

The Practitioner- Teacher Role: Practice What You Teach

EDITED BY LORRAINE MACHAN

NURSING DIMENSIONS SERIES

THE PRACTITIONER/ TEACHER ROLE: Practice What You Teach

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**The Practitioner/Teacher Role:
Practice What You Teach**

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Lorraine Machan
Milwaukee, Wisconsin
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Preface

The stated purposes of this book are (1) to provide nurse educators with a concept of the Practitioner/Teacher as a multifaceted role that has the potential for improving patient care as well as nursing education and leads to fuller satisfaction in the professional role; (2) to describe the function of interagency collaboration in the successful implementation of the practitioner/teacher position; (3) to discuss role implementation problems and how some of them have been resolved; and (4) to describe the educational preparation of the practitioner/teacher through a role-oriented graduate program.

At this point in time when health care and education costs are soaring, the role of nurse educator obviously needs to be examined. The nursing profession as a whole has become acutely aware of the problems resulting from the separation of service and education. And, in efforts to attain the status of academicians for nurse-educators, the significance of this role as a practice discipline as well has not been given the attention it deserves. At the same time, many practicing nurses and administrators have failed to recognize the importance of developing nursing on a scientific base. It is also true that it is not unusual to find, in many hospitals, nurses with the title Clinical Specialist, who carry no caseload of patients—right here in the service setting the master practitioner is stripped of a practice role.

While the movement toward doctoral degree programs in nursing is gaining momentum, one can ask whether graduates of these programs are reducing or widening the gap between practice and education. This gap will not be closed until it can be demonstrated that practice, with research inherent in it, is a vital component of the teaching role.

This book has been developed largely from the efforts of a small group of faculty who served as team members for the federally funded project *Expanding a Role-Oriented Model for Graduate Education* (H.E.W. Grant No. 5 D23 NU00038-03). With a strong commitment to preparing advanced nursing practitioners at the Master's level and a long history of interest in educating quality teachers of nursing, it is not surprising that a program devoted to the development of the practitioner/teacher should emerge at this university.

It is our hope that this book will be instrumental in helping some of the many nurse educators now without a practice and/or research role, to find ways of implementing practice, with research as part of that practice, into their faculty function. We also hope it will inspire some clinical specialists

to find ways of developing a full professional role as practitioner/teachers in service settings.

The educational model presented can be modified for program development at any level, including in-service and academic settings.

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I Practitioner/Teacher Models

Introduction

Lorraine Machan

The relatively rapid changes in professional nursing have brought with them, not surprisingly, problems for nurse educators. Within the past two decades a movement to unite or, as some might prefer, reunite practice and education has been perceptible. The successful unification efforts, through joint or shared appointments at the University of Florida, Case Western Reserve, and the University of Rochester, have been described by Powers (1976).¹ Many of us, however, have colleagues who entered joint appointments with enthusiasm and a year or two later found themselves exhausted from what they describe as two full-time jobs for the salary of one and the distinct impression that they were serving two masters, both of whom believed the other was getting the better end of the deal.

The presentations in Part One focus on models that appear to solve some of the problems of trying to bring practice and education together.

It is appropriate that the first chapter of this book is Luther Christman's working paper for Rush faculty. The Rush model provides a setting that frees the practitioner/teacher from the problems of serving two masters. Early in the development of our graduate program as a role-oriented model, a discussion with a Rush practitioner/teacher led me to believe that the goals of our program would prepare our graduate students to function in a role setting like that at Rush, which recognized how important it is for educators to maintain a practice role. A two-day visit to Rush by four of our graduate program faculty left all of us with the impression that something great was happening; that in spite of problems, which were discussed openly, the overwhelming response of the many people we spoke with was that each year had brought so much improvement over the previous ones they had to be optimistic and enthusiastic. Inspired by what

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we had seen, but aware that we could not expect our university to buy a hospital, we looked for other types of settings in which practitioner/teachers could function, not as joint or dual appointments but as one multifaceted role.

It was, in fact, Christman who convinced me, perhaps unknown to himself, that only when the practitioner/teacher's role was viewed as a complex one rather than as two separate roles, would some of the problems associated with uniting teaching and practice be resolved.

The importance of administrative support from both education and service for the role to succeed is brought out in the remaining chapters of Part I. These chapters represent practitioner/teachers in three different settings and at three different levels of role development. Solutions to implementation problems, or methods used to prevent problems, are described, and the benefits resulting for patients, students, and the practitioner/teachers themselves are identified.

The reader will be able to see in the three examples, the progression in the perception of and movement toward a full faculty role.²

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1. Powers, Marjorie J.: The unification model in nursing. *Nursing Outlook*, 24:482-487, August 1976.
2. Barley, Zoe A. and Redman, Barbara K.: Faculty role development in university Schools of Nursing. *Journal of Nursing Administration*, 9:43-47, May 1979.

The Practitioner/Teacher

*A Working Paper for the Faculty at Rush University College of Nursing and Allied Health Sciences**

Luther Christman

The practitioner/teacher role is an organizational device that is constructed to enable a professional practitioner to play the full professional role. The full professional role encompasses the subrole segments of service, education, consultation, and research. It is the expectation of society that professional persons will use this full role, in all its variations, in return for the society that accords the rights and privileges of professional status. Furthermore, students are helped, to a very great extent, by having viable behavioral models, when the full role is played, that smooths the way for a much more precise role socialization into the profession.

