisfaction surveys with 4 common questions emphasized. A total of 133 clients completed a survey (Glide: n=42, 32%; Marin: n=51, 38%; and Progress: n=40, 30%). Data were not collected from the UCSF Community Occupational Health Project because the setting needed to customize the survey during the respective evaluation period. Additionally, data were not collected from the other UCSF practice sites because these practices have an established client satisfaction process and tool that could not be readily accessed by the consultants.
2. Self-administered surveys completed by students who had faculty practice clinical placements (21 adult nurse practitioner student surveys were eligible for analysis).
3. Interviews with students who had faculty practice clinical placements in order to add a more in-depth, qualitative perspective to the student survey findings. There were 29 adult nurse practitioner student interviews (first year students: n=9; and second year students: n=19) eligible for analysis. Some interviewees had also completed a self-administered survey.

4. Interviews with community partners, including 1 individual from Glide; Progress Foundation; UCSF Ambulatory Care Clinics, Division of Pulmonary Medicine; and the UCSF Community Occupational Health Project.

In collaboration with the faculty involved in the strategic planning process, the consultants developed the survey and interview tools for collecting the data. With assistance from graduate nursing students, the participants completed the surveys and/or interviews between March and June 2002. To minimize bias, students who completed any clinical hours in 1 or more faculty practice sites did not conduct any interviews at the respective faculty practice. Thereafter, the consultants analyzed the data.

The findings from the client satisfaction surveys, the student surveys and interviews, and the agency partner interviews suggest that the faculty practice arrangements are, overall, beneficial to all parties. One hundred twenty-four clients (93%) strongly agreed that they received quality care from their health care provider at Glide, Progress or Marin. Nearly all clients in Glide and Progress Foundation recorded that the health care provider was respectful (n=78, 95%). (No data were available from Marin regarding this query.) Additionally, clients from Glide, Progress Foundation and Marin reported that the health care providers explained things clearly to them (n=124; 93%). Lastly, the majority of clients from Glide and Progress Foundation (n=46, 56%), documented that they would use the county health system if they were not receiving health care at these faculty practices. (No data were available from Marin regarding this query.) These findings suggest that the faculty practices may be reducing the burden of care on the county health care system.

Agency representatives were very satisfied with the services provided by the faculty members and students. All representatives noted 3 key benefits to their agencies: Clinical expertise, access to high quality care to under-served populations, and the presence of high-caliber students.

Results from the student self-administered surveys revealed overall favorable student experiences at these practice sites:

1. Eighty-six percent (n=18) of the students strongly agreed/agreed that their faculty practice clinical experience helped them to better understand their career direction.
2. Seventy-one percent (n=15) of the students strongly agreed/agreed that their faculty practice clinical experience prepared them for the setting that they would like to work in after graduation.
3. Fifty-two percent (n=11) of the students strongly agreed/agreed that their faculty practice clinical experience helped to prepare them for the job market.

4. Eighty-one percent (n=17) of the students strongly disagreed/disagreed that the UCSF faculty preceptor did not contribute to their clinical experience.

In both the written survey and in the interview, students highlighted in their narrative remarks several unique attributes of faculty practice that enhanced their learning experiences, such as an opportunity to care for under-served, diverse populations. Additionally, several students highly valued working with faculty because s/he could link didactic material with real world clinical experiences. Lastly, a number of students reported how much they valued the time they had available to care for the clients and consult with their faculty preceptors, in contrast to their clinical rotations in traditional community-based settings.

Although there are notable satisfaction and documented benefits for the clients, students, and community partners, several areas related to the evaluation process and outcomes warrant attention. First, the client survey tools and methods of implementation need to be more-or-less uniform to enhance the reliability and validity of findings. The client surveys also need to reflect a differentiation between nursing faculty, nursing student, and other health care provider care so that the impact of nursing care delivery can be more accurately evaluated. The 2003-2004 client satisfaction survey tools will address these concerns via a set of standardized questions and provider-specific check boxes, which will be integrated into the various faculty practice surveys. To maximize learning experiences in the faculty practice sites, some students reported that they needed access to more clients and more time for continuity of care. Furthermore, students reported that they would benefit from even more time and attention from faculty preceptors.

Community partners identified the financial/contractual relationship with the University as an issue of concern in the baseline interviews conducted in 2000. Although the community agencies noted fiscal improvements in the 2002 interviews, including a more efficient contracting process, the issue of insufficient financial contributions from the University for partnership development remained problematic. One partner emphasized the need for continued communication around financial arrangements and expectations, including collaboration around grant-support, as an important means for building stronger partnerships.

