



WISCONSIN NOVICE NURSE EDUCATOR

MENTORSHIP REPORT & TOOLKIT

Resources to support transition, role development,
and nurse educator retention.

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Executive Summary

Wisconsin continues to confront a critical shortage of nurse educators that is impacting the ability of nursing programs to prepare the future nursing workforce. While many experienced clinicians transition into academic positions, they frequently do so with limited preparation for the complexities of teaching, curriculum development, student evaluation, scholarship, and academic culture. Recognizing these challenges, the Wisconsin Nurses Association (WNA) and the Wisconsin League for Nursing (WLN) collaborated to better understand the orientation and mentorship needs of novice nurse educators and to develop evidence-based resources that support successful transition into academic practice.

This report combines an extensive review of the literature with findings from their developed 2025 nurse educator survey to identify the knowledge, skills, and support systems necessary for novice nurse educator success. The findings from the review of the literature indicated that structured orientation, formal mentorship, peer support, professional development, and intentional role socialization supports educator confidence, effectiveness, satisfaction, and long-term retention.

The 2025 nurse educator survey included responses from 138 Wisconsin nurse educators representing diverse educational backgrounds and years of teaching experience. While many respondents indicated plans to remain in academia, the survey identified persistent barriers to retention, including inadequate compensation, insufficient organizational support, burnout, and workplace incivility. The survey noted that 60% of respondents reported having a mentor with 40% entering their academic role without formal or informal mentorship. This gap highlights an important opportunity for improvement. More than half (57%) reported experiencing workplace incivility, most frequently from faculty colleagues, followed by students and academic leadership.

The authors identified nine mentorship domains from the survey that were used in measuring the lived experience as a novice educator, and what information and/or experiences would have been important to receive as part of their orientation to their role. The gaps for the novice educator included transitioning from clinical practice to academia, curriculum development, research and scholarship, professional development, student engagement, emotional support, positive work environment, and navigating institutional resources. These findings demonstrate that current orientation and mentorship processes are often inconsistent and insufficient to prepare new nurse educators for the full scope of academic responsibilities.

This report focuses on the importance of novice nurse educator mentorships. The identified nine core mentorship domains create a comprehensive framework for novice nurse educator development:

- Clinical to Academic Transition
- Institutional Resource Navigator
- Peer and Networking Facilitator
- Professional Development and Career Mentor
- Creating a Positive Work Culture and Supporting Civility
- Curriculum Advisor
- Student Support and Engagement
- Research and Scholarship Mentor
- Personal and Emotional Supporter

The survey findings demonstrated that Wisconsin's nurse educators enter academia with varying educational preparation and professional experiences indicating a personalized approach to orientation and mentoring. This report recommends that orientation and mentor arrangements be flexible and competency based. This report also emphasizes that the key to success includes alignment with National League for Nursing (NLN) competencies, structured onboarding, ongoing mentor development, opportunities for professional certification, and sustained institutional commitment to faculty success.

This report provides a mentorship toolkit which utilizes the results of the survey and review of the literature to create practical guidance for nursing programs seeking to strengthen orientation, mentorship, and faculty development. By implementing structured mentorship and comprehensive support systems, nursing education programs can improve faculty confidence, effectiveness, job satisfaction, and retention while ultimately strengthening Wisconsin's nursing workforce and expanding the state's capacity to educate future nurses.

Relevant Background

The Wisconsin Nurses Association (WNA) and Wisconsin League for Nursing (WLN) have heard from nurses across multiple forums about the shortage of nursing faculty, its contribution to the overall nursing shortage, and the urgent need for strategies to close these gaps. Programs such as the federal *Nurse Faculty Loan Program* and the state *Wisconsin Nurse Educators Program* were developed to encourage nurses pursuing graduate degrees (MSN, DNP, PhD) to enter academic roles by offering partial or full loan repayment in exchange for a teaching commitment following graduation. As a result, many graduate-prepared nurses are assuming educator roles without adequate preparation in teaching, student evaluation, or academic practice. To better understand and address this challenge, the WNA and the WLN collaborated to develop a survey for nurse educators to identify the needs of those new to the educator role. The goal of this project was to develop a comprehensive toolkit to support mentoring novice nurse educators as they transition into academic and teaching roles.

Nurses enter academic positions with diverse credentials, professional backgrounds, and levels of experience, making the mentorship of novice nurse educators a complex and multifaceted process. Some nurses transition into academia after years of clinical leadership or advanced practice, bringing substantial practical experience but limited familiarity with pedagogy, academic systems, faculty role expectations, and culture. Despite these varied pathways, certain support needs remain consistent across backgrounds and levels of preparation (Gcawu & Van Rooyen, 2022; Glover et al., 2021; Halton et al., 2024; McQuilkin et al., 2020; Parris et al., 2024). The transition into academia is often described as unexpected, complex, and challenging, as novice nurse educators encounter responsibilities and expectations that differ significantly from their previous clinical roles (Halton et al., 2024).

Formal mentoring and peer support have been identified as important factors in easing this transition and facilitating the development of a nurse educator identity (Grassley et al., 2020; Halton et al., 2024). In addition, role socialization has been identified in qualitative research as a key indicator of support during this transition. This includes developing a clear understanding of role expectations, access to structured mentorship and orientation, and engagement within a culture that promotes positive learning, growth,

and supportive professional relationships (Nicholls & Kelman, 2023). Tailored mentorship that acknowledges both shared and individual needs is essential for fostering professional growth, enhancing role confidence, and promoting long-term success in academic nursing (Nicholls & Kelman, 2023).

Novice nurse educators report that the transition to academia has its successes and challenges, with days of high satisfaction and days of disappointment. Factors influencing the transition into academia include defining career goals, desired level of compensation, desired role at an institution, and determining the level of support needed (McPherson & Wendler, 2023; Nichols & Kelman, 2023). Key factors identified as contributing to a successful transition into academia include implementing orientation, mentorship, or fellowship programs, as well as providing preparation for teaching, peer support, and assistance in identity formation (Fritz & Curto, 2025). Hansbrough et al. (2023) noted that “most schools of nursing hire experienced clinical nurses who are novice nurse educators, without organizational structures to support acquisition of teaching expertise.” This highlights a critical disconnect between clinical expertise and academic preparedness. Despite the well-recognized importance of mentorship, many novice nurse educators report receiving little mentorship and insufficient support during their transition into academia, which may negatively impact faculty development, role confidence, and retention (Hansbrough et al., 2023). These findings underscore the need for intentional organizational strategies that support novice nurse educators as they develop the knowledge, skills, and professional identity required for success in academic nursing.

Review of Literature

Many nurses are transitioning from clinical practice to academia, and while many are clinical experts, they are novice nurse educators in the academic setting (Stevens & Duffy, 2017). Schools of nursing continue to be challenged with finding qualified nurse educators to teach increasing numbers of undergraduate and graduate students (Bond & Jackson, 2025). Results of the literature review consistently identified key themes, including the role of peer mentorship, navigating differences between clinical practice and academia, maintaining clinical competence while teaching, and translating clinical expertise into effective educational practice (Gonzales et al, 2023). This nurse educator toolkit provides guidelines that encompass theory, research, and quality improvement for new nurse educators in the academic setting. Both mentors and mentees will find the toolkit useful to support the development of a new nurse educator’s identity including teaching roles, scholarship, and service.

Using a Framework for Faculty Transition

Numerous theories and frameworks address both the transition of nurses into the nurse educator role and the impact of relational mentorship. Each educational institution should thoughtfully consider which framework best aligns with its nurse educators’ needs, institutional culture, and available resources, while providing a structured approach to support professional growth, role development, and long-term success in academic nursing. Melies' Transitions Theory is an example of a framework, which identifies the impact of transition on nurses and the psychological and professional adjustments that occur (Meleis, 2010). According to this theory, transitions often involve periods of uncertainty, a sense of loss related to prior professional identity, and the need to acquire new knowledge, skills, and competencies.

Understanding this transition through Meleis' theoretical lens underscores the importance of structured, supportive mentorship to facilitate healthy role transition, promote professional growth, and support successful integration into the nurse educator role.

Importance of Mentorship Programs

Novice nurse educators often report feeling overwhelmed at the breath and complexity of responsibilities associated with academic roles and identify a clear need for support during this transition (Halton et al., 2024). To offset this, a mentorship program can instill a sense of belonging for novice nurse educators (Jeanmougin et al., 2024). Mentorship programs that provide structured guidance have been shown to enhance role development and promote nurse educator retention (McPherson & Wendler, 2023). Nurse educators at every level of higher education vary in educational preparation, experience, and credentials; therefore, a flexible and adaptive approach to mentorship programs is essential for meeting the diverse needs of educators across degrees, disciplines, and career stages (Gcawu & Van Rooyen 2022; Glover et al., 2021; Halton et al., 2024; McQuilkin et al., 2020; Parris et al., 2024). However, mentorship programs are unlikely to be successful without institutional commitment and support. Prioritizing nurse educator-led mentorship initiatives is crucial to supporting the development of novice nurse educators and strengthening academic communities (Parris et al., 2024). To ensure effectiveness, mentorship programs should incorporate regular assessment of outcomes to promote accountability, continuous improvement, and alignment with institutional goals. A variety of mentorship models—both formal and informal—can be implemented; however, each institution should conduct a needs assessment to determine the most appropriate approach for its nurse educators (Parris et al., 2024). Effective mentorship programs should address key aspects of role transition, including assimilation into academia, development of educator identity, and ongoing mentor support. This is particularly important as the utilization of bachelor's-prepared nurses in academic roles increases, where targeted training and structured support are necessary to ensure effectiveness in the educator role (Jonassen, 2025).

Types of Supports for Novice Nurse Educators

Formal Mentorship Programs. Novice nurse educator mentorship programs that partner an expert nurse educator with a mentee were found to provide opportunity for transfer of knowledge and opportunity for emotional support (Gonzales et al., 2023).

Institutional Orientation. Orientation or onboarding programs provide a baseline for novice educators to become familiar with the academic institution and its policies. Novice nurse educators reported that participation in professionally developed onboarding with regular follow-up meetings was helpful in their transition to academia; however, it did not improve their individual satisfaction with the decision to transition to academia (Groth et al., 2023; Lambert et al., 2024). Institutional orientation processes should be expanded beyond policy and human resources requirements to adequately prepare novice educators for the full scope of academic responsibilities and provide a foundation for mentorship (Fritz & Curto, 2025; Groth et al., 2023).

Simulation. The use of high-fidelity simulation or simulation-based learning experiences has been beneficial in facilitating role transition by developing teaching skills and leading to increased confidence (Dunker et al, 2021; Fitzwater et al., 2021). Fitzwater et al., 2021) found that the use of simulation was most effective when utilizing clear frameworks and debriefing.

Academic Nurse Residency Programs. An academic nurse residency program designed to improve transition, and retention has shown promise in facilitating educators' transition into academia when engagement activities include time for reflection. Nurse educator residencies that incorporate orientation, engagement with seasoned faculty, and self-reflection are successful in supporting novice nurse educators in their growth and transition from clinical experts to academic nurse educators (Gazza et al., 2025).

Clinical Teaching Support. Assistance with teaching in the clinical setting may be provided by experienced clinical nurse educators, course coordinators, lead clinical instructors, clinical education specialists, simulation instructors, or designated nurse educator mentors. These individuals assist novice nurse educators in developing competence and confidence in planning clinical learning experiences, facilitating student learning, evaluating clinical performance, providing constructive feedback, managing student challenges, and fostering clinical judgment (Gcawu & Van Rooyen, 2022; Halton et al., 2024).

Digital Modules. The use of digital educational resources (DERs) in the form of modules to support novice nurse educator learning and growth have been found to assist in providing support, understanding of pedagogy, and allow for flexibility of individualized training (Laugaland et al., 2023). Modules incorporated into onboarding are shown to improve competency in operationalizing curriculum, communicating, evaluation, and clinical debriefing (Luckenbach & L'Ecuyer, 2023). A quality improvement project, based on incorporating the National League of Nursing (NLN) core competencies into learning, found that the use of structured mentorship paired with learning management system (LMS) modules improved novice educator confidence and acquisition of skills to transition successfully (Lambert et al., 2024).

Artificial Intelligence (AI). AI is used to support many areas of educational mentorship. Gonzalez (2024) summarized the implications, opportunities, and challenges of integrating ChatGPT and other AI technologies into nursing education, including curriculum design. Other studies also support the use of AI, noting benefits such as reduced time spent developing teaching plans, creating and evaluating the results of quizzes, providing analysis of the individual student overall performance, personalized tutoring, and innovative teaching strategies (Hinsche et al., 2026; Simms, 2025).

Incorporating Nurse Educator Competencies

Utilizing the NLN nurse educator competencies is considered best practice when developing a mentorship program (Glover et al., 2021). Key responsibilities of the novice nurse educator include gaining an understanding of the teaching, scholarship, and service expectations necessary to meet the requirements of the academic position (Simmons, 2021). Novice nurse educators must develop skills to be effective in academia that are extensively described by the NLN (2020). Communication skills and the development of a professional educator's identity are essential for successfully meeting these competencies. Developing a holistic, evidence-based, student-centered approach is foundational to

becoming a well-rounded educator. This includes effectively evaluating student performance, upholding higher education standards, and integrating quality improvement principles into curriculum development and educator-learner interactions. Novice educators must commit to lifelong learning through engagement in professional development and scholarship, integration of feedback to enhance role effectiveness, and understanding academic expectations of teaching. For a successful transition into the academic setting, novice nurses must be active participants in their development to ensure professional growth. Finally, understanding the history and evolving landscape of higher education in nursing enables novice educators to critically identify how contemporary influences shape policy, governance, and institutional mission (Christensen & Simmons, 2020). Incorporating the NLN competencies within a mentorship program provides structured guidance that aligns with specific organizational needs.

Encourage Novice Educators to Take the CNE® Exam

Literature supports encouraging novice nurse educators to study and sit for the various Certified Nurse Educator Exams (CNE®) to develop skills and confidence in academic practice and facilitate transition (Glover et al., 2021; Kinneary & Sutton, 2021). Lindell et al. (2020) reported in their survey that nurse educators (N=721; varied levels of experience, CNEs and non-certified educators) were motivated by both personal and professional goals in pursuing the CNE® examination and noted studying for the exam helped in their development and confidence as a nurse educator. Completion of a preparatory course for CNE® exam can increase the perceived value of taking the exam and may also result in unintended, yet beneficial, outcomes such as increased confidence, professional identity formation, and engagement in educator development (Godzik et al., 2024). Preparation for the CNE® exam exposes novice educators to core competencies that provide a strong foundation for this transition, including effective use of academic resources and evidence-based teaching strategies for diverse learners. Engagement in the certification process also helps clarify the educator's role, build confidence, and support independence in teaching. Achieving certification reinforces educator competence and contributes to student success (Kinneary & Sutton, 2021).

Review of Domains

The domains for this survey were developed through a review of the literature on novice nurse educator transition, role socialization, mentorship, faculty development, and nurse educator competencies. The resulting domains reflected both the transitional and developmental needs of novice nurse educators and the supportive roles mentors may assume during the transition to academia (Gcawu & Van Rooyen, 2022; Grassley et al., 2020; Halton et al., 2024; Hansbrough et al., 2023; McPherson & Wendler, 2023; Nicholls & Kelman, 2023; Parris et al., 2024; NLN, 2023). These nine domains are used for the presentation of the review of literature findings which are as follows:

1. Clinical to Academic Transition
2. Curriculum Advisor
3. Institutional Resource Navigator
4. Student Support and Engagement

5. Peer and Networking Facilitator
6. Research and Scholarship Mentor
7. Professional Development and Career Mentor
8. Personal and Emotional Supporter
9. Creating A Positive Work Culture and Supporting Civility

Clinical to Academic Transition

Like novice nurses, novice nurse educators need a supportive, nurturing environment for a smooth transition from expert clinician to nurse educator. Formal orientation and/or mentoring processes have a positive impact on novice nurse educators' preparation and retention in academia (Akanegbu & Iheduru-Anderson, 2022; Bergeron et al., 2025; Busby et al., 2023; Calaguas, 2023; Dahlke et al., 2021; Fritz & Curto, 2025; Gonzales et al., 2023; Groth et al., 2023; Halton et al., 2024; Knowles, 2020; Ross et al., 2024; Stanley & Martin, 2021; Young-Brice et al., 2022).

