

Teaching outside the box

[Clinical Experts Square off against Utah's Nursing Shortages]

Given the nation's severe nursing shortage, why are colleges turning down tens of thousands of qualified nursing applicants each year?

There's no one to teach them. In 2006, an estimated 1,400 budgeted, full-time nursing faculty positions went unfilled, according to the National League for Nursing. And traditional recruiting efforts result in a robbing-Peter-to-pay-Paul scenario: every nurse enticed into teaching creates yet another bedside nursing vacancy.

The predicament continues to stymie nursing colleges across the country. For years, the University of Utah College of Nursing has been able to accept only one out of every three or four qualified applicants. In addition, four to six budgeted faculty positions go unfilled each year.

That prompted Carole Gassert, Ph.D., R.N., U associate professor of nursing and associate dean of information and technology, to come up with an innovative program designed to simultaneously address the nursing shortage and the nursing faculty shortage. The Clinical Faculty Associate (CFA) Model Program offers nurses an opportunity to take master's-level classes while spending half of their time teaching undergraduate students at their workplace and the other half continuing to work at the bedside.

Gassert knew that one of the most difficult hurdles to recruiting faculty members is financial: teaching salaries are on average 25 percent lower than clinical salaries. "The CFA is a really exciting dual position that gives nurses an opportunity to explore teaching in-depth and learn a new skill set, while maintaining their clinical expertise and keeping their higher salary," said Gassert. Among other program benefits, CFAs can begin teaching immediately, before finishing their master's degrees; most of their education is paid for by their hospitals' tuition reimbursement programs; and they receive a \$2,000 stipend each semester to cover additional expenses, such as books and computers.

The U.S. Department of Labor selected the CFA program as one of five health-care projects to receive federal funding. Out of 200 grant applicants, the U College of Nursing was awarded a two-year, \$871,000 grant to launch the pilot program in fall 2005. Even Gassert didn't anticipate the multi-tiered success of the program, which has become a national example of collaboration among a nursing school, government agency, and three clinical partners: University Health Care, Intermountain Healthcare, and the George E. Wahlen Department of Veterans Affairs (VA) Medical Center in Salt Lake City.

When the CFA model is presented at nursing conferences around the country, the question that's always raised is: How do you get partnering institutions to loan

out their nursing staff to teach 20 hours a week, but continue to pay them full-time salaries?

"It's an effective way to retain some of the best staff nurses," said Sylvia McKee, M.N., R.N., clinical staff development and education coordinator at the VA. "By giving them an opportunity to learn a new set of skills, you increase job satisfaction. And any time a staff person continues his or her education, it's helping improve patient care."

Additionally, CFAs regularly go beyond the preceptor role and become recruiters for their hospitals. That's not an easy task in a tight nursing market, noted George W. Lindsay Jr., M.S.N., R.N., manager of the VA Center for Learning. "Every year, 350 nursing students rotate through the VA. Because the CFAs have worked with the students one-on-one, they know who would be a good fit and are in a position to make that contact. So we're recruiting not just the best students, but those who will make the best nurses to provide care to our veterans."

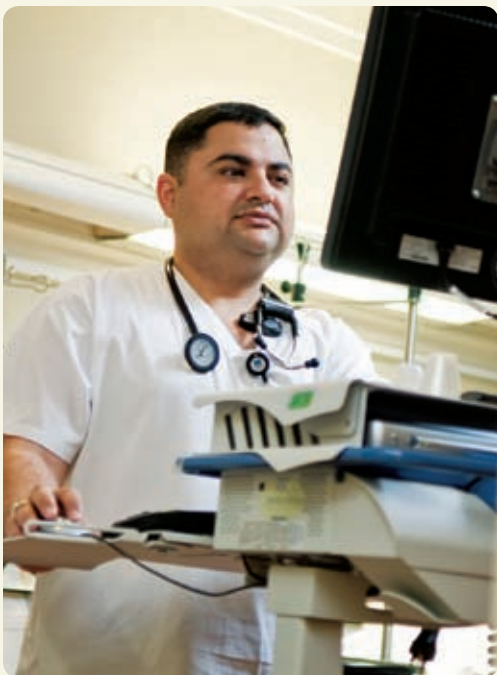
The familiarity that CFAs have with their institution is one of the most distin-



Carole Gassert, Ph.D., left, developed the Clinical Faculty Associate (CFA) Model Program in which staff nurses like Ashraf AbulHajja, R.N., M.P.A., top left opposite page, help reduce the shortage of nurses in the classroom and at the bedside. Shown clockwise are: Cherie Peterson, R.N., M.S., M.S.N.Ed., instructing Ben Randall at the Wahlen VA Medical Center; Gassert; Peterson with Catherine Hamilton, student nurse; and AbulHajja at the bedside in Huntsman Cancer Hospital.



