

2023 Faculty Practice Toolkit, 2nd Edition



**National Organization of
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Excellence in NP Education

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Table of Contents

[Introduction](#).....5

[Guide to Developing a Faculty Practice Overview](#).....6

[Essential Components for Developing a Faculty Practice and/or a Formal Faculty Practice Plan](#).....7

[Logistical Considerations](#)8-10

[Faculty Workload, Salary, and Benefits](#).....8

[Annual Evaluation and/or Peer Review](#).....8

[Malpractice/Indemnification](#).....9

[Credentialing](#).....9

[Collaborative Practice Agreement](#).....9

[Financial Sustainability](#).....9

[Relationship Development](#).....9

[Site Contractual or Legal Considerations](#).....9

[Ongoing Quality or Process Improvement Activities](#).....10

[Student Involvement](#).....10

[Faculty Practice-Based Scholarship](#).....11

[Faculty Practice Models](#).....12-16

[Model A: Faculty Practice with External Clinical Entities](#).....13

[Model B: Faculty Practice with Internal Clinical Entities](#).....14

[Model C: Faculty Practice within a Nurse-Managed Health Clinic](#).....15

[Model D: Independent Practice by Faculty Outside of Academic Workload](#).....16

[Forms of Faculty Practice that Can be Integrated with or Applied to any of the Models](#).....17-19

[Faculty Practice Utilizing Telehealth](#).....17-18

[Faculty Practice Integrating Population/Public Health NP or RN](#).....19

[Resources and References](#).....20-21

[Appendix A: Concepts as defined for the purpose of this document](#).....22

[Appendix B: Example of Faculty Practice Plan Mission and Vision Statement](#).....23

[Appendix C: Example of Faculty Practice Plan Credentialing Process](#).....24

Introduction

Faculty practice in the context of nursing education has a broad definition that includes direct patient care and other professional services provided by nurse faculty to individuals, communities, and other entities. The purpose of the National Organization of Nurse Practitioner Faculties (NONPF) Faculty Practice Toolkit is to identify and develop resources to support members and academic institutions engaged or wish to become engaged in faculty practice. The Standards for Quality Nurse Practitioner Education, 6th Edition, *A Report of the National Task Force on Quality Nurse Practitioner Education* (National Task Force [NTF] Standards, 2022) requires that institutional guidelines and/or policies support clinical practice for faculty teaching didactic courses with a clinical component and clinical courses focused on diagnostic management.

NONPF published the first Faculty Practice Toolkit in 2016. This updated version from the original toolkit is driven by the (1) 2021 American Association of Colleges of Nursing (AACN) Essentials: Core Competencies for Professional Nursing Education, (2) the exacerbation of the nursing faculty shortage, and (3) the impact of the COVID-19 pandemic on nursing practice.

Faculty practice must continually evolve to meet the needs of contemporary nursing education and maintain fiscal sustainability as a health care business. To address this evolution, statements on three new topics and how they may be incorporated into nursing faculty practice programs have been added to the toolkit. These topics are: (1) practice-based scholarship, (2) telehealth, and (3) population health. Additionally, inclusive language has been integrated throughout the document to reflect NONPF's commitment to diversity, equity, inclusion, and belonging. To clarify, nurse faculty are the focus of this document; however, we acknowledge that nurse faculty practices often involve interdisciplinary teams.

The Toolkit builds on the NONPF Faculty Practice Statement (2017): "As the leader in promoting quality nurse practitioner education, NONPF has a long-standing history of strongly endorsing the importance of faculty clinical practice. NONPF endorses current active clinical practice is required for faculty who teach didactic NP courses and supervise NP student clinical experiences. Active clinical practice is essential so that faculty can assist students to apply the best evidence and meet the challenges of achieving positive outcomes in a complex, dynamic health care environment."

