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Nurse Faculty Recruitment and Retention Project

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Connecting resources and knowledge to strengthen the health of people in rural communities.

In response to concerns regarding emerging nurse faculty shortages, the Dakota Medical Foundation is funding a meeting to engage in a dialogue about ways to increase the number of nursing faculty in these programs. The planned outcome of this meeting is to develop and further strengthen strategies along three steps of the nursing faculty pipeline including: 1) facilitate further development of structure and content of faculty education opportunities, 2) attract more prospective nurse faculty into targeted educational programs, and 3) increase retention of current and new nursing faculty.

In preparation for our upcoming meeting in Fargo, this document is designed to provide you with information that will be useful for our discussions. There are three areas of content provided. First, a brief overview/background on the nursing shortage with specific information related to faculty shortage is provided. This section includes perspectives on faculty shortage from major national nursing organizations. Second, program models with key strategies designed to increase the number of nursing faculty are described. There are four types of program models described: accelerated education programs; hospital/school partnerships; financial assistance, and another model category that reflects programs using one or more of the previous three strategies. Finally, this summary presents observations elicited from a set of nursing faculty from across the region. These faculty, include both relatively new (five years or less) faculty and those with longer teaching experience (over five years). Faculty were queried on a number of issues related to teaching and attracting more nurses into academic positions.

Background

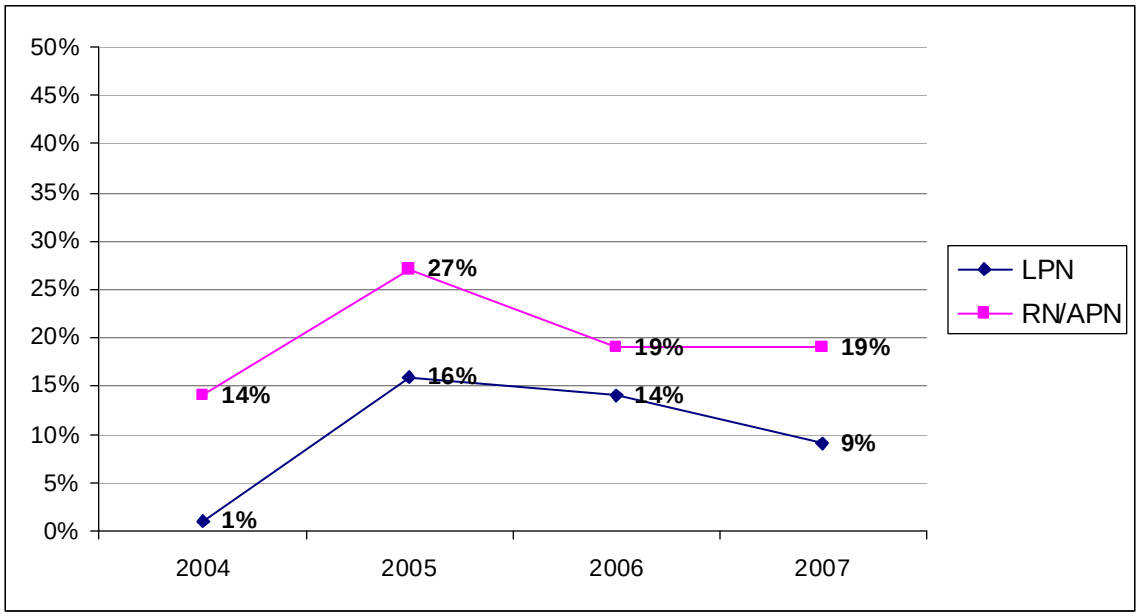
The United States nursing shortage is expected to intensify if significant changes in nurse education, nursing practice, and public policy are not implemented. Recent analyses indicate that the United States shortage of registered nurses will increase to 340,000 by the year 2020 (Auerbach, et al, 2007). While this is more optimistic than previous predictions, the U. S. Department of Health and Human Services (USDHHS) estimates that by the year 2015 all 50 states will experience a nursing shortage to some degree (HRSA, 2006).

Recruitment initiatives, loan forgiveness programs, scholarship funding, and innovative educational programs have increased enrollment in baccalaureate nursing programs nationwide. However, many qualified applicants are being denied admission. This is due to an unprecedented shortage of qualified nurse faculty. A survey conducted by the American Association of Colleges of Nursing (AACN) indicates that over 32,000 qualified applicants were not accepted to baccalaureate, masters, and doctoral programs in nursing. Seventy-one percent of surveyed schools cited an insufficient number of faculty as the main reason they were unable to accept qualified applicants (AACN, 2007).

While national statistics are striking, North Dakota is currently in the midst of a problematic nurse faculty shortage of its own. In an attempt to expand educational programs and increase enrollment, the North Dakota Board of Nursing Nurse Faculty Intern Project has begun to implement programs allowing non-master's educated nurses to serve as instructors in varying capacities. This initiative involves ten registered nurse programs across the state.

In a recent study to assess the future of North Dakota's nursing shortage, nursing students were asked about their future career goals. Only 1/3 of RN students and less than half of LPN students expressed an interest in pursuing a career a future faculty role (Moulton and Speaker, 2004). When practicing nurses were asked, 19 percent of RNs/APNs and 9 percent of LPNs in 2007 indicated an interest in pursuing a future faculty role (see Figure 1).

Figure 1: Three-Year Trend: Percentage Willing to Pursue a Faculty Role



The average age of nurse faculty members in North Dakota is 51, with almost one-third reporting that they plan to retire by 2008. Over half of North Dakota's surveyed nurse faculty members indicated they will retire by 2013 (Moulton, et al, 2003).

Nationally, the average age of nurse faculty is nearing that of retirement due to a combination of factors. Historically, nursing graduate programs have asked that their applicants demonstrate significant clinical experience before entering advanced programs, which leads to students completing advanced degrees later in life. This causes many nurses to postpone graduate education, which may mean never pursuing it at all. In 2002, of the 417 nursing doctoral program graduates who reported age, the median age was 47.3 years, which is over ten years higher than the median age of doctoral graduates in all other programs (AACN, 2005a). North Dakota graduate programs currently require an unencumbered nursing license and 1) have no practice requirement (NDSU); 2) one year of practice required (UND); or 3) indicate a preference but do not require two years of experience (University of Mary) (North Dakota Board of Nursing).

Additionally, graduate education is expensive and in light of severe shortages of hospital nurses, some loan forgiveness initiatives specifically exclude those who do not pursue full-time employment in a clinical setting. For example, the US DHHS offers the Nursing Loan Repayment Program and its eligibility requirements state specifically that those who are faculty members or employed full-time by educational institutions need not apply (Appendix A).

These factors, along with significant salary differentials between clinical nurses and nurse faculty, leave most nurses employed in the clinical setting. As of 2005, the average yearly salary of a master's prepared associate professor was $62,778 while the average salary of a master's prepared nurse practitioner was $74,015. The average annual salary of a doctoral level associate professor was $77,605 as compared to the average salary of a chief nurse anesthetist which was $137,979 (Berlin, Wilsey, & Bednash, 2005b). Due to this differential, many nurses who do pursue graduate education may not pursue employment in academic institutions (AACN, 2005b).

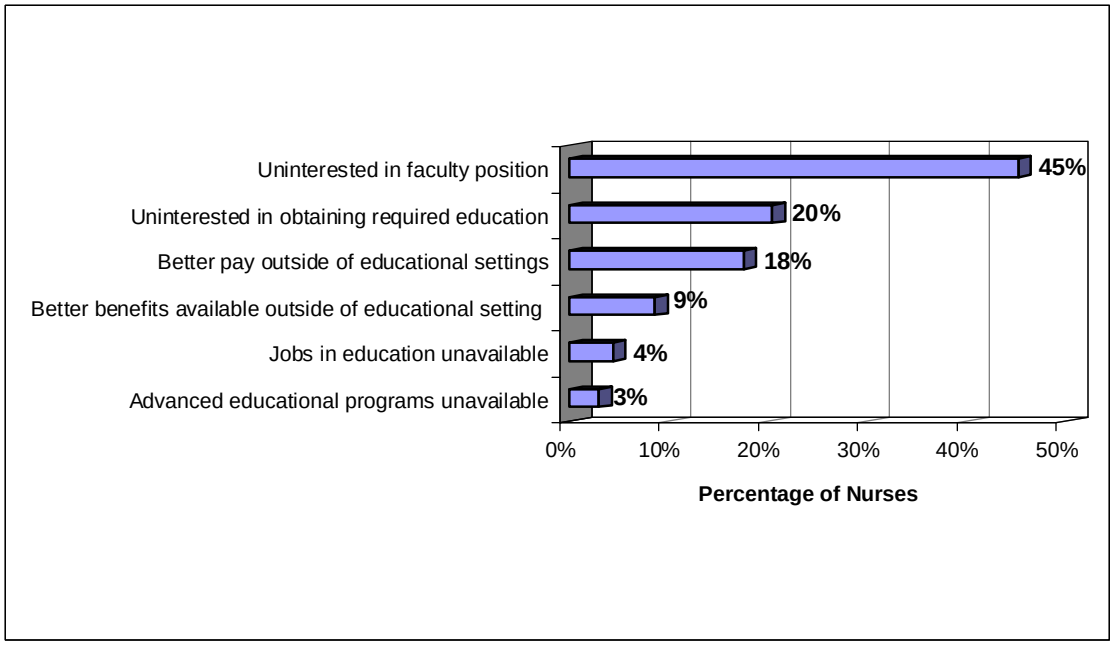
In addition, some aspects of academia lead educated nurses to pursue other fields. In addition to teaching responsibilities, nurse faculty are generally expected to bring in grant funding for research and program development and offer community and university service. With these multiple demands, many nurses are choosing less time-consuming and more financially lucrative career paths (Berberet & McMillin, 2002).

Further, there are expectations unique to the position of nursing faculty members. Educators are expected to instruct students in clinical settings, often caring for very ill patients while maintaining their own clinical expertise. Many faculty also do not feel they receive adequate peer support or mentoring by more experienced faculty members in these endeavors (AACN, 2005b). Perhaps indicative of these challenges, as of 2004, only 5.9 percent of master's prepared nursing graduates had specialized in some type of nurse educator track (Berlin, Wilsey, & Bednash, 2005a).

Lenz and Waltz (1983) examined factors that lead nurse educators to choose and remain in their current faculty positions. They found that salary, geographical location, administrative leadership style, and the school's reputation were the most important factors associated with choosing and remaining employed in their current positions. Most educators also reported satisfaction with their jobs overall. They cited geographic mobility (as for a spouse's career), career advancement via increased responsibility, return to school, or a move to a more prestigious school as the main reasons for leaving an academic position.

In North Dakota, factors that prevent licensed nurses from pursuing careers in nursing education include disinterest in a faculty position (45%), disinterest in obtaining the required education (20%), and better pay outside of educational settings (18%) (see Figure 2).

Figure 2: Barriers to Considering a Faculty Position



Positions of National Nursing Organizations

The AACN (2006) has a series of recommendations aimed at utilizing existing faculty s more efficiently, recruiting more students and nurses to pursue careers in nursing education, and retaining existing nurse faculty (Appendix B).

In order to efficiently utilize existing faculty, the AACN suggests that selected nursing courses may be taught by non-nurse faculty members like physicians, statisticians, health policy analysts, epidemiologists, education specialists, and ethics professors. Also, administrative positions within colleges of nursing may be held by qualified non-nurses to remove the demands of department administration from nurse faculty. Also, the AACN suggests that advanced practice nurses and others who are skilled in clinical practice, management, teaching, or research, but may lack traditional academic preparation are underutilized. For example, nurse faculty are often required to have master's degrees in nursing. Consequently, those who are nationally certified and hold doctoral degrees, but may not have master's degrees in nursing specifically, are not considered for nurse faculty positions. Students in baccalaureate-to-PhD programs, for example, may be excluded in this way (AACN, 2005b).

The AACN also recommends promoting nursing education careers through sessions at professional meetings during which speakers candidly discuss faculty shortages, address the benefits of an academic career, and offer advice on ways to be a successful faculty member (AACN, 2005b).

In response to the view that significant clinical experience as a registered nurse should be a requirement for post-graduate education, the AACN points out that while academic standards be compromised, eligibility criteria that may serve as a strong hindrance to recruiting nurse faculty be reconsidered (AACN, 2005b).

Individuals who have earned baccalaureate degrees in fields other than nursing may be an additional resource for recruiting nurse faculty. Second-degree and accelerated programs have been successful in transitioning individuals into nursing careers and are becoming more prevalent. The AACN also cites the importance of web-based coursework in order to provide advanced nursing education to those in rural areas. However, these programs require long-term planning and considerable financial investments on the part of the institution to provide equipment, support services, and appropriate faculty development (AACN, 2005b).

In order to ease the impact of high rates of nurse faculty retirement in the coming years, incorporating semi-retired faculty into the educational community may also prove beneficial. Policies should be modified to enable experienced nurse educators nearing retirement to continue contributing to the university's nursing education and help reduce faculty shortage impact (AACN, 2005b).

Nursing schools should work to establish partnerships with local clinical facilities that benefit both parties. By "sharing" experienced, master's qualified nurses, nursing schools benefit through their ability to increase enrollment and hospitals benefit through increased access to new nurses and increased employee recruitment opportunities. This approach may result in: 1) programs to train nurses employed in hospital settings as clinical instructors to enhance hands-on experiences for their students while saving money on faculty positions and expensive equipment and facility fees, and 2) hospital benefit in that nursing students hired with clinical experiences at a specific facility may not require as much orientation or training time as nurses without such experiences (AACN, 2005b).

Nursing schools should also recognize that faculty members require mentoring, professional development opportunities, and institutional encouragement in order to thrive as faculty members and feel satisfied with their careers. The National League for Nursing has developed a list of nurse faculty core competencies in order to direct professional development programs in nursing education (Appendix B).

The National Council of State Boards of Nursing (NCSBN) (2004) has put forth a more specific set of requirements for those employed as nurse educators in baccalaureate, master's, and doctoral nursing programs. The NCSBN recommends that nurse educators teaching in baccalaureate degree programs have a master's degree with a major in nursing or a nursing doctoral degree. Also, the nurse educator should have a number of years of clinical experience and current knowledge of RN practice. The nurse educator should also have preparation in teaching and learning principles for adult education, including experience with curriculum development and implementation.

Program Models

Forty programs were examined in 22 different states and are summarized in this binder. These programs represent a subset of existing models, and are representative of the various strategies for recruiting and retaining nurse faculty members. The strategies fit into four categories: accelerated education programs, hospital/school partnerships, financial assistance programs, and an "other" group including programs that encompass one or more of the previous three strategies.

Accelerated Education Programs Accelerated education programs aim to make nursing graduate education as efficient and convenient for students as possible. Accelerated registered nurse to master of science in nursing programs are aimed at nurses who have not completed baccalaureate degrees, but who have significant clinical experiences as RNs and wish to pursue graduate education. These programs fast-track students undergraduate coursework and evaluate each student's experiences and possible transfer credits on an individual basis or allow students to take equivalent exams in order to waive some undergraduate coursework. These programs typically allow direct entry into masters education upon completion of bachelors degree requirements. Accelerated bachelor of science to master of science in nursing programs allow those who have non-nursing baccalaureate degrees to complete select undergraduate nursing coursework, sit for the NCLEX exam, then immediately begin graduate coursework without requiring clinical experience as registered nurses.

Bachelor of Science in nursing to PhD programs allow experienced nurses to take select master's level coursework without actually obtaining a master's degree, then advance directly into a nursing doctoral program. Some programs implement nurse educator focus areas or include nurse education "tracks" as part of general Master of Science in nursing specialty options. Other programs offer specific post-degree nursing education certificate programs in an accelerated, online, or summer format so as to facilitate access for full-time practicing nurses. States that currently offer such programs at one or more higher education institutions include Alabama, Arizona, California, Colorado, Florida, Georgia, Indiana, Maryland, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, and Texas.

Hospital/School Partnerships Some colleges and universities have pursued partnerships with local hospitals in order to facilitate resource sharing, enhance educational opportunities for students, and assist hospitals in recruiting new nurses. Hospitals typically "donate" staff nurses to work as clinical preceptors or adjunct faculty which helps reduce burnout and turnover rates by allowing clinically based nurses paid time. Schools of nursing are then able to provide more students with nursing education using the same amount of university resources. States with one or more schools of nursing currently involved in this type of partnership include California, Georgia, Maryland, Mississippi, Oregon, Texas, and Washington.

Financial Assistance Programs Scholarship programs are also being implemented in hopes of recruiting nurse faculty members by easing the financial burden of graduate education. Currently, the only state with a scholarship program aimed specifically at those pursing

careers in nursing education is New York. Another way to ease the financial burden of graduate education is through loan forgiveness programs. These programs, usually sponsored by a non-profit organization or lender, offer to erase student loan debt incurred through the pursuit of nursing graduate education or directly pay tuition bills if the student agrees to work full-time as a nurse faculty member within the specified state for a specified period of time after graduation. These programs can present valuable incentives for nurses to pursue careers in academia. States implementing programs of this nature include Georgia, Mississippi, Texas, and Vermont. Tennessee has hosted two events, both of which raised thousands of dollars for scholarships, fellowships, and school of nursing grants to expand educational capacity.

Other Programs There are other efforts that combine one or more of the above strategies. For example, several non-profit agencies and private donors formed an alliance to produce a national ad campaign aimed at recruiting nurse educators. Also, non-profit organizations have partnered with educational institutions to offer accelerated degree programs and loan forgiveness opportunities (Georgia). In some instances, different schools form partnerships to standardize curriculum requirements and make it easy for nurses to transfer credits or complete clinical requirements at schools close to home while completing a degree at another institution (Oregon). In Vermont, a Nurse Internship Project was established to train practicing nurses as clinical preceptors in order to develop and efficiently utilize faculty resources. North Dakota also has a nurse faculty intern project which targets faculty within nursing programs.

Faculty Recommendations to Increase the Number of Nurse Educators

As part of this initiative, the Center for Rural Health collected additional information from current faculty in North Dakota in order to identify additional strategies that could be useful in attracting, preparing, recruiting and retaining nursing faculty. Sixteen nurse educators were interviewed, representing all eight nursing education programs. Faculty were selected to reflect both those with less than five years of experience and those with more than five years of experience at each program. Nine questions were asked:

1. How did you decide to pursue a career as a nursing faculty member?
2. How did your graduate education prepare or did not prepare you for role as a nursing faculty?
3. Have you had a mentor that assisted you in assimilating to your faculty role?
4. Are you using information technology to outreach courses? What barriers and solutions have you identified in doing this?
5. What barriers is your program facing in attempting to hire new faculty?
6. Our faculty survey indicated that fewer faculty in North Dakota are full professors as compared to Midwest states and national numbers. What barriers are preventing faculty from obtaining full professor status?
7. How do you feel about your current workload?
8. The projected loss of faculty due to retirement will have a large impact on the ability of nursing programs to educate students. Do you have any ideas on how to prevent this loss?
9. What do you think is the greatest deterrent to finding qualified faculty?

1. Reasons for a Career as Nursing Faculty Member

Faculty cited a range of reasons for becoming a nurse educator including that they serendipitously fell into the position after serving as an adjunct or filling in for faculty on sabbatical and found that they enjoyed teaching. Some faculty indicated that they enjoyed teaching fellow nurses and precepting students in the clinical setting- so the faculty role was an extension of their interests. Faculty also indicated that the perception of no nights, weekends or holidays drew them into the field. A few faculty indicated that they saw a wide range of competencies in the nursing staff at all levels and felt that they wanted to help educate future nurses. One faculty member indicated that she started teaching when she was a graduate student, received a break on tuition and found that enjoyed teaching.

2. The Role of Graduate Education

The NDBN requires faculty to hold masters and/or doctorate degrees. With this requirement, faculty have obtained a wide range of graduate level degrees, resulting in variability in training for the role of faculty.

Faculty indicated that nursing theory and research based classes were helpful in giving them background about the nursing field. Several faculty had completed a nursing education program and had taken classes on teaching methodology, assessment, teaching evaluation,

writing goals, syllabi and lesson plans, adult learning and generational differences. Those faculty that had not pursued graduate nursing education programs indicated that they would find these types of courses useful.

Faculty indicated that a course on using technology to teach would be useful along with practical "hand on" courses. Some faculty indicated that they had limited teaching experience during their graduate program, so when they starting teaching on their own they did not have the experience or skills in putting together an entire course.

Faculty recommended courses on how to teach in the clinical setting and the importance of faculty teaching in clinical settings in order to keep in touch with practice. Seasoned faculty recommended course work on group process and course management along with how academic system works (advancement, tenure, grant writing).

Seasoned faculty indicated that they didn't know how much advising and committee work they would be doing and that they actually spend more time engaging in these activities than in teaching. They indicated conducting research would be difficult given current demands.

For faculty that have not obtained their doctorate, concern was expressed that while there are several programs in North Dakota, they are offered during the daytime. Consequently, these faculty can't attend full-time while teaching and they do not have release time to complete courses. Faculty suggested that offering Saturday classes might help. A few faculty had received release time during their doctoral program; they worked at 75% time during the program and then taught one class while they completed their dissertation. They also received $5,000 from their university's professional development fund.

A seasoned faculty suggested there needs to be more options for nursing doctoral programs. This faculty indicated that there are other faculty who have been unable to attend such programs as they require travel and they are more difficult with greater writing requirements than non-nursing PhD programs. The faculty indicated that "it doesn't help to have the best scholar in the world if there is only one of us".

A seasoned faculty indicated that she had recently attended a nursing education boot camp in New Mexico which included information for both Deans and for faculty.

Overall, many faculty indicated that while they taken a variety of education classes, they felt unprepared for the faculty role and would benefit from additional training and guidance.

3. Recruitment of Faculty

The main barriers cited to faculty recruitment were salary, the lack of qualified applicants, and geographic location. Faculty indicated that a large gap in salary exists between clinical practice and academia which decreases interest in nurses for applying for faculty positions. A few faculty indicated that there are well-qualified, experienced nurses that do not have the required master's degree, so cannot be hired as faculty. Barriers in hiring and retaining

clinical faculty include only part-time positions and consequently clinical faculty must balance several jobs.

Many faculty indicated that it would not be financially beneficial to obtain advanced education. One faculty indicated that she had $90,000 in student loans from her doctoral program and that she did not receive a salary increase. Also, several faculty indicated that because they are older, there would not be much return on investment if they went back to school. One said "Is it a good investment to get a PhD at 55?". Faculty indicated that loan repayment programs would help faculty obtain advanced education while avoiding additional debt.

Other reasons contributing to inability to retain faculty include travel time to pursue advanced education, frustrations associated with workload, errors in teaching resulting from lack of adequate guidance and lack of acceptance of clinical faculty by other fully credentialed faculty.

Salary is a significant issue for nurse educators. For example, one faculty member indicated that she plans to leave her position in the next year because she is carrying student loans and was making more money as a middle manager in a clinical setting. In the Minnesota programs, an additional concern about union-capped salaries exists. One faculty member (less than 5 years) indicated that she was at the top of the pay scale with no possibility of increased salary in the future.

One faculty member indicated that they had been contacted by a California school which offered $90,000/year with 8 A.M. – 5 P.M. hours, no weekends or holidays, on a friendly campus with a supportive atmosphere included tech support. This individual indicated that ND needs to make programs attractive in this market.

Faculty suggested that academic institutions need to see that investing in nursing faculty is investing in the future of health care and that nursing programs need more state funded faculty lines and more salary support. In addition, environmental changes can help new faculty feel welcome and help reduce frustration.

One faculty member suggested that increased collaboration between nursing education programs and clinical sites could result in assistance with clinical instruction and that nursing faculty could provide educational in-services. This type of exchange program might also help with salary issues.

4. The Role of Mentors

Mentors can serve an important role to new faculty learning how to apply their clinical expertise and advanced education. The few faculty indicating that they had a formal mentor, noted that the program was relatively new and the usefulness depended on the quality and availability of the mentor. Most nursing faculty indicated that there was not a formal mentoring program either in their nursing program or at their college/university. They did indicate using informal mentoring from peer nursing faculty, the administrator of their

nursing program or faculty outside of nursing. Several faculty have been involved in the North Dakota Nurse Faculty Intern study in which they were assigned a mentor and an academic consultant. Faculty indicated a need for mentors in two areas: 1) as a general logistics resource, and 2) for assistance in learning how to teach and manage courses.

Some faculty indicated that their initial experience was disorganized and considerable time was wasted trying to figure out basic infrastructure such as processing, copying, completing forms and determining who was the appropriate information resource. Faculty indicated that a mentor could serve as a role model, assist with both course management and learning how to teach. A seasoned faculty said that when she started teaching she was paired with a seasoned faculty member. She was required to sit in on all of the role model's classes for the first year and was able to see how the course developed. Although doing this is not feasible with current workloads, this faculty member suggested that new faculty would benefit greatly from sitting in on 5-6 lectures, given by different instructors in order to develop an effective teaching style. Another seasoned faculty indicated that she had taught a class outside of nursing was able to see how faculty from other departments teach, and thought this broader perspective was useful in her own academic development.

Several seasoned faculty indicated that they had formally or informally served as a mentor. In some programs all seasoned faculty mentor newer faculty. One program has had a mentoring program for four years that, based on anecdote, has produced a change in newer faculty- including job satisfaction, more comfortable in the work environment and more efficient in obtaining information. This program was supported by the ND Department of Career and Technical Education through stipends. One faculty indicated that their university has a "talking about teaching" program where they receive six coupons for lunch with another faculty outside of nursing to discuss issues related to teaching.

One seasoned faculty has served as a mentor for clinical faculty. She meets with them at the beginning of the semester for an orientation, informally about once a week and then at the end of the semester.

Clearly there is a need for orientation to the faculty role as well as ongoing mentorship which can be provided in a variety of ways.

5. Role of Technology

Many faculty indicated that they use technology either as an addition to traditional teaching methods through the use of online content, testing or discussion groups or for the delivery of online courses and lectures. Many faculty indicated that they had received training on how to use the particular application through their orientation process, workshops and one-on-one technical assistance. However, a few faculty did not feel they had been adequately trained. One faculty member indicated she had been hired two weeks before she was expected to deliver an online class and had received no training. Another faculty wasn't assigned her website until one week before the course started. Faculty did indicate a desire for more training on the ND IVN program and use of their particular application. While they had minimum training necessary to deliver the course, there are many features that could improve

the course but they didn't know how to apply those features. Availability of equipment was also a barrier. Several faculty indicated that they had to purchase their own laptop and internet connection for home, as they monitor the online course while they are at home. One faculty actually had to have a router installed so that she could get internet at her rural house. Oftentimes technology training is more about how to run the equipment and less about how to teach using it.

Another barrier to online courses is the considerable time needed to set up the course. Most faculty indicated that they did not receive release time to prepare these classes and often spent unpaid summer time. After the course is developed, maintaining the course requires about the same amount of time as a traditional course with the exception of discussion boards. These take much more time. Faculty also indicated that they have difficulty attend online course training as it is offered during the day when they are teaching classes.

Some faculty indicated challenges associated with engaging students at a distance; they are disconnected from the program and to overcome this some faculty travel to their distance sites and presents lectures in order to help to better connect with students.

Clearly, faculty would benefit from release time to prepare for technology-based courses. The type of training needed varies as each program uses different applications to deliver content.

6. Role of Promotion and Tenure Opportunities

Most faculty indicated that they are not on a tenure track, do not have the required PhD, and do not have promotion opportunities. Those faculty in programs with promotion opportunities indicated little interest. They noted that promotion didn't affect salary or job stability. They also indicated teaching loads need to be reallocated to additional faculty in order to provide time for research. One faculty indicated that nursing is a female dominated profession and many faculty are trying to juggle both a career and family. Promotion isn't appealing to these individuals and tenure track positions appear to require added stress. Faculty also indicated that activities such as submitting grant proposals and developing and managing clinical sites are not recognized in evaluation. One faculty indicated that her program has just started giving tenure track, PhD level faculty a lighter load- 8-10 teaching units versus 16 teaching units for other faculty. There is also little accommodation or assistance to obtain a PhD which is required for promotion. Although some programs emphasize teaching in promotion criteria- others require teaching, research and service which is difficult for nursing faculty to meet. One faculty member indicated that everyone in her program automatically obtains tenure after three years of full-time teaching while another faculty member indicated that her program requires 12 years of teaching to be considered for promotion to professor. Clearly, criteria for promotion vary across programs.

The ability to complete required work to be considered for promotion and the absence of related rewards challenge the pursuit of tenure and promotion in some educational environments.

7. Increasing the number of Nurse Educators

Most faculty indicated there is not a formal means available to encourage nursing students to become faculty. Several indicated that they could add related content to a leadership or issues class, but hadn't thought to do it before. They also indicated that strong students could be encouraged to consider a faculty career and representatives of one program indicated opportunities for students as assistants in lab classes and as research assistants. Other faculty have spoken with staff nurses that seem to particularly enjoy teaching.

Faculty indicated that programs should reach out to alumni and emphasize teaching careers and current students could be provided information about scholarships/loan repayment programs and other opportunities before graduation.

Faculty emphasized that at times they are fairly negative about the teaching as a career (long hours, lower salaries, etc) and that nursing student observe this. They suggested that positive messaging should be developed around job features such as flexibility, the excitement of working with students, and the ability to contribute to shaping the future of the profession. Faculty recommended a marketing program to interest people in teaching

One faculty noted that once nurses graduate they pursue clinical practice and don't return to academia. To offset this trend, she recommended incorporating clinical practice into graduate programs (for example, making them 5 year instead of 4 year programs). If clinical practice is part of the educational program, reflection could be built into the experience instead of just working for 1-2 years to build clinical expertise. A seasoned faculty indicated that sometimes nurses don't see themselves as competent in a faculty role; she recounted a staff nurse who told her that she didn't feel qualified to teach as she had only eight years of clinical experience.

8. Faculty Workload

Most faculty indicated that their workload was extremely heavy, particularly doing their first two years as a faculty member. One half-time faculty indicated that she actually works ¾ to full-time which affects her other job. This overload is from correcting papers and assignments.

