



## An Educator's Scope of Practice: How Do I Know What's Mine?

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What a lot of people don't know about me is that I almost left higher education. I'd gotten burned out in a full-time administrative role, and in early 2012, I resigned, not only to reclaim my health, but to stay home with my 2-year old and teach online. As I was doing my work of healing and figuring out next steps, I began a daily yoga practice that ultimately led me to complete a yoga teacher training. That was my plan: I'd escape the rigid confines of higher ed and become a yoga and wellness teacher.

In April of 2017, I attended a specialized training in teaching yoga for arthritis and chronic pain. The workshop leader, Ann Swanson, held a master of science in yoga (yes, you can earn a master's degree in yoga) and was a certified yoga therapist, a level of certification that requires many hours of study and practice beyond the role of the typical yoga teacher. Yoga therapists are not only skilled in the philosophy and postures of yoga; they are also experts on anatomy and physiology and in helping people use yoga to heal from illness and injury.

Since most of my fellow workshop attendees and I were not yoga therapists, but simply yoga teachers with basic 200-hour certifications, and since we were being trained to work with folks with arthritis and chronic pain, our teacher drilled into us (a loving, gentle, yoga teacher type of drilling) to be clear about our scope of practice (SoP).

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An SoP, we learned, was a way to identify the confines and possibilities of our roles as yoga teachers—what was and wasn't ours. We learned, for example, that a yoga therapist is qualified to complete a needs assessment with their client to help them develop a personalized plan for using yoga to heal and thrive. It was outside of their SoP, however, to offer psychological counseling or advice on medication to their clients.

As I sat in that training room, my mind wandered back to higher education, that space in my life that I loved but that at times felt like it was ripping my soul in half. One of the reasons that I was sitting in that workshop at all was because I'd had a hard time distinguishing between what was and wasn't mine in my job as an administrator. And so had my colleagues. And so had my supervisors.

I reflected on the old joke of how the word "other" in a job description hides all manner of sins. That one word had eaten away hours of my days. What of faculty in our classrooms? I had previously worked in a community college, where our new-traditional (first-generation, parents, full-time employees, etc.) students faced immense external challenges that impacted their academic success. I was teaching as an adjunct back then too, and was desperate to help all of my students succeed. At times, I'm sorry to say, I probably veered across the line between teacher and counselor, but no one had ever taught me where that line was, and certainly, there was no clear set of guidelines to which I could refer. Scope of practice? More like a game of whack-a-mole as we tried to do our best for our students, implementing more support programs in the face of declining state support, all while ignoring our own personal needs and health.

What, I wondered, might an SoP do for higher educators? How might it benefit faculty, staff, and students? If we all knew what was and wasn't ours, could that not only make us more effective at our jobs, at the work of teaching and learning, but also decrease the chronic stress that seemed to run rampant in our field?

I didn't end up leaving higher education. Six months after that training, I got a concussion that left me unable to work in either higher education or yoga teaching. I spent several months rehabilitating. My slate was wiped clean, which is a terrible and wonderful thing. When I began to add things back in, I came back to higher ed instead of yoga teaching, but this time, I was committed to doing it differently, for myself and others. I was committed to a new vision of higher ed that would tell the truth about the complex realities of being human, and that would seek and create spaces of positive support and growth for every member of our campus communities: faculty, students, and staff.

Enter COVID-19, stage right.

Those of us who'd been working in online education for years attempted to meet the needs of the masses of newly remote educators in the spring of 2020 (and continue to do so as the pandemic surges once again, at the time of this writing, in fall of 2021), many of whom had never taught or taken an

online course. One of those offerings was my first trauma-awareness workshop, offered at the Online Learning Consortium's May "Ideate" conference. I had been doing this trauma work for years informally, but in the spirit of service, I put together everything I knew about trauma that could fit into an hour-long session. Part of that presentation was one slide on a proposed SoP for higher educators. I titled it, "An Educator's Scope of Practice," because at the time, that's really all it was. It was the SoP that I'd identified for myself after years of figuring out what belonged to me inside the walls, whether brick or virtual, of the classrooms I shared with my students.

I got an email a few weeks after the presentation from a grammar-lover who told me that it should've been written in the plural possessive. I kindly explained that it wasn't ours, not yet, and maybe not ever. It was just mine. I was throwing spaghetti at the wall in that first presentation to see what would stick. How would the professors I work with react to this model? What was I missing? How could my model be improved and adapted?

The chapter that follows is an outgrowth of this story. Having shared this model with hundreds of educators over the past year, it makes sense to move forward to exploring this model in a more formal setting, in the hopes that it will continue to make people think, feel, and talk about how a set of clearly delineated professional boundaries might benefit us in what looks to be an increasingly volatile world and higher education.

