



**To:** AACN Membership

**From:** Robin Newhouse PhD, Chair of Task Force  
Indiana University

**Re:** Defining Scholarship for Academic Nursing Position Statement

**Date:** October 17, 2017

---

It is requested that the membership provide feedback to the revised draft of the Defining Scholarship for Academic Nursing Position Statement during the Like-School Discussions.

**Background:**

The task force requested feedback from the AACN membership on the draft position statement in the summer of 2017. The membership answered the request with a robust response of 50 pages of feedback. The task force carefully considered all of the feedback, and highlights of changes to the position statement include:

- The section on tenure was deleted
- A section on the scholarship of teaching was added
- The scholarship of policy was strengthened
- Boyer's Model was strengthened throughout the document.

At AACN's Fall meeting, during the Like School Discussion groups, one question will be asked related to the position statement: Does the Defining Scholarship for Academic Nursing Position Statement reflect the essence of scholarship for academic nursing? If not, please offer suggestions for improvement. In addition, the position statement will be discussed at the 2018 PhD Pre-conference and at the 2018 Doctoral Conference.

The final draft of the position statement will be presented to the AACN Board for approval in January 2018. The position statement will be presented to the AACN membership for a vote at the Spring 2018 meeting.



**Defining Scholarship for Academic Nursing  
Task Force Consensus Position Statement  
October 16, 2017**

1  
2  
3  
4  
5  
6 Since the American Association of Colleges of Nursing's (AACN's) *Position Statement on*  
7 *Defining Scholarship for the Discipline of Nursing* was published in 1999, academic nursing  
8 leaders have been continually evaluating nursing education programs to ensure that they are  
9 preparing the next generation of nurses to meet the healthcare needs of the public. Along with  
10 the need to determine what constitutes high quality education, the time is right to reconsider the  
11 role of the faculty in an increasingly complex learning environment where research, teaching,  
12 practice, and service are all of crucial importance. In today's academic setting, scholarship  
13 should be inclusive and applicable to scientists, as well as practice, education, and policy  
14 scholars.

15  
16 A number of landmark reports have been issued since 1999 that have propelled us to this new  
17 day. Building a safer, high-quality, high-value healthcare system has become the focus of all  
18 health professions following numerous reports from the Institute of Medicine (IOM, 2000, 2001,  
19 2003, 2012). In 2004, the Doctor of Nursing Practice (DNP) was advanced in the position  
20 statement adopted by the AACN membership, which forever changed how the profession  
21 prepares nurses for the highest level of practice. Doctoral programs in nursing are now available  
22 for nurses seeking a terminal degree in research (PhD) or practice (DNP).

23  
24 In 2010, the Institute of Medicine published a landmark study, *The Future of Nursing: Leading*  
25 *Change, Advancing Health*. The interdisciplinary committee recommended that nurses: 1) should  
26 practice to the full extent of their education and training; 2) should achieve higher levels of  
27 education and training through an improved education system that promotes seamless academic  
28 progression; 3) be full partners, with physicians and other healthcare professionals, in  
29 redesigning health care in the United States, and 4) engage in effective workforce planning and  
30 policymaking that requires better data collection and an improved information infrastructure. As  
31 the recommendations were transitioned to action and policy, the need to expand access to  
32 baccalaureate through doctoral education for nurses accelerated.

33  
34 In 2016, AACN released a report titled *Advancing Healthcare Transformation: A New Era for*  
35 *Academic Nursing*, which recommended ways to enhance nursing's contributions to improving  
36 healthcare delivery and the health of the nation. The report advanced a new definition for  
37 "academic nursing" as

38  
39 Encompassing the integration of practice, education, and research within baccalaureate  
40 and graduate schools of nursing. Faculty engaged in academic nursing demonstrate a  
41 commitment to inquiry, generate new knowledge for the discipline, connect practice with  
42 education, and lead scholarly pursuits that improve health and health care (AACN,  
43 2016a).

44  
45 As the need for academic and clinical partnerships has intensified, so has the demand for  
46 doctoral education for advanced practice and nursing scholarship. The paradigm shift to a

47 broader definition ensures that academic nursing scholarship is at the highest level of scholarly  
48 endeavor.

### 49 ***Purpose***

50 As a practice discipline, nursing scholarship informs science, enhances clinical practice,  
51 influences policy, and impacts best practices for educating nurses as clinicians, scholars, and  
52 leaders. Addressing the complexities of contemporary practice, education, and research is  
53 typically interprofessional, involving scholars from many disciplines with a variety of terminal  
54 degrees (e.g., MD, PharmD, and DPT). The complex nature of health services requires that nurse  
55 scholars engage in a high level of teamwork that is multidisciplinary (knowledge stays within  
56 disciplinary boundaries), interdisciplinary (harmonization and synthesis between disciplines in a  
57 coordinated and coherent whole), and transdisciplinary (integrating sciences that transcend  
58 disciplinary boundaries) (Choi & Pak, 2006).

59  
60 The preferred state is to create a system of recognition for nursing faculty who are scholars in  
61 research, practice, policy, and/or education. The system should value all scholarly contributions.  
62 To that end, the purpose of this position statement is to:

- 63 1) create a definition of scholarship that is inclusive and supports multiple ways of knowing;
- 64 2) address the scholarship of discovery or scientific inquiry, the scholarship of practice or  
65 application and integration, and the scholarship of teaching; and
- 66 3) describe the integration of scholarship across institutional missions and how scholarship  
67 is promoted

### 68 69 **Defining Scholarship**

70 Nursing scholarship is the generation, synthesis, translation, application, and  
71 dissemination of knowledge that aims to improve health and transform health care.

72  
73 Scholarship is the communication of knowledge generated through multiple forms of inquiry that  
74 inform clinical practice, nursing education, policy, and healthcare delivery. Scholarship is  
75 inclusive of discovery, integration, application, and teaching (Boyer, 1999). The hallmark  
76 attribute of scholarship is the cumulative impact of the scholar's work on the field of nursing and  
77 health care.

78  
79 **The scholarship of discovery or scientific inquiry** takes the form of primary empirical  
80 research, analysis of large data sets, theory development and testing, methodological studies  
81 including implementation science, health services research, and philosophical inquiry and  
82 analysis. Furthermore, the scholarship of discovery results in new knowledge, refines or expands  
83 existing knowledge, and is translatable into practice. Inquiry in nursing is conducted within  
84 laboratories; communities; and with individuals using qualitative, quantitative, and community-  
85 based approaches. In addition, scientific inquiry engages and benefits diverse populations and  
86 age groups, providing the evidence to support culturally sensitive interventions to improve  
87 quality of life, optimize health promotion, enable self-management, enhance end-of-life care, and  
88 contribute to healthcare policy (AACN, 2016a; Grady, 2016; Kerr, 2016). Incorporating the  
89 social determinants of health in research and practice is central to understanding the effect of  
90 health care and interventions on patient-centered outcomes (RWJF, 2016; IOM, 2014). Research

91 scholars regardless of settings use similar designs and methods in testing interventions with their  
92 different populations of interest.