One faculty indicated that she hasn't been able to do research which is part of her job description. Faculty emphasized that administration doesn't recognize that teaching four credits in nursing is not the same as teaching four credits in algebra. For example, faculty have to continually update lectures, add new clinical sites, and add new patient cases to their classes for example. Several faculty also indicated they have heavy advising loads. For example, one faculty noted she has 20-30 formal advisees and an additional 20-30 informal advisees. Faculty indicated that more administrative support would help to assist with functions such as inputting grades. Several faculty indicated that they don't have GTAs- and a question was raised about whether GTAs could be shared across educational programs.

Faculty cited difficulty in maintaining clinical competence and suggested structuring positions to connect health care facilities and educational programs. One faculty indicated that she practices about two days per month and during the summer but that finding positions like that is difficult.

Suggestions were made about lighter workloads for new faculty, including less committee work so that these individuals would have sufficient time to learn role responsibilities and organizational expectations.. Coordinating clinical sites under one faculty member could enhance efficiency; one program allocates the equivalence of 3 credits to establish clinical sites. Having one advisor for all students could enhance efficiency. Additionally, one program uses faculty to validate proctors for online testing which could be assigned to an administrative assistant.

Seasoned faculty indicated heavy workloads but also noted that, with experience, they became more efficient in managing their teaching loads. Several seasoned faculty indicated that they could use more administrative support. Team teaching was cited as helpful by one faculty. Some faculty indicated that committee work is not acknowledged as part of the formal load; rather credit is only given for teaching.

9. Faculty Retention

Welcoming attitudes from colleagues and an orientation manual that includes instructions about use of equipment, locating forms and other essential information would be useful. One faculty member noted that her Dean offered to pay for professional organization memberships, viewed as indicative of administration's interest in retaining faculty. In one program, faculty get one day a week for clinical practice to maintain clinical skills and receive full time pay. A seasoned faculty indicated that recognition of research and publication accomplishments would be valued. Mentoring for faculty who assume administrative responsibilities is also important.

10. Capitalizing on Skills of Retirees

Faculty thought that retired faculty could participate in the NFI program by serving as mentors for grant writing, working part-time, filling in during maternity leaves, and being given choice of teaching assignments. Many faculty expressed the view that faculty earn retirement and shouldn't be expected to stay in the workforce. One seasoned faculty indicated that she wouldn't mind teaching a few classes, particularly if she was able to retain her benefits.

Summary

Several conclusions can be drawn from the national perspective, the state models and the conversations with nursing faculty along the nurse faculty pipeline...

Attract: More prospective nurse faculty into targeted educational programs

- Examine alternative graduate education programs including accelerated programs and programs that incorporate clinical experience.
- Examine/develop financial assistance programs.
- Develop a marketing plan emphasizing positive aspects of academic careers
- Include information about faculty careers in nursing education classes.
- Explore educational program and health care facility partnerships to increase interest in faculty careers.

Educate: Facilitate further development of structure and content of educational opportunities for faculty.

- Develop hands-on teaching experiences for graduate students which emphasize techniques for coordinating didactic courses including designing syllabi, course objectives, assessment of student learning and teaching effectiveness.
- Develop training programs for clinical faculty.
- Provide training on the use of technology including both how to use equipment and also effective teaching strategies.
- Examine partnerships between health care facilities and education programs that provide educational opportunities for faculty.

Retain: Increase retention of current and new nursing faculty.

- Provide orientation and formal mentoring programs to new faculty.
- Examine the entire workload of faculty including the number of classes/credit hours, number of classes that involve clinical sites and establishing new sites, number of student advisees, number of thesis and dissertation committees (chair and as member), number of departmental and university committees.
- Examine alternative roles and compensation packages for retiring faculty.
- Examine promotion and tenure opportunities and related criteria.
- Examine partnerships between health care facilities and nursing education programs to help faculty maintain clinical expertise.

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United States Deparment of Health and Human Services

Health Resources and Services Administration

Nursing Education Loan Repayment Program

Federal Nursing Education Loan Repayment Program

The United States Department of Health and Human Services Health Resources and Services Administration offers a Nursing Education Loan Repayment Program. However, it excludes nurses who are employed in educational settings. The eligibility requirements are as follows:

You are eligible to apply if you meet all of the following requirements by the next application due date:

- Have received a baccalaureate or associate degree in nursing (or an equivalent degree), a diploma in nursing or a graduate degree in nursing from an accredited school of nursing in a State
- Have outstanding qualifying loans obtained for nursing education leading to a degree or diploma in nursing as specified above
- Have completed the nursing education program for which the loan balance applies
- Are a U.S. citizen, U.S. national or a lawful permanent resident of the U.S.
- Are employed full time (32 hours or more per week) at a critical shortage facility
- Have a current permanent unrestricted license as an RN in the State in which you intends to practice or be authorized to practice in that State pursuant to the Nurse Licensure Compact and
- Have submitted a complete NELRP Application, a signed NELRP Contract, supplemental forms and all required documentation by the NELRP application deadline.

You are not eligible to apply if you:

- Have a judgment lien against your property for a debt owed to the United States. Such individual is precluded from receiving Federal funds (including NELRP funds), until the judgment lien has been paid in full
- Have a service obligation (see Application Guidance > Definition of Terms) that will not be satisfied by the NELRP application deadline
- Have breached an obligation for professional service to a Federal, State, or local government entity
- Are currently in default of a Federal debt (e.g., student loans, delinquent taxes, etc.)
- Work for a nurse staffing agency or travel nurse agency
- Work on an "as needed" basis, this usually includes PRNs, Pool Nurses, or a person who is not scheduled in a full-time capacity by NELRP definition
- Have a temporary or inactive RN license
- Are a licensed practical/vocational nurse
- Are a nursing faculty member employed full-time in an educational institution or
- Are self-employed.

Nurses participating in the program receive 60% of total loan balance in exchange for two years service at a critical shortage facility. Nurses who wish to serve for a third year

may receive an additional 25% loan repayment. However, academic institutions may not be included as a "critical shortage facility," though extreme faculty shortages in certain areas may be greatly influencing the overall shortage of clinical nurses.

Faculty Shortages in Baccalaureate and Graduate Nursing Programs: Scope of the Problem and Strategies for Expanding the Supply

Updated June 2005

AMERICAN ASSOCIATION OF COLLEGES OF NURSING
WASHINGTON, D.C.

The AACN Mission

The American Association of Colleges of Nursing (AACN) is the national voice for university and four-year college education programs in nursing. Representing 592 member schools of nursing at public and private institutions nationwide, AACN's educational, research, governmental advocacy, data collection, publications, and other programs work to establish quality standards for bachelor's- and graduate-degree nursing education, assist deans and directors to implement those standards, influence the nursing profession to improve health care, and promote public support of baccalaureate and graduate nursing education, research, and practice.

Task forces are appointed by the AACN Board of Directors as issues arise that require study and action. This white paper was prepared by the AACN Task Force on Future Faculty.

Faculty Shortages in Baccalaureate and Graduate Nursing Programs: Scope of the Problem and Strategies for Expanding the Supply

The American Association of Colleges of Nursing (AACN) recognizes that the shortage of faculty in schools of nursing with baccalaureate and graduate programs is a continuing and expanding problem. Over the past several years, the deficit of faculty has reached critical proportions as the current faculty workforce rapidly advances toward retirement and the pool of younger replacement faculty decreases. The purpose of this white paper is to summarize the scope of the problem, discuss issues contributing to the shortage of faculty, and put forth strategies for expanding the capacity of the current and future pool of nursing faculty.

Section I. Scope and Significance of the Problem

The United States is in the midst of an unprecedented shortage of registered nurses. This shortage is expected to persist because of the increasing demand for health care as baby boomers approach retirement; the aging nursing workforce; and the decline of interest in nursing as a career because of expanding opportunities for women in previously male-dominant professions (Staiger, Auerbach, & Buerhaus, 2000).

According to projections from the Bureau of Labor Statistics (BLS), there will be more than *one million* vacant positions for registered nurses (RNs) by 2010 due to growth in demand for nursing care and net replacements due to retirement (Hecker, 2001). Data from the 2000 National Sample Survey of Registered Nurses estimated that 39 percent of RNs employed in nursing held baccalaureate or master's degrees in nursing (Spratley, Johnson, Sochalski, *et al.*, 2001). Therefore, one can postulate that *at least* 390,000 of the vacancies projected by the BLS will be for RNs with baccalaureate or master's nursing degrees, which translates into the need for large numbers of well-prepared faculty to educate these new nurses. In addition, U.S. high schools will graduate the largest class in history in 2007-2008—a projected 3.2 million graduates (Western Interstate Commission for Higher Education, 1998). Even if enrollment demand in nursing increases only modestly, *will sufficient numbers of nursing faculty be available to teach these students*?

Intensifying the overall nursing shortage is the increasing deficit of full-time master's and doctorally prepared nursing faculty. Unfortunately, the shortage of faculty is contributing to the current nursing shortage by limiting the number of students admitted to nursing programs. In 2004, an AACN survey determined that 32,797 qualified applications to baccalaureate, master's, and doctoral programs were not accepted; and an insufficient number of faculty was cited by 47.8 percent of responding schools as the major reason for not accepting all qualified applicants (Berlin, Wilsey, & Bednash, 2005a).

A special survey was conducted by AACN in 2004 to determine the vacancy rate for faculty. In a national sample of 395 schools (68.6% of AACN-member institutions), there were 8,907 budgeted full-time faculty positions. Of these positions, 717 (8.1%) were vacant. One hundred twenty-two schools did not have any vacancies but needed additional faculty; and only 30 schools without vacancies reported that no additional faculty members were needed. The mean number of vacancies per school was 2.9 with a range of 1-15 (AACN, 2004). Other studies corroborate these findings. A California

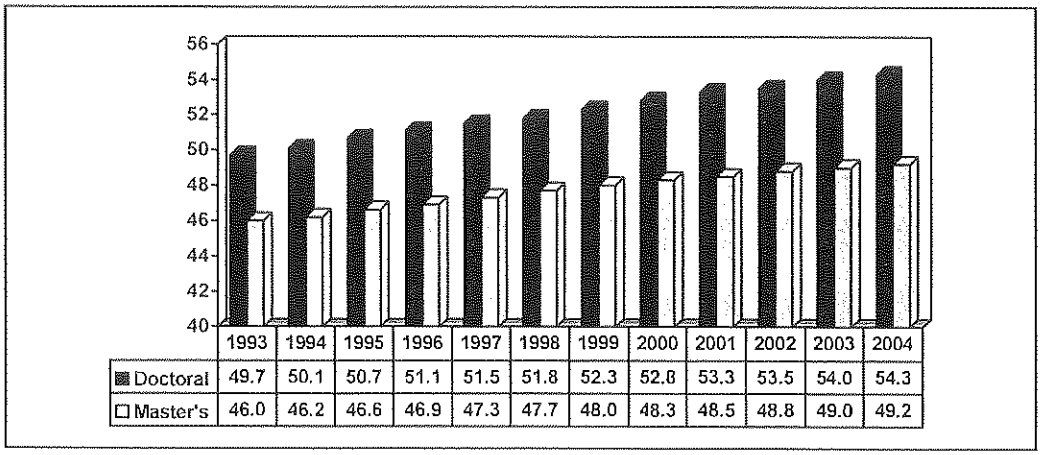
study identified the need for 163 FTE faculty or 9.2 percent of the total statewide baccalaureate and higher degree program faculty by 2003; and a North Carolina study found vacancy rates of 10 percent for diploma, associate degree, and baccalaureate programs (California Strategic Planning Committee for Nursing, 2001; Lacey & Shaver, 2001). In addition, a southeast regional study found vacancy rates of 5.7 percent for associate degree, baccalaureate, and graduate programs at the beginning of the 2000-2001 school year; and a Massachusetts study found a vacancy rate of 6 percent in baccalaureate programs (Council on Collegiate Education for Nursing, 2002; Sroczynski, 2003). To the casual observer, vacancy rates of less than 10 percent may not seem significant, but even one or two vacant positions in a school can have a considerable impact on the didactic and clinical teaching workload of the remaining faculty.

Section II. Factors Contributing to the Shortage of Faculty

A. Faculty Age

Although there are multiple factors contributing to the shortage of faculty, the impact of faculty age and retirement timelines coupled with an inadequate pool of younger faculty for replacement are the primary influences on future faculty availability. AACN conducts a survey of faculty in baccalaureate and higher degree granting schools of nursing each fall. In 2004, surveys were sent to 687 schools. The 575 (83.7%) responding institutions reported 10,967 full-time nurse faculty. The proportion of doctoral and master's prepared faculty was 47.9 and 52.1 percent, respectively. Of those with doctoral degrees, 61.5 percent held doctorates in nursing, whereas 38.5 percent had degrees in other fields (Berlin, Wilsey, & Bednash, 2005b). Like the overall nursing workforce, mean age has increased steadily, from 49.7 years in 1993 to 54.3 in 2004 for doctoral faculty and 46 to 49.2 for master's faculty (Figure 1; AACN, 1993-2004).

Figure 1. Mean age of full-time nurse faculty, 1993-2004.



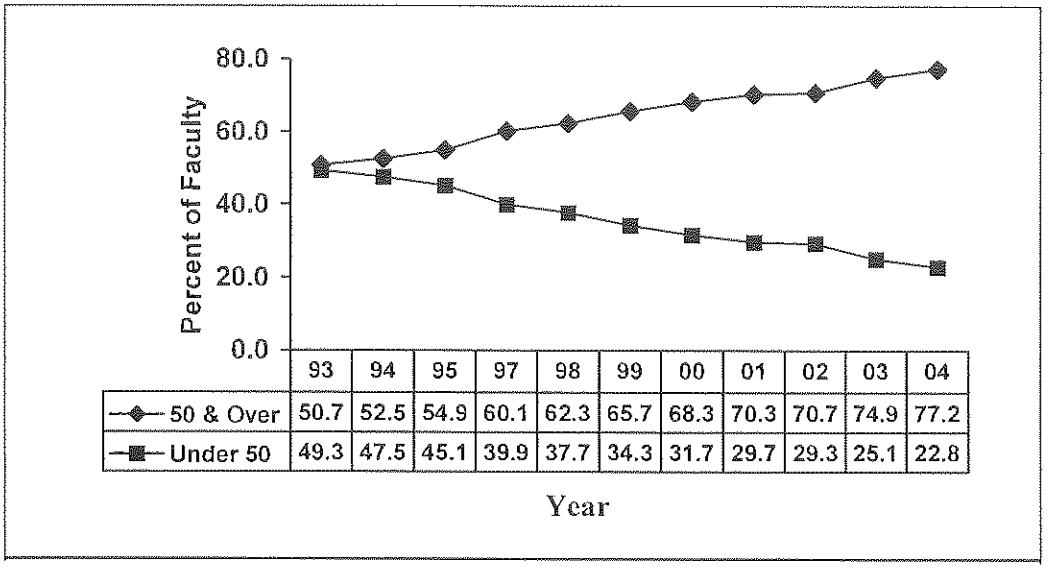
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Doctoral	49.7	50.1	50.7	51.1	51.5	51.8	52.3	52.6	53.3	53.5	54.0	54.3
Master's	46.0	46.2	46.6	46.9	47.3	47.7	48.0	48.3	48.5	48.8	49.0	49.2

Age data not collected in 1996; midpoint of '95 and '97 used.
Source: American Association of Colleges of Nursing, 1993-2004 © 2005.

Faculty Retirement Projections. Regression analysis of faculty 62 years and younger found that the mean age was increasing at almost half a year per year (0.43) for full-time doctorally prepared faculty. Retirement projections for individuals who were faculty in 2001 revealed that *from 2004 through 2012, between 200 and 300 doctorally-prepared faculty will be eligible for retirement annually.* The modal year of retirement is 2009 (Berlin & Sechrist 2002a). The mean age for the 2001 full-time master's faculty cohort was increasing a third of a year per year (0.33), and *from 2012 through 2018 between 220 and 280 master's faculty will be eligible to retire each year;* the modal retirement year is 2015 (Berlin & Sechrist, 2002b). These projections represent the best case scenario, based on the conservative assumptions that faculty will work until age 62 and that there will be no additional departures from academic life.

*2. **Faculty Age Groups.*** In conjunction with the increase in mean age, the proportion of full-time doctorally-prepared faculty age 50 and over and under 50 has changed dramatically. In 1993, the proportion of faculty under and over age 50 was almost equal; in 2004 the percentage of those 50 and over increased by 26.5 percent (Berlin & Sechrist, 2002a, 2005a). Full-time master's faculty 50 and over increased from 32.6 to 53.2 percent during the same time period (Berlin & Sechrist, 2002a, 2005b).

Figure 2. Percent of full-time doctorally prepared faculty over and under the age of 50 for each reporting year, 1993-2004.



	93	94	95	97	98	99	00	01	02	03	04
50 & Over	50.7	52.5	54.9	60.1	62.3	65.7	68.3	70.3	70.7	74.9	77.2
Under 50	49.3	47.5	45.1	39.9	37.7	34.3	31.7	29.7	29.3	25.1	22.8

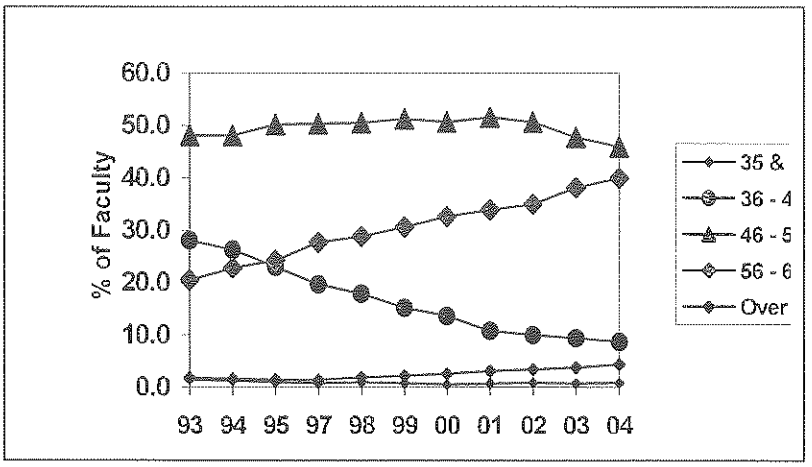
Source: Berlin & Sechrist, 2002a, 2005b.

B. Departure from Academic Life

*1. **Decline in Percent of Younger Faculty.*** Between 1993 and 2004, the percentage of doctorally prepared faculty members in the age categories of 56-65, and over 65 years increased by 19.5 and 2.6 percent, respectively. In contrast, there were decreases in the age groups 35 years and younger (0.6%), 36-45 years (19.4%), and 46-55 years (2.1%) (Figure 3; Berlin & Sechrist, 2002a, 2005c). The decline in the 36-45 group of doctorally prepared faculty is particularly troublesome, given that "the doctoral degree should be

considered the appropriate and desired credential for a career as a nurse educator" (AACN, 1996, p. 3). Advancement to the next age category accounts for some of the decline, but egression from academic life is the major reason for the loss of younger faculty members. Master's prepared faculty in the 36-45 year group showed the same pattern of decline (Berlin & Sechrist, 2005d).

Figure 3. Percent of doctorally prepared full-time faculty in each age category, 1993-2004.



Source: Berlin & Sechrist, 2002a, 2005c.

In the 280 schools reporting faculty resignation and retirement data in 2002, 188 full-time doctorally prepared faculty and 202 master's prepared faculty resigned from schools of nursing. Nineteen individuals with doctoral preparation and 62 with master's preparation were between the ages of 36 and 45 years of age. Of those, subsequent employment plans were reported for 16 doctoral and 58 master's resignees. Although over one-half (56.2%) of those with doctoral degrees left to take other school of nursing faculty or administrative positions, seven individuals (43.8%) left academia to assume non-academic positions such as nursing service, private sector, or private practice positions. Forty-three percent (25 individuals) of those with master's preparation resigned to take non-academic jobs (AACN, 2002b).

2. ***Employment of Doctoral Graduates.*** Of the 412 doctoral graduates in 2003-2004, post-graduation plans were reported for 307 (78.0%) graduates. Twenty-two percent (22.5%) reported employment commitments in settings other than schools of nursing (AACN, 2005a). This finding is confirmed by data from two additional sources. Data from the Survey of Earned Doctorates indicated that the percent of nursing doctoral recipients planning to be employed in areas other than education increased steadily from 15.5 percent in the time period 1980 through 1984 to 26.9 percent from 1995-1999. Further, teaching as a primary employment activity decreased from 70.8 percent to 59.5 percent during the same two time periods (National Opinion Research Center, 2001). The National Sample Survey of Registered Nurses databases estimated that in 1992, 1996, and 2000 the proportion of nurses with nursing doctorates who were employed in schools of nursing with baccalaureate and higher degrees showed steady declines, going from 68 percent in 1992 to 49 percent in 2000 (Division of Nursing, 2001).

C. Salary Differentials

Salary is an influential factor in the employment decisions of those completing graduate education. In a comparison of responsibilities and salaries associated with various employment opportunities, faculty positions may not be as appealing as other offers. Average salaries for clinical positions have risen more than those for faculty positions because most universities are constrained in their ability to increase faculty salaries (Brendtro & Hegge, 2000; AACN, 1999a). Academic institutions, especially those faced with budget cuts, generally cannot compete with nonacademic employers.

In fall 2004, the median calendar-year salaries for instructional faculty with doctoral degrees with the ranks of associate and assistant professors were $77,605 and $73,333 respectively; for those with master's degrees the median salaries were $62,778 and $58,567 (Berlin, Wilsey, & Bednash, 2005b). A sample of clinical and administrative nursing salaries is presented in Table 1 (Salary.Com, 2005). Since the clinical and administrative salaries are based on a calendar year, academic salaries were converted to calendar year also. (Academic salaries are multiplied by 11/9 or 1.22 for this conversion).

Table 1. Comparison of full-time, calendar year instructional nurse faculty salaries and selected non-academic base salaries, 2004-2005, all US.

	Median	75th Percentile
School of Nursing		
Instructional Faculty Positions:		
Associate Professor (Doctoral)	$77,605	$84,839
Associate Professor (Master's)	$62,778	$70,424
Assistant Professor (Doctoral)	$68,444	$73,333
Assistant Professor (Master's)	$58,567	$64,590
School of Nursing		
Administrative Faculty Positions:		
Director[1] of baccalaureate or master's program		
Associate Professor (Doctoral)	$85,536	$94,265
Associate Professor (Master's)	$71,385	$79,766
Assistant Professor (Doctoral)	$73,359	$79,977
Assistant Professor (Master's)	$69,967	$81,978
Dean[2] of nursing program		
(Doctoral)	$95,647	$123,600
(Master's)	$67,222	$ 80,000
Clinical/Administrative Positions:		
Chief Nurse Anesthetist	$137,979	$151,697
Head of Nursing (Exec. & Management)	$157,754	$182,871
Nurse Anesthetist	$121,698	$131,076
Nursing Director	$104,191	$117,059
NP (Specialty Care)	$ 74,015	$ 81,487
Certified Nurse Midwife	$ 78,565	$ 83,728
Head Nurse (Critical Care)	$ 73,640	$ 81,098
Clinical Nurse Specialist	$ 71,544	$ 76,811

Sources: Berlin, L.E., Wilsey, S., & Bednash, G.D. (2005b); Salary.Com (April 2005); and Berlin, L.E. (2005) unpublished data (deans' salaries, all US).

[1] The term director refers to an administrative faculty member who is responsible for a program within the school of nursing, not the dean.

[2] The term dean refers to the chief executive officer of a school of nursing and encompasses titles such as director, chair, head, and coordinator.

Salary may also be a determinant in the decision of master's prepared nurses to return to doctoral study. Potential students calculate whether it profits them to seek doctoral study and enter academia when they can earn better salaries in non-academic master's-level positions.

D. Tuition and Loan Burden for Graduate Study

Average tuition, required fees, room/board, and percent of loan burden for graduate students by type of institution are presented in Table 2 (Peterson's Colleges of Nursing Database, 2002). In addition to the basic student charges, additional costs include textbooks, medical equipment, uniforms or laboratory coats, transportation to/from clinical sites, and thesis and dissertation expenses. Also, net income foregone is a consideration as the amount may be substantial, especially for full-time study.

Table 2. Average tuition, required fees, room and board, and percent of students receiving financial aid: graduate students by type of institution, academic year 2001-2002.*

Public Institutions	Average
Tuition (In-State Resident)	$3,659
Required Fees	$ 769
Room and Board (on campus)	$ 5,009
Percent of Students with Financial Aid	49.2%
Private Institutions	
Tuition	$11,020
Required Fees	$ 441
Room and Board (on campus)	$ 6,799
Percent of Students with Financial Aid	56.4%

*Peterson's Colleges of Nursing Database, © 2002. Peterson's, a part of The Thomson Corporation. All rights reserved.

E. Diminishing Pipeline of Enrollees and Graduates

Five-year trend data in a cohort of 91 schools reporting data each year to AACN from 2000-2004 showed an average increase of 118 doctoral students per year ($p = 0.01$). The pattern of graduations, however, indicated no trend (Berlin, Wilsey, & Bednash, 2005a). In the fall of 2003, there were 93 research-focused doctoral programs in nursing, with a total of 3,439 enrollees and 412 graduates. Fifty-three percent of enrollees were part-time students, the major reason that graduates represent only 12 percent of enrollees (Berlin, Wilsey, & Bednash, 2005a). The failure of schools to produce more graduates is particularly disconcerting given that the number of doctoral programs has increased from 54 in 1992 to 93 in 2004 (Berlin, Bednash, & Alsheimer, 1993; Berlin, Wilsey, & Bednash 2005a).

When evaluating the pipeline for doctoral preparation, trends in master's education also must be considered. Enrollments in master's programs declined steadily from 1996 until 2001. However, since 2001 enrollments have increased steadily and the latest five-year cohort of 303 schools reporting data each year from 2000-2004 showed an increase of

1,465 students per year (p=0.02). Five-year graduation patterns showed a steady decline from 2000-2003, followed by an increase of 249 graduates from 2003-2004. Despite the increase this year, regression analysis indicated an average decrease of 117 graduates in per year (Berlin, Wilsey, & Bednash, 2005a). However, graduations will continue to increase over the next several years, a reflection of increased enrollment since 2002. This is noteworthy because master's graduates are the source of a significant percentage of current and future faculty, as well as the source for future doctoral students. On the other hand, the shift of master's prepared faculty to doctoral student status may not increase the number of new people in the faculty pool because many already are functioning in faculty roles.

F. Age of Doctoral Recipients and Time to Degree

Of the 417 recipients of nursing doctoral degrees in 2002 who reported age, the median age was 47.3 years. Almost half of all graduates (50.8%) were between the ages of 45 and 54 years; 12.8 percent were older than 55 years, and only 36 individuals (8.6%) were under the age of 35. In comparison, the median age of all research doctoral awardees in the US in 2002 was 33.3 years (National Opinion Research Center, 2004). Given that the mean age of retirement for full-time doctorally prepared faculty in 2004 was 63.1 years, the number of productive teaching and research years are curtailed because of advanced age at graduation (AACN, 2005b). In 2002, the mean number of years registered in a doctoral program was 8.8 years for nursing graduates compared to 7.5 years for all research awardees. Mean time elapsed between entry in a master's program to completion of the doctorate in nursing was 2.1 years longer than other fields, 10.5 and 8.4 years, respectively (National Opinion Research Center, 2004).

G. Faculty Workload and Role Expectation Issues

1. Job Dissatisfaction. The literature frequently cites dissatisfaction with workplace as a reason for the loss of younger faculty from academia (Brendtro & Hegge, 2000; DeYoung & Bliss, 1995; Ketefian, 1991). Initiatives aimed at increasing the number of faculty will not succeed if faculty are not satisfied and retained. In order to quantify the extent of job dissatisfaction, job satisfaction variables from the 1999 *National Study of Postsecondary Faculty* (US Department of Education, 2001) were analyzed. Of the 1,073,667 postsecondary faculty in the database, there were an estimated 4,295 full-time nurse faculty holding doctoral degrees whose primary responsibilities consisted of teaching and research. The variables of interest were overall job satisfaction, job security, opportunity for advancement, workload, effectiveness of leadership, salary, benefits, and time to keep current in one's field. Percent of dissatisfaction was compared between two groups: (1) individuals holding the rank of full and associate professor and (2) individuals within the ranks of assistant, instructor, and lecturer. (The public use database would not allow further discrimination of ranks.) Findings revealed that junior faculty (assistant, instructor, and lecturer) reported higher percentages of dissatisfaction than did senior faculty on all variables except one. Junior faculty were not as dissatisfied as senior faculty regarding time available to keep current in one's field. The response to workload was most noteworthy. Dissatisfaction with workload was an estimated 54.7 percent for junior faculty, almost twice that of senior faculty (29.5%) (Berlin & Sechrist, 2003).

*2. **Role Expectations.*** Like all academic disciplines, changing faculty workload demands and role expectations are contributing to the nursing faculty shortage. Change is ever present: in the way higher education is conducted; in the traditional roles of teaching, scholarship, and service; and in the characteristics of today's students. These changes challenge faculty, require more time and preparation to be successful in the faculty role, and may cause those not sufficiently prepared to be dissatisfied and leave. The life of the college professor has changed considerably since the late 1980s (Longin, 2002). Describing the professoriate in transition, Berberet and McMillin (2002) highlight the varied responsibilities and stressors of faculty. In addition to the traditional teaching role, they assert that faculty also are expected to obtain extramural funding, conduct research, produce scholarship, and offer community and university service. Most full-time faculty spend extended hours advising and mentoring students outside the classroom, updating curricula, developing new courses, reading to remain current, and mastering new advances in technology. With these multiple demands upon all faculty, "time is becoming their most precious commodity" (p. 2). In fact, in a recent survey, "73 percent of faculty respondents expressed frustration at 'never having time to complete a piece of work'" (p. 9).

*3. **Today's Student Population***

Nontraditional students. In past years, the "traditional" nursing student was an eighteen year old high school graduate entering college directly from high school. Since 1995, the average age of graduates from all nursing programs is 30.9 years, an increase of seven years in the previous decade (Spratley, Johnson, Sochalski, *et al.*, 2001). Now, almost 73 percent of undergraduate students are considered "nontraditional" by virtue of their older age, more independent financial status, delayed entry into higher education, and competing responsibilities such as jobs and families. While the majority of students with the most nontraditional characteristics attend community colleges or private for-profit institutions, 14.4 and 19.0 percent attend public four-year and private not-for-profit institutions, respectively. Most students continue to pursue undergraduate education on a full-time basis, but the number of part-time students has tripled since 1970 (US Department of Education, 2002). Experienced faculty know that these more mature students commit a significant amount of time and energy to their work and family responsibilities. They demand a relevant, no-nonsense approach to education that is immediately applicable and complementary to their lives. Many mature students are gifted in their scholarship, motivation, life experiences, and insights. These characteristics often challenge faculty to plan more creative, practical, and interactive teaching-learning strategies such as case studies, problem-solving exercises, research projects, and service learning experiences. While these approaches may better meet the needs of mature students, they are time-intensive for faculty to develop and monitor.