Based on evidence from the literature and best practices in education and clinical practice:

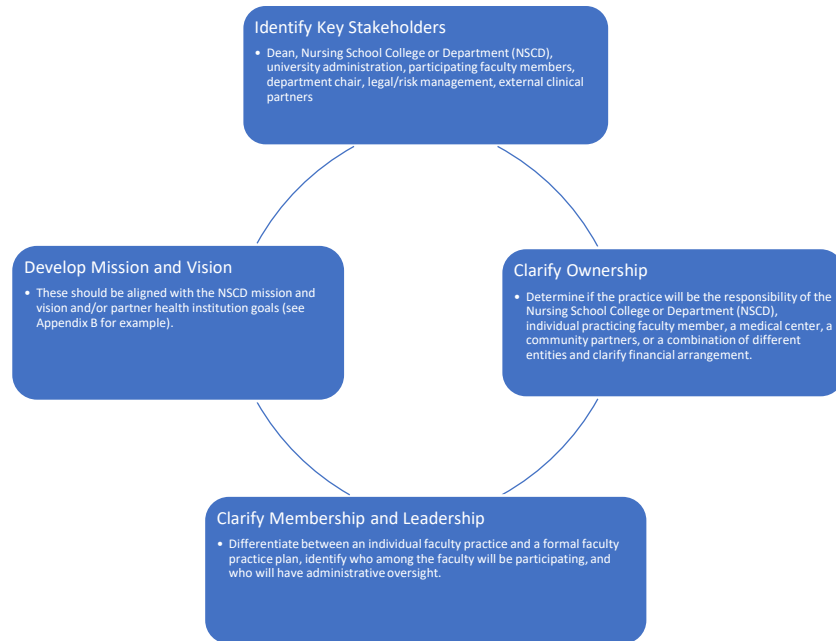
- Faculty clinical practice is a professional requirement for maintaining clinical competency and relevancy for NP educators involved in the didactic and clinical education of NP students (NTF, 2022).
- Clinical practice should be incorporated as a component of the salaried workload/full-time equivalent (FTE) of NP faculty.
- Faculty practice as a component of academic promotion should be viewed as a form of scholarship (as defined by Boyer's Model of Scholarship, 1990). In guidelines for promotion and/or tenure, schools should develop clear criteria and examples of evidence that delineate practice as a scholarly mission (AACN, 2018).
- Faculty and university administrators should seek innovative ways to accommodate the financial implications of faculty practice. Benefits include opportunities for faculty to precept students, mentor student-led projects, and facilitate community and academic partnership collaboration.

Guide to Developing a Faculty Practice

Overview of How to Use this Section

The following components will assist individuals in developing an independent faculty practice and/or administrators in developing a formal faculty practice plan at a nursing school, college, or department (NSCD). Integrating the faculty's role into either approach is key to the success of the practice and requires dedicated time and resources. For example, a formal faculty practice plan is an organizing structure that provides resources in the form of leadership, as well as administrative and financial support. A formal faculty practice plan also provides critical support to faculty by managing the following: (1) impact on workload, (2) credentialing, (3) privileging, (4) contracting, (5) billing, and (6) liability insurance. General recommendations are highlighted, as well as more detailed logistical considerations. Implementation of these guidelines may vary across institutions based on your faculty practice or faculty practice plan goals.

Essential Components for Developing a Faculty Practice and/or a Formal Faculty Practice Plan



Consideration of these four essential components is non-linear and, once these have been established, logistical issues should be addressed. See the following pages for guidance on logistical considerations.

Logistical Considerations for the Development of an Individual Faculty Practice and/or a Formal Faculty Practice Plan

Logistical considerations are non-linear and include the following: Faculty Workload, Salary, and Benefits; Annual Evaluation and/or Peer Review; Malpractice/Indemnification; Credentialing; Collaborative Practice Agreement; Financial Sustainability; Site Development; Site Contractual or Legal Considerations; Ongoing Quality or Process Improvement Activities; and Student Involvement.

Logistical Considerations:

- Faculty Workload, Salary, and Benefits:
 - Determine **FTE status**. Determine who should be involved in the FTE discussion in addition to the participating faculty member. The following participants may be included in the FTE discussion: department chair, director of faculty practice, faculty administrator, and/or Dean/university administration, and other individuals/groups as appropriate for the organization. Clarify who the practicing faculty member will report to regarding the faculty practice responsibilities. Negotiate faculty FTEs based on practice needs, availability, and academic responsibilities of faculty. Determine length of time the FTE allocation will be applicable (e.g., in many NSCDs, this is renegotiated annually). FTE allocation should be comprehensive, incorporate all faculty responsibilities, and reflect the NSCD structure.
 - Faculty practice **salary**. The organizational structure of each university will determine how faculty practice salary is structured. Important considerations:
 - Determine what unit or department will be responsible for the faculty practice salary and the financial path for salary payout or financial distribution methodology. For example, will the practice salary come from a specific faculty practice cost center, direct from an academic health center (AHC), direct from the practice site, or from the individual's academic department?
 - Determine if the practice component of the salary will be identical to or different from their salary based upon academic rank.
 - Consider how the annual merit increases (or, if applicable, productivity incentives) are structured.
 - Faculty practice **benefits**. Determine if this is a faculty benefited position through the university human resource structure. Next, determine if the faculty practice provides access to additional benefits such as financial support for professional membership dues, renewal of licenses and certifications, professional liability insurance, conference and/or CE registration, travel expense reimbursement, etc. If yes, determine who will pay these costs and build an annual budget. Payment for these costs may follow the same financial pathway as the faculty salary, meaning funds may come from the same source such as billing/clinical revenue, or may come from another source such as from philanthropic, grant or academic departmental funds.
- Annual Evaluation and/or Peer Review
 - Determine method of faculty practice **annual performance review**. Determine who will provide an annual evaluation of the faculty member's practice work (i.e., an individual from the practice site). If deemed appropriate, the practice site evaluation would be