Novice nurse educators in academia are often clinical experts and expect that their clinical knowledge and experience have equipped them to teach nursing. However, clinical expertise alone is insufficient for teaching nursing (Oermann, 2017). To function effectively, nurse educators in academia must achieve expertise in two disciplines: clinical nursing and nursing education (Booth et al., 2016; Gardner, 2014; Mann & DeGagne, 2017). To effectively transition from the clinical setting to academia, novice nurse educators need pedagogical content, knowledge, and support. Without this knowledge of pedagogy, novice nurse educators often teach the way they were taught, which is often the use of less effective teaching strategies resulting in only surface learning by students. Thus, one factor necessary to successfully transition into academia is pedagogical knowledge. Key elements of pedagogical knowledge include knowledge of content and teaching, knowledge of content and curriculum, and knowledge of content and students (Crider, 2022).

Curriculum Advisor

Nursing curricula are constructed by nurse educators using accreditation standards established by the National League for Nursing (NLN), American Association of Colleges of Nursing (AACN), or Accreditation Commission for Education in Nursing (ACEN), and by regulatory requirements from state boards of nursing and higher education commissions. However, novice nurse educators may not be familiar with accreditation requirements and the nursing program's curriculum (Benner et al., 2010; Crider, 2022).

When designing or revising a nursing curriculum, nurse educators need an understanding of the fundamentals of curriculum design. An evidence-based approach to curriculum design commonly used in nursing education is curriculum mapping. Curriculum mapping aligns academic course content with professional and accreditation standards to create a framework for identifying gaps in content or concepts (Neville-Norton & Cantwell, 2019; Smith & Chittams, 2024). The process of curriculum mapping establishes a written representation or blueprint for the content to be included in courses in the curriculum. Knowledge of the curriculum and the sequencing of courses is vital to understanding how content fits in the nursing curriculum and building sequential knowledge for students throughout the

nursing program (Scheese et al., 2023). Curriculum advisors are critical to supporting novice nurse educators in the utilization of AI technologies as part of curriculum design.

Austin et al. (2025) developed an innovative program that offered three courses over a 13-month period for nurses, one of which included the topic of curriculum development. They found that those who completed the course gained a better understanding of curriculum development. Other topics included in the program included teaching and learning; assessment and evaluation; grading; legal issues; challenging classroom situations; accreditation standards; professional advancement; and teaching assignments. Nurses who completed the program not only gained a better understanding of the topics but also became highly valued nurse educator candidates. This model could be replicated by other nursing programs to help with a smooth and successful transition into academia.

Institutional Resource Navigator

Institutional resource navigation refers to the knowledge and skills new nurse educators need to confidently function within their academic environment. Nurse educators should become familiar with key institutional policies, procedures, and expectations that shape their work, including grading standards, student progression requirements, clinical placement processes, privacy regulations, and procedures for managing student concerns or performance issues. Knowing where policies are located and whom to contact for clarification helps educators make consistent, informed decisions.

The literature continued to acknowledge the vital importance of orientation. However, an orientation that focuses solely on policy and human resources requirements without also addressing practical information about educator responsibilities can leave novice nurse educators feeling unprepared despite having completed orientation requirements (Fritz & Curto, 2025). An orientation or onboarding program should address all aspects of the nurse educator role including teaching, scholarship, and service and the support should be sustained over the first year and extended as needed (Young-Brice, 2022).

Novice nurse educators should also develop practical competence with the learning management system, grading platforms, and other educational technologies used in their nursing program. This includes posting course materials, creating and managing assignments, grading efficiently, tracking student progress, communicating with students, and using available tools such as testing software, simulation platforms, or classroom technologies that support nursing and clinical education. Having a mentor can assist in navigating these new responsibilities (Rogers et al., 2020).

Equally important is understanding how to access and use institutional support services. Novice educators should know how to connect with IT support, library resources, instructional designers, accessibility services, and teaching and learning centers. Leveraging these resources early reduces logistical barriers, strengthens course design, and allows nurse educators to focus their time and energy on effective teaching and student learning. However, not all nursing programs have access to these services; therefore, a mentor is critical to support the novice nurse educator to know their institutional support services (Rogers et al., 2020).

Student Support and Engagement

The development of nurse educator skills that actively engage students in their learning is essential to fostering a positive, inclusive educational environment where all students feel valued, supported, and motivated to succeed. These skills are particularly important in experiential learning settings, where effective facilitation, feedback, and student engagement directly influence learning outcomes. However, novice educators often lack the foundational pedagogical skills needed to confidently navigate an experiential learning environment that promotes student success (Houser, 2020). Structured mentorship and nurse educator development initiatives play a critical role in bridging this gap by supporting new nurse educators as they develop teaching competence, instructional confidence, and professional identity within the academic role (Gcawu & Van Rooyen, 2022; Glover et al., 2021; Halton et al., 2024; McQuilkin et al., 2020; Parris et al., 2024).

The primary role within the area of student support and engagement is to share evidence-based practices that enhance student engagement, learning, and academic success. This includes guiding novice nurse educators in the use of active learning strategies, fostering open and effective communication, and building meaningful connections with students. The incorporation of group discussions, peer collaboration, and reflective learning activities also promote student success and deeper learning (Billings & Halstead, 2024; Oermann et al., 2021). To ensure equity in classroom participation, novice nurse educators need to recognize diverse learning needs, adapt teaching methods to accommodate varied learning preferences, and be culturally responsive (National League for Nursing [NLN], 2023; Oermann et al., 2021).

To address common student challenges, mentors can guide educators in implementing early intervention strategies, clear and timely feedback mechanisms, and individualized remediation plans that emphasize growth and learning rather than punishment. Supporting novice educators in identifying and navigating existing academic and institutional support systems is essential to ensuring a successful transition from clinical practice to academia. Additionally, managing difficult student interactions requires empathy, consistency, and professionalism. Foundational educator competencies include active listening without defensiveness, establishing and communicating clear expectations, and appropriately documenting student interactions (NLN, 2020). Clearly defining and supporting key student support and engagement roles fosters an environment of respect, accountability, and student success while strengthening the development of novice nurse educators.

Peer and Networking Facilitator

Although novice nurse educators are encouraged to participate in meetings, committees, and professional organizations, structured peer networking opportunities are less consistently embedded within mentorship programs. Emerging literature indicates that new nurse educators often rely on informal or self-developed networks, reflecting a lack of intentional structures to support scholarly collaboration, service engagement, and professional integration (Sandiford et al., 2024). A peer and networking facilitator plays a critical role in addressing this gap by helping new nurse educators establish meaningful professional relationships and develop a sense of belonging within the academic community.

A supportive mentor can be instrumental in fostering collaborative opportunities that support teaching, scholarship, and service (Gcawu & Van Rooyen, 2022; Nicholls & Kelman, 2023). Guiding introductions to interprofessional and academic communities can provide access to mentorship, shared resources, and collaborative projects. Additionally, encouraging engagement in professional organizations and conferences enhances networking opportunities, scholarly productivity, leadership development, and a sense of professional belonging (NLN, 2023; Parris et al., 2024). Ultimately, the peer and networking facilitator helps novice nurse educators expand their professional support systems, fostering a culture of connection, collaboration, and mutual support that strengthens nurse educator engagement both within and beyond the institution (Gcawu & Van Rooyen, 2022; Grassley et al., 2020; Nicholls & Kelman, 2023).

Research and Scholarship Mentor

In many university settings, pursuit of research and publication are core expectations of tenure-track nurse educators, whereas non-tenure-track educators often have less formally defined expectations related to research and scholarship. The specific academic environment in which a novice nurse educator practices is important to consider as institutions vary in assigned roles, educational preparation requirements, promotion pathways, and organizational missions (NLN, 2023). A research and scholarship mentor plays a pivotal role in supporting nurse educators as they navigate the complex and often unfamiliar expectations of academic scholarship (Fritz & Curto, 2025; Hansbrough et al., 2023).

Novice nurse educators benefit from individualized mentorship that supports the development of research or scholarly interests, the design of feasible scholarly projects, and guidance through the publication and dissemination process (Fritz & Curto, 2025; Gcawu & Van Rooyen, 2022). Many new nurse educators struggle to balance the competing demands of teaching, service, and scholarship, particularly during the transition from clinical practice to academia (Halton et al., 2024; McPherson & Wendler, 2023). Therefore, intentional skill development across nurse educators' responsibilities is essential for sustaining productivity and supporting career advancement. A research and scholarship mentor builds confidence and scholarly competence by providing guidance in writing abstracts, manuscripts, and grant proposals, while also assisting nurse educators in understanding institutional research policies, human subjects protections, and Institutional Review Board (IRB) procedures (NLN, 2023). Encouraging participation in academic conferences, poster presentations, professional organizations, and interdisciplinary collaborations further enhances networking, visibility, scholarly productivity, and professional growth (Gcawu & Van Rooyen, 2022; Parris et al., 2024). Ultimately, effective mentorship fosters scholarly development that is aligned with novice educators' credentials, role expectations, and long-term career goals (Hansbrough et al., 2023; Nicholls & Kelman, 2023).

Professional Development and Career Mentor

Mentoring novice nurse educators is recognized as a key strategy to support successful transition and should be viewed as an ongoing professional commitment rather than a one-time orientation activity. Formal mentoring can provide a positive impact on novice nurse educators' preparation, transition, and retention in academia (NLN, 2008). Mentoring should be a partnership built on authentic communication, mutual respect, knowledge sharing, teamwork, and collaboration (Busby et al., 2023; Ephraim, 2021).

Consistent themes of support noted in the literature include mentoring, peer support, structured fellowship or residency programs, and professional identity formation (Fritz & Curto, 2025).

Mentors should support the professional development of the mentee and assist with identifying the mentee's career goals. Professional development in any discipline is essential for maintaining competence; however, in today's rapidly evolving healthcare environment, professional development is especially vital for nurse educators. Bahari and Alghamdi (2025) described a mentoring program that prepared novice nurse educators in classroom management, student evaluation, and legal aspects of teaching. Participants identified increased confidence, a greater sense of security, supportive work environments, and recognition of organizational and cultural influences as important outcomes. Bergeron et al. (2025) implemented a mentor-the-mentors project alongside a mentorship academy for novice nurse educators. Mentors and mentees of both programs reported improved confidence, satisfaction, and support for professional development. Evidence also supports the use of formal academic residency and fellowship models to facilitate development of professional identity (Gazza et al., 2025).

Maintaining competence in effective teaching, assessment, and evaluation strategies that promote student learning, ultimately, helps to ensure patient safety. One method to promote professional development is seeking certification. Literature supports the use of structured preparation for certification as a nurse educator to improve confidence, accountability, and examination success (Ahn & Jeong, 2025; Basley et al., 2021; Calaguas, 2023). For academic nurse educators, Certified Nurse Educator (CNE®) certification establishes nursing education as a specialty area of practice and creates a means for nurse educators to demonstrate their expertise in their role (Godzik et al., 2024). Mentors should encourage new nurse educators to seek certification to increase their proficiency in foundational aspects of teaching practice. Basley et al. (2021) found using a cohort approach to prepare for certification that promoted accountability and used CNE preparation resources resulted in a 100% first-time pass rate for the group. Certification also increases retention in the role of the nurse educator (Godzik et al., 2024). While the NLN's CNE® credential was developed in 2005, the NLN introduced the Certified Nurse Educator Novice (CNE®n) credential that is tailored to new nurse faculty (less than three years in academia) in 2021.

Helping mentees set career goals is an important aspect in which mentors can play a significant role. Mentees should consider what they want to do in the next three to five years and develop a clear plan of how to accomplish those goals. Creating an individual development plan with written goals, specific actions, and timelines to meet those goals can be used as an ongoing resource and to track goal achievement (McBride et al., 2019; Oermann et al., 2021).

Personal and Emotional Supporter

Personal and emotional support is an important component of mentoring for novice nurse educators. Factors that affect well-being and retention in the nurse educator role include lack of compensation, lack of appreciation, unrealistic workload, retirement, and personal or family issues (Hontvedt et al., 2021; Anderson et al., 2024). Mentors should provide personal and emotional support in ways that position novice nurse educators as peers rather than subordinates, fostering collaborative problem solving (Hontvedt et al., 2021).

Support should include creating a safe space to discuss difficult teaching situations and sharing practical strategies that novice nurse educators can use in their work with students. For example, mentors can provide support related to managing student test anxiety and share approaches that have been effective in practice. Because the nurse educator's role requires creativity, reflection, and adaptation, support from mentors and colleagues is essential. Encouraging new nurse educators to maintain a positive attitude, supporting their personal and professional growth, and offering empathy and encouragement may help them cope with the burdens and stress of academia (Ahn & Jeong, 2025).

Creating A Positive Work Culture and Supporting Civility

Creating a positive work culture is an essential component of mentoring novice nurse educators. Mentors contribute to creating a positive work culture by modelling professional behaviors, encouraging respectful communication, and helping novice nurse educators navigate difficult interpersonal situations. Through regular dialogue, mentors can normalize the challenges associated with transition, provide constructive feedback, and help new educators develop effective strategies for managing conflict while maintaining professional relationships. These mentoring interactions reinforce psychological safety and promote a sense of belonging within the academic community.

In academic nursing, incivility, including bullying, should be understood within a broader organizational framework that includes policy, professional development, comprehensive orientation, and ongoing education (O'Flynn-Magee et al., 2020). Workplace incivility is a significant concern because it negatively affects well-being, job satisfaction, professional development, and retention. Addressing uncivil behaviors such as bullying is important not only for nurse educators' well-being and retention, but also for student success and the broader health of the academic environment. The American Nurses Association (ANA) defines bullying as "repeated, unwanted harmful actions intended to humiliate, offend, and cause distress in the recipient" (Washington State Nurses Association, 2015). Novice nurse educators may be particularly vulnerable to incivility because they are simultaneously adapting to new academic responsibilities, developing a professional educator's identity, and learning unfamiliar institutional processes. Without intentional orientation, mentoring, and role preparation, new nurse educators may experience transition shock, interpersonal conflict, and persistent gaps in knowledge and confidence needed to succeed in academia (Halton et al., 2024).

The literature emphasizes that educational leaders must create organizational cultures that support respect, kindness, ethical conduct, and safe reporting of bullying or incivility (Halton et al., 2024; O'Flynn-Magee et al., 2020). While zero-tolerance policies are necessary, policy alone is insufficient. Institutions should implement programs that increase awareness of incivility among peers and leaders, provide education on incivility prevention and conflict resolution, strengthen communication, and support authentic leadership practices that reinforce accountability and psychological safety (Castronovo et al., 2016).

The issue of nurse faculty and nurse clinicians' incivility and bullying toward nursing students was discussed at the 2026 ANA Membership Assembly. Comments included the experiences of nurse educators' exposure to incivility and bullying by nursing students and nurse educators. We present this information as it forms a pattern of systematic workplace violence in the academic setting.

Recommendations from the background document, “Establishing a National Framework for the Prevention Reporting Accountability of Incivility Bullying Across Nursing Education Practice Settings” submitted by Carter et.al. (2026) are included the toolkit. These recommendations are designed to create a safer, more supportive, and equitable environment for nursing students and the nursing faculty which becomes a win-win for strengthening the environment for nurse educators which in turn strengthens the nursing workforce.