Multi-generations. According to information gleaned from those who study the various generations, disconnects often occur between the values and characteristics of current older faculty and younger students, according to the age of each. For example, mature faculty members as a whole have very different views about work, authority, relationships, responsibility, and the nature of learning than today's twenty something

learners. These characteristic differences require new approaches to teaching-learning to meet the needs of various groups. (Brown, 2001; Zemke, 2001).

Student capabilities. Faculty are challenged by the broad range of student capabilities in today's classrooms, ranging from at-risk to exceptional. Levine and Cureton (1998) describe the current generation of undergraduates, in general, as committed to doing well, but often lacking in basic skills necessary for college-level work. This observation is echoed anecdotally by numerous nursing academics. Even more serious, about one-third of high school students considered at risk for low academic attainment enroll in a four-year college within two years of high school graduation, despite their at-risk status (US Department of Education, 2002). Some of these students may wish to enroll in nursing programs. In order to be successful, students lacking in prerequisite skills often need additional academic help and other types of support. Remedial work for these students, while necessary, consumes valuable faculty time. At the other extreme, exceptional students may be eager for advanced or enrichment opportunities in their studies. Faculty generally are eager to help meet the needs of all students, but developing and implementing activities appropriate for different learner subgroups takes time and energy.

Study habits. Conventional wisdom and many school handbooks suggest three hours of student out-of-class preparation for every credit hour of class. This would be roughly 45 hours of study for 15 class hours per week (five courses of three hours each). However, Young (2002) reported a recent study that described the study habits of recent freshman classes at four-year residential colleges. Sixty three percent of full-time students reported studying 15 hours a week or less, and 19 percent spent only 1-5 hours per week studying. Mature faculty may expect students to demonstrate the self-directed study habits prevalent decades ago. The "Nexter" generation (born after 1980) is characterized as confident, achievement-oriented, tenacious, and optimistic (Zemke, 2001). However, this group may be less independent than the previous age cohort, needing more supervision and structure (Brown, 2001). So, as these students enter nursing programs, faculty may need to help them understand what is required in the way of out of class preparation, provide detailed information about assignments, and clearly identify consequences of missing deadlines or being unprepared.

4. Expectations Unique to Nursing Faculty. In addition to the many roles and responsibilities common to all faculty, additional expectations are placed on nursing faculty. They often are expected to maintain clinical expertise, instruct students in clinical agencies, and engage in faculty practice. Moreover, nursing faculty who supervise students in clinical agencies may be responsible for an increasing number of very ill patients, adding an element not experienced by faculty in non-health care disciplines. Reflecting changing learning and work environments, nursing faculty are expected to develop proficiency in distance learning technology (AACN, 1999b; Potempa, 2001), and revise curricula to prepare graduates to excel in a rapidly changing health care environment (for example, see Tanner, 2001). The increase in mature students in accelerated programs adds the requirement to find challenging experiences for these students. What effect do these multiple roles, high expectations, and increased time commitments have upon the retention of nursing faculty and their ability to fully engage in an academic community? An AACN Issue Bulletin (1999a) on the faculty shortage

asserts that faculty life "presents a harder road than private practice or administration" (p. 3). "The expectation on faculty to 'do it all' remains in many [nursing] schools and probably is a major reason for an unhappy and stressful work environment" (Rudy, 2001, p. 402). While further study of faculty workplace issues is needed, several authors report increased stress (Oermann, 1998), emotional exhaustion (Fong, 1993), burnout (Brendtro & Hegge, 2000; De Young & Bliss, 1995), and early retirement (AACN, 1999a) among nursing faculty.

H. Alternative Career Choices

Coupled with inadequate enrollment and graduations in master's and doctoral programs is a lack of preparation and possibly a perceived lack of interest in teaching. In 1976-1977, 24.7 percent of graduates from nursing master's programs were education (teaching) majors (National League for Nursing, 1988). By 1994, only 11.3 percent of graduates majored in education and in 2002 the percentage dropped to 3.5 percent (Berlin & Bednash, 1995; Berlin, Stennett, & Bednash, 2003a). A slight upturn of 5.9 percent of graduates were education majors in 2004 (Berlin, Wilsey, & Bednash, 2005a). However, this was only half the number reported a decade earlier. The overall downward trend in nursing education majors was concomitant with increased emphasis on and interest in the nurse practitioner (NP) role, and since the mid-1990s, NP or combined NP/Clinical Nurse Specialist (CNS) enrollees and graduates have comprised the majority of master's enrollees and graduates. In 2004, 57.0 percent of master's enrollees and 64.4 percent of master's graduates were NP or combined NP/CNS majors (Berlin, Wilsey, & Bednash, 2005a). These programs focus on preparing individuals for clinical practice and may not result in a large number of graduates pursuing doctoral education. Master's degree graduates prepared as NPs found an increasing number of employment opportunities in both ambulatory and hospital-based clinical practice (Hinshaw, 2001). Many of these positions offer a good match between graduates' values and skills and those of their prospective employers.

As noted previously, an increasing percentage of nursing doctoral recipients planned to be employed in settings other than nursing education (National Opinion Research Center, 2001). The primary interest of doctoral program graduates returning to or accepting their first academic appointments is the development of research programs. In some institutions it has been reported that few are interested in teaching, and even fewer are interested in teaching undergraduate students (AACN, 1999a). Although AACN supports doctoral preparation for the faculty role, slightly more than half (52.1%) of current faculty hold master's degrees (Berlin, Wilsey, & Bednash, 2005b). These individuals are invaluable faculty resources. However, "Until we have a faculty that is fully credentialed and contributing to all three aspects of our mission (teaching, research, and service), nursing programs will be vulnerable on campus, because the small numbers of doctorally prepared faculty de facto diminish contributions to the full mission of the institution" (Anderson, 1998, p. 6).

Section III: Short-Term Strategies for Expanding the Capacity of Current Faculty

Section II summarized issues related to the dwindling numbers of full-time faculty. The various challenges described offer nursing education a unique opportunity to develop and

implement innovative, practical solutions in response to increasingly complex concerns, as nursing has done successfully throughout its history. The purpose of this section is to outline a variety of short-term strategies to alleviate the faculty shortage. It must be emphasized that *many* schools have developed exceptionally creative programs and initiatives that respond to current challenges and intercept future problems, including many of the suggestions included in this document. Others may find useful strategies described in this section, and as modeled by other schools. Clearly, not all of the strategies presented here are feasible in every setting, nor is this an exhaustive list. Institutions face different constraints and possibilities, depending on their demographic characteristics and geographic location. Each school is urged to engage in discussions with their own faculty, as well as with institutional, industry, and community leaders to seek location-specific opportunities to expand current faculty capacity.

1. ISSUE: Faculty capacity can be expanded in nontraditional ways with current resources.

Traditionally, nursing has objected to utilizing non-nurse faculty, recruiting nurse faculty with non-nursing degrees, and/or sharing resources and courses across disciplines and specialties, even though these non-traditional approaches may provide an important solution to a nursing faculty shortage and enhance student learning. The time has never been more appropriate to look for new approaches that make more sense. For example, nursing schools can create core courses that meet requirements across several specialty tracks. Interdisciplinary courses such as physical assessment, pharmacology, informatics, and gerontology can be developed on topics applicable to students representing a variety of health professions. Selected nursing classes/courses might be taught by non-nurse faculty, such as physicians, epidemiologists, statisticians, health policy analysts, education specialists, and ethicists. Selected administrative positions might be held by well qualified non-nurses. For example, the Assistant Dean for the undergraduate program at Loyola University Chicago and Associate Dean for Research at the University of California, San Francisco are not nurses. While traditional "team teaching" may be labor intensive, sharing resources and developing joint initiatives among faculty and across programs, disciplines, departments, and even between universities can save money, spare limited faculty resources, and model a spirit of professional and interdisciplinary collaboration, a value that nursing espouses.

Adoption of a broader view of the educational requirements for nurse faculty status deserves special consideration. Advanced practice nurses and other nurses who are skilled in clinical practice, management, teaching, or research but who lack traditional academic preparation in nursing are an untapped resource for faculty. For example, according to data from the National Sample Survey of Registered Nurses, there are an estimated 3,000 advanced practice nurses who are nationally certified, and hold doctoral degrees, but do not hold a master's degree in nursing (Division of Nursing, 2001). Regardless of other credentials, the master's degree *in nursing* is required by some state regulatory bodies as a prerequisite for nursing faculty positions. This also affects students in some baccalaureate-to-PhD programs that do not receive a master's degree. These students may be required to defer a teaching position until completing the doctorate. As long as these barriers exist, many expert clinicians - and potentially expert faculty - are prevented from teaching when they are needed most. Using these clinicians

in creative faculty partnerships, with shared responsibility for courses can expand faculty capacity.

Faculty recruitment might include previously untried outreach strategies. For example, pharmacy education is experiencing the same phenomenon of faculty shortfalls as nursing. For the past three years the American Association of Colleges of Pharmacy has sponsored a special session at an American Society of Health-System Pharmacists clinical meeting (American Association of Colleges of Pharmacy, 2003). The two-hour session, titled "Is an Academic Career in My Future?" has enjoyed increasing attendance over the years. The session includes several different speakers who candidly depict the faculty shortage, highlight the many positive aspects of an academic career, and offer specific advice on how to be successful as a faculty member. Similarly, the Medical College of Ohio offers a seminar for master's prepared nurses titled "Are You Interested in Getting a Doctoral Degree?" which includes a segment on academic careers (AACN, 2002c). Nurse educators host, plan, and attend an impressive number and variety of professional conferences and activities in their various professional capacities. Suggesting these types of programs to inform practicing nurses about and attract them to the faculty role may be a good investment. Other schools have developed master's programs that respond to the faculty shortage. The University of Arkansas for Medical Sciences prepares nurse educators in a federally funded master's program specifically designed to attract minority and disadvantaged students, particularly for utilization in underserved parts of the state (AACN, 2003b).

In addition to readily available sources of faculty described above, current approaches can be modified to increase the faculty pool. Traditional nursing programs may not be configured in ways that facilitate a clear and timely path to completion. For example, full-time employed nurses who desire to prepare for the faculty role on a part-time basis may face major impediments to this process. Employed nurses who attempt to combine part-time graduate study with full-time employment often face inflexible work schedules and increased clinical workloads imposed by employers because of the nursing shortage. San Francisco State University's cohort master's program was designed to facilitate the academic experience of working nurses, and has had the additional benefit of increasing the number of graduates accepting teaching positions and pursuing doctoral study (AACN, 2003a). Even though many schools of nursing have modified their graduate programs to make them more available to working students, periodic review of prerequisites, matriculation policies, and class scheduling may be in order to ensure that programs are not unduly exclusive or restrictive. Local nursing executives might be queried about the days their facilities are best staffed so that course days and times can be planned accordingly.

In a similar vein, many nurse educators continue to accept the traditional view that significant clinical experience as a registered nurse is essential before matriculating in a graduate program that prepares students for specialization and/or advanced practice. This position may not be accurate and is not supported in the empirical literature. It certainly bears scrutiny in the face of decreasing faculty resources. While high academic standards should not be compromised, rethinking any artificial eligibility criteria may be a useful strategy to increase enrollments in nursing graduate programs.

Not only should we reconsider the experience prerequisite for nurses seeking graduate education, we also should reconsider whether a nursing undergraduate degree is an essential prerequisite to graduate study in nursing. One excellent source of future faculty includes individuals who earned degrees in fields other than nursing. Second-degree or accelerated programs transition these individuals into nursing careers in streamlined ways and often in an abbreviated time frame. Although these programs are not new, they have proliferated over the past several years. In 1990, there were 31 baccalaureate and 12 master's programs designed for second-degree students (Bednash, Berlin, & Haux, 1991); by fall 2004, there were 150 baccalaureate and 41 master's of these programs in operation (Berlin, Wilsey, & Bednash, 2005a). These individuals bring a wealth of academic ability, knowledge, and experience; plus they offer a different perspective to nursing, patient care, and the health care system (AACN, 2002a; Anderson, 2002). In short, these graduates may make excellent faculty members.

There is no question that nontraditional students pose unique challenges and require creativity and open-mindedness of faculty. We do not yet know if second-degree and accelerated programs are universally successful, and this is an important area of inquiry. One recent study (White, Wax, & Berrey, 2000), described a combined undergraduate and graduate nursing program designed primarily to prepare non-nurses with degrees in other fields for the nurse practitioner (NP) role. The program took roughly three years to complete, consistent with other accelerated master's programs across the country (AACN, 2002a). Twenty-nine graduates participated in the study, answering questions about their experiences. Of the 23 graduates employed as NPs, the majority believed the educational program prepared them adequately for the advanced practice role, attributing this largely to excellent clinical experiences and assignments. Interestingly, the majority did *not* believe that experience as a registered nurse was necessary to function in the NP role, although many had nursing experience. (The program encouraged all students to work as staff nurses when they became eligible, and 19 had done so.) This illustrates that programs can be designed to provide adequate basic as well as advanced clinical experiences for second-degree or accelerated students. Unfortunately, the authors stated that the graduates' "most commonly mentioned challenges included resistance from nurses, NPs, and traditional students who held the belief that the nontraditional students had not 'paid their dues' the traditional way" (p. 220). Nurse educators may know colleagues who hold similar views and who need encouragement to try nontraditional approaches in these challenging times.

The use of technology can provide additional immediate solutions to increase the capacity of faculty to support education, research, and practice. The growing importance of distance technology, and in particular, Web-based media to deliver educational course work is evident, and it is revolutionizing higher education. However, well-designed distance education programs require long-term planning and considerable institutional financial investment in equipment, support services, and faculty development (AACN, 1999b). Collaboration with existing distance programs may offer a faculty-sparing effect for selected courses.

STRATEGIES:

1. Consolidate core curriculum requirements across nursing majors or clinical tracks to reduce duplication of faculty effort.
2. Accept courses from other disciplines as appropriate to meet nursing program requirements.
3. Develop joint academic activities with other disciplines (health care and non-health care) both within the university and among universities to capitalize on existing resources.
4. Create interprofessional courses to meet the common needs of multiple related disciplines.
5. Utilize expert non-nurse faculty to teach selected nursing classes/courses.
6. Utilize qualified non-nurse faculty to hold administrative positions within the nursing academic unit.
7. Identify any existing regulatory requirements that limit nurses with non-nursing graduate degrees from teaching in nursing programs, so that efforts to remove these barriers can be planned.
8. Utilize the expertise of junior faculty by partnering them with senior, fully qualified faculty who can provide course oversight and faculty support without requiring the more labor-intensive team teaching.
9. Seek opportunities to sponsor educational sessions that inform nurses outside the academic setting about an academic career, emphasize the positive aspects of the role, and offer specific strategies for gaining the necessary credentials/experience to become faculty members.
10. As they exist, consider reducing or eliminating experience or other artificial prerequisites for graduate study.
11. Examine current curricula/programs and streamline them as much as possible to facilitate more timely program completion.
12. Remove impediments to graduate study for working nurses, such as offering more convenient times for courses, encouraging partnering institutions to offer students more flexible work schedules to accommodate class schedules, and offering courses specifically for partnering health care facilities, possibly at their site(s).
13. Attract more second-degree students to the nursing profession and encourage these and other high-achieving students to consider the faculty role early in their education.
14. Explore collaboration with schools or regional consortia that have successful distance education programs in place.

2. ISSUE: Retirement often has been viewed as an all-or-none phenomenon in the academic nursing community, making an experienced pool of faculty unavailable for continued contributions to the nursing academic unit.

Most nursing faculty members retire between the ages of 61.5 and 63.1 years (AACN, 1993, 1994, 2002b, 2005b). Many faculty approaching retirement would like to continue teaching in some capacity, but may be unable to do because of so because of restrictive university policies and/or retirement plan provisions. Rather than retirement marking the end of professional productivity, as many as half of retiring American academics return to the workforce (Dorfman, 1989). Research (Kelly and Swisher, 1998) has shown that, although retirement often is welcomed by nurses and valued as a time to focus on the self, retirees nevertheless miss professional affiliations and the discipline of going to

work. Women seem to have more difficulty retiring than men, and are more reluctant to retire. In fact, work may be more important in the lives of older women than previously recognized in the literature. While retirement is viewed as an attractive option to those whose work roles and environments are perceived as stressful and not enjoyable, many retiring nurses actively seek opportunities to volunteer and otherwise stay busy. These observations have particular implications for the female-dominated nursing profession, especially the subgroup of aging nurse academicians who might remain active if allowed and encouraged to do so.

AACN's 2002 survey of resignations and retirements indicated that of the 161 retirees 10 (6.2%) are continuing to teach on a part-time basis (AACN, 2002b). Some colleges and universities are recognizing the value of retired scholars, and are creating ways to keep them involved in the academic community. For example, Emory University has created an Emeritus College comprised of retired professors across disciplines. They meet for monthly meals and intellectual activities, teach selected classes, and participate in organized programs that keep them active in the lives of students (Fogg, 2003). The University of Southern California's Emeriti Center offers modest research stipends to retired faculty, recognizes them for continuing scholarship, and supports an off-campus lecture series in which they speak at functions in the community.

Retirement policies have been reconsidered at some institutions to allow retired faculty to return to teaching responsibilities. For example, the University of California (including their two schools of nursing at San Francisco and Los Angeles) have a faculty recall policy that allows faculty to collect their full retirement (which may be as high as 100% of their salary depending on years of service) while being paid for additional faculty service in teaching or administration. The policy demands that faculty be retired for a minimum of 30 days and be recalled for 47% time or less. The University of Florida-Gainesville also enables colleges to hire retired faculty members as soon as one month following their retirement date. The retired faculty member is not eligible for benefits, and is restricted in the amount of income that can be earned each year for their services if they are to continue to collect retirement income. Nursing may do well to utilize these and similar ideas to encourage retiring and retired faculty to remain active in the full array of nursing education activities.

STRATEGIES:

1. Examine college/university retirement policies and work to eliminate unnecessary restrictions to continued faculty service, particularly mandatory retirement ages and financial penalties for retired faculty who return to work.
2. Design new phased retirement plans that support the inclusion of productive retired faculty.
3. Redesign current faculty workload to accommodate part-time retired faculty.
4. If monetary compensation is problematic, reward retired faculty with incentives such as reimbursement for conferences, assignment of a graduate assistant, and release time for professional activities rather than direct salary support.
5. In addition to teaching, consider other ways that qualified retired faculty might save current faculty time by counseling or tutoring students, supervising in skills labs, mentoring students and/or faculty, assisting with research projects, and serving as ambassadors to the community.

6. As an inducement to participation, create programs that formally include and recognize retired nursing faculty as a continuing, productive part of the nursing academic unit.
7. Cultivate a workplace that is perceived by faculty as positive, productive, enriching, and satisfying so that they will be enticed to continue employment longer than originally planned.

3. ISSUE: Nursing clinical education is resource intensive for colleges and universities, but is critically important for the safe teaching of nursing as a practice discipline.

Nursing clinical instruction as practiced today is expensive in that it traditionally has been accomplished in small groups of students with close supervision because the learning experience includes assuming responsibility for direct patient care. In addition, faculty must have education and expertise in the specific specialty area in which they supervise students. Therefore, even schools with small student enrollment require multiple faculty experts to represent applicable specialties and to directly supervise learners as they provide care to human beings.

Nursing educators are becoming increasingly creative in offering high quality clinical experiences to students in the face of decreasing faculty resources. Many schools have developed formal partnerships with clinical facilities to use expert clinicians to teach students and thereby increase faculty capacity. These partnerships have varying characteristics and incentives. Some partnerships yield direct financial benefits to one or both partners, while others have indirect benefits. For example, non-salaried faculty appointments often are offered to agency clinicians who serve as teachers and/or clinical preceptors for students. Individuals selected for these roles enjoy increased professional recognition and other indirect rewards. In return for providing clinical teachers/preceptors, the agency may benefit from faculty services such as teaching or consultation; preferred placement of employees in the academic program; the benefit of collaboration as they seek magnet recognition and similar status from external agencies; and priority in recruiting the school's students upon graduation. These creative and mutually beneficial relationships are time consuming and labor intensive to develop, and require much thought about the benefits to be derived by each partner. However, these types of professional relationships may be a key to future success in nursing clinical education as faculty losses continue.

A large number of AACN member schools have created formal partnerships with their health service colleagues to increase nursing enrollments (undergraduate and graduate) and/or expand faculty capacity. For example, partnerships at the University of New Mexico and University of Iowa derive significant benefits to both partners, and have been highlighted at AACN conferences (AACN, 2002d, 2003c), but other examples abound. Initiatives by the University of Florida, the University of South Florida, and the University of Virginia, among others, specifically increase clinical faculty capacity and improve the learning experience of students (AACN, 2002c, 2003b). The University of California, San Francisco affiliated university medical centers provide three-year scholarships to students in the masters-entry program in nursing if students promise to work full time for one year between achieving their registered nurse license (earned after one year in the program) and returning to school. Students also promise to work at the

institution part-time while continuing in the master's program. Loma Linda University's partnering hospital encourages experienced clinicians to supervise students by paying preceptors a slightly higher salary (AACN, 2002c). Numerous nursing schools host programs to benefit the hospital clinicians who supervise students. For example, Emory University hosts an Annual Preceptor Institute to address clinical topics of interest (AACN, 2002c). Carson-Newman College specifically prepares agency preceptors for their critically important role in evaluating students (AACN, 2003a).

Partnerships between clinical facilities and academic programs offer the additional benefit of engaging both partners in discussion about how nursing is practiced in the real world and how it should be taught. Nursing programs consistently have not sought this expert advice from service colleagues. Dr. Tim Porter-O'Grady (2001), who often consults with health care facilities, asserts that nursing is changing quickly from practice-based activities such as "bathing, treating, changing, feeding, intervening, drugging, and discharging" to knowledge-based activities of "accessing, informing, guiding, teaching, counseling, typing, and linking...." (p. 183). Dr. Barbara Mark on the faculty at the University of North Carolina at Chapel Hill is engaged in funded research dedicated to redesigning the work of nursing. She states "We need to figure out how to redesign the work of nursing to get maximum efficiency and maximum effectiveness from the nurses we have" rather than simply adding more nurses (Vickers, 2002, p.6). During these times of possibly dramatic transitions in what constitutes nursing, formal collaboration between service and education will better identify emerging clinical issues, analyze actual roles and expectations of practicing nurses, and develop the required nursing curriculum.

In addition to looking internally, nursing may benefit from examining curricular designs, models, and teaching strategies from other health disciplines that offer effective learning and require fewer clinical faculty, such as expanded use of non-faculty clinical preceptors, concentrated clinical experience (e.g., 40 hours/week) late in the program, and increased use of simulations in the clinical laboratory in lieu of patient care assignments. Nursing traditionally has valued and even required one model for teaching: integrated theory and small group, faculty-supervised clinical practice throughout the nursing program. However, little empirical evidence exists to validate these preferred approaches as best practices in nursing clinical education. Nursing must be open to a variety of clinical teaching models that may have a faculty-sparing effect.

STRATEGIES:

1. Increase formal partnerships between schools of nursing and clinical facilities, identifying and capitalizing on specific benefits that are attractive and useful to both partners.
2. Develop clinical faculty appointments or other forms of recognition/inducement to qualified clinical agency personnel in return for their supervising/teaching students in those agencies.
3. As needed, educate agency personnel regarding strategies for clinical teaching and evaluation.
4. Include appropriate clinical agency personnel on school of nursing committees and task forces to gain their pragmatic perspective on the education of students.

5. Import clinical education strategies from other health disciplines, both internal and external to one's own setting, that demonstrate a faculty-sparing effect.
6. Explore use of virtual reality/simulated clinical experiences in supervised learning resource centers to reduce demands on clinical faculty.

4. ISSUE: We have insufficient evidence regarding how to best utilize faculty, and need more educational research.

Nursing has a long, proud tradition of excellence in education, often leading the way for other disciplines. This has never been more apparent than now, when the profession boasts an impressive number and variety of programs and periodicals devoted to nursing education. However, the overall decline in master's enrollments and increased emphasis on clinical specialization at the master's level in the past two decades help explain the lower number of nursing master's students specializing in education. Further, the decline in doctoral graduations, and the relatively small percentage of doctorally prepared nurses who choose an academic career may adversely affect the amount and variety of educational research being conducted. For example, the traditional clinical teaching model of one instructor for a small group of students and specific faculty-to-student ratios (e.g., 1:6; 1:8) mandated in many states developed out of practices deemed suitable at the time, but which may no longer be most appropriate. For the most part, these models and ratios have not been tested.

Faculty often approach didactic and clinical teaching the way *they* were taught, rather than incorporating new techniques based on educational research findings that may have direct impact on faculty productivity/capacity and optimal student learning. Therefore, we need to establish best practices in nursing education that are based on empirical evidence. Furthermore, with nursing and health care in a state of rapid change and faculty resources rapidly declining, nursing does not have the luxury of approaching teaching with traditional labor-intensive or trial-and-error approaches. We need specific research that validates best teaching practices in order to maximize our teaching resources.

The scholarship of teaching is a recognized part of the full range of scholarship within the discipline of nursing (AACN, 1999c). However, there may be a tendency to place higher value on the scholarship of clinical practice, and the considerable resources of the National Institutes of Health are not available to faculty who want to test innovative educational programs. Therefore, in some instances, faculty who are dedicated to conducting educational research to help develop a science of teaching may struggle for recognition of their work and may have difficulty obtaining funding or promotion.

STRATEGIES:

1. Work with nursing academic colleagues to emphasize the legitimacy and importance of educational research to the future of nursing.
2. Conduct research to better understand the phenomena of teaching and learning and to document the effects of various educational strategies.
3. Where necessary, study any specified faculty-to-student ratios that do not make sense in the current educational context, assess their origin and consider their continued applicability.
4. Study existing nontraditional/accelerated programs to determine their success, lessons

learned, and potential use as models for future programs.
5. Seek funding from organizations that focus on the scholarship of teaching, such as the Carnegie Foundation for the Advancement of Teaching and Learning.
6. Draw upon the expertise and seek collaboration with organizations/entities that focus on educational research.

5. ISSUE: Faculty require professional development, mentoring, and institutional encouragement to master the faculty role and continue in it.

As mentioned in Section 2, the college/university environment is changing in dramatic ways, adapting to the demands of the information age, reexamining what and how students learn, and responding to increasingly varied and demanding learners and new workforce skills (Berberet & McMillin, 2002). This can be positive and exhilarating; one of the most highly valued aspects of the job. The demanding educational environment and the full array of role expectations encourage faculty to embrace a constant state of self-improvement in order to be fully successful.

One of the most crucial expectations of faculty is to understand learning and to apply that knowledge in determining both *what* to teach and *how* to teach. Hopefully, most faculty have realized that the current higher education environment is about the learner and learning rather than the teacher and teaching. Educators now are expected to facilitate learning rather than convey vast amounts of content (Porter-O'Grady, 2001; Berberet & McMillin, 2002). In nursing, clinical expertise is essential to professional success, but clinical proficiency alone is not sufficient to convey nursing knowledge and practice to others in a meaningful, useful, appropriate way. Excellent nurses are not necessarily expert teachers. Because of the explosion of information on the art and science of teaching adults, faculty members cannot hope to be completely successful in their teaching without formal mechanisms of professional development. Without this instruction and support, a new faculty member may receive negative student evaluations, become frustrated with the faculty role, and seek other employment opportunities. Even experienced faculty can benefit from regular faculty development, particularly as new educational research and strategies are introduced that can improve their teaching. Doctoral programs in nursing may wish to add required education content and/or mentoring opportunities to familiarize all students with the academic role.

Strong orientation programs and ongoing faculty development opportunities are pivotal to keeping all faculty informed and confident about the teaching aspect of their role. These activities may occur in individual classes, formal courses, or independent activities. They may consist of informal peer mentoring such as the program used successfully in academic medicine (Pololi, Knight, Dennis, & Frankel, 2002), or it may be an intangible element that is nurtured in a community of teachers seeking to improve their expertise (Diekelman, 2002). They may be based on interdisciplinary national initiatives such as the Carnegie Academy for the Scholarship of Teaching and Learning (CASTL) Higher Education Program (Carnegie Foundation for the Advancement of Teaching, 2003) and the Preparing Future Faculty Program (Preparing Future Faculty National Office, 2003). Emory University's Clinical Teaching Institute has the goal of increased teaching competence and inclusion of clinical experts in the teaching of students, and enjoys the additional benefit of recruiting new faculty (AACN, 2002c). Faculty can take advantage

of a myriad of formal education programs, including the on-line master's level concentration in education such as that offered by Saint Joseph's College of Maine, one of the most heavily enrolled specialty tracks in education among AACN member schools. In addition, faculty can avail themselves of the new modular on-line Education Scholar Program (2003) endorsed by AACN. Whatever faculty development approach is adopted, it is imperative that formal assistance be offered to faculty, both as they begin the new role, and as they continue to master it throughout their careers.

In addition to conveying important information on teaching and learning, faculty development activities can help nurse educators become more comfortable with other aspects of their roles (scholarship, service, and other university missions), minimizing their struggle with the sometimes conflicting expectations. The full academic role has been described in the literature (Billings, 2003). Educators value being part of the academic community. "At the same time, however, faculty members express frustration with new responsibilities that bring differing and sometimes conflicting expectations and demands that leave many of them feeling stretched beyond reasonable bounds" (Berberet & McMillin, p. 9). In addition to informing faculty about their various roles, it is time to reconsider what tasks are pivotal to the faculty role, and which are less important. Can some traditional tasks and responsibilities be eliminated or relinquished? Can others be modified, transferred, or shared? Other disciplines are engaged in this type of self-analysis. A Minnesota medical school faculty examined their shared expectations, identified areas of strength and weakness as a group, prioritized their roles according to current information about their productivity and vitality, and identified areas that might be improved by faculty development activities or informal mentoring (Bland, Seaquist, Pacala, Center, & Finstad, 2002). As a part of the national Faculty Workload Project, Ithaca College of New York embarked on an effort to systematically reconfigure faculty work assignments appropriate to their discipline and educational goals. Seven departments, including physical therapy, encouraged faculty to explore innovative teaching-learning models, consolidate or streamline the curriculum, and increase the use of nontraditional environments and technologies in learning. After one year, both student and faculty satisfaction were increased as a result of changes instituted, and these changes will be used to create a college-wide model for revising faculty work (Association of Governing Boards, 2002).

