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A Journey from Patient Care to Jesuit Higher Education: How a Small Group of Healthcare Professionals Navigated the Transition into Academia

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Abstract

In the fall of 2015, four experienced healthcare clinicians met as strangers at an orientation at a Jesuit institution, Regis University. From the professions of occupational therapy, pharmacy, and physical therapy, we felt comfortable with our clinical practice in patient-centered care and our healthcare work environments. Eager to share our knowledge with our students, we needed guidance to perform the key roles of an educator such as creating a syllabus, writing test items, and advising students. As we began our careers in academia, we felt disoriented and chaotic. We directly sought structure to bridge knowledge gaps, establish a sense of community, and identify essential resources necessary for success in academia. We desired to explore our own interpretation of the Jesuit values before trying to infuse them into our teaching. Through the creation of a small professional learning group that combined emotional support and professional growth, we established a structured approach to learning the roles of a professor and found our identities as academicians. We aim to share our journey and provide recommendations for other healthcare clinicians who are inexperienced with academia in the hopes of easing the transition from clinician to educator at a Jesuit university.

Introduction

In the fall of 2015, four experienced healthcare clinicians came together as strangers at a new faculty orientation program designed to explore the Jesuit values at Regis University. All members had careers in healthcare and were ready to transition into full-time academia. We were eager to share our clinical expertise with the future of our respective healthcare professionals, our

students. Serendipitously sitting at a table during this orientation, we quickly realized how anxious we were about how the process of becoming academicians would unfold. The journey, during the next three years, was neither smooth nor comfortable. Initially, we began in a phase of disorientation and chaos and then moved to information-seeking that led to professional development, and finally, we formed our identities as educators. Regis University's Jesuit orientation

program spans across three years and in that time, four strangers found an unexpected and beneficial way to help with the difficult transition from full-time healthcare clinician to academician in higher education. We aim to share this information so that future skilled clinicians who are novice academicians might find some tools to navigate this tumultuous journey.

How We Met

Regis University's mission is: "to educate men and women of all ages to make a positive impact in a rapidly changing global society."¹ To enact this mission, educators across the university challenge students and themselves to examine and answer the question, "how ought we to live?" Jesuit values are the core foundation of Regis University, therefore all new faculty are required to participate in a unique three-year orientation program framed around the Jesuit values. The New Faculty Development in Mission (NFDM) orientation is a structured program made up of panel discussions, readings, reflections, and two Ignatian summer institutes (ISI) that spans three years.²

While sitting at the same roundtable during NFDM orientation, we facilitated the building of new academic connections with one another. We discovered commonalities from our previous direct patient care roles including a familiarity with the stress of productivity and the necessity of working in interprofessional teams to advance patient care. While new to the ranked faculty role, we all had some experience with teaching, primarily as guest lecturers or as affiliate faculty. Individually, each person at the table was excited to explore the academic environment, whether seeking a new individual challenge and creating opportunities, expanding professional development, or being at the right time and place to pursue academia.

Through conversation, we discovered that each of us understood how to learn in the clinical world and felt skilled in clinical professional development, mentorship, and clinical reasoning regarding patient care and other professions. We were comfortable in the clinic. In the clinical setting, there were obvious places to gather and exchange information, collaborate with others, and be informed by best practices that help guide

care. As clinicians, shared workstations and spaces allowed for structured or spontaneous conversation regarding personal and professional development. As senior healthcare professionals, we had experience in the clinical setting with a great familiarity for professional roles and expectations. Additionally, the lines of communication were well-defined; we could easily identify who to talk to for mentorship or guidance to be successful as a healthcare practitioner.³ As clinicians, we were all focused on providing excellent patient care within our professional expertise and the interprofessional healthcare team. In making the transition to academia, this passion for team unity influenced us to be involved in the training of future clinicians who would value a humanistic approach and interprofessionalism.