93 **The scholarship of practice (application and integration)** is a critical component in shortening  
94 the theory to practice gap (Boyer, 1990). The scholarship of integration interprets, draws  
95 together, and brings new insight to original research. Nursing's broad understanding of theory  
96 based in multiple disciplines as well as long history as a collaborator, allows for the  
97 interconnection of ideas to change practice and solve problems. The practice scholar applies  
98 evidence to practice incorporating implementation and translation science. Scholarship is guided  
99 by a multitude of innovative methods of inquiry that are informed through clinical practice with  
100 an aim of improving and transforming healthcare delivery and patient outcomes. Practice  
101 scholars apply and integrate evidence to and from clinical practice and conduct quality  
102 improvement methodologies to improve care processes.

103 **The scholarship of teaching** focuses on the transmission, transformation, and extension of  
104 knowledge (Boyer, 1999). Teaching scholars develop, evaluate, and improve nursing curricula,  
105 student learning, and teaching methodologies. The scholarship of education focuses on  
106 understanding, describing, and teaching learning endeavors as well as controlling, predicting,  
107 and disseminating outcomes of teaching-learning processes.

108  
109 Threaded through the three domains of nursing scholarship is an emphasis on healthcare policy  
110 that is critical to generating support for healthcare innovation and improvement in the public  
111 domain. The scholarship of healthcare policy includes: problem identification, problem analysis,  
112 stakeholder engagement, policy development, policy enactment (designing programs,  
113 influencing rules and regulations), policy implementation, policy/program evaluation, and the  
114 dissemination of evidence-based best practices.

### 116 **Advancing the Scholarship of Discovery**

117 Within academic nursing, the scholarship of discovery is advanced in a variety of ways, which  
118 include, but is not limited to:

119  
120 *Primary empirical research* is the systematic collection of data to answer an empirical  
121 question or test a hypothesis. A variety of designs are used, including experimental, quasi-  
122 experimental, descriptive, exploratory, and case studies. Methods include ethnography,  
123 historical, critical inquiry research, critical research designs, and community-based  
124 participatory research. Data may include, but are not limited to, primary empirical  
125 measurements, observations and specimens, genetic materials, personal oral accounts about  
126 the phenomenon of interest, historical documents and art work, and data from community  
127 focus groups. The choice of design in the scholarship of discovery is dependent on the  
128 research question and a number of factors such as importance of internal and external  
129 validity, data availability, or urgency of the decisions.

130  
131 *Analyzing large data*, an evolving field of inquiry which is often referred to as "Big Data," is  
132 a component of scientific inquiry that analyzes combined existing data from previous studies  
133 to form a large data set to provide meaningful results to improve health  
134 interventions/outcomes (Raghupathi & Raghupathi, 2014).

135  
136 *Theory development* is the process of drawing together scientific and experiential knowledge,  
137 assumptions, and principles into a systematic set of statements that have explanatory and  
138 predictive power with respect to an area of experience. Scientific theories suggest  
139 explanations for phenomena that may be subjected to empirical tests

140  
141 *Methodological studies, including implementation and translational science*, involve the  
142 development and testing of new or revised methods of inquiry that have utility in generating  
143 knowledge. Implementation science seeks to identify barriers (personal, economic, and  
144 management) to effective evidence translation and examines the causal relationships of the  
145 interventions and the outcomes. The aim of translational science is to promote the rapid  
146 translation of research outcomes to clinical care to provide evidenced-based treatments  
147 (National Institutes of Health, 2017).

148  
149 *Health services research* “examines how people get access to health care, how much care  
150 costs, and what happens to patients as a result of this care. The main goals of health services  
151 research are to identify the most effective ways to organize, manage, finance, and deliver  
152 high-quality care; reduce medical errors; improve patient safety; and impact policy formation  
153 and revision (Agency for Healthcare Research and Quality, 2002).

154  
155 *Philosophical inquiry* in nursing is metaphysical, epistemological, and ethical and involves  
156 critical reasoning and argument that is systematic, rational, and critical. It seeks to answer  
157 questions related to the meaning of health and illness in the context of human life, how we  
158 acquire and evaluate knowledge, and the standards of conduct of life. Whether arguments are  
159 inductive or deductive in nature, assumptions are thoroughly examined and principles of  
160 logical thought and proof are followed.

161

## 162 **Examples Applicable to the Scholarship of Discovery**

- 163 • Generates new knowledge based on critical evaluation using all methods of scientific inquiry  
164 to inform nursing practice, education, and/or policy through translation of research findings.
- 165 • Secures competitive extramural funding to investigate phenomena that expand the core of  
166 nursing knowledge.
- 167 • Leads successful research initiatives to include research teams or centers at the local,  
168 regional, national, or international arenas that focus on scientific inquiry to augment nursing  
169 knowledge related to health promotion and/or testing of interventions to improve health and  
170 disease outcomes.
- 171 • Develops innovative scientific approaches that inform practice and advance healthcare  
172 delivery methods.
- 173 • Disseminates in peer-reviewed journals with published impact factors or media outlets.
- 174 • Presents research findings at regional, national, and international conferences and healthcare  
175 meetings.
- 176 • Communicates to lay groups to promote translation and implementation of research findings.

- 177 • Develops and investigates unique programs of scientific inquiry at the basic, clinical, or  
178 population level to include testing interventions for efficacy, effectiveness, or  
179 implementation processes.
- 180 • Contributes to the development of scientific standards, health-related guidelines, or policies  
181 on a regional, national, or international level.
- 182 • Consults as an academic research partner in clinical settings.
- 183 • Evaluates doctoral-level nursing programs.
- 184 • Is nationally recognized by peers for expertise, excellence, and innovation within an area of  
185 research specialty.
- 186 • Reviews scientific projects and journals, periodicals, or textbooks.
- 187 • Receives regional, national, or international awards or recognition by a peer professional  
188 group.
- 189 • Guides interprofessional and leadership teams to improve health and transform health care.
- 190 • Serves as a regional, national, or international research expert in leadership positions, on  
191 review committees, and on healthcare boards.
- 192 • Creates new theoretical frameworks/theory to guide, test, and disseminate the work of new  
193 phenomena (AACN, 2010; Grace, 2016)

### 194 **Advancing the Scholarship of Practice**

196 The Scholarship of Practice, also known as the Scholarship of Application and Integration, is  
197 directly related to the need to solve specific issues within practice – related to individual patients,  
198 organizations, and social problems (Boyer, 1990). Thoun (2009) suggested that this level of  
199 inquiry is imaginative, artistic, and resourceful. *Development of clinical knowledge* is created by  
200 practice scholars who question why certain methods are used and look for improvements in  
201 practice (Peterson & Stevens, 2013). Internal evidence is generated through outcomes  
202 management, quality improvement, and evidence-based practice projects that translate evidence  
203 into practice and policy to improve care and outcomes (Melnik, 2013). The implementation of  
204 evidence-based knowledge improvements in practice generates local knowledge related to  
205 healthcare processes and patient outcomes that may be transferable.

