



# FACULTY POLICY

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# THINK TANK

REPORT AND RECOMMENDATIONS



**OCTOBER 2017**



American Association  
of Colleges of Nursing

# BACKGROUND

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In January 2015, the AACN Board of Directors approved the creation of a Faculty Policy Think Tank (FPTT) to provide critical insight into the state of policy education in undergraduate and graduate nursing programs. While the AACN *Essentials Series* requires content at all program levels in health policy and advocacy, delivery of the subject matter varies widely. Therefore, the Think Tank was created to inform and improve the state of health policy education in undergraduate and graduate nursing programs. The ultimate goal of the Think Tank was to consider ways that will help create a generation of future practitioners who understand the macro and micro drivers that impact policy and have the ability to skillfully insert nursing expertise in these discussions at all levels. Members of the FPTT were appointed in October 2015, and the process consisted of three phases to complete the FPTT's charge.

## MEMBERS

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**Darlene Curley, MS, Co-Chair**

CEO, Jonas Family Fund and Executive Director, Jonas Center for Nursing and Veterans Healthcare

**Lillia Loriz, PhD**

*Government Affairs Committee Liaison*

Chair and Professor, University of North Florida, Brooks College of Health, School of Nursing

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Assistant Professor, Academic Director of Community Engagement and Partnerships, University of Virginia

**Norma Martinez Rogers, PhD**

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## PHASE I: Preliminary Discussions

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AACN held an Invitational Policy Faculty Symposium on December 3-4, 2015, to create an opportunity for preliminary thinking and help the FPTT frame their work. The symposium consisted of two days of dialogue, convening 57 nursing faculty from member schools at all programmatic levels. The attendees came from 27 states and 41 schools to discuss the current state of, and future needs for, health policy education. [AACN's 2015 Faculty Policy Intensive Cohort](#) presented findings from their project which focused on policy faculty within nursing programs. The cohort conducted a national survey that identified current practices, perceptions, and barriers to teaching health policy. While the barriers to teaching health policy and advocacy depended on the level, the major challenges included the following:

- Primary barrier to student engagement in policy/advocacy work is a lack of time for BSN or MSN students.
  - Primary barrier for doctoral students is a lack of interest.
  - Lack of policy expertise in faculty hinders the student understanding of the content and desire to engage.
  - Only 2.8% of faculty believed their school supported policy content and activities at a high level.
  - Barriers to faculty engagement/development of advocacy and policy expertise:
    - Lack of desire
    - Lack of support from dean or school
    - Lack of financial support
    - Lack of opportunity
- Perceived barriers for policy influence overall:**
- Lack of relevance to nursing
  - Lack of faculty expertise
  - Lack of student interest
  - Lack of faculty engagement

# Barriers to Teaching Policy: Advocacy, Analysis, and Research

## (Major Highlights from the Summit)

### Advocacy

Competing priorities interfere with teaching advocacy, which creates a barrier for advocacy to get integrated into course work.

Some courses are heavily focused on advocacy, while others lack practical application.

### Analysis

Participants across all levels had difficulty distinguishing policy analysis and policy research.

In many programs, no standalone course was offered for policy analysis. Faculty were less familiar with its content and lacked personal experience with relaying the importance of analysis to their students.

### Research

Participants believed that the correlation of policy implications to research is made in their policy course; however, students need support to help identify how their own research impacts policy and how to develop questions with policy change in mind.

## PHASE II: Convening and Process

The official convening of the FPTT began in March 2016 and included monthly phone calls as well as two in-person meetings. The work began by reviewing the policy content included in all three levels of the *Essentials Series*. During this review, in-depth discussions revolved around the scope and leveling of the content, as well as expectations of the learner. Through their own discussions and reviewing the feedback garnered from Phase I, the members considered faculty development and the leadership required for change. The FPTT also reflected on the evolution of nursing education and its inclusion of policy. Based on this discussion, the following categories emerged:

- Streamline policy competencies in the *Essentials*
- Expectations of the faculty and student (educating generalists vs. specialists)
- Professional development for faculty teaching policy
- Policy leadership within the academic infrastructure
- Interprofessional collaboration and education