Encouraging and facilitating master's prepared nursing faculty to pursue the doctoral degree is the ultimate in faculty development, and often can be done without losing the faculty asset. For example, faculty may opt to pursue on-line nursing doctoral degrees such as those offered by Duquesne University, University of Arizona, and University of the Wisconsin – Milwaukee, or summers-only nursing doctoral programs such as those offered by Loyola University Chicago and The Catholic University of America. Other programs, such as University of Colorado, offer combinations of intensive and on-line courses particularly useful for those who do not live nearby.

STRATEGIES:

1. Develop an AACN *Essentials of the Nursing Professoriate* document to describe the complexity of the faculty role and guide faculty development efforts of individual schools, as well as programmatic activities of AACN.

2. Identify minimum faculty development activities that should be required of all faculty, and incorporate these into internal hiring and/or evaluation strategies.
3. Formally orient part-time and adjunct faculty to their roles, keep them up-to-date on school and course expectations, and offer guidance and development as required.
4. Critically evaluate what faculty roles, tasks, and expectations can be eliminated or modified, and how faculty talents can be best utilized.
5. Provide faculty with a wide variety of role development opportunities, such as college/university-based activities, local and national conferences (including AACN conferences), and national programs such as the Web-based Education Scholar program, as endorsed by AACN.
6. Encourage faculty to complete post-master's or post-doctoral certificate programs in education for those who are not academically prepared in nursing education.
7. Cultivate an academic climate that offers guidance, encouragement, mentoring, discussion, resources, and other role development opportunities for all faculty members.
8. Incorporate nursing education content in all nursing doctoral programs in order to make doctoral students aware of this important and attractive career option.
9. In all settings and with all audiences, portray nursing and nursing education as scholarly and desirable careers.
10. Encourage master's prepared nursing faculty to pursue continue faculty service, and support them in pursuit of doctoral education.

Section IV: Long Term Strategies for Expanding the Future Pool of Nursing Faculty
Although short-term strategies may address immediate needs for faculty in schools of nursing, long-term solutions are required to meet the combined challenge of depleted faculty ranks and the escalating need for nurses. The current and projected shortage of faculty is complex and multifactorial. Ultimately, solutions must also be complex and multifactorial, with appropriate long-term strategies.

A. Recruitment

*1. **Develop a positive message.*** The declining number of those completing nursing graduate programs combined with a similar decline in colleagues who are joining academic communities is troublesome. Developing and articulating a positive message about the value of nursing higher education and an academic career is a first step in recruiting new academic colleagues. All nurses, particularly academicians, can deliver a positive message by serving as role models in all settings. In addition, promotion of clinical nursing leadership with emphasis on intellectual skills and practice autonomy will highlight nursing as an attractive career choice for students, many of whom later may be recruited into faculty positions. As a whole, those who have chosen a nursing academic career perceive it as a rewarding and satisfying career choice. They have numerous opportunities to identify the specific aspects of the career that make it attractive. Hosting information sessions and similar activities devoted to attracting qualified nurses to the faculty or to graduate study offer both short and long term benefits. A positive message about nursing education as a career choice should be conveyed to both nursing and external audiences.

2. Recruit at younger ages. The *mean age* of the faculty in schools of nursing must be decreased. The most obvious strategy is recruiting younger people into academics. Efforts must be made to increase the future pool of faculty by focusing on the decision-making process of middle and high school students. Large scale advertising campaigns such as *Nurses for a Healthier Tomorrow* (2000) and the Johnson & Johnson (2002) *Campaign for Nursing's Future* are making strides at the national level. Locally, nursing schools can sponsor educational and social activities at middle and high schools in their areas, using these occasions to highlight the positive aspects of nursing and academic career choices. For example, today's young people are drawn toward careers that require intelligence, encourage autonomy, and utilize technology. Many are attracted to medicine and science as disciplines that appear to best utilize their talents. An effective message to them will emphasize that a nursing career utilizes the very qualities and skills they value. Further, nurse educators can inform middle and high school guidance counselors about the modern roles of professional nurses; help them recognize and overcome gender and occupational stereotypes; and emphasize the rigorous nature of nursing education so these counselors can encourage qualified young people toward a nursing, and possibly academic nursing, career.

A number of nursing programs have instituted these types of recruiting programs in their communities (Health Resources and Services Administration, 2001; AACN, 2003a). For example, Hampton University begins marketing nursing as a career to elementary schools in their community. For over a decade, the University of California, Los Angeles has hosted 7th and 8th graders from an inner city school at a two-week summer program where they learn about health care, work with nurse researchers, and meet students and faculty. The University of Arkansas for Medical Sciences has recruiting initiatives targeted at middle and high schools as well as feeder colleges in the state. Loma Linda University, University of Akron, and Cedarville University have projects aimed at helping pre-nursing and nursing students overcome academic and other barriers to success in school. Many other university schools of nursing have outreach programs designed to attract elementary and high school students to nursing. Because these programs are heavily invested with faculty, students are able to see the strengths of both faculty and nursing roles, achieving two important purposes. Partnerships between high school districts and college/university faculty provide important internships and mentorships that can increase enrollees for little cost. During college, there are additional strategic opportunities to encourage the consideration of nursing academics as a career. This is particularly true for students who have not selected a major, and in some cases, for those who are unsure about the field they have chosen. For example, young people with education majors and other health-related specialties can be encouraged to consider nursing (and ultimately academics) as a career choice. The choice of nursing can be supported by developing matriculation agreements across colleges.

3. Seamless basic and advanced nursing preparation. Methods to streamline the trajectory from basic nursing education to academics must be explored and strengthened, even if it means restructuring current systems and cultures. As previously mentioned, the cultural norm of requiring several years of clinical practice between undergraduate and graduate degrees prior to assuming a faculty role still is held by many nursing faculty. Movement from undergraduate to graduate programs must be easy and seamless for

qualified students, so they can assume faculty positions more quickly. For example, a baccalaureate to master's/doctoral program may be initiated wherein a student admitted to a baccalaureate program would provisionally be admitted to a graduate program at the same time. By streamlining and accelerating progression through graduate education programs, we may attract younger students who don't bring significant financial and family responsibilities to their graduate experience; who can work part-time and study full-time rather than vice versa. Schools of nursing must find the delicate balance between attracting working nurses and encouraging timely completion of degrees.

*4. **Seek sources of financial aid.*** A cornerstone consideration in recruitment efforts must be financial aid. This aid could take several forms. The most obvious is improved financial aid for tuition and books. But more importantly for graduate students, financial aid also must include remuneration for lost pay while attending school. This financial assistance could take the form of outright grants to loans that are forgiven for a certain number of years of teaching service.

*5. **Support students from admission to graduation.*** The drop-out rate in undergraduate and graduate schools also must be addressed. Current students who struggle in both undergraduate and graduate nursing programs should be aggressively mentored and tutored, utilizing services of the university and community more so than intense nursing faculty resources. Data are now available that help faculty admission committees identify students who are most likely to complete programs successfully and in a timely manner (University of California, 2001). These data should be employed to inform admission requirements. Standardized screening and progression tools can be used in admission and continuation decisions in order to maximize student success. However, nursing must not increase its exclusivity during a time of severe shortage.

B. Retention

*1. **Enhance the work environment.*** Once faculty are recruited, all efforts must turn toward retention. One obvious strategy is to make the job more attractive by providing better salaries and benefits (especially at entry-level assistant professorships), lower faculty/student ratios, more autonomy, and better merit/reward systems. These measures require heavy support from state legislators (for publicly funded schools) and private industry or patrons (for private schools). Many deans and administrators have recognized these challenges and have been creative in finding ways to make faculty positions attractive, particularly by developing academic tracks in which teaching excellence is rewarded.

*2. **Support faculty.*** Formal development and mentorship programs for new faculty and recently graduated doctoral students can reduce the frustrations that often accompany the transition into the faculty role. In addition, institutions might consider the establishment of 'Academies of Nurse Educators', with the goal of elevating the teaching role through the support of a core group of talented teachers who will, in turn, improve the environment for all teaching faculty and serve as models and mentors for other faculty. Strategies to support beginning researchers also must be addressed, both by the federal government and by universities. These strategies must include financial support for

beginning researchers, effective mentorship programs to insure success in the academic role, and adjusted teaching and university service to allow junior faculty the time they need to build careers.

C. Collaboration

*1. **In the local community.*** Resources to implement various strategies to enhance faculty recruitment will require a multi-level approach. Legislative liaisons are essential. For example, state legislatures are the source of funding critical to many schools. Academic leaders must become increasingly knowledgeable about legislative solutions and resources, and must devote time to developing and maintaining these vital relationships. As the scope of nursing practice changes and the nursing and faculty shortages increase, state nursing groups may need to assertively reconsider nurse practice acts and accreditation or regulatory requirements that limit timely and creative approaches to resolving current problems. Partnerships with high schools and community colleges, private industry, health care providers and insurers, current faculty, and other stakeholders must be pursued to seek broad-based solutions and solicit money and other resources. Schools of nursing may have to collaborate with each other to augment rather than duplicate each other's strengths. Multiple governmental agencies should be explored as important sources of funding, such as the Centers for Disease Control and Prevention or the Department of Health and Human Services. A strong willingness to explore unconventional alternatives is required.

*2. **With other disciplines.*** Collaboration with other disciplines can provide increased faculty resources for students. Health care is increasingly complex and, by its very nature, interdisciplinary. Yet most schools do not provide students with an early introduction to the other disciplines. Interdisciplinary collaboration across the professions in required courses and clinical rotations would not only provide a partial solution to the nursing faculty shortage but also would provide students an opportunity to develop the attitudes and skills required for effective collaboration.

*3. **With other professional organizations.*** AACN has long been engaged in collaborative work with other national professional associations and organizations that have a stake in the future of nursing and nursing education. These affiliations and collaborations with educational and service entities must continue, because the issues we face are complex and interactive. For example, the nursing faculty shortage is a significant element of the larger nursing shortage. Nursing faculty issues are a subset of faculty issues for all disciplines. Changes in nursing practice directly affect nursing education. The issues concerning nursing education for the profession are issues of importance to *all* nurses. As a result, our concerns and spheres of influence overlap, and problems must continue to be resolved in a collaborative way. Developing a 'positive message' about a nursing academic career is a good example of potential collaboration across disciplines. Nursing education and the faculty shortage are of concern to multiple professional groups and nurses at all levels. The faculty shortage, like the nursing shortage, affects all stakeholders and will require support from all interested parties.

4. Within AACN. As previously mentioned, an AACN document describing the *Essentials of the Nursing Professoriate* would meet an immediate need to specifically describe elements of the faculty role. This document would be a useful reference as schools and AACN develop faculty development programs and initiatives in the immediate future. Further, it would form the basis for refinement and expansion as nursing practice changes and nursing education must respond accordingly in the future. In addition, AACN may want to more fully investigate specific issues that may have an impact on the faculty shortage. AACN member schools are an excellent source of information about the direction the association should go to meet the challenges of the faculty shortage.

In Summary

Nursing education has had a long and successful history, and often leads other disciplines in educational research, innovative teaching-learning activities, and problem resolution in the academic environment. The faculty shortage offers nurse educators an unparalleled opportunity to challenge past norms and think collaboratively and nontraditionally to meet the future. Nursing education may be shaped in new and exciting ways by the solutions developed to meet the current and future faculty shortage.

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APPENDIX

This appendix stems from sessions at the AACN Hot Issues Conference, *Building Faculty Leadership During the Crisis: Solutions from a Faculty Perspective*, held April 24-26, 2003 in San Antonio, Texas. The conference took place immediately after the initial release of the Task Force on Future Faculty's white paper, and the paper was showcased during a program session. Discussion during both that session and the closing session offered excellent examples of what member schools are doing to ameliorate the faculty shortage.

AACN Task Force on Future Faculty
Program Session from AACN Hot Issues Conference
Friday, April 25, 2003
San Antonio, Texas

Facilitated by
Sheila Haas, PhD, RN, FAAN
Dean, Niehoff School of Nursing, Loyola University Chicago
Task Force Member

SHORT-TERM STRATEGIES

- University of the Incarnate Word recruits underrepresented nurses into faculty roles. Four minority RN to BSN students are funded with state tobacco settlement money plus a student employment budget to work part-time with a faculty mentor in all aspects of the faculty role. They receive a tuition-free master's degree immediately after completing the BSN. On master's graduation, they agree to work in a faculty position for two years. This initiative has the added benefit of energizing the faculty working with these students.
- California State University Long Beach works closely with the nurse executive at a local hospital on a number of initiatives. The nursing executive serves on the school's advisory board and is integral to the program. At the hospital's request, the school has on-site BSN and master's programs for hospital employees as a recruiting and retention strategy. The CNS graduate program has been revived specifically for the hospital. Faculty teach the on-site courses on an overload basis, earning a fee in addition to their full-time salary. The school is working with the hospital in their application for magnet status. The hospital has furnished the school with a faculty position to increase the number of generic students.
- Seattle University works with the local Veteran's Affairs hospital chief nurse executive. The hospital donated a master's-prepared nurse to enable students to perform clinical hours there.
- The University of Texas El Paso receives both subsidized faculty and cash for administrative costs and supplies from their clinical agency.
- New Mexico legislature recently passed a bill to allow state retirees to return to the state workforce, collect a full-time salary, and pause any retirement annuity to resume later. One retired nurse was enticed to return to the faculty full-time.
- Several states allow instructor-to-student ratio of 1:12 in clinical courses utilizing qualified preceptors, thereby expanding faculty capacity. Other states allow a 1:20 ratio (Delaware) or 1:25 (Texas) for precepted courses.
- Concern was expressed about recruiting part-time instructors to fill 'holes' for a particular semester, with generous incentives based on urgent need. Full-time faculty who carry much responsibility over time may be resentful of inducements offered to these professionals.

LONG-TERM STRATEGIES

- Numerous schools of nursing focus on recruiting high school students, but others believe that outreach to elementary and middle schools is necessary to engage student interest and ensure that students take the required math and science courses in high school. Loyola University Chicago sponsors nurse-managed school-based clinics as one way to make the nursing role visible and attractive to students. Guidance counselors are another valuable group to reach in order to educate students about nursing.
- West Virginia University developed a recruitment CD for counselors in middle and high schools to educate them about nursing. They also give a list of all nursing schools in the state to qualified applicants who cannot be accommodated.
- Illinois deans do something similar when a school cannot accept qualified applicants. The applicants are referred, sometimes individually by the dean, to other schools.
- The dean of Loyola University Chicago invites local chief nurse executives to semiannual breakfast meetings to determine if the school's graduates are meeting their respective agency's needs. In addition to helpful discussion among participants, these meetings generate useful ideas to take to the Board of Nursing and legislature.
- A dilemma was articulated regarding faculty recruitment. How do you recruit exceptional nurses as faculty while being honest about the heavy workload and the salary level that often falls below what nurses could make in other roles? Finding the right message is critical. For example, a nine-month contract may be attractive to a nursing faculty member interested in working in another capacity during their three months away from the academic setting.
- The University of Minnesota encourages all colleges of nursing in the state to identify their top undergraduate students and then invites these students to attend a reception and learn more about doctoral education. This event is perceived as a reward for students.

Re-Thinking the Faculty 'To-Do' List

Closing Program Session from AACN Hot Issues Conference
Saturday, April 26, 2003
San Antonio, Texas

Facilitated by
Carole Anderson, PhD, RN, FAAN
Vice Provost for Academic Administration
The Ohio State University
Columbus, Ohio

Dorothy Powell, EdD, RN, FAAN
Associate Dean for Nursing
Howard University
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WORKLOAD (Schools identified when known)

- Develop a revised notion of team teaching: 'Turn Teaching.' This technique is more efficient if instructors divide course workload and attend only their own classes rather than the traditional, labor-intensive model of team teaching in which all instructors participate in all course activities. One faculty might have full responsibility for a course 'on paper' and other faculty have a fraction of the workload.
  Advantages:
  - Students have the benefit of multiple instructors; instructors save time.
  - Instructors can trade off responsibility to allow team colleagues protected 'scholarship time' for writing grants, attending conferences, etc. (University of Maryland)

  Disadvantages:
  - Instructor may not have the faculty development opportunity of total responsibility for a course from beginning to end.
- As possible, delete responsibilities from the faculty role, such as advising, administration, and even committee work. Where is nursing faculty input critical?
- Save time and boost efficiency by improving faculty skills in meeting management, process improvement, and decision making. Consensus is not always possible. Vote and get over it!
- Different instructors teaching different sections of the same course do not need identical assignments. This saves faculty time by not having to meet, negotiate, and reach consensus. Different faculty expectations/assignments are not intrinsically unfair to students.
- Utilize different course numbers for lecture and clinical sections. One instructor coordinates the class and takes one clinical section; other instructors each take a clinical section. Team meetings are held at the beginning and end of each semester as necessary.
- Delineate work categories and assign faculty according to their particular strengths, i.e., classroom teaching, clinical teaching, research. What do people do

best? An instructor with a lighter research load might assume a larger teaching load. An egalitarian philosophy that all faculty should be doing the same things is difficult to maintain. Concurrently, schools should mentor faculty in all aspects of the role so they *can* assume all required aspects of the role.

- University of Wisconsin-Madison has a Teaching Academy that encourages campus-wide emphasis on excellence in teaching at the undergraduate level. Master teachers are used as consultants, mentors, and peer evaluators.
    - Doesn't include clinical instruction unique to nursing.
    - A Summer Institute (also University of Wisconsin-Madison) offers selected faculty a paid five-day retreat to develop a specific project in June immediately after the semester ends. The application process requires description of the project and resources that will be required at the retreat. A team can apply to do a team project.
    - On campuses where similar opportunities are not available, nursing may need to open a dialogue to see what other disciplines do well and what might be useful for nursing (e.g., increased use of simulation in engineering) or develop a multidisciplinary retreat on best practices.

ENVIRONMENT – How do we create a positive, collaborative environment that will encourage faculty to stay and entice graduate students to pursue an academic career?

- Collaborate with other schools that have a particular strength, not just with service institutions. For instance, the Howard and Yale Research Scholars Program offers selected Howard students the opportunity to participate in six weeks of intensive research at Yale, and continue a project throughout the academic year at home. Programs such as these socialize students to roles we want them to assume in the future. (Howard University, Washington, DC)
- Use exceptional undergraduate students as Teaching Assistants in labs. Encourage those interested in teaching to take a graduate-level course while still at the undergraduate level.
- Saginaw Valley State University nursing faculty has adopted a 'co-learners' philosophy with several innovative characteristics:
    - Teaching-learning experiences
        - No lectures are given.
        - Papers are combined with other experiences.
    - Changed terminology
        - Term *clinical* (implies hospital setting) has been replaced with *practicum* (refers to all settings).
        - Courses, for example, are named Critical Thinking I and II rather than Med-Surg I and II.
    - Instructors and students jointly determine norms at the beginning of each semester, by which all are expected to abide, such as sharing mistakes openly as learning opportunities, emphasis on self-reflection, etc.
    - Changes were instituted after two summers of intense negotiation because faculty decided that they wanted to escape the medical model and replace it with something unique.
- Recognize that some faculty members are not suited to a particular setting. For instance, one who loves teaching may not be best suited to a research-intensive

school because of the role expectations. An unhappy faculty member can 'poison the well' and may need encouragement to consider other employment.

- *Have fun* in the work setting. Dress up on Halloween and award prizes for costumes. Laugh in faculty meetings. Sponsor social activities. Improve communication among faculty. Give credit where it is due. Recognize contributions and successes of colleagues (McNeese State University, Lake Charles, LA)
- The group concurred that post-tenure review process must be robust in order to confront a unproductive tenured faculty member.
    - Faculty colleagues may be more effective in delivering a message to this person than the dean, such as "I resent what you're *not* doing while I'm working hard."
    - Dean may need to say "Everybody thinks you're underperforming. Do you enjoy that status? How can we get you back on track? We're going to come up with a plan."

PRIORITIZING – How can we focus on the institutional mission?

- Recognize and curtail "mission creep" that stretches resources. Engage in strategic planning. Do an environmental scan. Examine the mission. Assess resources. Where are the mismatches? Jettison courses that are under-enrolled regardless of how long-standing or dearly held they are.
- Agree with other schools of nursing that each will teach within their areas of strength, perhaps eliminating duplication of programs.
- Convince college/university executive leaders that nursing is important to the school, i.e., that the nursing major contributes to liberal arts because students need those prerequisites. Talk to everyone on campus. Attend all possible meetings. Be visible and articulate. As a result of these types of activities, Villa Julie College in Baltimore is a leader in maintaining the college president's vision and strategic plan.
- Saint Xavier University in Chicago found federal funding to utilize local schools, students, and families for community-based programs. They also have a campus center to care for the elderly, and increased emphasis on minority programs. Because service is a school priority, these activities offer student learning experiences while serving the community.
- Position your school well in the state. Faculty (not just the dean) should talk to legislators and other supporters whenever opportunities arise (University of New Mexico).
- Join forces with other schools to approach legislators with a unified message.
- Encourage dean-faculty collaboration when deciding how resources should be allocated. Share resources among several disciplines in a school with each partner supporting the initiative financially, such as a resource lab. Additional positive outcomes include joint research opportunities, interdisciplinary case studies, and joint programming (Towson University, Towson, MD).
- Unusual organizational locations for the nursing program are not always negative, although that might be the first impression. For example, the nursing program at the University of Tulsa is located in the college of business, a situation that has afforded nursing excellent resources.

IMPLEMENTING CHANGE

- Start with *data*: local, regional, and national, such as that offered by AACN. Use the data to identify trends, compare programs, and clarify problems. People listen to data much more readily than emotional appeals. We must talk the same language as the people we are trying to convince (Howard University, Washington, DC).
- As possible, hire assistant professors in a group so they form a cadre. This group has impressive credentials and accomplishments, and sees things differently because they are new. They can support each other, lunch together, and as a group, cause 'critical mass' for change and innovation. Ask *them* what needs to change and use them and their suggestions (University of Wisconsin – Madison).

ISSUES AND CHALLENGES

- Realize that clinical teaching is labor-intensive (particularly for undergraduate students) and seek partnerships with clinical agencies.
    - These partnerships can offer a faculty-sparing effect, but some faculty may need to resolve the issue of perceived loss of control.
    - Counter the 'we're too busy to precept students' argument by identifying and marketing specifically what the school can do for the hospital. For example:
        - A student's good precepted experience in the hospital is a powerful recruiting mechanism for the hospital.
        - Use of a problem-based service learning format solves actual practice problems at a clinical facility, directly helping the agency (St. Joseph's College of Maine).
- Recognize that a clinical practicum precepted by a non-faculty agency staff member is not a hands-off endeavor. It remains labor-intensive for faculty, but in a different way. When utilizing clinical preceptors, several issues must be resolved in advance, such as how to jointly evaluate students and assign clinical grades. Suggestions:
    - Faculty and preceptor establish objectives together.
    - Faculty makes clinical rounds and takes notes on students.
    - Preceptors identify problems and help faculty evaluate students.
    - Students keep logs which faculty member reads.
    - Faculty coordinates and validates preceptor availability for students.
- Utilize clinical simulation. Some systems are extremely expensive (e.g. $250,000 and a full-time operator), but are exceptionally realistic, down to mimicking 'patient' gestures (University of New Mexico).
- Patient simulation systems are particularly useful in physical assessment courses, such as graduate nurse practitioner courses (California State University Long Beach).

UPCOMING TRENDS

- 66% of students in master's programs are preparing for the nurse practitioner role, and this will continue to be the primary pool of future faculty. They may be exceptional NPs, but are not necessarily prepared to teach and will require faculty

development in order to be fully successful. However, there are many ways to develop faculty: attend courses, earn a certificate, observe excellent teachers, read books, do educational research.

- Within the faculty, different members can and should be allowed to do different jobs, all of which contribute to the mission. This is contrary to our historical desire to have all faculty doing the same type and amount of productive work, which may not be a useful strategy for the future.

National League for Nursing

Core Competencies of Nurse Educators with Task Statements

National League
for Nursing

CORE COMPETENCIES OF NURSE EDUCATORS ©
WITH TASK STATEMENTS

Competency 1 – Facilitate Learning

Nurse educators are responsible for creating an environment in classroom, laboratory, and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes. To facilitate learning effectively, the nurse educator:

- Implements a variety of teaching strategies appropriate to learner needs, desired learner outcomes, content, and context
- Grounds teaching strategies in educational theory and evidence-based teaching practices
- Recognizes multicultural, gender, and experiential influences on teaching and learning
- Engages in self-reflection and continued learning to improve teaching practices that facilitate learning
- Uses information technologies skillfully to support the teaching-learning process
- Practices skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in a variety of contexts
- Models critical and reflective thinking
- Creates opportunities for learners to develop their critical thinking and critical reasoning skills
- Shows enthusiasm for teaching, learning, and nursing that inspires and motivates students
- Demonstrates interest in and respect for learners
- Uses personal attributes (e.g., caring, confidence, patience, integrity and flexibility) that facilitate learning
- Develops collegial working relationships with students, faculty colleagues, and clinical agency personnel to promote positive learning environments
- Maintains the professional practice knowledge base needed to help learners prepare for contemporary nursing practice
- Serves as a role model of professional nursing

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Competency 2 – Facilitate Learner Development and Socialization

Nurse educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role. To facilitate learner development and socialization effectively, the nurse educator:

- Identifies individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second degree learners
- Provides resources to diverse learners that help meet their individual learning needs
- Engages in effective advisement and counseling strategies that help learners meet their professional goals
- Creates learning environments that are focused on socialization to the role of the nurse and facilitate learners' self-reflection and personal goal setting
- Fosters the cognitive, psychomotor, and affective development of learners
- Recognizes the influence of teaching styles and interpersonal interactions on learner outcomes
- Assists learners to develop the ability to engage in thoughtful and constructive self and peer evaluation
- Models professional behaviors for learners including, but not limited to, involvement in professional organizations, engagement in lifelong learning activities, dissemination of information through publications and presentations, and advocacy

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Competency 3 – Use Assessment and Evaluation Strategies

Nurse educators use a variety of strategies to assess and evaluate student learning in classroom, laboratory and clinical settings, as well as in all domains of learning. To use assessment and evaluation strategies effectively, the nurse educator:

- Uses extant literature to develop evidence-based assessment and evaluation practices
- Uses a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and affective domains
- Implements evidence-based assessment and evaluation strategies that are appropriate to the learner and to learning goals
- Uses assessment and evaluation data to enhance the teaching-learning process
- Provides timely, constructive, and thoughtful feedback to learners
- Demonstrates skill in the design and use of tools for assessing clinical practice

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Competency 4 – Participate in Curriculum Design and Evaluation of Program Outcomes

Nurse educators are responsible for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepare graduates to function effectively in the health care environment. To participate effectively in curriculum design and evaluation of program outcomes, the nurse educator:

- Ensures that the curriculum reflects institutional philosophy and mission, current nursing and health care trends, and community and societal needs so as to prepare graduates for practice in a complex, dynamic, multicultural health care environment
- Demonstrates knowledge of curriculum development including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies
- Bases curriculum design and implementation decisions on sound educational principles, theory, and research
- Revises the curriculum based on assessment of program outcomes, learner needs, and societal and health care trends
- Implements curricular revisions using appropriate change theories and strategies
- Creates and maintains community and clinical partnerships that support educational goals
- Collaborates with external constituencies throughout the process of curriculum revision
- Designs and implements program assessment models that promote continuous quality improvement of all aspects of the program

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Competency 5 - Function as a Change Agent and Leader

Nurse educators function as change agents and leaders to create a preferred future for nursing education and nursing practice. To function effectively as a change agent and leader, the nurse educator:

- Models cultural sensitivity when advocating for change
- Integrates a long-term, innovative, and creative perspective into the nurse educator role
- Participates in interdisciplinary efforts to address health care and educational needs locally, regionally, nationally, or internationally
- Evaluates organizational effectiveness in nursing education
- Implements strategies for organizational change
- Provides leadership in the parent institution as well as in the nursing program to enhance the visibility of nursing and its contributions to the academic community
- Promotes innovative practices in educational environments
- Develops leadership skills to shape and implement change

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Competency 6 - Pursue Continuous Quality Improvement in the Nurse Educator Role

Nurse educators recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential. To pursue continuous quality improvement in the nurse educator role, the individual:

- Demonstrates a commitment to life-long learning
- Recognizes that career enhancement needs and activities change as experience is gained in the role
- Participates in professional development opportunities that increase one's effectiveness in the role
- Balances the teaching, scholarship, and service demands inherent in the role of educator and member of an academic institution
- Uses feedback gained from self, peer, student, and administrative evaluation to improve role effectiveness
- Engages in activities that promote one's socialization to the role
- Uses knowledge of legal and ethical issues relevant to higher education and nursing education as a basis for influencing, designing, and implementing policies and procedures related to students, faculty, and the educational environment
- Mentors and supports faculty colleagues

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Competency 7 – Engage in Scholarship

Nurse educators acknowledge that scholarship is an integral component of the faculty role, and that teaching itself is a scholarly activity. To engage effectively in scholarship, the nurse educator:

- Draws on extant literature to design evidence-based teaching and evaluation practices
- Exhibits a spirit of inquiry about teaching and learning, student development, evaluation methods, and other aspects of the role
- Designs and implements scholarly activities in an established area of expertise
- Disseminates nursing and teaching knowledge to a variety of audiences through various means
- Demonstrates skill in proposal writing for initiatives that include, but are not limited to, research, resource acquisition, program development, and policy development
- Demonstrates qualities of a scholar: integrity, courage, perseverance, vitality, and creativity

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Competency 8 – Function within the Educational Environment

Nurse educators are knowledgeable about the educational environment within which they practice and recognize how political, institutional, social and economic forces impact their role. To function as a good "citizen of the academy," the nurse educator:

- Uses knowledge of history and current trends and issues in higher education as a basis for making recommendations and decisions on educational issues
- Identifies how social, economic, political, and institutional forces influence higher education in general and nursing education in particular
- Develops networks, collaborations, and partnerships to enhance nursing's influence within the academic community
- Determines own professional goals within the context of academic nursing and the mission of the parent institution and nursing program
- Integrates the values of respect, collegiality, professionalism, and caring to build an organizational climate that fosters the development of students and teachers
- Incorporates the goals of the nursing program and the mission of the parent institution when proposing change or managing issues
- Assumes a leadership role in various levels of institutional governance
- Advocates for nursing and nursing education in the political arena

These competencies were developed by the NLN's Task Group on Nurse Educator Competencies

Judith A. Halstead, DNS, RN (Chair), Wanda Bonnel, PhD, RN, Barbara Chamberlain, MSN, RN, CNS, C, CCRN, Pauline M. Green, PhD, RN, Karolyn R. Hanna, PhD, RN, Carol Heinrich, PhD, RN, Barbara Patterson, PhD, RN, Helen Speziale, EdD, RN, Elizabeth Stokes, EdD, RN, Jane Sumner, PhD, RN, Cesarina Thompson, PhD, RN, Diane M. Tomasic, EdD, RN, Patricia Young, PhD, RN, Mary Anne Rizzolo, EdD, RN, FAAN, (NLN Staff Liaison)

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Title: Teacher in Nursing Certificate Program
Type: Accelerated/online non-degree

Location:
Birmingham, Alabama

Organizations Involved:
University of Alabama at Birmingham School of Nursing

Funding Source:
Student tuition and fees

Description:
The University of Alabama at Birmingham offers a non-degree Teacher in Nursing Certificate program open to any baccalaureate prepared registered nurse. Courses in the certificate program of study are offered with flexible scheduling and online options to accommodate varying schedules. Program requirements include a minimum of 15 credit hours, 12 of which are to be taken at the University of Alabama and three of which are elective and may be taken elsewhere if approved by the coordinator of the certificate program. Certificate program course requirements are attached.