206  
207 Velasquez, McArthur, and Johnson (2011) describe application and integration in terms of  
208 engagement and optimization. Engagement includes implementation, evaluation, and  
209 dissemination, where optimization revises and refines interventions. The scholarship of practice  
210 may be advanced in a number of ways, including the:

211  
212 *Application of competencies* that promote the evaluation of clinical knowledge, new practice  
213 strategies, and systems of care that facilitate utilization of evidence-based processes.  
214 Strategies such as information technology and research are often used to evaluate and  
215 improve care. The development of quality indicators and innovative healthcare delivery  
216 models are critical to the scholarship of practice. In order to support the use of these  
217 competencies, new practice-based roles within health systems must be developed and  
218 implemented.

219  
220 *Establishment of academic-practice partnerships* that leverage the expertise of nursing  
221 faculty and clinicians to integrate systems of healthcare, improve health outcomes, and foster

222 development of financially viable new models of care leveraging the talents and expertise of  
223 nursing faculty with clinical staff through academic-practice partnerships, new questions may  
224 emerge requiring research that generates evidence to inform new best practices as a result of  
225 such partnerships (Bleich, Hewlett, Miller, & Bender 2004; Peterson & Stevens, 2013;  
226 AACN, 2016a).

227  
228 *Measuring patient, organizational, and administrative outcomes* that includes metrics  
229 relevant to patients, organizations, systems, and policymakers (e.g., cost, care outcomes,  
230 patient and provider satisfaction), facilitates data-driven decisions, and allows for impact  
231 analysis of outcomes in all arenas.

232  
233 *Evaluating interprofessional team outcomes* is imperative for the delivery of team-based  
234 care. The development of the interprofessional healthcare team effectiveness and team  
235 science is evolving to produce optimal safety and quality outcomes. Components of team  
236 evaluation may include organizational context, task design, team process, team psychosocial  
237 traits, and team effectiveness, which are defined by patient/provider outcomes (Van Dijk-de  
238 Vries, et al., 2016). Potential outcomes may incorporate use of guidelines/standards, patient  
239 and provider satisfaction, clinical process improvement, collaborative behavior, and error  
240 rates (Reeves, Perrier, Goldman, Freeth, & Zwarenstein, 2013).

241

#### 242 **Examples Applicable to the Scholarship of practice**

- 243 • Develops best practices for incorporation of findings generated through translational and  
244 implementation science.
- 245 • Secures competitive funding to support innovations in practice.
- 246 • Publishes to impact practice via peer-reviewed venues.
- 247 • Disseminates policy papers through peer-reviewed media.
- 248 • Provides expert review for quality improvement projects, journals, periodical, or textbooks.
- 249 • Disseminates practice-based findings at regional, national, or international meetings.
- 250 • Analyzes system-wide data to evaluate practice patterns and/or uncovering new issues  
251 related to practice from such data.
- 252 • Serves as a clinical practice specialist in partnerships that advance research, clinical  
253 improvements, policy development and/or implementation.
- 254 • Analyzes big data or conducts policy analysis at the community, state, national, or  
255 international level.
- 256 • Engages with coalitions, corporations, and industries to educate the workforce, develop  
257 clinical innovations, and/or conduct research and practice transformation.
- 258 • Influences policy through leadership activities at the local, national, and international level  
259 and participates on policy think tanks.
- 260 • Translates research and utilizes evidence to improve health and generate practice-based  
261 knowledge.
- 262 • Develops unique clinical nursing programs or interventions with documented effectiveness.
- 263 • Disseminates clinical programs or quality improvement initiatives in regional, national, or  
264 international arenas.
- 265 • Establishes and evaluates quality improvement initiatives.

- 266 • Leads in the development, review, and evaluation of clinical practice models to transform  
267 healthcare delivery.
- 268 • Translates research and utilizes evidence to improve health, impact practice, and effect  
269 change in health systems.
- 270 • Develops clinical guidelines, innovations, and new program initiatives.
- 271 • Engages in systematic reviews that summarize research findings to recommend solutions to  
272 current clinical problems.
- 273 • Evaluates and reports population health, satisfaction, and cost outcomes.
- 274 • Communicates to lay groups to promote translation and implementation of research  
275 findings demonstrating evidence-based best practices.
- 276 • Consults, reviews, or evaluates clinical nursing programs in other academic institutions.
- 277 • Consults within healthcare organizations to build capacity for improving care and  
278 implementing evidence-based practice.
- 279 • Is nationally recognized by peers for expertise, excellence, and innovation within an area of  
280 practice specialty.
- 281 • Receives regional, national, or international awards or recognition by a peer professional  
282 group.
- 283 • Leads interprofessional teams to improve health and transform health care.
- 284 • Serves as an expert in leadership positions, committee membership, healthcare boards, and  
285 other involvement related to practice expertise in regional, national, or international arenas.
- 286 •

### 287 **Advancing the Scholarship of Teaching**

288 The scholarship of teaching focuses on understanding, describing, explaining teaching-learning  
289 strategies, assessing their impact on learner outcomes, and disseminating results. The evidence of  
290 learning is driven by scholarly inquiry and/or content mastery and must contribute new  
291 knowledge. The scholarship must be open for critique, review, and dissemination by the  
292 discipline (Allen & Field, 2005; Glassick, 2000; Oermann, 2014). Within academic nursing, the  
293 scholarship of teaching is advanced in many ways, including via:

294  
295 *Evaluation research*, which involves the study of teaching-learning processes, teaching  
296 methodologies, and curriculum processes. This form of research is designed to evaluate the  
297 impact and efficiency of teaching strategies and its impact on student and program outcomes.

298  
299 *Application of theoretical concepts* used to guide teaching practices, curriculum  
300 development, and foster student success. These theoretical approaches can inform the science  
301 of nursing education to prepare quality nursing graduates at all level that will provide safe,  
302 quality patient care.

303  
304 *Innovation* necessary to improve nursing education as well as meet the needs of students, the  
305 healthcare community, and discipline. Innovation can focus on development, evaluation, and  
306 dissemination of new teaching strategies.

