RESEARCH

Processes and Metrics to Evaluate Faculty Practice Activities at US Schools of Pharmacy

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Submitted February 25, 2015; accepted May 18, 2015; published May 25, 2016.

Objective. To determine what processes and metrics are employed to measure and evaluate pharmacy practice faculty members at colleges and schools of pharmacy in the United States.

Methods. A 23-item web-based questionnaire was distributed to pharmacy practice department chairs at schools of pharmacy fully accredited by the Accreditation Council for Pharmacy Education (ACPE) (n=114).

Results. Ninety-three pharmacy practice chairs or designees from 92 institutions responded. Seventy-six percent reported that more than 60% of the department's faculty members were engaged in practice-related activities at least eight hours per week. Fewer than half (47%) had written policies and procedures for conducting practice evaluations. Institutions commonly collected data regarding committee service at practice sites, community service events, educational programs, and number of hours engaged in practice-related activities; however, only 24% used a tool to longitudinally collect practice-related data. Publicly funded institutions were more likely than private schools to have written procedures.

Conclusion. Data collection tools and best practice recommendations for conducting faculty practice evaluations are needed.

Keywords: Clinical service, practice metrics, faculty evaluation, performance evaluation

INTRODUCTION

Responsibilities of pharmacy practice faculty members include teaching in the classroom and in experiential settings; providing direct patient care and managing a clinical service; supervising residents, fellows, and graduate students; advancing knowledge through scholarly work; and serving in leadership roles in their institutions and in professional organizations. Pharmacy practice faculty members are expected to know, role model, and teach students and other trainees about clinical decision making, the application of clinical practice guidelines, standards of care, principles of evidence-based medicine, professional roles, and contemporary practice models. Many, if not most, practice faculty members must balance their time between the academic institution and

their practice site(s) where they engage in practice-related activities that include direct patient care responsibilities and administration of clinical programs.

According to the American Association of Colleges of Pharmacy (AACP) 2013-2014 profile of pharmacy faculty in US accredited colleges and schools of pharmacy, 53% of full-time faculty members are classified as pharmacy practice.¹ Annual evaluations generally include an assessment of faculty members' teaching, research, and service activities over the preceding year.^{2,3} This, in turn, is used to set goals for the upcoming year, identify individual development needs, determine merit salary increases, and document accomplishments toward promotion.

Many schools have well developed metrics and clear benchmarks to measure faculty members' productivity with regard to scholarly and teaching activities.⁴⁻⁹ Increased attention has been paid to the quality and impact of these works in recent years. However, there is a paucity

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of data regarding the procedures and metrics used to evaluate faculty practice-related activities. Many practice faculty members spend a substantial amount of time, on average 30% of their effort, engaged in direct patient care and administering clinical programs.¹⁰ These activities often have a significant impact on patients' lives and are valued by practice partners, the school, and the university.¹¹ The aim of this study was to determine what processes and metrics are most commonly employed to evaluate pharmacy practice faculty members at schools of pharmacy in the United States.

METHODS

A 23-item web-based questionnaire (Inquisite SurveyTM, Austin, TX) was developed to determine the policies, procedures, and metrics used to evaluate pharmacy practice-related activities. The questionnaire included items related to institutional demographics (eg, public vs private, research-intensive vs teaching-intensive); department of pharmacy practice (eg, number of faculty members, percentage of faculty members engaged in pharmacy practice activities, percentage of faculty members supported by practice partners through formal agreements with financial remuneration); policies and procedures for evaluating faculty members in terms of pharmacy practice responsibilities; who was responsible for conducting, evaluating, and judging practice-related performance; and types of data gathered regarding practice-related activities and how these data were used.

For the purposes of this survey, respondents were instructed to consider only practice faculty members who were employed by the school full-time and engaged in practice-related activities, which were defined as faculty responsibilities related to patient care and the administration of clinical programs. To examine the content validity of the instrument and gather feedback regarding its clarity and the time required to complete it, the questionnaire was pilot tested by three individuals administratively responsible for conducting evaluations of practice faculty members. The pilot testers offered a few suggested wording changes to improve the clarity of three items. In most cases, the investigators accepted the recommended changes. Pilot testers did not recommend any additions to or deletions from the questionnaire.

