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WORLD HEALTH ORGANIZATION COLLABORATING CENTRE
FOR NURSING, MIDWIFERY & HEALTH DEVELOPMENT

Scaling-Up Nursing through Global Nursing and Midwifery Faculty Development:

A Report on Nursing & Midwifery Education Programs, Faculty Staff and Nurse Educators in the Western Pacific

December 2013

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ACKNOWLEDGEMENTS

The Nursing and Midwifery Programs and Faculty Staff in the Western Pacific study was developed collaboratively by Ms Michele Rumsey and Ms Jodi Thiessen, WHO CC UTS and Dr Jan Sayers, University of Western Sydney. The following list is the global network of experts who were consulted and informed this study:

- Professor John Daly, Head of the WHO CC UTS, Dean of the Faculty of Health, UTS.
- Ms Rebecca Disler, Faculty of Health, UTS
- Dr Juliet Fleischel, WHO Office in the South Pacific, Fiji
- Dr Martha Hill, Dean Emeritus, School of Nursing, Johns Hopkins University, Maryland
- Professor Caroline Homer, Director of the Centre for Midwifery, Child and Family Health, Faculty of Health, UTS.
- Dr Neil McNaughton, School of Nursing, St Olaf College, Minnesota
- Dr Karen H Morin, School of Nursing, University of Wisconsin(President, STTI)
- Professor Linette Lock, Faculty of Health, UTS
- Dr Adey Nyamathi, Associate Dean, School of Nursing, University of California, USA
- Dr Jan Sayers, School of Nursing & Midwifery, University of Western Sydney
- Dr Mary Tehaar, School of Nursing, Johns Hopkins University, Maryland
- Dr Alice Tse, School of Nursing, University of Hawaii
- Dr Jean Yan, Chief Scientist (Nursing & Midwifery), WHO, Geneva
- Captain Cathy Wassen, Commissioned Corp, Office of Pacific Health, Hawaii

We would also like to acknowledge the professional and experienced colleagues who took the time to consider, engage with, and recommend changes to the Faculty Development Needs Assessment Survey to ensure the right questions were asked. Importantly, they helped us to ensure that the survey was respectful of our Pacific colleagues and enabled the voices of Indigenous faculty nurse educators to be heard. In particular, we would like to acknowledge the input of WHO WPRO, Sigma Theta Tau International (STTI) and nursing/midwifery leaders and educators from Laos, Cambodia, China, Samoa, Philippines and PNG who participated in a consultation workshop to further this work.

ACRONYMS & GLOSSARY

ACONE	Activities and Competencies of Nurse Educators
HRH	Human Resources for Health
NRI	Nurses' Retention Index
PIC	Pacific Island Countries
WHO CC UTS	World Health Organization Collaborating Centre University of Technology, Sydney
WHO WPRO	World Health Organization Western Pacific Regional Office
COURSE	any subject, program or course run through the faculty or school
CURRICULUM	The educational program of study for a specific course.
FACULTY	The unit for one practice area or a number of related practice areas (example, Faculty of Nursing and Midwifery).

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INTRODUCTION

To promote the continuing development of the nursing workforce, the World Health Organization (WHO) has proposed strategic directions to improve nursing and midwifery education worldwide, and developed global academic quality standards to promote high levels of nursing education and continual development of the nursing and midwifery workforce (World Health Organization, 2009). To assist in the attainment of these global educational standards, the World Health Organization Collaborating Centre for Nursing, Midwifery and Health Development University of Technology Sydney (WHO CC UTS), in collaboration with colleagues, led the development and implementation of a Faculty Development Needs Assessment Survey.

The purpose of the survey was to profile the characteristics of nurse and midwifery education programs and assess faculty education needs in developing countries in the Pacific region. The two discreet elements of the study enabled the investigation of the multidimensional facets of nurse and midwifery education. The survey results have highlighted social, policy and organisational barriers to the ongoing development of nurse and midwifery education and faculty development in the countries surveyed. Professional development was also evaluated and the potential for future faculty development programs was explored. The survey findings allow for a greater understanding of faculty development opportunities in the Pacific region, and also provide direction for future program planning within institutions providing nursing and midwifery education.

BACKGROUND

Strengthening health systems is essential to achieving improved health outcomes worldwide. Stronger health systems have been acknowledged by the World Health Organization as essential to reaching international targets such as the Millennium Development Goals (United Nations Development Programme, 2005). As the largest groups of healthcare workers worldwide, nurses and midwives play significant roles in building stronger health systems (World Health Organization, 2009). The *World Health Report: Working Together for Health* (2006) highlighted the shortage of nurses and other health care

providers worldwide, and resulted in a World Health Assembly Resolution calling for countries to recognise the importance of health workforce issues and create innovative strategies to maximise health professionals' contributions (World Health Organization, 2006). WHO (2011) has identified that the scaling up of health professional education, to ensure relevant skills and professional competencies, is of equal importance to addressing workforce shortages (World Health Organization, 2011). In response to these needs, strategic directions for nursing and midwifery services were developed to provide key result areas for education, training, and career development of nurses and midwives (World Health Organization, 2010) .

The World Health Organization's *Global Standards for the Initial Education of Professional Nurses and Midwives* (World Health Organization, 2009), were, as the name suggests, developed to provide guidance on global standards for nursing and midwifery education. The main goals are to prepare health professionals to fill a professional role in the workforce, and therefore strengthen health systems to meet population health needs. Each standard identifies essential components of nursing and midwifery educational programs and not only enables educational institutions to progress towards the highest level of education attainable, but also ensures the competency of health practitioners when standards are met.

Faculty Development

Faculty development is one way that educational institutions can strive to meet these Global Standards (Allen et al., 2012, Danilkewich et al., 2012, McNamara et al., 2012). The term faculty development refers to a broad range of activities used by institutions to prepare, improve or assist faculty members in their many and varying roles. It is a planned program to prepare institutions and support faculty members in their academic roles, as well as improve individual faculty members' knowledge and skill base in the areas of teaching, research and administration (Danilkewich et al., 2012, McNamara et al., 2012, Steinert et al., 2006, Saarikoski and Leino-Kilpi, 2002). The overarching goal of faculty development is to equip faculty members with the skills that are relevant to their institutional context and faculty positions, and to sustain their vitality in the present day and into the future (Allen et al., 2012, Steinert et al., 2006, Hodgman, 1991).

In response to the *Global Standards for Initial Education*, many countries have carried out needs assessments of their nursing and midwifery faculties in order to identify gaps and areas of improvement to meet the required standard (WHO, 2009, Allen et al., 2012, Danilkewich et al., 2012, McNamara et al., 2012, Ehrenberg and Häggblom, 2007, Steinert et al., 2006, Hodgman, 1991, Johansson et al., 2010, Gillespie and McFetridge, 2006, Toth and McKey, 2010). However, in the Western Pacific Region, little is known about the faculty development needs of nursing and midwifery educational institutions. Human resources for health (HRH) mapping has been conducted in a number of Pacific Island countries (Human Resources for Health Knowledge Hub, 2009). The mapping was intended to generate baseline data on the current HRH situation in Pacific Island Countries (PICs) including information on education and training institutions involved in HRH development. Findings from the mapping process included large variations in the availability of workforce data, limited data repositories, and limited continuing education, training and development. Further research conducted by HRH Hub (2011) indicates shortages of skilled, qualified and experienced health workers within PICs. It is evident that there are clear workforce needs within PICs, and that an evaluation of nursing and midwifery faculty development is essential to determine current practices within educational institutions and to evaluate progress towards the *Global Standards* so that relevant faculty development programs can be developed and implemented in the future.