Outcome:
Not immediately available-e-mail in to contact regarding enrollment success and course descriptions.

Modifications to Model:
None

Contact Information:
Ms. Joy Deupree, MSN, CRNP
Director of Graduate Student Affairs
Phone: 205-975-5302
E-mail: deupreej@uab.edu
Website: http://main.uab.edu/sites/nursing/103499/

Course Requirements:

Term Offered	Course Title (prerequisites or co-requisites)	Credits
Fall	NTC 650Q Instructional Strategies for Teaching in Nursing	3
Spring	NTC 652 Program and Curriculum Development in Nursing	3
Summer	NTC 654Q Evaluation of Instruction in Nursing (on-line offering)	3
Any term	NTC 683 Teaching Practicum in Nursing	1-3 per term (3 credits total)
Any term	Elective (approved by Coordinator of Certificate Program)	3

*No course descriptions were available

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Teacher in Nursing Certificate Program

There is an increasing demand for teachers who are capable of preparing nurses and consumers for a radically different and ever-changing health care environment. Alternative ways of meeting student and health care consumers' needs for education besides face-to-face instruction are vital to the delivery of cost-effective nursing education and health care. Teachers in nursing who have clinical expertise are needed to educate diverse populations of learners who live, work, and play in a wide variety of settings.

This certificate program is designed as a post-baccalaureate option for nurses who teach in diverse settings. Nurses who want to work in staff development, patient/family education, academic nursing education, or in any setting where teaching and learning takes place, will find these courses helpful. Courses are offered with flexible scheduling and some on-line availability to make it easy to enroll if students are employed part or full-time.

The program provides an understanding of the processes of teaching and learning, the factors that influence teaching and learning in nursing, and the current and futuristic roles of teachers in nursing.

Teacher in Nursing Certificate Application

The goals of this program are to:

- Prepare individuals with knowledge, attitudes and skills in teaching diverse populations (individuals and groups) in a variety of settings,
- Prepare future teachers of nurses and health care consumers who know how to help others "learn how to learn" in a rapidly changing health care delivery environment, and
- Provide individuals with a foundation for role development in the area of nursing education.

Graduates of this certificate program will be expected to:

- Develop educational programs in response to the learning needs of health professionals and health care consumers,
- Assess, implement, and evaluate clinical and non-clinical educational offerings, and
- Collaborate with others in the development of programs that are responsive to the changing educational needs of the times.

Admission:

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Certificate Program
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- Simulation and Technology
- Clinical Affairs & Partnerships
- Development & Alumni Relations
- International Programs
- Nursing Job Resource Center
- News

The courses within this program are open to nurses who have a baccalaureate degree in nursing or with permission of the instructor. Program certificate requirements include completion of a minimum of 15 credit hours of course work, 12 of which are specified courses taken at UAB in the School of Nursing, and a 3 credit hour elective course approved by the Coordinator of the Certificate Program. All course work for the Teaching in Nursing Certificate must be completed within 4 years.

Key Concepts:

- Students may enroll in individual courses without completing the entire certificate program.
- Individual courses may be taken for academic credit and utilized to meet elective course requirements in the graduate program of studies at UAB School of Nursing. Courses may transfer to other graduate programs, but this requires approval of the primary institution.
- To obtain the certificate in Teaching in Nursing the learner must complete 15 credit hours which includes 12 credits (4 courses) specified below, plus 3 credits (elective) approved by the Coordinator of the Certificate Program.
- Upon completion of the required courses, students must notify the Coordinator of the Certificate Program that they have successfully completed 15 credits towards a Certificate in Teacher in Nursing. Verification of the completion of the work will be done by the Office of Student Affairs in conjunction with the Coordinator of the Teacher in Nursing Certificate Program. The courses will be noted on the student's academic transcript and the UAB School of Nursing will award a certificate verifying completion of program requirements.

Term Offered	Course Title (prerequisites or co-requisites)	Credits
Fall	NTC 650Q Instructional Strategies for Teaching in Nursing	3
Spring	NTC 652 Program and Curriculum Development in Nursing	3
Summer	NTC 654Q Evaluation of Instruction in Nursing (on-line offering)	3
Any term	NTC 683 Teaching Practicum in Nursing	1-3 per term (3 credits total)
Any term	Elective (approved by Coordinator of Certificate Program)	3

Contact:
Ms. Joy Deupree, MSN, CRNP
Director of Graduate Student Affairs
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- UAB School of Nursing
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- Mailing Address: NB 104, 1530 3rd AVE S. BIRMINGHAM, AL 35294-1210

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- About this Site

Title: Nursing Education Track
Type: Accelerated/online degree

Location:
Mobile, AL
Baldwin, AL

Organizations Involved:
University of South Alabama
Health Resources and Services Administration

Funding Source:
University of South Alabama
Online nurse educator track funded by Health Resources and Services Administration three year grant (2007 is second year).

Description:
The University of South Alabama offers an accelerated MSN program at its Mobile and Baldwin campuses. The track consists of 101 credits and is available to students with a non-nursing baccalaureate degree. The full curriculum can be completed in twenty-four months and includes either a nurse educator or nurse administrator track. In the first twelve months of the program, students complete select undergraduate nursing courses and five graduate "bridge" courses that combine undergraduate and graduate training in pharmacology, pathophysiology, nursing research, health assessment, and nursing roles and leadership. At the end of this portion of the program, students then sit for the NCLEX exam and become registered nurses. They then proceed to a three semester specialty component of the program, either nursing education or nursing administration. Within the nursing education track students then choose from adult health nursing, maternal-infant nursing, community health nursing, child health nursing, or psychiatric/mental health nursing.

The nursing education track is offered entirely online, as are all other MSN requirements. Clinical requirements are arranged in accordance with each student's availability by a faculty preceptor and based in the student's home area. The nurse educator track requires 600 hours of such clinical experience. See attached curriculum and admission requirements, as well as scheduling options, for all programs. Students do not ever need to visit campus for the MSN program. The University of South Alabama has also recently developed an online DNP program in which the students must only visit campus once per year. The DNP program also offers a nurse educator track. Online programs are fully supported by a bookstore, library resources, and registration. Anything on-campus students have access to is also available to online students. Faculty at the university are specially trained in online course development and teaching.

Outcome:
The MSN nurse educator program has graduate over 100 students from all over the country since its inception several years ago. The university currently has over 100

students involved in the program and receives inquiries about the program weekly. Each graduating class consists of around 25-30 students. The DNP nurse educator program was just implemented in the fall of 2006 and there are 12 students currently enrolled.

Modifications to Model:
N/A

Contact Information:
Nurse Educator Track
Dr. Cathy Dearman
E-mail: cdearman@usouthal.edu
Telephone: 251-434-3608
Website: http://www.southalabama.edu/nursing/nursing_education.html

Accelerated MSN Program for Non-nursing Graduates
Dr. Debra Davis
Dean
E-mail: ddavis@usouthal.edu
Telephone: 251-434-3415
Website: http://www.southalabama.edu/nursing/accelerated.html

University of South Alabama
College of Nursing

2005-2006
Curriculum for
Accelerated Master of Science Degree in Nursing

Accelerated MSN

The graduate program at the College of Nursing has a special 101 credit accelerated track for individuals with non-nursing baccalaureate degrees. The curriculum can be completed in 24 months of full-time study and prepares the student for licensure as a registered nurse and for a career as a nurse educator or nurse administrator. In the first 12 months students complete undergraduate nursing foundation courses and five graduate "bridge" courses. These five graduate courses "bridge" undergraduate and graduate knowledge in pharmacology, pathophysiology, nursing research, health assessment, and nursing roles and leadership. Courses in the nursing foundation component of the curriculum are equivalent to the curriculum and contact hours required for the traditionally taught BSN degree offered by the College, except that the course schedule is accelerated and is not confined by the traditional academic calendar.

At the end of the 12-month foundation component of the curriculum, students are awarded the BSN degree and are prepared for the RN licensure (NCLEX) examination. Students then begin the 3-semester specialty component of the curriculum to prepare for a career in nursing education or nursing administration. Within the nurse educator track students further select one of the following clinical concentration areas: adult health nursing, maternal-infant nursing, community health nursing, child health nursing, or psychiatric/mental health nursing. Courses for the specialty component of the curriculum are offered online. Clinical requirements are completed in faculty-facilitated preceptorships.

ADMISSION CRITERIA

Admission is selective and competitive. The curriculum is intensive and fast paced. The College of Nursing reserves the right to select students determined to be the best qualified and most likely to succeed in this challenging graduate program in nursing.

1. Graduate of an accredited baccalaureate program with a minimum 3.0 GPA on a 4.0 scale. In accordance with graduate school policy provisional admission may be granted to selected students who do not meet this standard.
2. Completion of all prerequisite course work as listed below with a minimum GPA of 3.0 (A=4.0) and no grade less than a C.

   Prerequisite Courses

   - Anatomy and Physiology I _____
   - Anatomy and Physiology II _____
   - English Composition I _____
   - English Composition II _____
   - Microbiology or Infectious Disease _____
   - Statistics _____
   - Precalculus algebra (or higher) _____
   - Chemistry _____
   - Psychology _____

3. Submission of completed application by April 1.
4. Payment of $50.00 non-refundable application fee
5. Submission of health data form
6. Submission of a negative drug test
7. Submission of resume.
8. Interview- after initial review of applications a limited number of applicants will be invited for a personal interview. Verbal and written communication skills will be assessed during the interview.

For more information, contact the College of Nursing, Office of Graduate Studies at 251-434-3425 or visit our website at http://www.southalabama.edu/nursing

Curriculum
Nursing Foundation Component -12 Months

Fall Semester 2005	Cr Hrs	Spring Semester 2006	Cr Hrs	Summer Semester 2006	Cr Hrs
Semester long courses (13 weeks)		**Semester long course (13 weeks)**		**Semester long course (13 weeks)**	
7/25/05 – 11/08/05		**1/9/06 – 5/04/06**		**5/08/06 – 7/31/06**	
NU 530 Adv.Health Assessment	4	NU 533 Adv. Research	4	NU 534 Adv. Nsg Issues/Roles	4
NU 531 Adv. Pathophysiology	4				
NU 532 Adv. Pharmacology	4	**5th Interval (5 weeks)**		**8th Interval (3 weeks)**	
		1/02/06 – 2/06/06		**5/08/06 – 5/29/06**	
Ist Interval(5 weeks) 7/25/05 – 8/29/05	1	MCN 340 Mat/Gyn Nursing	3	CMN 420 Community Hlth Nsg	3
HSC 342 Admin of Meds		MCN 341 Clinical	3	NU 413 Nursing Informatics	3
2nd Interval (3 weeks) 9/05/05 – 9/26/05		**6th Interval (5 weeks)**			
NU 300 Foundations Prof. Nursing	3	**2/13/06 – 3/20/06**		**9th Interval (7 weeks)**	
NU 301 Clinical	2	MCN 345 Child Health	3	**6/05/06 – 7/31/06**	
HSC 332 Diet Therapy	3	MCN 346 Clinical	3	NU 412 Nsg Decision Making &	3
				Delegation	5
3rd Interval (5 weeks) 10/03/05 – 11/07/05		**7th Interval (5 weeks)**		NU 460 Practicum	
CMN 350 Psych/Mental Health Nsg	3	**3/27/06 – 5/01/06**			
CMN 351 Clinical	3	AHN 447 Adult Health II	3		
		AHN 448 Clinical	3		
4th Interval (5 weeks) 11/14/05 – 12/19/05					
AHN 347 Adult Health I	3				
AHN 348 Clinical	3				
Semester Credits	33	Semester Credits	22	Semester Credits	18
Bachelor of Science in Nursing Degree is awarded upon completion of this component.				**TOTAL CREDITS**	**73**

Specialization Component- 12 Months
Students select one option (clinical nurse educator or clinical nurse manager)

Fall Semester 2006	Cr Hrs	Spring Semester 2007	Cr Hrs	Summer Semester 2007	Cr Hrs
Clinical Nurse Educator Option		**Clinical Nurse Ed Option**		**Clinical Nurse Ed Option**	
NU 506 Nursing Theory		NU 528 Inst Design in Nsg Ed	3	NU 526 Nsg Ed Practicum	4
HSC 568 Applied Eco/Hlth Policy		NU 524 Clin Concepts/Cultural Comp	3	NU 529 Nsg Ed Seminar	2
NU 522 Educational Technology for Nurse	3	**(select one of the following)**		NU 514 Research Practium	1
Educators	3	AHN 525 Practicum in Adult	4		
NU 527 Curr & Eval in Nsg Ed.	3	MCN 525 Practicum in Mat-Child	4		
	3	CMN 525 Prac. in Comm/Mental Hlth	4	**Clinical Nurse Manager Option**	
Clinical Nurse Manager Option					
		Clin Nurse Manager Option		NU 567 CNM Internship	4
NU 506 Nursing Theory				NU 568 CNM Admin Seminar	2
HSC 568 Applied Eco/Hlth Policy	3	HSC 571 Man Hlth Personell	3	NU 514 Resarch Practicum	1
NU 562 Resource Mgt	3	NU566 CNM Field Study	4		
NU 565 Nsg Adm Finance	3	NU 561 CNM Con & Theo	3		
	3				
Semester Credits	12	Semester Credits	10	Semester Credits	7
Master of Science in Nursing Degree is awarded upon completion of this component.				**TOTAL CREDITS**	**29**

Progression

Students must maintain an overall GPA of 3.0 on all work attempted in the program. A maximum of two (2) courses with a grade of C can be counted toward a degree, however, only one C is permitted in the specialization courses for the clinical nurse educator or clinical nurse manager or in the following bridge courses; NU 530 Health Assessment, NU 531 Advanced Pathophysiology, and NU 532 Advanced Pharmacology. If a second C is earned in these courses the course in which the second C is obtained must be repeated. Any combination of three (3) courses with grades of C or less including C grades of repeated courses will result in dismissal from the program. Further, student may withdraw failing from only two courses, the third withdrawal failing results in dismissal.

Students are required to apply for registered nurse licensure upon completion of the nursing foundation component of the curriculum. Prior to enrolling in the specialty component of the curriculum students must posses their RN licenses or hold a temporary registered nurse license. Any student failing the licensure examination or allowing their temporary permit to expire will be withdrawn from the program.

MSN/mmj
E: '05-'06 Accel-prgms/ACCMSN curr_advis_2005-06
Revised 02-05

Armstrong Atlantic State University
Baccalaureate Nursing – Advanced Placement Track
Program of Study and Progression Record

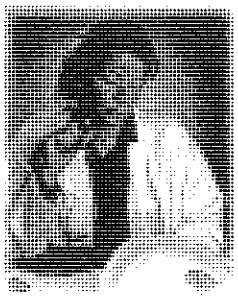
NAME:_____ Student ID: _____

PREVIOUS DEGREE: _____ INSTITUTION: _____

YEAR: _____ GPA:_____ ADVISOR _____DATE: _____

Semester Requirements	Semester Hours	AASU	Transfer	Grade	Remarks
Area A - Essential Skills	9				
ENGL 1101	3				
ENGL 1102 or 1102H	3				
MATH 1001 or 1111 or 1113 or 1161	3				
Area B - Institutional Options	4				
Ethics and Values -Chem 2600, Eng 2000, Ethc 2000, Hist 2000, Phil 2251, Pols 1200, Gwst 2101	2				
Global Perspectives - Anth 1150, Chem 2200, Crju 2010, Econ 1150, Engl 2050, Euro 2000, Geog 1100, Geog 2120, Hist 1111, Hist 1112, Psyc 2300 Hist 1112H, Hist 2100, HLPR 2010, Hons 2000 Pols 1150, Pols 2290, Publ/Pols 2250, Gwst 2200	2				
Area C - Humanities and Fine Arts	6				
Literature or Philosophy Engl 2100, Engl 2100H, Phil 2201,or Phil 2251	3				
Art, Music or Theater Appreciation Arts 1100, Arts/Musc 1270, Arts 2710, Arts 2720, Musc 1100, Thea 1100, Thea 1200, Thea 2410	3				
Area D - Science, Math, and Technology	11				
Lab Sciences Biol 1107/1108, Chem 1151/1152, or Phys 1111/1112, Phys 2211/2212 or Chem 1211/1212 or 1212H	4				
or any two of the following: Biol 1107, Chem 1151, Chem 1211, Phys 1111, Phys 2211	4				
MATH 2200	3				
Area E - Social Sciences	12				
World Civilization -Hist 1111, Hist 1112, or Hist 1112H	3				
American and Georgia History and Government - Hist/Pols 1100	3				
Social Sciences- one course selected from: Anth 1102, Econ 2105, Econ 2106, Psyc 1101, Psyc 1101H, Soci 1101	3				
Social Sciences - one course selected from: Anth 1102, Econ 2105, Econ 2106, Psyc 1101, Psych 1101H, Soci 1101, Hist 1111, Hist 1112, Hist 1112H, Hist 2111, Hist 2112, Pols 2100, Geog 2120, Gwst 1101	3				

Semester Requirements	Semester Hours	AASU	Transfer	Grade	Remarks
Area F - Courses appropriate to major	18				
BIOL 2081	4				
BIOL 2082	4				
BIOL 2275	4				
PSYC 1101	3				
PSYC-2950	3				
Physical Education	3				
Major Courses	64				
NURS 3304 - Professional Nursing Practice	4				
NURS 3308 - Pharmacological Concepts for Nursing	3				
NURS 3320 - Health Assessment	4				
NURS 3344 – Skills	2				
NURS 3345 - Adult Health I	6				
NURS 3309 - Pathophysiology	4				
NURS 3355 - Women's Health	5				
NURS 3425 - Children's Health	5				
NURS 4345 - Adult Health II	7				
NURS 4435 - Mental Health	5				
NURS 4445 - Nursing Research	3				
Nursing Elective	3				
NURS 4440 - Population	5				
NURS 4450 - Leadership	7				
NURS 4460 – Critical Inquiry	1				



University of South Alabama

College of Nursing
Nursing Education Track

Hospital Information
Career Orientation
Work Information
Advancement
Requirements
LPN Bridge Info
RN Info
Student Handbook
University Schedule of Courses
CPR Advisor Approval Software Policy
Immunization Policy
Click Here for More Information About Health Care Programs for Minors
Click here to download the FREE Acrobat Reader software
Listing of Clinical Affiliations
Jobs Available
Financial Aid Info
National Health Service Corps
Nursing Education Loan Repayment Program
Preceptor Site
NLN Foundation for Nursing Education

Nurse Educator Track Offered Online!

The Nurse Educator Track prepares professional nurses to assume entry-level teaching positions in collegiate and hospital settings. Graduates are eligible to seek national certification as a nurse educator. Advanced practice roles within the Nurse Educator practice include:

- Educator in a collegiate setting (RN, LPN, or Unlicensed Assistive Personnel)
- Researcher
- Collaborator
- Consultant
- Case Manager
- Health Educator
- Program Planner
- Staff Educator
- Patient Educator

Educational principles, leadership, strategic planning, and a vision for nursing education in rural, underserved, and culturally diverse communities are characteristics of the advanced practice Nurse Educator role

Online Curriculum

This educational track is completely online. The nurse educator track is ideal for nurses in remote areas and for those who are bound by work and family obligations. The interactive online classroom provides opportunities for active learning, discussion, problem solving, debating, critical thinking, research, networking, and community building.

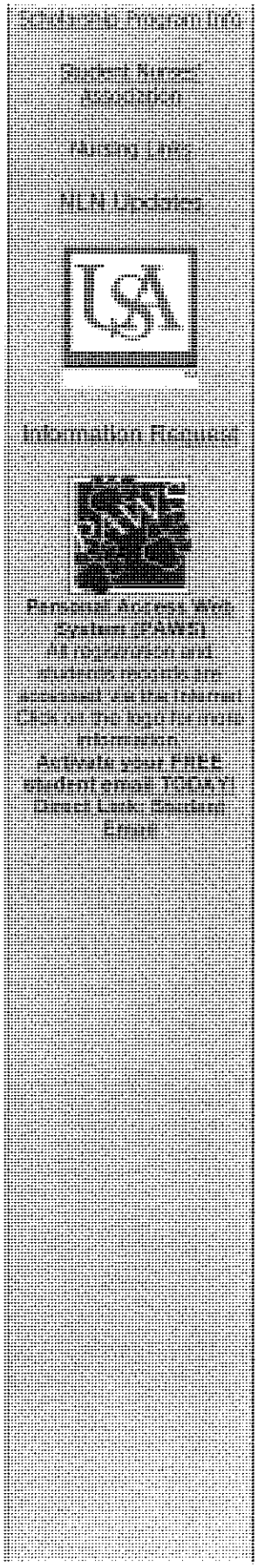
Financial aid is available. Admission applications can be processed quickly with consideration given to the individual's specific goals. **For admission information, forms, etc. go to: http://www.southalabama.edu/nursing/MSN.html**
Call (251) 434-3425 or send an email to congrad@usouthal.edu to request the application packet. Be sure to include your name, full address, and zip code.

The University of South Alabama College of Nursing is accredited by the Commission on Collegiate Nursing Education of the American Association of Colleges of Nursing. The University is accredited by the Southern Association of Colleges and Schools. There is currently no certification for Nurse Educators but that may change within the next few years.

Note: Your ability to progress in the curriculum is dependent upon you following the schedule. For example, some courses are only taught once each year and many others have pre-requisites. If you are unable to enroll as projected, contact the graduate office for a revised schedule (251) 434-3425.

Entering Fall Semester (5 semesters to completion)

Entering Fall Semester (8 semesters to completion)



Entering Spring Semester (4 semesters to completion)

Entering Spring Semester (7 semesters to completion)

Entering Summer Semester (6 semesters to completion)

Entering Summer Semester (9 semesters to completion)

Post Masters Track

Certification: The Nurse Educator/CNS program at USA prepares one to sit for two different certifications, one in Nursing Education, through the National League for Nursing (NLN) and the other as a Clinical Nurse Specialist through the American Nurses' Credentialing Center (ANCC). The information for each is presented below. If you have any questions regarding the requirements for either certification, please contact the certifying agency. We can provide the supportive documentation requested, but we cannot address the requirements.

Nurse Educator: The Nurse Educator Certification Exam is available to both those who have graduated from a Nurse Educator specific educational program as well as others who have a master's in another specialty but significant experience as an educator. Graduates of the USA NUED/CNS track, and all master's prepared nurse educator graduates, are eligible to seek certification after 2 years of experience as a nurse educator. Persons who are not educationally prepared as nurse educators must have 5 years of full time experience as a nurse educator before seeking certification. For additional information, please see the NLN web site under nurse educator certification.

CNS: The ANCC offers CNS certification exams for certain specialties. For some specialities, for example, maternity, no exam currently exists. Some exams are new and have only recently become available. For a complete list, please see the ANCC web site under CNS certification.

The USA CON Nurse Educator/CNS program prepares one to seek certification as a CNS within specific specialty areas. Those areas are: Pediatric, Acute Care of Adults, and Adult Psych/Mental. We offer Maternity specialization, however, there is no certification exam currently available (see above). We do not offer sub specialty preparation sufficient for seeking certification, i. e. critical care, pulmonary, etc. We also do not offer specific preparation for CNS certification exams available through other agencies such as the American Association of Critical Care Nurses.

If you wish specific information on the requirements for ANCC certification as a CNS, please contact that agency directly or visit their web site. The NU ED faculty and administration at the College can provide validation in support of an application for certification such as clinical hours, preceptor qualifications, etc, when requested by the certifying body, but we cannot provide detailed information on certification requirements.

Orientation to the Nurse Educator Track:

The Nurse Educator Track focuses on the multifaceted roles of the nurse educator: educator, collaborator, scholar, manager, and clinical practice. Nurse Educators are responsible for building and maintaining competence in each of these roles and develop expert skills in three of them: educator, collaborator, and scholar. Core/support courses in roles and leadership (NU 508), theoretical foundations of advanced nursing (NU 506), nursing economics and health policy (NU 507), pharmacology (NU 578), and research (NU 513 and 514) serve as the underpinnings to prepare students in advanced practice nursing. The track's specialty courses in physical assessment (NU 518 and 519 (60 clinical hours), clinical concepts in nursing (NU 523 and 524), curriculum and evaluation (NU 527), instructional design (NU 528), and the nurse educator seminar and practicum (NU 526 and 529) provide the student with an opportunity to develop knowledge and skills required to effectively execute the role of the Nurse Educator. NU 525 with a specialty in either Adult Health (AHN 525), Community Mental Health (CMN 525), or Maternal Child Health (MCN 525) provides the student the opportunity to engage in clinical practice within the circumscribed

clinical area to enhance their practice skills.

The student completes 600 hours of clinical within this track. Those clinical hours are associated with NU 514 (60 hours); NU 519 (60 hours); AHN, CMN, or MCN 525 (240 hours); and NU 526 (240 hours). Students are "highly encouraged" to enroll in NU 518 and 519 simultaneously as early as possible in the track. NU 526 and NU 529 are the final courses in the track and must be taken in the student's final semester. Pairing of these courses is to allow the student to practice in the clinical area the skills that are learned in the didactic portion.

NEW For current requirements in each of the clinical courses please click here.

All clinical is preceptor based in the student's home area. Students must identify preceptors who will guide their development within each of the clinical courses. The preceptors MUST hold minimum preparation at the master's level, even for the clinical practice area. The Nurse Educator Practicum (NU 526) requires a nurse educator who is actively engaged in all aspects of the role. All preceptor arrangements must be approved by faculty in advance of the semester in which the student enrolls in the clinical course.

Negotiating clinical agency contracts can be quite a lengthy process. Negotiations in the past have taken as long as 3 months, so start this process well in advance of registering for a clinical course. Students are responsible for assuring that the contract is fully operational PRIOR to starting any clinical hours. NO clinical time can be spent in any facility with whom we do not have a clinical affiliation agreement.

Click here for Practicum Forms

Two page Agreement Form (.pdf format Two page Agreement Form (.doc)

Letter of Notification and Appreciation).pdf) Letter of Notification and Appreciation (.doc)

Advising

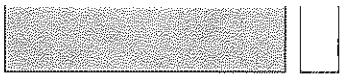
Nurse Educator students can contact Dr. Cathy Dearman at cdearman@usouthal.edu or 251-434-3608 for specific questions regarding course planning, etc. Prior to contacting Dr. Dearman, please review the course schedules at the links listed above. There is no requirement for students to "be advised" prior to registration. Registration is accomplished online. Students do need to be aware that they MUST register with E-College as well as with the University in order to have access to courses.

USA Online - Distance Education for Nurses
http://usaonline.southalabama.edu/

Please feel free to email for more information: congrad@usouthal.edu

Return to College of Nursing homepage.

UNIVERSITY OF
SOUTH ALABAMA
For questions or comments about our web site, please E-mail Webmaster



Site last updated:
Monday, July 02, 2007 09:08:48 AM

Title: MSN-Nursing Education Specialty
Type: Accelerated/online program

Location:
Little Rock, Arkansas

Organizations Involved:
University of Arkansas for Medical Sciences

Funding Source:
Student tuition and fees-University of Arkansas for Medical Sciences

Description:
The University of Arkansas for Medical Sciences offers an accelerated Registered Nurse to MSN program with a Nursing Education specialty option. Students may submit a portfolio detailing professional experience in Community Health Nursing, Leadership and Management, or Nursing Care of Older Adults in exchange for waived undergraduate nursing course credits. The Admissions and Progression Committee then reviews the portfolio and determines the extent to which a Registered Nurse's professional experiences qualify him or her to waive some or all of the undergraduate BSN requirements before advancing to the MSN program. This program is referred to as "Bridge." All students admitted through the "Bridge" program are required to complete a nursing practicum in Community Health Nursing, Leadership and Management, or Nursing Care of Older Adults before beginning graduate study. While pursuing the MSN, students may choose a Nurse Education specialty track. All MSN students are required to complete 11 semester hours of general core courses and 11 semester hours of specialty core courses, as well as one semester hour of research credit during the semester prior to graduation. Nursing Education specialty students are required to take an additional 12 semester hours. See attached course listing.