The questionnaire was distributed via e-mail to pharmacy practice department chairs at all fully accredited US schools of pharmacy (n=114). Only fully accredited programs were included because candidate and precandidate schools were believed to be in their formative stages of development. Many candidate and pre-candidate schools did not yet have a fully formed pharmacy practice department and some did not have a department chair.

The initial list of department chairs was provided by AACP. The chairs were asked to complete the survey or to forward the e-mail to the person in their department best suited to answer the questionnaire. The invitation to complete the questionnaire was initially sent in January 2014. Follow-up e-mails were sent to nonresponders on three occasions over the next two months. The survey closed in April 2014. The Texas Tech University Health Science Center Institutional Review Board approved the study.

Data from the web-based questionnaire were imported into a MS Excel file. Data were then analyzed using GraphPad Prism v6.0e (GraphPad Software Inc, La Jolla, CA). Descriptive statistics were used to describe the institutional and departmental demographics. Fisher exact test was used to determine if differences existed between institutions based on mission (eg, research-oriented vs teaching-oriented), doctor of pharmacy program age (eg, newer vs legacy school), number of practice faculty members, and percentage of faculty members supported by a practice partner. Newer schools were programs that had been admitting students for 20 years or less, and legacy programs were those that had been admitting students for more than 20 years. For the purposes of our study, a practice partner was an institution that provided health care services and had a formal agreement with the school that permitted faculty members to engage in practice-related activities at the site.

RESULTS

The questionnaire was distributed via e-mail to 138 individuals identified as pharmacy practice chairs in the AACP database. There were 93 respondents from 92 unique fully accredited schools of pharmacy for a response rate of 81% (92 responses from 114 programs fully accredited by ACPE on January 1, 2014). Responses from one school at which faculty evaluations were conducted by two department chairs on two campuses were included in the analysis. Respondents were slightly more likely to represent public institutions (56% of respondents), schools with a teaching-oriented mission (65% of respondents), and legacy programs (66% of respondents) that had been admitting students for more than 20 years (Table 1).

Fewer than half of respondents (n=44, 47%) indicated that the department or school had written policies and procedures for conducting an evaluation of faculty practice activities (Table 2). Although most respondents (n=78, 84%) indicated that several individuals participated in the evaluation process, the individual faculty member (n=62, 67%) was most often responsible for collecting and tabulating practice-related data. The majority (n=65, 70%) reported that the department chair was most responsible for analyzing the data and discussing

Table 1. Demographic Overview of Survey Respondents' Institutions

	No. Reporting (%)
Institutional Funding	
Public	52 (56)
Private	41 (44)
Mission Orientation	
Research-intensive	32 (34)
Teaching-intensive	60 (65)
No response	1 (1)
No. of Years Admitting Students	
≤20 years (Newer School)	32 (34)
>20 years (Legacy School)	60 (66)
No. of Full-time Faculty in School	
<40	28 (30)
40-59	26 (28)
≥60	34 (37)
No response	5 (5)
No. of Full-time Faculty in Pharmacy Practice Department	
<20	27 (29)
20-39	43 (46)
≥40	23 (25)
% of Pharmacy Practice Faculty Who Practice ≥8 hours/week	
<60%	23 (25)
60-79%	32 (34)
≥80%	36 (39)
No response	2 (2)
% of Faculty Supported by Practice	
Partner	
0	39 (42)
1-25	32 (34)
26-50	8 (9)
51-75	5 (5)
76-100	9 (10)

the practice evaluation with the faculty member. At some institutions (n=10, 11%), the practice site supervisor or the faculty member (n=7, 8%) was most responsible for judging the data.

Faculty practice evaluation data were used for a variety of purposes (Table 2). Most respondents (n=62, 67%) indicated that practice activity data were used to make annual review and merit decisions. The weight given to practice activities relative to other faculty duties (eg, teaching, scholarship, and institutional service) when conducting the annual performance review was most often dependent on the faculty member's assigned mix of duties (n=51, 55%). However, 24 (26%) indicated that all areas of faculty responsibility carried equal weight during the annual review process, while some (n=17, 18%) indicated that other faculty duties were considered more important.

