SREB

Nurse Educator Competencies

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COUNCIL ON COLLEGIATE EDUCATION FOR NURSING

Contents

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Introduction

The appropriate educational preparation for a nurse educator has been debated for many years. Davis et al (1992) and Krisman-Scott (1998) noted an escalation of the debate in the mid-1980s, when master's programs in nursing began shifting resources to the preparation of advanced-practice nurses. Student demand for advanced clinical preparation — particularly for nurse practitioner options — increased as the nursing profession began promoting the advanced-practice roles and doctorates for nurse educators. However, the master's in nursing remains the highest degree attained by most nurse educators (SREB, 2001). The number of graduates from nursing doctoral programs has not kept pace with the demand for nurse educators. Moreover, most doctoral programs in nursing prepare nurse researchers rather than nurse educators; this trend is expected to continue.

In response to the growing concern for adequate numbers of well-prepared nurse educators, the Board of Directors of the SREB Council on Collegiate Education for Nursing — an affiliate of the Southern Regional Education Board (SREB) — undertook two significant projects in 2001. One assessed the current demand for nurse educators in associate's, bachelor's and higher degree programs in the 16 SREB states[1] and the District of Columbia. The second focused on the expected competencies of nurse educators. The reports of the ad hoc committees during the February 2002 meeting of the council documented the shortage of nurse educators and included 35 competency statements — believed to be essential for nurse educators. The Board of Directors asked the ad hoc committee on nurse educator roles and competencies to validate the 35 statements in a regional study.

This document describes how the committee established and validated the competencies. It sets forth the ideologies, values, essential core knowledge and competencies that are necessary for inclusion in all programs that prepare nurse educators —regardless of the academic setting in which they work. Nurse educator competencies were defined as a behavioral repertoire that reflects the tasks and conditions surrounding the nurse educator role (Peterson et al, 1979). These tasks and conditions are categorized as the tripartite role of teaching, scholarship and collaboration.

The competencies described in this document assume that a nurse educator is a skilled health-care provider who meets professional nursing standards and has graduate nursing preparation as an advanced generalist or specialist. The nurse educator competencies are important because the ability — or lack of ability — can affect the accomplishments of the faculty and students (Krisman-Scott, 1998, p. 318).

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[1] The 16 SREB states are Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia.

Competency Model

Master's and doctoral programs for nurse educators must blend the historical characteristics and developments in professional nursing with those of graduate education (Kelley, 1980; Bastable, 1997). These blended characteristics and developments give direction to the core knowledge, professional values and competencies that nurse educators in an academic or practice setting must possess and model to others as they perform their roles as teachers, scholars and collaborators.

Ideology consists of conceptual theories related to a domain or body of knowledge. A professional education ideology gives nurse educators a framework to use in teaching the established theory of practice in a specific discipline. One of the nurse educator's primary goals is to help students in academic and clinical settings learn and apply professional ideology which includes — but is not limited to —the following characteristics:

1. A wealth of **recognized information or knowledge** drawn from the arts, sciences and nursing —This body of knowledge is essential to effective practice in professional nursing. It encompasses the specific facts, basic ideas, concepts and thought systems that qualify nursing to be a learned profession.

2. **Methods of inquiry** used in the practice of professional nursing.

3. **Standards of practice** that guide nursing care — The standards influence the techniques of care that are reflected in a core set of competencies. Nurses must master and maintain these competencies throughout their careers.

4. An **ethic or a set of values** binding on those who practice the profession — The set of values directs professional nurses to behave in certain ways that benefit society and protects consumers from incompetent nurses.

5. A **work setting in which nursing takes place** — It may be an academic, clinical, institutional, community or a futuristic site, e.g. health clinic in a space station.

6. **Educational programs** for future nurses — The programs should recruit a sufficient number of students to ensure that there will be an adequate supply of competent nurses. (Mayhew & Ford, 1974).

The ideology of professional graduate education, which must be blended with the ideology of professional nursing, is characterized by:

1. advanced preparation in one or more fields beyond the undergraduate level;

2. mastery of core knowledge;

3. independent study to broaden one's perspective;

4. active scholarship and research that foster a lifetime of inquiry; and

5. a critical understanding of health problems, issues and trends (Heiss, 1970; Kelley, 1980).

Curricula to prepare nurse educators must do more than blend the ideologies of professional nursing and graduate education. They also must reconcile individual students' diverse goals with the health care needs of society. Nurse educators need to adhere to certain professional values that are based on the professional nursing ideology presented earlier and on the basic professional values offered by the American Association of Colleges of Nursing (AACN) in *Essentials of Baccalaureate Education for Professional Nursing Practice* (1998, pp. 8-9). These professional values serve as a framework for nurse educators:

1. **caring** — empathy, compassion and sensitivity in the delivery of relevant nursing and health care services;

2. **altruism** — concern for the welfare and cultural beliefs of others, patient advocacy and mentorship of colleagues;

3. **autonomy** — professional decision-making and collaboration with patients in planning their nursing and health care;

4. **human dignity** — respect for and sensitivity toward the worth and uniqueness of individuals and populations;

5. **integrity** — adherence to the nursing code of ethics and recognized standards of professional practice;

6. **social justice** — fair, non-discriminatory and equal access to nursing and health care resources; and

7. **life-long learning** — commitment to maintaining professional competency throughout the professional nursing career. (Mayhew & Ford, 1974).