I will begin by reviewing the existing SoP models from the healthcare field before sharing my educator's SoP that I've been introducing in my trauma-aware teaching work. Again, you'll notice that this chapter continues to use the singular possessive. For me to put forth an SoP model for all higher educators doesn't feel right, not yet at least, and we'll chew on this together in the final section of the chapter on future considerations and pressing questions. There, we'll learn together about possible next steps for this work, dangers and possible pitfalls, and how we might best adapt the SoP model to our work in higher education.

## EXISTING SCOPE OF PRACTICE MODELS

One is most likely to find SoP models in the healthcare field. Within the nursing field, for example, a certified nursing assistant (CNA), practical nurse (PN), registered nurse (RN), and nurse practitioner (NP) each have a different SoP. "Scope of practice helps to identify procedures, actions and processes an individual is permitted to perform" (Kusler, 2012, p. 5). It's easy to see why an SoP is important in healthcare. In this example, each of these types of nurses have received specialized training and are qualified to perform certain procedures. Knowing what one is qualified and allowed to do protects both patients and nurses.

The dental care field is another example of a healthcare field that uses the SoP model. The American Dental Hygiene Association (ADHA) presents a detailed chart (American, 2020) on their website which articulates which

procedures dental hygienists can perform depending on their state. For example, a dental hygienist in New Jersey can remove a patient's sutures, but only under the direct supervision of a dentist. However, in New Hampshire, the dentist does not need to be present for dental hygienists to remove sutures; the hygienists only need to have been authorized to perform the procedures by the dentist first.

For a final example, we will return to the original impetus behind this work and review the International Association of Yoga Therapists (IAYT, 2020) Scope of Practice. This six-page document clearly outlines what yoga therapists are and are not qualified to do in their work. A yoga therapist, for example, is qualified to "Foster the client's own support networks, independent practice, and self-responsibility for his/her own well-being" (p. 4), but they are not qualified to "Undertake individual or group psychological counselling, unless appropriately qualified to do so" (p. 3).

What these models have in common is that they clearly and concisely aim to describe what each of these practitioners is and is not qualified to do. Further, the aim of all of these SoP statements is to protect the needs of both practitioners and their clients. None of the SoP models suggest that their sole purpose is the protection of clients. This is a critical distinction.

## AN EDUCATOR'S SCOPE OF PRACTICE

Based on what you've read so far, if I was to ask you to make a list of your personal educator's SoP, what would it include?

That was not a rhetorical question. Grab a pen and paper or the notes app on your phone and give this a shot. You might want to draw a line down the center of the paper. On the left side, jot down answers to the following: What are you qualified to do in your role in higher education? This isn't about what you like to do, what you feel you need to do, or what you think you're good at. Within your identified role, what are you qualified to do? On the right side, write down things that you've done or been asked to do that are either not part of your job description or that you're not qualified to do.

These questions might bring up some points of frustration or confusion. Good. That's exactly what this process is about. SoP statements are meant to elicit deep, intense conversations about the nature of our work. They're also meant to evolve over time as our field evolves. Notice those feelings, name them, and carry on.

Now that you've activated your own knowledge about this topic, take a look at my educator's scope of practice in Fig. 15.1 below.

This model is grounded in my work as a trauma-aware educator, work I've been doing since I first entered higher education in 2002. It was created, however, in March of 2020, after the onset of the COVID-19 pandemic. While many of the issues that we are facing now in higher education existed pre-COVID, this pandemic has stripped us of many of our safety nets, and the intensity of these issues has rapidly increased. It is important to recognize the

Mine	Not Mine
creating positive learning conditions for all learners	policing my students' attention
consistently maintaining expertise in my subject matter area	ignorance of recent updates in my subject matter area
knowledge and application of pedagogy and learning sciences	focusing only on subject matter expertise
empathy	counseling
work to dismantle racism, sexism, and oppression in all forms, apply DEI principles	ignore equity concerns
recognize the probability of trauma in my classroom	try to assess individual trauma histories
develop self-awareness	overly focused on behaviors of others
curious about impact of trauma on pedagogy	rigidity or overreliance on what worked for me as a learner
refer, refer, refer	"not my problem"

**Fig. 15.1** An Educator's Scope of Practice

influence of the pandemic on this model. That said, it is my belief that any models we create when we are at our worst will do well to serve us when we are at our best.

It is also worth noting that while this model is mine, it is informed by my work with thousands of faculty, staff, and students in higher education. It speaks to spaces where I have felt the need for clearer boundaries, as well as common frustrations, concerns, and missteps I've witnessed in the field. Again, the goal of this model is to open up conversations about what personal, departmental, and institutional SoP models might look like. Further, the intention is to provide benefits and protection to both faculty and students.