This Project

WHO CC UTS, in collaboration with the World Health Organization Western Pacific Regional Office (WHO WPRO), led one of three International Working Groups aimed at strengthening nursing and midwifery teaching capacities in the Asia Pacific. The Working Groups, whose actions stem from the *WHO Western Pacific Regional Office Human Resources for Health Action Framework 2011-2015* (WHO, 2012), were devised with particular focus areas to improve nursing and midwifery service delivery and educational outcomes. The focus area of each Working Group is summarised in the following table:

Table 1: International Working Groups

Working Group 1	Development, validation, application and testing of evaluation criteria and processes for global academic quality standards
Working Group 2	Operational testing and analysis and monitoring of nursing educational outcome/practice competencies, linked to primary health care
Working Group 3	Faculty capacity-building core courses and supportive mentoring development and testing across a network of institutions

The work contained in this report encompasses a component of the Working Group Three action plan. To support this group's focus area of faculty capacity-building and supportive mentoring across a network of institutions, the WHO CC UTS, in consultation with international colleagues, developed a Nursing & Midwifery Program Profile and Faculty Development Needs Assessment Survey.

METHODS

OBJECTIVES

The study sought to examine the current context of practice, professional development needs, and priorities of nurse and midwifery faculty staff and nurse educators. This was achieved by addressing the following objectives: To -

- Gather information that will provide an inventory of nursing and midwifery initial education courses in the Western Pacific region
- Identify nursing and midwifery faculty and educators' professional development needs

SURVEY DEVELOPMENT

The survey was devised with two key segments: Part 1: Nursing and Midwifery Programs and Part 2: Nursing & Midwifery Faculty & Educators Practice and Professional Development. As the nature of the questions for the first section of the survey were directed towards Heads of faculty, participants were instructed to complete the first section only if they occupied Heads of school or faculty roles. The survey items for Part 1 Nursing and

Midwifery Programs (Questions 1 – 26), were developed using information from the *Global Standards for the Initial Education of Professional Nurses and Midwives* (World Health Organization, 2009). Criteria addressed the five standards: program graduates; program development; program curriculum; faculty and program admission using categorical questions and Likert scales. A ten point Likert scale (where 1 was never and 10 was always) was used to determine the perceptions of the Faculty Head / Head of School regarding graduate attributes, program outcomes and teaching and learning approaches employed. Medical faculty development needs assessment tools were adapted as a framework for assessing teaching and learning strategies in this context (Hesketh et al., 2001, Dankoski, 2005, Leite, 2007).

Part 2 of the survey examined the characteristics of Nursing and Midwifery Faculty & Educators' practice and professional development (Questions 27 – 53). Questions in this section examined criteria related to faculty and educator characteristics including: sociodemographics and educational characteristics; reporting and performance; self - assessment of professional practice competencies, career intentions and priorities for supporting professional development and practice. Some survey items in this section came from an existing questionnaire developed for use with nurse educators working in acute care hospitals (Sayers, 2013). The Activities and Competencies of Nurse Educators (ACONE) scale, also developed by Sayers (2013), was modified and integrated. Competency areas were: teaching and learning, curriculum creation and use, educational leadership and mentoring, professional practice improvement and research and scholarship. Likert scores from 1 (never) to 10 (always) were used, allowing respondents to assess their perceptions of their performance against each criteria. Additional items emanated from findings within the literature and suggestions from international experts. A single open-ended question at the conclusion of the survey allowed for individual perspectives to be captured regarding their role and/or professional development needs.

ETHICAL APPROVAL

Ethical approval was obtained from the UTS Human Research Ethics Committee before commencing the study. Participants were provided with information regarding the study prior to completing the survey. Consent was deemed to be given by agreeing to complete the survey.

SURVEY PILOT

The survey was first piloted within the Faculty of Health, UTS and then introduced during an informal consultation on Quality Improvement in Nursing and Midwifery Education at UTS in 2011. The consultation gathered colleagues from Laos, Cambodia, China, Samoa, Philippines and Papua New Guinea (PNG) and allowed the responsible working group to be provided with feedback and comments prior to commencement of the survey. The final survey was reviewed, revised and developed in electronic format using SurveyMonkey web-based software (www.surveymonkey.com).

DATA COLLECTION

Head of faculty or school of nursing and/or midwifery, and nursing and midwifery educators from South Pacific countries who have a nursing and/or midwifery school were invited to participate in the survey. These countries were Fiji, Kiribati, Nauru, Papua New Guinea, Samoa, Solomon Islands, Tonga and Vanuatu. Contact details were received from the World Health Organization's Western Pacific Office and a convenience sampling strategy was used, resulting in a purposive sample. It should be noted the sample has a high representation from Papua New Guinea. Surveys were distributed between October 2012 – August 2013 and were delivered electronically to faculties across the Pacific via email. They were also hand delivered to individual faculties in PNG during an audit of PNG Nursing schools conducted by staff of the WHO CC UTS during this time period. As previously stated, submission of the completed survey constituted consent to participate.

Respondents' data from the survey was compiled online through SurveyMonkey Web based software. This program also collated the quantitative data for all close ended and likert scale questions. Responses to the open ended question were coded and categorised into themes.

DATA ANALYSIS

Upon compilation of survey data, collected responses were divided into two data sets, one containing responses of Head of Faculty for the first portion of the survey (Questions 1-26), and the second data set containing all respondents' answers to the remaining questions. Head of Faculty/School responses were filtered by their response to position title.

Qualitative data from responses to the single item open ended question at the conclusion of the survey was analysed using an inductive approach (Thomas, 2006).

SURVEY RESPONSES

In total, 86 surveys were collected through a self-selected convenience sample from respondents as presented in Table 2. Participants of the survey also included 18 Heads of faculty/school from the previous countries as indicated in Table 3. PNG represented the majority of responses due to the convenience sampling strategy and corresponding PNG Nursing School Audit conducted by WHO CC UTS. The majority of respondents (45.5%, $n=30$) were from nursing specific institutions, whilst 34.8% ($n=23$) were from Schools of Nursing and Midwifery and 19.7% ($n=13$) of respondents indicated that their faculty was “other”, of this group the most common narrative response included faculties of Health Science and Allied Health. The majority of Schools of Nursing within the Western Pacific Region are represented within the data collected.

Table 2: Survey Responses by Country

Samoa	Tonga	Vanuatu	Kiribati	Solomon Islands	Nauru	Fiji	PNG	Total
9	7	4	10	8	3	1	44	86

Table 3: Head of Faculty/School Responses by Country

Samoa	Tonga	Vanuatu	Kiribati	Solomon Islands	Nauru	Fiji	PNG	Total
3	1	1	1	2	1	1	8	18

FINDINGS

PART 1 NURSING AND MIDWIFERY FACULTY PROGRAMS

STUDENT DEMOGRAPHICS

Surveyed Heads of Faculty indicate that total student enrolments for all courses within individual faculty/school is often less than 100 enrolments. Almost all faculties indicate student enrolments as less than 250. This indicates that yearly intake of students is relatively low among faculties, and annual intake for half of the faculties surveyed could be estimated at 30 for a 3-year program.

