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Models of Clinical Practice Integration in Academic Oncology Nursing

Ryne Wilson, DNP, RN, OCN®, and Alex Fauer, PhD, RN, OCN®

Oncology nursing faculty at academic institutions help equip the next generation of cancer care professionals. In research- and teaching-focused nursing faculty roles, there are barriers to maintaining a clinical oncology nursing practice. A stronger prioritization of a clinical oncology practice as part of a faculty appointment may enhance the faculty nurse's clinical acumen and incentivize oncology nurses to consider a career in academia. This article reviews literature from PubMed®, Google Scholar™, printed texts (e.g., American Association of Colleges of Nursing scientific reports), and non-published survey findings (e.g., Oncology Nursing Certification Corporation reports) to summarize and evaluate models incorporating oncology clinical nursing practice into an academic appointment. This review can inform oncology nurses about academic roles and pathways to maintain professional clinical practice.

AT A GLANCE

- Oncology nursing faculty find value in maintaining clinical practice.
- Partnerships between nursing schools and cancer care health systems can facilitate faculty clinical practice.
- There are many clinical roles faculty could hold in either the RN or advanced practice RN scope of practice.

KEYWORDS

oncology; nursing; education; integration; clinical practice; academic

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By 2025, it is estimated that nearly one-third of U.S. nursing faculty in undergraduate and graduate programs will retire (Fang & Kesten, 2017). In October 2022, 909 nursing schools across the United States reported a total of 2,166 full-time faculty vacancies and that they expected they would need to fill an additional 128 positions to meet the growing student demand (Byrne et al., 2022). With a growing nursing shortage and a pressing faculty shortage in nursing schools, new and innovative models for recruiting and retaining high-quality nursing faculty are needed (American Association of Colleges of Nursing [AACN], 2022b).

Nursing faculty specialized in oncology clinical care can prepare the next generation of oncology nursing professionals. However, in December 2022, the Oncology Nursing Certification Corporation reported that less than 0.05% of oncology certified nurses identify as an academic educator (see Table 1). As early-career oncology nurses consider seeking faculty appointments, models for supporting and encouraging an integration of clinical practice, scholarship, and education as part of that appointment are needed to make a career in academia more appealing (Gibson, 2019).

Currently, clinical care is not a standard component of nursing faculty appointments, particularly not for didactic teaching and research roles (Paton et al., 2022). For early-career oncology nurses, having a meaningful clinical practice as part of a full-time academic appointment can support professional development, clinical acumen and relevance, and personal satisfaction (Haase et al., 2021).

This article reviews the current state of integrated academic appointments and clinical care in oncology nursing, discusses emerging models for this integration, and presents a visual model to support early-career oncology nurses seeking a faculty appointment that supports clinical care as part of that appointment. In addition, this review discusses published benefits and barriers to a combined role for nursing schools and healthcare systems.

Methods

This review summarizes models of faculty practice, survey results, and research evidence to synthesize pathways for oncology nurses to combine clinical practice with an academic (i.e., faculty) role. Evidence for this review was retrieved from PubMed®, Google Scholar™, printed texts (e.g., AACN scientific reports), and nonpublished survey findings (e.g., Oncology Nursing Certification Corporation reports) from 1998 to 2023.

Models

Nursing schools across the United States have used faculty practice models (FPMs) for faculty to maintain clinical practice while earning additional revenue for themselves and their school. An FPM is a formal arrangement between a nursing school and a parent organization (i.e., health system) or private entity (i.e., community setting or private corporation) that contributes to the healthcare institution’s clinical needs in addition to the academic tripartite mission of service, education, and scholarship (Moss et al., 2022). FPMs between a nursing school and a parent health system create structure and establish processes between the two entities for clinical services rendered, such as billing, revenue distribution, and financial services to full-time faculty.

The AACN (2022a) developed the *Practice Leadership Network 2022 Tool Kit: A Framework for Faculty Practice*, which provides a comprehensive framework to start and sustain an FPM for nursing schools.

There are several types of FPMs with varying degrees of autonomy and financial administration for the nurse faculty. For example, in an entrepreneurial or linkage model, the nursing school contracts with an organization whereby the school agrees to provide clinical or management services for a fee (Barger et al., 1992; Saxe et al., 2004; Walker et al., 1994). These models may help the nursing school fulfill the missions of delivering patient care, faculty clinical excellence, community engagement, and collaboration in scholarship and teaching. For example, the FPM at the University of Iowa College of Nursing (2023) deploys faculty with nurse practitioner licenses for clinical work in community settings, corporations, and home care.

In a moonlighting FPM, an organization employs and reimburses an individual faculty member to provide services that are not part of the faculty member’s paid work (Barger et al., 1992;

Saxe et al., 2004; Walker et al., 1994). It is the individual’s responsibility to ensure their clinical and faculty work is satisfactory because there is little to no synchronization between the nursing school and the moonlighting organization.