### 308 **Examples Applicable to the Scholarship of Teaching**

- 309
- 310 • Redesigns or develops educational systems to effectively prepare students as practitioners,  
311 researchers, and educators of the future.

- 312 • Develops and implements evidence-based educational strategies that promote critical  
313 thinking and clinical decision-making.
- 314 • Evaluates impact, cost effectiveness, and efficiency of teaching strategies in attainment of  
315 student learning outcomes.
- 316 • Disseminates research findings from programmatic and systematic evaluations to foster  
317 curricular changes in all levels of nursing education.
- 318 • Develops new teaching methods and strategies to prepare graduates for a transformed health  
319 care system.
- 320 • Incorporates and evaluates the use of instructional technology in nursing education.
- 321 • Leads the design of interprofessional education that enhances collaborative practice and/or  
322 policy development to improve health outcomes.

### 323 **Integration of Scholarship Across Institutional Missions**

324 Integration of scholarship across the institutional missions of research, practice, health policy,  
325 and/or education is essential to advance the professional practice of nursing and improve health  
326 outcomes.

327  
328 In 1990, Boyer’s seminal argument for reframing higher education’s scholarship in terms of  
329 discovery, application, and teaching was a call for engagement of educational institutions and  
330 faculty with the communities served, as well as integration of scholarship. Health-focused  
331 commissions (Kellogg Commission, 2000 & 2001; IOM, 2010) and professional societies  
332 (AACN-AONE, 2012; AACN, 2016a) have since developed agendas and recommendations for  
333 symbiotic partnerships between academia and practice settings. These partnerships foster  
334 creative solutions to common issues and a healthy recognition of the synergistic expertise and  
335 knowledge held by scholars across settings.

336  
337 *Advancing Healthcare Transformation: A New Era for Academic Nursing*, (AACN, 2016a) cites  
338 the need for alignment and integration of academic nursing with the practice setting to advance  
339 health, health care, and healthcare transformation. By working together, academic and practice  
340 leaders can accelerate the dissemination of shared knowledge, scientific inquiry, translational  
341 research, and policy advocacy that affect health and health outcomes (AACN, 2004; AACN,  
342 2006). There are many approaches to advance mutual institutional missions (research, practice,  
343 and education) that focus on better care, quality, access, and value. These approaches apply the  
344 full extent of the knowledge and skills held by nurses.

### 345 **Examples of the advancement of scholarship across institutional missions include:**

- 346  
347
- 348 • Using data and implementation science to inform population health strategies and  
349 accountable care organizations (ACOs).
- 350 • Conducting demonstration projects and evaluating health system innovations and  
351 population health capabilities, including new care model designs.
- 352 • Implementing quality and safety interventions across care settings and into the community.
- 353 • Nurturing transdisciplinary research teams with a focus on improving science and  
354 population health interventions.

- 355 • Promoting formation of research programs in partnership with academic medicine, health  
356 systems, and other professional schools.

357  
358 Advancing scholarship across the institutional missions will require some strategic thinking  
359 regarding the nature of the relationships and the structures needed to facilitate partnerships.  
360 There are many models that can be applied, and the choice of the model is dependent on a  
361 number of factors such as the needs of the patients served, the educational preparation or  
362 certification of the faculty and staff, geographic setting, and/or the academic programs offered at  
363 the partner university or college.

364  
365 **Examples of structural arrangements that support the scholarship across institutional**  
366 **missions include:**

- 367  
368 • Foster PhD- and DNP-prepared faculty and staff or student teams to participate in clinical  
369 studies, project development, and implementation of evidence to practice or evaluation.  
370 • Provide joint appointments of research-focused and practice-focused doctorally prepared  
371 scholars to inform research and practice through the translation of research findings,  
372 evaluation of practice innovation, and identification of improved outcomes.  
373 • Use consultative roles for faculty nurse scholars for research studies and clinical projects in  
374 practice institutions.  
375 • Develop consultative roles for nurse scholars from clinical practice to participate in  
376 curriculum development and evaluation of academic nursing programs and to precept nursing  
377 students.  
378 • Develop partnerships between academic and practice experts to disseminate research findings  
379 through evidence-based practice projects and quality improvement initiatives.  
380 • Develop teams of nurse scholars from practice and academic settings to collaborate with  
381 clinicians and administrators to develop, implement, and evaluate projects and studies.

382  
383 Scholarship across institutional missions will require innovative methods to address the  
384 healthcare needs of individuals, populations, and the community served. These methods will  
385 require new areas of expertise for doctoral scholars. Arrangements for mentorship or  
386 consultation will need to be considered.

387  
388 **Examples of innovative methods needed in doctoral scholarship across institutional**  
389 **missions include the expertise to:**

- 390  
391 • Test methods for rapid translation to practice.  
392 • Engage patients to inform the design and methods of research studies such as community  
393 members in participatory action research.  
394 • Conduct analysis to answer questions about a clinical problem using large data sets generated  
395 from clinical practice.  
396 • Partner on evidence-based practice projects or specific phases of the process (Ask a question,  
397 Acquire the evidence, Appraise the evidence, Apply evidence to practice, Assess if a change  
398 occurred, and Adjust if needed – [www.ebbp.org](http://www.ebbp.org)).  
399 • Conduct clinical pilots and efficacy trials of new interventions, and test the effectiveness of  
400 interventions in multiple settings with diverse populations.

- 401 • Sponsor or co-sponsor policy efforts that support transformational change in healthcare  
402 organizations and systems.

403  
404 Scholarship across institutional missions will focus on diverse topics, but the result is a holistic  
405 approach to the generation and application of knowledge in practice and academia. Innovative  
406 and emerging methods should be used to assess, plan, implement, and evaluate practice  
407 improvements and transformations. There are many structures and arrangements that can support  
408 these efforts. Structures will need to be assessed and chosen in consideration of the relevance and  
409 feasibility to the setting.

410  
411 **Summary**

412  
413 Colleges and universities across the nation are continually evolving to ensure that they meet the  
414 healthcare needs for the public by educating the next generation of nurses. This document  
415 accounts for many contemporary issues such as the trends in new research methods, concerns for  
416 improving health, increasing demands and complexity of health care, and multiple ways of  
417 knowing. Matters related to scholarship are addressed including: a definition of scholarship as  
418 related to education, research, and practice; differentiation for research-focused and practice-  
419 focused doctorates; and the integration of scholarship across institutional missions.

420  
421 A broader definition of scholarship supports recognition and value for scholarly contributions by  
422 nursing scholars in practice, service, teaching, or research. The paradigm shift expands the  
423 definition of scholarship to ensure that academic nursing is at the highest level of scholarly  
424 endeavor to improve health and transforms health care.

