From Bedside Expert to Academic Educator: Closing the Faculty Preparation Gap

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Nursing education depends on experienced clinicians to prepare future nurses for increasingly complex healthcare environments. Nurses who transition from clinical practice into higher education bring valuable expertise in patient care, clinical judgment, communication, and professional nursing practice. However, bedside expertise does not automatically translate into expertise as an academic educator.

The transition from expert clinician to novice educator requires nurses to assume responsibilities that differ significantly from those encountered in clinical practice, including teaching and learning, student assessment, curriculum implementation, educational technology, academic policies, professional boundaries, and classroom management. For many clinicians, formal preparation for these responsibilities begins only after they have accepted a faculty position.

Research underscores the need for more intentional preparation and orientation. Dintwe et al. (2025) found that newly employed nurse educators experienced challenges related to unfamiliar academic expectations, workload, technology, organizational support, and confidence. Laari et al. (2023) similarly identified mentoring, orientation, pedagogical preparation, and continuing professional development as important supports for clinicians transitioning into academic roles. These findings highlight an important distinction: clinical competence and educator competence are complementary, but they are not interchangeable.

The Transition From Clinical Practice to Academia

Entering higher education requires more than learning how to prepare a lecture, grade an assignment, or use a learning-management system. New faculty must develop an educator identity while learning the expectations, policies, communication practices, and organizational culture of academia.

Arnold et al. (2026) described a faculty-development initiative implemented during rapid expansion of an undergraduate nursing program. Seventeen new faculty members were hired within 16 months, most with substantial clinical experience but little or no higher-education teaching experience. Traditional onboarding focused primarily on operational requirements and did not provide sufficient pedagogical preparation. A more structured model incorporating mentorship, peer observation, workshops, and teaching resources was associated with greater confidence, professional connection, and role clarity.

These findings reinforce the difference between institutional orientation and educator preparation. Knowing how to access policies and university systems does not necessarily prepare faculty to evaluate students, conduct difficult conversations, establish behavioral expectations, or respond when student behavior interferes with teaching and learning. Classroom management is one area in which this preparation gap can become particularly visible.

Managing Disruptive Classroom Behaviors

Disruptive classroom behaviors include actions that interfere with teaching, learning, professional expectations, or others' ability to participate effectively. Examples include repeated interruptions, side conversations, inappropriate technology use, tardiness, disengagement, disrespectful communication, and resistance to established expectations. Incivility is one component of this broader spectrum of disruptive and unprofessional behavior.

Although some disruptions initially appear minor, repeated or unaddressed behaviors can become established patterns. Faculty must recognize when intervention is warranted, respond proportionately, and address concerns before they escalate. Salarvand et al. (2023) identified strategies used by nursing faculty, including establishing clear expectations, providing timely feedback, communicating directly with students, and using targeted responses when disruptive behaviors persisted. Their findings emphasized the importance of classroom-management knowledge and resources.

Research on incivility further illustrates the effects of disruptive behavior on the educational environment. Hyun et al. (2022) reported effects on faculty well-being, faculty–student relationships, and the teaching process. In a scoping review of 119 studies, Penconek et al. (2024) identified stress, psychological and physiological effects, and reduced faculty job satisfaction as consequences of incivility. Small et al. (2024) also described incivility as a relational and organizational concern influenced by communication, expectations, policies, and institutional culture.

Together, this evidence supports classroom management as an intentional component of faculty preparation. New educators need skills to establish expectations proactively, recognize emerging patterns, communicate concerns professionally, apply policies consistently, document recurring concerns, and know when administrative support is needed. Early preparation can help faculty move from reacting to established problems toward identifying and addressing behaviors before they significantly affect the learning environment.

Nurse Shield© as a Possible Faculty-Development Strategy

The gap between expectations placed on nursing faculty and the preparation they

receive for managing disruptive classroom behaviors provided the foundation for the Nurse Shield© Doctor of Nursing Practice quality improvement project (Whiteacre, 2026). Developed at Regis University's Loretto Heights School of Nursing for faculty with fewer than five years of didactic teaching experience, Nurse Shield evaluated whether structured classroom-management training could strengthen faculty confidence and preparedness in recognizing and responding to disruptive student behaviors, establishing professional expectations, and maintaining an effective learning environment.

The two-hour asynchronous faculty-development intervention emphasized early recognition of disruptive behaviors, clear expectations, professional communication, and consistent responses to classroom challenges (Whiteacre, 2026). Cognitive rehearsal allowed faculty to consider and practice responses before difficult situations occurred. Jeong et al. (2024) identified education, scenarios, role-play, structured communication, and feedback as common components of cognitive-rehearsal interventions in nursing, supporting rehearsal as a strategy for preparing for difficult interactions.

Nurse Shield© was evaluated using investigator-developed preintervention and postintervention surveys. Nine doctoral-prepared experts reviewed the instrument through a Content Validity Index process, and internal consistency was strong, with a Cronbach's alpha of .91 (Whiteacre, 2026). Mean faculty empowerment scores increased from 2.97 before the intervention to 4.28 afterward. Qualitative findings reflected increased confidence, clearer classroom expectations, and greater consistency in managing disruptive behaviors (Whiteacre, 2026).

Because the project involved a small, single-institution sample and relied on self-reported outcomes, the findings should be considered preliminary. Nurse Shield© did not determine whether disruptive behaviors decreased, student outcomes changed, or gains in faculty confidence were sustained. Rather, the project supports further evaluation of structured classroom-management preparation as one component of the broader clinician-to-educator transition.

Implications for Faculty Preparation and Future Research

Faculty development should extend beyond institutional orientation. Clinicians entering academic roles may benefit from preparation in pedagogy, mentoring, academic policy, professional communication, and classroom management before assuming full responsibility for a course. Classroom-management preparation should emphasize prevention and early intervention, including establishing expectations, recognizing developing patterns, responding consistently, documenting concerns, and accessing administrative support when necessary. Nurse Shield© represents one potential component of this broader approach rather than a comprehensive solution to the clinician-to-educator transition (Whiteacre, 2026).

Future research should evaluate structured faculty preparation across larger, multisite samples and diverse nursing programs. Studies should examine whether the timing of faculty development—before teaching, during orientation, or after faculty enter the classroom—affects confidence and transition experiences. Longitudinal evaluation is also needed to determine whether gains in classroom-management self-efficacy are sustained and translate into observable changes in faculty responses, disruptive classroom incidents, student perceptions, faculty satisfaction, and classroom climate. Further evaluation of Nurse Shield© should include larger samples, multiple institutions, and adaptation across different nursing education formats (Whiteacre, 2026).

Conclusion

Experienced clinicians bring essential knowledge and perspective to nursing education, but clinical expertise alone does not prepare nurses for every responsibility associated with higher education. Managing disruptive classroom behaviors is one important component of that transition. Faculty need preparation not only to respond when serious problems occur but also to recognize emerging behaviors, establish expectations, and intervene before smaller disruptions become larger challenges.

Current evidence supports stronger orientation, mentoring, pedagogical preparation, and faculty development for clinicians entering academic roles. Nurse Shield© offers one possible strategy for addressing the classroom-management component of this broader preparation gap (Whiteacre, 2026). Continued evaluation is needed to determine whether structured preparation improves long-term faculty confidence, classroom practices, and learning environments. ■

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