ADMISSION CRITERIA AND SELECTION PROCESS

The majority of Faculty Heads identified that course admission criteria requires students to have completed between 11 and 13 years of education prior to acceptance into a nursing course. However, a small amount of respondents indicated that students require more than 13 years, or less than 9 years of prior education to be accepted. It is estimated that the majority of students are most likely to have completed high school. All heads of faculty indicate that entry criteria are present for students entering a nursing or midwifery course. Almost all of the Faculty Heads perceive that new students have both the necessary literacy skills and math/science skills to successfully progress through their nursing and/or midwifery studies.

SCHOLARSHIPS AND FINANCIAL ASSISTANCE

Heads of School state that scholarships and/or financial assistance are available to students and indicate that students do not need to have paid work to finance their course. Additional comments mention a variety of scholarship programs, either through national and provincial governments, the Ministry of Health, private organisations and also international funding agencies ie. Australian Aid.

COURSE ACCREDITATION AND MONITORING

There is a strong response in recognition of nursing governing and regulatory bodies (professional or government) that determine educational standards for courses. Faculty Heads agree that there are some well-established national nursing councils in the region (PNG, Solomon Islands, Fiji, Tonga, Vanuatu).

Table 4: Nursing Governing Bodies

Country	Governing body
Nauru	Nauru Health Professional Registration Board Education and Training Committee
PNG	Nursing Council of PNG
	PNG College Governing Council
	Curriculum Committee of the National

	Department of Health PNG
Samoa	Samoa National Health Curriculum Committee
	Senate of the National University of Samoa
	Council of Nursing & Midwifery, Ministry of Health
Solomon Islands	Solomon Islands Nursing Council
	Solomon Islands National University Council
Fiji	Fiji National University Academic Regulations
Tonga,	Tonga Nurses Board
Vanuatu	Vanuatu Nursing Council
	Vanuatu National Training Council

PROGRAM OUTCOMES

Program outcomes were consistently rated highly by all Heads of Faculty/School, with the most highly recognised program outcomes being “includes clinical competencies” and “course content has both educational and clinical objectives and outcomes”. Alignment with national competencies and focus on primary health care were also highly regarded. The lowest overall rating for program outcome was availability of “systems to develop, assess and revise the course”. This may indicate that respondents feel less influence on impacting the development of courses/curriculum.

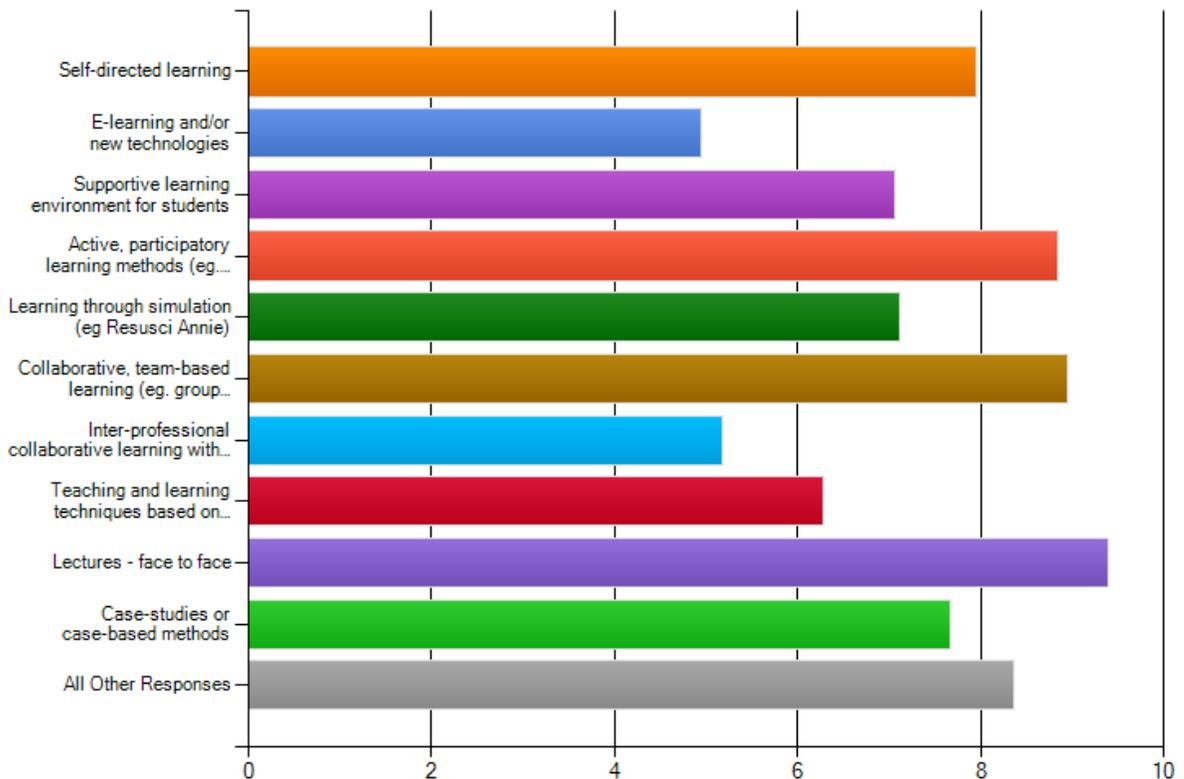
TEACHING AND LEARNING APPROACHES USED IN PROGRAMS

On average, face to face lectures were the most recognised teaching and learning approach identified. The majority of respondents indicated that lectures are always being used. This was followed by collaborative, team-based learning; active, participatory learning methods;

clinical rotations in clinical settings; and clinical public health practice in community settings. The least recognised approaches were learning through simulation (i.e Resusci Annie); supportive learning environment for students; teaching and learning techniques based on recent research findings; inter-professional collaborative learning; and E-learning and/or new technologies.

Figure 1: Teaching and Learning approaches.

On a 10 point scale where 1 is Never and 10 is Always, how often does the faculty teaching staff use these teaching and learning approaches:



It is significant to note that 16.7% ($n=3$) of Faculty Heads state they never use teaching and learning techniques based on recent research findings. Respondents commented on barriers to research-informed teaching including “limited access to internet services”, “Lack of up-to-date information-such as recent research findings” and “least available resources due to budgetary constraints”. Respondents state that the “Clinical laboratory is not well equipped” and “The school lab is not properly furnished”. Internet and computer access is highlighted as a “priority need for both staff/students”, and “There is no IT for the school and most of the time not even IT assistance when needed for e-teaching and e-learning purposes”.

Some comments by Head of Faculty/School included negative reflections on educators' teaching capabilities: "Teachers almost all of them are not properly trained in the teaching skills" and "Most of the new tutors do not have the teaching qualifications/education". It was also noted that teachers in the clinical environment may not spend enough "quality time with students to supervise and provide direct support during clinical placement". Furthermore, findings indicated that teachers are not provided with continuing professional development. Finally, a lack of research skills among educators was identified by one respondent who states "the faculty lacks research skills and actual quantitative and qualitative based analysis to make research".

