

**Association of Community Health Nursing Educators (ACHNE)  
Position Paper**

***Academic Faculty Qualifications for Community/Public Health Nursing***

**2009**

## FORWARD

The Association of Community Health Nursing Educators (ACHNE) has developed a number of documents designed to delineate the scope and function of community/public health nursing (c/phn) educators, researchers, and practitioners. Consistent with the mission of ACHNE this position paper entitled *Academic Faculty Qualifications for Community/Public Health Nursing* has been developed by the Faculty Qualifications task Force.

The shortage of qualified nursing faculty has been well documented. In particular this shortage has increased the difficulty in having sufficient numbers of faculty who are educationally and experientially qualified to teach in the Community/Public Health Nursing specialty. ACHNE is addressing this concern by setting forth preferred qualifications for faculty to teach C/PHN at both the graduate and undergraduate level. Task Force members developed an earlier draft of the document in fall 2008, and input was solicited and received from ACHNE members and considered in the final document which was approved by the ACHNE Executive Board in March 2009.

The members of ACHNE extend their appreciation to the members of the Faculty Qualifications Task Force:

Co-Chairs:

Jill Collier, DNSc, PHCNS, FNP, University of Wisconsin, Oshkosh

Gail Davidson, MSN, PHCNS, RN California State University, Bakersfield

Members:

Carol B. Allen, PhD, RN Washington State University, Spokane

Janna Dieckmann PhD RN, University of North Carolina at Chapel Hill

Mary M. Hoke, PhD, RN, CNS, APRN-BC New Mexico State University- Las Cruces

Mary Alice Sawaya MS, RN, Metropolitan State College of Denver

In addition acknowledgment is given to Derryl Block, PhD, MPH, RN, ACHNE President, 2006-2008 who was instrumental in the formation and leadership of this task force.

This position paper strives to meet the needs of community/public health nursing educators and clarify issues for the nursing and public health communities. ACHNE remains committed to promotion of the public's health through ensuring leadership and excellence in community and public health nursing education, research, and practice.

Joyce Splann Krothe, DNS RN, President 2008-2010

Susan M. Swider, PhD, APHN-BC President-elect 2008-2010

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The Association of Community Health Nursing Educators (ACHNE), as the specialty organization for professional education in community/public health nursing (C/PHN), is responsible for setting academic faculty standards for its field. Consistent with the scope of professional organizations, ACHNE believes it is imperative for C/PHN leaders to provide leadership and direction for the selection of C/PHN faculty at graduate and undergraduate levels.

Professional nursing organizations and state and federal governments have documented the shortage of nursing faculty and identified the importance of increasing the pool of nursing faculty prepared to educate the next generation of nurses (American Association of Colleges of Nursing, 2005; Spratley, Johnson, Fritz, & Spencer, 2002; Sroczyński, 2003). This faculty shortage has increased the difficulty of appointing educationally and experientially qualified faculty in all nursing specialties. As a result, C/PHN content is increasingly taught by faculty lacking graduate-level specialty preparation and/or lacking adequate experience in community-based and population-focused nursing practice. This situation is unacceptable as the *status quo*. C/PHN faculty must meet minimum qualifications in order to prepare nurses capable of delivering safe and effective services to the public.

This position statement sets forth minimum and preferred qualifications for the appointment and assignment of faculty to teach C/PHN at the graduate and undergraduate levels, direct programs, lead courses, and supervise clinical experiences. High standards are necessary to provide direction for the future of the specialty of C/PHN, as well as for the continued advancement of nursing.

**Faculty Preparation Now and in the Future**

Contemporary C/PHN faculty and leaders received their nursing education in a variety of educational programs; faculty preparation may or may not have been at the doctoral level, and may or may not have been in nursing. As doctoral preparation in nursing was less accessible in the past, current C/PHN faculty members may hold terminal degrees in a variety of disciplines. The leadership and experience of faculty, who have maintained knowledge of current practice in C/PHN, should continue to be highly valued for their contributions and support to nursing.

As nursing doctoral programs have become more widely accessible, C/PHN nurses now

seeking preparation as faculty may select from a variety of educational paths. ACHNE recommends that emerging C/PHN faculty seek graduate level preparation in community/public health nursing with an emphasis on population-based practice and encourages doctoral nursing preparation. This is the preferred educational program/track to prepare well-qualified nursing faculty for future academic roles set forth in this document. This preparation is consistent with the preferred vision for faculty put forth by the American Association of Colleges of Nursing (AACN, 2008). ACHNE strongly supports graduate level C/PHN preparation and advanced expertise for faculty teaching C/PHN content.

### **Graduate Program Faculty Teaching and Leadership**

Nursing faculty teaching theory content at the graduate level are expected to hold a terminal degree in nursing or public health with specialty graduate level C/PHN preparation. ACHNE also recommends that the program leader for a graduate program in C/PHN be doctorally prepared and preferably hold C/PHN specialty nursing certification.

### **Undergraduate Faculty Teaching and Leadership**

Nursing faculty teaching theory content at the undergraduate level are expected to hold a terminal degree in nursing or public health with specialty graduate-level preparation in C/PHN. Faculty prepared at this level should provide leadership in undergraduate programs regarding C/PHN related curricula. Recognizing that public health nursing includes using knowledge from nursing and public health sciences (Public Health Nursing Section, 1997), advanced preparation in the public health sciences in the form of a doctorate in public health, in combination with graduate-level specialty preparation in C/PHN, is one path toward C/PHN faculty preparation. Advanced practice expertise gained through population-focused experience is an additional essential criterion for teaching C/PHN theory.