Table 2. Elements of the Faculty Practice Evaluation Processes Reported by US Schools of Pharmacy

	No. Reporting (%)
Written Policies and Procedures Governing Practice Evaluations	
Yes	44 (47)
No	49 (53)
Participants in Practice Evaluation Process	
Faculty (Self-Evaluation)	86 (92)
Department Chair, Vice Chair, or Other School Administrator	79 (85)
Practice Site Supervisor	54 (58)
Nonpharmacist Clinician (eg, Physician, Nurse)	29 (31)
Pharmacist Peer Evaluator	19 (20)
Other Practice Manager / Stakeholder	16 (17)
Multiple Participants	78 (84)
Individual Most Responsible for Collecting and Tabulating Data	
Faculty (Self-Reported)	62 (67)
Department Chair, Vice Chair, or Other School Administrator	26 (28)
Practice Site Supervisor	4 (4)
Not Reported	1 (1)
Individual Most Responsible for Judging Faculty Performance	
Department Chair	65 (70)
Practice Site Supervisor	10 (11)
Faculty (Self-Evaluation)	7 (8)
Vice Chair	4 (4)
Dean/Associate Dean	2 (2)
Other	2 (2)
Not Reported	3 (3)
Individual Most Responsible for Reviewing Evaluation Report With Faculty Member	
Department Chair	74 (80)
Practice Site Supervisor	11 (12)
Other	4 (4)
Vice Chair	2 (2)
Dean/Associate Dean	1 (1)
Not Reported	1 (1)
Faculty Practice Evaluation is Used for:	
Faculty Annual Review / Merit Decision	62 (67)
Continuation of Services at Practice Site	54 (58)
Expansion of Services at Practice Site	35 (38)
Initiation of Services with New Practice Partner	30 (32)
Relative Importance of Practice Performance during Annual Review/Merit Decision	
Depends on Assigned Mix of Duties	51 (55)
Practice, Teaching, Scholarship, and Service Equal	24 (26)
Other Faculty Duties More Important	17 (18)
Not Reported	1 (1)

Regarding the relative importance of practice-related activity when considering practice faculty members for promotion, the majority of respondents indicated that teaching (n=61, 66%) was the most important factor. A minority of respondents indicated that scholarship (n=24, 26%) or practice-related activity (n=7, 8%) were the most important factors considered during the promotion review process. Institutional service (n=45, 48%) and practice-related activity (n=33, 35%) were reported by respondents to be the least important factor at their institution during the promotion review process.

Respondents reported collecting a variety of quantitative and quality-related data regarding faculty practice activities (Table 3). However, less than a quarter (n=22, 24%) stated that their department or school used a specific tool to longitudinally and routinely collect practice-related data. The most common data collected included the number of educational programs conducted at practice partner sites, practice site committees or task forces served, community service events, and hours engaged in practice-related activities. Relatively few schools collected data regarding practice-related revenue (n=21, 23%), cost savings (n=17, 18%), patient satisfaction (n=17, 18%), or number of patient care notes/consult reports written (n=8, 9%).

Subgroup analysis based on institutional demographics found few differences in faculty evaluation procedures, the practice-data collected, or the value placed on practice-related activities for merit and promotion decisions (Table 4). Publicly funded institutions were significantly more likely than private schools to have written policies and procedures guiding the faculty practice evaluation process (56% vs 36%, $p=0.009$) and significantly less likely to rank practice activities as the least important factor for faculty promotion decisions (25% vs 41%, $p=0.008$). Other institutional features such as mission orientation (research vs teaching) or program age (newer vs legacy schools) were not associated with differences in faculty evaluation processes. Furthermore, there were no statistical differences in evaluation processes based on percentage of faculty members supported by practice partners (0% vs any supported) or when comparing the subset of institutions that received substantial support from practice partners (>25% of faculty members, n=22) to those that received no support.

DISCUSSION

Faculty practice is an essential component of academic pharmacy. It strengthens the clinical expertise of faculty members, helps to maintain the relevance of curricula, is essential to student learning, and has the potential to generate revenue. Moreover, faculty practice

