BACCN Conference 2025

Supporting Critical Care Nurses Transitioning to Education

- A Ten Rule Frameworks-

Melanconia Duval Pazzaglia

Senior Lecturer Practitioner London North West University Healthcare Trust/ University of West London

PNA, ICS NPAG Member

Objective

Recognise professional and Identity changes in clinical-to-education transition

Identify practical strategies to build teaching confidence while maintaining clinical relevance

Apply a structured framework to support transition success

Where are you?

1 Pondering a leap into the world of education 🤔

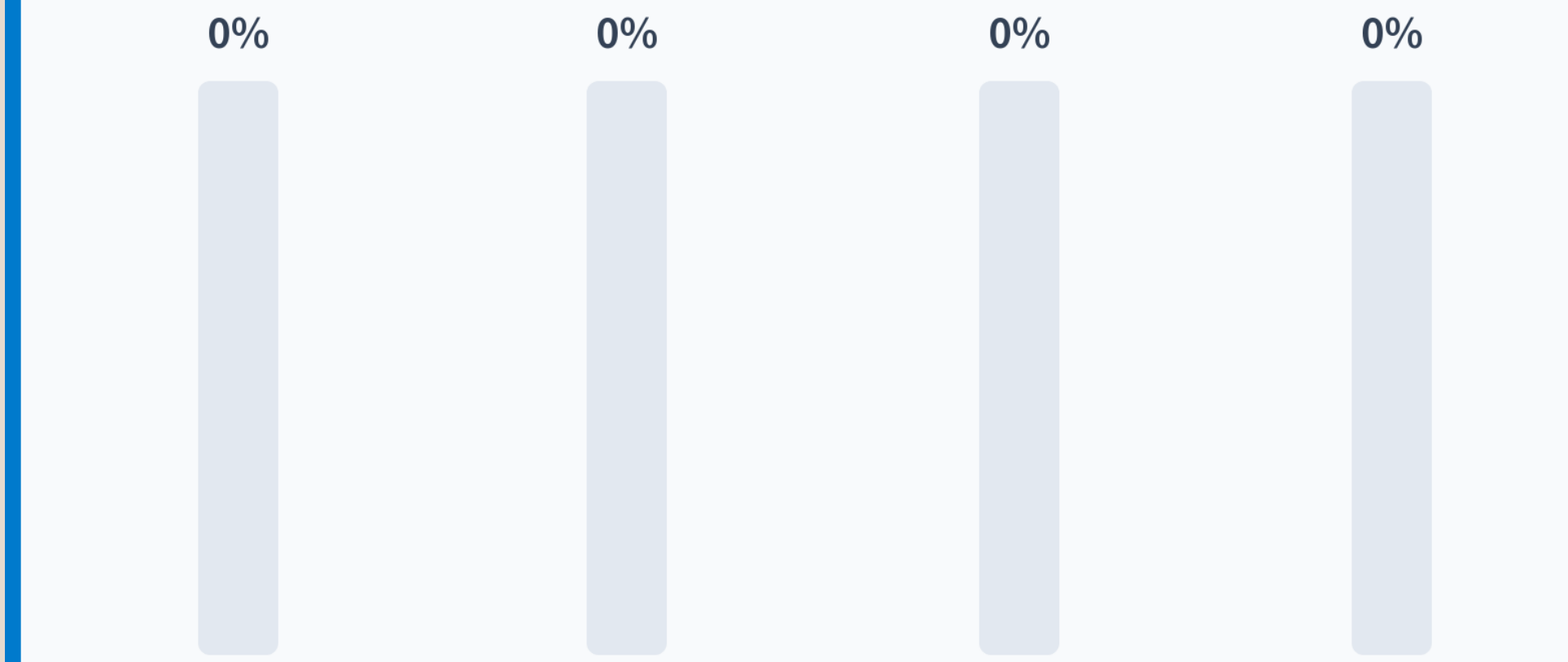
2 Freshly transitioned (0-2 years) and blooming 🌱

3 Lending a helping hand to fellow transitioners 🤝

4 Simply here to eavesdrop on the chatter 👂

PollEv.com/melduval179

Where are you?