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Maddie Lassche, R.N., M.S.N.Ed.

guishing, and beneficial, characteristics of the program. Traditionally, a full-time faculty member with a master's or Ph.D. in nursing education takes seven to 10 students onto a hospital floor to gain clinical experience. Faculty ask staff nurses to allow them to take over care of certain patients and request that students be allowed to shadow the nurses as they work. While faculty members are experienced teachers, they often aren't familiar with the hospital's culture, staff, and the ever-changing technology.

CFAs, on the other hand, know intimately the quirks and personalities, and the technology, because they regularly work on the unit. "The CFAs offer students the absolute best clinical experience," said Gassert. "The program is turning out graduates who are fantastically prepared."

Maureen R. Keefe, R.N., Ph.D., dean of the U College of Nursing, agrees: "We've reconnected nursing students with the clinical experts."

Since the program began, 20 CFAs have taught 327 students, enabling the college to admit an additional eight students per semester. That raises the total number of students admitted each semester from 56 to 64. It may feel like a drop in the proverbial bucket, but the program creates a promising model that can be expanded and replicated. "It's really been a model project and an innovative strategy to address the nursing faculty shortage," said Keefe. "We've been very successful in increasing the interest of nurse-clinicians becoming faculty members or even part-time faculty."

Although the two-year grant period has ended, the College of Nursing was granted

a no-cost extension to continue the program for another year. After that, the college is committed to supporting the CFA program administratively and will ask the other hospitals to continue subsidizing CFAs' staffing salaries. "Our partnering agencies have really supported the program," said Keefe. "Now we are talking to them about how we can sustain and expand the model to take it to the next level."

That discussion may be just in time. According to the U.S. Bureau of Labor Statistics, 79 million baby boomers are nearing retirement age. Because of technological advances, another million or so nurses will be needed to care for them. Ironically, many faculty members—boomers themselves—are preparing for retirement (see statistics above).

Cherie Peterson, R.N., M.S., M.S.N.Ed.

**George E. Wahlen Department
of Veterans Affairs Medical Center**

When Cherie Peterson reflects on her clinical nursing training, she is less than impressed. "Some of my teachers had been out of the clinical aspect of nursing for 20 years," said Peterson, who worked as a molecular biologist in a DNA lab for 12 years before switching careers. "They couldn't even operate the I.V. pump."

The experience stuck with her. When she heard about the CFA program, she signed up immediately. One of the great strengths of the program, Peterson believes, is that CFAs are in touch with the most current bedside practices, which she thinks is critical. She believes that a good teacher needs to be able to connect theoretical study with actual clinical practices.

THE STATS

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| 1,400 | Nationally, the number of budgeted, full-time nursing positions that went unfilled in 2006 |
| 49 | National average age of master's-prepared faculty |
| 53.5 | National average age of doctorally prepared faculty |
| 327 | Number of nursing students taught through the CFA program since its inception in fall 2005 |

Five semesters later, Peterson has taught more than 35 nursing students rotating through the VA medical-surgical unit and earned her master's degree in nursing education at the U College of Nursing. She believes that the quality of education offered to students is dramatically enhanced when the teacher knows a hospital's systems, policies and procedures, resources and contacts, and staff members. "There's a greater emphasis on learning," said Peterson.

The personal relationships Peterson has with the rest of the staff have proven invaluable to the students. "Cherie knows the nurses we follow, and she pairs us with nurses she thinks will be great teachers," noted Laura Jones, a first-semester student at the U nursing college. "It's a lot nicer when a nurse takes time to explain what they're doing and invites us to participate, rather than following someone around, trying to figure out what they're doing."

"Everyone on the staff stepped it up a notch, because they had to look me in the face," said Peterson, who has worked as the charge nurse on the unit. "It really opened up communication between students and staff. They were my eyes and ears. They felt comfortable coming to me with questions or concerns. They helped me with teaching and then shared with me where students were in their training." Peterson noted that two nurses on her unit have pulled her aside to talk about becoming CFAs.

The U of U has created a new joint faculty appointment through the VA Nursing Academy, which Peterson recently joined (see pg. 4). "I teach for the most part, but still work at the bedside part time. Those clinical skills are so important—and you lose them so quickly."

New Doctor of Nursing Practice Degree

This fall, the University of Utah College of Nursing became one of 15 universities in the nation to offer a new degree—the Doctor of Nursing Practice (D.N.P.)—which provides an alternative to the research-focused nursing Ph.D. program, as well as a new opportunity for those interested in pursuing the highest level of nursing practice.

The increasing complexity of health care, growth in scientific knowledge, and use of sophisticated technology that continues to evolve prompted the college to expand its doctoral programs. So, too, did a national call-to-action.