Table 3. Faculty Practice Data Collected Reported by US Schools of Pharmacy

	No. Reporting (%)
Collect Data Longitudinally Using a Tool	
Yes	22 (24)
No	71 (76)
Quantitative Parameters Collected	
No. of Educational Programs Conducted (Patients or Providers)	74 (80)
No. of Committees or Task Forces Served at Practice Site	72 (77)
No. of Community Service Events	68 (73)
No. of Hours Spent Engaged in Practice Activities	58 (62)
No. of Patient Encounters	30 (32)
No. of Clinical Interventions	30 (32)
Revenue Generated	21 (23)
Cost Savings	17 (18)
No. of Notes or Consults Written	8 (9)
Other Quantitative Parameters	5 (5)
Quality Parameters Collected	
Participant Satisfaction Evaluations (Educational Programs)	56 (60)
Quality of Service on Committees and Task Forces at Practice Site	56 (60)
Provider Satisfaction	46 (49)
Improvements in Patient Health/Health Outcome Data	33 (35)
Patient Satisfaction	17 (18)
Other Quality Parameters	2 (2)

activities often have a transformative impact on pharmacy practice and improve the health of communities.¹² Appropriate evaluation of faculty practice activities is important for many reasons such as making decisions regarding merit and promotion, setting goals, engaging stakeholders to justify, expand, or pay for clinical services, and strategic planning.

Although a majority of respondents reported that more than 60% of their department's practice faculty members were engaged in practice-related activities at least eight hours per week, fewer than half of respondents had written policies and procedures for conducting an evaluation related to practice activities. One might anticipate a higher level of accountability related to a faculty member's practice-related activities when such activities are supported by a practice partner. While the data suggest some trends, practice evaluation procedures and metrics were not statistically different for institutions that had no faculty members supported by practice partners compared those who received substantial support (more than 25% of their faculty members) from practice partners. The lack

Table 4. Analysis of Practice Evaluation Processes and Importance Based on Institutional Qualities

	% Reporting	<i>p</i> value
Written Policies and Procedures for Practice Evaluations		
Public vs Private	56 vs 36	0.009
Research vs Teaching-intensive	53 vs 45	0.52
Newer vs Legacy Program	38 vs 52	0.20
None vs > 25% of Faculty Supported by Practice Partner	49 vs 45	1.00
Collect Data Longitudinally Using a Tool		
Public vs Private	23 vs 24	1.00
Research vs Teaching-intensive	13 vs 30	0.12
Newer vs Legacy Program	19 vs 26	0.46
None vs > 25% of Faculty Supported by Practice Partner	21 vs 41	0.14
Practice Activity Ranked Least Important Factor for Merit		
Public vs Private	17 vs 20	0.79
Research vs Teaching-intensive	25 vs 17	0.26
Newer vs Legacy Program	13 vs 21	0.40
None vs > 25% of Faculty Supported by Practice Partner	18 vs 4.5	0.24
Practice Activity Ranked Least Important Factor for Promotion		
Public vs Private	23 vs 51	0.008
Research vs Teaching-intensive	25 vs 41	0.17
Newer vs Legacy Program	34 vs 36	1.00
None vs > 25% of Faculty Supported by Practice Partner	46 vs 23	0.10

of a significant difference may be a result of type II error, given the relatively small number of institutions that had more than 25% of their faculty members receiving support from practice partners.

Well-established written policies and procedures for practice evaluation are important for providing a clear basis for equitable, productive, and constructive reviews of practice-related activities for performance evaluation and merit decisions. Moreover, routinely and systematically collecting data regarding practice-related activities may aid promotion and tenure committees when evaluating practice faculty members for promotion.¹³ Key components of these policies and procedures will ideally outline who participates in the process and what their responsibilities are; what, when, where, and how data will be collected; and how the data will be used.

Documenting and evaluating faculty practice-related activities may pose a unique challenge for faculty members and administrators.¹³ Practice faculty are engaged in

a wide variety of practice-related activities, and faculty members and administrators may find it difficult to define what type of metrics should be collected or why they should be collected. While several methods exist for documenting and evaluating teaching and scholarship activities, there is a paucity of data regarding procedures and metrics to evaluate faculty practice-related activities.⁴⁻⁹

Guidance regarding competencies and the evaluation of clinical pharmacists are available; however, these documents do not appear to have been widely adopted by academic institutions and only address some potential metrics that could be employed in evaluating faculty practice activities.¹⁴⁻¹⁶ Furthermore, in the absence of clear guidance regarding what data should be collected and how it will be used, faculty members and administrators have little reason to develop methods, tools, and resources for collecting practice-related data.

