



*Draft Position Statement*  
**AACN Guidelines Regarding Faculty Teaching in  
Baccalaureate and Graduate Nursing Programs**

The growing shortage of nurse faculty has generated much conversation and debate about the appropriate utilization and educational preparation of nurse educators. To help bring clarity to this discussion, AACN has thoughtfully considered the requirements for teaching in baccalaureate and graduate nursing programs, and as a result, has developed a set of guidelines for faculty in baccalaureate and graduate nursing programs. These guidelines address the desired education level and role responsibilities for full- and part-time faculty, clinical instructors, and preceptors. While recognizing that some programs may find it difficult to achieve these goals in the short-term, particularly in light of the nurse faculty shortage, AACN strongly believes that it is important to identify a uniform set of expectations for academic nurses in higher education as a preferred future that all member institutions can work toward accomplishing.

To meet the demand for high quality faculty in baccalaureate and graduate nursing programs, AACN adopts the following guidelines:

1. Educational institutions vary in culture and policy. Qualifications and performance of ranked full-time nursing faculty will be congruent with accepted university standards for assistant, associate, and full professors. Consistent with academy expectations that all faculty will hold a terminal degree, faculty with primary responsibility for didactic courses in baccalaureate, master's and doctoral programs will have doctoral preparation that contributes to their productivity as a teacher, scholar, and clinician.
2. As a professional academic enterprise, nursing needs to balance its stature within the academy with its concurrent responsibility to prepare graduates for the practice environment. Thus, the mix of faculty expertise, roles, and responsibilities may vary according to the mission of the academic program. The ratio of full and part-time faculty needs to be sufficient to accomplish program outcomes.
3. To increase the number of doctorally-prepared nursing faculty with academic rank, nursing program administrators should encourage and support their nondoctorally-prepared faculty to pursue doctoral study through the multiple educational opportunities available.
4. Nursing courses will be taught by faculty with graduate-level specialty educational preparation and advanced expertise in the areas of content they teach. Doctorally-prepared faculty have overall responsibility for all nursing courses.

5. Nursing program courses (e.g., biostatistics, pathophysiology, pharmacology) which do not require nursing expertise may be taught by either non-nursing faculty or nursing faculty with appropriate educational and experiential preparation.
6. Faculty should be creative, innovative, and flexible in developing new and effective clinical education strategies.
7. Clinical instructors, at minimum, are master's-prepared with a practice focus and may be full or part-time (joint, adjunct, etc). They may coach and mentor preceptors to facilitate critical thinking and clinical decision-making.
8. Preceptors whose primary role is direct or indirect patient care (not faculty) serve as role models for the design, organization, and implementation of patient care. They also work with clinical course faculty, work at least part-time in the role in which they are precepting students, and, at minimum, hold a baccalaureate degree in nursing.
9. All doctoral programs should make available additional courses in educational methods and pedagogies, and provide teaching experiences that include mentoring and supervision given the expectations for those graduates who will be involved in an academic role.

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