The Problem

The transition from the clinical setting and patient care into academia proved to be extremely challenging for our group. We felt disoriented and overwhelmed with new information, inexperienced in content that ranged from the physical location of things to the use of technology and a lack of clarity in obtaining information about unknown attributes to each of the three pillars of our new academic roles: teaching, scholarship, and service. Philosophical and geographical differences between the clinic and academia were glaring to our group. Specifically, within academia, we each had single office spaces with less opportunity for intentional or casual collaboration and mentoring. Unlike other formally trained educators, we were unfamiliar with the foundational roles of teaching such as writing a syllabus, developing test items, pursuing scholarship, or student advising. Furthermore, heavy workloads that limited time and a lack of structure for new learning prevented our faculty colleagues from providing the extensive mentorship we desired. Due to a lack of consistent structured guidance, we often learned by making mistakes, which contributed to feeling insecure and frustrated. Despite the university's structured NFDM program and individually assigned mentors, the learning curve felt incredibly steep for all members of our group. For example, one member of our group did not turn in a syllabus for her course on time because she had

never been trained in how to write a syllabus, did not know a syllabus was needed and had never used Bloom's Taxonomy to write course objectives. Creating a syllabus and writing course objectives were completely novel tasks and therefore overwhelming without formal mentorship. Another member of our group was never shown how to use the grade book in the school's online technology, so she was uncertain how to enter grades at the end of the semester when tensions were high, and colleagues were stressed. Minimal mentoring was given regarding student advising so when a student walked into one of our offices in tears under the pressure of graduate school and grades, we were not equipped to diffuse the situation in a meaningful way. As each of us experienced a sense of chaos, we began to look to each other, our community group formed at NFD, to make sense of the unknown, create structure, and support professional development.

According to published nursing literature, the transition into an academic position with a clinical background has been described as challenging, stressful, and discouraging, if one does not have access to intentional and meaningful mentoring and supportive resources.⁴ Novice educators typically encounter heavy workloads, struggle to understand the day-to-day tasks of an educator, and may experience a content knowledge deficit for courses assigned to teach.⁵ Although a general faculty orientation can support the transition into academia, it is typically insufficient to replace prolonged formal mentorship, teaching preparation programs, and ongoing support for professional academic development, all of which are needed to improve satisfaction and retention rates.⁶ The research by Schoenig in the Nurse Educator Transition Model describes that staff nurses characterize their jobs by "structure, policies, and procedures for doing things the right way."⁷ As clinical healthcare professionals, each member in our new faculty group felt similarly and like that of Schoenig's report, were "surprised by the loose work structure and lack of formal orientation and mentorship they received for their new role in higher education."⁸ We experienced three out of Schoenig's four phases from clinician to educator: disorientation, information seeking, and identity formation during the transition.⁹ While we began our careers in academia with a

sense of disorientation and chaos, the small professional community we developed allowed us to move beyond disorientation, through information seeking and professional development, which ultimately resulted in identity formation as educators.

The Solution: Seasoned Clinician, Academic Novice (SCAN)

Due to a need for ongoing support and to calm the disorientation, our new faculty group created a small professional community. While we met at NFD and had extensive mentorship in Jesuit values and how to infuse them in our teaching to our students, we still lacked knowledge regarding the role of an academician. To augment the academic institution's faculty orientation, we created a small professional community that resulted in knowledge and skill enhancement to more effectively navigate the academic environment, as well as to reinforce understanding of the role of Jesuit values. We named our smaller self-selected group SCAN, an acronym for Seasoned Clinician, Academic Novice. Through the creation of this community group, each of the four members experienced an unexpected benefit. We established an additional support system that helped us cope when facing struggles, experiencing confusion, or when we needed additional guidance in the new role of being full-time, ranked faculty.

As time evolved, our new faculty community created a collaborative, professional support system to specifically (a) identify information gaps and evaluate responsibilities related to new academic roles; (b) implement a process to facilitate knowledge development through collegial relationship-building; (c) explore vulnerabilities and provide support in order to facilitate professional growth in teaching and learning; and (d) develop faculty identity through interprofessional scholarship.

As SCAN members, we supported each other during the disorientation phase and through social engagements, reflection, and discussion we eventually moved toward a more structured process of information seeking and professional development. After establishing meaningful relationships and an environment of trust, we

looked for a systematic approach to further professional development, viewing it as a way to identify gaps in knowledge as an educator and to form collegial relationships across the university. A goal-oriented schedule of topics mimics that of Schoenig's "information seeking" stage of development.¹⁰ The structured plan of topics was a way for us to obtain concrete information to make sense of things that were unclear, allowing for needed structure and organization in the unfamiliar environment of higher education.