### **Faculty for Clinical Education**

Well-qualified faculty in C/PHN clinical settings are crucial to transmitting knowledge and maintaining relationships among students, public health nursing leaders and staff, community partners, and stakeholders who work in collaboration with public health agencies. Qualified C/PHN faculty members enhance academic/practice relationships through interactions with nursing staff and preceptors in providing challenging and evidence-based practice experiences for nursing students.

It is unacceptable to assign nursing faculty to clinical areas for which they are unprepared by education and experience; such assignments increase the potential for unsafe practice. Faculty members who maintain competence in their C/PHN specialty area are highly valued in agency clinical settings. Nursing students practicing in community settings are guided by nursing faculty to address health needs at the population level and, in doing so, often develop leadership skills while working on community projects. Without appropriate guidance, the student learning experience is jeopardized, as are community relationships and outcomes. Well-qualified faculty with sufficient educational and experiential preparation are likely to provide learning experiences which benefit agencies, communities, and students.

At the minimum master's level and undergraduate clinical faculty should be prepared at the graduate level with a specialty in C/PHN. The preferred candidate will also hold a nationally recognized C/PHN certification. Nursing experience beyond that required for the initial C/PHN certification bolsters the strength of the individual faculty and is required for continued specialty certification. Certification in C/PHN provides verification of advanced preparation and current practice which is highly valued in the clinical setting. For faculty without C/PHN certification, graduate level specialty preparation and experience in population-focused nursing care, as well as preparation for the educator role are strong qualifications. However certification should continue to be highly valued. Doctoral level clinical faculty should hold a terminal degree in nursing or public health and preferably have nationally recognized C/PHN specialty certification.

Additional strong preparation is provided by (1) a graduate nursing degree along with the Master's in Public Health (MPH), or (2) an MPH with a focus in nursing. Faculty candidates with the MPH but without a nursing focus would have to be evaluated individually to assess their specific knowledge of nursing theory and practice experience in C/PHN nursing.

All C/PHN clinical faculty members are expected to secure and maintain current knowledge through formal graduate education, continuing education, and/or clinical experience at levels similar to those recommended by the American Nurses Credentialing Center (ANCC) for C/PHN certification. Alternate certification in public health which is not nursing-specific provides verification of public health knowledge for those faculty lacking C/PHN graduate-level preparation. While this certification is helpful, specialty preparation in C/PHN nursing should be the priority as it ensures the faculty is knowledgeable about the unique role and contributions of nursing to multidisciplinary efforts to improve the health of our communities.

### **C/PHN Specialty Certification and Recertification Practice Hours**

This Position Paper strongly supports specialty certification for C/PHN academic faculty. A common understanding of “practice hours” for recertification is an important basis for suggesting and supporting C/PHN specialty certification as a requirement for the faculty role. ACHNE, as the lead organization for academic faculty in C/PHN, is in agreement with ANCC regarding the definition of “practice hours”: The practice of the specialist "considers all influences on the population and community in decision making and outcome evaluation" (ANCC, 2008). Activities designated by ANCC as “practice” include: (1) Education (e.g., community, staff, students, and colleagues); (2) Case management; (3) Expert clinical practice; (4) Consultation; (5) Research; and (6) Administration (ANCC, 2008).

ACHNE is also in agreement with ANCC in regards to its definition of “advanced practice experience” required for C/PHN. ANCC (2008) designates four broad categories which would meet the clinical practice requirement for graduate specialty education: (1) Population-focused and community-focused hours in a practicum; (2) Field work in

community-based organizations; (3) Project planning related to populations and/or communities; and (4) Program development and management for specific populations or communities (ANCC, 2008).

It is the position of ACHNE that when clinical faculty members meet the above definition by supervising students and working collaboratively with agencies to meet community/public health objectives, they are engaging in advanced public health nursing practice. Because the definition is consistent with the elements identified by the ANCC, these hours are defined as practice hours regardless of the level of the student(s) supervised.

### **Nursing Faculty Shortage**

ACHNE emphasizes that clinical faculty should have graduate-level specialty preparation in C/PHN. With contemporary faculty shortages, graduate prepared nurses lacking graduate specialty content in C/PHN may be assigned as clinical faculty. At a minimum, all clinical faculty members should have population-focused experience that includes conducting community assessments, planning and program development, in which the nursing process is used to improve the health of the population through interventions with communities, populations, and/or at risk aggregates. Such population focused experiences may occur in a variety of community settings including, but not limited to, local and state health departments.

ACHNE supports efforts to remedy the nursing faculty shortage. The ANCC, National League for Nursing, Quad Council of Public Health Nursing Organizations, and Council on Linkages are making efforts to address this crucial issue. However, addressing the faculty nursing shortage in C/PHN goes beyond professional organizations and accreditation efforts. We call on government at all levels to provide adequate funding to ensure sufficient numbers of qualified nursing faculty. In addition, funding for graduate-level C/PHN programs must be increased to improve our capacity to produce professional nursing graduates capable of impacting the health of all populations.

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