The following values, which are extracted from the ideology of professional graduate education, are important in graduate nursing education and should guide the nurse educator as he or she fulfills the roles of teacher, scholar, and collaborator.

1. **leadership** — ability to set and achieve goals and to improve in the three roles (teacher, scholar and collaborator) of a nurse educator; ability to model the affective, cognitive and psychomotor domains of knowledge for the nurse educator role; mentorship of students, colleagues and others; promotion of a collegial atmosphere among nursing, other health care professions and the community (SREB, 1976; O'Neil, 1998);

2. **open-mindedness** — respect for and tolerance of diverse ideas in teaching, scholarship and collaboration;

3. **independence** — in thinking about and dealing with problems, trends and issues in nursing education and health care delivery;

4. **accountability** — for the learning of students, colleagues and recipients of nursing and health care.

5. **competency** — demonstration of knowledge and skills in advanced nursing practice, teaching (in the classroom and in clinical settings), evaluation, curriculum development, scholarship and collaboration; and

6. **interdisciplinary approach** — collaboration with other health professions, educators and other constituents in delivering state-of-the-art learning opportunities (SREB, 1976).

The nurse educator's three roles are teacher, scholar and collaborator. The nurse educator role and accompanying core knowledge and competencies were developed based on a model that blends ideologies of professional nursing and graduate education and their respective set of core knowledge and values (Figure 1).

Figure 1   Nurse Educator

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┌──────────────────────────┐        ┌──────────────────────────┐
│  Professional Education   │        │    Graduate Education     │
└──────────────────────────┘        └──────────────────────────┘
              │                                    │
┌──────────────────────────┐        ┌──────────────────────────────────┐
│ Professional Nursing Values│       │ Graduate Nursing Education Values │
└──────────────────────────┘        └──────────────────────────────────┘
              └────────────────┬───────────────────┘
                          ┌─────────┐
                          │  ROLES  │
                          └─────────┘
          ┌───────────────────┼───────────────────┐
    ┌───────────┐       ┌───────────┐       ┌──────────────┐
    │  Teacher  │       │  Scholar  │       │ Collaborator │
    └───────────┘       └───────────┘       └──────────────┘
          │                   │                    │
    ┌──────────────┐   ┌──────────────┐    ┌──────────────┐
    │Core Knowledge│   │Core Knowledge│    │Core Knowledge│
    └──────────────┘   └──────────────┘    └──────────────┘
          │                   │                    │
    ┌──────────────┐   ┌──────────────┐    ┌──────────────┐
    │ Competencies │   │ Competencies │    │ Competencies │
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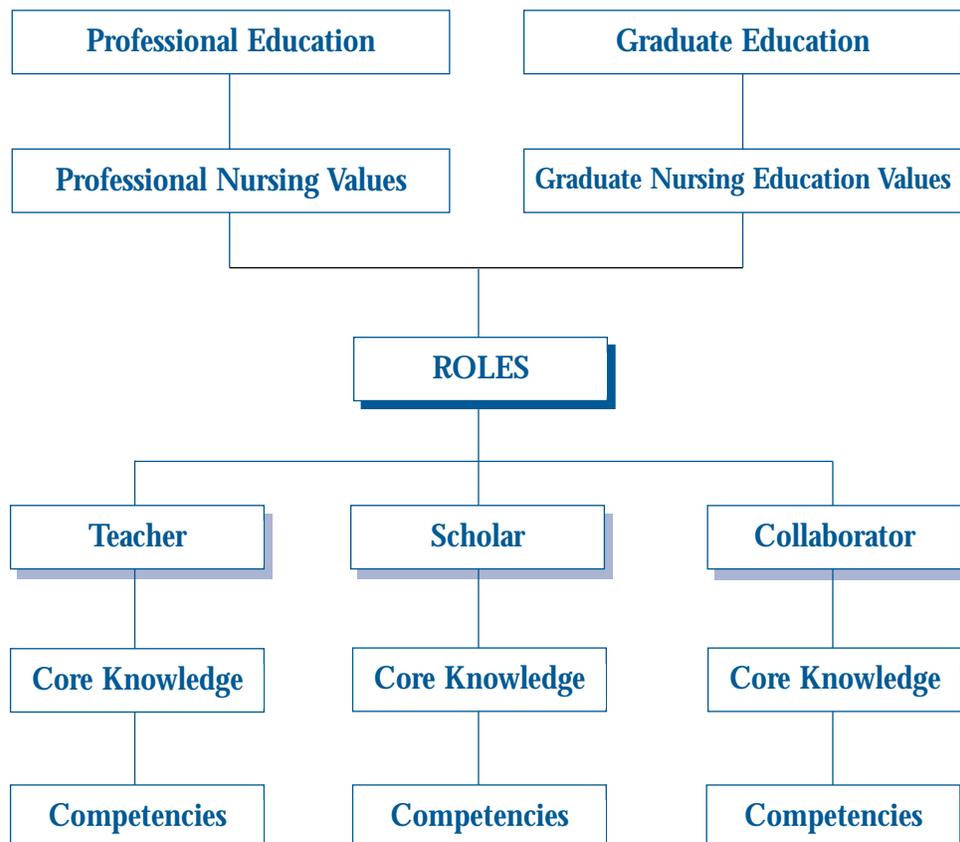
Nurse Educator Roles and Expected Competencies