Start the presentation to see live content. For screen share software, share the entire screen. Get help at **pollev.com/app**

MY JOURNEY

Start: Med/Surg and Burns ICU Nurse

Transition: Practice Development Nurse - Lecturer Practitioner

Challenges: Imposter syndrome and workload

What I wish I had known: Transition period challenges (e.g from shifts pattern to 9 to 5)

Why this framework matter: Support a smooth transition and ensure long term success

PART 1
The “WHY” - Understanding the Transition

The Reality Check

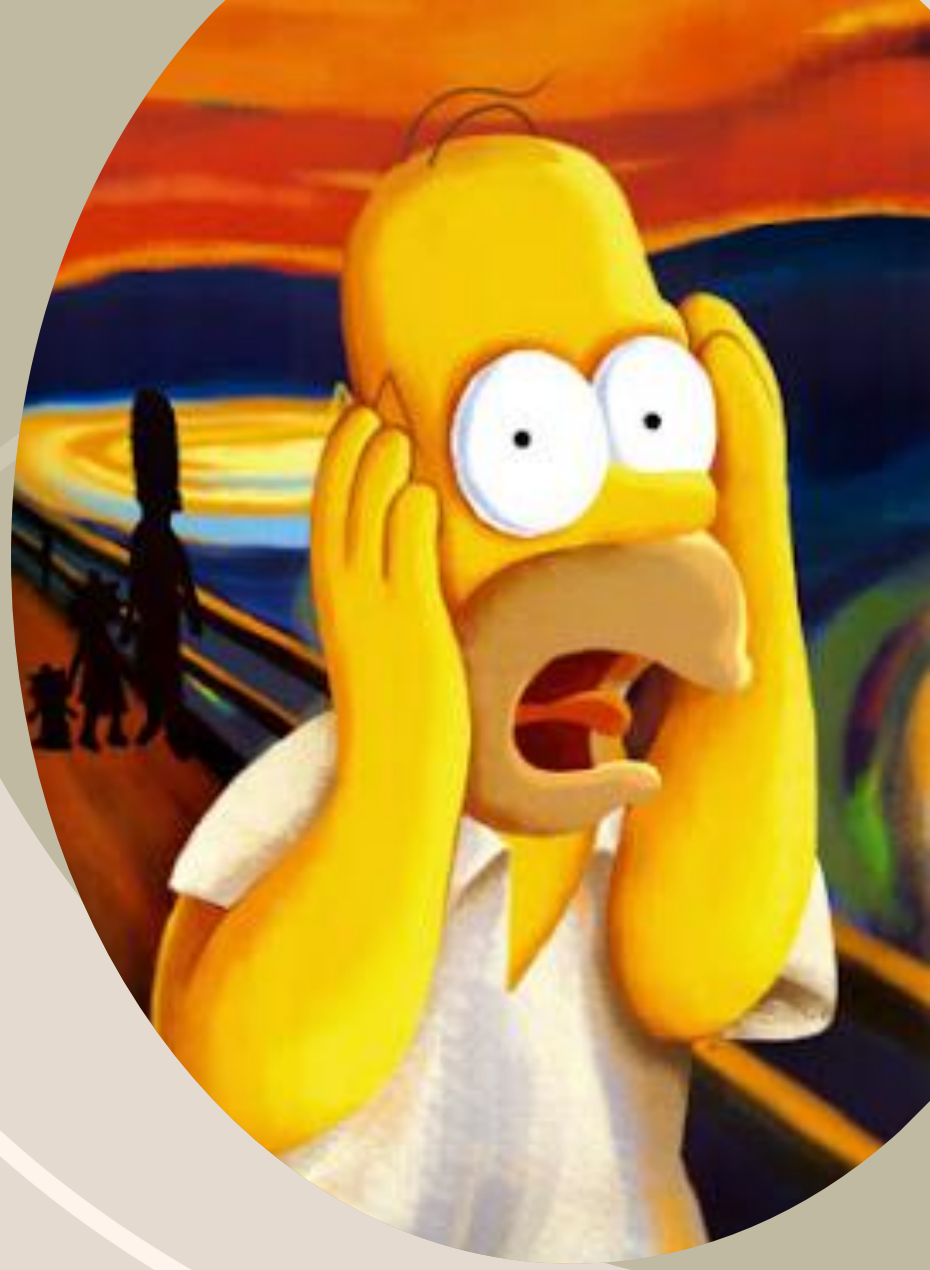
From Expert to Novice: The Identity Crisis

✅ Clinical expertise ≠ Teaching expertise

😨 Transition shock is real and normal

🔄 Professional identity must evolve

🎯 You're not starting from zero - you're translating skills



Common Challenges

What Nurses Experience During Transition

Role Ambiguity

"What exactly is my job?"

PROFESSIONAL ISOLATION

Missing the clinical team

IMPOSTER SYNDROME

"Do I belong here?"