The University of Arkansas for Medical Sciences also offers an accelerated BSN to PhD program designed to prepare students for careers as nurse educators, researchers, administrators, or clinicians. Students taking this track do not earn a master's degree. All applicants to this program must have Bachelor of Science in nursing degrees and have completed at least 2000 hours of documented clinical nursing practice. The BSN to PhD program of study contains a minimum of 82 to 83 credit hours which is around 20 less than a traditional PhD program of study. Courses include all core courses for the doctoral program, 12 hours of electives, and 18 hours of dissertation work. Students in this PhD program also have the option of a Nursing Education specialty. If a student in this program in good academic standing chooses not to fulfill all PhD requirements, he or she will be eligible to receive a master's degree after 39 to 45 credit hours, depending on the specialty of his or her choosing. See attached course listing.

Additionally, the University of Arkansas for Medical Sciences offers a non-nursing master's to PhD program for Registered Nurses with non-nursing master's degrees. The program of study consists of at least 75 course hours. See attached course listing.

Select courses for all programs are offered online to accommodate employment and scheduling responsibilities. Also, students may choose full or part-time study for any program.

Outcome:
E-mail in to contact person regarding recruitment, enrollment, and funding.

Modifications to Model:
N/A

Contact Information:
Neena Grissom
Nursing Education Specialty Coordinator
Telephone: 501-686-8018 or 501-686-5374
E-mail: GrissomNeenaL@umas.edu
Website: http://www.nursing.uams.edu/Masters-LS/nursingeducation.asp

Dr. Elaine Souder
Director PhD in Nursing
Telephone: 501-686-7970
E-mail: esouder@uams.edu
Website: http://www.nursing.uams.edu/phd/nonnursing.htm

MSN General Core Courses

NUSC 5003:	Theory in Nursing
NUSC 5013:	Research Methodology
NUSC 5023:	Research in Advanced Nursing Practice
NUSC 5111:	Introduction to Professional Practice Management
NUSC 5121:	Advanced Professional Practice Management

MSN Specialty Core Courses

NUSC 5052:	Community Concepts
NUSC 5222:	Advanced Health Assessment and Diagnostic Reasoning Theory
NUSC 5201:	Advanced Health Assessment and Diagnostic Reasoning Practicum
NUSC 5033:	Advanced Physiology and Pathophysiology
NUSC 5043:	Clinical Pharmacology and Therapeutics

Nursing Education Specialty Courses

NUSC 5603:	Theoretical Foundations of Nursing Education
NUSC 5073:	Nursing Education Practicum
NUSC 5083:	Technology in Adult Education
NUSC 5093:	Technology Practicum

BSN to PhD with Nurse Education Specialty Program of Study

NUSC 6103:	Theory in Science*
NUSC 6113:	Theoretical Systems in Nursing Research*
NUSC 6123:	Issues Influencing Research*
NUSC 6233:	Qualitative Methodology in Nursing Research
NUSC 6243:	Quantitative Methodology in Nursing Research*
NUSC 6254:	Data Management and Analysis I
NUSC 6264:	Data Management and Analysis II

NUSC 6271: Leadership in Macrosystems

NUSC 6323: Synthesizing the Literature

NUSC 6333: Preliminary Studies and Grant Development

NUSC 5063: Theoretical Foundations of Nursing Education

NUSC 5073: Nursing Education Practicum

NUSC 5083: Technology in Adult Education

NUSC 5093: Technology Practicum

Electives: 12 hours
Dissertation: 18 hours

Minimum: 82-83 credit hours

Non-Nursing Masters to PhD Course Requirements

Masters Level Courses
One of the following:
NUSC 5003
NUSC 5013
NUSC 5023

2-3 Support Courses:
NUSC 5201
NUSC 5222
NUSC 5043
NUSC 5033

Administration/Education Focus:
NUSC 5703
NUSC 5052
NUSC 5753
NUSC 5063
NUSC 5083

1-2 Specialty Courses chosen in the Pediatric Nurse, Nursing Administration, Adult Acute, Women's Health, or Gerontology specialty area

*=internet course

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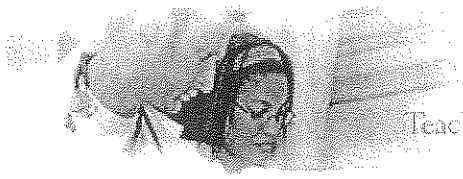

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  - Family NP
  - Family Psychiatric and Mental Health NP
  - Gerontological NP
  - Nursing Administration
  - Nursing Education
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Bridge Program

(Admission to the Graduate Nursing Program for R.N. with Baccalaureat field other than Nursing)

The RN who has a baccalaureate degree in a field other than nursing may apply t School and the College of Nursing. The applicant is required to meet all the admis requirements for the master's program, except for a baccalaureate degree in nurs NLN accredited program.

For applicants submitting portfolio:

In addition to the admission criteria, the applicant may present a portfolio to verif and experience in the senior level courses of Community Health Nursing, Leadersh Management, and Nursing Care of Older Adults. Before being admitted to the grac the Admissions and Progression Committee will review the portfolio and determine applicant has the required knowledge and experience in the three nursing areas. F Guidelines may be obtained from the College of Nursing Office of Admissions and Services.

All students admitted to the graduate nursing program through the bridge process required to complete the nursing practicum in one of the areas of Community Hea Nursing Care of Older Adults, or Leadership and Management. Arrangement for th complete the portfolio deficiencies will be planned on an individual basis dependin and resources available for the specific undergraduate courses.

For applicant not submitting portfolio:

If the applicant feels he/she does not have the knowledge and experience to mee one or more of the three areas community health, older adult, leadership and mar he/she may elect to complete the course work instead of submitting the portfolio. write to the Associate Dean for Academic Programs regarding the decision not to s portfolio.

The students will receive a pass or fail grade for the theory and practicum courses the bridge process.

Completion of undergraduate deficiencies:

The applicant must be fully admitted to the UAMS Graduate School and the Colleg

before any courses can be taken. After admission, the student may complete only courses in the graduate nursing program while completing the undergraduate cou identified in the portfolio or by letter. The student may not take more graduate co undergraduate core deficiencies are removed.

Submission deadlines:

Application and Portfolio Submission for Fall

Admission: **April 1**

Application and Portfolio Submission for Spring (link to Portfolio Guidelines)

Admission: **September 1**

Contact Dr. Patricia E. Thompson if you have questions about the
Office Phone - (501) 686-7968. E-mail: ThompsonPatriciaE@uar

College of Nursing
University of Arkansas for Medical Sciences
UAMS College of Nursing 4301 W. Markham Street, # 529 Little Rock, AR 72205
Ph (501) 686-5374 Fax (501) 686-8350

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UAMS
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

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Master of Nursing Science

The program leading to the Master of Nursing Science (MNSc) degree is accredit NLNAC and CCNE. Nursing course requirements are completed in the College of University of Arkansas for Medical Sciences, Little Rock. Semester hours com candidates for the Master of Nursing Science (MNSc) vary depending on the area selected.

The Master of Nursing Science program prepares nurses for advanced nursing pra will provide a foundation for doctoral study. Advanced practice nurses are accou society and practice in the roles of clinician, administrator, and educator. The practice nurse is prepared to:

1) provide and manage care of persons (individuals, families, groups, and/or comm
2) participate in the development and implementation of health care systems accessible and responsive to the consumer;
3) use and collaborate in research;
4) develop, implement, and evaluate educational programs; and
5) provide leadership in the profession, the health care sector, and society as a whc

Students pursuing the Master of Nursing Science degree are considered to be stude Graduate School who are taking courses offered by the faculty of the College of Accordingly, the Graduate School Catalog is to be considered the primary catal students in the MNSc program. All provisions in the Graduate School Catalog Graduate School Handbook, including grievance procedures, are the authority app students pursuing the Master of Nursing Science degree.

Additional details of the policies and requirements specifically pertaining to t program presented in the College of Nursing Catalog and the College of Nursing H are for the purpose of augmenting the Graduate School Catalog and the Gradua Handbook. These program specific procedures, course requirements, and cr satisfactory academic progress are applicable to all students pursuing the Master c Science degree, but do not supersede the general Graduate School policies or requ For clarification on certain issues, please contact the Graduate School Office.

Characteristics of the Master's Graduate

Graduates will enact the role of the advanced practice nurse, which includes:

1. Promote, manage, and coordinate health care in culturally and ethnicall populations within areas of specialization.

2. Design and implement theory and research based health care interventions variety of health care systems.

3. Deliver health care that is responsive and accessible to the consumer in a variety care systems.

4. Analyze the external and internal environment of health care delivery systems economic, political, ethical, legal and philosophical factors.

5. Analyze issues related to health policy and health economics.

6. Provide leadership in the profession and community to advance nursing pra health care systems.

7. Plan, implement, and evaluate education activities using teaching and learning th

8. Provide consultation to health care providers and consumers.

9. Effectively communicate scholarly ideas through a variety of media.

10. Establish collegial and collaborative relationships within health care systems.

11. Develop advanced practice based on professional values and standards.

Admission Requirements

Graduate School and College of Nursing completed application forms with all transcripts and other documentation must be received by the College of Nursing Admissions and Student Services by April 1 for applicants seeking admission for fu part-time study in the following fall semester and September 1 for admissions the spring semester.

In addition to the general requirements for admission to the University of Arkansas School, applicants for graduate study in the University of Arkansas for Medical College of Nursing must meet the following requirements:

1. Baccalaureate degree in nursing from a NLNAC or CCNE accredited program; or a for verification of knowledge and skills in community health nursing, leader management, and care of older adults for a nurse with a baccalaureate degree i field. (Guidelines for portfolio development may be obtained from the College c website.)

2. Current Arkansas RN license in nursing.

3. Official transcript with a course in basic statistics with a letter grade of "C" or bet

4. Evidence of an academic or continuing education health assessment course.

5. A cumulative grade point average of 2.85 or above (on a 4 point scale) fo admission. Students with less than a 2.85 cumulative grade point average considered for conditional admission. Cumulative GPAs are figured using every co attempted prior to receipt of the first baccalaureate degree from a regionally a institution of higher education; no grade deletions/substitutions are computed.

6. Students with less than a 2.5 GPA will not be considered for admission.

7. A minimum score of 40 on the Miller Analogies Test (MAT) or 1000 on the v quantitative portions of the Graduate Record Examination (GRE) taken within las On the GRE the verbal must be at least 400 and quantitative must be at least 350 · total score of at least 1000. Students with lesser scores may be considered for c admission if the GPA is 2.85 or above.

8. Proof of current TB test and completed Hepatitis B immunization series.

9. Names of three persons who may be contacted for academic and professional re at least two of whom must be nurses in teaching, administrative, or practice positio

10. Approval of the faculty of the College of Nursing.

11. A minimum score of 550 on the paper-based or 213 on the computer-base English as a Foreign Language (TOEFL) for all international applicants who language is not English. This test must have been taken in the last two calendar ye

NOTES:

1) In addition to meeting the admission requirements, a minimum of two years experience is strongly recommended prior to admission. A minimum of 200 experience hours is required prior to admission to a clinical course.

2) A student must show proof of current cardiopulmonary resuscitation (CPR) when registering for any practicum courses. The only acceptable courses are Ameri Association, Health Care Provider or American Red Cross, Professional Rescuer. ACl be accepted for CPR certification.

3) A student will be charged at registration for professional liability annually when r for any practicum course.

Steps in Applying for Admission

Review for admission to the Master of Nursing Science degree program by the (Nursing is done after the applicant has been granted graduate standing by the School, University of Arkansas for Medical Sciences.

1. Deadlines for application to the Master's of Nursing Science program:
Admission to full-time or part-time study the following Fall semester: April 1
Admission full-time or part-time study the following Spring semester: September 1

2. Request all application forms (graduate school and college of nursing):
Are available at the: Web site: nursing.uams.edu

3. Return to:
Graduate School, # 601
University of Arkansas for Medical Sciences
4301 West Markham
Little Rock, AR 72205
501/686-5454

- University of Arkansas for Medical Sciences Graduate School Applic Admission.

- Two (2) official transcripts of undergraduate work (sent by school).

Results of the Miller Analogies Test (MAT) or the Graduate Record Examination (G by the Testing Center). Results over 5 years will not be accepted.

The Miller Analogies Test is given at most testing centers on most college campuses

Information on the Graduate Record Examination may be obtained from:
Graduate Record Examinations
Educational Testing Services
CN6004
Princeton, NJ 08541-6004

University of Arkansas at Little Rock
Office of Testing Services
Ross Hall
2801 South University
Little Rock, AR 72204
501/569-3198

4. Return to:
College of Nursing, # 529
University of Arkansas for Medical Sciences
4301 West Markham, #529
Little Rock, AR 72205
(501) 686-5224

The following documents must be on file before an applicant will be co for admission to the College of Nursing:

1. Applications for admission to the College of Nursing, Master of Nursing Science and UAMS graduate school.

2. Evidence of current Arkansas RN license.

3. Official transcript of course in basic statistics (sent by school) with a letter grade better.

4. Evidence of an academic or continuing education health assessment course.

5. Proof of current TB skin test and completed Hepatitis B immunization series.

Conditional Admission

Students given a conditional admission because of either low GPA or low MAT/G must achieve a GPA of 3.0 or above during the first 12 hours of graduate study wh apply toward the degree. If at the completion of 12 hours of graduate study the st not achieved a GPA of 3.0 or above, the student will be dismissed from the Gradua and the College of Nursing. Those students who achieve a 3.0 GPA on the first 12 be granted a regular admission.

Policies on Progression, Probation, and Dismissal

In addition to the policies outlined by the Graduate School, the following policies ap
1. Master's students must show proof of 2000 hours of work experience as an I registering for advanced health assessment theory and practicum courses, all clini and practicum courses, and nursing administration practicum courses. The form be notarized and may be obtained from the College of Nursing Student Services's C site.

2. Students must achieve at least a "C" in nursing courses. If a grade less than a "C in a nursing course, the student will be dismissed from the UAMS Graduate Sc College of Nursing.

3. Only one (1) letter grade of "C" will be allowed for any course work toward the degree. A student with a second letter grade of "C" will be dismissed from t Graduate School and the College of Nursing. A student enrolled prior to fall 2 already has two (2) letter grades of "C", will not be dismissed unless a third "C" is r

4. Master's students must earn at least a letter grade of "B" in advanced health as theory and practicum courses, all clinical specialty theory and practicum cou nursing administration practicum courses. If a student makes a letter grade of "C" these courses and it is the student's first letter grade of "C", the course must be re a "C" is earned for health assessment theory, upon returning the next fall to n course, the student must also validate that they have kept current with the a clinical skills with a comprehensive physical exam. Should the student not pass th examination check-off, they will be required to enroll in NUSC 6041: Advanc

Assessment Skills Update to earn the individualized assistance they need to maint competency and then earn a passing grade on their final physical examination chec grade of "B" or better is not earned, when the student retakes any of the ab courses, the student will be dismissed from the UAMS Graduate School and the Nursing.

Credit from any course repeated will apply to the degree only once. Even though where the letter grade of "C" is earned is repeated, the "C" counts as the first "C policy about the number of "C"s apply. In computation of GPA, all courses pursu institution for graduate credits that are part of the degree program (including any courses) shall be considered.

If a student enrolled prior to fall 1997 has already made a "C" in one of the courses, the course does not have to be repeated. Should a student make a s starting fall 1997, the policy applies about the number of "C"s that can be made.

5. A student taking graduate courses may register for a course only twice. If a gr received after two registrations, the student may not register for the course again.

6. A cumulative grade point average of "B", 3.0 (on 4.0 grade scale), must be at graduation. If a student has less than 3.0 cumulative grade point average on 1 semester hours of graded course work, the student will be placed on academic The student will subsequently be dismissed from the UAMS Graduate School and t of Nursing if the cumulative GPA is not raised to 3.0 or above on the next nine (9 required graduate course work.

7. A student may enroll for the thesis or research project 1 to 6 credit hours a hours during a semester. The total of 6 hours credit may be spread over the r semesters required for the student to complete the thesis or research project. If or research project is not completed by the time the appropriate credit hours ac the student will continue to register for 1 credit each semester until completion. On will be recorded for the thesis or the research project. Enrollment for research may be from 1 to 3 credits during a semester for a total of 3 credits.

8. A student must be enrolled in 1 credit of research project in order to com comprehensive examination.

9. Graduates of the articulated BSN/MNSc pathway will not be required to r graduate courses that applied to the BSN degree if a grade of B or better has been

10. Readmission will not be considered for any student dismissed from the Nursing at UAMS. Exceptions will be considered by the Dean on an individual basis.

Grading Scale

The following grading scale is effective for the UAMS graduate nursing program (6000 series courses):

90-100	A
80-89.99	B
75-79.99	C
70-74.99	D
<70	F

Graduation

All students must complete and pass a Comprehensive Examination through the pre of an Outcomes Portfolio at the completion of the course of study. All requiremen master's degree must be satisfied within six (6) consecutive calendar years from da enrollment. Students must be registered for a course the semester of graduation. Application for graduation must be made to the Graduate School office and fees pa registration for the semester in which degree requirements will be completed and g affected. If a student fails to complete the degree, the student must renew the a and pay a renewal fee.

Post-Master's Study

Post-master's work is available in all specialties offered in the master's program interested should call the College of Nursing to obtain the name of the specialty co for the desired area of study to obtain a post-master's program of study and obt degree seeking application from the website at nursing.uams.edu. Official reflecting a Master's of Nurse Science degree should be sent to the Nursing Student Office.

College of Nursing
University of Arkansas for Medical Sciences
UAMS College of Nursing 4301 W. Markham Street, # 529 Little Rock, AR 72205
Ph (501) 686-5374 Fax (501) 686-8350

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Nursing Education Specialty (NEd)

The curriculum leading to the Master of Science Degree can be completed through part-time plan of study. Full-time study requires a minimum of 10 semester hours Co-acceptance in one of the following clinical specialty programs is required: Pedi Geriatrics, Women's Health, or Acute Care. The number of semester hours for nur specialty depends on the clinical specialty chosen to complement the NEd: Pediatr Geriatrics (43); Women's Health (43); Acute Care (46). Under the Graduate Schoc maximum of six (6) consecutive calendar years from date of first enrollment is allc completion of all degree requirements. The NEd specialty also has a post-graduat

General Core Courses (11 semester hours)

- NUSC 5003: Theory in Nursing
- NUSC 5013: Research Methodology
- NUSC 5023: Research in Advanced Nursing Practice
- NUSC 5111: Introduction to Professional Practice Management
- NUSC 5121: Advanced Professional Practice Management

Specialty Core Courses (11 semester hours)

- NUSC 5052: Community Concepts
- NUSC 5222: Advanced Health Assessment & Diagnostic Reasoning Theory
- NUSC 5201: Advanced Health Assessment & Diagnostic Reasoning Practicum
- NUSC 5033: Advanced Physiology and Pathophysiology
- NUSC 5043: Clinical Pharmacology and Therapeutics

Nursing Education Specialty Courses Required (12 semester hours)

- NUSC 5603: Theoretical Foundations of Nursing Education

- NUSC 5073: Nursing Education Practicum
- NUSC 5083: Technology in Adult Education
- NUSC 5093: Technology Practicum

Clinical Specialty Courses - Pediatrics, Geriatrics, Women's Health, or Acute Care

Pediatrics (16 semester hours)

- NUSC 5503: Child Health Nursing I
- NUSC 5512: Child Health Nursing I Practicum
- NUSC 5513: Child Health Nursing II
- NUSC 5522: Advanced Pediatric Practicum
- NUSC 5583: Managing Health Problems in Children
- NUSC 5573: Special Populations in Pediatrics

Geriatrics (17 semester hours)

- NUSC 5403: Management of Older Adults I
- NUSC 5413: Management of Older Adults Practicum
- NUSC 5463: Geropsychiatric Nursing Theory
- NUSC 5462: Geropsychiatric Nursing Practicum
- NUSC 5453: Managing Health Care of Older Adults II
- NUSC 5483: Managing Health Care of Older Adults Practicum II

Women's Health (15 semester hours)

- NUSC 5613: Reproductive Health
- NUSC 5623: Management of Reproductive Health
- NUSC 5633: Primary Care in Women's Health
- NUSC 5643: Gynecologic & Primary Care in Women's Health

Practicum

- NUSC 5653: Gynecological Health Theory

Acute Care (13-16 semester hours)

- NUSC 5804: Adult Acute Care Nursing I
- NUSC 5852: Adult Acute Care Nursing Practicum I
- NUSC 5863: Adult Acute Care Nursing II
- NUSC 5872: Adult Acute Care Nursing Practicum II
- NUSC 5882: Adult Acute Care Nursing III
- NUSC 5893: Integrated Practicum for the ACNP (unless CNS student)

Nursing Education Specialty Courses Required (12 semester hours)

- NUSC 5063: Theoretical Foundations of Nursing Education
- NUSC 5073: Nursing Education Practicum
- NUSC 5083: Technology in Adult Education
- NUSC 5093: Technology Practicum

NOTE: All students will take 1 semester hour of research project the semester of c
complete the Comprehensive Examination required by the Graduate School.

Contact Specialty Coordinator, Neena Grissom,
if you have questions about the above:
Office Phone - (501) 686-8018 or (501) 686-5374
E-mail: *GrissomNeenaL@uams.edu*

College of Nursing
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Doctor of Philosphy in Nursing
BSN to PhD

Entry into the PhD Program with BSN

The BSN to PhD program is designed to prepare the applicant for a nursing career as either an educator, a researcher, an administrator, or a clinician. It is not designed to prepare a certified nurse practitioner or clinical nurse specialist. Students entering this program receive a PhD nursing degree; **the BSN student completing the PhD degree in nursing does not earn a master's degree.** Students wishing to earn a master's degree must first enter the master's program and complete the requirements before applying to the PhD program.

Admission: The applicant with a BSN will need to meet all the admission requirements for the PhD program and must have 2000 hours of documented clinical nursing practice. In addition, an applicant will need approval from the master's specialty coordinator of the applicant's chosen clinical, administrative, or nursing education specialty.

Program of Study: The program of study for a person entering the PhD program will include a minimum of 82-83 credit hours. The program of study will include all the core courses for the doctoral program, 12 hours of electives, and 18 hours of dissertation study. In addition, the student must select a clinical, administrative, or nursing education specialty at the master's level and complete the credit hours required for the specialty. The credit hours required for completing vary depending on the selected specialty. The specialty areas are Adult Acute Care Nurse Practitioner or CNS, Family Nurse Practitioner, Family Psychiatric Mental Health Nurse Practitioner, Gerontological Nurse Practitioner, Pediatric Nurse Practitioner or CNS, Women's Health Nurse Practitioner, Nursing Administration, and Nursing Education. Those selecting nursing education must also have co-acceptance in another master's specialty. Taking the BSN entry pathway into the PhD program will shorten the student's program of study for the PhD degree by approximately 20 credit hours.

Changing Programs: If a BSN to PhD student in good academic standing makes a decision not to complete the PhD program and withdraws, he/she will be able to receive a master's degree after completion of 39-45 hours, depending on the specialty. Selected PhD courses will substitute for required courses in the master's program.

Requirements for BSN to PhD: Clinical Specialization

NUSC 6103 Theory in Science
NUSC 6113 Theoretical Systems and Nursing Research
NUSC 6123 Issues Influencing Research
NUSC 6233 Qualitative Methodology in Nursing Research
NUSC 6243 Quantitative Methodology in Nursing Research
NUSC 6254 Data Management and Analysis I
NUSC 6264 Data Management and Analysis II
NUSC 6271 Leadership in Macrosystems
NUSC 6323 Synthesizing the Literature
NUSC 6333 Preliminary Studies and Grant Development
NUSC 5033 Advanced Physiology and Pathophysiology
NUSC 5043 Clinical Pharmacology &Therapeutics in Advanced Nursing Practice
NUSC 5201 and NUSC 5222 Advanced Health Assessment and Diagnostic Reasoning Practicum and Theory
Clinical Theory & Practicum Courses as required by the specialty
Electives 12 hours
Dissertation 18 hours
Minimum Credit Hours 82-83

For those choosing to specialize in administration, the program of study required includes:

NUSC 6103 Theory in Science
NUSC 6113 Theoretical Systems and Nursing Research
NUSC 6123 Issues Influencing Research
NUSC 6233 Qualitative Methodology in Nursing Research
NUSC 6243 Quantitative Methodology in Nursing Research
NUSC 6254 Data Management and Analysis I
NUSC 6264 Data Management and Analysis II
NUSC 6271 Leadership in Macrosystems
NUSC 6323 Synthesizing the Literature
NUSC 6333 Preliminary Studies and Grant Development
NUSC 5052 Community Concepts for Advanced Practice Nursing
NUSC 5083 Technology in Adult Education
NUSC 5111 Introduction to Professional Practice Management
NSUC 5703 Organizational Behavior in Nursing
NUSC 5733 Administration Theory Applied to Nursing Practice
NUSC 5743 Personnel Management in Nursing
NUSC 5753 Law, Policy & Procedure in Healthcare
Electives 12 hours
Dissertation 18 hours
Minimum Credit Hours 82-83

For those choosing to specialize in nursing education, the program of study required includes choosing either a **clinical specialization** or an **administration specialization** as described in the information above and completion of the following courses:

NUSC 6103 Theory in Science
NUSC 6113 Theoretical Systems and Nursing Research
NUSC 6123 Issues Influencing Research
NUSC 6233 Qualitative Methodology in Nursing Research
NUSC 6243 Quantitative Methodology in Nursing Research
NUSC 6254 Data Management and Analysis I
NUSC 6264 Data Management and Analysis II
NUSC 6271 Leadership in Macrosystems
NUSC 6323 Synthesizing the Literature
NUSC 6333 Preliminary Studies and Grant Development
NUSC 5063 Theoretical Foundations of Nursing Education
NUSC 5073 Nursing Education Practicum
NUSC 5083 Technology in Adult Education
NUSC 5093 Technology Practicum
Electives 12 hours
Dissertation 18 hours
Minimum Credit Hours 82-83

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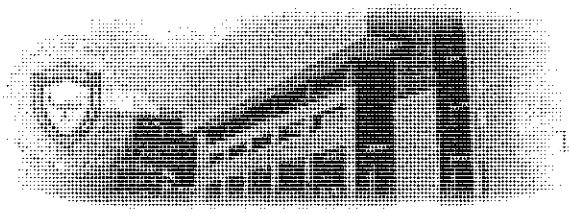

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Non-Nursing Masters to PhD

Admission: The BSN prepared Registered Nurse applicant, with a non-masters, will need to meet all the admission requirements for the PhD program, i.e., GPA, GRE, letters of recommendation, sample of writing, interview. In addition, an applicant will need approval from the master specialty coordinator of the applicant's chosen clinical specialty.

Program of Study: The program of study for a person entering the Pl program will include a minimum of 75 credit hours. The program of stu include all the courses for the doctoral program, 30 hours of core cours hours of electives, and 18 hours of dissertation study. In addition, there 15 credit hours of courses taken at the master's level. The student does earn a master's degree in nursing.