### DO COLLEGE FACULTY NEED A SCOPE OF PRACTICE?

Some would argue that higher education has moved from an era of elite, to mass, to universal access. I am not one of those people. Poverty, racism, sexism, and the like still act as barriers to access and success for too many

Americans. That said, the higher education of today looks starkly different than it did 100 years ago. Today's college students, despite what the mainstream media might tell you, are not most typically 18-year old, affluent, white teenagers (Barrett, 2018). The reality of college demographics is what I call the new-traditional student. These students are parents, they're working (often full-time), they come from racially and ethnically diverse backgrounds, and they are the first person in their families to attend college. For the new-trad student, being a "college student" is not their primary identity, but rather, is one of many identities that they carry. These new-trad students have different needs and have long required higher education to adapt to meet those needs (Rendon & Hope, 1996). An SoP can help us best support our new-trad students and the educators who serve them.

In addition to changing demographics, we've seen profound shifts around how mental health and illness are discussed, treated, and identified. A large number of college students of all ages live with mental illness (Mistler et al, 2013), a growing concern during the COVID-19 pandemic (Anderson, 2020). Further, with increasing numbers of courses taking place in the virtual learning environment, where personal disclosures are often easier due to a sense of anonymity, known as the "online disinhibition effect," (Suler, 2004) one can expect that the college student of today is more open in sharing their challenges than ever before. Are college faculty qualified to manage those types of disclosures? An SoP can guide us in asking that question and facing some possibly uncomfortable answers.

Add in concerns about faculty workload and burnout and an increasingly contingent workforce. Those burdens fall harder on BIPOC (Black, Indigenous, People of Color) educators and have been documented as a particular concern for Black women teaching in higher education (Matthew, 2016). As a result of the COVID-19 crisis, reports of chronic stress and faculty burnout have only increased (Flaherty, 2020; McMurtrie, 2020). An SoP can provide clarity within chaos and reduce role uncertainty for college faculty.

To speak specifically to the challenges faculty have faced as a result of emergency responses to COVID-19 in higher education, in many cases, any existing workloads were ignored as the massive enterprise of shifting into a remote format was undertaken. Whether or not faculty had any online teaching experience or not, they were foisted into the role of remote professors at a rapid pace. At the time of this writing, many colleges are continuing their plans for remote learning or have implemented other complex models like the HyFlex teaching model, which requires faculty to teach both an in-person and a virtual classroom simultaneously, while also offering students asynchronous learning options. Throughout these pedagogical changes, students are of course living through this crisis too, and they are bringing their challenges into the classroom. Many college faculty have reported to me that they feel as if they are having to act as a sort of the first responder for their students' needs, and in doing so, they are feeling completely overwhelmed. It is incredibly difficult, if

not impossible, to help another person manage their crisis when we're in the middle of our own.

Exposure to secondary trauma has long been a pressing problem for first responders and mental health professionals. The National Child Traumatic Stress Network defines secondary traumatic stress as “emotional duress that results when an individual hears about the firsthand trauma experiences of another” (Secondary, 2018, para. 1) Symptoms of repeated exposure can include anxiety, depression, and fatigue (Walker, 2019). While first responders are typically trained in noticing the effects of secondary trauma, and systems are put in place to help prevent it, are the same precautions being taken to protect college educators from secondary traumatic stress? One step toward furthering this conversation is to help college faculty and staff set clear boundaries in their classrooms using an SoP.

Finally, it is worth noting that there is danger on both sides of the SoP. On the one hand, an untrained educator stepping into the role of a counselor involves risks to teacher and student. On the other hand, the SoP model is not an excuse to take a “not my problem” stance in the classroom, avoiding any responsibility for student well-being. The goal of a carefully constructed SoP is to help each educator identify their qualifications and roles in order to best support both faculty/staff and students. Further, we might also have educators on our campuses who are trained counselors, and we'd do well to inquire through the SoP model about how that dual role impacts their well-being and success in the classroom.

## FUTURE CONSIDERATIONS & PRESSING QUESTIONS

### *Are We Qualified to Teach?*

Having reviewed all of the healthcare examples of SoP models, a common theme appears: they all focus on qualifications. SoPs start with the foundational question of what the provider is qualified to do. For example, if a dental hygienist has not been trained in removing a tooth, then they are not qualified to do so, and that is therefore outside of their SoP. If the same hygienist has been trained in taking x-rays of their patient's teeth, then they are qualified to do so, and it is typically within their SoP, though you will still find some variations by state. In general though, qualifications based on acquired training guide the SoP.