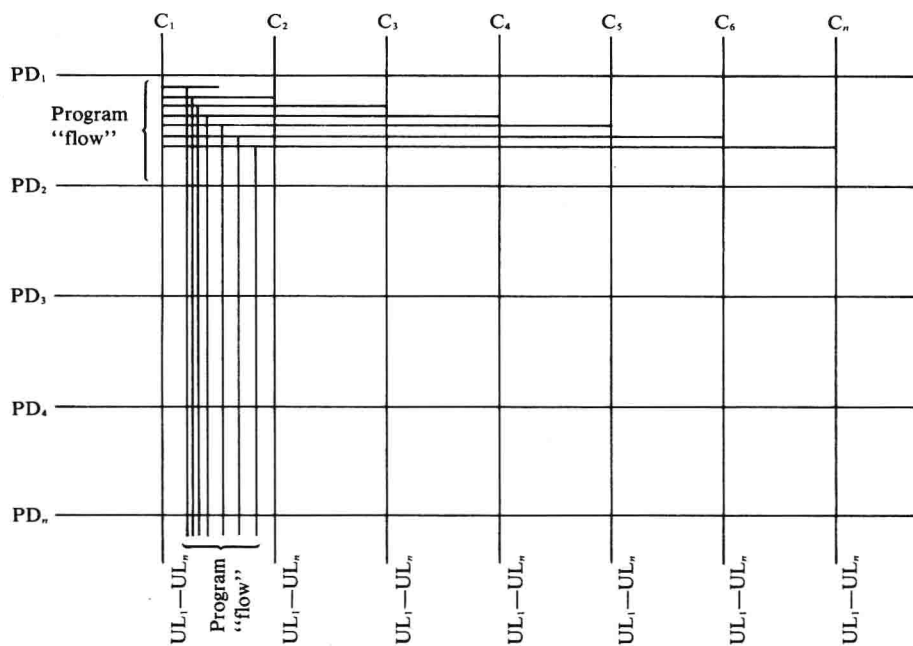
The basic conceptual design is illustrated in Figure 1.1.

The full expression of the practitioner/teacher role is contingent upon an organizational format that best facilitates the utilization of the full content of the role. The organizational structure should reduce role ambiguity to a minimum. The structure also should be a safeguard against role deprivation. Role deprivation (Bennis et al, 1961) can be defined as either violation

*This paper was originally written to assist the faculty to understand the practitioner-teacher role because of the general lack of that model in the nursing profession. The author has often acknowledged the utilization of this type of role in the education of clinical psychologists, veterinarians, dentists, physicians, and podiatrists where it has demonstrated its strength and productivity.

As described, the practitioner-teacher is a broad and adaptable role. It varies in degree of direct and indirect application. At the direct care level, where practitioner-teachers share their patients with their students, it is most visible. At levels where administrative components are necessary, it is less direct and visible. However, the level of the faculty clinical investigative studies, clinical electives, and directed study all have similar visibility and expose a wide range of behavior models.

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C = chairperson, PD = program director, UL = unit leader.

Fig. 1.1 Matrix-model organization of human resources and their interactions.

of anticipated role expression or failure to meet the expectations of the persons enacting the role. The use of a matrix type organization design is an effective means of achieving these objectives. The organization of the College of Nursing and Allied Health Sciences is in this pattern.

The chairpersons have line authority and are responsible and accountable for managing the resources allocated in order to achieve the goals and aspirations of their respective departments. Chairpersons must monitor all the professional efforts of their departments to ascertain that the professional standards of that specialty are being met and that the standards conform to the expectations of the University. Chairpersons, in addition, must give watchful attention to the interdigitation of their department with other departments of the College, to departments in other Colleges of the University, and to management in general.

Program directors have line authority and are responsible and accountable for managing the successful conduct of the specific programs to which they are assigned. Programs may be internal to a department or cut across two or more departments. Program directors, moreover, must give special attention to the interface of their programs with all other College and/or University programs to insure the best possible use of resources.

Unit leaders are the same prototype of management to their respective units as are chairpersons to their departments.

The crucial interactions in the matrix model occur at any point where a chairperson, unit leader, program director, and teacher/practitioners converge. The sum total of the nature of these interactions predict how successful the organization will be carrying out its goals.

The participants in a matrix type model may be viewed as professional free agents. To be effective, the free agent model must be seen as self-direction without anarchy. The matrix model provides a means of organizing human resources in such a way as to permit the optimum facilitation of each role. This concept implies that reasonable trade-offs take place to permit the system to be managed so that all participants, in all the various roles, experience a high degree of professional achievement and professional satisfaction.

A chairperson must manage the position responsibilities in a way that attracts and retains willing participants in the department. Chairpersons have to develop organizational climates within their departments that are conducive to this end. This same set of characteristics applies to the unit leader at the unit level.

Program directors must manage their position in a fashion that retains willing participants in each specific program. Faculty members must have a sense of professional excitement in participating in the program to maintain