CLINICAL SUPERVISION OF STUDENTS

The clinical supervision of students was found to be conducted by a variety of positions and position titles. When Heads of Faculty/School were asked who supervises students in the clinical/hospital/community setting, all indicated faculty teaching staff, followed by hospital staff, and clinical supervisors. Others included "preceptors" and "clinical facilitators", highlighting the range of terminology used. Some indicated that the supervision of students is still being established. Responses varied when asked what percentage of the faculty is dedicated to clinical teaching. 11.8% ($n=2$) stated less than 10% of the faculty is dedicated to clinical teaching in a clinical setting and 29.4% ($n=5$) stated more than 70%. The majority of respondents 88.2% ($n=15$) indicated that the number of faculty dedicated to clinical teaching in the clinical setting is 40% or higher.

MINIMUM QUALIFICATIONS FOR TEACHING STAFF

When Heads of Faculty were asked what minimum qualification is needed to be a teaching staff member, a number of responses were recorded. The majority of respondents listed a Bachelor's Degree as minimum qualification; however, a Masters Degree, Diploma in Nursing, Diploma in Teaching, health staff development qualification and Graduate Certificate/Diploma in health science education or health profession education were also listed.

In comparison, minimum qualifications required to supervise students in the clinical setting were more diverse. These ranged from registered nurse qualifications (including certain years of experience) to Bachelor's Degree and Master's Degree. Other minimum qualifications listed included a certificate in preceptorship and/or preceptor training; training,

assessment & evaluation (Certificate IV); Post Basic Certificate; Diploma; and Diploma in Teaching. Registered nurses at a supervisor level and senior staff nurses were also indicated as minimum qualifications.

QUALIFICATION AWARDED

Heads of Faculty identified a number of academic qualifications awarded to students on completion of their studies. The largest portion of respondents stated students receive an Undergraduate Diploma followed by Bachelors Degree. No respondents identified Postgraduate qualifications or Undergraduate Certificates. A number of respondents selected “Other” as the academic qualification received. However, written responses revealed that some institutions offer a combination of the preceding qualifications, such as “All of the above” or “Undergraduate Diploma and Bachelor of Nursing”. One respondent stated that students receive a “Certificate of completion”.

Table 5: Qualifications Awarded to Students by Country

Country	Undergraduate Certificate	Undergraduate Diploma	Bachelor’s Degree	Postgraduate Qualification	Other
Samoa	X	X	X	X	
Tonga		X			
Vanuatu		X			
Kiribati		X			
Solomon Islands		X	X		
Nauru					X
Fiji		X			
PNG		X	X		

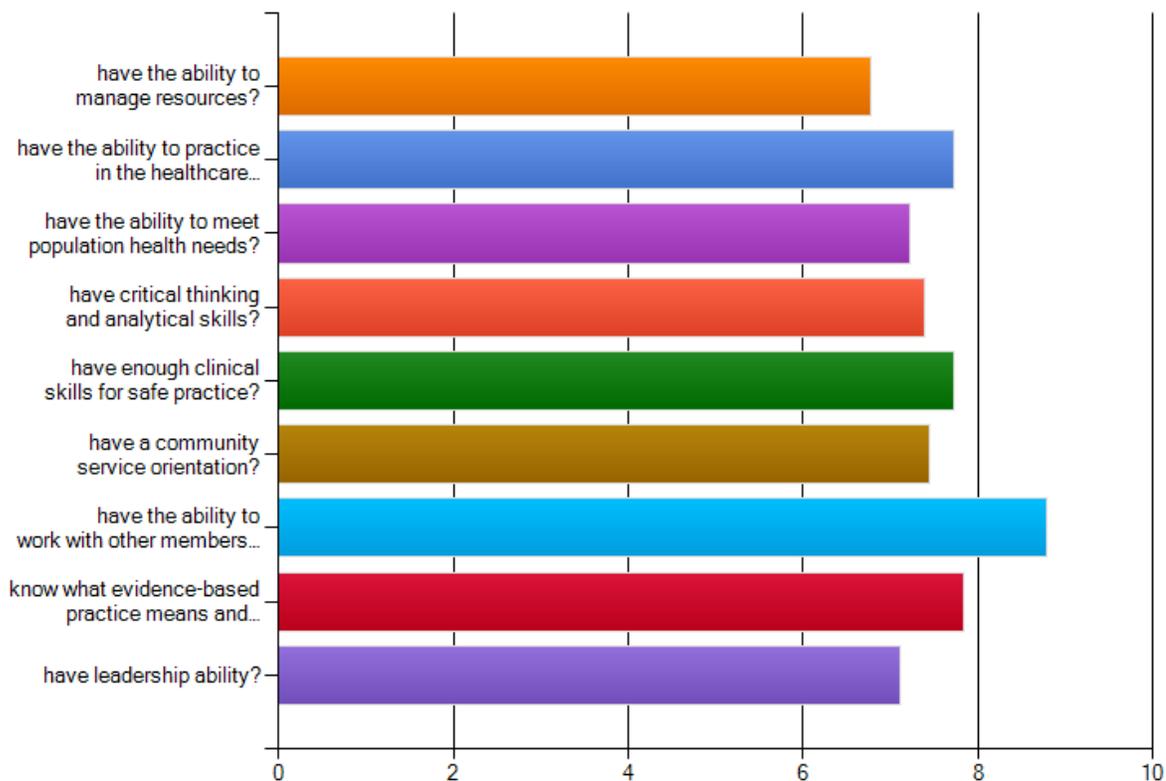
GRADUATE ATTRIBUTES

Head of Faculty respondents were relatively positive regarding the attributes of their institution’s graduates, with the most recognised attribute being the ability to work with other members of the health team, followed by knowing and applying evidence-based practice and the ability to practice in the healthcare systems of their own communities. Respondents also indicated that graduates have enough clinical skills for safe practice, have a community service orientation and have critical thinking and analytical skills. The least recognised

attributes were the ability to meet population health needs, leadership ability and the ability to manage resources.

Figure 2: Graduate Attributes

As Head of the Faculty please indicate the attributes of graduates from your faculty. On a 10 point scale where 1 is Never and 10 is Always, to what extent do you consider that your graduates:



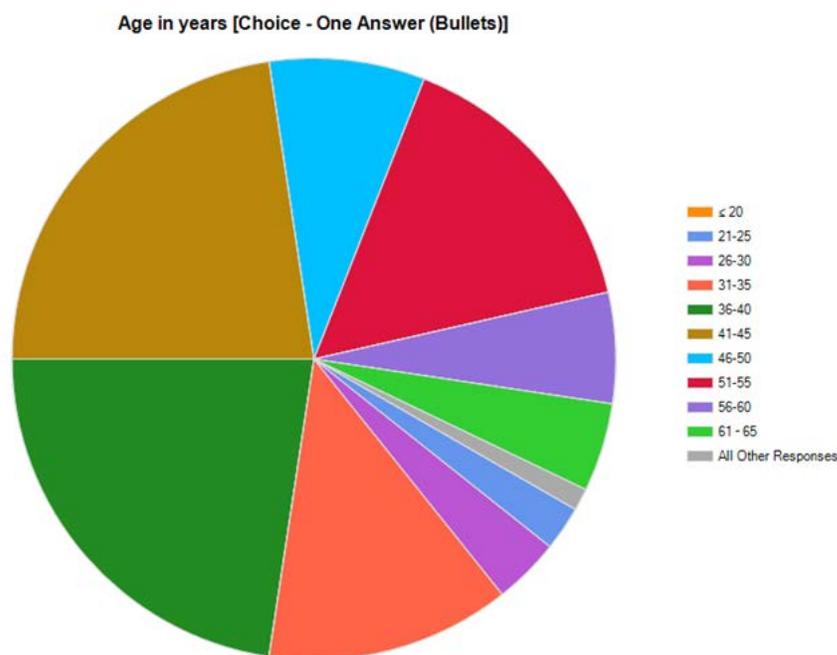
PROCESS TO TRACK STUDENTS' CAREER

The majority of respondents state that their employing educational institution does not have the ability to track a student's professional career after they complete their course. One respondent indicated that it is currently being developed, and another stated, "I have plans to do this". One School of Nursing is "starting a tracer study this year of all its graduates". Current practices listed by respondents included a transfer of information from the educational facility to the Nursing Council. Others indicated a role in assisting students with registration requirements and supporting them in finding initial employment. The only specific practice that was listed as being utilised within a faculty was a questionnaire and database that registers previous graduates: "The information gathered tells us about their current location, jobs and usefulness of training".