Master's Courses:

1 of the following core courses:

NUSC 5003: Theory in Nursing

NUSC 5013: Research Methodology

NUSC 5023: Research in Advance Nursing Practice

2-3 Support Courses:

Clinical Focus

*NUSC 5201 Advanced Health Assessment Practicum

*NUSC 5222 Advanced Health Assessment Theory

NUSC 5043 Clinical Pharmacology & Therapeutics In Advanced Nursing Practice

NUSC 5033 Advanced Physiology and Pathophysiology

* The two Health Assessment courses would be considered one 3 credit course

Administration/Education Focus

NUSC 5703 Organizational Behavior in Nursing

NUSC 5052 Community Concepts in APN

NUSC 5753 Law, Policy & Procedures

NUSC 5063 Theoretical Foundations for Nursing Education

NUSC 5083 Technology in Adult Education

1-2 Specialty Courses:

Selected Theory course/s in the Pediatric Nurse Specialty, Nursing Administration Specialty, Adult Acute Specialty, Women's Health Specia Gerontology Specialty

For additional information, contact the Doctoral Program office at (501) 686-7970 or email:

Dr. Elaine Souder esouder@uams.edu
Director PhD in Nursing
or
De'Juana L. Johnson johnsondejuanal@uams.edu
Assistant to the Associate Dean for Research

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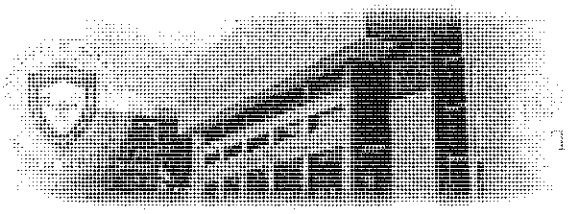

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Full and Part-Time Programs of Study

Full-Time PhD Program of Study Based on Academic Year Cal

Year 01

Fall

NUSC 6103 Theory of Science *
(Pre-requisite: Consent)

NUSC 6243 Quantitative Methodology in Nursing Research *
(Pre or co-requisite: NUSC 6103 or consent)

NUSC 6254 Data Management and Analysis I
(Pre or co-requisite: consent)

(10 credits)

Spring

NUSC 6113 Theoretical Systems in Nursing Research*
(Pre or co-requisite: NUSC 6103 or consent)

NUSC 6233 Qualitative Methodology in Nursing Research
(Pre or co-requisite: NUSC 6243 or consent)

NUSC 6264 Data Management and Analysis II
(Pre or co-requisite: NUSC 6254 or consent)

(10 credits)

Year 02

Fall

NUSC 6323 Synthesizing the Literature
(Pre-requisite: NUSC 6103, NUSC 6113, NUSC 6213, NUSC 6243, NUSC 6254, NUSC 6264, or permission of instructor)

NUSC 6271 Leadership Seminar (draft)

Elective or NUSC 6283 Qualitative Data Analysis

Elective (3 credits)

(10 credits)

Spring

NUSC 6333 Preliminary Studies and Grant Development
(Prerequisite: NUSC 6103, NUSC 6113, NUSC 6213, NUSC 6243,

NUSC 6254, NUSC 6264, NUSC 6323 or permission of instructor)

NUSC 6123 Issues Influencing Research*
(Prerequisite: Consent)

Elective (3 credits)

Elective (3 credits) or NUSC 5173 Quantitative Epidemiology*
(Prerequisite of NUSC 5173: Prior or concurrent courses in statistics)

(12 credits)

Current Credit Allocation

Total required course credits	**30**
Total elective course credits	**12**
Total course credit hours required	**42**
Candidacy Exam taken AFTER all required courses completed	
Dissertation Hours	**18**
(Register for dissertation hours AFTER successful completion of candidacy exams)	
Total program hours	**60**

**** = Internet courses***

Part-Time PhD Program of Study Based on Academic Ye

Year 01

Fall

NUSC 6103 Theory of Science *
(Prerequisite: Consent)

NUSC 6243 Quantitative Methodology in Nursing Research *
(Pre or co-requisite: NUSC 6103 or consent)

(6 credits)

Spring

NUSC 6254 Data Management and Analysis I
(Pre or co-requisite: consent)

NUSC 6113 Theoretical Systems in Nursing Research*
(Pre or co-requisite: NUSC 6103 or consent)

(7 credits)

Year 02

Fall

NUSC 6233 Qualitative Methodology in Nursing Research
(Pre or co-requisite: NUSC 6243 or consent)

NUSC 6264 Data Management and Analysis II
(Pre or co-requisite: NUSC 6254 or consent)

(7 credits)

Spring

NUSC 6323 Synthesizing the Literature
(Prerequisite: NUSC 6103, NUSC 6113, NUSC 6213, NUSC 6243, NUSC 6254, NUSC 6264, or permission of instructor)

Elective or NUSC 6283 Qualitative Data Analysis

NUSC 6271 Leadership Seminar (draft)

(7 credits)

Year 03

Fall

NUSC 6333 Preliminary Studies and Grant Development
(Prerequisite: NUSC 6103, NUSC 6113, NUSC 6213, NUSC 6243, NUSC 6254, NUSC 6264, NUSC 6323 or permission of instructor)

NUSC 6123 Issues Influencing Research*
(Prerequisite: Consent)

(6 credits)

Spring

Elective (3 credits)

Elective (3 credits) or NUSC 5173 Quantitative Epidemiology*
(Prerequisite of NUSC 5173: Prior or concurrent courses in statistics)

(6 credits)

Year 04

Fall

Elective (3 credits)

Current Credit Allocation

Total required course credits 30	**30**
Total elective course credits	**12**
Total course credit hours required	**42**
Candidacy Exam taken AFTER all required courses completed	
Dissertation Hours	**18**
(Register for dissertation hours AFTER successful completion of candidacy exams)	
Total program hours	**60**

** = Internet courses*

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UAMS College of Nursing 4301 W. Markham Street, # 529 Little Rock, AR 72205 Ph (501) 686-5374 Fax (501) 6

Contact Webmaster Search Site CON Home

Title: University of California San Francisco Pathway Program
Type: Accelerated degree

Location:
San Francisco, California

Organizations Involved:
University of California San Francisco

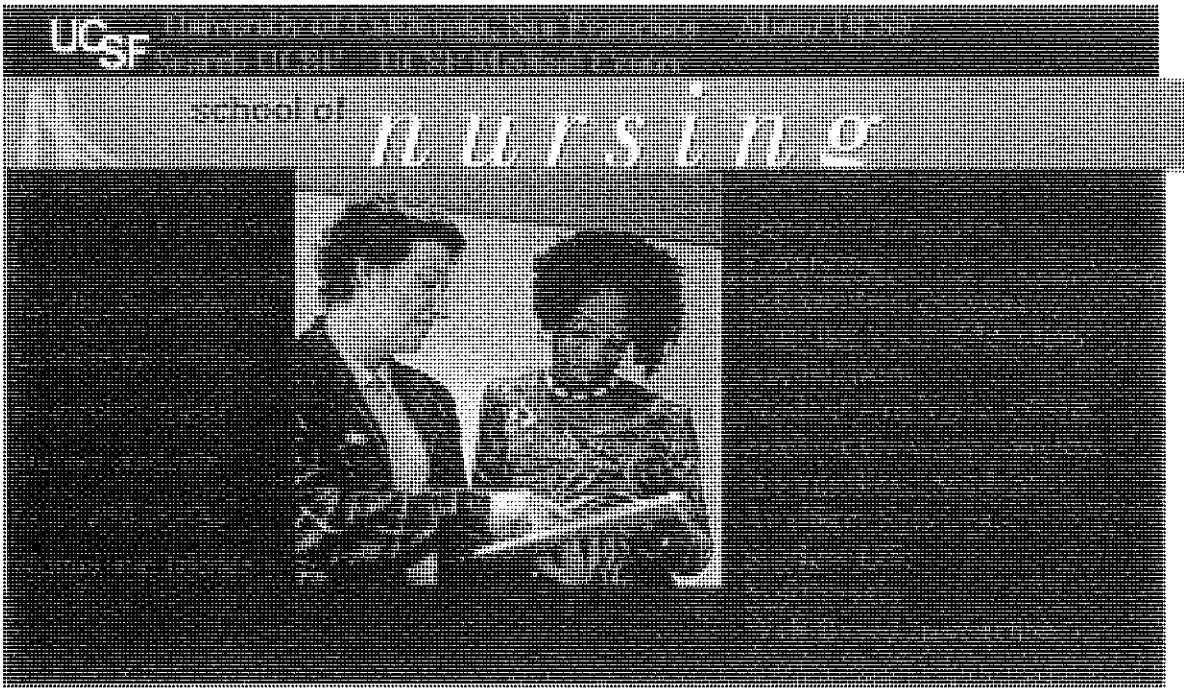
Funding Source:
Student tuition and fees-University of California San Francisco

Description:
The University of California San Francisco offers a variety of options for students wishing to pursue master's level education in nursing. The AND to MS *Pathway* Program is geared toward registered nurses without a bachelor's degree. Nurses can complete their BS or BA in 18-24 months and then immediately begin graduate training. The 3 year Master's Entry Program (MEPN) is for persons with non-nursing baccalaureate degrees who wish to pursue nursing graduate education. The 2 year traditional master's program is geared toward experienced registered nurses holding bachelor's degrees in nursing. All master's programs offer an education minor option for students interested in teaching. See attached descriptions.

Outcome:
No data available.

Modifications to Model:
N/A

Contact Information:
Kathleen A. Dracup, RN, FNP, DNSc, FAAN
Dean
UCSF School of Nursing
Telephone: (415) 476-1805
E-mail: Kathleen.dracup@nursing.ucsf.edu
Website: http://nurseweb.ucsf.edu/



Prospective Students - ADN to MS *Pathway* Program

The UCSF School of Nursing and John F. Kennedy University (JFKU) have created a partnership to provide a special opportunity for RNs with an ADN degree. You can complete your BA or BS degree in 18-24 months at JFKU in the East Bay and then go on to graduate nursing education at UCSF. UCSF has more than 20 Master's degree specialties in Nursing and an outstanding PhD program that is open to nurses with a Baccalaureate or Master's degree.

While educational degrees are appreciated by employers, education is ultimately something you give to yourself. Education is life enhancing, providing the tools to turn your vision of who you are and what you want

Alternative Paths to Earning the M.S. from UCSF		
ADN to MS *Pathway* Program	***3-Year* Master's Entry (MEPN) Program [info]**	***2-Year* Masters Program [info]**
For RNs without a BA/BS in any field wishing to enroll in a UCSF Master's Specialty	For persons with a **non-nursing** B.S. or B.A. degree and seeking to enter the nursing profession.	For **experienced RNs** with a B.S./B.A. degree

to become tangible; to make your aspirations a reality.

In the JFKU degree programs you will sharpen your writing and communication skills, develop cultural and social awareness, enhance knowledge and critical thinking abilities and cultivate personal growth and leadership potential. John F. Kennedy University offers small classes, convenient schedules for working adults, online course options and strategies to save time and money, including earning credit for life experience.

After you finish your Baccalaureate degree at JFKU, if you choose to earn your Master of Science degree (MS) or begin doctoral study, our Pathway Program allows you to take advantage of our special relationship with one of the most highly ranked graduate nursing schools in the country.

For more information on the **ADN to MS *Pathway* Program** described on this page, contact the **Enrollment Services Office** at John F. Kennedy University:
telephone: (800) **696-5358**;
email: **proginfo@jfku.edu**

Evening Information Sessions discuss our programs in more depth (including the *Pathway* Program). For details on attending these sessions at UCSF, see the following link:
◊ **Evening Information Sessions**

For more than 90 years, the UCSF School of Nursing has prepared nursing professionals who strive for excellence in clinical practice, education, research, and public service. The School of Nursing is committed to the recruitment and graduation of persons representing populations historically under-represented in the nursing profession.

In the School of Nursing, you will find a dedicated graduate health science program and a welcoming environment for learning; you will grow with students from different backgrounds representing peoples from all over the world.

For more information on the **ADN to MS *Pathway* Program**, contact the **Office of Enrollment Services** at John F. Kennedy University: *telephone* (800) **696-5358**; *email* **proginfo@jfku.edu**.

ADN to MS *Pathway* Program	
John F. Kennedy University **Bachelor's Degree**	**UCSF School of Nursing** **Master's Degree**

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Site Map: **UCSF School of Nursing**

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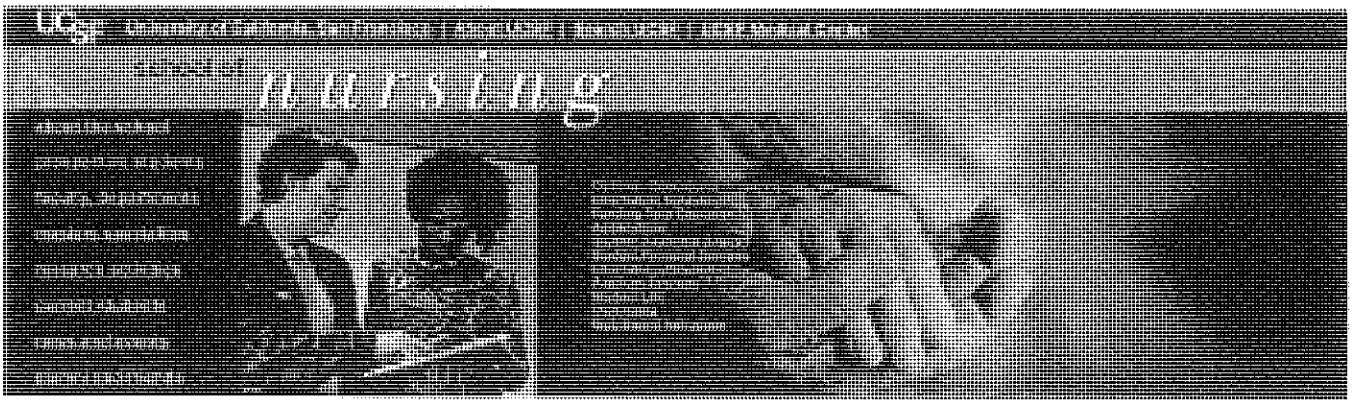
Revised: June 2005

Contact: **info@nursing.ucsf.edu** · © Copyright 2005 University of California Regents, All Rights Reserved.



Prospective Students
Masters Entry Program in Nursing (MEPN)

As an alternative entry to our traditional two-year Master of Science in Nursing program (which is designed chiefly for graduates of BSN programs), UCSF School of Nursing offers the three-year Master's Entry Program in Nursing (MEPN).

MEPN is for persons without previous nursing preparation but who hold a baccalaureate/bachelor's degree in another field.
In other words, a B.A. or B.S. degree in a major field *other than nursing*.

Note: certain *specialized bachelor's degrees* with minimal breadth requirements (e.g., Bachelor of Fine Arts--B.F.A.) may **not** meet the admissions requirements of UCSF School of Nursing. Persons in this situation should carefully review the following degree information page.

Alternative Paths to the M.S. from UCSF	
2-Year Masters Program	*3-Year* **MEPN** *Program*
For experienced R.N.s with a B.S./B.A. degree	For persons with a **non-nursing** B.S. or B.A. degree and new to the nursing profession.
Questions about MEPN? See our **Frequently Asked Questions** (FAQ) section **below**.	
Attend an **Evening Information Session** at UCSF to learn more about our programs. For details, see the following link: **Evening Information Sessions**	

- **Specialized Bachelors Degrees**
  Did your undergraduate degree prepare you for the UCSF MEPN program?

The difference between the two pathways is that MEPN students begin their program with four quarters of generalist foundation training in nursing. This qualifies them to take (in the summer after completing their first year) the National Council Licensure Examination (NCLEX) -RN [as approved by the California Board of Registered Nursing (BRN)].

By comparison, students (who are already bachelor's prepared RNs) in the two-year Master of Science in Nursing program immediately begin their studies with MS specialty coursework.

Note: Graduates of undergraduate programs in **any field other than nursing** are considered for admission to the MEPN program.

MEPN admits about seventy-five students each year; classes begin annually in mid-June. The **first year of study** in MEPN includes all the didactic and clinical nursing study usually distributed over two years. It entails 30 - 33 clock hours of class and clinical work per week in addition to study time. Consequently, it is *impossible* for students to engage in paid employment during this year.

Note, however, that some MEPN students may be able to participate in the Acute Care Scholarship Program which

provides funding for study during the first year of the program (see below).

The final two years of the program are more individually paced and, depending on the specialty area, it may be more feasible for students to work part time.

Prerequisite course/subject requirements for the MEPN program are:

1. A basic **Statistics** course (a minimum of three quarter units or two semester units).
2. One course in **Anatomy** and one course in **Physiology** for a total of six quarter units or four semester units.

The School of Nursing *Bulletin* contains a complete description of the program and details about the application process. Applications become available each year in **July** and must be submitted by the **October 1st** deadline. *Between November and June, MEPN application packets will* **not** *be available.*

In some years the regular October 1st deadline will fall on a Saturday or Sunday, in those years the actual deadline will be enforced on the following regular working day. The following diagram shows the process graphically from obtaining the application through admission and enrollment in the first set of classes.

Comments	*Month*	*Action*
	JULY	Applications Available July-Oct.
	AUG	(Take GRE)
	SEPT	
The deadline for application including all supporting documentation is Oct. 1st.	OCT	Application Due
As part of the application process, those advanced to interview are required to attend an interview day at UCSF, typically scheduled towards the end of January.	NOV	
	DEC	Screening
Applicants are typically given final screening decisions no later than March.	JAN	Interviews
	FEB	
	MAR	Notification
	APR	
	MAY	
	MAY	
Classes Begin	JUNE	Classes Begin

Applying to MEPN

Application Schedule.

MEPN applications become available in **July** and are due by **October** 1st. Successful applicants begin classes in the following June, e.g., apply between July 2009 and October 2009 to join the class which begins MEPN study in June 2010.

Note: MEPN applications may only be submitted during the period beginning in **July** and ending in **October** of each year.

Our On-Line (Web) Application System.

New! In July 2007, our new on-line (web) application for MEPN (2008) became available. Please review the instructions before using these new screens for your application.

- **Instructions** for applying on-line.

Contact the **Nursing Student Affairs** Office for any questions or for help in completing and submitting your application.

Address:
Nursing Student Affairs
UCSF Box 0602
2 Koret Way, #N-319X
San Francisco, CA 94143-0602

Email:
info@nursing.ucsf.edu

Telephone:
(415) 476-1435
Fax: (415) 476-9707

ATTENTION MEPN APPLICANTS

Because of the high volume of MEPN applications, WE ASK THAT YOU **REFRAIN FROM TELEPHONING** THE STUDENT AFFAIRS OFFICE for status information on your (submitted) application.

- We will **acknowledge**, by email or by letter, the receipt of **every** application *as they arrive.*
- After the October submission deadline, we will review the required components of each application packet. *Each applicant will receive written documentation of the completeness of their application.*
- For applicants who have *incomplete* applications, we will provide a brief period of time during which you may forward

any remaining necessary materials to complete your application.

Criminal Background Check

Admitted students must complete, prior to their first clinical experience, a criminal background check. Details will be provided after acceptance.

Examinations (GRE)

The application process requires **Graduate Record Examination** (GRE) scores which are no more than five years old at the time of application. Scores must be *received* no later than the October 1st deadline. See the Educational Testing Service (ETS-GRE) web site at http://www.gre.org for detailed information on how to register for the exam. Be sure to list the UCSF institutional code number, **R-4840**, Department **#0610**, on your examination request for score reporting.

When applicants apply to the Masters Entry Program they must also select the **Masters Specialty Area** for the second and third years of their program (corresponding to the first and second years in the **standard masters program**). MEPN students meet the same academic requirements and graduate with the same academic qualifications as those who entered the Master of Science Program in the regular format (i.e., entering with prior experience as a registered nurse).

Fees and Expenses

Fees are *subject to change* and have been fluctuating in recent years.

Anticipated fees for students beginning Summer Quarter 2006 are $27,000.00 for the first year. Fees for the second and third year of the program are anticipated to be approximately $13,000 per year (these figures are for California residents).

These amounts do **not** include expenses for living expenses (room & board), books, transportation, etc. The UCSF Registrar publishes current fee information at this location:
http://saawww.ucsf.edu/admission/nursingfees.html on their web site.

Financial Aid

The **Student Financial Services** (SFS) Office prepares a special document, "**Financial Aid for MEPN Students**," describing various financial aid options.

Download this .PDF document (link below) or contact SFS at (415) 476-4181.

- *Financial Aid for MEPN Students:* **mepn.pdf**
  *(**Adobe Acrobat** .pdf format)*

Acute Care Scholarship Nursing Program

A scholarship funding opportunity is available for incoming MEPN students (approximately $10,000).
More information is available below.

- *Acute Care Scholarship Nursing Program:* **mepnscho.htm**

Objectives

Objectives for Year One of the Master's Entry Program

Faculty members provide experiences which enable students to accomplish the following goals by the end of the first year of the Master's Entry Program in Nursing.

1. Acquire knowledge, clinical judgment, and perspective necessary for nursing practice that spans the health-illness continuum and that focuses on adaptive and developmental needs of human beings.
   This includes the ability to engage in the following processes:
   a. Assess the significance of a wide range of factors (physiological, social, personal, cultural, psychological, etc.) and their interrelationships in such a way as to identify and define common nursing problems.
   b. Assess availability, accessibility, and relevance of resources for individual, family, and community problem resolution.
   c. Formulate a plan for helping the individual, family, community or professional mobilize and use resources appropriate to the particular problem.
   d. Implement the formulated plan or modification thereof.
   e. Evaluate the results of interventions in relation to immediate and long-term consequences and modify future related interventions as necessary.
2. Demonstrate skills necessary for the professional practice of nursing.
3. Advance toward the process of becoming professionals. This entails:
   a. Progressive mastery of the knowledge, skills, and critical thinking needed by the profession;
   b. Demonstrated commitment to a nursing perspective; that is, internalization of the values, traditions, and obligations of the professional; and
   c. Identification with and commitment to the profession's function in the larger society.

Curriculum

For licensure, the California Board of Registered Nursing requires that students have completed 24 quarter (18 semester) units of natural, behavioral and social science course work (including at least one course in psychology) and 6 quarter (4 semester) units of communications, part of which deals with basic English writing skills. The program provides 3 quarter units of science and 3 quarter units of communications. Prior academic work, including prerequisites for this program, addresses the remainder of this requirement.

The Masters Entry Program brings together the academic richness of the School of Nursing and the superb clinical expertise of UCSF, San Francisco General Hospital, and other local health centers, to provide students with "the best of both worlds." The program design acknowledges the maturity and goal-directed characteristics of adult learners, and encourages an initiative-taking and reflective stance which is fundamental to a professional approach to work.

If you have additional questions, please telephone **Nursing Student Affairs** at (415) 476-1435.

An Overview of Advanced Nursing Practice

The advanced practice nurse is a registered nurse with graduate academic preparation and advanced clinical skills which qualify her/him as an expert in a defined area of knowledge and practice.

Graduate academic preparation in nursing is at the masters and doctoral level. Within the domain of client-based practice, the advanced practice nurse is clinically expert, and applies comprehensive, theoretically based interventions to the treatment of a broad range of human responses to actual or potential health problems.

The advanced practice nurse's role is diverse, incorporating the function of clinician, educator, consultant, researcher, and/or administrator. The clinical nurse specialist, nurse practitioner, and nurse administrator titles are all within the broad category of advanced nursing practice.

CLINICAL NURSE SPECIALIST

The advanced nursing practice role of the clinical nurse specialist (CNS) is multifaceted. The combination of a Master of Science degree in a concentrated area of nursing study, together with clinical experience, enables the CNS to serve as expert clinician, educator, consultant, researcher, and leader in resolving health care issues within systems.

The primary purpose of the CNS role is to care for the individual and her/his family. While the CNS provides skilled client/family care, she/he is also an invaluable resource to other nurses and health care providers.

She/he is able to make recommendations to effectively manage difficult patient care issues or to better understand the utilization of current technology.

A clinical nurse specialist keeps abreast of the latest advancements within health care. While many clinical nurse specialists work in hospital, ambulatory care, and home care settings, their role as consultants, educators, and researchers lead to activity in a variety of settings.

CNS specialty options at UCSF School of Nursing include:

Cardiovascular Nursing (PN), Psychiatric/Mental Health Nursing (CHS), Advcd. Community Health & International Nrsg. (CHS), Critical Care/Trauma Nursing (PN), Advanced Practice Gerontology Nursing (PN), Occupational/Environmental Health (CHS), Advanced Practice Oncology Nursing (PN), Advanced Practice Perinatal Nursing (FHCN).

(FHCN) = Specialty is offered by the Department of Family Health Care Nursing
(CHS) = Specialty is offered by the Department of Community Health Systems
(PN) = Specialty is offered by the Department of Physiological Nursing

The **masters specialties** section of this web site describes each of the available specialty areas in more detail.

NURSE PRACTITIONER

The nurse practitioner (NP) is an advanced nursing practice role that focuses on the primary health care needs of the individual and her/his family. The Master of Science degree from UCSF School of Nursing provides the advanced theoretical and scientific knowledge necessary for the assessment, interpretation, and management of health and illness.

While the NP diagnoses and treats minor, acute, and chronic illness, her/his practice also emphasizes the prevention of illness and promotion of healthy functioning. Consistent with nursing, NPs aspire to provide comprehensive health care through an understanding of the biophysical, emotional, cognitive, and sociocultural complexities of human health and illness.

Practice settings include health clinics and community health centers as well as hospitals, schools, nursing homes, businesses and industry.

Nurse practitioners are required by statute to be credentialed, or certified, by the California Board of Registered Nursing (BRN) [*website:* http://www.rn.ca.gov] prior to practice in the state. The programs at UCSF meet the BRN requirements for nurse practitioner recognition.

NP specialty options at UCSF School of Nursing include:

Acute Care NP (PN), Advanced Practice Pediatric Nursing (FHCN), Acute Care Pediatric NP (FHCN), Advanced Practice Neonatal Nursing (FHCN), Adult NP (CHS), Psychiatric Mental Health NP (CHS), Family NP (FHCN), Nurse Midwifery (FHCN), Occupational Health/Adult NP (CHS), and Gerontology NP (PN).

(FHCN) = Specialty is offered by the Department of Family Health Care Nursing
(CHS) = Specialty is offered by the Department of Community Health Systems

(PN) = Specialty is offered by the Department of Physiological Nursing

The **masters specialties** section of this web site describes each of the available specialty areas in more detail.

FAQs - Frequently Asked Questions, MEPN

Prerequisites

1. How do I know if courses I have taken (or plan to take) will meet your School's prerequisite requirements?

Prerequisites for the MEPN program consist of a basic Introduction to Statistics course (three quarter units or two semester units), a basic Human Anatomy course (three quarter units or two semester units), and a basic Human Physiology course (three quarter units or two semester units). Remember that this content is not covered in the MEPN program so it is in your best interest to locate and enroll in the most rigorous courses possible. During the first quarter of the MEPN program, students are enrolled in a pathophysiology course and are also engaged in clinical experience with acutely ill hospitalized patients. It is therefore assumed that MEPN students already possess a solid understanding of anatomy and physiology in particular. When the Anatomy and Physiology courses satisfies what student take in order to apply to medical school (often referred to as "pre-med" courses), applicants can expect they are sufficiently prepared for MEPN coursework. Generally, anatomy and physiology *combined* courses are not as rigorous and are unsuitable for satisfying MEPN prerequisites. The University is, unfortunately, unable to review course descriptions or syllabi to determine acceptability. Applicants should therefore assess the "rigor" of the course with the instructor who taught the anatomy and physiology content. When researching Anatomy and Physiology classes to take, check with the Department Chairperson or faculty member to assure the class you sign up for is recommended for science or health career students.

2. Do I need to take Anatomy and Physiology at a university or can I take it at a junior college? Is there a preference?

Many excellent and rigorous Statistics, Anatomy, and Physiology courses are taught at community colleges and junior colleges. There is no preference on the part of the faculty about where these courses are taken as long as they reflect the characteristics described above.

Career/Professional Issues

3. What is the difference between a Clinical Nurse Specialist and a Nurse Practitioner? What do they really do in their day to day jobs?

Graduate prepared nurses (advanced practice nurses) typically belong to one of two categories: the clinical nurse specialist or the nurse practitioner. These roles are constantly changing and evolving. At the present time, **clinical nurse specialists** usually develop expertise in a concentrated area of study (e.g., oncology, cardiovascular nursing, etc.) and, using this expertise, function as an expert clinician, educator, consultant, and researcher. Most clinical nurse specialists work in hospital, ambulatory care, and home care settings.

The **nurse practitioner**, by contrast, typically focuses on the primary healthcare needs of the individuals and families as well as on disease prevention and health promotion and management of chronic Illness. Practice settings generally include but are not limited to health clinics, community health centers, schools, nursing homes, business and industry. Some specialties at UCSF School of Nursing combine CNS and NP roles, as in the pediatric and psychiatric nursing programs.

The description above only begins to describe the complexity of each role. Anyone who is serious about a career as an advanced practice nurse will naturally need to research these roles extensively before choosing an area of specialization. At the very least, it is imperative that you speak with clinical nurse specialists and nurse practitioners about their experiences in the field, their likes and dislikes, and their perceptions of their varied roles. Nursing journals and specialty websites may also prove useful in your effort to familiarize yourself with this profession. Please note that most successful applicants to the MEPN program are able to demonstrate in writing and in conversation that they have thoroughly researched these roles and that they have a sound grasp of the complex issues facing the advanced practice nurse.

Applicants should also recognize that while they are working toward advanced practice education, the first year focuses on the essential skills and knowledge that are foundational to the nursing profession. Therefore nurses who are working as staff nurses in hospitals are also vital people to engage in conversations with in order to understand the challenges the nursing has to offer those interested in joining the profession.

4. How do I decide which specialty to apply to?

At the time of application, you will be asked to select a specialty area which will largely determine your future as an advanced practice nurse. **This is a critical decision and should be made with great care as you will not be allowed to change once you have been admitted to a given specialty.** The first four quarters of the MEPN program are not related to specialty but rather prepare you for taking the examination for registered nurse licensure. However, the final two academic years prepare you in one of 14 areas of specialization. As you can imagine, there is a tremendous difference in the specialty education of a nurse midwife vs. that of a gerontological clinical nurse specialist. It is essential that you research these different specialty areas thoroughly in advance, that you reflect carefully on your personal interests, strengths, weaknesses, talents, and inclinations so as to make the most informed decision possible.

MEPN Program Issues

The Master's Entry Program in Nursing does not award the Bachelor of Science in Nursing. Applicants are required to have a baccalaureate/bachelors degree in another [non-nursing] discipline. The bachelors degree curriculum should include general breadth requirements--specialized bachelors degrees such as BFA may not qualify. This previous bachelor's work obviates the need for a BSN. Instead, students study for one year in preparation for the registered nurse licensure examination. Upon successful passage of this examination, students are ready to move into the Master of Science specialty phase of their program.

6. Would it be a problem to take time off to work after I get my RN license?

The MEPN program began in 1991 and since that time has been viewed as a continuous three-year program. Students are expected to proceed without taking time out. This is primarily due to the fact that "specialty" clinical placements must be secured and guaranteed for each student at the time of admission and interruptions to normal progression make planning impossible. The only exception to this involves students who participate in the Acute Care Scholarship Nursing Loan Program. Scholarship students work full time for one year after obtaining their RN license and before beginning the specialty phase of their education.

7. Where are the clinical placements? What can you tell me about them?

Clinical training takes place in two phases. Student in the first year of the MEPN program experience the same clinical rotations that are foundational to all pre-licensure nursing programs. These rotations occur primarily at the UCSF Medical Center, Stanford Hospitals & Clinics, Lucile Packard Children's Health Services, San Francisco General Hospital, Santa Clara Valley Medical Center, and home health agencies & public health departments throughout the San Francisco Bay Area.

Once students move into the Master's specialty phase of the program, their clinical residencies occur in one of the many clinical sites located throughout the Bay Area. There are currently over 800 active sites.

8. How does the Scholarship Program work? When do scholarship notifications go out? What are the advantages and disadvantages of the scholarship program?

A **scholarship/loan program** funding opportunity for incoming MEPN students has a separate document describing the program.

The Application Process

9. When are applications available? How often are students admitted?

Applications for the MEPN program are available after July 31st of each year. They are due October 1st of each year. Applications are screened once for June admission. The School hosts three MEPN information sessions each summer and encourages prospective applicants to attend. In addition, there are monthly information sessions about all of the graduate programs at UCSF September through May. Questions about the various specialties can be addressed during the information sessions. One can sign up for the appropriate information session by calling (415) 476-1435.

10. Can you put me in touch with current MEPN students? I really need to talk to someone who has been through the program. Do you offer tours of the School? Can I make an appointment to meet with someone?

Unfortunately, current MEPN students have communicated with us that their "plates" are entirely full. While we would like to be able to accommodate these requests, we chose to err on the side of sheltering our current students from the numerous requests for contact.

Prospective applicants are welcome to come to UCSF and explore the School and university facilities and amenities. Due to limited staff resources, we do not offer tours but we invite you to walk around and to stop by the Office of Student Affairs should you have specific questions. We would also encourage anyone with a serious interest in the MEPN program to plan to attend one of the summer evening information sessions where you will have an opportunity to meet faculty and obtain answers to your questions.

For those who have applied and are advanced to the interview phase of the application process, time with current students is an essential part of the on campus interview day experience.

11. Can I sit in on a MEPN class?

Faculty has indicated that they would find visits by non-MEPN students disruptive to the teaching-learning process. Therefore, we do not allow visits to MEPN classes.

12. What GRE scores and what GPA do you require to get into the program?

The University of California requires that applicants have an undergraduate GPA of 3.0 or better before being considered for graduate standing. While there is no minimum GRE score that is required, the most competitive applicants typically have achieved verbal, quantitative, and analytical scores is the range of 500-700 on the 200-800 point scale.