In a unification model, the organization and nursing school share administrative resources (i.e., the university health system is the parent organization for the nursing school), and faculty members hold appointments as clinicians and educators (Barger et al., 1992; Budden, 1994; Saxe et al., 2004). In the unification model, faculty have competing demands, with expectations to contribute to scholarship, teaching, and service for patients and students (Saxe et al., 2004).

"Giving academic faculty the opportunity to maintain a clinical practice promotes the individual’s clinical excellence and competence."

Nursing school FPMs present an opportunity for oncology nursing faculty to maintain a clinical practice to support clinical professional development and relevance. However, it is necessary for oncology nursing faculty to recognize that there may be options to negotiate a clinical appointment with their academic health system’s cancer center practice group, which would be mutually exclusive to participating in the nursing school’s FPM. Similarly to a nursing school FPM, the cancer center practice plan could create an arrangement for the faculty (RNs or advanced practice RNs [APRNs]) to practice for a prescribed number of shifts or hours for additional compensation (e.g., two or three shifts per month), with the faculty billing for appropriate services rendered. Some nursing schools do not have an established FPM, and institutional policies may not permit moonlighting; therefore, a cancer center practice plan may be the faculty member’s only option.

The type of FPM is a potential mechanism in which the oncology nursing faculty and their nursing school may integrate clinical practice within their academic appointment. The faculty member may be compensated for their clinical time with additional compensation or cost recovery (similar to time being bought out by grants or other funding).

Impact

There has been limited published research on the benefits and challenges associated with oncology nurses bridging academic

TABLE 1. SELF-IDENTIFIED ROLES OF ONCOLOGY CERTIFIED NURSES (N = 26,223)

PRIMARY ROLES	n
Staff nurse	22,184
Nurse navigator	2,073
Nurse practitioner	803
Staff educator	583
Care coordinator	288
Patient educator	186
Academic educator	106

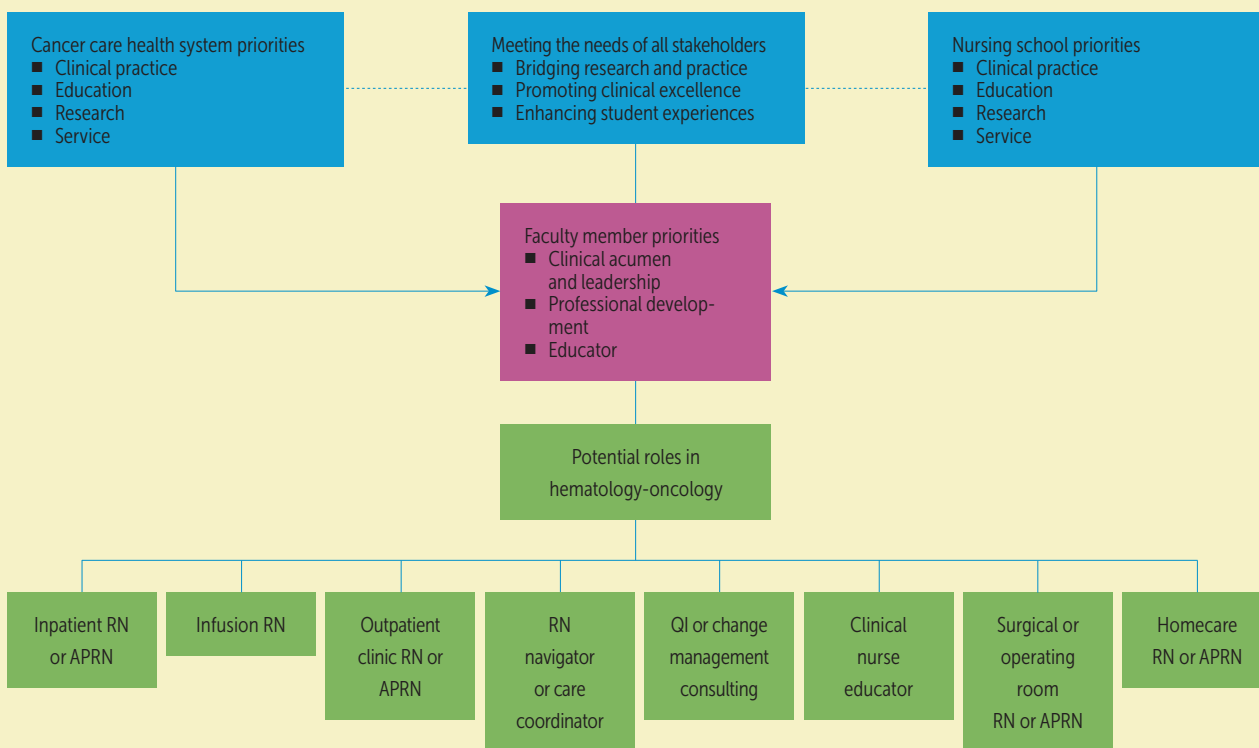
Note. Based on information from Oncology Nursing Certification Corporation, 2023.

and clinical roles in nursing. However, in one qualitative survey study by Haase et al. (2021), clinical nurses enrolled in graduate studies reported being better equipped to shape and improve the healthcare system, improve patient care, and grow their knowledge in the oncology nursing discipline. Clinical nurses also described how their understanding of research and the effect it can have on current practices shaped how they educate others. Conversely, participants in academic appointments described how integrating clinical practice into their role made their research more clinically relevant and improved the research's design feasibility. They also believed that maintaining a synergy with clinical practice enhanced the future dissemination and uptake of their research into clinical practice in the long-term. Haase et al. (2021) concluded that there is growing evidence that integrating clinical practice into academic roles has the potential to enhance patient care, improve the healthcare system, and advance the field of oncology nursing in the long term.