425

## Glossary

Academic Nursing	Academic Nursing encompasses the integration of practice, education, and research within baccalaureate and graduate schools of nursing. Faculty engaged in academic nursing demonstrate a commitment to inquiry, generate new knowledge for the discipline, connect practice with education, and lead scholarly pursuits that improve health and health care (AACN, 2016a).
Community Based Participatory Research	Community Based Participatory Research (CBPR) is a collaborative approach to research that equally involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities (Faridi, Grunbaum, Gray, Franks, & Simoes, 2007).
Critical Inquiry Research	Critical inquiry research views both methods (ways of gathering data) and methodology (frameworks that guide research) as tied to power differentials. It is grounded in a “belief that there is no trans-historical, culture-free, disinterested way of knowing and foregrounds the politics of knowing and being known” (Lather, 2004).
Critical Research Design	Critical research design works toward transformative action and egalitarian participation; connects meaning to broader structures of social power, control, and history; works toward open, flexible theory building grounded in both confrontation with and respect for the experiences of people in their daily lives and profound skepticism regarding appearances and ‘common sense’; and minimizes the tensions involved in speaking with rather than to/for marginalized groups” (Lather, 2004).
Data Science	The examination of natural, human, and social phenomena through the unified application of statistics and data analysis rather than traditional theoretical and methodological approaches (Hayashi et al., 1998).
Epistemological	The study of knowledge and justified belief, specifically concerned with the conditions, sources, and structure of knowledge (Steup, 2009a).
Health Policy	Health policy (WHO, n.d.) refers to decisions, plans, and actions that are undertaken to achieve specific healthcare goals within a society. An explicit health policy can achieve several things: it defines a vision for the future which in turn helps to establish targets and points of reference for the short and medium term; it outlines priorities and the expected roles of different groups; and it builds consensus and informs people. (Note: Institutional level policy is not included for the purposes of this position statement.)
Impact	The force exerted by a new idea, concept, technology, or ideology. Having influence or effect, e.g., <i>The Essentials of Doctoral Education for Advanced Nursing Practice have had significant impact on the education of nurses</i> (Dictionary.com, 2017a).

Interdisciplinary	Relating to more than one branch of knowledge. Combining or involving two or more professions, technologies, or departments, or the like, as in business or industry. The goal is to synthesize knowledge to achieve an integrated result that surpasses previous approaches, ways of thinking, and existing disciplines (Choi & Pak, 2006; George, 2005)
Implementation Science	The study of integrating research findings into healthcare practice and policy by understanding facilitators and barriers to the uptake of evidence (NIH, n.d.). The goal is to determine which factors promote the use of innovations in practice to the fullest extent and in the most effective way possible (National Implementation Research Network, 2015)
Improvement Science	A multidisciplinary applied science that seeks to improve healthcare processes and outcomes through quality improvement strategies such as innovation and rapid cycle testing in real-world environments (National Institutes of Children's Health Quality, 2017).
Interprofessional Education	Education occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes (World Health Organization [WHO], 2010).
Interprofessional Practice Teams	Working across healthcare professions to cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable. The team consists of the patient, the nurse, and other healthcare providers as appropriate (IOM, 2003).
Metaphysical	A branch of philosophy pertaining to abstract thought or subjects such as causality, truth, and existence (Steup, 2009b).
Multidisciplinary	Combining or involving several academic disciplines or professional specializations in an approach to a topic or problem. Members from each discipline consult with one another and contribute to the work independently by offering conceptual, theoretical, and empirical perspectives from their respective disciplines (Fawcett, 2013; Choi & Pak, 2006).
Participatory Action Research	A type of public health research that involves research participants through an iterative process of reflection, action, and data collection. The research actively involves participants such that the boundaries between researchers and participants become blurred (Baum, MacDougall, & Smith, 2006).
Person and Family-Centered Care	Person and Family-Centered Care recognizes the individuals using health and social services as equal partners in planning, developing, and monitoring care to make sure it meets their needs. This means putting people and their families at the center of decisions and seeing them as experts working alongside professionals to get the best outcome (Health Innovation Network, 2016).

Practice	The provision of care to individuals, families, or communities regardless of setting. Refers to advanced or basic nursing care provided to individuals or families that is intended to achieve specific health goals or achieve selected health outcomes. Practice settings have a wide range of venues for point of care, including acute and critical care, long-term care, home health, community-based settings, case management, disease management, population health, occupational and employee health, primary care, and educational settings with an aim to maintain professional role currency. Practice serves to guide and inform research for nurse scholars (AACN, 2011)
Precision Medicine	Treatment and prevention of disease based on individual characteristics such as genes, environment, and lifestyle. Examples of precision medicine, such as blood typing prior to transfusion, have existed for some time but the term ‘precision medicine’ as a holistic approach to disease treatment and prevention is relatively new (National Library of Medicine, 2017).
Practice-focused Doctorate	The practice-focused doctorate (DNP) represents the highest level of education for a career in nursing practice and the scholarship of clinical practice application and integration. Nursing practice-focused doctoral programs prepare scholars for the critical component of shortening the theory to practice gap. Practice-focused doctorates prepare nurses to generate new knowledge through innovation of practice change, the translation of evidence, and the implementation of quality improvement processes in specific practice settings, systems, or with specific populations to improve health or health outcomes. This new knowledge is considered transferrable but is not considered generalizable. The practice-focused doctorate stewards the profession, educates the next generation of nurses, defines its uniqueness, and maintains its professional integrity. Collaboration for the dissemination of newly generated care delivery models and the translation of the scholarship of discovery are the responsibility of DNP prepared nurse scholars (AACN, 2006, 2015).
Research-focused Doctorate	The research-focused doctorate represents the highest level of education for a career in research and the scholarship of discovery, generation, translation, and dissemination of new knowledge. Nursing research-focused doctoral programs include the doctor of philosophy (PhD) and the doctor of nursing science (DNS and DNSc) degree programs. It prepares scholars for the generation of new knowledge. The PhD graduate develops and generates nursing science, stewards the profession, educates the next generation of nurses, defines its uniqueness, and maintains its professional integrity. In the scientific arena within and beyond academe, the PhD is the beginning preparation for the development of independence in scientific pursuit. Collaboration for the dissemination of newly generated care delivery models and the translation of the scholarship of discovery are the responsibility of PhD prepared individuals (AACN, 2010).
Service	Within the context of academe, service is freely given to the division, department, college, university or greater institution, to the profession, to society through consultation, and by using teaching to enhance service (Sampson, Driscoll, & Carroll, 2010).