## PHASE III: Recommendation Development

### Streamline Policy Competencies in the Essentials

The FPTT reviewed a Health Policy *Essentials* Crosswalk to investigate whether the expectations for the learner were appropriate. The *Essentials* allow for a large depth of content, but they do not necessarily guide the understanding of what students are expected to know. The broader content at the BSN level dovetails into the master's and DNP programs. Nevertheless, the question remains—if all the content is appropriate at the BSN level, how could it be more acutely tailored to “meet the students where they are?” It was agreed that the content at the BSN level is far too expansive for undergraduate students.

The FPTT believes that, as a whole, nursing lacks the real-life connections needed to enable masters' students to meet the *Essentials* competencies. A large issue regarding the translation of policy to nursing students is that faculty members are not necessarily able to meet the competencies required of students.

As opposed to the BSN and MSN *Essentials*, the DNP *Essentials* do not include sample content. This often leads to missed content, specifically for the BSN to DNP program. Additionally, the FPTT looked specifically at number two of the *Essentials*—“Demonstrates leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.” It is necessary to put into perspective reasonable expectations of the learner and what is actually essential to know. The expectation of a nursing program is not to graduate a policy leader, but a nursing leader grounded in the essentials of policy and advocacy.

### **Expectations of the Faculty and Student (educating generalists v. specialists)**

The ability to excite the learner in an area of content relies on the delivery and proficiency of the faculty. However, finding faculty with the right combination of knowledge and experience is often difficult for most nursing programs.

There often is a lack of understanding by faculty that policy and advocacy, while intertwined, are two separate areas of focus. The FPTT noted that faculty often are only teaching advocacy because that has been their engagement in “policy” work. In these instances, students may not be receiving actual policy content or a finite lens for advocacy.

The FPTT questioned why nursing trails in enacting health policy. One thought is the fact that we do not have enough experts to teach it. The discussion of faculty expectations led the FPTT to develop a distinct set of recommendations around faculty development and to consider outsourcing policy education to campus partners equipped to teach the content. The FPTT also discussed students’ expectations. The expectation that every nurse will be actively engaged in health policy and advocacy is unrealistic. However, it is important to identify and mentor students who have a proclivity toward policy work.

### **Professional Development for Faculty Teaching Policy**

The FPTT believes that AACN is well positioned to support the development of faculty to teach policy. AACN has a wide network of expert nurses who have dedicated their careers to policy and advocacy. The recommendations support the growth of nursing faculty expertise and the potential to truly educate more generalists and ignite the passion for more specialists.

### **Policy Leadership within the Academic Infrastructure**

Health policy education equips nurses with critical knowledge of the policy and political landscape and the tools to shape its effects. Guiding those steps requires policy leadership in nursing. While some member schools have access to experts at public policy institutes, or schools of public health and public policy, many schools are unable to collaborate with this type of resource. Thus, identifying nurses with health policy expertise to guide the improvement of health policy education is warranted.

The FPTT contends that nursing academic units should make a comparable investment in health policy leadership to develop and advance nursing’s policy mission, where appropriate. The AACN vision of transforming health and health care requires academic nursing leadership in health policy to ensure our existing and emerging workforce is equipped with skills to engage in policy analysis and research that inform effective strategies for health systems change.

### **Interprofessional Collaboration and Education**

The FPTT believes that AACN has the opportunity to role model partnerships for member schools. Fostering and promoting the role of interprofessional education in health policy creates a unique leadership role for nursing.

FPTT members had a lengthy discussion on developing faculty to teach policy and the role of relying on experts outside of the school to teach health policy and advocacy. If a faculty member within the school of nursing has the appropriate credentials and experience to teach health policy, then it is ideal to have a nurse mentor to empower nursing students. However, if the school does not have a faculty member with this level of expertise, the profession could rely on campus policy partnerships to enrich the level of nursing expertise.