Beyond preventing incivility, mentoring should actively promote a positive workplace culture characterized by collaboration, inclusion, and professional growth. Positive academic environments foster person-centeredness, leadership development, teamwork, lifelong learning, open communication, shared decision making, and mutual respect (Masimula et al., 2022). Together, these strategies can enhance nurse educators’ confidence, professional identity, job satisfaction, and long-term retention.

Review of Data: 2025 Wisconsin Nurse Educator Survey

In 2025, the WNA and WLN partnered to conduct a survey of current and former nurse educators in Wisconsin to explore their experiences with orientation and transition into academic roles. Of the 149 individuals who initiated the survey, 138 (92.6%) met the eligibility criteria as Wisconsin nurse educators and completed the survey questionnaire. Eleven (7.4 %) of the respondents were excluded as they did not identify as a Wisconsin nurse educator. Respondents answered questions on how long they anticipated staying in their current position, whether there were factors hindering retention within academia, whether they had mentors, and whether they experienced bullying or incivility in their workplace. The survey consisted of a total of nine categories with three questions per category. Each specific question required a yes or no in two parts; the first was to identify if the information was provided as part of orientation/mentorship and the second question if it needed to be included in orientation/mentorship. The data was further delineated to identify if the nurse educators had a general graduate degree or an emphasis in nursing education. On review of the data, connections were made between what nurse educators received in their orientation and what they believe was needed. The point gap is the difference between what nurse educators received in their orientation and what they felt they needed in their orientation.

Demographics

Over half of respondents (53%) hold a graduate degree with an emphasis in nursing education. This is a significant finding, as it suggests that most survey respondents have pursued specialized academic training directly related to education prior to their teaching role. Regarding experience, the largest group (44%) has worked in academia for over 10 years. Additionally, a substantial proportion (40%) has been in the role for 3 to 10 years.

Longevity in Current Position

A majority (63%) of the surveyed nurse educators plan to remain in their current teaching positions. Of the respondents who reported planning to stay in their position, 49% reported a plan to remain in their

position for 10 years or more. Nurse educator retention plans were found to be high, when combined with those who plan to stay for 5 to 10 years (31%). A small but notable group (15%) reported plans to change positions or were unsure. The data further highlights 44% of the survey participants selected several factors contributing to job dissatisfaction that included, financial concerns, persistent incivility, lack of support being the most frequently cited reasons for planning on leaving academia. Other factors identified by 19% of respondents included burnout and personal health.

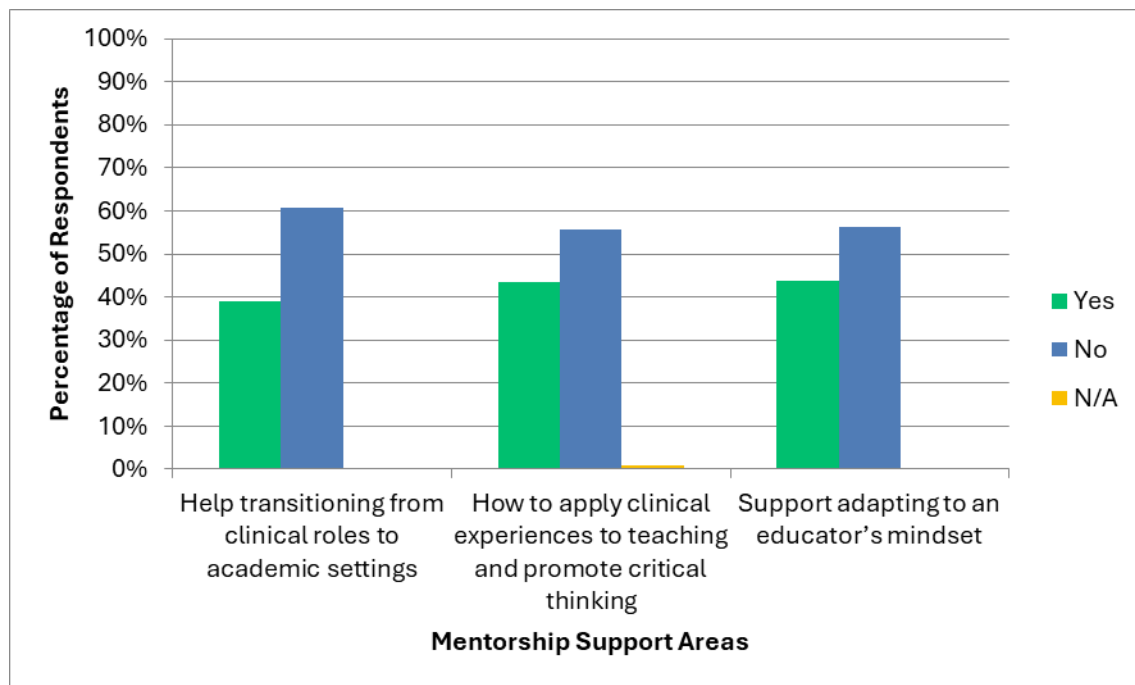
Mentorship

A majority (60%) of new nurse educators reported having either an official or unofficial mentor when they began their academic position. While this is a positive finding, it also reveals a substantial gap, with nearly 40% of respondents did not receive this type of support.

Clinical to Academic Transition

Figure 1

Clinical to Academic Transition Mentorship Support Received



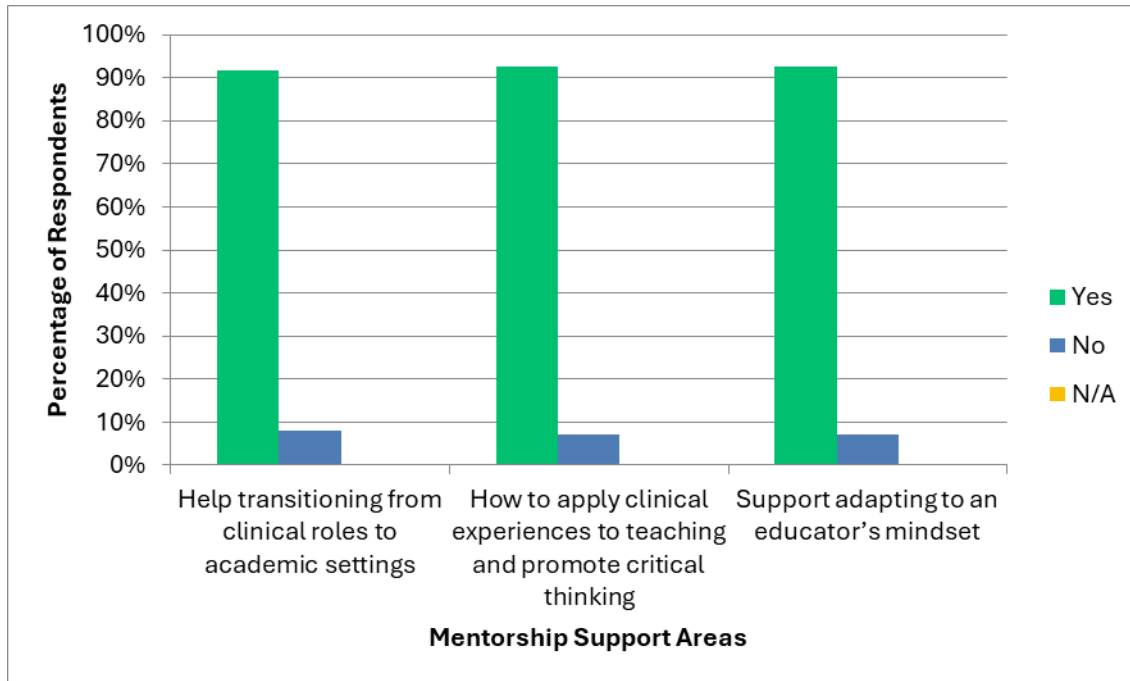
Note. Each item reflects a binary (Yes/No) response indicating whether respondents received the specified type of mentorship support during orientation.

Figures 1 and 2 highlight a gap between the support nurse educators receive and what they need to succeed in their roles. In all three categories - transitioning from a clinical to an academic setting, applying clinical experience to teaching, and adapting to an educator's mindset—the percentage of educators who needed help exceeded those who received it. For help transitioning from clinical to academic roles, 92% of educators felt the need for support, yet only 39% received it. Similarly, 93% of

educators needed guidance on applying their clinical experience and adapting their understanding, but less than half 44% received that support.

Figure 2

Clinical to Academic Transition Mentorship Support Needed



Note. Each item reflects a binary (Yes/No) response indicating whether respondents needed the specified type of mentorship support during orientation.

The survey revealed that in the areas of transitioning from clinical roles to academic settings, applying clinical experiences to teaching and promoting critical thinking, and adapting to an educator mindset, educators with a graduate degree in nursing education were more likely to report receiving support than those with a general graduate degree. For support transitioning from clinical to academic roles, nursing education graduates (44%) reported receiving assistance compared with general degree graduates (27%). Nursing education graduates (41%) compared with general degree graduates (49%) reported they received support for applying clinical experiences to teaching. Support for adapting to an educator's mindset showed a similar pattern, with nursing education graduates (50%) reporting receipt of support compared with general degree graduates (29%).

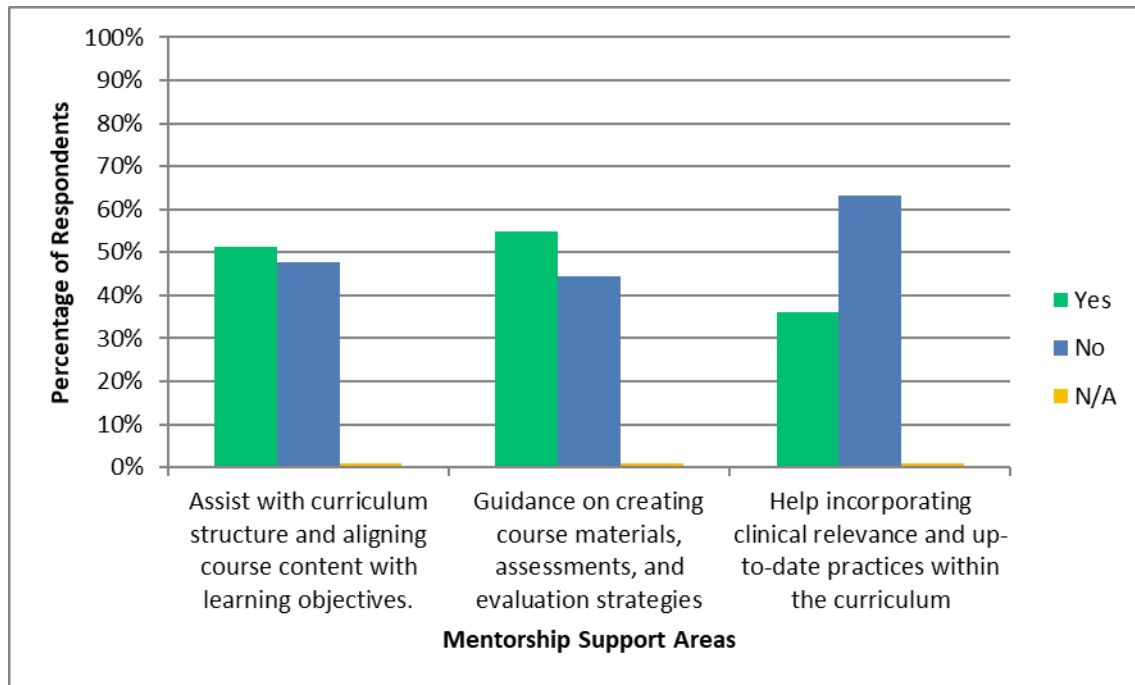
When examining the need for support, nursing education graduates and general degree graduates both identify substantial needs across all three areas. For assistance transitioning from clinical practice to academia, nursing education graduates (92%) and general degree graduates (95%) reported needing support. Likewise, support related to applying clinical experiences to teaching and promoting critical thinking was needed by nursing education graduates (95%) and general degree graduates (90%). Adapting to an educator mindset demonstrated a nearly identical pattern, with nursing education graduates (90%) and general degree graduates (95%) indicating a need for support. These findings

suggest that while nursing education graduates were more likely to receive support, substantial needs remain across both educational preparation groups as they transition into academic nursing roles.

Curriculum Advisor

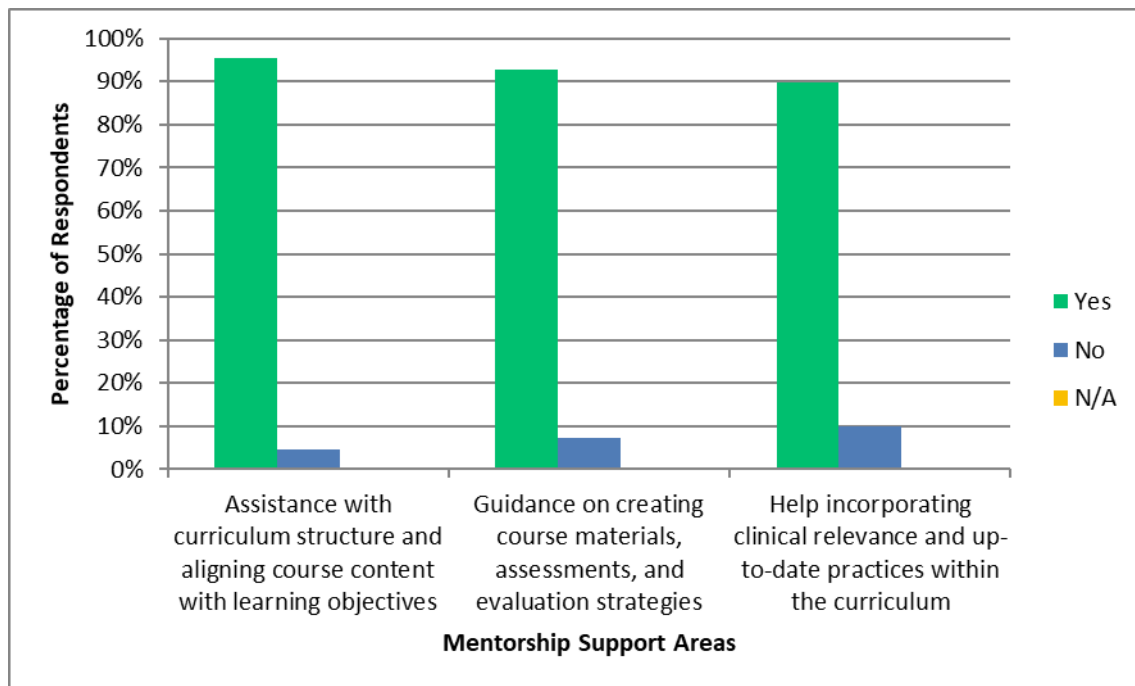
Figure 3

Curriculum Advisor Mentorship Support Received



Note. Each item reflects a binary (Yes/No) response indicating whether respondents received the specified type of mentorship support during orientation.

Nurse educators report a pronounced and consistent need for curriculum support. As seen in Figure 4, both groups indicated they required curriculum advisor assistance: Curriculum alignment (95%), course materials and assessments (93%), and incorporating clinical relevance (90%). Comparison of Figure 3 and Figure 4 noted the gap between needs identified during orientation and the support received. Educators reported receiving assistance in the following areas: for curriculum alignment (51%), materials and assessments (55%), and for clinical relevance (36%) resulting in approximate gaps of curriculum alignment (44%), materials and assessments (38%), and clinical relevance (54%) percentage points. The largest shortfall is in clinical relevance; the most significant mismatch is integrating up-to-date clinical practice into curricula where (90%) was needed and (36%) was received, identifying this area as a clear priority for targeted intervention.

Figure 4*Curriculum Advisor Mentorship Support Needed*

Note. Each item reflects a binary (Yes/No) response indicating whether respondents needed the specified type of mentorship support during orientation.

