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Culture Shock: Transitioning from Clinical Practice to Educator

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ABSTRACT

Transitioning from doctoral preparation to the academy is a stressor for most new faculty, particularly among academicians in the medical and health professions where role strain may include clinical responsibilities as part of faculty load. The proliferation of clinical doctorates and terminal clinical allied health degrees has increased the need for both traditionally trained educators, but also faculty with clinical doctorates or terminal clinical degrees (CDF) to augment the curriculum. CDF may not have the background in academia typically acculturated in a traditional doctoral degree. A lack of socialization during clinical doctoral preparation may lead CDF to develop unrealistic expectations regarding faculty collegiality, research and responsibility. Socialization is necessary to orient new faculty, but may be compounded with CDF who lack orientation to the academy regarding classroom management, scholarship, institutional hierarchy and general faculty expectations. A more extensive orientation to teaching, service, and scholarship as well as transitional issues like time management and expectations should be added to mentorship and orientation for CDF hired for health care professions educational programs. Challenges for CDF are most often related to problems decoding expectations of the organization, learning to budget time and creating relationships with colleagues. CDF need remediation to overcome the culture shock associated with the transition from practice to the academy. Traditional mentorship and socialization models entail mature faculty who gift their time and expertise in a one-on-one or small group sessions. CDF orientation may need to follow a more formalized plan rather than traditional mentorship philosophies and for an extended period of time (1-2 years) to ensure a successful transition. This manuscript provides a reorganization of common concepts in the mentorship literature to help administrators of health care profession education to develop CDF and junior faculty.

INTRODUCTION

The proliferation of post-professional health care degrees over the last 15 years in professions such as physical therapy, nursing, and occupational therapy has added stress to traditional mentorship in academia.[1-9] Although both entry level and post professional clinical doctorate programs require traditionally trained educators, they also hire faculty with clinical doctorates/terminal clinical degrees (CDF) to augment the curriculum. Although most new or junior faculty need mentorship to transition to the demands of academia, faculty with clinical doctorates do not have formal education in androgogy and research development.[10] Researchers and professional organizations have shared several mentorship strategies for new faculty members and doctoral students traditionally trained.[11-14] However, no current strategies exist in the literature for new clinical doctorate faculty, and furthermore, some of these organizations clearly declare that this is not the goal of preparation in their profession.[1,3,5,7,8-10]

The lack of orientation into academia through a traditional PhD/EdD program creates challenges in mentoring and socializing

clinical doctorate faculty; yet faculty with terminal clinical degrees may not have an understanding of institutional hierarchy, tenure and promotion, and a general understanding of faculty responsibilities and requirements given that the orientation of clinical doctorates is the development of practitioners.[1,3,5,7,8-14] This lack of understanding does not occur by any fault of the CDF, but more so by the way in which they are trained with a focus on clinical practice.[10]

Faculty with traditional doctorates have difficulty socializing and transitioning to the expectations of full time faculty requirements.[1-3] Transitioning from doctoral preparation to a faculty member is a stressor for most new faculty and an even greater stress for CDF with little to no experience as a faculty member in academia.[1-3] The transition may be challenging among academicians in the medical and health professions where role strain may include clinical responsibilities as part of faculty load.[3,5] Difficulties in transition are in large part a result of incongruity between the expectations articulated (or not articulated) during doctoral studies and the actual requirements of a full-time faculty member.[5] Challenges in socialization are compounded with CDF who lack the foundational orientation to academia that traditionally trained doctoral faculty obtain during their advanced studies. To complicate the transition from clinical practice to faculty is the incongruity between clinical doctorate education which focuses on creating clinicians to the requirements of universities which often have individualized (institutional or departmental) tenure and promotion guidelines.[10] Thus, CDF need additional orientation to academia in addition to mentorship provided to traditional junior faculty.

