

Academic Honesty

ELLEN JONES

The following editorial is solely the opinion of Dr. Ellen Jones and does not represent the opinion of the IJNPE Editorial Board. Comments are welcome and may be sent to ellen_jones@uncg.edu for publication.

As we move from summer to the beginning of fall, we have to remind ourselves of the importance of academic honesty for both NP students and faculty. As faculty, we are focused on the preservation of NP education with regards to academic integrity with our focus on plagiarism, exam tampering, inflation of clinical hours, and borderline preparation. As faculty, we can all agree that these factors are extraordinarily important in maintaining the public trust. Likewise, I urge faculty to maintain academic honesty as we continue to examine the important nature of just how much the public is depending on us to offer the most educated and best prepared NP as possible. Let us not lose sight of this mission as we debate preparation of NPs for both practice in metropolitan and urban areas, for those NPs who will treat patients who have the means to pay and patients who may not have the financial resources to pay as much, for those NPs who are already employed, and for those NPs whose agencies have taken risks and been exceedingly satisfied with NP practice. Let us continually remind ourselves of our goal to have the best possible NP provider. Let us also remember that we cannot move forward only to leave behind the majority. It is as important for faculty to be honest in academics as it is for students. Shifting an opinion or decision based on new evidence is not weakness; instead, it is strength. NP education has a history of strong leadership. Whether we practice in primary versus acute care, we are all NP providers. Let us demonstrate to other healthcare disciplines and the public that academic honesty for NP students and faculty is of the highest priority among NP colleagues and reach reasonable solutions to a changing NP practice environment.

Case Study: One 750 bed metropolitan NC hospital with 40 hospitalists and 3 mid-level providers has now moved to hiring RNs to assist the hospitalist physicians on rounding. Hospital administration states that it is less expensive to hire RNs instead of NPs or PAs. Further noted, NC RNs are allowed to follow protocols and to write orders and prescriptions as long as they are signed by the physician within a specified time frame. In this era where hospitals are concerned that the NPs they already have employed in hospital settings will be no longer allowed to practice, they are replacing them with RNs whom they can train to complete procedures without the worry the NPs are exceeding their practice. One real example of how academic decisions created unintended consequences effecting NP practice.