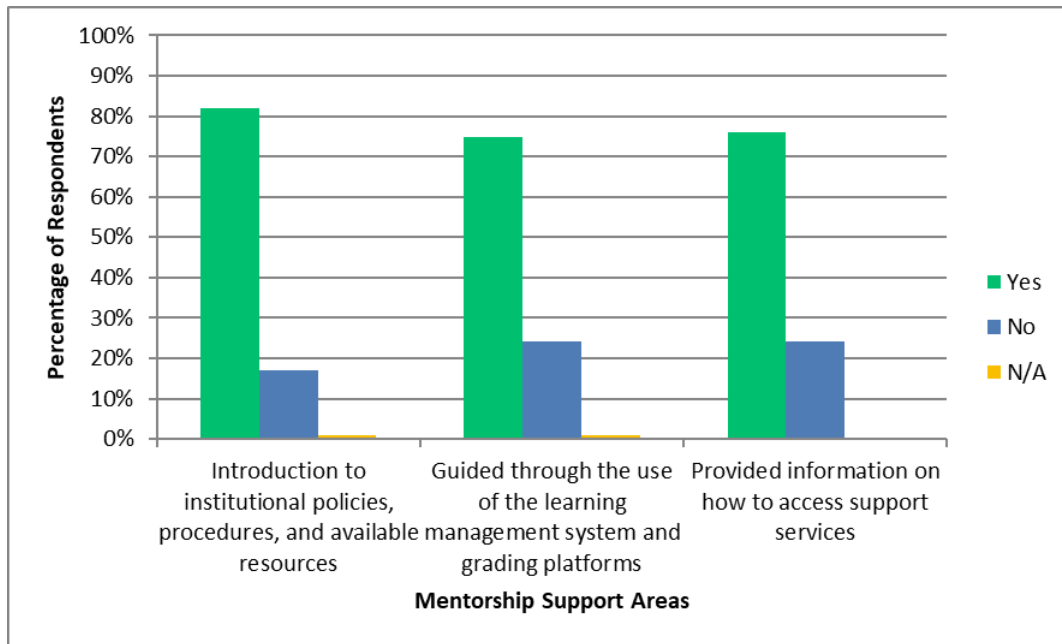
Nursing Education graduates stated they received guidance on curriculum alignment (47%) compared to general degree graduates (54%); nursing education graduates received assistance on course materials and assessments (51%) compared to general degree graduates (59%); and nursing education graduates received support with clinical relevance (51%) compared to general degree graduates (59%).

The same pattern holds for need: Nursing education graduates stated they needed guidance on curriculum alignment (97%) compared to general degree graduates (95%); nursing education graduates needed assistance on course materials and assessments (95%) compared to general degree graduates (90%); and nursing education graduates needed support with clinical relevance (95%) compared to general degree graduates (90%). Around half of the respondents who needed support within curriculum advising during orientation had received that support, making this a clear area for further mentorship development.

Institutional Resource Navigator

Figure 5

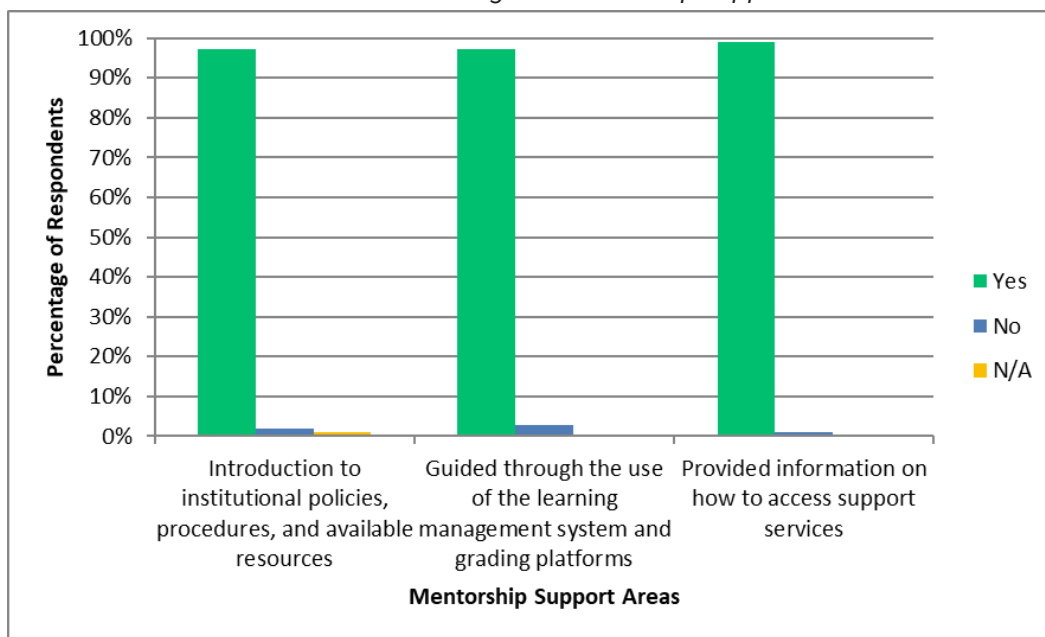
Institutional Resource Navigator Mentorship Support Received



Note. Each item reflects a binary (Yes/No) response indicating whether respondents received the specified type of mentorship support during orientation.

Figure 6

Institutional Resource Navigator Mentorship Support Needed



Note. Each item reflects a binary (Yes/No) response indicating whether respondents needed the specified type of mentorship support during orientation.

Figures 5 and 6 show that respondents overwhelmingly indicated a need for support (97%) reporting they needed to review institutional policies and procedures, (97%) seeking guidance on learning management and grading platforms, and (99%) needing information on accessing support services. However, fewer respondents reported receiving assistance in these areas: (82%) policies and resources, (75%) Learning Management Systems (LMS), and (76%) access to support services. This reflects gaps of approximately 15, 22, and 23 percentage points, respectively.

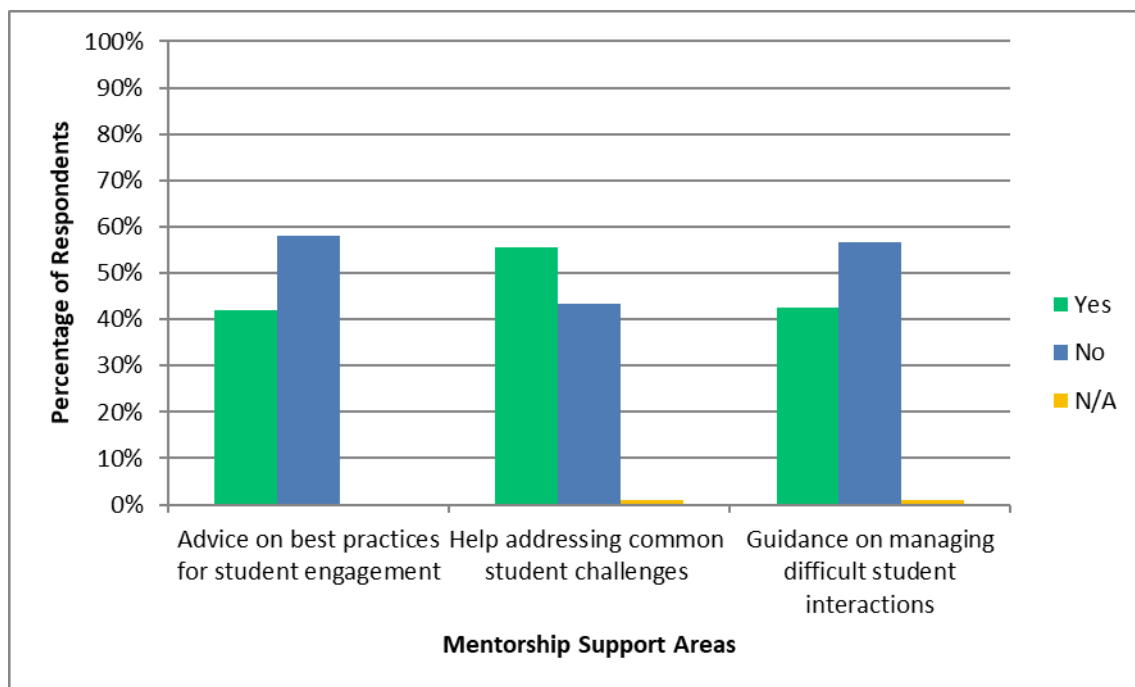
Across all three institutional resource navigation categories (introduction to institutional policies, guidance on educational technologies, and access to support services) respondents who said they received support and held a graduate degree with an emphasis in nursing education (80%) compared with a general degree graduate (84%).

The institutional resource navigation for nursing education graduates had an overall need across all three categories (96%) compared with general degree graduates (100%). This area is considered vital for nursing orientation and must continue as majority of respondents indicated they received and needed this information during orientation.

Student Support and Engagement Consultant

Figure 7

Student Support and Engagement Mentorship Support Received



Note. Each item reflects a binary (Yes/No) response indicating whether respondents received the specified type of mentorship support during orientation.

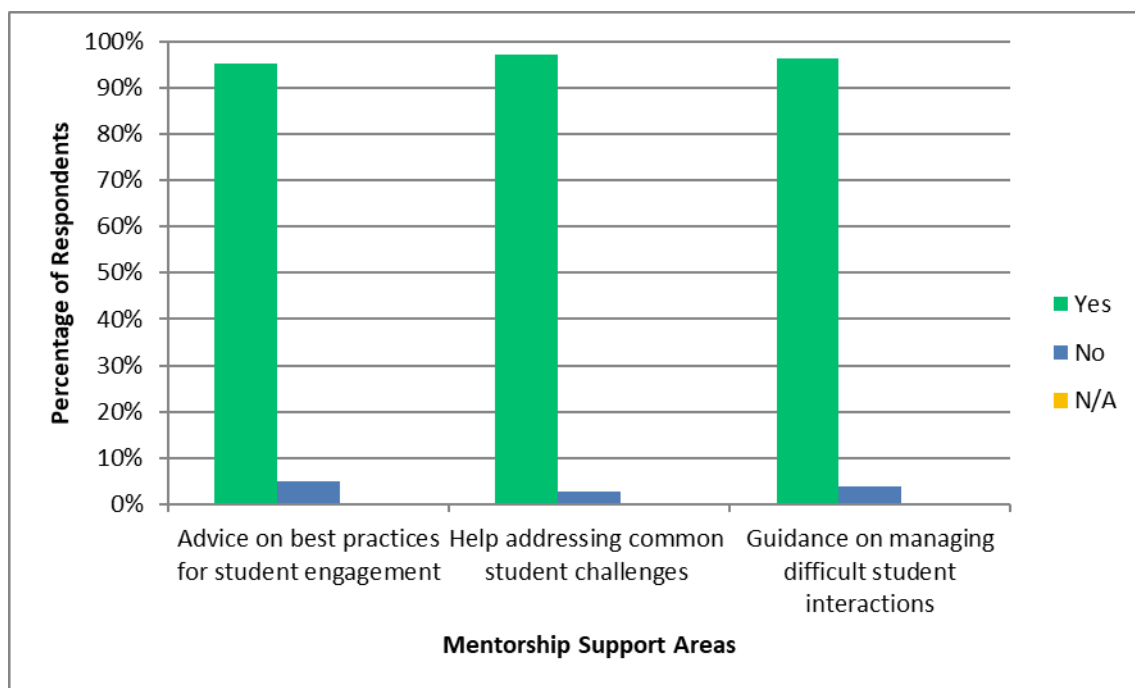
Overall, the information in Figures 7 and 8 shows a significant gap between the support nurse educators currently receive and the support they report they need across all three areas of student-related guidance. While approximately half of respondents (42–56%) report receiving help with student engagement, feedback/remediation, or managing difficult interactions, most respondents (95–97%) indicate they need this support. The largest unmet needs lie in managing difficult student interactions and building an inclusive, engaging learning environment, each showing gaps (53%) between received and needed support.

Nursing education graduates stated they received guidance on student engagement (42%) compared to general degree graduates (38%); Nursing Education graduates received assistance on addressing student challenges (60%) compared to general degree graduates (44%); and Nursing education graduates received support with managing difficult student interactions (41%) compared to general degree graduates (43%).

Nursing education graduates stated they needed guidance on student engagement (95%) compared to general graduate degrees (97%); nursing education graduates needed assistance on addressing student challenges (97%) compared to general degrees (100%); and nursing education graduates needed support with managing difficult student interactions (97%) compared to general degree graduates (97%). Further development within student support and engagement during nurse educator orientation is necessary as the need outweighs what has been received in this category.

Figure 8

Student Support and Engagement Mentorship Support Needed

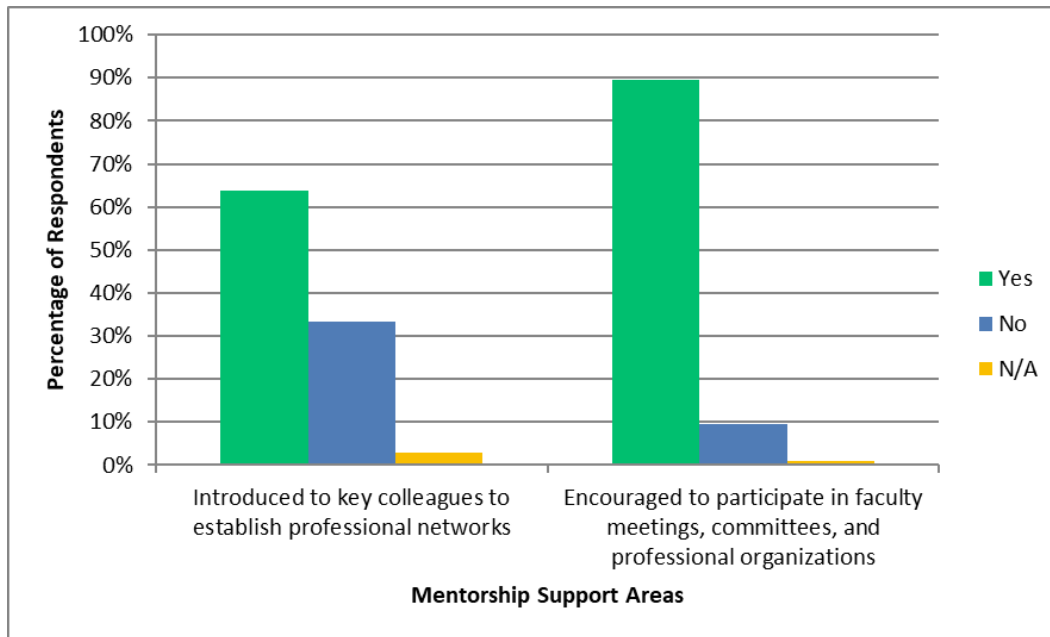


Note. Each item reflects a binary (Yes/No) response indicating whether respondents needed the specified type of mentorship support during orientation.