An ad hoc committee of eight nurse educators — representing all levels of nursing education programs — used a consensus-building process to define the professional values for nurse educators, to delineate the expected roles and to determine the competencies and core knowledge needed for each role. The committee based its work on three assumptions about the nurse educator role:

1. A nurse educator's preparation should match the needs of the institution that hires him or her.

2. Preparation for nurse educators should occur at the graduate level.

3. Preparation for nurse educators should include competence in clinical practice (advanced generalist or specialist).

The committee identified 35 competencies for the three roles of the nurse educator.

Teacher role

As part of the *teacher role* nurse educators assume leadership in curriculum, instruction and evaluation. The role involves leadership in several educational contexts: curriculum development, clinical teaching and supervision, classroom teaching, seminar and "virtual teaching," application of knowledge of the learning process and management of the learning environment. This role provides the core of education for the other roles of nurse educators. The competencies, gained through education and experience, are used to engage students in their learning and to broaden their vision of patients, communities and their profession. An essential component of the *teacher role* is the ability to model appropriate, desired behaviors of professional practice.

■ **Core knowledge and skills:**

- principles, philosophies and theories of learning;

- a broad repertoire of instructional strategies;

- use of technology in teaching;

- principles of curriculum and program development;

- evaluation measures including teacher-made and standardized measurements, outcome assessments, accreditation standards and procedures, and clinical evaluation;

- legal standards that govern professional practice;

- mentoring;

- cultural influences on health; and

- effective communication.

Expected competencies for the teacher role:

1. deliver client care proficiently to diverse populations;

2. use appropriate theoretical frameworks and tools to further students' socialization into the role of professional nursing;

3. help learners use resources effectively in coordinating diverse[2] clients' health-care needs;

4. help learners recognize the impact of societal forces on health-care delivery to individuals and groups;

5. provide clinical supervision for learners;

6. maintain appropriate academic records;

7. incorporate technology into curricula and educational programs;

8. assess the program's needs for future planning;

9. develop curricula based on the mission, philosophy and framework of the program and the institution;

10. define instructional objectives and content consistent with overall curricular goals;

11. organize content and learning experiences according to accepted principles of learning;

12. plan appropriate learning experiences;

13. design instructional strategies, learning materials and educational technology to achieve learning goals;

14. prescribe appropriate teaching/learning interventions based on analyses of learners' needs;

15. use appropriate evaluation instruments to assess learning and achievement of goals;

16. involve learners in selecting, planning and evaluating learning experiences;

17. use information from program evaluations in planning instruction and improving the process;

18. communicate effectively;

19. enact best practices in nursing education;

20. serve as an intellectual role model and mentor for students; and

21. assess his or her own knowledge and skills and implement plans for ongoing professional development.[3]

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[2] The committee added this adjective after reviewing the suggestions from nurse educators who participated in the 2002 validation survey.

[3] The committee added this statement after reviewing the suggestions from nurse educators who participated in the 2002 validation survey.

Scholar role

Nurse educators are responsible for the scholarship of teaching, discovery, application and integration. This well-known concept of distinct types of scholarship by Boyer (1990) reflects the multifaceted nature and the importance of the scholar role in nursing education. The scholarship of teaching requires knowledge of the subject matter and the ability to communicate that knowledge effectively to others (Pape, 2000). True scholarship is reflected in the nurse educator's breadth and depth of knowledge in a particular area, the educator's skill in mentoring others and in the educator's ability to demonstrate proficiency in the five standards of scholarly writing. The nurse educator must meet these five standards — clarity, relevance, accuracy, originality and intellectual diversity — in order to disseminate to others the best practices in education, health care and research (Hegyvary, 2000).

Nurse educators contribute to the development of knowledge in the discipline through the scholarship of discovery, integration and application of knowledge (Meleis, 1992). Nurse educators discover new knowledge by conducting original research and by reading, interpreting and applying existing knowledge in new and creative ways (Pape, 2000). The *scholar role* requires a nurse educator to design, collaborate and use research in nursing education and nursing practice; to seek opportunities for interdisciplinary and intra-disciplinary research; to keep abreast of current knowledge; and to integrate research and scholarly findings into the practice of nursing education.

■ **Core knowledge and skills:**

- methods and procedures of inquiry and research in nursing education;
- effective communication skills (written, verbal and non-verbal);
- mentoring principles;
- awareness of emerging challenges, opportunities, issues, trends and needs in nursing and nursing education;
- awareness of the status of research in nursing practice and nursing education; and
- personal abilities such as intuitive, creative and analytical thinking skills and caring attitude.

■ **Expected competencies for the scholar role:**

1. help learners interpret and apply research in nursing practice;
2. use current research findings and scholarly works in nursing to improve nursing education;
3. recognize opportunities for conducting research in nursing;
4. promote nursing scholarship in academic and practice settings;
5. use knowledge gained through clinical practice to maintain and improve nursing curricula;

6. demonstrate commitment to research;

7. disseminate knowledge of best practices in nursing education and research;

8. demonstrate proficiency in scholarly writing; and

9. serve as an intellectual role model and mentor for students as they learn to become scholars.