Social Determinants of Health (SDOH)

Social determinants of health address the underlying issues of social justice, cultural diversity, and ethical awareness as major drivers of healthcare outcomes. Recent decades have brought a new understanding of just how much our health outcomes are determined by social factors, ranging from parenting and family structure to economic disparities, racial injustice, and degradation of the environment. These “social determinants of health” likely will have a greater influence on our well-being than factors typically associated with the healthcare system. Yet healthcare professionals remain uncertain how to integrate this knowledge into education and practice (Health Plus Social, 2016).

Team-based care

The provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers—to the extent preferred by each patient—to accomplish shared goals within and across settings to achieve coordinated, high-quality care (Mitchell et al., 2012; Okum et al, 2014; Schottenfeld et al, 2016)

Team Science

An approach involving multiple investigators with diverse skills and backgrounds to address complex, multi-factorial research problems. This multidisciplinary approach is viewed as a strategy to accelerate scientific discovery and implementation into practice and policy (National Cancer Institute, n.d.).

Transdisciplinary

Individuals work together across disciplines to create a single conceptual, theoretical, or empirical structure. Members continue their collaboration by conducting research using the newly created structure (Choi & Pak, 2006; Fawcett, 2013).

Translational Research/ Science

The synergy created when practice-focused doctorally prepared and research-focused doctorally prepared individuals’ partner to implement newly generated knowledge grounded in evidence-based findings aimed at resulting in evidence-based practice. Moreover, translational research includes two areas of translation. One is the process of applying discoveries generated during research in the laboratory, and in preclinical studies, to the development of trials and studies in humans. The second area of translation concerns research aimed at enhancing the adoption of best practices in the community. Cost-effectiveness of prevention and treatment strategies is also an important part of translational science (NIH, 2009; Rubio et al, 2010).

## AACN Task Force on Defining Scholarship for Academic Nursing

### **Robin Newhouse, PhD, Chair**

Indiana University  
600 Barnhill Drive, NU 130  
Indianapolis, IN 46202  
(317) 274-1485  
[newhouse@iu.edu](mailto:newhouse@iu.edu)

### **Donna Berry, PhD**

Dana-Farber Cancer Institute  
450 Brookline Avenue  
Boston, MA 02215  
(617) 632-1909  
[donna.berry@dfci.harvard.edu](mailto:donna.berry@dfci.harvard.edu)

### **Rosanne Burson, DNP**

DNP Program Coordinator  
Associate Professor  
University of Detroit Mercy  
McAuley School of Nursing  
4001 W McNichols  
Detroit, MI. 48221  
(586) 292-1246  
[bursonrf@udmercy.edu](mailto:bursonrf@udmercy.edu)

### **Carol Dorough, EdD**

Mount Vernon Nazarene  
800 Martinsburg Road  
Mount Vernon, OH 43050  
(740) 392-6868 ext. 3261  
[Carol.dorough@mvnu.edu](mailto:Carol.dorough@mvnu.edu)

### **Barbara Johnson, PhD**

Belhaven University School of Nursing  
1500 Peachtree Street  
Campus Box 313  
Jackson, MS 39202  
(601) 968-8935  
[bjohnson@belhaven.edu](mailto:bjohnson@belhaven.edu)

### **Jean McSweeney, PhD**

University of Arkansas for Medical Sciences  
4301 W Markham, #529  
Little Rock, AR 72205  
(501) 296-1982  
[mcsweeneyjeanc@uams.edu](mailto:mcsweeneyjeanc@uams.edu)

### **Katherine Pereira, DNP**

Duke University School of Nursing  
Room 3055, 307 Trent Drive  
Durham, NC 27710  
(919) 684-4244  
[Katherine.pereira@duke.edu](mailto:Katherine.pereira@duke.edu)

### **Kristen Swanson, PhD**

Seattle University  
Garrand 200E  
901 12th Avenue  
Seattle, WA 98122  
(206) 296-5670  
[Swansonk@seattleu.edu](mailto:Swansonk@seattleu.edu)

### **Patricia Thompson, EdD**

CEO, Sigma Theta Tau International  
The Honor Society of Nursing  
550 W. North St.  
Indianapolis, IN 46202  
888.634.7575  
[patricia@stti.iupui.edu](mailto:patricia@stti.iupui.edu)

### **Joan Vitello, PhD**

University of Massachusetts Medical School  
55 Lake Avenue North  
Worcester, MA 01655  
(508) 856-5081  
[Joan.vitello@umassmed.edu](mailto:Joan.vitello@umassmed.edu)

### **Kathy McGuinn, MSN, AACN Staff Liaison**

Director of Interprofessional Education and  
Practice Partnerships  
Special Advisor for Quality Initiatives  
(202) 463-6930 ext. 262  
[kmcguinn@aacnnursing.org](mailto:kmcguinn@aacnnursing.org)

### **Rick García, PhD, AACN Staff Liaison**

Director of Nursing Education  
(202) 463-6930 ext. 251  
[rgarcia@aacnnursing.org](mailto:rgarcia@aacnnursing.org)

## References

- American Association of Colleges of Nursing (AACN). (2017). *Data on Doctoral Programs*. Retrieved from <http://www.aacn.nche.edu/media-relations/fact-sheets/dnp>
- AACN. (2016a). *Advancing healthcare transformation: A new era for academic nursing*. Retrieved from American Association of Colleges of Nursing Web site: <http://www.aacn.nche.edu/AACN-Manatt-Report.pdf>
- AACN. (2016b). *Special Survey on Vacant Faculty Positions for Academic Year 2016-2017*. Retrieved from <http://www.aacn.nche.edu/leading-initiatives/research-data/vacancy16.pdf>
- AACN. (2015). *The Doctor of Nursing Practice: Current Issues and Clarifying Recommendations. Report from the task force on the implementation of the DNP*. Washington, DC. Retrieved from <http://www.aacn.nche.edu/aacn-publications/white-papers/DNP-Implementation-TF-Report-8-15.pdf>
- AACN. (2011). *The Essentials of Master's Education in Nursing*. Washington, DC: Author
- AACN. (2010). *The Research-Focused Doctoral Program in Nursing*. Washington, DC: Author
- AACN. (2006). *The Essentials of Doctoral Education for Advanced Nursing Practice*. Washington, DC: Author
- AACN. (2004). *AACN Position Statement on the Practice Doctorate in Nursing*. Washington, DC: Author
- AACN. (1999). *Defining Scholarship for the Discipline of Nursing*. Retrieved from <http://www.aacn.nche.edu/publications/position/defining-scholarship>
- AACN-American Organization of Nurse Executives (AONE). (2012). *AACN-AONE Task Force on Academic Practice Partnerships*. Retrieved from <http://www.aone.org/resources/academic-practice-partnerships.pdf>
- Agency for Healthcare Research & Quality. (2002). *Agency for Healthcare Research and Quality*. Retrieved from: <https://archive.ahrq.gov/about/whatis.htm>
- Baum, F., MacDougall, C., & Smith, D. (2006). Participatory Action Research. *Australian Journal of Primary Health*. Retrieved from <http://doi.org/10.1136/jech.2004.028662>
- Bleich, M. R., Hewlett, P. O., Miller, K. L., & Bender, K. (2004). Beyond Tradition: Synergizing Intellectual and Material Capital to Forge the New Academic-Service Partnership. *Journal of Professional Nursing*, 20, 285-294.