PART 2 NURSING AND MIDWIFERY FACULTY & EDUCATOR PRACTICE

SOCIO-DEMOGRAPHICS

Respondents included Deans, Principals or Heads of School, Lecturers, and Clinical Supervisors. Other respondents identified themselves as temporary and associate lecturers as well as tutors. All respondents indicated that they are registered to practice nursing and nearly half were also registered to practice midwifery. The majority of respondents were female. Of the total number of respondents, almost half were aged 36-45 years and nearly one third aged between 50 and 65 years or over.



EDUCATION ATTAINED

The highest level of qualification reported was a Doctorate, but was only held by one of the respondents. The majority of respondents held a Bachelor degree followed by a Masters degree. More than 90% of respondents held a postgraduate qualification, and of these the majority hold qualifications in education followed by midwifery and child and family health. Very few respondents held further qualifications in surgical nursing, perioperative, rehabilitation, medical nursing or research. No respondent reported holding a specialist qualification in aged care.

REPORTING, PERFORMANCE MANAGEMENT AND CAREER INTENTIONS

Questions within this section focussed on gaining an understanding of reporting and performance management strategies related to faculty staff and nurse educators. The majority of respondents were employed full-time, in permanent positions, and worked between 36-45 paid hours per week. A significant proportion had been in their position for 5 years or less.

The direct report person for the majority of faculty was either Head of Program, Head of Faculty or Head of School. Few respondents reported to Ministry of Health. Others identified reporting to the Deputy Vice Chancellor, Dean, Directors, and Clinical Coordinators. Faculty reported meeting regularly with their manager to discuss issues related to their role. The strong majority of respondents had a job description; however, less indicated an annual performance review inclusive of their professional development needs being identified. Few had a plan developed to address their professional development needs.

Most faculty staff surveyed indicated their intention to stay in their current role into the foreseeable future with a small proportion intending to retire. Faculty members identified a range of other issues pertaining to the career intentions of those not intending to stay in their current role and not retiring. These were: the desire to undertake further studies; to assume a permanent position; and the need to attain a position where remuneration was commensurate with qualifications either with their current employer or in a clinical facility.

PROFESSIONAL PRACTICE COMPETENCIES

TEACHING & LEARNING

Staff reported that they have high regard of their ability to develop positive and effective working relationships, and to assist students to develop ethical practice and professional behaviours. The majority of educators rate themselves as highly competent and capable within their teaching approaches. Limited resources are evident where only fewer respondents indicate that they are always able to provide the resources and support required to help students meet their learning needs.

CURRICULUM CREATION AND USE

Reflecting on their role in the creation, use and evaluation of curriculum, nurse educators indicated they perceive themselves as highly competent in using a variety of teaching

strategies when implementing curricula. However, they are less experienced in participating in the development of curriculum. This may reflect that engagement in curriculum development was not part of their job description for many of the respondents.

EDUCATIONAL LEADERSHIP AND MENTORING

Faculty staff/nurse educators' self-assessment of their leadership and mentoring capabilities revealed they perceive themselves to be highly competent in mentoring and motivating others as well as acting as a role model and practising self-reflection. Less respondents indicated they were experienced in collaborating with stakeholders in linking education to service and community needs and planning, implementing and evaluating faculty/school strategic plans. This may reflect that these functions are more commonly associated with the role of faculty or department heads in the region. Opportunities to assume leadership roles to improve nursing and/or midwifery education, research and practice were less common.

PROFESSIONAL PRACTICE IMPROVEMENT

The majority of respondents reported using feedback from students, peers and their supervisor to improve role effectiveness. Many reported engaging in professional development activities to increase role effectiveness.

RESEARCH & SCHOLARSHIP

While 16.7% of Faculty Heads stated that they do not use teaching and learning techniques based on recent research findings, of the total participant sample, 29% responded that they do use evidence from recent literature to improve professional practice. This discrepancy in response rates may be due to participants responding in a way they think they should. It is notable however, that the majority of respondents reported they were not involved in initiating research or consequently disseminating research findings.

BARRIERS TO ATTENDING PROFESSIONAL DEVELOPMENT OPPORTUNITIES

The barriers to professional development opportunities indicated by respondents were most commonly funding, followed by lack of awareness of activities, workload constraints, timing of events, departmental support, location of event and relevance of information to practice.

PRIORITIES FOR SUPPORTING FACULTY MEMBERS DEVELOPMENT & PRACTICE

Professional development strategies most commonly identified by respondents included informal discussions with colleagues, hands-on or interactive and participatory workshops, mentoring relationships with skilled colleagues, structured discussions with colleagues and access to internet and web based resources. Networking, classroom observations with feedback, and study groups were indicated as less useful by respondents.

When asked which activities would benefit respondents' professional contribution to the faculty, "Promoting ethical, professional standards in students" was the most overwhelming response. Running group learning activities, promoting and supporting student inquiry and research, remaining clinically current, demonstration of clinical skills, understanding student learning styles, and using technology to enhance learning were also favoured. Writing grant proposals was perceived to be the least beneficial activity.

The majority of respondents indicate that they are "very willing" to participate in faculty development programs. All respondents indicated that they would be willing to contribute more than one hour per week to participate in faculty development programs.

DISCUSSION

Findings are for the South Pacific region with the majority of nursing and/or midwifery schools in this region being included. They indicate an overall lack of continuing professional development for nursing and midwifery educators. Despite this the responses were consistently positive in regards to level of graduating students. A relatively high amount of "skipped" questions may indicate either misunderstanding due to language/terms, or refusal to answer due to not knowing, or not wanting to indicate a negative response.

With this in mind, we can ascertain from the findings that faculty programs and class sizes were noted to be relatively small. This may have strong implications for HRH issues in the Pacific Region however this would need to be evaluated within individual country context, and compared with current health workforce data. A minimum qualification for entry into the program appears present in the majority of institutions. Nursing students' capabilities and eligibility for practice were also viewed highly by the majority of Faculty Heads surveyed. Almost all respondents agreed that students had the necessary educational skills prior to

and on completion of their programs. Despite this, a large portion of respondents also feel that students often do not have the ability to meet population health needs, perhaps reflecting some of critical health needs within the region.