CULTURE SHOCK:

Academia ≠ Clinical environment

The Four-Phase Journey

Transition Phases by Murray et al., 2014

PHASE ONE	Feeling New and Vulnerable 
PHASE TWO	Encountering the Unexpected 
PHASE THREE	Doing Things Differently 
PHASE FOUR	Evolving into an Academic 

Introducing the Ten Rules

A STRUCTURED APPROACH TO TRANSITION SUCCESS

1. **Acknowledge the Identity Shift** ⭐
2. Learn Teaching & Learning Foundations
3. **Seek Mentorship & Build Networks** ⭐
4. Adapt to Academic Culture
5. **Balance Teaching, Research & Service** ⭐
6. Develop Academic Writing & Research Skills
7. Prepare for Student Support & Pastoral Care
8. **Maintain Clinical Relevance** ⭐
9. Embrace Continuous Learning
10. Allow Time for Growth

PART 2
The «How» - Deep Dive into Critical Rule

Rule 1

Acknowledge the Identity Shift

UNDERSTANDING THE TRANSFORMATION

FROM: EXPERT CLINICIAN WITH CLEAR PROTOCOLS

TO: NOVICE EDUCATOR LEARNING NEW SKILLS

KEY INSIGHT: CLINICAL EXPERTISE IS VALUABLE - IT NEEDS TRANSLATION, NOT REPLACEMENT

***GROWTH MINDSET**: TEACHING EXPERTISE DEVELOPS OVER TIME*

Think-Pair-Share Activity:

Reframing Your Clinical Identity

Think: What aspect of your clinical identity are you most proud of? (1 min)

Pair: Share with a neighbor - How might this translate into education? (2 min)

Share: Volunteers to share insights with the group

Meet Sarah: Case Study

ICU Nurse Considering Transition

- 8 years ICU experience, Senior Staff Nurse
- Excellent clinical skills, natural mentor to junior staff
- Considering lecturer practitioner role
- Concerns: Will she fit in academia? Can she handle teaching?
- Strengths: Clinical expertise, communication skills, passion for learning

Rule 3

Seek Mentorship & Build Network

BUILDING MULTI-LEVEL SUPPORT SYSTEMS

WHY IT MATTERS?

EDUCATOR ROLES CAN BE ISOLATING VS. TEAM-BASED CLINICAL WORK

TYPES OF MENTORSHIP NEEDED:

- Teaching/pedagogical guidance
- Research and scholarly development
- Career navigation and progression
- Emotional support during transition

Sarah's Networking Challenge

Sarah feels overwhelmed by academic expectations

Doesn't know how to find mentors in education

Misses the immediate support of clinical colleagues

Question for discussion: How is mentorship different in clinical vs. academic settings?

Rule 5

Balance Teaching, Research & Service

MANAGING THE TRIPARTITE MISSION

TEACHING:
CURRICULUM, DELIVERY, ASSESSMENT

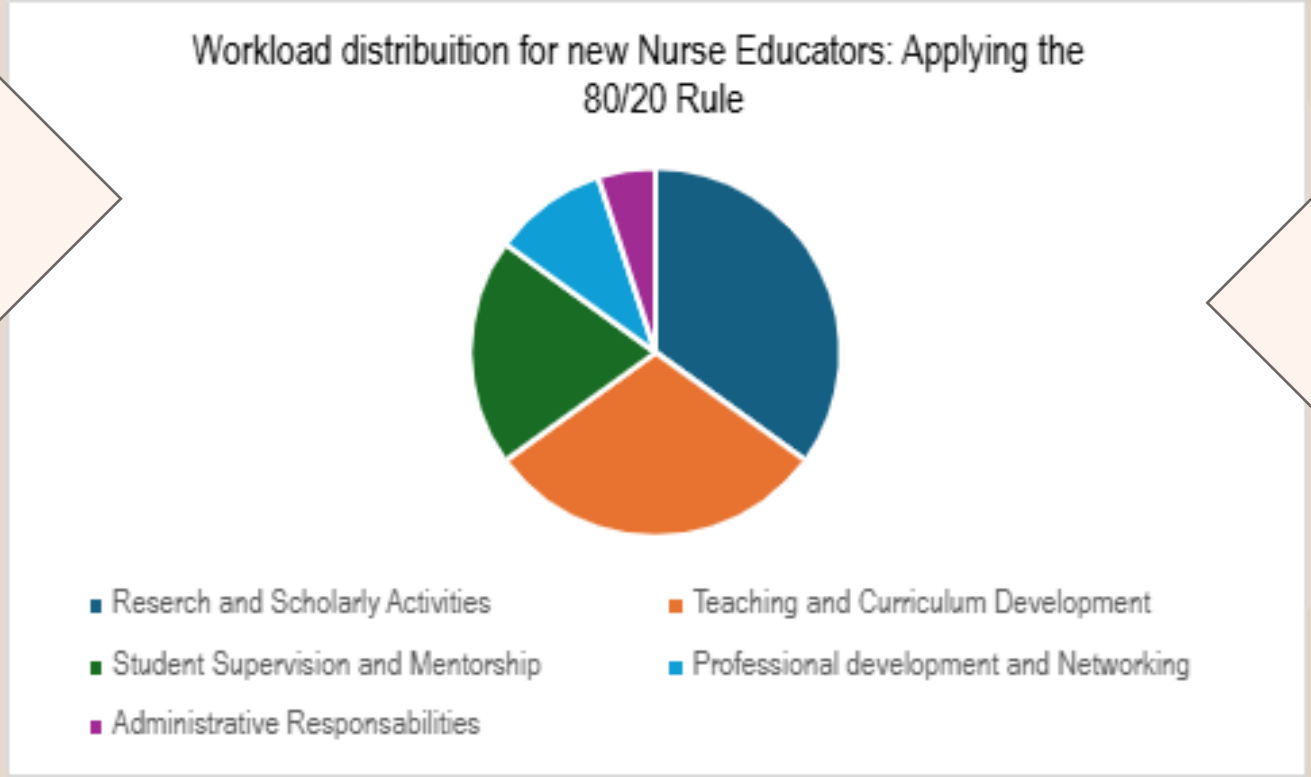
RESEARCH:
SCHOLARLY ACTIVITY, PUBLICATIONS, GRANTS