Within the process of understanding the unknown, creating a space for collaboration and faculty role development, and generating meaning in academic identity and responsibilities, we also reflected and examined the Ignatian values. The following crucial Jesuit values emerged as we moved through the information seeking phase of discovery.¹¹

1. *Cura Personalis*: While understanding this phrase as attending to the whole person, it was evident in academia that it addresses enhancing the skill of self-care spiritually, mentally, physically, and emotionally to grow professionally and personally. SCAN promoted learning the concept of self-care and self-reflection as an essential piece to successful professional growth in academia. Understanding the need for self-care enabled each SCAN member to be better prepared to support and facilitate professional growth in our students. While the individual application of self-care ranged within the group from scheduling a social hour together or individual alone time for physical activity, a commonality to self-care was time away from the academic environment. One member stated after improved self-care implementation that, "Since I have a more balanced sense of self, I now have a greater capacity to acquire new knowledge, which I can then share with my students. I have the room and energy to facilitate professional growth in my students through teaching and advising now that I have allowed myself some time for self-care."

2. *Magis*: Through the value of *Magis*, we identified the need to seek out the best information to perform our roles and in turn, hosted learning sessions on topics that required further understanding. We sought out the experts on campus to address the topic at hand and provide

us with quality ideas and recommendations. Building on our new knowledge, we were better prepared to apply excellence in teaching and advising students. We hoped that by seeking out and doing more for others, that we could promote health, wellness, and balance in the community and surrounding society. The creation of SCAN, with *Magis* as a core value, allowed us to understand the "ripple effect" of championing excellence and sharing knowledge, which we would share with others, serving the greater good of our new academic community.

3. *Forming and Educating Agents of Change*:¹² As skilled clinicians, we were brought together with a collective thirst for balance, professional growth, and the need to obtain new skills associated with clinical practice. A shared drive for change fueled our desire to grow professionally in academia through exploration, reflection, and implementation of the best teaching strategies for professional skills in all domains. One example of this concept occurred with a student in a doctor of physical therapy program who, while out on a clinical rotation, was empowered to share her clinical knowledge with her preceptor regarding differential diagnosis of a deep vein thrombosis in her patient's lower extremity. This student had participated in a small group case-based course led by one SCAN member just before her clinical rotation where the emphasis was on leadership concepts. Student group discussion and reflection led by a SCAN facilitator revolved around being an agent of change, challenging the process, and modeling the way as a leader in healthcare. The student embraced this information delivered in small group discussion and was able to voice her knowledge to her preceptor in a respectful, direct way, which ultimately resulted in preventing her patient from a life-threatening emergency.

4. *Women and Men for and with Others*: Through service and mission work, we collaborated with the public and those who experienced marginalization. As SCAN members, we formed relationships interprofessionally with faculty and with students to explore social justice and provide sustainable change to serve the community, interacting with others in the spirit of dignity and respect. One example of this value in action occurred when several of us served at a local health fair on campus together with our students,

providing guests with education and support who may not otherwise have had access to healthcare services. In an email to one SCAN member, a student wrote that by watching and serving the community along with their academic mentors, they better understood how to serve others who were in need, marginalized, or different from themselves.

Throughout three years, our small group of novice educators expanded our knowledge and understanding of academia through deliberate examination into various aspects of academic life. This intentional gathering of expertise enabled the development of new strategies to promote student success, rather than patient clinical outcomes. As we began to learn about, discuss, process, and apply specific teaching concepts, an unintentional consequence emerged. While trying to navigate

the chaotic new environment of academia together, we had simultaneously created a safe space for collaboration and cooperation. This safe space, free of judgment and rich with support, had proven to be the most valuable result of our journey.

The formation of SCAN was partially in response to a need to obtain accurate information and also to seek support similar to what we experienced in the clinical environment. After identifying SCAN as a source of positive energy for growth, learning, and reflection, we developed a mission statement. Creation of this mission statement with accompanying values and actions was a way to establish an authentic identity as an academic faculty in a secure environment through developing and building on collegial relationships (see fig. 1).