In general, faculty programs and their outcomes were perceived very positively from the Faculty Heads surveyed. Almost all respondents indicate the national nursing and midwifery regulatory bodies responsible for determining educational standards within their institutions. Course content is perceived to contribute to high level outcomes within programs, and is believed to be aligned with national competencies and educational objectives. When evaluating clinical competence of educators and clinical components of faculty practice, a number of key issues were identified. The percentage of faculty staff teaching in the clinical setting varied widely. Although this question may have been misinterpreted by respondents, it may also indicate diversity in the delivery of clinical teaching across institutions.

Additionally, some comments indicated a lack of adequate supervision by clinical instructors including inadequate training and knowledge in practice. Individual institutions should be further evaluated to determine effective practices in the clinical teaching environment.

The majority of educators surveyed hold a minimum Bachelors qualification, and more than 90% also held post-graduate qualifications. This is very encouraging, as this indicates that minimum standards for educators are being met in the majority of circumstances. There are few who indicate Masters or Doctoral qualifications indicating the lack of opportunities to achieve these qualifications within the South Pacific Region. Although there are a very high number of educators who hold clinical post-graduate qualifications in areas such as education, midwifery, and maternal child health, there are a number of specialty areas that are underrepresented such as aged care, surgical nursing and rehabilitation/disability.

Considerable gaps in teaching and learning capabilities were identified by a large number of educators. Respondents indicated that there are very limited opportunities to contribute to activities of scholarship including research, proposal and report writing, and producing publications. This is in-line with the finding that very few participants have Masters or Doctoral qualifications which provide the necessary training to undertake these activities. The strong majority of respondents indicate almost never sharing research results through journals, publications and presentations and rarely initiate original research. This is a high priority area for educators in improving professional capabilities.

Another major concern expressed by educators was the lack of resources and new technologies to support teaching and learning. It was indicated that e-learning and new technologies were rarely used in faculty practice. Inter-professional collaborative learning was also rarely identified within faculties. Some also indicated a lack of teaching based on recent research findings. When considered in relation to findings on low levels of research-training, the issue of research literacy needs to be considered.

Many comments by respondent educators emphasised budgetary constraints, a lack of equipment, poor internet resources and information technology issues which may have a negative effect on student learning. Despite these perceptions, educators remain positive in their ability to develop students' skills and provide effective learning environments. Although educators indicate little influence on the development and improvement of curriculum and course content almost all indicate a willingness to contribute to faculty development programs in the future.

When evaluating career development, a number of problem areas were identified not only in educators themselves, but also in promoting the career development of students. Less than half of respondents indicated that they are always involved in professional development activities, while the most common professional development strategies identified were informal discussions with colleagues and mentoring relationships. Just over half of educators have regular annual performance reviews and the majority indicated that they did not have a continuing professional development plan. Barriers to professional development were recognised, which included timing and location of events, awareness, relevance, workload, departmental support and funding. Findings from the survey also indicated the comparatively young age group of educators and high turnover of respondents. These may reflect a lack of professional development opportunities and career progression in addition to cultural and other lifestyle factors. Finally, almost none of the faculties indicated the ability to track students' career development post-graduation. Despite this, some have indicated plans to develop such strategies in the future.

Limitations

Heads of Faculty/School have represented almost every nursing and midwifery faculty in the South Pacific Region; however, there are a number of limitations with the survey implementation and data that make generalisations across the Pacific region and between

countries tentative. Due to purposive and convenience sampling, there is an unequal distribution of educators surveyed across the Pacific, and almost half of respondents represent schools of nursing within PNG. Limitations are also noted in the self-reporting style, which may produce bias and discrepancy between the Faculty Heads and educators in perceived performance versus actual outcomes. This self-reporting bias must be considered when evaluating educators' perceptions of faculty performance, students performance, and educators' own teaching capabilities.

CONCLUSIONS AND RECOMMENDATIONS

Findings from the Faculty Development Survey highlight a number of positive reflections from nurse educators, as well as a number of faculty development needs among the nursing and midwifery institutions surveyed. A strong need was identified to develop programs that could aid in academic scholarship such as research, publications, proposal and report writing. Programs to address financial and technological resources available to faculties were heavily emphasised by respondents. Furthermore, needs were identified for ongoing professional development programs and implementation of career development activities within faculties. All respondents indicated a willingness and ability to participate in future programs. It is encouraging that nurses surveyed appear to reflect a generally positive perception of their own teaching capabilities as well as the capabilities of their students and faculty programs. It is also promising that the majority of teachers and students appear to meet minimum qualifications and that educational institutions relate educational standards to regulatory nursing and midwifery bodies. Future studies may examine individual faculty programs and provide needs assessments between faculties and across countries.

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APPENDIX 1: ACTION PLAN WORKING GROUP 3

Outcome of this meeting:

- Consensus of support from Working Group present and historical.
- Communication between Working Groups to avoid overloading recipients with surveys. Who? Kristine Qureshi, Michele Rumsey, Kristine Gebbie? (proposed steering committee)
- Working timeline for three projects so there isn't overlap/overload

Expected Results/Outcomes by end 2012:

- Incorporate suggested amendments into survey
- Collate participants list within Western Pacific and South East Asia
- Send survey early 2012, collect and analyse responses
- Disseminate survey results
- Preliminary recommendations for faculty development (FD) starting with general priorities for FD programs based on the results
- Work on Working Group 3 broader action plans from this meeting

Where we are now:

- First draft has been developed for survey
- Focus group conducted at this Informal Consultation to gather feedback/suggestions
- Need data to meet the original objectives

Where the countries are now:

- Educators don't have the level of education that they are required to teach (ie Bachelor of Nursing, Masters etc), also appropriate pedagogy is required (ie Bachelor prepared nurse, but may not an

educator). That is matching the faculty qualifications with the program. (ie upgrading programs). See priority areas.

Priority area(s) of work for Faculty (including clinical preceptor development) [Group III]

What is the outcome of the survey? Need to make this very clear so the survey results are meaningful. Outcome is going to provide data to help inform us about faculty needs to enable capacity building and establish priorities.

Working Group 3 Informal Consultation Members

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APPENDIX 2: FACULTY DEVELOPMENT SURVEY

Faculty / School General Information

Please note: the term 'faculty' in this survey refers to the unit for one practice area, or a number of related practice areas (example, Faculty of Nursing and Midwifery). Depending on your country or institution it may be substituted for: school, department, unit, division, college or faculty.

Q 1 In what country is your faculty located?

Q 2 In what province/district is your faculty located?

Q 3 Is your faculty for: [Choice - One Answer (Bullets)]

Nursing Midwifery Nursing and Midwifery

Other, please specify _____

Q 4 At the moment, what is the total number of student enrolments for all course/s in your faculty?

[Choice - One Answer (Bullets)]

Greater than 1000 500-1000 250-500

100-250 Less than 100

Q 5 What minimum qualification is needed to be a teaching staff member of your faculty?

Q 6 Who supervises students in the clinical/hospital/community setting of your course/s?

Faculty teaching staff Yes No

Hospital staff Yes No

Clinical supervisors Yes No

This is still being established Yes No

Q 16 Do your students need to have paid work to finance their course?

Yes

No

Additional Comment:

Q 17 When students finish the course what qualification do they get? [Choice - One Answer (Bullets)]

Undergraduate Certificate

Undergraduate Diploma

Bachelor's Degree

Postgraduate qualification

Other, please specify: _____.

Q 18 After the student completes their course: Does your nursing and/or midwifery school have a process to track their professional career?