CDF have significant value in post-professional health care fields, particularly as subject experts and clinicians to foster clinical sites/supervision. However, some health care fields and institutions still maintain traditional expectations of scholarship, service, and teaching for CDF. The lack of orientation to teaching and class management and research components for academia leaves clinically trained doctorates at a disadvantage for promotion and tenure. CDF may also have greater difficulty transitioning into the classroom without previous teaching experiences or pedagogical development given that the focus of the clinical doctorate is clinical practice and rarely includes an orientation to androgogy and research production.[10]

Mentoring faculty from an institutional perspective is essential for retention, production, and educational continuity.[3] In order to retain faculty, socialization is necessary to orient, reduce dissatisfaction, and increase talent retention. In fact, 82% of new faculty in the United States seek other institutions for employment in the first year as a junior faculty member.[3] Junior faculty pursue a career in academia based on a love for learning and a desire to pursue interaction within an intellectual community.[3] However, junior faculty are met with a political environment where they must make significant personal sacrifices they did not intend or foresee, accentuating the unmet expectations of life as a faculty member in academia.[7] Socialization via mentoring is often voluntary for both the junior faculty and mentor and can therefore be calculated. Traditional faculty are often frustrated with the transition, but CDF disillusionment is often compounded by the mentorship process, lack of appropriate orientation, and the foreign nature of academia relative to the professional environment.

ADDITIONAL MENTORSHIP RESOURCES FOR CLINICAL DOCTORATE FACULTY

Creating a mentorship/socialization model for CDF requires additional and perhaps different foci. Traditional socialization of junior faculty can use the WISE principles (Table 1) to effectively foster growth in academia.

Table 1. WISE Principles of Mentorship

WISE Principle	Definition
Winning Trust	Honesty, integrity, and vulnerability help to develop trust in the mentor protégé relationship enhancing institutional socialization.
Inviting Acceptance	Mentors must create an environment of affirmation and acceptance in the relationship validating the mentor.
Support without Rescue	Empowering the protégé allows for autonomy and a sense of responsibility for success and failure.
Embracing Growth	Mentors facilitate socializing through gifts of time and knowledge to foster maturity and independence.

An augmentation of the WISE principles to include foundational faculty roles and responsibilities is necessary with CDF (Table 2). CDF need additional orientation to pedagogy. In addition, orientation to scholarship should include mentorship in technical writing, grant processes, and familiarization with human subjects research regulations, including the role of the institutional review board. A more growth-centered approach to developing teaching should be used in order to provide more time to understand class management, institutional hierarchy, and the process of budgeting and ordering supplies and books. Overall,

CDF may need more facilitation to understand the expectations of the tenure and promotion process, and to navigate organizational expectations given that clinical doctorates do not orient students to academia.[10]

Table 2. Clinical Doctorate Faculty Orientation Needs

Tenure and Promotion	Teaching	Academic Policy and Procedure
Scholarship Requirements	Classroom management	Academic Hierarchy
Service Requirements	Student Advising	Orientation to institutional review board
Teaching Requirements	Syllabi creation	Academic Venacular
Portfolio Requirements	Curricular assessment and design	Administrative Positions and Chain of Command
Event/Meeting Attendance	Classroom Evaluations	Collegiality and networking
Grant Writing Groups	Pedagogy	

Challenges for junior faculty are most often related to problems decoding expectations of the organization, learning to budget time, and creating relationships with colleagues.[15] In addition, CDF need remediation to overcome the culture shock associated with the transition from practice to faculty. CDF, much like traditional junior faculty, also need an orientation to institutional hierarchy and service expectations including university citizenry collegiality and networking. Some CDF may fear the need for mentorship and more information than their traditionally trained colleagues, but a constructive and understanding community can aid in the process.

INSTRUCTIONAL MANAGEMENT

Initiation into faculty for CDF must include an initial orientation to instruction. CDF may need education in writing syllabi that includes an understanding of general principles in classroom objectives and outcomes and matching said components to measurement tools. An orientation to pedagogical tools, instructional methods, curriculum design, online educational resources, and ordering desk copies and/or classroom textbooks should be detailed for CDF as opposed to reviewed for traditional junior faculty. Institutional parameters also need to be reviewed, such as which components of classroom and curricular changes need approval and which are subject to academic freedom rights of the instructor.