Several reasons may explain the lack of policies and procedures for evaluating faculty practice-related activities at many schools of pharmacy. It may be because of a lack of commonly accepted metrics or methods for measuring faculty productivity related to practice. Alternatively, there may be a belief that practice-related activities are not as important relative to other faculty duties such as teaching and scholarship.¹⁷ In our study, 35% of respondents reported that practice-related activity was the least important factor at their institutions when evaluating practice faculty members for promotion. Conversely, a lack of clear guidelines and metrics for measuring and evaluating practice-related activity may explain why it is not valued as much as other areas of faculty responsibility that have more clearly defined evaluation methods and metrics. It is possible that schools might consider practice-related activities a more important factor in promotion decisions if commonly accepted metrics and benchmarks existed.

The majority of data collected for evaluating practice faculty members appear to be retrospectively documented and reported (eg, the number of educational programs conducted, practice site committees, service events, and hours engaged in practice activities.) Less than a quarter of respondents reported collecting quantitative measures in an ongoing, prospective manner. Collecting data regarding the number of patient encounters, clinical interventions, revenue generated, cost savings, and notes written may be challenging for some schools of pharmacy because they lack access to a robust system to gather this information. Qualitative measures such as clinical outcome data and patient satisfaction were collected by a minority of respondents. Yet, these measures would be valuable for justifying, expanding, or paying for clinical pharmacy services. Such data may also be useful

as demonstrable evidence for faculty evaluation and promotion. Thus, there may be a lack of knowledge and resources to efficiently gather these data.

The majority of respondents currently use faculty practice evaluation data to make annual review and merit decisions. Fewer than half indicated using the data to initiate, expand, or continue services. Most indicated that the department chair, vice chair, or other school administrator participates in the evaluation process. Our data are congruent with a survey of clinical faculty members, in which respondents indicated that the individual most responsible for evaluating performance was the academic administrator (56%), the hospital/clinical administrator (14%), or both (22%).¹⁰

A careful review of faculty practice-related activities can help administrators at the school and practice site guide clinical faculty members regarding initiatives to pursue or areas that may need to be scaled back. Faculty practice data can also be used to draw connections with teaching and scholarship.¹³ These data can also be used for strategic planning to support the achievement of the academic institution's key performance indicators related to practice, grant and award submissions, and professional advocacy.

While the response rate to the questionnaire was robust (>80% response rate) and our sample adequately represented US schools of pharmacy, there are limitations of this research and analysis. First, the individuals who completed the questionnaire may not have been the ones most knowledgeable regarding the evaluation processes. While the questionnaire was sent to pharmacy practice chairs, the responsibility for completion may have been delegated to someone else, and there is no assurance that this individual accurately reported the school's processes.

Further, the questionnaire included some terms such as "practice faculty," "practice-related activities," and "participate" that may have been ambiguous and/or vague. Although we provided general definitions for these terms, responses are likely based on the respondent's interpretation. Lastly, our questionnaire included prespecified multiple-choice options. While many questions allowed respondents to provide alternative, free-text responses, a relatively small number of "other" comments was received, and these data were not included in our analysis. Thus, processes or metrics that were not explicitly included on our questionnaire are not represented in this report.

We acknowledge that additional research using qualitative methods is needed. A consensus definition about what constitutes "practice-related" activity and a conceptual understanding about what distinguishes practice-related activities from other areas of faculty responsibility such as scholarship, teaching, and institutional service is

required. Although we believe each institution should, at a minimum, develop policies and procedures that govern the evaluation of faculty practice activities, we are reluctant to describe what best practices should be. While our study reports on the current landscape, we believe a consensus-driven approach is required to create basic standards for measuring practice-related activities and conducting faculty practice evaluations.

CONCLUSION

Faculty practice is an essential component of academic pharmacy. Given that practice faculty members spend a substantial portion of their time in patient care settings, evaluation of practice-related activities is important, particularly when evaluating faculty members for merit and promotion decisions. However, fewer than half of the respondents had written policies and procedures for conducting an evaluation of faculty practice activities, and only a quarter of respondents reported using a tool to longitudinally collect data.

To effectively evaluate the work of practice faculty members and ensure these data are reliable and used equitably, schools of pharmacy should develop clear processes for documenting practice activities, as well as resources to help faculty members effectively and efficiently collect this information. The academy can play an important role by developing recommended evaluation processes and metrics for faculty practice-related activities. Research regarding tools for collecting data and best practices for conducting faculty practice evaluations is needed.

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