Finally, the faculty involved in the Department's faculty practices concluded that faculty self-evaluation be included in the evaluation process. As key stakeholders, the faculty had not contributed to the evaluation of this venture from their perspective. During the 2003-2004 evaluation phase, the faculty involved in the Department's faculty practices will complete a faculty practice evaluation tool developed by the University of Texas-Houston, School of Nursing Faculties (1997),<sup>12</sup>

which is based on Boyer's Model of Scholarship.<sup>13</sup> The purpose of this faculty-focused evaluation is to assess if faculty have been able to address the following activities within the context of faculty practice: (1) Promote their scholarly activities, (2) advance their clinical expertise, (3) attract clinical practice and research opportunities, (4) expand learning and research opportunities for students, (5) increase faculty presence in the professional community, (6) contribute to the mission of the School of Nursing, (7) contribute to the goals of the community-based agency, (8) enhance resources available to faculty, and (9) expand opportunities for interdisciplinary collaboration.<sup>11</sup>

## CONCLUSION<sup>8\*</sup>

The 2-year process of organizational assessment, strategic plan development and implementation, and faculty practice program evaluation has had many successes and has paved the way for future implementation of strategic initiatives. Numerous accomplishments have been actualized and continuing priorities have been delineated (Table 2). Additionally, some of the lessons learned are useful for the Department as the strategic plan continues to unfold and as the faculty practice program matures. Some of these lessons learned include the following:

- Coalition building among multiple stakeholders is a challenging process that requires a great deal of time and commitment in the face of competing priorities. Part of this commitment involves a constant willingness to revisit and restate the core values that brought the stakeholders to the table in the first place. It is critical to keep the vision at the forefront during the lengthy process of laying out a strategic direction for faculty practice.
- It is important to recognize that success does not always materialize on the first try and that sometimes it is necessary to re-trace one's steps in order to achieve the desired goal. One example is the computer-based cost/revenue monitoring system that had been initially developed for the Department's faculty practice sites. A system was designed in collaboration with faculty, and all agreed that it made intuitive sense and contained all the necessary elements. However, during the pilot test, it became apparent that the system was too unwieldy for faculty to use and it was subsequently redesigned. Persistence and a willingness to try again in the face of obstacles are the keys to overcoming these types of challenges.
- An on-going commitment to the strategic planning process is critical for successful programs. Assessment of progress being made toward the identified goals will help to create the steps needed for improvement.

\*Adapted from Harder + Community Research and Saxe J, Department of Community Health Systems faculty practice strategic plan and evaluation, Final Report, p. 20.

- The development and implementation of a strategic plan requires strong leadership and coordination in order to ensure that momentum is maintained for all aspects of the plan. In a University culture in which individual achievement and autonomy are valued and rewarded, ensuring that the organization is moving forward strategically as a whole is a challenging endeavor that requires consistent leadership and monitoring. Plans are underway at the School of Nursing to systematically address strategic planning, regulatory compliance and quality initiatives on a school-wide basis for all faculty practices with the support from the Dean and selected faculty members from each Department.
- It is critical to be realistic in choosing the goals and objectives for faculty practice. Competing priorities can result in delayed or non-implementation of a plan if it is too ambitious or is perceived as unachievable. When outlining activities, timeline, and persons responsible for each objective, realistic estimates of time and resources available are important factors to consider.
- Finally, one of the important aspects of a strong strategic plan is its flexibility. When changes in the environment occur, shifts in the direction of a program and its activities are often necessary. For example, one of the goals of the strategic plan was to form a Community Advisory Board to discuss faculty practice research. However, this discussion may be premature in still-developing relationships with community partners. Therefore, other ways of building stronger ties with community partners may be warranted.

The lessons learned from the strategic planning process, combined with the findings from the evaluation and noted accomplishments, will support the Department of Community Health Systems' faculty practice program as it moves into ongoing planning. Furthermore, it is anticipated that this strategic planning information will benefit nursing faculties from other academic institutions with their faculty practice endeavors.

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## REFERENCES

1. Saxe J, Burgel B, Stringari-Murray S, Collins-Bride G, Dennehy P, Janson S, et al. What is faculty practice? *Nursing Outlook* 2004;52:.
2. Martin M. Achieving the right balance with strategic planning. *Nursing Management* 1998;29:30-1.
3. Begun J, Heatwole KB. Strategic cycling: Shaking complacency in healthcare strategic planning. *J Healthcare Management* 1999;44:339-52.
4. Mackey NO, McNeil T. The consistency of change in the development nursing faculty practice plans. *J Profess Nurs* 1995;11:220-26.
5. Michigan Academic Consortium. Report of the nursing summit addressing nurse-managed centers. Dearborn, MI: Michigan Academic Consortium; 2002.
6. Zuckerman A. A call for better strategic planning. *Health Forum J* 2003;46:25-9.
7. Department of Community Health Systems. Mission statement. San Francisco, CA: University of California School of Nursing; 1996.
8. Harder + Company Community Research, Saxe, J. Department of Community Health Systems' faculty practice strategic plan and evaluation: Final report. San Francisco, CA: University of California School of Nursing; 2002.
9. Barger SE, Nugent KE, Bridges WCJ. Nursing faculty practice: An organizational perspective. *J Profess Nurs* 1992;85:263-70.
10. Walker GC, Starck PL, McNeil NO. The Houston Linkage Model 1992: An update. *Nurs Educ* 1992;19:40-2.
11. McIntosh E, Nagelkerk J, Vonderheid S, Poole M, Dontje K, Pohl J. Financially viable nurse-managed centers. *Nurs Practitioner* 2003;28:46-51.
12. University of Texas-Houston Health Science Center, School of Nursing. Evaluation of joint and/or faculty consultation appointment. Houston, TX: University of Texas-Houston Health Science, School of Nursing; 1997.
13. Boyer E. Scholarship reconsidered: Priorities of the professoriate. Princeton, NJ: The Carnegie Foundation for the Advancement of Teaching; 1990.