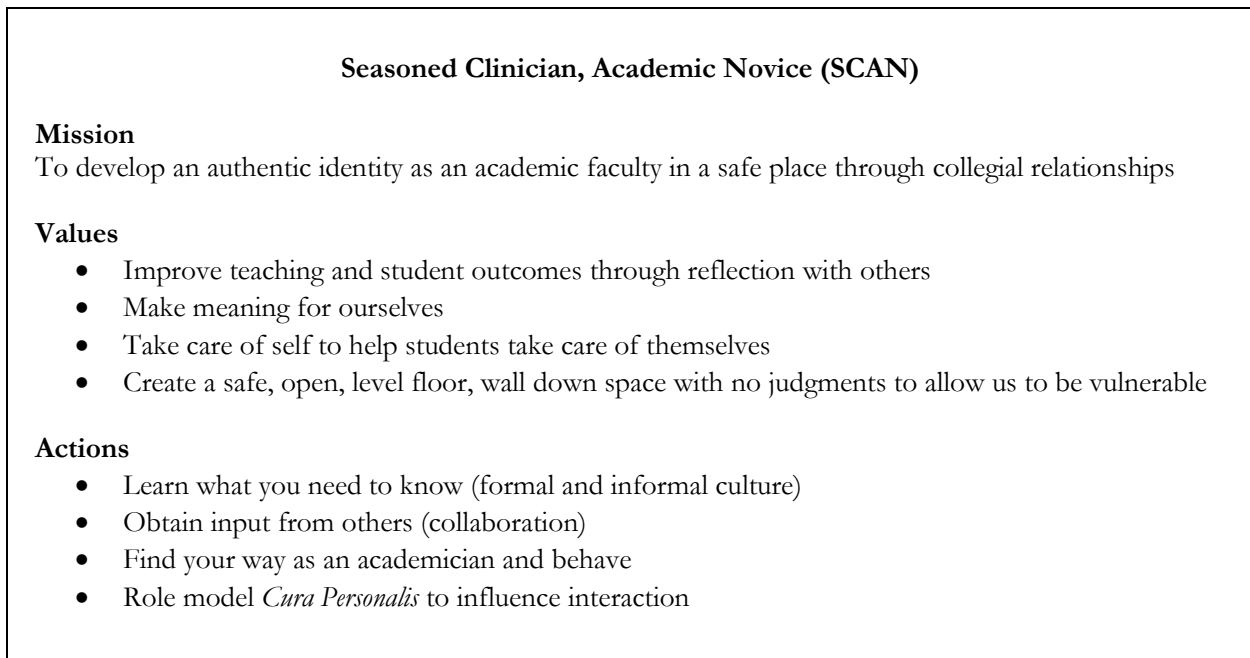


Figure 1. SCAN Mission, Value and Action Statement

As our group became more skilled in applying the knowledge and information gained, we focused on further development of our professional identifies as academicians. As discussed previously, through this process we identified specific professional development topics that were tied to Jesuit values, information seeking, building community, and engaging in scholarship to support our success in professional development (see table 1). When

viewing all activities in table 1, we discovered that establishing a safe learning space first was critical to the ability to gain knowledge through a positive learning environment as it allowed for humility and vulnerability and was crafted by group needs, mistakes, and goals. We describe this group process as a “level floor, safe, political wall down, no judgment, place to be vulnerable and open.”

Next, we were able to identify gaps in academic knowledge and pursue professional development through information seeking. Throughout this three-year process, we documented learning session topics, guest speakers, networking information, logistical information for navigating the university, and we implemented three meaningful interprofessional education sessions for students and faculty within a college for healthcare professions. Through reflection and discussion, we explored both personal and group reflections on SCAN's contributions to our personal and professional growth. The goal of the professional development topics noted in table 1 was to obtain information from academic leaders of excellence to improve our skill and knowledge of the roles of an academician. We created a structured platform within every academic semester with key topics that were unique to the development of a novice academician.

Finally, after gathering much-needed information, analyzing and processing, we were able to move towards scholarship. Our scholarship evolved with the guidance from Regis University's Center for Excellence in Teaching and Learning (CETL) as we engaged in a group project with another novice faculty member through the creation of an interprofessional (IP) task force.¹³ This task force provided formal structure and experiential learning for scholarly activities and development. Specifically, our task force created and implemented an IP educational event for healthcare students within the university. The

process of event planning allowed for critical thinking within IP education and networking with resources around the university to plan the event. This IP event planning enhanced the understanding and application of roles, responsibilities, collaboration, group effort, conflict and resolution experience, and logistics within an academic setting. The outcome of the planning and implementation of the IP event for students inspired a scholarship agenda for the group. Having scholarship as an end-goal after creating the IP educational event ignited our passion for learning the process of research: compiling and analyzing the data, writing up the results, and submitting the manuscript for publication in a scholarly journal.¹⁴ The process associated with scholarship strengthened our identities as academicians, enabling us to move to a more developed phase of growth as educators in higher learning. Production of a scholarly event with publication also helped solidify our identities as academicians.