Peer and Networking Facilitator

Figure 9

Peer and Networking Facilitator Mentorship Support Received

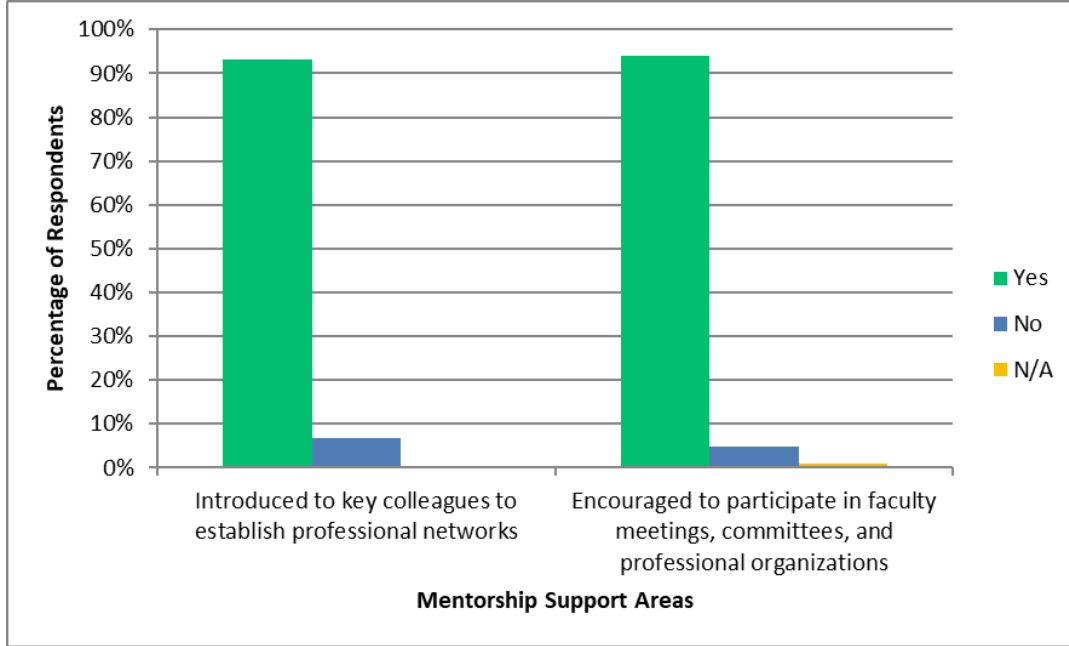


Note. Each item reflects a binary (Yes/No) response indicating whether respondents received the specified type of mentorship support during orientation.

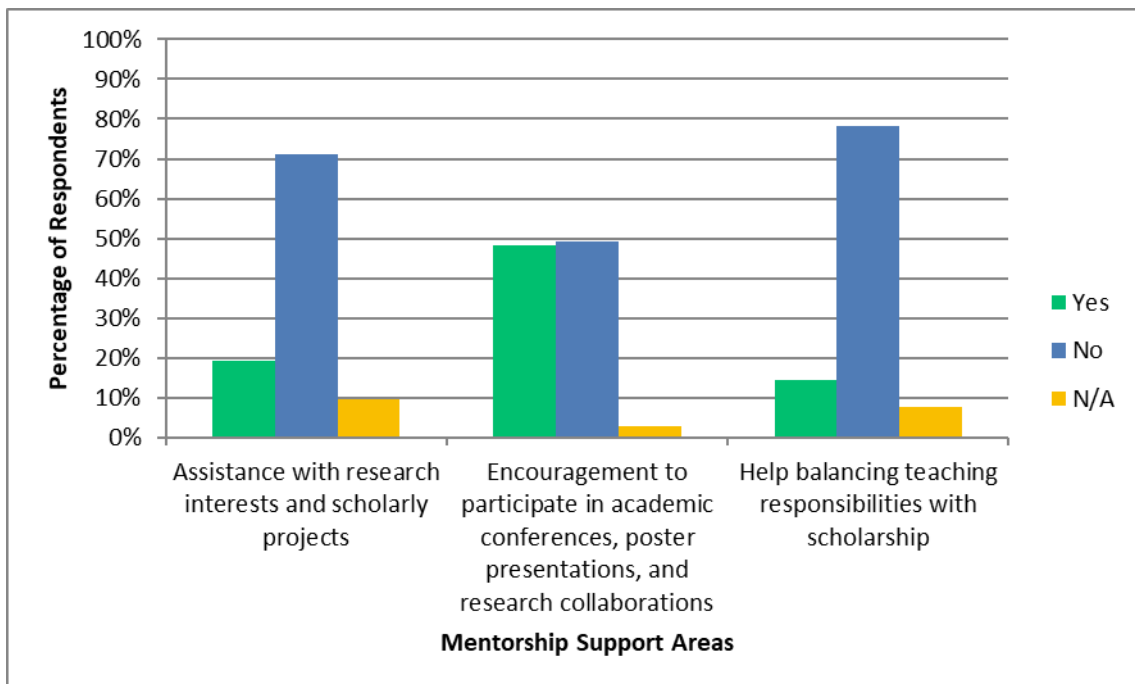
In the Peer and Networking Facilitator data, Figures 9 and 10, most respondents reported already being encouraged to participate in meetings, committees, and professional organizations (90% received, 94% needed), with a modest shortfall. By contrast, introductions to key colleagues show a much larger gap with two thirds reporting receiving support versus 90% who say they need it, indicating an unmet need of about 30 percentage points.

Nursing education graduates (65%) report they received more frequent introductions to key colleagues and interdisciplinary partners than general degree graduates (57%). Both groups reported encouragement to participate in meetings/committees/professional organizations with general degree graduates (92%) slightly ahead of nursing education graduates (87%).

Need is high across both groups with the biggest gap among introductions to networks for general degree graduates. Nearly all general degree graduates reported they need this (97%), yet only 57% have received it, leaving a large shortfall (40 points). Nursing education graduates also reported needing networking introductions (91%), yet only 65% received it with a shortfall of 26 points. For participation in meetings, committee and professional organizations, general degree graduates are reporting an even distribution of what they need and what they receive (92% for each). Nursing education graduates show a modest gap between needed (97%) and received (87%).

Figure 10*Peer and Networking Facilitator Mentorship Support Needed*

Note. Each item reflects a binary (Yes/No) response indicating whether respondents needed the specified type of mentorship support during orientation.

Research and Scholarship Mentor**Figure 11***Research and Scholarship Mentorship Support Received*

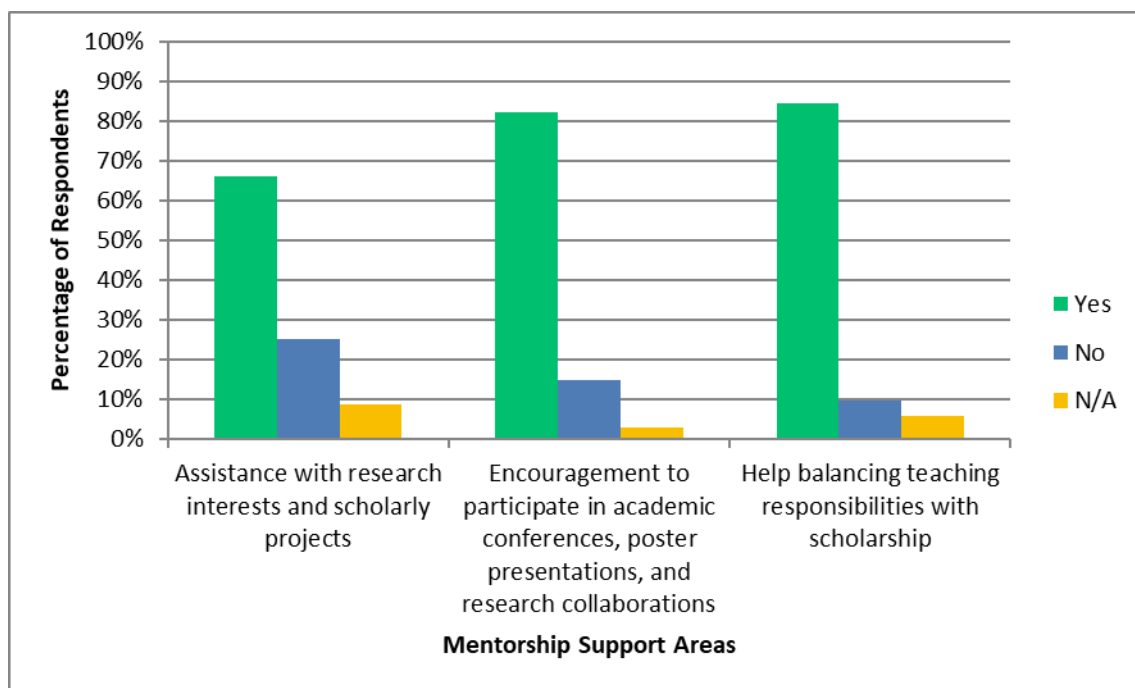
Note. Each item reflects a binary (Yes/No) response indicating whether respondents received the specified type of mentorship support during orientation.

Figures 11 and 12 show a substantial gap between the research related support nurse educators receive to develop research interests and scholarly projects (19%) and what they report they need (66%). Similarly, while 48% have been encouraged to participate in conferences and research collaborations, the reported need for this is much higher (82%). The largest gap appears in balancing teaching with scholarly work: just 14% say they receive help in this area, yet 84% indicate they need it. Across all three dimensions, the pattern is clear; nurse educators report desire for more research and scholarship mentoring than they currently receive.

Compared with respondents holding a general graduate degree, those with a graduate degree in Nursing Education report lower research mentoring support across all three areas. For assistance with research development and publication, nursing education graduates report (13%) receiving general support less often than general degree graduates (28%); for conference participation and research collaborations (41% vs 59%); and for balancing teaching with scholarship (10% vs 21%).

Figure 12

Research and Scholarship Mentorship Support Needed



Note. Each item reflects a binary (Yes/No) response indicating whether respondents needed the specified type of mentorship support during orientation.

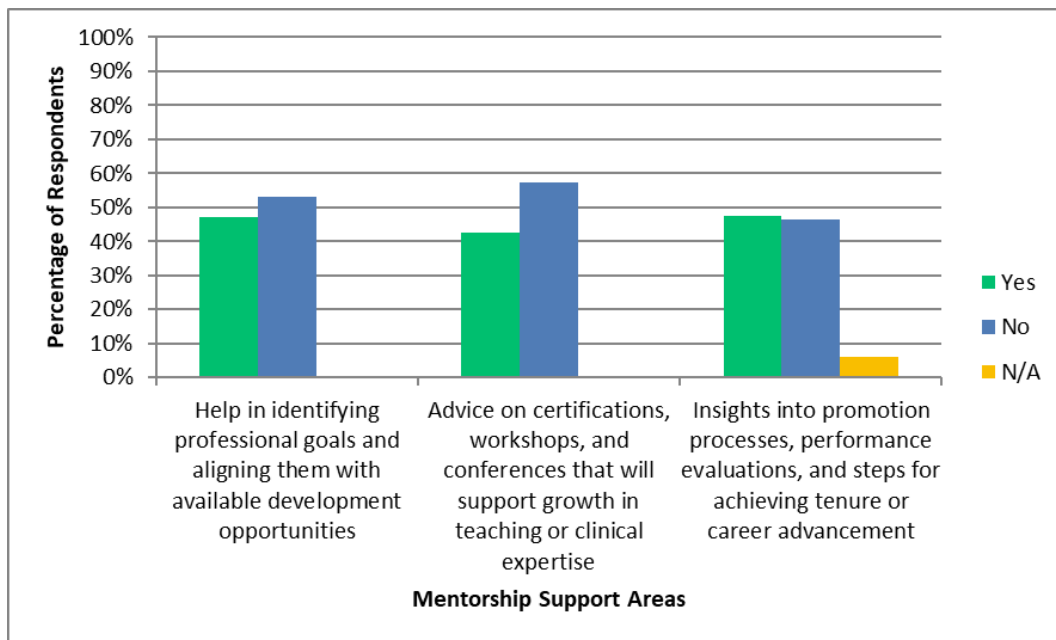
The need for assistance highlighted in Figures 11 and 12 note that it is high for both groups, but unmet need is reported more often for nursing education graduates. For assistance and publication, the need is reported at 61% for graduate degree with emphasis in Nursing Education versus 71% for general degree,

yielding shortfalls of 48 points versus 43 points. For conferences and collaborations, the need for nursing education (80%) is slightly lower than a general degree (84%), with shortfalls of 38 points versus 25 points. The largest gap is in balancing teaching with scholarship as a (83%) for degree with emphasis in nursing education with received shortfall of 74 points versus a similar need for general degree (84%) with less shortfall in received (64 points).

Professional Development and Career Mentor

Figure 13

Professional Development and Career Mentorship Support Received



Note. Each item reflects a binary (Yes/No) response indicating whether respondents received the specified type of mentorship support during orientation.

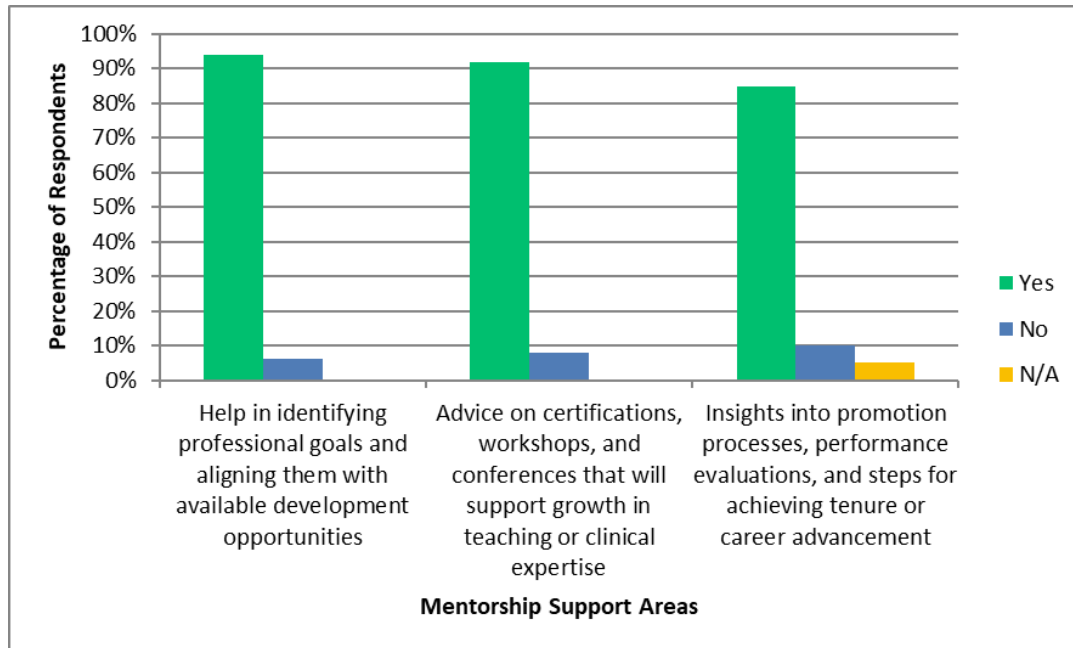
Nurse educators reported substantial gaps in professional development and career mentoring support. Figure 14 shows that of the 94% who indicated a need for help identifying goals and aligning opportunities, only 47% reported receiving such support, representing a 47-point gap. Similarly, 92% of nurse educators expressed a need for advice on certifications, workshops, and conferences, yet just 43% received it—the largest shortfall at 49 points. Additionally, 85% of nurse educators reported needing insight into promotion and tenure processes, compared to 48% who received guidance, yielding a 37-point gap.

Across professional development and career mentoring support, nursing education graduates report lower levels of assistance than general degree graduates. Specifically, 40% of nursing education graduates report receiving help with identifying goals and aligning opportunities, compared to 58% of general degree graduates. For advice on certifications, workshops, and conferences, 39% of nursing education graduates report receiving support versus 45% of general degree graduates. Similarly, 44% of

nursing education graduates report receiving insights into promotion, tenure, and advancement, compared with 53% of general degree graduates.