included in the annual performance review and may factor into an annual merit review process.

- **Annual faculty practice peer review.** This may be done by the faculty member's practice site and/or incorporated into the credentialing process. The NSCD may solicit peer review feedback to incorporate into the faculty's annual performance review.
- Malpractice/Indemnification
 - **Malpractice and indemnification requirements.** Involve your institution's legal and risk management departments. Explain the work the faculty clinician will be performing, in addition to defining the location and patient population. Obtain a document outlining malpractice and indemnification for each individual practicing faculty member. Determine the timeline for updating these documents; typically, this is done annually. Determine who will be responsible for housing these documents (i.e., a central NSCD faculty file, a separate faculty practice file, the legal department available upon request, or other areas).
- Credentialing
 - Approach to **credentialing.** Determine if your institution has a credentialing process. If yes, it may be simplest to link the faculty practice clinicians into that system. If not, the practicing faculty member could participate in the credentialing system at their practice site, or the faculty practice plan could develop its own credentialing process. Some faculty may need to be credentialed by both, depending on requirements of the clinical site, faculty practice plan, for billing and medical record access requirements (see Appendix C for an example of a credentialing checklist). Ensure credentialing requirements meet state and institutional guidelines.
- Collaborative Practice Agreement, if required (varies from state to state)
 - Develop the NP **collaborative agreement.** Individual practicing faculty are independently responsible for maintaining required documentation in accordance with state regulations. Additionally, it is recommended that the practice's administrative team coordinate and house all required documents in one central location. Be sure to follow NSCD legal review processes.
- Financial Sustainability (including billing and reimbursement)
 - Structure **billing/reimbursement.** Determine whether clinicians will bill for services, and if so, which entity (the university or the practice site) will receive these funds. If the revenue returns to a formal faculty practice plan, then an annual operating budget will need to be established.
- Relationship Development
 - Develop a faculty practice **site or partnership.** Of note, this can be done by individual faculty and/or the NSCD. See examples incorporated below in the discussion of model types.
- Site Contractual or Legal Considerations
 - Structure partnership **contracts** or **memorandum of understanding (MOU).** Involve the legal department from inception. Determine length of contract or MOU, services to be provided, malpractice and indemnification terms, signatories, and key stakeholders.

Consider variances between academic health science centers versus NSCD who don't have an AHC affiliation.

- Ongoing Quality or Process Improvement Activities
 - Structure **the quality improvement process**. Determine benchmark process outcomes to be measured and an organized feedback system. Aspects to consider include supporting clinical practice as a form of faculty scholarship, possible student mentorship, and potential inclusion of these data into faculty evaluations.
- Student Involvement (precepted student experiences and research/EBP projects)
 - Structure **student involvement**. Determine the types of student clinical experiences available for nursing and interprofessional students. For example, pre-licensure and NP direct patient care clinical hours, pre-licensure master's thesis/capstone, DNP projects, indirect patient care hours, and other activities to meet degree requirements. Develop a post-experience evaluation tool to gather feedback from students to evaluate the quality of their learning experience.

Faculty Practice-Based Scholarship

Practice-based scholarship is generating new knowledge and evidence that can be applied to advance nursing knowledge, education, and practice. It involves engaging in and evaluating this new knowledge through discovery and evidence-based/clinical practice initiatives. Practice-based scholarship improves the processes of health care delivery and the health of the nation. It is critical that nursing scholarship encompasses nursing practice, education, and health policy. Faculty engaged in academic nursing demonstrate a commitment to inquiry, generate new knowledge for the discipline, connect practice with education, and lead scholarly pursuits that improve health and health care (AACN, 2016a).