Techniques and resources such as institutional policy as well as departmental philosophy on managing the difficult or trying student are necessary to articulate and perhaps role-played for newer faculty and specifically CDF who have little to no teaching experience. Seasoned faculty may have integral knowledge on how to discuss classroom attitudes with students, excuses for poor performance or lack of performance, civility in the classroom, and students with medical issues.

The sharing of experiences may provide the necessary forum for an exchange between tenured or experienced faculty with the CDF. Traditional mentorship models are often information discussions where mature faculty gift knowledge and patience to junior faculty; however, a more static routine meeting or classroom environment may be needed over several years in order to adequately educate and orient CDF that have not had the opportunity for academic mentoring through a doctoral program. Again, more traditional models are usually brief (1-2 semesters) and discussion based; an instructional model may be more conducive to meeting CDF needs.

TENURE AND PROMOTION REQUIREMENTS: SCHOLARSHIP

The transition and socialization of junior faculty tends to be measured by success in the tenure and promotion process.[7-9-11] The socialization process requires junior faculty to negotiate the organizational expectations when a lack of confidence in pedagogical skills and research is heightened.[7,8,17,18] Consequently, the socialization process of a junior faculty member through measured and pointed mentorship is crucial to the success and retention of the individual.[5,9,15-23] A CDF may only have experiences based on a scholarly project during their educational experience and may not be equipped for the scholarship requirements of tenure and promotion. CDF need additional guidance in grant writing and scholarly activity through directed activities such as orientation to technical writing, academic vernacular, grant process, and institutional review boards. CDF may need guidance in selecting journals for publication, understanding journal impact factors, and selecting presentation outlets. Guidance may be fostered through shadowing, writing groups, planned projects, and one-on-one mentoring (Figure 1).

Fostering and managing student scholarship endeavors may also be difficult for CDF without adequate scholarly experiences and may be more pronounced than in traditionally trained faculty. Mentoring CDF gradually by initially having them shadow a seasoned faculty member may be beneficial. Scholarly student projects that may typically have one chair or only one advisor should have co-chairs and co-advisors for several years to acclimate CDF into the profession of mentoring students through

scholarly activities while they themselves are acquiring knowledge on how to produce scholarship. Once the CDF has gained more experience, the administration may then lean on the WISE principles to help them achieve tenure and promotion.

Figure 1: Guiding Clinical Doctorate Faculty Through Scholarship Activity Progression

CONCLUSION

The proliferation of clinical doctorates in health care professions has increased the employment of CDF who may not have the academic background to effectively transition to academia. Faculty in the health professions are mostly comprised of clinicians, with very few clinician-scientists/academicians, which can lead to entirely different mentorship needs.[8] Institutions have a vested interest in appropriately mentoring faculty in order to grow and retain talent and increase student service and faculty productivity.[3-6] Thus, junior faculty (both traditional and CDF) should be adequately mentored and transitioned into faculty life to meet institutional needs in order to ensure success.[5,15-23] The stress of transition to the requirements of faculty may be exacerbated by a lack of socialization during doctoral preparation, leading to unknown expectations regarding faculty collegiality, research, and responsibility.[3-6]

New faculty are more sensitive to workplace stressors, and medical/health care faculty are no different, other than the potential added clinical responsibility.[3-6] A lack of time, work overload, and high self esteem expectations are components of decreased satisfaction and burnout among junior faculty.[2] Junior faculty concerns are in large part due to incongruity between the expectations articulated (or not articulated) during doctoral studies and the requirements of a full-time faculty member, which is exacerbated in CDF who may lack any orientation to academic requirements as a faculty member.[5] Effective mentorship of junior faculty is essential to support and retain talent by creating an environment where the challenges of becoming a WISE professional perpetuates continued socialization into academic life. A more extensive orientation to teaching, service, and scholarship as well as transitional issues like time management and expectations should be added to the mentorship and orientation of CDF hired for health care professions educational programs.

Mentorship for faculty in academia is not a new concept, and what is articulated here is not a new version of "the wheel"; however, retention in academia remains a problem in higher education. This manuscript provides a reorganization of common concepts in the mentorship literature to help administrators of health care professions education to develop CDF and junior faculty.

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