Figure 14

Professional Development and Career Mentorship Support Needed



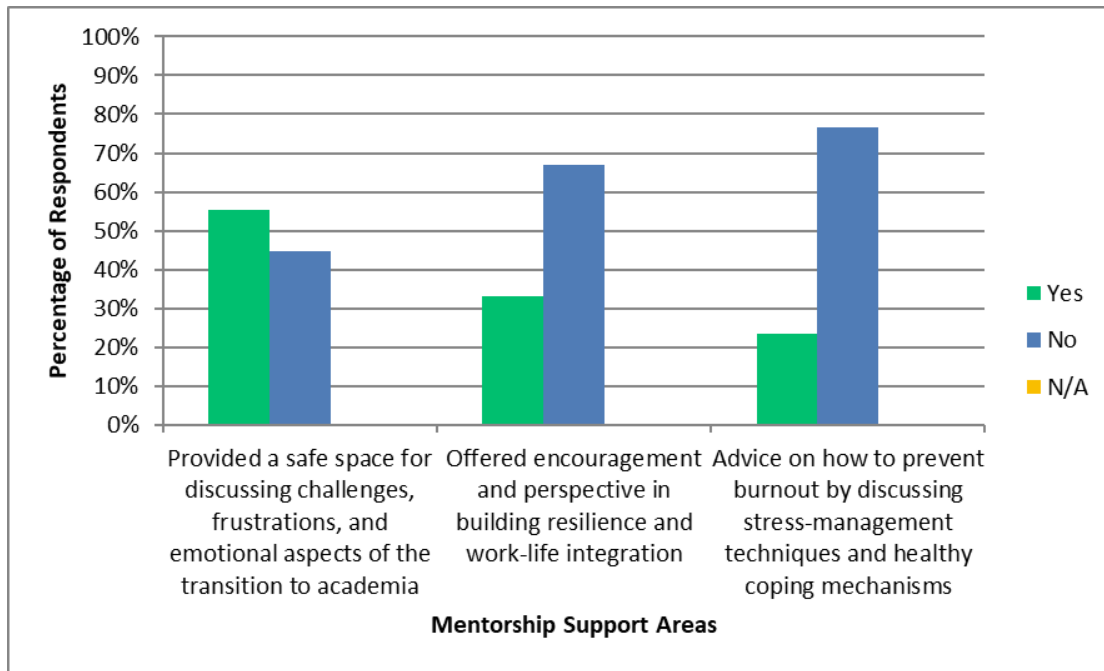
Note. Each item reflects a binary (Yes/No) response indicating whether respondents needed the specified type of mentorship support during orientation.

Nursing education graduates also show consistently larger gaps between what they need and what they receive. For identifying goals and opportunities, the need for nursing education graduates (93%), compared to general degree graduates (97%) is similar. For certifications and professional development, the need for nursing education graduates (91%) compared to general degree graduates (95%) is again similar. For promotion and advancement, the need for nursing education graduates (85%) compared to general degree graduates (86%) is almost the same. This is an area for opportunity in nursing educator orientation since there is about a 50-percentage point difference in what educators need in professional development versus what they've received.

Personal and Emotional Supporter

Figure 15

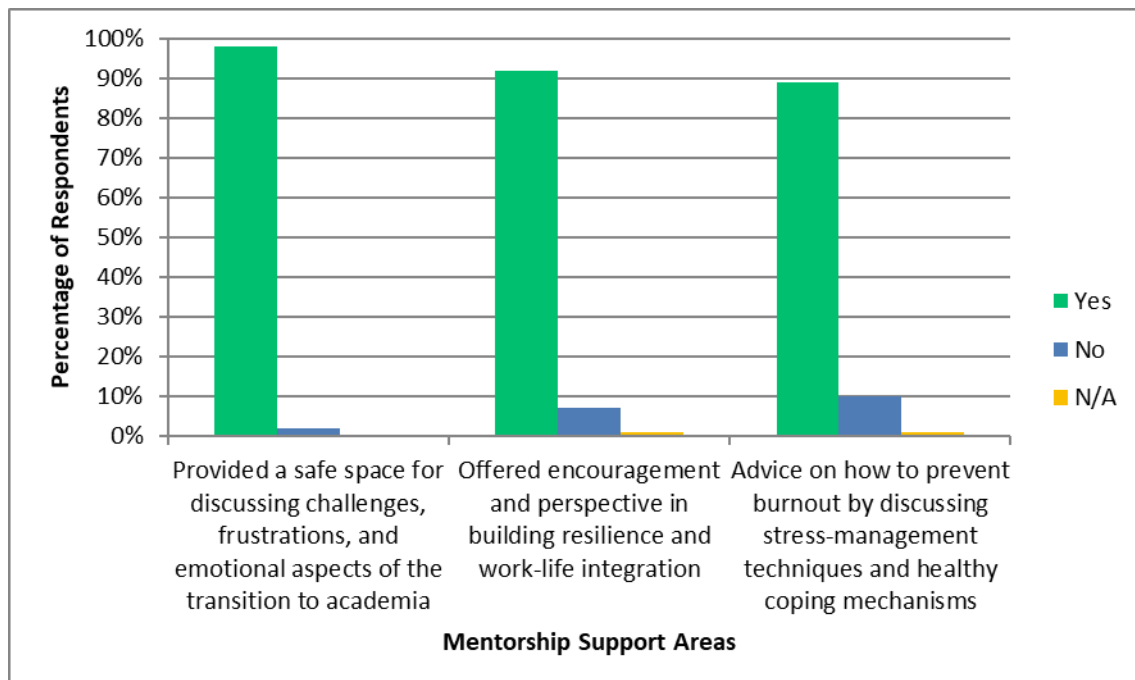
Personal and Emotional Mentorship Support Received



Note. Each item reflects a binary (Yes/No) response indicating whether respondents received the specified type of mentorship support during orientation.

Figure 16

Personal and Emotional Mentorship Support Needed



Note. Each item reflects a binary (Yes/No) response indicating whether respondents needed the specified type of mentorship support during orientation.

For the domain, personal and emotional support, Figures 15 and 16 show large shortfalls across all areas. While 55% of respondents report having a safe space to discuss challenges, 98% say they need it, resulting in a 43-point gap. Support that provides encouragement and perspective on resilience and work life integration is much lower, with 33% reporting they received it compared to 92% who needed it, a 59-point gap. The largest shortfall is in burnout prevention (stress management and healthy coping), where only 23% report receiving support compared to 89% who need it, a gap of 66 points.

For having a safe space to discuss challenges, reported receipts are similar across groups, with 56% among nursing education graduates and 55% among general degree graduates. For encouragement related to resilience and work life integration, receipt remains low for both groups, at 33% for nursing education graduates and 32% for general degree graduates. The largest difference appears in burnout prevention, where 20% of nursing education graduates report receiving support compared with 26% of general degree graduates.

The need for a safe space is 98% among nursing education graduates and 100% among general degree graduates, yielding shortfalls of about 43 and 45 points, respectively. For resilience and work life integration, need is similarly high at 93% for nursing education graduates and 92% for general degree graduates, resulting in nearly identical gaps of about 60 points for each group. The largest gap is in burnout prevention, where need is 90% for nursing education graduates and 89% for general degree graduates; however, because receipt is so low, the shortfall is roughly 70 points for nursing education graduates and 63 points for general degree graduates.

Bullying and Incivility

On the topic of bullying and incivility, most (57%) of the nurse educators surveyed reported having experienced incivility in their role. The nurse educators reported experiencing incivility primarily from their nurse educator colleagues (78%), followed by students (67%), and then administration/leadership (53%).

Long Term Retention

The data revealed that 41% of respondents identified higher compensation and benefits as the most important factor for long-term retention. Support from leadership was the next most cited priority at 22%. Additional key themes included a positive organizational culture (16%) and a fair, balanced workload (15%).

Discussion of Survey Data Results

The findings from this survey highlight substantial and consistent gaps between the support nurse educators report needing and what they actually received during orientation and early role development. Across nearly all domains, including clinical to academic transition, curriculum development, institutional navigation, mentoring, and personal support, the proportion of respondents indicating need far exceeded those reporting receipt of support. These gaps are particularly pronounced in areas critical to role success, such as adapting clinical expertise to teaching, integrating clinical relevance into curricula, and managing student engagement. The persistence of these disparities suggests that current orientation and mentorship structures are not sufficiently aligned with the realities of the nurse educator role, particularly as it continues to evolve in complexity.

Differences between nurse educators prepared with a graduate degree focused on nursing education, and those with general graduate degrees further underscore the importance of tailored orientation approaches. While nursing education graduates were more likely to report receiving support in curriculum related areas, they often experienced larger gaps in professional development, research mentoring, and career advancement guidance. Conversely, those with general graduate degrees frequently reported greater unmet needs in teaching related competencies and student engagement. These patterns indicate that a one size fits all orientation model may be insufficient. Instead, differentiated support based on educational background and prior preparation may better address the varied needs of new nurse educators and promote more effective role transition.

The implications for retention and workforce sustainability are significant. Although most respondents intend to remain in their roles, notable concerns, including compensation, lack of support, burnout, and high rates of incivility, pose risks to long term stability in the academic nursing workforce. The high prevalence of reported incivility, coupled with substantial unmet needs in personal and emotional support, points to the importance of fostering supportive, healthy work environments alongside improving formal orientation processes. Strengthening mentorship, expanding access to professional development, and prioritizing wellbeing initiatives, particularly in areas such as burnout prevention and resilience, may help mitigate these risks. Addressing these gaps through more comprehensive and responsive orientation and support systems is essential to improving nurse educator satisfaction, performance, and retention.

Domain Definitions and Recommendations for Mentorship

Listed below are the domain definitions, key areas of role development, credential-based focus, and recommendations for mentorship.

Domain One: Clinical to Academic Transition

This section explores the mentees' transition from clinical practice to academic roles, highlighting how the nurse educator mentor can shift the mentees' experience when moving into educational settings.

Domain One: Clinical to Academic Transition

Clinical to academic transition includes:

- Assist the new nurse educator in transitioning from clinical roles to academic settings.
- Identify differences in workflows and expectations.
- Provide insight into how to apply clinical experiences to teaching and promoting critical thinking in students.
- Support adapting to an educator's mindset, focusing on student learning outcomes rather than patient care.

Key Areas of Role Development:

- Discuss role expectations and differences in academic workflow
- Advice on how to apply clinical experiences to teaching
- Discuss strategies to promote critical thinking in students
- Discuss adaptation to an educator's mindset that focuses on student learning outcomes rather than patient care
- Provide instruction on teaching-learning strategies methods
- Adhere to the policy related to student academic progression and when appropriate there may be a need to fail students due to patient safety risks
- Discuss NLN nurse educator competencies (see *Resources* page 56)
- Provide resources for information technology (IT) support, LMS, Instructional Design, and institutional policies
- Schedule regular meetings/feedback sessions

Credential-Based Focus: Role Shift, Mindset Change, Applying Clinical Expertise to Teaching, Pedagogy

- *MSN-prepared faculty*: May need foundational support in transitioning from clinician to educator, including understanding role expectations, developing an educator mindset, and applying clinical expertise to structured teaching and student learning outcomes. If MSN degree does not have a focus in nursing education, there may be a need for instruction and/or support on pedagogy (teaching practices, strategies, and methods that promote student learning).

- *DNP-prepared faculty:* Since most DNP degrees focus on clinical practice and leadership, there may be a need for instruction/support on pedagogy (teaching practices, strategies, and methods that promote student learning) and translating advanced clinical expertise and systems-level thinking into teaching practices, particularly in connecting real-world practice to student learning, clinical reasoning, and evidence-based decision-making.
- *PhD-prepared faculty:* May be well prepared for research and scholarship but may need instruction/support on pedagogy (teaching practices, strategies, and methods that promote student learning) and applying theory and research knowledge to teaching practice.

Recommendations:

- Formal mentorship program
- Provide a structured orientation to academic roles, expectations, and institutional culture.
- Clarify differences between clinical practice and academic responsibilities (teaching, service, scholarship)
- Guide translation of clinical expertise into effective teaching strategies
- Introduce core educational frameworks (clinical judgment models, active learning strategies)
- Support time management and prioritization across teaching, service, and scholarship responsibilities
- Encourage early engagement in faculty meetings, committees, and academic responsibilities
- Normalize transition challenges and support development of educator identity

Domain Two: Curriculum Advisor

This section describes the role of the nurse educator's mentor as a curriculum advisor, focusing on key elements in designing courses that are clinically relevant in today's practice.

Domain Two: Curriculum Advisor

Curriculum advisor refers to:

- Assist in understanding the curriculum structure and aligning course content with learning objectives.
- Guide in creating course materials, assessments, and evaluation strategies.
- Help incorporate clinical relevance and up-to-date practices within the curriculum.

Key Areas of Role Development:

- Explain the curriculum structure and course sequencing
- Provide support in aligning course content with learning objectives
- Provide guidance on creating course materials, assessments, and evaluation strategies
- Advise on the incorporation of clinical relevance and up-to-date practices within the curriculum

Credential-Based Focus: Curriculum Design, Alignment, Evaluation, Clinical Relevance

- *MSN-prepared faculty:* If MSN degree does not have a focus in nursing education, may need instruction/support in curriculum design, including understanding course sequencing, writing measurable objectives, developing assessments, and aligning content with program outcomes to accreditation standards.
- *DNP-prepared faculty:* Since most DNP degrees focus on clinical practice or leadership, there may be a need for instruction/support in curriculum design, including understanding course sequencing, writing measurable objectives, developing assessments, and aligning content with program outcomes to accreditation standards.
- *PhD-prepared faculty:* May need instruction/support in curriculum design, including understanding course sequencing, writing measurable objectives, developing assessments, and aligning content with program outcomes and accreditation standards.

Recommendations:

- Provide classes/programs on pedagogy
- Provide orientation to program outcomes, course objectives, and curriculum structure
- Align course content with current clinical practice, standards, and evidence-based guidelines
- Guide development of measurable learning objectives that reflect clinical relevance
- Support selection of appropriate teaching strategies (active learning, case-based learning)
- Assist in designing evaluation assessments incorporating clinical judgment and application of knowledge
- Ensure alignment between objectives, teaching methods, and evaluation strategies
- Promote integration of clinical scenarios that reflect real-world practice and diverse populations
- Guide use of clinical judgment frameworks and competency-based education principles
- Support development of course materials (syllabi, assignments, and evaluation tools)
- Provide feedback on course design and teaching effectiveness
- Support use of simulation, skills labs, and experiential learning opportunities
- Guide integration of technology and digital learning tools to enhance engagement
- Promote ongoing curriculum evaluation and quality improvement based on student and program outcomes
- Encourage collaboration with faculty to ensure consistency and cohesion across courses

Domain Three: Institutional Resource Navigator

This section describes the nurse educator mentor as an institutional resource navigator to assist the novice nurse educator to explore the policies and procedures of the academic environment.

Domain Three: Institutional Resource Navigator

Institutional resource navigator includes:

- Introduce institutional policies, procedures, and available resources.

Domain Three: Institutional Resource Navigator

- Guide navigation of nursing program policies and procedures.
- Assist in location of faculty support resource.
- Use of academic and administrative systems (learning management system, grading platforms, and other educational technologies).
- Guide navigation of clinical education resources.
- Create awareness of regulatory and accreditation standards.
- Engage in cross-departmental relationships.
- Promote the culture of equity, inclusion, and accessibility.

Key Areas of Role Development:

- Identify services that support teaching and professional success
- Describe how to access support services, such as IT support, library resources, and instructional design and key staff
- Provide thorough instruction on the use of the learning management system, grading platforms, and other educational technologies
- Inform on how to access clinical education resources
- Explain how institutional policies align with regulations, accreditation, and competencies
- Apprise of institutional resources that support diverse learners and policies

Credential-Based Focus: Policies, Systems, LMS, Institutional Processes

- *MSN-prepared faculty:* May need support navigating academic systems, including policies, procedures, LMS use, grading processes, and understanding institutional expectations and workflows. Additional faculty support based on individual needs.
- *DNP-prepared faculty:* May need support navigating academic systems, including policies, procedures, LMS use, grading processes, and understanding institutional expectations and workflows. May need additional support with clinical-based initiatives including quality improvement and program evaluation.
- *PhD-prepared faculty:* May need support navigating academic systems, including policies, procedures, LMS use, grading processes, and understanding institutional expectations and workflows. May need additional support with research-based support on campus including Institutional Review Board (IRB) and contracts with outside organizations.