The final thread woven throughout this three-year development process was the identification and exploration of Jesuit values. The Jesuit values were introduced to our group at the start of our journey in an orientation program, and then our SCAN group further explored these values, making them meaningful in our teaching and academic roles. Through the creation of a small professional community, we began to develop a sense of self as academicians, similar to the process described in Schoenig's model.¹⁵

Table 1. Evolution of SCAN: From establishing trust to professional development

Professional Development Topic	Academic Development Focus
Year 1	
SCAN community building activity and lunch	Community building; Exploration of Jesuit values
New faculty group luncheon; Discuss <i>Cura Personalis</i> to role as faculty and outcomes for students	Community building; Exploration of Jesuit values
Formal creation of SCAN	Community building
Contemplatives in Action: Discuss lessons learned in semester as faculty	Community building; Exploration of Jesuit values
SCAN community building	Community building
Meeting with the Center of Excellence in Teaching and Learning representative as a catalyst for creating an educational experience for students	Community building; Information seeking; Scholarship
New faculty learning community gathering within the Ignatian Summer Institute (ISI)	Community building; Exploration of Jesuit values
Creation and planning of Interprofessional Educational (IPE) Event on Opioid Use, Misuse and Abuse	Community building; Information seeking; Scholarship
Interprofessional Educational Event Opioid Crisis 1.0	Information seeking; Scholarship
SCAN community building	Community building
Week-long ½ day Ignatian Summer Institute, Part I	Community building; Exploration of Jesuit values
Rank and Promotion discussion and orientation	Information seeking
Mission and vision for group: Assess first-year progress and set goals for year 2	Community building; Information seeking
Year 2	
Meeting with counseling faculty to understand how to respond to grad students in crisis	Information seeking
SCAN member leads education topic on rubric development	Information seeking
Proposal and Institutional Review Board (IRB) writing for IPE event on the Opioid Crisis 1.0	Information seeking; Scholarship
Opioid manuscript writing: Examining the outcomes of the IPE event on the Opioid Crisis 1.0	Information seeking; Scholarship
Dissemination of results from Opioid 1.0 (through manuscript and poster presentations various conferences -IP, OT, PT, Pharm)	Information seeking; Scholarship
Interprofessional Educational Event Opioid Crisis 2.0	Information seeking; Scholarship
Development of teaching philosophy	Information seeking; Jesuit values
SCAN community building	Community building
Week-long ½ day Ignatian Summer Institute, Part II	Community building; Exploration of Jesuit values
Meeting with counseling faculty on how to manage difficult conversations	Information seeking; Community building
Publication of IPE Event 1.0 in a peer-reviewed scholarly journal	Scholarship

Year 3	
SCAN community building	Community building
Interprofessional Movie Night for students	Community building
SCAN retreat and community building	Community building; Information seeking
Mission and vision for group: Reflect on second-year progress and set goals for year 3	Community building; Information seeking; Jesuit values
Discussion of progress with internal and external community building	Community building; Information seeking
Interprofessional Educational Event Opioid Crisis 3.0	Information seeking; Scholarship
SCAN Community building	Community building
Networking and career planning	Community building; Information seeking
Dissemination of results from Opioid 2.0 (through manuscript and poster presentations various conferences -IP, OT, PT, Pharm)	Information seeking; Scholarship; Jesuit values
Discussion and written reflection on first three years in academia	Community building; Information seeking; Jesuit values
Reflection on teaching philosophy	Information seeking; Jesuit values
Leadership Institute discussion	Information seeking
Submission of IPE Event 2.0 to a peer-reviewed scholarly journal	Scholarship

Recommendations

With higher education faculty shortages prevalent in healthcare professions, especially in nursing, several universities are using the approach of pulling expert clinicians from the clinic and placing them into the classroom.¹⁶ The differences between the two work environments are many, including the environmental setup, the responsibilities of the roles, and the process for learning information necessary for the role. Academic new hires that come from a clinical role may benefit from understanding the value of creating a structured, intentional, small professional learning group to purposefully cultivate an environment of trust and support during the transition. For our four new faculty members, this group assisted in contributing to successful navigation of the new, chaotic, yet rewarding environment of academia.