- Boyer, E. (1990). *Scholarship Reconsidered: Priorities for the Professoriate*. Princeton, NJ: The Carnegie Foundation for the Advancement of Teaching.
- Brown, M., & Crabtree, K. (2013). The Development of Practice Scholarship in DNP Programs: A Paradigm Shift. *Journal of Professional Nursing*, 29, 330-337.
- Burson, R. (2017). *Scholarship in Practice*. In K. Moran, R. Burson, D. Conrad (Eds). *The Doctor of Nursing Practice Scholarly Project: A Framework for Success (2<sup>nd</sup> Ed.)*. Burlington, MA: Jones & Bartlett.
- Choi, B. P. K., & Pak, A. W. P. (2006). Multidisciplinarity, Interdisciplinarity, and Transdisciplinarity in Health Research, Services, Education and Policy 1. Definitions, Objectives and Evidence of Effectiveness. *Clinical and Investigative Medicine*, 29, 351-364.
- Dictionary.com. (2017a). *Impact*. Retrieved from <http://www.dictonary.com/browse/impact?s=t>
- Dictionary.com. (2017b). *Metaphysical*. Retrieved from <http://www.dictonary.com/browse/metaphysical>
- Faridi, Z., Grunbaum, J. A., Gray, B. S., Franks, A., & Simoes, E. (2007). *Community-based Participatory Research: Necessary Next Steps*. Retrieved from Prev Chronic Dis: [http://www.cdc.gov/pcd/issues/2007/jul/06\\_0182.htm](http://www.cdc.gov/pcd/issues/2007/jul/06_0182.htm)
- Fawcett, J. (2013). Thoughts about multidisciplinary, interdisciplinary, and transdisciplinary research. *Nursing Science Quarterly* 26, 376-379.
- George, J. (2005). *Nursing Theories, the Base for Professional Nursing Practice (5th Ed.)*. Upper Saddle River, NJ: Prentice Hall.
- Glassick, C. (2000). Boyer's Expanded Definitions of Scholarship, the Standards for Assessing Scholarship, and the Elusiveness of the Scholarship of Teaching. *Academic Medicine*, 75(9), 877-880.
- Grace, P. J., Willis, D. G., Roy, C., & Jones, D. A. (2016). Profession at the Crossroads: A Dialog Concerning the Preparation of Nursing Scholars and Leaders. *Nursing Outlook*. 64(1), 61-70. doi:10.1016/j.outlook.2015.10.002
- Grady, P. A. (2016). *The NINR Strategic Plan: Advancing Science, Improving Lives*. Bethesda, MD: National Institute of Nursing Research.
- Health Innovation Network.(2016). *What is Patient-Centered Care and Why is it Important?* Accessed at [http://www.hin-southlondon.org/system/ckeditor\\_assets/attachments/41/what\\_is\\_person-centred\\_care\\_and\\_why\\_is\\_it\\_important.pdf](http://www.hin-southlondon.org/system/ckeditor_assets/attachments/41/what_is_person-centred_care_and_why_is_it_important.pdf)

- Hayashi, C., Yajima, K., Bock, H. H., Ohsumi, N., Tanaka, Y., & Baba, Y. (1998). What is data science? Fundamental Concepts and a Heuristic Example. In C. Y. Hayashi (Ed.), *Data Science, Classification, and Related Methods. Studies in Classification, Data Analysis, and Knowledge Organization* (pp. 40-51). Tokyo: Springer.
- Health policy, (n.d.). Retrieved September 5, 2017, from [http://www.who.int/topics/health\\_policy/en/](http://www.who.int/topics/health_policy/en/)
- Health Plus Social. (2016). *An Inquiry Into the Social Determinants of Health*. USC School of Social Work. GreenHouse Center of Social Innovation. Los Angeles, CA.
- Institute of Medicine (IOM). (2000). *To Err is Human: Building a Safer Health System*. Washington, DC: National Academies Press.
- IOM. (2001). *Crossing the Quality Chasm*. Washington, DC: National Academies Press.
- IOM. (2003). *Health Professions Education: A Bridge to Quality*. Washington, DC: National Academies Press.
- IOM. (2010). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press.
- IOM. (2012). *Best Care at Lower Cost*. Washington, DC: National Academies Press.
- IOM. (2014). *Capturing Social and Behavioral Domains and Measures in Electronic Health Records: Phase 2*. Washington, DC: National Academies Press.
- Kellogg Commission. (2000). *Renewing the Covenant: Learning, Discovery, and Engagement in a New Age and Different World*. Washington, DC: National Association of State Universities and Land-Grant Colleges.
- Kellogg Commission. (2001). *Returning to Our Roots: Executive Summaries of the Reports of the Kellogg Commission on the Future of State and Land Grant Universities*. Washington, DC.
- Kerr, M. E. (2016). Support for nursing science. *Nursing Outlook*. 64, 262-270. doi:10.1016/j.outlook.2015.09.007
- Lather, P. (2004). Critical Inquiry in Qualitative Research; Feminist and Poststructural Perspectives: Science “After Truth.” *Foundations for Research Methods of Inquiry in Education and the Social Sciences*. p. 203-215. Mahwah, NJ: Lawrence Erlbaum Associates.
- Melnyk, B. M. (2013). Distinguishing the Preparation and Roles of Doctor of Philosophy and Doctor of Nursing Practice Graduates: National Implications for Academic Curricula and Health Care Systems. *Journal of Nursing Education*, 52, 442-443.