Collaborator role

O'Neil (1998) challenged leaders in nursing education to develop partnerships with emerging health care systems. Collaboration — with peers, students and administrators as well as with groups and communities — is essential to the full expression of the nurse educator role. Educating the next generation of nurses depends upon the nurse educators' ability to interact with many diverse constituencies. The nurse educator will use the knowledge and skills associated with collaboration to enact and enhance the best practices for the teacher and scholar roles.

■ **Core knowledge and skills:**

● theories (group, leadership, communication, negotiation, organization, systems, change);

● problem-solving/decision-making; and

● legislative and policy development processes.

■ **Expected competencies for the collaborator role:**

1. consult with others within and outside of the discipline;

2. establish strong links among educational institutions, clinical institutions and the community;

3. use broad frameworks to build effective relationships within and among groups to enhance nursing education;

4. communicate effectively with peers, students, administrators, communities and others to facilitate the enactment of best practices in nursing education;

5. work with others to promote nursing and health care in political or legislative agendas;

6. explain the nursing curriculum to various constituencies — peers, students, administrators, regulatory agencies and other health-related disciplines; and

7. demonstrate professional and educational values and legal/ethical precepts in interactions.[4]

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[4] The committee added this statement after reviewing the suggestions from nurse educators who participated in the 2002 validation survey.

The three roles — teacher, scholar and collaborator — challenge nurse educators at all levels and in diverse settings to model the appropriate behaviors of professional nurses and to implement the best practices of nursing education. The committee believes that the list of expected competencies will be particularly useful to three groups: graduate nurse educators who prepare faculty; students who aspire to be nurse educators; and those who shape the policies that influence education and health care.

Validation of Expected Competencies

Method

The Board of Directors of the SREB Council on Collegiate Education for Nursing endorsed the 35 expected competencies during its February 2002 meeting and asked the committee to conduct a study to validate the statements. The committee developed a three-step questionnaire to validate the expected competencies. The survey respondents were asked to follow a three-step instrument:

Step 1: Respondents indicated agreement with the competency statements for each of the three roles.

Step 2: Respondents rated the *importance* of the statements — *not important,* important, or very important.

Step 3: Respondents selected the *most important* competencies from those they had identified in Step 2 as *very important.*

Respondents were invited to submit additional values, core knowledge and competencies that were not identified in the instrument and to designate each suggestion as very important or most important.

Questionnaires were mailed to the nursing education administrator at 499 institutions in the SREB states and the District of Columbia and to the nursing education administrator of 51 graduate programs that prepare nurse educators. SPSS software for Windows was used to manage and analyze the data.

Results

■ **A representative sample**

The overall return rate was 45 percent. This response was deemed adequate for this study. Respondents represented each of the 16 SREB states and the District of Columbia (Appendix A, Table 1).

■ **Validation process**

Step 1. Respondents agreed that all 35 statements were nurse educator competencies (Appendix B, Table 2). For the statements related to the *teacher role,* the "yes" responses ranged between 95 percent and 98 percent. A majority of the respondents (between 78 percent and 97 percent) agreed with statements related to the scholar role. Only two of the statements were endorsed by less than 90 percent of the respondents. All six competency statements related to the *collaborator role* were supported by at least 90 percent of respondents.

Step 2. The majority of the respondents ranked the teacher role competencies either *important* or *very important* to that role (Appendix C, Table 3). Few respondents rated any of those the 20 competencies as *not important.* While a majority of the respondents affirmed the importance of the *scholar role,* only one competency statement — "use knowledge gained through clinical practice to maintain and improve the nursing curricula" — was identified as *very important.* Between 12 percent and 19 percent of the respondents ranked three competency statements as *not important* to the scholar role. Most respondents believed the statements related to the *collaborator role* were *important.* One competency statement — "communicate effectively with peers, students, administrators, communities and others to facilitate enactment of best practices in nursing education" — was rated *very important* by 73 percent of respondents.

Step.3. Respondents indicated which of the items they ranked as *very important* were *most important.* Only eight of the competency statements received a ranking of *most important* by the total sample (Appendix D, Table 4). The majority of these statements were in the *teacher role* (7), none in the *scholar role* and one in the *collaborator role* rated *most important.*

Differences between respondents at two- and four-year institutions

Responses to the three-step questionnaire differed significantly between respondents at two- and four-year institutions. In Step 1, which asked respondents to indicate the degree to which they agreed with the competency statements, respondents at two- and four-year institutions gave significantly different ratings for eight of the 35 competencies (Appendix E, Table 5).

Step 2 asked respondents to rate the importance of the 35 competency statements. Again there were differences between responses from two-year institutions and four-year institutions. The variations were significant for 13 of the statements (Appendix F, Table 6).

In Step 3, respondents were instructed to choose from those competencies that they had identified as *very important* which competencies they thought were *most important.* Respondents at two-year institutions and four-year institutions gave significantly different ratings to 12 competency statements. (Appendix G, Table 7).