Support accountability for practice-based scholarship. NSCD leaders and key university stakeholders can incorporate practice-related scholarly outcomes into rank promotion criteria. Individual faculty can incorporate practice-based scholarship into their annual faculty performance goals.

Practice-based scholarship examples. Below are strategies which are commonly accepted examples of nursing academic scholarship. The key is to focus the scholarship on faculty clinical practice.

- Poster and podium presentations at local, national, and international professional conferences
- Peer-reviewed journal publications
- Dissemination of outcomes resulting from innovative nurse-led care delivery models
- Development of nurse-driven health policy and advocacy at the local, state, and national levels
- Dissemination of faculty practice-driven student engagement opportunities and scholarly projects

Faculty Practice Models

The following pages contain models that NSCDs may consider in developing faculty practice.

Each model follows an outline:

- **Model Type**
- **Overview:** This briefly explains the model.
- **Constituents:** Defines the roles/services of faculty, clinical entities, internal and external organizations, and the NSCD.
- **Work & Financial Considerations:** FTE, revenue, cost center, liability coverage, and credentialing.
- **Example (specific to the model)**

Model A: Faculty Practice with External Clinical Entities

Overview: An agreement or contract/MOU is developed by the NSCD or university to facilitate a faculty member's practice with a non-university entity. This agreement or contract is a legally binding formal agreement that describes the services requested and requirements of the NSCD/university, faculty, and non-university clinical entity.

Constituents:

- **NSCD:** Partners with a clinical entity to identify structure and services to be provided by the faculty member and the compensation process for the faculty member's work.
- **Non-university (external) clinical entity:** Provides site for faculty practice. Also negotiates with NSCD to develop an agreement or contract that identifies clinical services expectations.

Work & Financial Considerations: Providing clinical care services by a faculty member at an external, non-university clinical entity typically requires a formal contract with delineation of responsibilities regarding faculty payment, work scheduling, liability, credentialing, licensing, and other fees (e.g., DEA license). Payment for faculty services may be based on the percentage of time the faculty member is in practice (e.g., 0.2 FTE) and may be equivalent to faculty's academic salary or at a mutually negotiated rate based on geographic market and/or clinical entity's norms. NSCD may want to consider the need to add administrative fees to the contract/agreement.

Miscellaneous: Depending on the needs of the entity, the faculty member may provide professional services as a clinician, scientist, researcher, or consultant. The NSCD should seek input from the clinical entity's directors to inform the faculty's annual evaluation. Faculty should serve as preceptors for students in this model. Faculty practice at a non-university entity may or may not be included as evidence for promotion, depending on the NSCD's promotion and tenure criteria and whether it aligns with Boyer's Model (Boyer, 1990).

Example: A board-certified Women's Health Nurse Practitioner (WHNP) and Clinical Associate Professor in the NSCD engages in faculty practice with an external clinical entity. Their academic workload includes 0.6 FTE teaching, 0.2 FTE faculty practice, 0.1 FTE service, and 0.1 FTE scholarship. They teach and advise in the WHNP program, serve as a DNP project advisor, and chair a College of Nursing (CON) committee. Their faculty practice is with a local federally qualified health center (FQHC). The faculty member has liability coverage through both the university and the FQHC. An annual, renewable contract is established between the university and the FQHC outlining each party's expectations. The contract establishes that the clinical agency will be invoiced in accordance with a formal agreement and will reimburse the NSCD for an agreed-upon hourly rate for any time spent in direct patient care, coordinating patient care, or attending clinic meetings or training, or providing any other services as mutually agreed upon. Annual contract rate increases are discussed with the FQHC before the renewal of each year's contract. In coordination with the practice site, the faculty member develops their practice schedule while accommodating teaching and other academic responsibilities. With the approval of the FQHC, the faculty may serve as a preceptor for WHNP students. The FQHC is expected to provide feedback related to faculty clinical practice performance to the faculty member's department chairperson or person responsible for conducting annual faculty evaluation which will then be incorporated into the faculty member's annual faculty review.

Model B: Faculty Practice with Internal Entities

Overview: A clinical unit or other department within the university's AHC "buys out" time from the FTE of a faculty member. University systems with an affiliated AHC can offer rich opportunities for faculty practice in a variety of settings and allow faculty to fulfill collaborative roles such as providers, educators, investigators, and/or consultants. These collaborations can also facilitate interprofessional opportunities with students and faculty from other university health professions.