Yes

No

If YES, please specify:

Q 19 - Graduate Attributes [Rating Scale – Matrix]

As head of the faculty please indicate the attributes of graduates from your faculty. On a 10 point scale where 1 is **Never** and 10 is **Always**, to what extent do you consider that your graduates:

	Never 1	2	3	4	5	6	7	8	9	Always 10
have the ability to manage resources?	<input type="checkbox"/>									
have the ability to practice in the healthcare systems of their own communities?	<input type="checkbox"/>									
have the ability to meet population health needs?	<input type="checkbox"/>									

have critical thinking and analytical skills?	<input type="checkbox"/>									
have enough clinical skills for safe practice?	<input type="checkbox"/>									
have a community service orientation?	<input type="checkbox"/>									
have the ability to work with other members of the health team?	<input type="checkbox"/>									
know what evidence-based practice means and apply it in their work?	<input type="checkbox"/>									
have leadership ability?	<input type="checkbox"/>									

Q 20 Program Outcomes [Rating Scale – Matrix]

As head of the faculty please indicate on a 10 point scale where 1 is **Never** and 10 is **Always**, how true are the following statements for **nursing** courses:

	Never 1	2	3	4	5	6	7	8	9	Always 10
The course content focuses on the health needs of the community in which the graduates will work.	<input type="checkbox"/>									
The course content focuses on a primary healthcare approach	<input type="checkbox"/>									
The course content has both educational and clinical objectives and outcomes	<input type="checkbox"/>									
The course includes clinical competencies	<input type="checkbox"/>									
The course/s are in line with nursing and/or midwifery national competencies	<input type="checkbox"/>									
There are systems to develop, assess and revise the course	<input type="checkbox"/>									

Q 21 Program Outcomes [Rating Scale – Matrix]

As head of the faculty please indicate on a 10 point scale where 1 is **Never** and 10 is **Always**, how true are the following statements for **midwifery** courses:

Never 1	2	3	4	5	6	7	8	9	Always 10
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The course content focuses on the health needs of the community in which the graduates will work.	<input type="checkbox"/>									
The course content focuses on a primary healthcare approach	<input type="checkbox"/>									
The course content has both educational and clinical objectives and outcomes	<input type="checkbox"/>									
The course includes clinical competencies	<input type="checkbox"/>									
The course/s are in line with nursing and/or midwifery national competencies	<input type="checkbox"/>									
There are systems to develop, assess and revise the course	<input type="checkbox"/>									

Q 22 Teaching and Learning approaches [Rating Scale – Matrix]

On a 10 point scale where 1 is **Never** and 10 is **Always** how often does the faculty teaching staff use these teaching and learning approaches

	Never 1	2	3	4	5	6	7	8	9	Always 10
Self-directed learning	<input type="checkbox"/>									
E-learning and/or new technologies	<input type="checkbox"/>									
Supportive learning environment for students	<input type="checkbox"/>									
Active, participatory learning methods (eg. discussions, games, role plays)	<input type="checkbox"/>									
Learning through simulation (eg Resusci Annie)	<input type="checkbox"/>									
Collaborative, team-based learning (eg. group work, study teams)	<input type="checkbox"/>									
Inter-professional collaborative learning with students from different faculties/schools.	<input type="checkbox"/>									
Teaching and learning techniques based on recent research findings	<input type="checkbox"/>									
Lectures - face to face	<input type="checkbox"/>									
Case-studies or case-based methods	<input type="checkbox"/>									

Clinical reasoning methods	<input type="checkbox"/>									
Clinical learning laboratories	<input type="checkbox"/>									
Clinical rotations in clinical settings	<input type="checkbox"/>									
Clinical public health practice in community settings	<input type="checkbox"/>									

Please comment on any barriers to any of these teaching approaches being used in your faculty

Thank you for completing the above questions regarding your Faculty/School and programs.

You will now proceed to the Faculty Survey to complete information about yourself and your experience as a Faculty /School member.

Section 1: General information about yourself

Q 23 Gender [Choice - One Answer (Bullets)]

Male Female

Q 24 Age in years [Choice - One Answer (Bullets)]

≤ 20 21-25 26-30 31-35 36-40 41-45 46-50

51-55 56-60 61 – 65 65 or over

Q 25 What is your title? (the names of these positions may differ in your country, please choose the best fit) [Choice - One Answer (Bullets)]

Dean Head of Nursing and/or Midwifery Lecturer Clinical Supervisor

Other, please specify:

Q 26 Time in the above position

less than 1 year 1-5 years 6- 10 years 11-15 years 16-20 years more than 20 years

Q 27 Is your job permanent, temporary or contract? [Choice - One Answer (Bullets)]

Permanent Temporary Contract

Q 28 What is your employment status? [Choice - One Answer (Bullets)]

Full-time Part-Time Casual

Other, please specify: _____.

Q 29 How many hours do you work per week?

less than 20 20-25 26-30 31-35 36-40 41-45 more than 45

Q 30 Who do you directly report to? (the names of these positions may differ in your country, please choose the best fit) [Choice - One Answer (Bullets)]

- Ministry of Health Head of School Head of Faculty Nursing and/or Midwifery
- Head of Program Other, please specify: _____.

Q 31 Do you meet regularly (e.g. monthly) with this person to discuss issues specific to your role?

- Yes No

Q 32 Do you have a job description?

- Yes No

Q 33 Have you had a performance review in the last 12 months?

- Yes No

If NO, skip to Q 34

Q 34 Were your learning needs identified during your performance review?

- Yes No

Q 35 Was a continuing professional development plan prepared to meet these learning needs?

- Yes No

Q 36 What is the highest level of qualification you have completed? [Choice - One Answer (Bullets)]

- Certificate Diploma Graduate Certificate Bachelor's Degree
- Masters Doctorate

Other, please specify:

Q 37 Are you registered to practice nursing?

- Yes No

Q 38 Are you registered to practice midwifery?

Yes

No

Q 39 Have you completed any post registration qualifications?

Yes

No

If YES, please select from the following list.

Critical Care / Emergency

Mixed medical /surgical

Medical nursing

Surgical nursing

Perioperative

Midwifery

Aged Care

Rehabilitation / disability

Mental Health

Child & Family Health

Community health

Education

Research

Other, please specify: _____.

Q 40 What is the highest level of your post registration qualification? [Choice - One Answer (Bullets)]

No qualification given

Certificate

Diploma

Graduate Certificate

Bachelor's Degree

Masters

Doctorate

Section 2: Faculty Practice

Q 41 Teaching and learning [Rating Scale – Matrix]

The items below ask you to consider your practice as a member of faculty. On a 10 point scale where 1 is **Never** and 10 is **Always** to what extent do you consider that you:

	Never 1	2	3	4	5	6	7	8	9	Always 10
recognise and identify the needs of students?	<input type="checkbox"/>									
provide resources and/or support to help meet students learning needs ?	<input type="checkbox"/>									
use a variety of teaching strategies appropriate to student's needs?	<input type="checkbox"/>									
provide opportunities for students to develop their analytical thinking and reasoning skills?	<input type="checkbox"/>									
provide opportunities for students to develop their clinical reasoning skills?	<input type="checkbox"/>									
assess and provide feedback to students regarding educational achievement?	<input type="checkbox"/>									
help students develop ethical professional practice?	<input type="checkbox"/>									
promote positive learning environments?	<input type="checkbox"/>									
develop positive and effective working relationships?	<input type="checkbox"/>									
engage in clinical teaching?	<input type="checkbox"/>									
assist students to develop professional behaviours?	<input type="checkbox"/>									

Q 42 Curriculum creation and use [Rating Scale – Matrix]

(Curriculum in this survey is defined as: the educational program of study for a specific course. Therefore you may have several curricula if you offer more than one course. These questions are broad questions about your faculty's curricula.)