Additional statements

Survey respondents submitted 141 additional statements inclusive of values, core knowledge and competencies. The committee reviewed these statements to determine whether they were included in the values, core knowledge and competencies that the committee had identified. The committee found that all of the values and core knowledge suggested by respondents already were covered under the original set of statements. However, of the competencies suggested by respondents, three themes could not be incorporated into the original competencies: (1) helping learners incorporate knowledge of diverse patient groups into care, (2) applying legal/ethical standards in interactions with others and (3) assessing one's own need for and participation in professional development.

The committee addressed these themes in the following manner:

1. Two competencies (1 and 3) related to the teacher role were edited to incorporate the theme of helping learners incorporate knowledge of diverse patient groups.

2. An additional competency (7) was added to the collaborator role in order to include the theme of applying legal/ethical standards.

3. An additional competency (21) was added to the teacher role to include the theme of assessing one's own need for and participation in professional development.

Discussion

The percentages of survey respondents who agreed with the 35 original competency statements ranged from 78 percent to 98 percent. Most statements received support from at least 90 percent of respondents, and most were rated as either *important* or *very important.* While only four competency statements, none in the scholar role, were identified as *most important,* agreement was high for all statements as descriptive of nurse educator competencies.

Additional analyses, using Pearson's Chi-Square, revealed differences between the responses from nursing faculty at two-year and four-year institutions. Respondents from two-year and four-year institutions had significantly different levels of agreement with eight competencies in Step 1, with 13 competencies in Step 2 and with 12 competencies in Step 3. No reasons were given for the differences between the two groups. The committee speculates that differences in the job requirements and faculty roles at the two types of institutions may account for the different views regarding certain competencies. Requirements for promotion and tenure also may differ at two-year and four-year institution; as a result, the two types of institutions may place different degrees of emphasis on some competencies.

The survey instrument was an effective method of getting feedback on the expected competencies. The 45 percent response, which was divided about equally between two-year and four-year institutions, afforded a broad base for measuring the validity of the 35 competencies. Inviting respondents to list additional values, knowledge and competencies helped the committee identify gaps in the competency statements.

Summary

The three roles — teacher, scholar and collaborator — challenge nurse educators at all levels and in diverse settings to model the appropriate behaviors of professional nurses and to implement the best practices of nursing education. The committee believes that the list of expected competencies will be particularly useful to three groups: nurse educators at the graduate level who prepare future faculty members; students who aspire to be nurse educators; and administrators who shape policies related to education and health care. The committee recommends that graduate programs incorporate the competencies into the curriculum for nurse educators.

The committee also recognizes that there are similarities and differences between nurse educators in academic settings and clinical settings (such as those who work in hospital staff development). While the competencies described in this document are broad enough to encompass clinical settings, the competencies were not validated for this group. The ad hoc committee recommends that a similar process be used to validate expected competencies of nurse educators in clinical settings. Comparing the two sets of competencies would help graduate programs to improve further the curricula for nurse educators.

Because the committee believes that nurse educators' professional and academic achievements deserve recognition, it recommends the development of a two-level certification process: Level 1 for novice nurse educators and Level 2 for experienced nurse educators (Appendix H). This certification process would be optional and would be comparable to the entry-level and advanced certifications in nursing administration.

Appendix A

Table 1 Characteristics of Respondents

Distribution by:

State	Mailed	Returned	%
Alabama	35	22	63
Arkansas	24	13	54
Delaware	10	6	60
Florida	53	24	45
Georgia	36	15	42
Kentucky	34	13	38
Louisiana	20	9	45
Maryland	25	11	44
Mississippi	25	10	40
North Carolina	64	28	44
Oklahoma	30	16	53
South Carolina	22	9	41
Tennessee	33	17	52
Texas	82	34	41
Virginia	33	12	36
West Virginia	19	7	37
District of Columbia	5	2	40
Missing identity	0	2	
Total	**550**	**250**	**45**

Type Institution

	Mailed	Returned	
Two-year	112	44.8	
Four-year	137	54.8	
Missing identity	1	0.4	
Total	**250**	**100**	

Appendix B

Table 2   **Step 1:** Agreement with 35 Competency Statements

Teacher Role	Yes	%	No	%	NR	%	Total
1 Deliver client care proficiently.	244	98	2	1	4	2	250
2 Use appropriate theoretical frameworks and tools to further student's socialization.	240	96	7	3	3	1	250
3 Help learners use resources effectively in coordinating client's health care needs.	246	98	0		4	2	250
4 Help learners recognize the impact of societal forces on health care delivery to individuals and groups.	240	96	4	2	6	2	250
5 Provide clinical supervision for learners.	240	96	5	2	5	2	250
6 Maintain appropriate academic records.	240	96	7	3	3	1	250
7 Incorporate technology into curricula and educational programs.	243	97	4	2	3	1	250
8 Assess the program's needs for future planning.	238	95	6	2	6	2	250
9 Develop curricula based on the mission, philosophy and framework of the program and the institution.	241	96	3	1	6	2	250
10 Define instructional objectives and content consistent with overall curricular goals.	242	97	1	*	7	3	250
11 Organize content and learning experiences according to accepted principles of learning.	244	98	1	*	5	2	250
12 Plan appropriate learning experiences.	246	98	0		4	2	250
13 Design instructional strategies, learning materials and educational technology to achieve learning goals.	244	98	2	1	4	2	250
14 Prescribe appropriate teaching/learning interventions based on analysis of learner's needs.	244	98	1	*	5	2	250
15 Use appropriate evaluation instruments to assess learning and achievement of goals.	242	97	1	*	7	3	250
16 Involve learners in selecting and evaluating learning experiences.	241	96	3	1	6	2	250
17 Use information from program evaluation in planning instruction and improving the process.	244	98	1	*	5	2	250
18 Communicate effectively.	245	98	0		5	2	250
19 Enact best practices in nursing education.	241	96	3	1	6	2	250
20 Serve as an intellectual role model and mentor for students.	245	98	0		5	2	250