Constituents:

- **Faculty member:** Works with the NSCD and AHC to coordinate practice time and provide expected services within the faculty role.
- **NSCD:** In collaboration with the faculty member, negotiates with the AHC to develop a written agreement that identifies the expectations of the faculty, the NSCD, and the AHC, as well as the compensation plan for the faculty member's work.
- **AHC unit or other department:** Provides the site for faculty practice. Negotiates with the NSCD and faculty member to develop a written agreement identifying the expectations of the faculty member, the NSCD, and the AHC, as well as the compensation plan.

Work & Financial Considerations: Internal agreements between a faculty member, the NSCD, and the AHC provide a model for creating mutually beneficial, collaborative practices that outlines the faculty member's role and the clinical services to be provided. Agreements are mutually developed among the three entities and can be used for short-term faculty practice opportunities or for ongoing opportunities, with an annual review of the agreement. A faculty member involved in an internal agreement may also be part of the AHC faculty practice plan if present. In this scenario, the faculty practice plan is an operational unit for practice by members of the faculty of an AHC and within the AHC. Compensation for faculty services can be based on the percentage of time the faculty member is in practice and may be equivalent to the faculty's salary or can be a different mutually negotiated rate. A reimbursement mechanism must be collaboratively agreed upon between entities for faculty salary payment.

Miscellaneous: Delineation of responsibilities regarding the faculty member's liability coverage, credentialing, and other professional fees (e.g., licensing, DEA registration) should be included in the agreement. AHC clinical supervisors of the faculty members working in AHC should be involved in annual faculty evaluations by providing feedback related to the faculty member's clinical role to the faculty department chairperson or leader responsible for conducting faculty annual reviews. Additionally, faculty members are generally expected to serve as preceptors for NSCD/university students.

Example: An Adult Gerontology Acute Care NP (AGACNP) holds an appointment as Clinical Assistant Professor, teaching in the College of Nursing's (CON) AGACNP program. Their academic work accounts for 80% (0.8 FTE) of the total workload and consists of teaching and advising in the AGACNP program, serving as a DNP project advisor, and performing scholarly activities. The remaining 20% (0.2 FTE) of the total workload is in clinical practice with the trauma services department at the university's AHC. They are credentialed and privileged by the AHC's credentialing committee and have liability coverage through the university. An annual renewable letter of agreement is established between the CON and the health system outlining each party's expectations and the payment structure for 20% of the faculty member's salary. The faculty member is a contributing provider for AHC clinical practice operations. This means that, if the faculty generate revenue that exceeds budgetary expectations, the department is given the excess revenue for distribution within the department.

Model C: Faculty Practice within a Nurse-Managed Health Clinic

Overview: A clinical enterprise operated by the NSCD, which provides health care services to a community of clients, facilitates faculty practice, and offers student clinical placements. Nurse-managed health clinics or centers (NMHC) are located across the country and are often associated with nursing academic units. NMHCs often provide care to individuals who are uninsured or underinsured with limited access to care and generally provide services at reduced or lower rates. Thus, NMHCs generally rely on financial/physical resources from patient-generated revenue, grants, internal and external organizations, and community organizations; they can provide clinical sites for students, as well as practice opportunities for the NP faculty. In some cases, these NMHCs become a separate corporate entity that is under the control of the NSCD such as a 501c3. Also, some NMHCs have emerged with thriving practice models providing care to more robustly insured populations, and as a result, with more robust financial sustainability models.

Constituents:

- **Faculty members:** NP and RN faculty clinicians provide clinical services at the NMHC, preferably using the site to involve students. Faculty members coordinate their clinical and academic responsibilities in collaboration with their academic supervisor and NMHC administrators.
- **NSCD:** Provides the administrative and financial oversight for the NMHC operations. Coordinates with the faculty member and NMHC for faculty clinical time and utilization of the NMHC for student clinical activities.
- **NMHC facility & administrators:** Maintain the daily clinical operations of the NMHC within the range of offered health care services. Coordinate with the NSCD, faculty, and students in their use of the NMHC for faculty practice and academic program clinical experiences.

Work & Financial Considerations: Start-up costs and routine clinic administration are two significant issues that need to be addressed in starting and maintaining a NSCD-operated clinic. Compensation for faculty services can be based on the percentage of time (effort) that faculty are in the practice site and may be equivalent to the faculty member's salary or a different, mutually negotiated rate. The financial success of a NMHC is often tied to community financial support and/or grant funding.