SERVICE:
COMMITTEES, PEER REVIEW, PROFESSIONAL BODIES

CHALLENGE: ALL THREE COMPETE FOR YOUR TIME AND ATTENTION

The 80/20 Rule

80% high-priority tasks



20% admin duties

Duval Pazzaglia, M. (2025) Ten simple rules for transitioning from clinical nursing to Academia. British Journal of Nursing

KEY
Protect your core development time

What Does Academic Work Actually Look Like?

Workload Distribution Aligned with Transition Strategies

Workload Component	% Allocation	Example	Corresponding Rule
Research and Scholarly Activities	35% (14hs/week)	Literature reviews, data collection, writing papers, grant applications	Rule 6
Teaching and Curriculum Development	30% (12 hrs/week)	Lectures, seminars, curriculum design, lesson planning, marking	Rule 2
Student Supervision and Mentorship	20% (8 hrs/week)	Office hours, dissertation supervision, pastoral care, emails	Rule 7
Professional development and Networking	10% (4 hrs/week)	Conferences, teaching courses, networking, staying clinically current	Rule 3 & 9
Administrative Responsibilities	5% (2 hrs/week)	Meetings, emails, documentation	Rule 4

Duval Pazzaglia, M. (2025) Ten simple rules for transitioning from clinical nursing to Academia. British Journal of Nursing

Workload Allocation: Your turn

Step 1 Look at the breakdown - which surprises you most? (2 min):

Step 2 (2 min): Discuss with a partner:

- Which area excites you? Which worries you?
- How different is this from your current clinical role?
- What skills from your current role transfer to each area?

Step 3 Share insights with the group (1 min):

Sarah's Workload Management

Sarah learns to time-block her calendar

Protects 35% of time for research/scholarly work

Sets boundaries around administrative tasks

Uses transition phases to adjust expectations over time

Rule 8

Maintain Clinical Relevance

BRIDGING THEORY AND PRACTICE

THE CHALLENGE:

LOSING TOUCH WITH EVOLVING CLINICAL PRACTICE

THE IMPACT:

REDUCED TEACHING CREDIBILITY AND RELEVANCE

THE SOLUTION:

INTENTIONAL CLINICAL ENGAGEMENT STRATEGIES

What is your advice for Sarah?