* Less than 1 percent

Appendix B

Table 2   **Step 1:** Agreement with 35 Competency Statements (continued)

Scholar Role		Yes	%	No	%	NR	%	Total
1	Help learners interpret and apply research in nursing practice.	237	95	8	3	5	2	250
2	Use current research findings and scholarly work in nursing to improve nursing education.	243	97	2	1	5	2	250
3	Recognize opportunities for conducting research in nursing.	222	97	2	1	5	2	229
4	Promote nursing scholarship in academic and practice settings.	237	95	5	2	8	3	250
5	Use knowledge gained through clinical practice to maintain and improve nursing curricula.	242	97	1	*	7	3	250
6	Demonstrate commitment to research.	195	78	47	19	8	3	250
7	Disseminate knowledge of best practices in nursing education and research.	232	93	9	4	9	4	250
8	Demonstrate proficiency in scholarly writing.	198	79	43	17	9	4	250
9	Serve as an intellectual role model and mentor for students as they learn to become scholars.	229	92	12	5	9	4	250

Collaborator Role		Yes	%	No	%	NR	%	Total
1	Consult with others within and outside of the discipline.	245	98	1	*	4	2	250
2	Take the lead in establishing strong links among educational institutions, clinical institutions and the community.	225	90	18	7	7	3	250
3	Use broad framework to build effective relationships within and among groups to enhance nursing education.	230	92	12	5	8	3	250
4	Communicate effectively with peers, students, administrators, communities and others to facilitate enactment of best practices in nursing education	245	98	0		5	2	250
5	Work with others to promote nursing and health care in political or legislative agendas.	224	90	20	8	6	2	250
6	Explain the nursing curriculum to various constituencies: peers, students, administrators, regulatory agencies and other health related disciplines.	237	95	8	3	5	2	250

* Less than 1 percent

Appendix C

Table 3   **Step 2:** Importance of Competency Statements

Teacher Role	Not Important	%	Important	%	Very Important	%	NR	%	Total
Deliver client care proficiently.	3	1	71	28	159	64	17	7	250
Use appropriate theoretical frameworks and tools to further student's socialization into the role of professional nursing.	11	4	142	57	91	36	6	2	250
Help learners use resources effectively in coordinating client's health care needs.	0		94	38	146	58	10	4	250
Help learners recognize the impact of societal forces on health care delivery to individuals and groups.	4	2	142	57	96	38	8	3	250
Provide clinical supervision for learners.	2	1	47	19	176	70	25	10	250
Maintain appropriate academic records.	6	2	99	40	125	50	20	8	250
Incorporate technology into curricula and educational programs.	1	*	125	50	118	47	6	2	250
Assess the program's needs for future planning.	8	3	113	45	119	48	10	4	250
Develop curricula based on the mission, philosophy and framework of the program and the institution.	5	2	73	29	157	63	15	6	250
Define instructional objectives and content consistent with overall curricular goals.	3	1	50	20	179	72	18	7	250
Organize content and learning experiences according to accepted principles of learning.	2	1	83	33	146	58	19	8	250
Plan appropriate learning experiences.	0		38	15	194	78	18	7	250
Design instructional strategies, learning materials and educational technology to achieve learning goals.	1	*	63	25	172	69	14	6	250
Prescribe appropriate teaching/learning interventions based on analysis of learner's needs.	1	*	89	36	145	58	15	6	250
Use appropriate evaluation instruments to assess learning and achievement of goals.	0		61	24	171	68	18	7	250
Involve learners in selecting and evaluating learning experiences.	3	1	145	58	94	38	8	3	250
Use information from program evaluation in planning instruction and improving the process.	1	*	70	28	160	64	19	8	250
Communicate effectively.	0		16	6	212	85	22	9	250
Enact best practices in nursing education.	3	1	79	32	147	59	21	8	250
Serve as an intellectual role model and mentor for students.	0		58	23	177	71	15	6	250

* Less than 1 percent

Appendix C

Table 3   **Step 2:** Importance of Competency Statements (continued)