Miscellaneous: Faculty members can work with the NSCD to apply for grant funding and contracts to gain experience in creating a revenue stream to sustain operations. NMHCs give faculty the opportunity to understand and gain mastery of the business aspect of health care.

Example: The faculty member is a new-graduate family nurse practitioner (FNP) and newly hired faculty member. The faculty's teaching responsibilities account for 60% of their workload, and their clinical NP faculty practice for 40%, providing a 1.0 total FTE. The faculty member's entire work assignment remains within the NSCD. The revenues generated via billing for patient services are allocated to the NSCD.

Model D: Independent Practice by Faculty Outside of Academic Workload

Overview: In this model, a part-time and/or contract faculty member engages in practice outside of their NSCD employment. The faculty person has a separate employer from the NSCD, and the two roles are not related to or in coordination with one another. This is a commonly employed model by faculty within NSCDs who do not have a formal faculty practice plan. This model is not encouraged by NONPF for full-time faculty since it adds to the total workload of NP faculty and is often in addition to a full time academic position workload.

Constituents:

- **Faculty member:** Independently coordinates practice schedule outside of their academic assigned effort.
- **Independent practice entity:** Functions as an independent employer for the faculty member and does not collaborate or coordinate employer functions (ie. payroll, practice schedule) with the NSCD.

Work & Financial Considerations: In this model, the faculty member is paid directly by the external entity, and there is no transfer of funds through the NSCD. The NSCD is not responsible for professional liability for the faculty's practice. The NSCD does not have administrative or financial oversight of the practice position, but to avoid conflict of interest, faculty are typically expected to report their external employment annually, or at some predetermined time determined by the NSCD.

Miscellaneous: Faculty involved in non-NSCD-sponsored practice should inform the NSCD and their direct supervisor of any potential conflict of interest and/or conflict of effort related to their outside employment. The aim is to identify and avoid potential interference with expected academic duties and reporting could be disclosed utilizing the NSCD's compliance processes.

Example: An adjunct faculty has a part-time contract with the NSCD to teach and advise in the FNP program and has a full-time employment arrangement with an outside clinical entity. The faculty negotiates their own teaching and practice schedules to accommodate both commitments.

Forms of Faculty Practice that Can be Integrated with or Applied to any of the Models

Faculty Practice Utilizing Telehealth

Overview: Telehealth is a care delivery mechanism which can be applied to any of the above-described faculty practice models. It is the use of technology to provide health care services at a distance through synchronous (videoconferencing) and/or asynchronous (store and forward) methodologies. It can be used for direct patient care, behavioral health counseling, remote patient monitoring (RPM), provider-to-provider (expert) consultation, patient/provider education, and emergency/disaster care. Devices used include computers, tablets, smartphones, smart watches, peripherals (devices used to collect patient biometric data to be transmitted to the provider during a telehealth visit), remote patient monitoring devices (devices collecting patient biometric data that are not automatically transmitted to the provider), and drone delivery of patient medications and/or medical equipment. The advantages of telehealth include: reduced patient exposure to illnesses due to limited person-to-person contact; health care accessible wherever the patient is located; early recognition of health decline using remote monitoring devices; more accessible patient/caregiver support; increased access to specialists who are at a significant distance; and decreased travel time and need for time off work, reduced need for child care, and reduced wait time for appointments.

Constituents:

- **Faculty Member:** Identifies practice/patient need for telehealth services as adjunct to a traditional primary care/specialty practice or telehealth services without direct physical contact. Selects delivery program or platform based on patient population, health care conditions, type of delivery, equipment needed, reimbursement, and legal and regulatory issues. Assists in preparing the setting, providers, and staff for telehealth delivery (i.e., telehealth etiquette, protocols, use of equipment, conducting the visit). Collaborates with the academic unit to purchase needed equipment or negotiates to use technology and internet access available to faculty through the NSCD. Provides student opportunities in the utilization of technology in patient care.
- **NSCD:** Develops an agreement or contract that identifies services provided by the faculty member through telehealth and the compensation process for the faculty member's work. Telehealth alone may constitute a workload of a certain number of hours/week or may be similar to an on-call-only practice, with reimbursement commensurate with hours worked or negotiated as a component of the faculty workload.