To conclude, our group felt the need to explore additional areas of learning pertinent to our new roles in academia as compared to when we were new in clinical positions. While serendipitously meeting at a Jesuit orientation program unique to Regis University, which provided a formal three-year program on Jesuit values, we created a small professional learning group that became our academic community from which we found our

identity in our new academic roles. As novice academicians, our group sought out both formal and informal ways to create a support system that would contribute to our understanding of the educational environment, create community, seek information, engage in scholarship and experience Jesuit values in action with students.

Our recommendation for clinicians who are seeking a future in an academic role include formal mentorship and orientation to functions critical of an educator, such as syllabus development, test writing, and advising students. These areas can be included within a Jesuit orientation program to prepare Jesuit university academicians to infuse Jesuit values as well as provide support to pursue excellence in teaching. As SCAN members, we appreciate and support the unique three-year orientation program. We suggest combining the Jesuit value teachings with additional mentoring on specific roles and responsibilities of the academician, such as advising, handling students in crisis, and teaching with technology. Perhaps with a fusion of content, the skilled healthcare clinician might experience a more fluid journey transitioning into full-time academia. Now past our third year in academia, all of our SCAN members remain in academia and through continued development, we have evolved into a more confident professional development

group of friends and colleagues committed to becoming the excellent educators that students and patients deserve. HJE

Notes

¹ “History and Mission,” Regis University, accessed on April 26, 2019, <https://www.regis.edu/About-Regis-University/History-and-Mission.aspx>.

² Ibid.

³ Prior to working at Regis University as ranked faculty, the authors worked in inpatient acute physical therapy, inpatient occupational therapy, outpatient commercial pharmacy, and home health physical therapy respectively.

⁴ Nancy H. Duphily, “The Experience of Novice Nurse Faculty in an Associate Degree Education Program,” *Teaching and Learning in Nursing* 6, no. 3 (2011): 125-127. <https://doi.org/10.1016/j.teln.2011.01.002>; Jane S. Grassley and Andrea Lambe, “Easing the Transition from Clinician to Nurse Educator: An Integrative Literature Review,” *The Journal of Nursing Education* 54, no. 7 (2015): 361–362. <https://doi.org/10.3928/01484834-20150617-01>.

⁵ Grassley and Lambe, “Easing the Transition,” 361; Nancy P. Bittner and Margaret O’Connor, “Focus on Retention: Identifying Barriers to Nurse Faculty Satisfaction,” *Nursing Education Research* 33, no. 4 (2010): 251–252. <https://dx.doi.org/10.5480/1536-5026-33.4.251>; Paula McDonald, “Transitioning from Clinical Practice to Nursing Faculty: Lessons Learned,” *Journal of Nursing Education* 49, no. 3 (2010): 126–130. <https://doi.org/10.3928/01484834-20091022-02>.

⁶ Tori Brown and Jeanne Sorrell, “Challenges of Novice Nurse Educator’s Transition from Practice to Classroom,” *Teaching and Learning in Nursing* 12, no. 3 (2017): 207–210. <https://doi.org/10.1016/j.teln.2017.03.002>; Janice A. Summers, “Developing Competencies in the Novice Nurse

Educator: An Integrative Review,” *Teaching and Learning in Nursing* 12, no. 4 (2017): 263–264. <https://doi.org/10.1016/j.teln.2017.05.001>

⁷ Anne M. Schoenig, “From Bedside to Classroom: The Nurse Educator Transition Model,” *Nursing Education Perspectives* 34, no. 3 (2013): 169.

⁸ Ibid.

⁹ Ibid, 169-170.

¹⁰ Ibid, 170.

¹¹ “Key Jesuit Values,” Regis University, accessed on April 26, 2019, <https://www.regis.edu/About-Regis-University/JesuitEducated/Key-Jesuit-Values.aspx>.

¹² “Characteristics of a Jesuit Education,” Creighton University, accessed on December 12, 2018, <https://www.creighton.edu/about/what-jesuit-education>.

¹³ “Center for Excellence in Teaching & Learning,” Regis University, accessed on December 12, 2018, <https://www.regis.edu/Academics/CETL.aspx>.

¹⁴ The authors would like to acknowledge Dr. Marta Brooks, School of Pharmacy, Regis University for her extensive contributions to this scholarly activity.

¹⁵ Schoenig, “From Bedside to Classroom,” 169.

¹⁶ Karl D. Yordy, *The Nursing Faculty Shortage: A Crisis for Health Care* (Princeton, NJ: Robert Wood Johnson Foundation, Spring 2006), 2. <https://www.rwjf.org/en/library/research/2006/04/the-nursing-faculty-shortage.html>