Scholar Role	Not Important	%	Important	%	Very Important	%	NR	%	Total
Help learners interpret and apply research in nursing practice.	12	5	129	52	100	40	9	4	250
Use current research findings and scholarly work in nursing to improve nursing education.	5	2	109	44	124	50	12	5	250
Recognize opportunities for conducting research in nursing.	31	12	163	65	45	18	11	4	250
Promote nursing scholarship in academic and practice settings.	6	2	126	50	108	43	10	4	250
Use knowledge gained through clinical practice to maintain and improve nursing curricula.	2	1	75	30	156	62	17	7	250
Demonstrate commitment to research.	47	19	137	55	47	19	19	8	250
Disseminate knowledge of best practices in nursing education and research.	10	4	140	56	91	36	9	4	250
Demonstrate proficiency in scholarly writing.	36	14	139	56	51	20	24	10	250
Serve as an intellectual role model and mentor for students as they learn to become scholars.	14	6	101	40	116	46	19	8	250

Collaborator Role	Not Important	%	Important	%	Very Important	%	NR	%	Total
Consult with others within and outside of the discipline.	2	1	132	53	109	44	7	3	250
Take the lead in establishing strong links among educational institutions, clinical institutions and the community.	15	6	106	42	111	44	18	7	250
Use broad framework to build effective relationships within and among groups to enhance nursing education.	13	5	145	58	82	33	10	4	250
Communicate effectively with peers, students, administrators, communities and others to facilitate enactment of best practices in nursing education.	0		51	20	182	73	17	7	250
Work with others to promote nursing and health care in political or legislative agendas.	17	7	134	54	85	34	14	6	250
Explain the nursing curriculum to various constituencies: peers, students, administrators, regulatory agencies and other health related disciplines.	7	3	115	46	116	46	12	5	250

* Less than 1 percent

Appendix D

Table 4   **Step 3:** Most Important of Competency Statements

Teacher Role	Most Important	%	NR	%	Total
Deliver client care proficiently.	116	46	134	534	250
Use appropriate theoretical frameworks and tools to further student's socialization into the role of professional nursing.	51	20	199	80	250
Help learners use resources effectively in coordinating client's health care needs.	80	32	170	68	250
Help learners recognize the impact of societal forces on health care delivery to individuals and groups.	45	18	205	82	250
Provide clinical supervision for learners.	142	57	108	43	250
Maintain appropriate academic records.	77	31	173	69	250
Incorporate technology into curricula and educational programs.	50	20	200	80	250
Assess the program's needs for future planning.	62	25	188	75	250
Develop curricula based on the mission, philosophy and framework of the program and the institution.	106	42	144	58	250
Define instructional objectives and content consistent with overall curricular goals.	122	49	128	51	250
Organize content and learning experiences according to accepted principles of learning.	86	34	164	66	250
Plan appropriate learning experiences.	135	54	115	46	250
Design instructional strategies, learning materials and educational technology to achieve learning goals.	119	48	131	52	250
Prescribe appropriate teaching/learning interventions based on analysis of learner's needs.	101	40	149	60	250
Use appropriate evaluation instruments to assess learning and achievement of goals.	124	50	126	50	250
Involve learners in selecting and evaluating learning experiences.	37	15	213	85	250
Use information from program evaluation in planning instruction and improving the process.	101	40	149	60	250
Communicate effectively.	198	79	52	21	250
Enact best practices in nursing education.	92	37	158	63	250
Serve as an intellectual role model and mentor for students.	124	50	126	50	250

Appendix D

Table 4   Step 3: Most Important of Competency Statements (continued)

Scholar Role	Most Important	%	NR	%	Total
Help learners interpret and apply research in nursing practice.	67	27	183	73	250
Use current research findings and scholarly work in nursing to improve nursing education.	88	35	162	65	250
Recognize opportunities for conducting research in nursing.	22	9	228	91	250
Promote nursing scholarship in academic and practice settings.	64	26	186	74	250
Use knowledge gained through clinical practice to maintain and improve nursing curricula.	114	46	136	54	250
Demonstrate commitment to research.	26	10	224	90	250
Disseminate knowledge of best practices in nursing education and research.	48	19	202	81	250
Demonstrate proficiency in scholarly writing.	29	12	221	88	250
Serve as an intellectual role model and mentor for students as they learn to become scholars.	91	36	159	64	250

Collaborator Role	Most Important	%	NR	%	Total
Consult with others within and outside of the discipline.	51	20	199	80	250
Take the lead in establishing strong links among educational institutions, clinical institutions and the community.	80	32	170	68	250
Use broad framework to build effective relationships within and among groups to enhance nursing education.	37	15	213	85	250
Communicate effectively with peers, students, administrators, communities and others to facilitate enactment of best practices in nursing education.	160	64	90	36	250
Work with others to promote nursing and health care in political or legislative agendas.	60	24	190	76	250
Explain the nursing curriculum to various constituencies: peers, students, administrators, regulatory agencies and other health related disciplines.	69	28	181	72	250

Appendix E

Table 5   Differences Between Institutions:
Identification and Ranking of Competencies (Step 1)