Recommendations:

- Provide formal orientation to institutional policies, procedures, and governance structures
- Review academic policies (attendance, grading, academic integrity, progression)
- Provide timelines for key academic activities (semester planning, grading, reporting)
- Introduce key offices and resources (registrar, advising, IT, library, teaching/learning center)
- Connect mentees with institutional resources (teaching centers, technology support, academic services) and administrative staff who support course/program operations

- Guide navigation of LMS, classroom technologies, and teaching support systems
- Explain processes for student accommodation and accessibility services
- Clarify procedures and documentation standards for incident reporting, student concerns, and risk management

Domain Four: Student Support and Engagement

This section describes how the nurse educator mentor can assist novice nurse educators to provide student support and engagement to foster student learning and professional development.

Domain Four: Student Support and Engagement

Student support and engagement include:

- Provide strategies to promote active student engagement in learning.
- Promote an inclusive and supportive learning environment.
- Support development of effective feedback, remediation, and strategies to address student challenges.
- Guide management of student interactions while maintaining professionalism.

Key Areas of Role Development:

- Provide advice on best practices for student engagement
- Share strategies to promote an inclusive, supportive learning environment for students
- Support development of strategies for effective student feedback and remediation
- Recognize and respond to diverse student needs, learning styles, and engagement
- Mentor new nurse educators in student-centered teaching practice
- Apply technology and inclusive pedagogy to support learning
- Role model clinical and academic professionalism
- Manage difficult student interactions while maintaining professionalism
- Identify and address common student challenges
- Assess student challenges and utilize nurse educators and student support services as needed

Credential-Based Focus: Teaching, Feedback, Engagement, Managing Students

- *MSN-prepared faculty:* May need foundational development in student-centered teaching, including instructional strategies, classroom and clinical management, and effective student evaluation.
- *DNP-prepared faculty:* May need support translating clinical expertise into engaging teaching strategies, particularly in facilitating clinical learning, student supervision, and application-based instruction.
- *PhD-prepared faculty:* May need support integrating theory and evidence into teaching while developing skills in student engagement, feedback, and balancing teaching with research responsibilities.

Recommendations

- Provide structured orientation to student support resources (academic services, counseling, accessibility services)
- Model effective student engagement and classroom management
- Guide development of clear expectations, communication, and professional boundaries
- Support effective feedback and student evaluation practices
- Observe and debrief effective teaching and student interaction strategies
- Demonstrate inclusive teaching strategies for diverse learners
- Provide strategies to manage student concerns, conflict, and professionalism issues
- Promote early identification of at-risk students and appropriate referrals
- Introduce advising processes and academic support systems
- Encourage effective use of technology to enhance engagement and accessibility
- Offer ongoing consultation regarding student-related challenges
- Foster reflective teaching practices and continuous improvement
- Provide opportunities to observe and discuss effective student interactions and teaching strategies

Domain Five: Peer and Networking Facilitator

This section describes how the nurse educator mentor facilitates peer connection and professional networking to support the novice nurse educator's integration into the academic community.

Domain Five: Peer and Networking Facilitator

Peer and networking facilitator includes:

- Introduce key colleagues, department leaders, and interdisciplinary partners.
- Support development and expansion of professional networks.
- Promote participation in meetings, committees, and professional organizations.
- Facilitate connections that support collaboration, scholarship, and professional growth.

Key Areas of Role Development:

- Support development of peer relationships across departments and institutions
- Facilitate introductions to interprofessional and academic communities
- Encourage participation in professional associations and conferences
- Promote collaboration and collegial relationships
- Support development of scholarly collaboration and professional partnerships

Credential-Based Focus: Relationships, Collaboration, Professional Integration

- *MSN-prepared faculty:* May need support building academic relationships and understanding expectations for collaboration, service, and participation within faculty and professional communities.

- *DNP-prepared faculty*: May need guidance expanding clinical partnerships into academic collaboration and developing scholarly networks aligned with practice-based interests.
- *PhD-prepared faculty*: May already have established scholarly networks but may need support strengthening interdisciplinary and research collaborations while expanding networks for dissemination and academic influence.

Recommendations:

- Model professional relationship-building and collaborative communication
- Support the development of professional networking and career goals
- Provide a structured plan for networking within the department, college, and institution
- Connect with mentors and collaborators aligned with interests
- Facilitate connections with research, clinical, and community partners
- Promote interdisciplinary collaboration and professional engagement
- Encourage involvement in professional organizations and conferences
- Support participation in scholarly activities, including presentations and publications
- Provide ongoing check-ins to discuss networking progress and address barriers.
- Encourage use of professional platforms (LinkedIn, ResearchGate, ORCID)
- Provide guidance to overcome networking barriers and expand professional networks

Domain Six: Research and Scholarship Mentor

This section describes how the nurse educator mentor supports research and scholarship activities that align with the mission, expectations, and scholarly focus of the institution.

Domain Six: Research and Scholarship Mentor

Research and scholarship mentor include:

- Support development of research interests and scholarly projects.
- Review concepts and policies on ethical research.
- Guidance on publication and dissemination process.
- Encourage dissemination locally, regionally, and nationally.
- Support balance of teaching responsibilities and scholarship.

Key Areas of Role Development:

- Support research interest development and projects aligned with credentials and role
- Understand and utilize the principles of ethical research
- Guide dissemination process including presentations, publications, and grants
- Encourage participation in conferences, poster presentations, and team collaboration
- Facilitate interdisciplinary collaboration and encourage team-based research initiatives
- Encourage productivity aligned with scholarly career goals
- Support balancing teaching responsibilities with scholarship

- Provide guidance on institutional research policies and Institutional Review Board (IRB) procedures

Credential-Based Focus: Scholarship development, dissemination, productivity

- *MSN-prepared faculty:* May need foundational support understanding expectations for scholarship, including basic writing, dissemination, and integration of scholarly activities into the faculty role.
- *DNP-prepared faculty:* May need support translating practice, quality improvement, and clinical initiatives into scholarly products, including dissemination and application-based scholarship.
- *PhD-prepared faculty:* May need support advancing research agendas, building programs of research, securing funding, and sustaining scholarly productivity, particularly in early career stages.

Recommendations:

- Assess scholarly goals, role expectations, and credential-based development needs
- Support development of a focused research agenda aligned with individual career goals
- Connect with research mentors, collaborators, and interdisciplinary teams
- Encourage participation in research, quality improvement, and scholarly projects
- Facilitate opportunities for co-authorship and joint scholarly work
- Guide development of scholarly writing for abstracts, manuscripts, and grant proposals
- Provide regular feedback on writing, project development, and scholarly progress
- Model scholarly engagement through publication, presentation, and collaboration
- Support development of project timelines and dissemination plans
- Assist identification of appropriate journals, conferences, and funding opportunities
- Provide guidance on research ethics, IRB processes, and institutional requirements
- Support translation of clinical or practice work into scholarly products
- Promote balance of teaching, service, and scholarship responsibilities
- Encourage development of a scholarly portfolio to track productivity and impact

Domain Seven: Professional Development and Career Mentor

This section describes how the mentor supports the professional development of nurse educators to identify career goals and provide advice on opportunities.

Domain Seven: Professional Development and Career Mentor

Professional development and career mentors include:

- Help identify professional goals aligned with available development opportunities.
- Provide guidance on certifications, workshops, conferences, and continuing education.
- Facilitate the transition from clinician to educator.

Domain Seven: Professional Development and Career Mentor

- | |
|--|
| <ul style="list-style-type: none"> • Promote engagement in professional development opportunities. • Support career advancement through promotion, tenure, and performance evaluation processes. |
|--|

Key Areas of Role Development

- Provide flexible, adaptive mentorship programs tailored to role, credentials, and individual needs
- Utilize combination of formal and informal mentoring approaches
- Promote institutional support and recognition of mentorship activities
- Assess effectiveness of mentorship outcomes and impact

Credential-Based Focus: Career Trajectory, Advancement, Role Clarity

- *MSN-prepared faculty:* May need support transitioning into the faculty role, developing professional identity, and identifying pathways for growth, certification, and role advancement.
- *DNP-prepared faculty:* May need guidance aligning clinical expertise with academic career pathways, including leadership development, teaching roles, and advancement within practice-focused or academic tracks.
- *PhD-prepared faculty:* May need support navigating academic career progression, including tenure, promotion, and balancing expectations across teaching, scholarship, and service.

Recommendations:

- Provide individualized guidance, professional development (i.e. provide examples of promotion pathways and tenure-track requirements), and sense of belonging
- Assist in identifying professional goals and align with meaningful development opportunities (certifications, workshops, conferences, meetings)
- Support the development of self-awareness and confidence in evolving academic and clinical roles

Domain Eight: Personal and Emotional Supporter

This section describes the role of the nurse educator's mentor as a personal and emotional supporter that fosters healthy communication and work-life balance.

Domain Eight: Personal and Emotional Supporter

Personal and emotional supporter include:

- | |
|---|
| <ul style="list-style-type: none"> • Provide a safe space for discussing challenges, frustrations, and emotional aspects of the transition to academia. • Offer encouragement and perspective in building resilience and work-life integration. |
|---|

Domain Eight: Personal and Emotional Supporter
• Provide advice on how to prevent burnout by discussion of stress-management techniques and healthy coping mechanisms.

Key Areas of Role Development:

- Facilitate the development of emotional resilience and coping skills to manage stress, role strain, and transition shock
- Discuss balancing teaching responsibilities, grading, scholarship, and service commitments with personal life (work-life balance) to prevent burnout)
- Encourage establishing trusting relationships with mentors, peers, and colleagues who provide emotional reassurance, empathy, and guidance
- Provide constructive, compassionate feedback that promotes growth while reducing anxiety and self-doubt

Credential-Based Focus: Identity, Resilience, Stress, Transition

- *MSN-prepared faculty:* May need significant support with role transition, confidence-building, and managing uncertainty as they move from clinical expert to novice educator.
- *DNP-prepared faculty:* May need support managing dual identity as clinician and educator, including balancing practice expectations with academic demands and role ambiguity.
- *PhD-prepared faculty:* May need support navigating role strain associated with research expectations, teaching responsibilities, and integration into academic culture.

Recommendations:

- Develop a Mentoring the Mentee Program to support the success of new nurse educators
- Support the transition to academia by addressing culture shock, novice status, grief and loss, while remaining grounded in purpose
- Facilitate role clarity, effective mentoring dynamics, and the development of novice nurse faculty to build strong partnerships
- Promote socialization as an essential component of success for new nurse educators
- Create a safe space for support and discussion of difficult situations encountered in teaching practice
- Encourage new nurse educators to identify strategies that support a positive attitude throughout their transition and professional journey
- Inspire personal and professional growth
- Offer empathy and encouragement to help new nurse educators cope with burdens, stress, and workplace challenges
- Address workload concerns the impact of budget cuts or change in leadership

Domain Nine: Creating A Positive Work Culture and Supporting Civility

This section describes the role of the nurse educator's mentor to create a positive work culture that ensures teamwork without bullying.

Domain Nine: Creating A Positive Work Culture and Supporting Civility

Creating a Positive Work Culture includes:

- Encourage Open Communication
- Promote Teamwork and Collaboration
- Support institutions Code of Conduct for nursing faculty
- Advocate for Career Development
- Ensure Appropriate Workload
- Support Positive Work/Life Balance
- Recognize Growth and Development of New Faculty

Civility explanation: Civility in the nurse faculty role refers to the consistent demonstration of respect, professionalism, and courteous behavior in all interactions within academic and clinical learning environments. It is a foundational element of effective teaching, collaboration, and role modeling in nursing education. The term bullying comes in many forms including incivility, lack of accountability, institutional tension that creates a toxic work environment, and lateral violence. Uncivil or bullying behavior results in emotional and psychological distress.

Key Areas of Role Development:

- Couple new nurse educators with experienced mentors who provide guidance, encouragement, and insight into academic expectations helps build confidence and reduces feelings of isolation
- Active fostering of respect, collaboration, and inclusivity ensures new educators feel valued, supported, and part of the academic community
- Provide transparent information about teaching responsibilities, evaluation criteria, workload, and institutional policies to reduce anxiety and promote trust
- Encourage open dialogue where new faculty can ask questions, share concerns, and learn from mistakes without fear of judgment supports emotional well-being and growth
- Demonstrate the institutional investment of nurse educators including offering of ongoing training, workshops, and resources related to teaching, technology, and scholarship in faculty success
- Acknowledge achievements, effort, and progress, both formally and informally, to reinforce motivation and job satisfaction
- Advocate for realistic workloads, flexible scheduling when possible, and respect for personal time helps prevent burnout and fatigue
- Encourage teamwork, shared governance, and peer support to strengthen collegiality and fostering a sense of belonging

Credential-Based Focus: Culture, Incivility, Collaboration, Expectations

- *MSN-prepared faculty:* May need support understanding academic culture, expectations, and norms, including navigating team dynamics and responding to incivility or conflict.
- *DNP-prepared faculty:* May need guidance applying leadership, systems thinking, and communication skills to promote a positive, collaborative work environment and address workplace challenges.
- *PhD-prepared faculty:* May need support integrating into academic culture beyond research roles, including engagement in collegial environments, collaboration, and addressing incivility within teams.

Recommendations:

- Model professional behavior, setting the standard for ethical conduct, and mutual respect
- Provide resources and leadership to promote a civil and respectful work environment
- Review code of conduct, outcome monitoring, accountability, and conflict management policies and procedures
- Promote education for a positive work environment including teamwork, collaboration, communication, and safety
- Review confidential reporting and safeguards using an anonymous online portal, anti-retaliation policies
- Support enforcement of alignment across education and practice that have consistent code of conduct standards in classroom and clinical settings
- Provide equity-centered approaches that can include targeted mentorship or demographic tracking
- Establish specific annual training on civility and behavioral intervention for all faculty and preceptors

Conclusion

The findings of this report underscore the need for a coordinated and intentional approach to supporting novice nurse educators in Wisconsin. Addressing the nurse educator shortage requires more than recruiting experienced nurses into academic positions; it requires creating environments in which new educators are adequately prepared, meaningfully supported, and encouraged to remain. Comprehensive orientation and structured mentorship should therefore be viewed as essential workforce-retention strategies rather than optional professional-development activities.

The nine mentorship domains identified through the literature review and the 2025 Wisconsin Nurse Educator Survey provide a practical framework for supporting the transition into academic practice. Together, these domains address the instructional, organizational, scholarly, professional, relational, and emotional dimensions of the nurse educator role. Implementing mentorship practices across these areas can help novice educators build competence and confidence, navigate institutional expectations,

engage students effectively, develop scholarly capacity, establish supportive professional relationships, and contribute to a civil and positive academic culture.

The Wisconsin Nurse Educator Mentorship Toolkit developed from this work offers nursing programs, academic leaders, mentors, and novice educators, an evidence-informed resource for strengthening orientation and mentorship. Successful implementation will require institutional commitment, mentor preparation, protected time, clear expectations, adequate resources, and ongoing evaluation. Mentorship must also be embedded within a broader organizational culture that values nurse educators, promotes civility, supports professional growth, and addresses persistent concerns related to compensation, workload, burnout, and recognition.

The collaboration between the Wisconsin Nurses Association and the Wisconsin League for Nursing represents an important step toward strengthening Wisconsin's nurse educator workforce. By using these findings and resources to establish consistent, inclusive, and sustainable mentorship systems, nursing programs can improve the transition and retention of novice faculty. Investing in nurse educators is ultimately an investment in nursing education, the future nursing workforce, and the health of Wisconsin's communities.

The remainder of this report includes forms that can be used to evaluate the novice nurse educator familiarity with the role and responsibilities of the nurse educator and resource tools.