In 2004, the American Association of Colleges of Nursing voted to raise the level of preparation necessary for advanced nursing practice roles from the master's degree to the doctorate by 2015. In 2005, the National Academy of Sciences called for nursing to develop a non-research clinical doctorate to prepare expert practitioners who also can serve as clinical faculty.

With this new D.N.P. program, nursing education will be in line with other health professions that offer practice doctorates, such as pharmacy (Pharm.D.), physical therapy (D.P.T.), and audiology (Au.D.).

Ashraf AbulHajja, R.N., M.P.A. University of Utah Hospitals

Ashraf AbulHajja has a dozen years of nursing experience, an advanced degree (and is working on a couple more), and was a full-time clinical trainer in his native country, Jordan. He loves to learn; loves to teach, and by all measures would be a perfect candidate to fill one of the many nursing faculty vacancies.

But that's not in his plans—at least not in the near future. "I want to teach, but I can't afford to go into teaching full time," said AbulHajja. As the sole income-earner for his wife and two young children, taking a \$20,000 pay cut is not feasible.

AbulHajja came to the United States six years ago when he was accepted into the Ph.D. program for nursing administration at the University of Utah College of Nursing. He decided that he wanted to remain working in the clinical setting and, instead of pursuing his Ph.D., he took a job as a staff oncology nurse at University of Utah Hospital and now also works at the University's Huntsman Cancer Hospital.

The CFA program made it possible, and attractive, for AbulHajja to return to teaching part-time and resume his studies. In another year, he will have earned both his master's as a nurse practitioner and post-master's certificate in nursing education. He then hopes to earn his doctorate in nursing practice (D.N.P.), a new degree program that focuses on the clinical aspect of nursing (see article above).

AbulHajja sees the distinct advantage of having clinical nurses help students make the connection between classroom learning and actual practice, but cautions against assuming every nurse will be an enthusiastic or talented teacher. "You must have a passion for teaching nursing," he noted, because it adds more work to an already physically challenging job.

The traditional teaching model relies on staff nurses to help teach students, but doesn't provide additional compensation. The CFA program provides an opportunity for clinical nurses who really want to teach to step forward and then compensates them for their efforts. AbulHajja believes that's one of the strengths of the program.

AbulHajja is also a stickler for teaching evidence-based practices: "Nurses often learn through watching other nurses do something, rather than through research or books. It's a disadvantage for students to be taught something in class and then see a nurse do it differently." He thinks that nurses should learn first from reading and then from experience, and should always strive for evidence-based practice. In fact, several studies have identified a clear link between higher levels of nursing education and better patient outcomes.

"Learning is really important to me," said AbulHajja, "because it gives me more self-trust to navigate through the world of fast-changing nursing science."

Maddie Lassche, R.N., M.S.N.Ed. Primary Children's Medical Center

If Maddie Lassche were dean of a nursing college, "I would use full-time faculty for classroom teaching and CFAs for as much clinical training as possible," she said.

Lassche, a charge nurse on the infant unit at Primary Children's Medical Center (PCMC) for five years, has worked in the pediatric ICU the past four. She already had enrolled in the nursing education master's program at Westminster College of Salt Lake City when a friend told her about the CFA program. "I really loved it," said Lassche, a CFA for the past five semesters. "I got to use all of the knowledge from master's classes in my job and with students."

When Lassche assigns students to work with nurses in her unit, for instance, she feels comfortable giving suggestions to individual staff nurses about how they might become better teachers. "I'm able to take a leadership role without stepping on toes."

Conversely, she talks to students about hospital culture, providing them with small but important details, even the smallest quirks, such as who usually sits in which chair. She can look up at the board and match the personalities of students with nurses.

Lassche appreciates how a traditional faculty member may feel when working on an unfamiliar floor with students. Last summer, Lassche took her students to LDS Hospital, an Intermountain Healthcare facility like PCMC. "At LDS, the nurse had to decide in five seconds whether she trusted me to take over her patient," recalled Lassche.

Because they know Lassche so well at PCMC, the nurses trust her implicitly to take over the care of one of their patients, which provides quality time for the student and a benefit to the unit. Lassche says that often nurses compliment her on her students, which she credits to the close relationship she has to the staff and PCMC.

Lassche, who recently finished her master's in nursing education, took a full-time faculty position with regular hours, so she can spend more time with her two children. If it were possible, however, Lassche said she might be a CFA forever. "It offers the best of all worlds. I had a working salary, the ability to teach, and was able to stay current in practice."

Being a CFA also provided her with new energy for her job. "Working three shifts a week, especially in a high-intensity environment like the ICU, is tiring," said Lassche. "But when I went to work for my one shift a week, I was happy to be there. It was fun." ■