Work and Financial Considerations: Telehealth may promote a healthy work-life balance by allowing faculty flexibility in time and place of clinical care delivery. Telehealth may be delivered from their home, faculty office, or other non-clinic setting. Patient encounter productivity may increase. Equipment costs and internet connectivity are significant considerations, including initial purchase costs, as well as ongoing maintenance and replacement costs. HIPAA-secure platforms must be used. Availability of insurance reimbursement and knowledge of proper encounter coding are important factors influencing financial success of a telehealth delivery model. Legal and regulatory guidelines are in flux and must be considered when developing a telehealth program.

Miscellaneous: Faculty may serve as telepreceptors or provide student oversight such as site visits through telehealth models. Knowledge of state laws regulating telehealth is of extreme importance. Faculty practicing in a telehealth model may need to obtain licensure in additional states.

Example: The 4 Ps Model of Telehealth (Planning, Preparing, Providing, and Performance Evaluation) can serve as an ideal framework for developing and implementing a Faculty Practice Telehealth

Program. The first step is the **Planning phase** to determine what patient population/health care condition will be addressed and the technology that would be best. For example, the practice may target care for patients with diabetes that need frequent monitoring. Remote patient monitoring using equipment that allows for continuous glucose monitoring may be selected to track changes in glucose level using devices such as a smartphone. In the **Preparing phase**, the practice will order needed equipment, set up protocols for overseeing the glucose data, and train providers and patients in utilization of the continuous glucose monitoring device. During the **Providing phase**, the practice/providers will begin providing care based on the glucose monitoring. As data are obtained from the glucose monitoring, videoconferencing may be used to further assess and identify patient changes, prescribe changes in medication, or provide additional patient education. In the final **Performance Evaluation phase**, the practice/providers will evaluate the effectiveness of the telehealth program in improving patient outcomes, increasing access, decreasing cost, and being feasible and easily used by both patients and providers. Based on the data obtained, the program will be further refined. The Telehealth Model can be applied to any of the practice models outlined in this Toolkit.

Faculty Practice Integrating Population/Public Health NP or RN

Overview: In this model, both NP and/or RN nursing faculty provide direct and indirect care to communities and populations. The role encompasses a wide range of nursing roles that promote health for populations in community-based settings, such as schools, health departments, correctional facilities, and non-profit social service organizations.

Rationale: RN faculty have unique skills that contributes to the strength of a faculty practice enterprise, and they provide additional opportunities for practice, scholarship, and education. RN faculty have a variety of educational backgrounds, such as doctoral degrees in nursing education, public health, leadership, or systems thinking. Some key differences of this model are the focus on population and systems-level care. Highlighting how faculty practices can be inclusive of RN faculty elevates their unique contribution to faculty practice.

Constituents/Stakeholders:

- **NP/RN faculty member:** Completes agreed-upon activities—focusing on direct or indirect, population-focused services in their area of expertise—and aligns their practice, teaching, and scholarship opportunities in relation to their faculty practice.
- **NSCD:** Provides structure for NP/RN faculty to develop and maintain faculty practice and facilitates contract process to establish formal relationships with community-based sites for RN faculty practice opportunities.
- **Practice site partner:** Identifies site-specific priority needs that align with NP/RN faculty expertise. Provides site-specific knowledge and feedback to contribute to the design and implementation of NP/RN faculty practice activities.

Work & Financial Considerations: For RN faculty in this model, most population-level services are not covered by reimbursement structures or payment models that exist within the larger public health and health care systems. Therefore, it is important to identify funding mechanisms for this model, which may include grant funding, philanthropic monies, service contracts, or NSCD-level support in the form of direct workload allocation paid for by the NSCD.

Miscellaneous: RN faculty practice opportunities within this model can be aligned with the faculty member's assigned effort as practice, scholarship, service, and/or teaching activities, depending on the agreed-upon RN faculty practice activities that will take place at the site.

Example: An RN and board-certified Advanced Public Health Nurse is a faculty member at a NSCD with a 1.0 FTE appointment. Their FTE allotment is divided among teaching, service, and scholarship activities. The faculty member has 20% of their overall NSCD effort allocated to scholarship, which is in turn assigned by the NSCD to collaborate with a local school district. In the role, they lead policy evaluation projects on a variety of public health issues. One project was the design and implementation of a quality improvement project to address barriers to school health policy implementation at the individual school level. This resulted in development of a validated tool now used nationally to evaluate school health policy implementation. Additionally, their practice with the school district led to securing grant funding for projects, professional conference presentations, peer-reviewed journal publications, and national recognition as a practice scholar in school health and wellness.