Competency Statement	Two-year		Four-year		Chi Square Value
	N	%	N	%	
1. Use appropriate theoretical frameworks and tools to further students' socialization into the role of the professional nurse.	105	94.6	135	99.3	4.841* df = 1
2. Provide clinical supervision for learners.	111	100	129	96.3	4.228* df = 1
3. Help learners interpret and apply research in nursing practice.	103	92.8	134	100	9.984* df = 1
4. Recognize opportunities for conducting research.	92	82.9	130	97	14.245* df = 1
5. Promote nursing scholarship in academic and practice settings.	106	95.5	131	100	6.025* df = 1
6. Demonstrate commitment to research.	69	62.7	126	95.5	41.065* df = 1
7. Demonstrate proficiency in scholarly writing.	74	67.3	124	94.7	30.587* df = 1
8. Serve as an intellectual role model and mentor for students as they learn to become scholars.	98	89.1	131	100	15.040* df = 1

* Significant at the .05 level

Appendix F

Table 6	Differences Between Institutions: Identification and Ranking of the Degree of *Importance* of Competencies (Step 2)

Competency Statement	Chi Square Value
1. Use appropriate theoretical frameworks and tools to further student's socialization into the role of professional nurse.	9.243* df=2
2. Help learners recognize the impact of societal forces on health care delivery to individuals and groups.	8.188* df=2
3. Provide clinical supervision to learners.	17.537* df=2
4. Maintain appropriate academic records.	9.111 df=2
5. Help learners interpret and apply research in nursing practice.	51.567* df = 2
6. Use current research findings and scholarly work in nursing to improve nursing education.	25.883* df = 2
7. Recognize opportunities for conducting research.	31.618* df = 2
8. Promote nursing scholarship in academic and practice settings.	15.492* df = 2
9. Demonstrate commitment to research.	50.893* df = 2
10. Disseminate knowledge of best practices in nursing education and research.	18.938* df = 2
11. Demonstrate proficiency in scholarly writing.	33.110* df = 2
12. Serve as an intellectual role model and mentor for students as they learn to become scholars.	21.475* df = 2
13. Work with others to promote nursing and health care in political or legislative agendas.	7.643* df = 2

* Significant at the .05 level

Appendix G

Table 7   Differences Between Institutions: Identification and Ranking
of Most Important Competencies (Step 3)

Competency Statement	Two-year		Four-year		Chi Square
	N	%	N	%	Value
1. Deliver client care proficiently.	65	58	51	37.2	10.724* df = 1
2. Help learners recognize the impact of societal forces on health care delivery to individuals and groups.	13	11.6	32	23.4	5.747* df = 1
3. Provide clinical supervision for learners.	85	75.9	57	41.6	29.561* df = 1
4. Help learners interpret and apply research in nursing practice.	11	9.8	56	40.9	30.216* df = 1
5. Use current research findings and scholarly work in nursing to improve nursing education.	24	21.4	64	46.7	17.243* df = 1
6. Recognize opportunities for conducting research in nursing.	1	.9	21	15.3	15.943* df = 1
7. Promote nursing scholarship in academic and practice settings.	17	15.2	47	34.3	11.807* df = 1
8. Use knowledge gained through clinical practice to maintain and improve nursing curricula.	65	58	49	35.8	12.312* df = 1
9. Demonstrate commitment to research.	4	3.6	22	16.1	10.275* df = 1
10. Disseminate knowledge of best practices in nursing education.	15	13.4	33	24.1	4.529* df = 1
11. Demonstrate proficiency in scholarly writing.	2	1.8	27	19.7	19.236* df = 1
12. Serve as an intellectual role model and mentor for students as they learn to become scholars.	22	19.6	69	50.4	25.081* df = 1

* Significant at the .05 level

Appendix H

Nurse Educator Certification: Levels 1 and 2

A nurse educator at **Level 1** would:

- help implement the nursing curriculum;
- design and/or implement course(s) or units of instruction consistent with the program's curriculum;
- work with colleagues to plan, provide and improve students' learning experiences;
- enhance teaching through scholarship; and
- collaborate with others to achieve nursing education goals;

To meet the eligibility requirements for Level 1 certification, a nurse educator must:

- meet state requirements for registered nurse licensure;
- hold a master's or higher degree in nursing;
- complete requirements in an area of advanced practice nursing and as a nurse educator in a master's or doctoral program in nursing or a formal postgraduate master's program in nursing;
- have graduated from a program that includes didactic and clinical components that address the values and core knowledge and skills for the nurse educator; and
- have graduated from a program that includes a minimum of 500 combined hours of supervised clinical practice in advanced practice nursing and nursing education.

  The title for certification at Level 1 would be Nurse Educator, Board Certified (NE, BC).

A nurse educator at **Level 2** would:

- provide formal leadership in the nursing education program;
- design and/or revise, implement and evaluate the nursing curriculum;
- collaborate with others in making decisions about nursing education; and
- conduct and communicate original scholarship that enhances nursing and/or nursing education;

Appendix H

Nurse Educator Certification: Levels 1 and 2 (continued)

Eligibility requirements for a Level 2 nurse educator include:

- level 1 nurse educator certification;[5]

- experience (at least five years) and 1,500 hours as a nurse educator in an academic or practice setting; and

- evidence of 60 continuing education units appropriate to nursing education or nursing practice in the last five years;

  The title for certification at Level 2 would be Nurse Educator Advanced, Board Certified (NEA, BC).

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[5] Proviso: Level 1 certification will be waived as a requirement for Level 2 certification within the first three years of implementation of nurse educator certification for nurse educators who meet all eligibility requirements for Level 1 and Level 2 certification.

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