New Nurse Educator Orientation and Mentorship Checklist

Mentor–Mentee Reflection Form for Nursing Educator Mentorship Meeting

Resources by Domain

References

New Nurse Educator Orientation and Mentorship Checklist

Nurse Educator Name:

Assigned Mentor Name:

This checklist is to be completed collaboratively by the *mentor and mentee* during scheduled meetings. If a topic does not apply, indicate “N/A.” Emphasis should be placed on dialogue, reflection, and development.

Category /Topic	Date & Mentor Initials	Date & Mentee Initials
Academic Culture (Domains 1, 3, 8, 9)		
Clinical to Academic Transition		
Review mentor and mentee roles and expectations		
Discuss communication plan, preferred communication methods, meeting frequency, and response expectations		
Obtain keys, access cards, and identification badge		
Tour the facility to locate offices, classrooms, integrated room technology, simulation laboratory, and clinical coordination areas		
Review office hour requirements and expectations		
Review parking instructions, permits, and after-hours building access procedures		
Explore the transition from a clinician identity focused on patient care to an educator identity focused on student learning outcomes and program success		
Develop strategies for balancing teaching, service, scholarship, and other faculty responsibilities through effective time management and prioritization.		

Category /Topic	Date & Mentor Initials	Date & Mentee Initials
Engage in faculty meetings, committees, and other academic activities to support socialization into the faculty role		
Institutional Resource Navigator		
Complete orientation to institutional policies, procedures, governance structures, and faculty responsibilities		
Review and locate key academic policies related to attendance, grading, academic integrity, and student progression		
Identify and document important academic deadlines and timelines for course preparation, grading, student evaluations, reporting, and semester activities		
Meet or become familiar with key institutional offices, including the Registrar, Academic Advising, Library Services, Information Technology (IT), Accessibility Services, and Teaching and Learning Center		
Identify administrative staff and support personnel who assist with course scheduling, student records, clinical placements, and program operations		
Access and navigate the Learning Management System (LMS), including posting course materials, managing assignments, communicating with students, and entering grades		
Demonstrate use of classroom technologies, instructional software, and teaching support systems used within the program		
Develop a personal resource guide or contact list of key offices, support services, and personnel for future reference		
Personal and Emotional Supporter		
Discuss challenges related to transitioning to academia, including role adjustment, culture shock, novice faculty experiences, and work-life balance		

Category /Topic	Date & Mentor Initials	Date & Mentee Initials
Utilize mentoring and peer support opportunities to discuss difficult teaching, student, or workplace situations in a safe and supportive environment		
Practice strategies that promote resilience, well-being, and a positive mindset throughout the transition to the nurse educator role		
Seek support, encouragement, and available resources when experiencing stress, challenges, or barriers to success		
Creating Positive Work Culture and Supporting Civility		
Review the institution's code of conduct, faculty expectations, and standards for professional and ethical behavior		
Participate in annual training and ongoing professional development related to civility, equity, professional conduct, and behavioral intervention		
Identify strategies for promoting mutual respect, professionalism, and inclusivity in interactions with students, faculty, staff, and clinical partners		
Review procedures for addressing and appropriately managing challenging conversations, disruptive behaviors, and workplace conflicts		
Locate and access confidential reporting systems, including anonymous reporting portals and mechanisms for reporting concerns		
Apply equitable and inclusive practices that support a diverse student and faculty population		
Teaching (Domains 1, 2, 4)		
Clinical to Academic Transition		
Review the NLN Nurse Educator Competencies and identify goals for professional growth in the educator role		

Category /Topic	Date & Mentor Initials	Date & Mentee Initials
Review evidence-based teaching-learning strategies, active learning methods, and educational frameworks that support clinical judgment and critical thinking		
Discuss strategies for fostering critical thinking, clinical reasoning, and clinical judgment in nursing students		
Identify ways to translate clinical expertise into effective teaching strategies, learning activities, and student mentoring		
Discuss challenging student performance situations and the potential need to fail students when patient safety or program outcomes are compromised.		
Curriculum Advisor		
Develop and revise course materials, including syllabi, lectures, assignments, learning activities, and instructional resources		
Review the nursing program curriculum structure, course sequencing, program outcomes, and course objectives		
Discuss how individual courses contribute to program outcomes and progression through the curriculum		
Participate in faculty development activities related to pedagogy, curriculum design, teaching effectiveness, and assessment practices		
Seek and incorporate mentor feedback regarding course design, teaching effectiveness, and student learning outcomes		
Align course content with program outcomes, course objectives, current clinical practice standards, and evidence-based guidelines		
Develop measurable learning objectives that reflect clinical relevance, competency expectations, and student learning outcomes		

Category /Topic	Date & Mentor Initials	Date & Mentee Initials
Ensure alignment between learning objectives, teaching strategies, learning activities, and evaluation methods		
Identify and implement evidence-based teaching strategies, including active learning, case-based learning, and other student-centered approaches		
Incorporate current clinical scenarios with real-world practice situations, and diverse patient populations into learning activities		
Utilize simulation, skills laboratory experiences, and other experiential learning opportunities to support student learning		
Integrate technology and digital learning tools to enhance engagement and student learning		
Explore effective integration of artificial intelligence (AI) tools in teaching, learning activities, assessment, and course development while adhering to institutional policies and academic integrity standards		
Discuss ethical, responsible, and evidence-informed use of AI in nursing education, including considerations for student learning, assessment, and academic integrity		
Review principles and best practices for online, hybrid, and technology-enhanced learning environments		
Assist in designing evaluation assessments incorporating clinical judgment and application of knowledge		
Design evaluation assessments that measure knowledge application, clinical judgment, critical thinking, and achievement of learning outcomes		
Review student, course, and program outcome data to support ongoing curriculum evaluation and quality improvement efforts		
Contribute to continuous improvement initiatives that strengthen curriculum effectiveness, student success, and program outcomes		

Category /Topic	Date & Mentor Initials	Date & Mentee Initials
Student Support and Engagement		
Observe experienced faculty demonstrating effective student engagement, classroom management, and learner-centered teaching strategies		
Participate in debriefing discussions following classroom, laboratory, simulation, or clinical teaching observations		
Develop and maintain appropriate professional boundaries in faculty-student relationships		
Utilize strategies that promote student engagement, participation, belonging, and psychological safety in the learning environment		
Review the process for requesting student accommodations and collaborating with accessibility services to support student success		
Practice providing timely, constructive, and documented feedback to students regarding academic and clinical performance concerns		
Review procedures for documenting student concerns, professionalism issues, clinical incidents, and other situations requiring faculty intervention		
Locate and access institutional forms, reporting systems, and documentation resources used for incident reporting and risk management		
Discuss the faculty role in determining when student failure or progression decisions are warranted to ensure academic standards and safe clinical practice		
Reflect on teaching experiences and student interactions to identify strengths, challenges, and opportunities for improvement		
Scholarship (Domains 1, 5, 6)		

Category /Topic	Date & Mentor Initials	Date & Mentee Initials
Clinical to Academic Transition		
Review and discuss university/college and nursing program scholarship expectations, including requirements for presentations, publications, and research		
Develop a personalized scholarly activity plan that aligns with university/college, and nursing program expectations		
Peer and Networking Facilitator		
Discuss the educator's professional interests, career goals, and networking objectives		
Develop a networking plan that includes departmental, college, and institutional engagement opportunities		
Connect the educator with mentors, collaborators, and colleagues aligned with their teaching, clinical, or scholarly interests		
Encourage participation in interdisciplinary activities, committees, professional organizations, and conferences		
Encourage creation or maintenance of professional profiles (LinkedIn, ORCID, ResearchGate) to enhance visibility and networking		
Conduct regular check-ins to review networking progress, identify barriers, and develop strategies to expand professional connections		
Research and Scholarship Mentor		
Identify opportunities to translate teaching, clinical, service, or practice activities into scholarly products		
Participate in at least one research, quality improvement, evidence-based practice, or scholarly project		

Category /Topic	Date & Mentor Initials	Date & Mentee Initials
Create and maintain a timeline for scholarly projects, including target dates for dissemination and completion of key milestones		
Collaborate on scholarly activities, including opportunities for co-authorship, presentations, or publications		
Provide guidance and feedback on abstracts, manuscripts, presentations, grant proposals, and other scholarly writing		
Develop and submit scholarly products such as abstracts, manuscripts, posters, presentations, or grant proposals with mentor guidance		
Complete required education and follow institutional processes related to research ethics, IRB requirements, and responsible conduct of research		
Maintain a scholarly portfolio that documents presentations, publications, projects, grants, and other evidence of scholarly productivity and impact		
Service (Domains 1, 5)		
Clinical to Academic Transition		
Review and discuss university/college and nursing program service expectations		
Develop a personalized service activity plan that aligns with university/college, and nursing program expectations		
Peer and Networking Facilitator		
Engage in student-related service activities, such as academic advising, student mentorship, student organization involvement, or student-focused events		
Explore opportunities to support student scholarship, research, or professional development activities		

Category /Topic	Date & Mentor Initials	Date & Mentee Initials
Join and actively participate in relevant professional organizations related to nursing education, practice, leadership, or specialty areas		
Participate in community engagement, outreach, or service activities that support the mission of the nursing program and institution		
Goal Setting (Domain 7)		
Professional Development and Career Mentor		
Review annual faculty evaluation process, promotion pathways, tenure-track requirements (if applicable), and expectations for career advancement		
Identify and document short-term and long-term professional development goals and create an action plan to achieve them		
Participate in professional development opportunities such as certifications, workshops, continuing education programs, or conferences that align with career goals		
Seek and apply feedback to strengthen confidence, self-awareness, and effectiveness in academic and clinical roles		
Reflect on professional growth regularly and discuss progress, challenges, and development needs with mentor		
Regularly reflect on and discuss the effectiveness of the mentoring relationship, including progress toward goals, support needs, and opportunities to enhance the mentoring experience		

Revised from Rogers, J., Ludwig-Beymer, P., & Baker, M. (2020). Nurse faculty orientation: An integrative review. *Nurse Educator*, 45(6), 343-346. <https://doi.org/10.1097/nne.0000000000000802>

Mentor–Mentee Reflection Form

Nursing Educator Mentorship Meeting

Date:		Meeting #:	
Mentor:		Mentee:	

Focus of This Meeting (*Select or specify main topic*)

- ☐ Academic Culture
- ☐ Teaching
- ☐ Student Issues / Performance
- ☐ Scholarship
- ☐ Service
- ☐ Other: _____

1. Mentee Reflection

What is going well in your role?

What challenges are you experiencing?

What questions or concerns do you have?

2. Teaching & Student Focus (if applicable)

Describe a recent teaching experience:

What worked well?

What would you change?

Any concerns about student performance or safety?

3. Mentor Feedback & Coaching

Strengths observed:

Areas for growth:

Key guidance provided:

4. Critical Conversation (if applicable)

Issue discussed:

Actions recommended:

Follow-up needed:

5. Goal Setting

Short-Term Goal (before next meeting):

Long-Term Development Goal:

6. Resources & Support

Resources discussed:

Additional support needed:

7. Reflection on Mentorship Relationship

Mentee: What support was most helpful today?

Mentor: What will I continue, start, or adjust in mentoring?

8. Plan for Next Meeting

Focus topic:

Follow-up items:

Mentor Signature: _____

Mentee Signature: _____

Resources

Domain 1: Clinical to Academic Transition

- NLN Core Competencies for Academic Nurse Educator
<https://www.nln.org/education/nursing-education-competencies/core-competencies-for-academic-nurse-educators>
- NLN Novice Nurse Educator Competencies <https://www.nln.org/news/newsroomnln-position-documents/novice-nurse-educator-competencies-with-task-statements>
- WHO Nurse Educator Core Competencies <https://www.who.int/publications/i/item/nurse-educator-core-competencies>
- Certified Nurse Educator Program (CNE®), CNEcl, CNEpv, CNEen
<https://www.nln.org/certification/Certification-for-Nurse-Educators/cne>

Domain 2: Curriculum Advisor

- Curriculum Development · AACN Essentials Homepage
<https://www.aacnnursing.org/essentials>
- AACN Essentials Download Page <https://www.aacnnursing.org/essentials/download-order>
- AACN Essentials Toolkit <https://www.aacnnursing.org/essentials/tool-kit>
- AACN Domains and Concepts Resources <https://www.aacnnursing.org/essentials/tool-kit/domains-concepts>
- AACN Getting Started with the Essentials <https://www.aacnnursing.org/essentials/getting-started>

Domain 3: Institutional Resource Navigator

- Faculty Development · AACN Faculty Development Resources
<https://www.aacnnursing.org/faculty-tool-kits>
- Faculty Handbook (Institution-specific)
- Academic Advising Handbook (Institution-specific)
- Student Conduct and Academic Integrity Policies (Institution-specific)
- FERPA Training (Institution-specific)
- Campus Support Offices (Institution-specific)
- Teaching and Learning Center
- Library Services
- Disability/Accessibility Services
- Academic Success Center
- Information Technology Services
- Faculty Governance Resources

Domain 4: Student Support and Engagement

- Student-Centered Teaching Resources (links in previous domains)
- NLN Novice Nurse Educator Competencies (Learner Development and Socialization)
- NLN Faculty Development Resources
- AACN Essentials Competency-Based Education Resources
- Teaching Strategies
 - Universal Design for Learning (UDL) <https://udlguidelines.cast.org/>
- National Student Nurses Association
 - State Chapter <https://www.nsna.org/>
- WNA Student Resources <https://www.wisconsinnurses.org/student-nurse-subscription/>

Domain 5: Peer and Networking Facilitator

- Professional Organizations
 - National League for Nursing (NLN)
 - American Association of Colleges of Nursing (AACN)
 - Sigma
 - Wisconsin League for Nursing (WLN)
 - Wisconsin Nurses Association (WNA)
 - Midwest Nursing Research Society (MNRS)
- Networking Opportunities
 - NLN Education Summit
 - AACN Faculty Conferences
 - State Nursing Education Conferences
 - Journal Clubs
 - Faculty Writing Groups
 - Mentorship Programs

Domain 6: Research and Scholarship Mentor

- Scholarship Resources
 - Covidence Systematic Review Software
 - Zotero Reference Manager
 - Mendeley Reference Manager
 - EndNote Reference Manager
- Publication and Research Support
 - <https://www.ninr.nih.gov/>
 - <https://www.myamericannurse.com/engaging-nurses-in-scholarly-work/>
 - PubMed
 - CINAHL Database Information
 - Institutional Review Board (IRB) (institution specific)
 - University Research Office (institution specific)
 - Writing Centers (institution specific)

- Grant Writing Workshops
- Scholarship of Teaching and Learning
 - Nurse Educator Journal
 - Journal of Nursing Education
 - Teaching and Learning in Nursing

Domain 7: Professional Development and Career Mentor

- NLN's Professional Development Opportunities <https://www.nln.org/education>
- WNA Self Study Programs <https://www.wisconsinnurses.org/online>
- Nurse Development Resources <https://www.nursedevdevelopmentresources.com>
- Wisconsin Nurse Educator Program <https://nurseeducatorswi.com>
- ANA Mentoring Program <https://community.ana.org/pages/mentorprogram?ssopc=1>
- AACN Leadership Development <https://www.aacnnursing.org/leads>

Domain 8: Personal and Emotional Supporter

- AACN Self Care <https://www.aacnnursing.org/5b-tool-kit/themes/self-care>
- Mental Health Resources for Nurses <https://nursejournal.org/resources/nurse-mental-health-resources/>
- WisPAN <https://wipeeralliance.org>

Domain 9: Creating A Positive Work Culture and Supporting Civility

- Nurses Caring for Nurses <https://www.wisconsinnurses.org/nurses-caring-for-nurses/>
- ANA Nurse Wellbeing <https://www.nursingworld.org/foundation/programs/nurse-wellbeing/>
- AACN Healthy Work Environments <https://www.aacn.org/nursing-excellence/healthy-work-environments>
- NSU Workplace Culture in Nursing <https://nevadastate.edu/son/rn-bsn/workplace-culture-in-nursing/>

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