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Appendix A: Concepts as defined for the purpose of this document

- a. **Collaborative Practice Agreement (CPA) for Nurse Practitioners (NPs):** The requirements for a collaborative practice agreement between NPs and a designated provider depend on state law or organizational bylaws. Such agreements may include: practice authority and protocols for supervision and/or collaboration; the designated practice site(s); devices, treatments, tests, and procedures that may be ordered; prescriptive authority and/or formulary; and requirements for record review for purposes of quality assurance. Additionally, the CPA may include a predetermined plan for emergency services and specify a mutually agreed-upon method and frequency of communication.
- b. **Contract or Agreement for a Faculty Practice:** A faculty practice contract/agreement is a formal and legally binding document that describes the services requested and requirements of the NSCD, university, faculty, and external clinical entity. The academic institution's risk management and/or legal department should be consulted in development and approval of such documents.
- c. **Faculty Practice:** Faculty practice in the context of nursing education has a broad definition. For the purposes of this Toolkit, faculty practice includes direct patient care services and indirect professional services provided by faculty to individuals, communities, or other entities.
- d. **Faculty Practice Plan:** An operational unit within an academic institution that formalizes the practice of faculty members. A faculty practice plan has distinct mission and vision statements, sets strategic goals, and includes a charter that delineates membership, liability, and indemnification and delineates the plan's governance and financial structures.
- e. **Faculty Credentialing:** A governing body of a health care setting that reviews multiple sources of information to ascertain that a health care provider meets qualifications to practice in a specific setting. Information reviewed may include education, licensure, certification, clinical expertise, and prior clinical experiences, as well as other information deemed necessary by the credentialing agency. Employer privileging and payor credentialing may also be included in this process.
- f. **NSCD:** For the purposes of this Toolkit, this acronym refers to Nursing Schools, Colleges, and/or Departments. The purpose of this acronym is to acknowledge that different titles are used for the nursing education "unit" across academic institutions.
- g. **Population Health Nursing:** "An approach that treats the population as a whole (including the environmental and community contexts) as the patient." (National Advisory Council on Nurse Education and Practice, 2016)
- h. **Practice-based scholarship:** The generation of new knowledge and evidence, and also engaging in it and evaluating it, through discovery and evidence-based/clinical practice initiatives that are applied to advance nursing knowledge, education, and practice (AACN, 2018).
- i. **Telehealth:** The use of technology to provide health care services at a distance through synchronous (videoconferencing) and/or asynchronous (store and forward) methodologies.
- j. **Teleprecepting:** Providing oversight or mentorship of students in the clinical setting using telehealth.

Appendix B: Example of Faculty Practice Plan Mission and Vision Statement

Mission & Vision: (Name of university) Nursing Faculty Practice is the nursing practice unit of the faculty and staff that is administered and fiscally managed through the (Name of university) Nursing Faculty Practice office.

Our mission is to provide practice opportunities for the integration of education, scholarship, and practice to advance faculty in their field of practice expertise and to provide measurable health outcomes and solutions for the populations served.

Our vision is to be recognized for excellence in providing comprehensive and innovative evidence-based professional nursing services that address the health care needs of individuals, families, and communities.

Our goals are to:

1. Facilitate scholarly practice for NSCD faculty
2. Stimulate ideas for curricular development
3. Develop diverse clinical placement and learning opportunities for students
4. Foster student learning of innovative care models from faculty clinicians
5. Provide mentorship for evidence-based practice projects
6. Offer a mechanism for faculty to develop relevant practice opportunities
7. Align with university community outreach goals
8. Disseminate knowledge to health care communities
9. Operate with fiscal accountability to assure the sustainability of the practice

Appendix C: Example of Faculty Practice Plan Credentialing Process

Annual Credentialing Documentation Checklist

Please use this checklist to compile documentation supporting your clinical practice. Provide all documentation to the Office of Faculty Practice.

Name

Position

Faculty Practice Site

Please submit the following to Faculty Practice:

Resume

RN License

Peer Review

BLS certificate (or ACLS, PALS, and/or NRP as applicable to practice)

*NP License

*Collaborative Agreement with Annual Renewal Forms (if applicable)

*Proof of Professional Certification (i.e., ANCC, AANP)

*Controlled Substance License (if applicable)

*DEA Certificate (if applicable)

*Items required only for NPs

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