- Mitchell, P., Wynia, R., Golden, B., McNellis, B., Okun, S., Webb, C. E., Rohrbach, V., & Von Kohorn, I. (2012). *Core Principles and Values of Effective Team-Based Health Care. Discussion Paper*. Institute of Medicine, Washington, D.C. Retrieved from <https://www.nationalahec.org/pdfs/VSRT-Team-Based-Care-Principles-Values.pdf>
- National Academies of Science. (2015). *Assessing Progress on the IOM Report, the Future of Nursing*. Washington, DC: The National Academies Press. Retrieved from <http://www.nationalacademies.org/hmd/Reports/2015/Assessing-Progress-on-the-IOM-Report-The-Future-of-Nursing.aspx>
- National Cancer Institute. (n.d.). *About Team Science*. Retrieved from <https://www.teamsciencetollkit.cancer.gov/public/WhatIsTS.aspx>
- National Implementation Research Network. (2015). *Implementation Science Defined*. Retrieved from <http://doi.org/10.1001/jama.2015.17949>
- National Institutes of Children's Health Quality. (2017). *Improvement Science*. Retrieved from <http://www.nichq.org/about/expertise/improvement-science>
- National Institutes of Health (NIH). (2017, February 23). *Implementation Science Information and Resources*. Retrieved from NIH Fogarty International Center: Advancing Science for Global Health: <https://www.fic.nih.gov/researchtopics/pages/implementation-science.aspx>
- NIH. (2009). *Definitions under Subsection 1 (Research Objectives), Section I (Funding Opportunity Description), Part II (Full Text of Announcement), of RFA-RM-07-007: Institutional Clinical and Translational Science Award (U54) Mar 2007*. Retrieved from <http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-07-007.html>
- National Library of Medicine. (2017). *What is "Precision Medicine" -- and Can it Work?* Retrieved from <https://ghr.nlm.nih.gov/primer/precisionmedicine/definition>
- Oermann, M. (2014). Defining and assessing the scholarship of teaching in nursing. *Journal of Professional Nursing, 30*(5), 370-375
- Okum, S., Schoenbaum, S., Andrews, D., Chidambaran, P., Chollette, V., Gruman, J. et al. (2014). *Patients and Health Care Teams Forging Effective Partnerships. Discussion Paper*. Institutes of Medicine, Washington, D.C. Retrieved from <https://accp.com/docs/positions/misc/PatientsForging EffectivePartnerships%20-%20IOM%20discussion%20paper%202014.pdf>
- Peterson, K., & Stevens, J. (2013). Integrating the Scholarship of Practice into the Nurse Academician Portfolio. *Nursing Faculty Publications*. Retrieved from [http://digitalcommons.brockport.edu/nursing\\_facpub/1](http://digitalcommons.brockport.edu/nursing_facpub/1)
- Raghupathi, W., & Raghupathi, V. (2014, February 7). Big data analytics in healthcare: Promise and potential. *Health Information Science and Systems, 2*(1). doi:10.1186/2047-2501-2-3

- Reeves S., Perrier L., Goldman J., Freeth D., & Zwarenstein M. (2013). *Interprofessional Education: Effects on Professional Practice and Healthcare Outcomes (Update)*. Cochrane Database of Systematic Reviews. 2013, Issue 3. No.: CD002213. DOI: 10.1002/14651858.CD002213.pub3. www.cochranelibrary.com
- Robert Wood Johnson Foundation (RWJF). (2016). *Using Social Determinants of Health Data to Improve Health Care and Health: a Learning Report*. Retrieved from [file:///in-nurs-son2v/users/newhouse/Articles/rwjf428872\\_SocialDeterminantsofHEALTH\\_2016.pdf](file:///in-nurs-son2v/users/newhouse/Articles/rwjf428872_SocialDeterminantsofHEALTH_2016.pdf)
- RWJF. (2015). *A Culture of health: Measuring what matters*. Retrieved from [http://www.rwjf.org/en/culture-of-health/2015/11/measuring\\_what\\_matte.html](http://www.rwjf.org/en/culture-of-health/2015/11/measuring_what_matte.html)
- Rubio, D. M., Schoenbaum, E. E., Lee, L. S., Schteingart, D. E., Marantz, P. R., Anderson, K. E., & Esposito, K. (2010). Defining translational research: implications for training. *Academic Medicine*, 85, 470-475. Retrieved from <http://doi.org/10.1097/ACM.0b013e3181ccd618>
- Sampson, J. P., Jr., Driscoll, M. P., & Carroll, P. S. (2010). *Guidelines for Writing Promotion and Tenure Letters for Faculty Members*. Florida State University, Office of the Dean of the Faculties, Tallahassee, FL.
- Schottenfeld, L., Petersen, D., Peikes, D., Ricciardi, R., Burak, H., McNellis, R., & Genevro, J. (2016). *Creating Patient-Centered Team-Based Primary Care*. AHRQ Pub. No. 16-0002-EF. Rockville, MD: Agency for Healthcare Research and Quality. March 2016.
- Smeltzer, S. C., Sharts-Hopko, N. C., Cantrell, M. A., Heverly, M. A., Nthenge, S., & Jenkinson, A. (2015). A Profile of US Nursing Faculty in Research- and Practice-Focused Doctoral Education. *Journal of Nursing Scholarship*, 47(2), 178-185.
- Staffileno, B. A., Murphy, M. P., & Carlson, E. (2016). Overcoming the Tension: Building Effective DNP-PhD Faculty Teams. *Journal of Professional Nursing*, 32, 342-348.
- Steup, M. (2009a). *Stanford Encyclopedia of Philosophy. Epistemology*. Retrieved from <https://plato.stanford.edu/archives/fall2016/entries/epistemology>
- Steup, M. (2009b). *Stanford Encyclopedia of Philosophy. Metaphysics*. Retrieved from <https://plato.stanford.edu/entries/metaphysics>
- Terhaar, M. F., & Sylvia, M. (2015). Scholarly Work Product of Doctor of Nursing Practice: One Approach to Evaluating Scholarship, Rigor, Impact and Quality. *Journal of Clinical Nursing*, 25, 163-174.
- Thoun, D. S. (2009). Toward an Appreciation of Nursing Scholarship: Recognizing Our Traditions, Contributions, and Presence. *Journal of Nursing Education*, 48, 552-556.

Van Dijk-de Vries, A. N., Duiel-Peeters, I. G. P., Muris, J. W., Weeseling, G. J., Beusmans, H. M. I., & Vriihoef, H. J. M. (2016). Effectiveness of Teamwork in an Integrated Care Setting for Patients with COPD: Development and Testing of a Self-Evaluation Instrument for Interprofessional Teams. *International Journal of Integrated Care*, *16*(1): 9, pp. 1–10. DOI: <http://dx.doi.org/10.5334/ijic.2454>

Velasquez, D. M., McArthur, D. B., & Johnson, C. (2011). Doctoral Nursing Roles in Knowledge Generation. In P.G. Reed and N.B.C. Shearer (Eds.), *Nursing Knowledge and Theory Innovation: Advancing the Science of Practice*. (pp. 37-50). New York, NY: Springer.

World Health Organization (WHO). (2010). *Framework for Action on Inter-professional Education & Collaborative Practice*. Geneva, Switzerland.