Academic appointments that include clinical care in oncology nursing practice can include roles in any environment where an RN or APRN may practice (Moss et al., 2022). In addition, there are opportunities for nurses trained in organizational change management and quality improvement to contribute to clinical practice issues or innovations (White et al., 2021). Although the individual agreements and arrangements between stakeholders involved in these appointments would be heterogeneous, having a broader definition of what constitutes clinical oncology nursing practice in academia is ripe for exploration and innovation.

Figure 1 provides a model of the shared priorities of nursing schools and cancer care health systems, and how faculty appointments that incorporate oncology nursing clinical care can contribute to the shared missions of the organizations (Moss et al., 2022). Bridging the gap between research and practice is a long-standing priority of academic health systems and their shared missions (Polomano et al., 2021). By embedding faculty into

FIGURE 1. MODEL FOR PARTNERSHIP BETWEEN CANCER CARE HEALTH SYSTEMS AND NURSING SCHOOLS FOR ONCOLOGY NURSING ACADEMIC APPOINTMENTS



APRN—advanced practice RN; QI—quality improvement

Note. Dotted lines demonstrate the connection of shared goals among stakeholders including the health system, nursing school, and individual faculty.

clinical oncology practice, faculty can build research programs and advance other scholarly work that brings the best evidence to patient care (Gonzales et al., 2023b; Haase et al., 2021).

Giving academic faculty the opportunity to maintain a clinical practice promotes the individual's clinical excellence and competence, and enhances the credibility of both organizations (Commission on Collegiate Nursing Education, 2018; Gonzales et al., 2023a; Pirschel, 2017). This is particularly important for early-career oncology nurses seeking an academic appointment because they may still be building their clinical foundation. Competencies in clinical care are maintained by engaging in direct clinical practice (Aktan, 2021). Research suggests that maintaining a clinical practice also promotes credibility for instructors of clinical courses and meets the AACN *Essentials* guidance for professional nursing education (AACN, 2021; Gonzales et al., 2023a, 2023b).

Faculty who maintain a clinical practice enhance student experiences, including an increased number of preceptors at clinical sites, practice-informed teaching, and faculty credibility (Gonzales et al., 2023b). In addition, faculty engaged in clinical practice create a streamlined pathway for nursing students to be employed by a healthcare center following graduation by giving healthcare centers the opportunity to evaluate and recruit these students prior to graduation (Moss et al., 2022). Enhancing student experiences through faculty clinical practice addresses healthcare workforce issues and promotes the nursing school's credibility (Gonzales et al., 2023b).

Implications for Nursing

Currently, there are barriers for faculty to renew their professional certifications (e.g., oncology certified nurse, other cancer-related specialty certifications) without active clinical practice hours. If the faculty member's appointment does not include clinical practice in any form, they risk having only one option to recertify: earning Individual Learning Needs Assessment points and passing standardized examinations (Oncology Nursing Certification Corporation, 2023). Specialty certification is an expectation for some faculty appointments. Providing opportunities for clinical care as part of an academic appointment removes some barriers to recertification and provides an opportunity for maintaining clinical expertise.

In this review, nearly all FPM models are designed for nurses with advanced practice licensure, leaving behind a successful model for faculty with an RN scope of practice. Including all potential clinical roles within the RN and APRN scopes of practice as options for faculty appointments creates more opportunities to achieve the missions of the nursing school and the health system (Broome et al., 2021).

FPMs or other models for clinical care add additional workload when considering the faculty members' other responsibilities. It is widely reported that competing workload demands are a major

barrier to successfully implementing an FPM, which is particularly true for oncology nursing faculty (Gonzales et al., 2023a, 2023b; Haase et al., 2021). Given the burnout crisis in nursing, it is imperative to acknowledge the competing workload demands as a significant barrier to successfully implementing the FPM (Gribben & Semple, 2021). Robust relationships between administrators of both organizations and advocacy for faculty can help address workload concerns (AACN, 2022a).

Conclusion

A new generation of oncology nurses can benefit from models of oncology clinical practice as a part of their careers in academia. Building a career in academia and maintaining a meaningful clinical practice contributes to the professional development and satisfaction of the faculty member. Schools of nursing and cancer care health systems have much to gain from this model of partnership that advances the shared missions of the organizations.

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