## **RECOMMENDATIONS**

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**The following recommendations are suggested for academic nursing writ large:**

### **Expectations of the Faculty and Student (educating generalists v. specialists)**

- Faculty who teach health policy should have demonstrated, current, and sustained expertise/education in health policy.
- Create a culture that allows faculty and students to explore the impact of policy on their practice and their research.
- Create space for thoughtful dialogue through formal or informal networks/groups in the school.
- “Grow your own” future policy faculty through mentored instruction and experiences.
- Identify and mentor students who have a proclivity toward policy work.

### **Policy Leadership within the Academic Infrastructure**

- Identify (or create) and support the faculty policy leadership/scholarship within schools of nursing.
- Consider the role of an academic leadership position in health policy.
- Support protected time for those faculty whose practice or research is health policy.
- Support health policy scholarly work as part of the promotion and tenure process.
- Build collaboration in policy research.

## **Interprofessional Collaboration and Education**

- Conduct an internal environmental scan of campus-wide policy education opportunities.
- Explore health policy curricular integration opportunities across disciplines.
- Identify expertise and resources within one's own institution to further clarify strengths and areas of opportunity/growth with respect to health policy education.
- Lead efforts to institute interprofessional and multi-disciplinary policy education.
- If a school lacks faculty members with policy expertise, consider, if applicable, partnerships with other schools on campus to teach the content.

## **The following recommendations are suggested for AACN:**

### **Streamline Policy Competencies in the Essentials**

- Include policy expert(s) on the *Essentials* Task Forces when established.
- As the *Essentials Series* gets revised, it is imperative to maintain the outcomes for the graduates on a leveled basis.
- BSN *Essentials* content should be threaded and focus on civics, engagement, awareness, leadership, and professionalism. *BSN students need to have a basic working knowledge of the policy process, which includes a firm grounding in civics and the importance of advocacy. A standalone policy course or threading should not have a heavy emphasis on analysis and evaluation, which should be the focus of master's and DNP education.*
- Master's *Essentials* content should be standalone and focus on analysis, finance, and advocacy.
- DNP *Essentials* content should be standalone and focus on furthering the skills of analysis, while adding evaluation, economics, influence, and implementation. *It is recommended that sample content be provided.*
- PhD content should focus on analysis, evaluation, economics, influence, research, and implications. *While not part of the Essentials Series, the FPTT believes it important to include the areas that should be of critical focus for PhD students.*
- The economics of healthcare is vital content. However, the combination of economics and policy as one course dilutes the importance of their distinct and critical nature, particularly at the doctoral level. This content should be considered two distinct content areas.

### **Professional Development for Faculty Teaching Policy and Interprofessional Collaboration**

- Offer a conference for nursing faculty whose scholarship (research, practice, and education) is health policy.
- Create a webinar series on teaching health policy. *Possible topics include: best practices, how to be successful in policy scholarship, and content leveling.*
- Create a policy educator mentoring program.
- Create a network for health policy faculty to share best practices and create wider networks to advance policy integration.
- Establish an Internal IPE Work Group for promoting interdisciplinary scholarship, similar to AACN's Health Policy Advisory Council. *This may be a distinct group or evolution from the previous recommendation.*
- Remain committed to having at least one interprofessional colleague sit on the Health Policy Advisory Council.

# **CONCLUDING THOUGHTS**

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Academic nursing lays the foundation for future policy leaders by creating a generalist. Lived experiences and life-long learning are how a specialist is created. Nursing clearly needs more policy specialists, but even more acutely, the profession needs more policy generalists. The current models of teaching health policy seem to be missing this vital mark. One fundamental action all schools of nursing can take to help build a larger footprint in policy is to create a culture that allows faculty and students to explore the impact of policy on their practice and their research. Creating space for thoughtful dialogue, where colleagues feel comfortable sharing their perspectives, is paramount. This culture will create a pathway for a more dynamic response from nursing in local, state, national, and global policy discussions.

*AACN's Board of Directors reviewed the full Faculty Policy Think Tank report in July 2017. The Board accepted the document as written and recommended a summary version be created for the membership. AACN's Board is committed to advancing the report and staff will prioritize action steps to move this work forward.*