The items below ask you to consider your role in the creation, use and evaluation of curriculum. On a 10 point scale where 1 is **Never** and 10 is **Always** to what extent do you consider that you:

	Never 1	2	3	4	5	6	7	8	9	Always 10
evaluate whether curriculum reflects community health needs?	<input type="checkbox"/>									
involve inter-professional collaboration in the development of curriculum?	<input type="checkbox"/>									
include evidence-based practice within your curriculum?	<input type="checkbox"/>									
include clinical cases and clinical experiences into classroom learning?	<input type="checkbox"/>									
participate in the development of course objectives?	<input type="checkbox"/>									
link student outcomes and competencies to curriculum?	<input type="checkbox"/>									
include clinical teaching within a clinical setting (eg. hospital community clinic)?	<input type="checkbox"/>									
participate in the development of undergraduate curriculum?	<input type="checkbox"/>									
participate in the development of postgraduate curriculum?	<input type="checkbox"/>									

Q 43 Educational Leadership and Mentoring [Rating Scale – Matrix]

Complete the following statements about your role in leadership and mentoring. On a 10 point scale where 1 is **Never** and 10 is **Always** to what extent do you consider that you:

	Never 1	2	3	4	5	6	7	8	9	Always 10
act as a role model, showing self reflection?	<input type="checkbox"/>									
act as a role model, showing analytical thinking?	<input type="checkbox"/>									
act as an expert clinician in the clinical setting?	<input type="checkbox"/>									
engage in mentoring and motivating	<input type="checkbox"/>									

others?

take leadership roles to improve nursing and/or midwifery education, research and practice? (eg joining committees, giving conference presentations)

<input type="checkbox"/>										
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initiate collaborations with clinical practice colleagues

<input type="checkbox"/>										
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collaborate with health service personnel and community leaders in linking education to service and community needs?

<input type="checkbox"/>										
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

plan, implement and evaluate strategic plans for your faculty?

<input type="checkbox"/>										
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influence change to improve your faculty?

<input type="checkbox"/>										
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Section 3: Your own professional development

Q 44 Professional Practice Improvement [Rating Scale – Matrix]

On a 10 point scale where 1 is **Never** and 10 is **Always** to what extent do you consider that you are:

	Never 1	2	3	4	5	6	7	8	9	Always 10
aware of current professional thinking through your involvement in professional organisations?	<input type="checkbox"/>									
involved in professional development activities to increase effectiveness in your role?	<input type="checkbox"/>									
using feedback from students, peers and your supervisor to improve role effectiveness?	<input type="checkbox"/>									

Q 45 Research & Scholarship [Rating Scale – Matrix]

On a 10 point scale where 1 is **Never** and 10 is **Always** to what extent do you consider that you:

	Never 1	2	3	4	5	6	7	8	9	Always 10
use evidence from recent literature to improve nursing and/or midwifery practice?	<input type="checkbox"/>									
develop proposals for curriculum development, policy and/or research?	<input type="checkbox"/>									
develop proposals for resources, grants, funding?	<input type="checkbox"/>									
initiate original research projects?	<input type="checkbox"/>									
share your own research results through peer reviewed journals, publications and presentations?	<input type="checkbox"/>									

Q 46 Priorities for supporting faculty members' development and practice [Rating Scale – Matrix]

The following section asks you to identify the support necessary to develop faculty members and their practice.

Are the following professional development strategies available within your faculty?

If you answer NO indicate whether it would be USEFUL/NOT USEFUL to you.

	Yes	No	Useful	Not useful
Study groups (groups come together to discuss a common interest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom observations with feedback (peer review)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands on or interactive and participatory workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to internet and web-based resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informal discussions with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structured discussions with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentoring relationship with a skilled colleague	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Networking (establish links with groups with a common interest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q 47 Which of the following activities would benefit your professional contribution to the faculty [Rating Scale – Matrix]

On a 10 point scale where 1 is **Never** and 10 is **Always** is extremely beneficial; rate the following opportunities:

	Never 1	2	3	4	5	6	7	8	9	Always 10
developing skills in school administration, budgetary preparation, overall management	<input type="checkbox"/>									
developing and writing curricula	<input type="checkbox"/>									
understanding copyright issues and implications for online learning	<input type="checkbox"/>									
team teaching	<input type="checkbox"/>									
running group learning activities—role plays, case studies, brainstorming sessions, discussions, concept mapping, clinical simulations	<input type="checkbox"/>									
promoting and supporting student learning, inquiry and research.	<input type="checkbox"/>									
remaining clinically current	<input type="checkbox"/>									
demonstrating and facilitating clinical skills	<input type="checkbox"/>									
selecting and preparing of clinical instructors/preceptor	<input type="checkbox"/>									
coordinating and reporting clinical practice	<input type="checkbox"/>									
conducting clinical sessions, monitoring student progress	<input type="checkbox"/>									
designing valid, reliable and effective assessments	<input type="checkbox"/>									
developing simulated practical examinations, scoring, and applying results to improve performance	<input type="checkbox"/>									

using technology to enhance learning,
including preparing and using audio-
visual materials

promoting ethical, professional
standards in students

developing teaching portfolios

understanding student learning styles
and tailoring teaching methods

writing grant proposals

mentoring for new faculty staff

monitoring, evaluating and revising
educational curricula, teaching/learning
programs

addressing staff shortages

getting and keeping accreditation

developing leadership skills

Other, please specify: _____

Q 48 Please indicate your ability to participate in professional development programs.

Not able at all 1

2

3

4

Completely able 5

Q 49 Please indicate barriers to attending professional development opportunities (ie workshops, events, conferences, study).

	Yes	No
Timing of events	<input type="checkbox"/>	<input type="checkbox"/>
Location of event	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of event	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of information to my practice	<input type="checkbox"/>	<input type="checkbox"/>
Workload	<input type="checkbox"/>	<input type="checkbox"/>
Departmental support	<input type="checkbox"/>	<input type="checkbox"/>
Funding	<input type="checkbox"/>	<input type="checkbox"/>

Please specify any other barriers for professional development opportunities:

Q 50 Please indicate your willingness to participate in faculty development programs

Not willing at all 1	2	3	4	Very willing 5
<input type="checkbox"/>				

Q 51 How much time would you be willing to give to participate in faculty development programs each week [Choice - One Answer (Bullets)]

- 0-1 hour 1-2 hours 2-3 hours 3-4 hours Over 5 hours

Q 52 In the next 12 months, which of the following relates to your job plans? (subscale of Nurse Retention Index (NRI) developed by Cowin, 2001)

[Choice - One Answer (Bullets)]

- Stay in my current position Stay with my employer in a new position
- Leave the nursing and/or midwifery profession for another career Retire

Other, please specify:

.

Q 53 If you have any other comments regarding your role as a member of faculty or faculty development needs then please write these here

If you have any questions regarding this survey please phone +61 2 9514 7441 or email: whocc@uts.edu.au

Thank you for completing this survey. Your contribution will assist us to support the development of faculty and their practice and is highly appreciated.