It has always been a given for me that most educators are not trained to provide counseling for students. But are higher educators qualified to teach? I didn't come into this writing project wondering about that, but now that I've seen it, I cannot unsee it. Instead of denying this uncomfortable question, I'll pose it again to you: Are higher educators qualified to teach? What qualifies them to do so? Is someone with a doctorate in engineering qualified to teach? A master's degree in psychology? Have they received any training in pedagogy? If so, does that training go beyond a cursory workshop? And if the answers

to these questions are “no,” where does that leave us? Could the SoP model move higher education to take pedagogical training and faculty development more seriously, in addition to protecting faculty, staff, and student well-being?

What qualifications are required to stand in front of a classroom behind a podium, the sage on the stage, and lecture about your area of expertise? As we increasingly recognize the ineffectiveness of the lecture model to meet the needs of new-traditional students (Freeman & Theobald, 2020), and as we continue to learn more about how the human brain learns best, through well-designed active learning experiences that give students multiple opportunities to practice new skills and deeply reflect on their learning experiences (Whitman & Kelleher, 2016), do we need to consider the idea that today’s faculty should be asked to obtain the qualifications needed to teach and support today’s students?

### *Women and BIPOC Educators*

Another pressing question in need of consideration is how this model might help and harm women and BIPOC educators. Higher education has long known that women, particularly women of color, take on additional labor that is often made invisible within their institutions. Giving these educators a tool to point to when declining additional work could be empowering and lead to clearer professional boundaries. That said, mentorship of BIPOC students is often cited as an example of the invisible labor that’s being performed behind the scenes. Is mentorship part of an educator’s SoP? If not, who will perform that critical work for our students? If the SoP model helps educators to decline work outside of their job descriptions, would institutions step up to hire additional labor to meet this need? How can we make sure that BIPOC educators are not unfairly punished for working within their SoP, and how can we make sure that students’ needs are not ignored in the process?

### *Implementation Levels*

At what level of higher education would we implement an SoP? Would we handle this at a national, state, institutional, or departmental level? I can practically hear people’s internal warning systems going off at the thought of national or even state levels of intervention, and mine are going off too. Certainly, there could be benefits in terms of consistency at larger levels of implementation. That said, there seems to be a great risk in square pegs being forced into round holes. I have said before, and often, that there is not one “higher ed.” RI institutions and community colleges often have very little in common in terms of their missions and funding models. Does the University of Alaska have the same needs as Miami Dade College? How much does Boston University really have in common with its neighbor, Bunker Hill Community College?



My initial recommendation would be for SoP models to be developed and discussed at the institutional level, with a healthy level of flexibility provided for departments to adapt to their unique needs. Just as institutions vary across higher education, departmental needs vary within institutions. A developmental education department might want to create an SoP that looks quite different from the nursing department and the English department. Start a conversation on your campus. Consider typical scenarios that educators face when working with students in this department. Walk through the hard stuff together, and discuss the costs and benefits to all involved.

### What if There's *no* One Else?

One of the most frustrating and all-too-common concerns that I hear from faculty when I present on the SoP model is that they feel that if they don't offer some sort of informal counseling to students that no one else will be available to do so. They report extremely limited and under resourced counseling services on their campuses, or they aren't sure how they and their students can access those services. Faculty have also shared concerns about online students and students living internationally or outside of the state where their institution is operating. These students face unique challenges when trying to access mental health support.

Whatever the cause, it's safe to assume that many faculty are making a judgment call to veer toward providing informal counseling for their students, perhaps in part due to a perceived need or lack on their campus. It is beyond the scope of this chapter to consider the availability of counseling services on college campuses, though I can say that I have worked at a college with a counselor:student ratio of 1:6000. If colleges aren't going to fully fund their counseling programs, they must consider that many faculty will attempt to fill that void, whether or not they are qualified to do so. The potential for harm to both educators and students in this scenario is high.

## EXPANDING A SCOPE OF PRACTICE

Many of the SoPs in the healthcare fields that I studied have expanded in recent years. To meet the needs of an aging population, and in recognition that many healthcare providers might be qualified to carry out procedures that they're currently barred from performing, a growing number of states are considering expanded SoP laws (Nine, 2020). That said, before we can expand an SoP for educators, it would seem to be important to create one in the first place. Once the model is in place, it can be evaluated for further revision.

## CONCLUSION

The SoP model has the potential to improve the college learning experience for both educators and students by forcing us to consider the importance

of qualifications and role clarity in our work. As we face growing levels of stress, trauma, and mental illness in our classrooms, both in our students and ourselves, reducing uncertainty and clarifying roles can help us to better manage the challenges we face. The boundaries inherent in this model will offer higher educators and our students an effective, flexible, and supportive structure in which to teach and to learn.

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