Start the presentation to see live content. For screen share software, share the entire screen. Get help at **pollev.com/app**

Strategies for Clinical Relevance

Practical Approaches

Part-time clinical work (lecturer practitioner model)

Simulation and skills lab teaching

Collaboration with healthcare institutions

Clinical research partnerships

Professional development in clinical areas

Sarah's Clinical Connection Plan

Negotiates 20% clinical time in her new role

Maintains ICU competencies through simulation

Joins clinical improvement projects

Networks with practice partners for student placements

PART 3
Application & Takeaways

Sarah's Success Story

MONTH 1-3
Identity adjustment, finding mentors

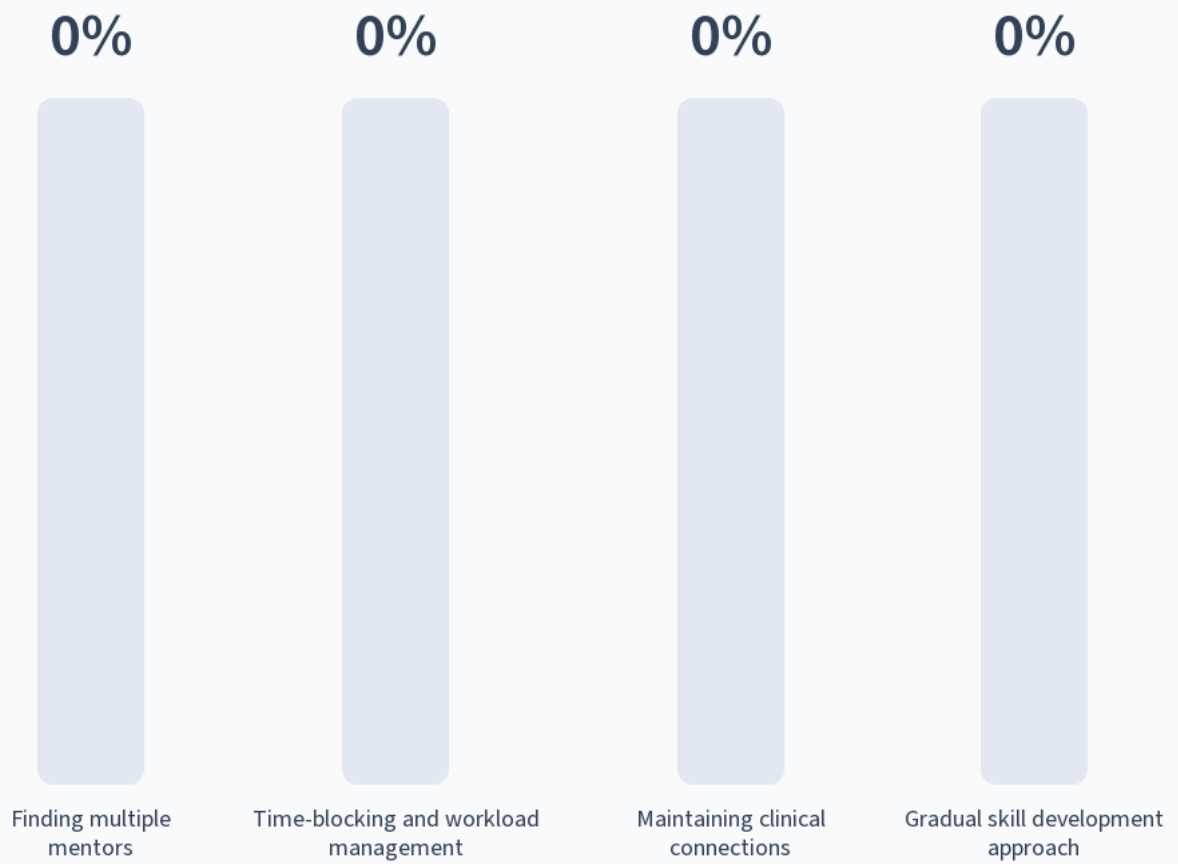
MONTH 4-9
Developing teaching skills, workload balance

MONTH 10-15
Building research confidence, clinical integration

MONTH 16-20
Established academic identity, supporting others

MONTH 20 +
Formal mentorship, continuous self improvement

Which of Sarah's strategies appeals most to you?



Start the presentation to see live content. For screen share software, share the entire screen. Get help at **pollev.com/app**

Am I Ready to Make the Transition?

- Do I *enjoy teaching* and mentoring in clinical practice?
- Am I *comfortable with uncertainty* and learning new skills?
- Can I handle a 1-3 year *adjustment period*?
- Do I want to influence the future of nursing?
- Am I willing to start from scratch and develop new skills?

Your next step

Explore education opportunities in your trust

Connect with a potential mentor

Develop a specific skill (teaching, research, writing)

Have a career conversation with your manager

Apply for an education role!

If you were to take one step toward (or within) your education transition, what would it be?

REMEMBER

Be kind to yourself
The transition takes time, but with the right framework and support, it's absolutely achievable.

Thank you & Connect

Melanconia Duval Pazzaglia

m.duval@nhs.net //melanconia.duval@uwl.ac.uk

www.linkedin.com/in/melanconia-duval-pazzaglia-b66486141

BACCN Conference 2025