13. How strict is the requirement that the undergraduate grade point average be a minimum of 3.0?

Due to the extremely high number of applicants to this program and the very competitive nature of the applicant pool, applications with an undergraduate GPA below 3.0 will not be reviewed at this time. Persons with an undergraduate GPA below 3.0 should consider other options for reaching their goal of becoming a registered

nurse. These include considering other Master's entry programs, baccalaureate programs, and community college programs in nursing. After obtaining a degree and licensure in nursing, you may be eligible to apply for our Master's program.

14. Are courses taken after the bachelor's degree calculated as part of a cumulative GPA?

No. However, courses taken after an initial bachelor's degree will contribute to our assessment, if:

- you have earned a second Bachelor's Degree (in which case, the higher of the GPAs will probably be considered as most contributory to your review), or
- you have earned a Master's Degree with a GPA of 3.0 or higher, or
- you have completed 10 units or more of coursework as part of a graduate degree program with a GPA of 3.0 or higher

Courses completed after the bachelor's degree that are taken in isolation (e.g., Anatomy, Physiology, or Statistics prerequisites) will not be calculated as part of the GPA, but your achievement in these courses will be reviewed to help determine your readiness for graduate education.

15. Does it help to have a science background? What kind of an undergraduate degree are you looking for?

A fundamental premise of the program is to value diverse academic and life experience as a basis for entering nursing. Nurses face multiple challenges in meeting the complex health care needs of the public. Divergent backgrounds therefore enable nurses to consider unique alternatives when problem solving. Similarly nurses must be able to provide culturally-competent care to diverse populations of people. For all these reasons, no specific background is best.

However, the school does require that the baccalaureate/bachelors degree represent a general comprehensive undergraduate program. Certain specialized bachelors degrees are not acceptable due to their lack of breadth requirements. A common example of a specialized bachelors degree is the B.F.A., Bachelor of Fine Arts. Important undergraduate subject areas include mathematics, physical and biological science, english/communications and critical thinking, social and behavioral sciences, and humanities/arts. Education in each of these areas is a necessary prerequisite to successful graduate studies at UCSF. Please review the following information page for more details.

- **Specialized Bachelors Degrees**
  Did your undergraduate degree prepare you for the UCSF MEPN program?

16. Can I apply to MEPN during my senior year of college?

As long as the baccalaureate degree is conferred before the first day of MEPN instruction (typically June 10th) and proof of such is available, you may apply during your senior year of college. Students will not be allowed to begin the program without proof of completion of a baccalaureate degree, nor may they begin late.

17. I am over 40. Is that going to be held against me?

As identified in the response to question #13, life experience is valued! Additionally, the University of California, San Francisco, does not discriminate on the basis of age, race, color, national origin, sex, sexual orientation, or handicap, except to the extent that the handicap may preclude the ability to obtain RN licensure.

18. How competitive is the admission process to the MEPN program?

Applicants for the MEPN program are screened simultaneously for general admissibility to graduate study and for specific admissibility to a chosen specialty. Each year, the applicant pool varies and the number of spaces available for a given specialty varies. As a general rule, to all specialty tracks are competitive, the clinical nurse specialist tracks are moderately competitive while the nurse practitioner and nurse midwifery tracks are highly competitive.

19. What can I do to improve my chances of being accepted?

The School of Nursing would highly encourage anyone who is seriously considering a career as an advanced practice nurse to begin the planning process early, perhaps as much as a year ahead of the application deadline. In terms of specific steps one can take to strengthen the application, the following are recommended:

- Learn as much as you can about nursing.
- Learn as much as you can about advanced practice roles and about the many areas of specialization.
- Consider enrolling in a GRE preparation course. GRE scores are only one of many measures by which applicants will be evaluated but, unlike the GPA, they are a measure over which you can exercise some control.
- Improve or develop multilingual language skills.
- Choose your reference writers carefully.
- Give some thought to past leadership activities, volunteer activities, or other activities that are consistent with your decision to pursue a career as an advanced practice nurse. If you have none, you may want to develop some.

Site Map: UCSF School of Nursing

about the school | (You are Here) | faculty, departments | masters specialties | research activities | current students | news/ events | alumni/ friends

prospective students

Revised: July 2007

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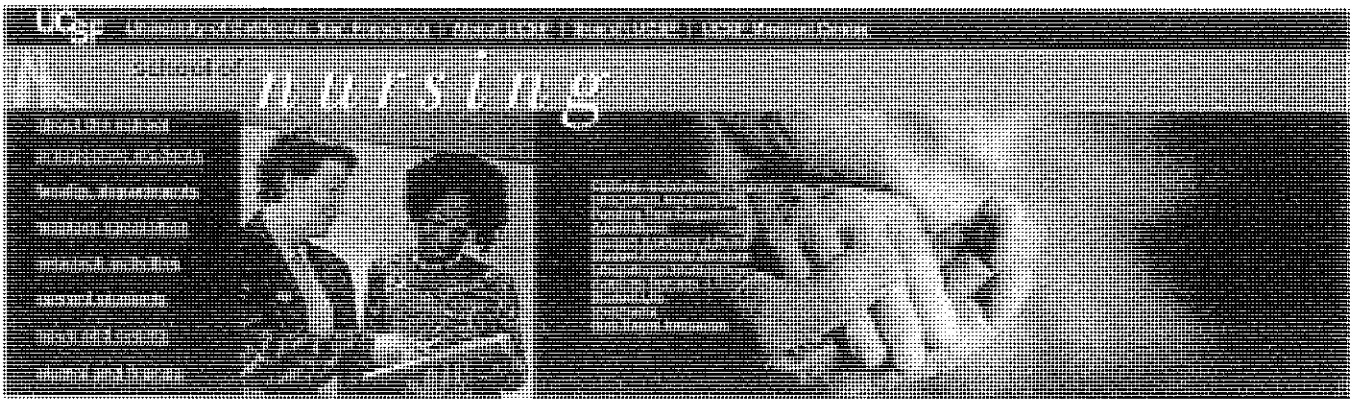

Prospective Students, Masters Program

Overview

The Master of Science program in Nursing at UCSF prepares leaders in the roles of nurse practitioner, clinical nurse specialist, administrator, teacher, and consultant. Most applicants applying to this program are experienced registered nurses who have successfully completed a Bachelor's degree.

Note: applicants with bachelor's degrees in other (non-nursing) disciplines should apply to the three-year Masters Entry Program in Nursing (MEPN). MEPN students complete an intensive pre-licensure year studying to become registered nurses, and then continue for the remaining two years of study in parallel with the traditional master of science program (below) in one of the MS specialty areas.

Upon graduation, all have a base of knowledge in a specific area of nursing; can participate knowledgeably in research activity and application; and are capable of contributing to the formulation of theory and to the application of theory to nursing practice.

The Master of Science program is ordinarily a two year long program, the vast majority of students are on full-time status at the university (although many undertake part-time paid work concurrently with their study schedule).

MS Specialization Areas

Each student applying to the Master of Science (MS) program must select an **area of specialization.** The specialty areas range from *midwifery* to *critical care* to *health policy* to *family nurse practitioner*; the total list includes about fifteen choices each year. For many of these specialty areas, UCSF School of Nursing is acknowledged to be the leading, or the only, nursing school for that particular specialization area at the masters level.

The current list of available **masters specialties** is subject to change, see **this page** for the current offering.

Quick-Links: Prospective Students, Masters Program

Overview · Curriculum · Applications · Requirements · Documents · Screening

Curriculum

Objectives

Objectives for the Master's Program

The aim of the master's program curriculum is to prepare persons to provide professional leadership in their chosen advanced practice specialty. This entails engagement in advanced clinical practice, awareness of nursing theory, transfer of research findings to practice, and advocacy in relation to issues relevant to health care.

The curriculum has been structured to prepare graduates to do the following:

1. **Engage in advanced clinical practice**
    1. Apply current knowledge in the specialty area to manage or meet client needs within the client environment
    2. Analyze clinical problems based on theoretical and research literature
    3. Communicate, cooperate, and/or collaborate with persons from this and other disciplines to provide the best possible care for clients
    4. Establish life long learning patterns that facilitate the incorporation of new theoretical and research findings into advanced practice

5. Assume a leadership role within the profession by:
    1. Participating in professional organizations and activities
    2. Developing an advocacy stance and position related to the focal client population

2. **Evaluate and apply theory as it relates to the science base of nursing**
    1. Demonstrate discriminating use of specialty based content reflective of particular client focus
    2. Value the diversity of theoretical models relevant to practice
3. **Critique and evaluate research as to its scientific and clinical value**
    1. Demonstrate ability to critique and synthesize relevant research literature
    2. Demonstrate ability to use research findings to develop approaches to problems in advanced practice
    3. Identify researchable problems, demonstrate skills essential to research participation, and assist in the dissemination of findings
    4. Articulate linkages among theory, research, and practice; and recognize limitations of the current science base for advanced practice
4. **Interpret relationships between social, cultural, political, and economic issues and health care delivery**
    1. Analyze major health care issues affecting the focal client population
    2. Evaluate the impact of economics, politics, and demographics on the development of social and health policy and political action
    3. Identify barriers to the availability of and access to health care
    4. Identify cultural factors relevant to clinical practice, the conduct and critique of research, and the development of health care policy.

Structure

Students ordinarily begin the Master's program in mid-September (Fall Quarter). Most students choose to complete the program in two academic years. It consists of 30-36 units of academic course work and 8 units of graduate professional work plus a written **comprehensive examination** ("comp exam") or, in some instances, a **thesis**. A **Handbook** *(Acrobat .pdf format)* is available for students preparing for the Master's Comprehensive Examination.

Courses from nursing and other disciplines provide advanced theoretical knowledge in a selected specialization, advanced clinical practice, and opportunity to critique and apply nursing theory and research as a scientific base for nursing practice.

The Masters **Core Curriculum** serves students from all specialties. It provides advanced preparation in research, theory and clinical judgment in nursing practice, health care economics and policy, leadership, and the scientific basis for selected concepts in advanced nursing practice.

In addition, there are two clinical cores, one for clinical nurse specialist students and another for primary health care students. One includes health assessment, program management, case management, and outcomes evaluation. The other includes health assessment, health maintenance and promotion, and clinical care management.

Each specialty also has a series of courses that provide substantive content for the specialty. (Students wishing to **minor** in a specialty take three or four courses designated as such by the minor specialty.) For the convenience of students juggling career and family obligations, many specialties arrange course meeting times to fit a two-day-per-week schedule.

Minors

Some masters students may also elect to choose a "minor." A "minor" typically consists of three or more courses within one of the designated minor areas. Some current minors include Genomics, Health Policy, and HIV/AIDS. For more details on minors, see the discussion on the **masters specialties** page.

Notes

The curriculum is subject to periodic revision at the discretion of the faculty.

Images and voices of students in selected courses may be video-transmitted to other locations as a part of the distributed learning program.

Students may be involved in patient research as well as in research on school programs, aggregate (non-personally-identifiable) student information may be reported as part of this research.

Quick-Links: **Prospective Students, Masters Program**

Overview · Curriculum · Applications · Requirements · Documents · Screening

Applications

After reviewing the deadlines, requirements, and prerequisites of the program (see below), you may obtain an application packet through the following choices:

- **Download** directly to your computer
- **On-Line Form** to submit your request for printed information (shipped to you through postal system).

Contact the UCSF **Nursing Student Affairs Office** for any questions or for help in submitting your application.

Nursing Student Affairs
2 Koret Way, #N-319X
UCSF Box 0602
San Francisco, CA 94143-0602

Email:
info@nursing.ucsf.edu
Telephone:
(415) 476-1435
Fax: (415) 476-9707

Admission Requirements

1. **Baccalaureate (bachelor's) degree** from an NLN- or CCNE-accredited program in nursing. Nurses who have a U.S. bachelor's degree in another discipline are also eligible to apply.
2. **Licensure** as a registered nurse in California (or home state of residency).
3. Completion of an introductory course in **statistics.**
4. Completion of the Graduate Record Examination General Test (GRE) within the last five years.
5. Evidence of personal qualification and capacity for graduate study as reflected in the application, references, Graduate Record Examination, and grade-point average (3.0). Past academic performance and professional activity are evaluated, e.g., community, organizational, and volunteer service, and creative professional accomplishments.
6. Congruence of applicant's goal with the goals and resources of the School and University.
7. A minimum of one year registered nurse experience which is related to the area of specialization is desirable. Some specialties may require additional experience.
8. **Computer proficiency** is highly recommended (especially word processing and internet skills).

Admission Requirements for International Applicants

1. Completion of a nursing bachelor's degree, if available in the country of origin. All non-English transcripts must be translated into English by a certified translator.
2. Scholastic record comparable to that reflected by a 3.0 GPA.
3. Completion of an introductory course in statistics.
4. Completion of the Test of English as a Foreign Language (TOEFL) for graduates of foreign schools whose academic language is not English. The minimum TOEFL score is **80** (22 is the minumun writing section score). *Proficiency in spoken and written English is* **mandatory**.
5. Completion of the Graduate Record Examination (GRE) General Test within the last five years.
6. International students need to be **licensed** in their country of origin. If they are going to perform direct patient care activities locally, they will need to obtain California registered nurse licensure also.
7. One year of recent work experience as a registered nurse related to the prospective field of study.
8. **Computer proficiency** is highly recommended (especially word processing and internet skills).

Prospective international masters students should also review the following information:

- Information for **Prospective Students from Other Countries**
- International Students and Scholars Office

Quick-Links: Prospective Students, Masters Program
Overview · Curriculum · Applications · Requirements · Documents · Screening

Documentation

Transcripts. Two official original transcripts must be sent directly to Nursing Student Affairs (see address above) from **each** college, university, and nursing school attended. Transcripts must be endorsed by the proper authority and final college transcripts should include a statement of good standing or honorable dismissal from the last college attended. A preliminary transcript should show coursework in progress.

Examinations. Applicants are required to take the General Test of the **Graduate Record Examination** (GRE). All information concerning the GRE may be obtained from the **Educational Testing Service** at http://www.ets.org.

It is the applicants' responsibility to assure that GRE scores are received by the application deadlines. Request that the Educational Testing Service send your official scores directly to the Graduate Division, UCSF Box 0404, San Francisco, CA 94143-0404.
The UCSF *institutional code number* is **R-4840**, department **#0610**.

Note: *Test scores can take up to six weeks to reach the University.*

GRE / TOEFL Examinations
Educational Testing Service (ETS)
Princeton, NJ 08541 USA
Telephone: 1-609-921-9000
Fax: 1-609-734-5410
Website: http://www.ets.org
GRE: 1-800-473-2255
http://www.gre.org
TOEFL: http://www.toefl.org
1-877-863-3546 (US/Canada);
1-609-771-7100 (elsewhere)
ETS Disability Services:
P.O. Box 6054
Princeton, NJ 08541-6054
1-800-387-8602 (US/Canada);
1-609-771-7780 (elsewhere)
Send official scores directly to the
Graduate Division
UCSF Box 0404
San Francisco, CA 94143-0404.
The UCSF *institutional code number* is **R-4840**, department code **#0610** (GRE) or **#43** (TOEFL).

Letters of Reference. Four letters of reference are required: (1) two most recent employers, preferably nurses; (2) a school of nursing, if you are a graduate within the past five years, and preferably from a professor who can assess your clinical performance and judgment in the area in which you wish to study; (3) one or two individuals, not relatives, who are well acquainted with your professional preparation and experience. The letters should be sent to the Office of Student Affairs, School of Nursing. Additional references might be requested.

Master of Science applicants should have all references address the following areas, as appropriate: (1) relationships with team members such as nurses, physicians, and others; (2) professional nursing ability, including application of theory, independent judgment where appropriate, and quality of patient care;

(3) communication skills; (4) leadership skills; and (5) responsibility and initiative.

All references must be submitted with the reference forms included in the application packet.

Review Policy

Applicant records will not be reviewed until necessary documentation, including score reports, key references, and transcripts, have been received.

Quick-Links: Prospective Students, Masters Program

Overview · Curriculum · Applications · Requirements · Documents · Screening

Screening Process

Review of completed application packets and admission decisions begins in February. Early applicants, other factors being equal, are most likely to have access to their first-choice specialties.

Early Deadline. Applicants requiring early review because of special funding deadlines *(e.g., members of the military)* should submit applications no later than **November 1**.

Regular Deadline. **February 1** is the regular due date for filing applications (including all supporting materials) for the Master of Science program. Applicants seeking admission to the Family NP or Adult NP specialties should make a particular effort to meet this regular deadline, as demand for these particular specialty tracks far exceeds available space.

Final Deadline. The last date to submit an application packet (application form, all transcripts, all letters of reference, official GRE scores) is **August 1** for US applicants (**June 1** for international applicants).

Applications **will** be accepted after February 1 by those specialties that still have space available. Note that availability will differ between specialty areas and will fluctuate from one year to the next. For example, as of February 8, 2002 only the MS Family Nurse Practitioner specialty had closed for lack of space, all other specialties remained open. (Adult NP was the next speciality to close.) The School of Nursing will maintain an up-to-date list of all specialties still accepting applications after February 1.

You are encouraged to consult this web site or telephone Nursing Student Affairs (415/476-1435) to find out more information about your specialty of choice.

Evaluation

Screening for admission into the Master of Science program occurs at two separate units. The School of Nursing Master's Admission Screening Committee screens completed applications for admission into the School and particular specialty. Application review includes the following considerations: applicant's academic and professional (nursing) qualifications; congruence of applicant's educational goal with specialty selected; institutionalresources, including student admission allocation by specialty; and application strength as compared to other applicants. Applicants from underrepresented communities are similarly reviewed but with consideration of the profession's need for such persons with graduate preparation.

A roster of accepted applicants and alternates for acceptance is established. The Committee forwards recommendations to the UCSF Graduate Division.

The **Graduate Division** officially notifies applicants of admission decisions. The Dean of the Graduate Division reviews applicants for acceptance to graduate status. Evaluation is based on scholastic qualifications and formal preparation for advanced academic study.

The Graduate Division of the University of California San Francisco requires an undergraduate grade-point average of **3.0** for admission to graduate standing. A personal interview is optional for most specialties and may be initiated by the faculty or the applicant.

Immunizations

Accepted applicants must, prior to enrollment, show proof (statement from health care provider) of completion of the vaccine series, a titer indicating presumptive immunity, or a statement from a health care provider indicating that vaccination is contraindicated for health reasons. Additionally, current MMR, diptheria, tetanus, and varicella are required. The Student Health Service will request and record the information. Visit Student Health Services at http://saawww.ucsf.edu/health on the web.

Criminal Background Check

Admitted students must complete, prior to their first clinical experience, a Criminal Background Check (CBC) through the UCSF Police Department. Details will be provided after acceptance.

Articulation into Doctoral Program

Students considering continuation into the doctoral program should discuss plans with advisers and relevant faculty. Course selection in the master's program should optimize preparation for doctoral work.

Master's students with previous BSNs may apply by the deadline (December 1) for doctoral application in any year of study. Application is to the School of Nursing rather than to any department. Students without BSNs may apply in the year in which they will have completed 36 academic units and all MS specialty requirements. Admission to the doctoral program is effective the fall quarter following acceptance.

The master's degree will be conferred when the student has completed specialty requirements, 36 academic units, 8 graduate professional units, and the comprehensive examination. A student may choose not to earn the master's degree.

Transfer of Credit

Ordinarily, all coursework for the Master of Science degree is done while registered in the School. Up to six quarter (four semester) units may be allowed for coursework taken elsewhere. An exception is work taken at another campus of the University of California. In this circumstance, up to one-half of the program, or a maximum of 15 to 18 quarter units of work, depending upon the master's degree plan, may be accepted if taken at graduate standing at another campus of the University. Students must have been registered on the San Francisco campus for at least one quarter, however, before petitioning for such transfer of credit.

Units taken elsewhere must have been earned in graduate status at an institution of high repute, and cannot be used to reduce the minimum number of required quarters in registered status. Students in the master's program must be registered for a minimum of three quarters and must be taking at least four units in each of the three quarters. No commitment can be made regarding such an allowance of credit until half the program for the master's degree has been completed. Acceptance of credit is subject to the approval of student's major department and the dean of the Graduate Division.

Duplication of Degrees

Duplication of a master's degree in nursing is not permitted. A professional degree in nursing is regarded as a duplicate of an academic degree.

Undergraduate Programs

Baccalaureate (Bachelor of Science) degrees are not offered at UCSF School of Nursing. The California Board of Registered Nursing has information for persons seeking to study nursing after leaving high school.

Quick-Links: Prospective Students, Masters Program

Overview · Curriculum · Applications · Requirements · Documents · Screening

Site Map: UCSF School of Nursing

about the school · (You are Here) prospective students · faculty, departments · masters specialties · research activities · current students · news/ events · alumni/ friends

Revised: March 2006

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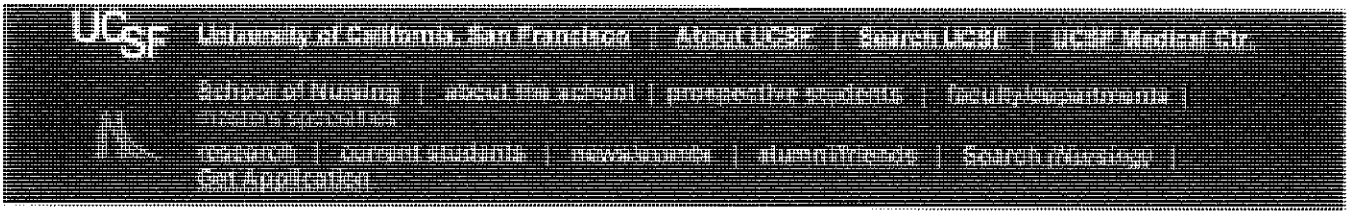

MINORS · MASTER OF SCIENCE PROGRAM

Education Minor

The Education Minor is offered to students interested in teaching. Most frequently these teaching skills and accompanying knowledge base are used in academic nursing education in associate degree or baccalaureate programs. They may also be used to provide in-services education, present continuing education content, and provide patient education.

The Education minor requires completion of:

- At least two academic courses in education (e.g. N201A, B, C or D), and
- A minimum of 3 units of N400 practice teaching in a practicum or residency (a minimum of 90 hours).

Courses

N201A Curriculum Development (2 units):
Course addresses strategies for the development of curricula in nursing education in contemporary society. Incorporates principles of tests and measurement.

N201B Teaching Learning (2 units):
Course explores principles and theories that form the basis for interacting between students and teachers and among students, and examines teaching-learning practices, including presentation skills, for student-centered and distance (distributed) education.

N201C Clinical Instruction (2 units):
Theoretical foundations for clinical supervision, teaching, and evaluation in nursing education. The focus will be on clinical activities commonly utilized to enhance the learning process in the clinical setting.

N201D Virtual Classroom (2 units):
Course focuses on strategies, designs, frameworks, and activities needed in developing a virtual classroom. Environmental design and theoretical framework are emphasized as the basis for on-line learning.

N434 Teaching Residency (4-12 units):
A residency is "immersion into a role." With this residency you prepare yourself to do all the various aspects of the job the role involves.

N436 Teaching Practicum (variable units):
A practicum is an opportunity to learn skills; e.g. lecturing, writing test questions, clinical evaluation.

N467 Doctoral Teaching Residency (1-3 units):
Same as **N434**, but for doctoral students.

Faculty

Nancy Stotts, RN, EdD, FAAN; (415) 476-4412;
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Revised: Mar. 2007

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University of California, San Francisco

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Faculty Profile

Kathleen A. Dracup, RN, FNP, DNSc, FAAN

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Research/Teaching

Dr. Dracup's professional career includes 35 years of experience in cardiovascular nursing and university professorships. She is recognized nationally and internationally for her investigation in the care of patients with heart disease and the effects of this disease on spouses and other family members.

Her initial research focused on the needs of spouses of terminally ill cardiac patients in the intensive care unit. In her subsequent interdisciplinary program of research, she has tested a variety of interventions designed to reduce the emotional distress experienced by cardiac patients and their family members and to reduce morbidity and mortality from sudden cardiac death.

She consistently has been awarded extramural funding for her research from the National Heart, Lung and Blood Institute, the National Institute for Nursing Research, the American Heart Association, the Department of Defense, the Department of Veterans Affairs, and the American Association of Critical Care Nurses.

Dr. Dracup has published her research in more than 300 articles and chapters, and has recently published the textbook, *Intensive Coronary Care*. She served as the editor of *Heart & Lung* for over a decade and currently is the co-editor of the *American Journal of Critical Care*. She is a Fellow of the American Academy of Nursing and the American Heart Association Council of Cardiovascular Nursing. She was a Fulbright Senior Scholar to Australia and is a member of the Institute of Medicine. She received the outstanding teaching award at UCLA School of Nursing on four different occasions and was awarded the American Heart Association's *Eugene Braunwald Award for Academic Mentorship* in 2003.

Education

Dr. Dracup earned a Doctorate in Nursing Science from the University of California, San Francisco, a Master of Nursing degree from the University of California, Los Angeles, and a Bachelor of Science degree from St. Xavier's University, Chicago, Illinois.

Recent Grants

1998-2003. Dracup, K. (Program Director), Cowan, M. (Associate Investigator), Fonarow, G. (Associate Investigator), Vredevoe, D. (Associate Investigator), et al., Exercise training in heart failure: Effects on autonomic, immune, quality of life, clinical and cost outcomes. American Heart Assoc. $1,079,939.

1999-2001. Dracup, K. (P.I.). Anxiety, perceived control and post-myocardial infarction complications in patients from five Pacific Rim countries. University of California Pacific Rim Research Program. $36,533.

2001-2006. Dracup, K. (P.I.). Reducing prehospital delay in acute myocardial infarction. National Institutes of Health (R01). $2,778,548.

2004-2010. Dracup, K. (P.I.) Betty Irene Moore Accelerated Doctoral Program. Moore Foundation. $9,700,000.

Selected Publications

Dracup, K., Westlake, C., Erickson, V., Doering, L., Moser, D., Caldwell, M., Hamilton, M. Perceived control reduces emotional stress in patients with heart failure. *Journal of Heart & Lung Transplantation*, 2003; 90-93.

New! Search ***PubMed*** for publications by this author.

Martensson, R., Dracup, K., Canary, C., Fridlund, B. Living with heart failure: Depression and quality of life in patients and spouses. *Journal of Heart and Lung Transplantation*, 2003; 2(4): 460-467.

Gallagher, R., McKinley, S., Dracup, K. Effects of a telephone counseling intervention on psychosocial adjustment in women following a cardiac event. *Heart & Lung*, 2003; 32(2): 79-87.

Evangelista, L., Doering, L., Dracup, K., Espejo, M., Kobashigawa, J. Hope, mood states, and quality of life in female heart transplant recipients. *Journal of Heart and Lung Transplantation*, 2003; 22(6): 681-686.

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Gallagher, R., Dracup, K., McKinley, S. Predictors of women's attendance at cardiac rehabilitation programs. *Progress in Cardiovascular Nursing*, 2003; 18(3): 121-126.

Evangelista, L.S., Doering, L., Dracup, K.A. Meaning and life purpose: The perspectives of post-transplant women. *Heart & Lung*, 2003; 32 (4): 250-257.

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Dracup, K., Moser, D., McKinley, S., Ball, C., Yamasaki, K., Kim, C., Nanasilp, P., Doering, L., Caldwell, M. An international perspective of the time to presentation with myocardial infarction. *Journal of Nursing Scholarship*, 2003; 35(4): 317-323.

Nield, M., Arora, A., Dracup, K., Soo Hoo, G., Cooper, C. Comparison of breathing patterns during exercise in patients with obstructive and restrictive ventilatory abnormalities. *Journal of Rehabilitation Research and Development*, 2003; 40(5): 407-414.

Caldwell, M.A., Howie, J.N., Dracup, K.A. BNP as discharge criteria for heart failure. *Journal of Cardiac Failure*, 2003; 9(5): 416-422.

Howie, J., Caldwell, M., Dracup, K. The measurement of brain natriuretic peptide in heart failure: Precision, accuracy and implications for practice. *AACN Clinical Issues*, 2003; 14(4): 520-531.

Erickson, V., Westlake, C., Dracup, K., Woo, M., Hage, A. Sleep disturbance symptoms in patients with heart failure. *AACN Clinical Issues*, 2003; 14(4),: 477-487.

Corvera-Tindel, T., Doering, L., Woo, M.A., Khan, S., Dracup, K. Effects of a home walking exercise in heart failure. *American Heart Journal*, 2004; 147: 339-346.

Evangelista, L., Moser, D., Dracup, K., Doering, L., Kobashigawa, J. Functional status and perceived control influence quality of life in female transplant recipients. *J. Heart & Lung Transplantation*, 2004; 23(3), 360-367.

Davidson, P., Paull, G., Introna, K., Cockburn, J., Davis, J., Rees, D., Gorman, D., Dracup, K. Integrated, collaborative palliative care in heart failure: the St. George heart failure service experience 1999-2002. *J. Cardiovascular Nursing*, 2004; 19(1): 68-75.

Reyes, C.J., Evangelista, L.S., Doering, L., Dracup, K., Cesario, D., Kobashigawa, J. Physical and psychological attributes of fatigue in female heart transplant recipients. *Journal of Heart and Lung Transplantation*, 2004; 23(5): 614-619.

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Fukuoka, Y., & Dracup, K. Illness attribution among Japanese patients with acute myocardial infarction. *Heart & Lung*, 2004; 33(3): 146-153.

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Dracup, K. Impact of faculty practice on an academic institution's mission and vision. *Nursing Outloak*, 52(4): 174-178, 2004.

McKinley, S., Dracup, K., Moser, D., Ball, C., Yamasaki, K., Kim, C.J., Barnett, M. International comparison of factors associated with delay in presentation for AMI treatment. *European Journal of Cardiovascular Nursing*, 3(3): 225-230, 2004.

Doering, L.V., Caldwell, M., Dracup, K., Erickson, V.S., Fonarow, G.C., Hamilton, M. Is coping style linked to emotional states in heart failure patients? *Journal of Cardiac Failure*, 10(4): 344-349, 2004.

Davidson, P., Macdonald, P., Ang, E., Paull, G., Choucair, S., Daly, J., Moser, D., Dracup, K. A case for consideration of cultural diversity in heart failure management – Part 1: Rationale for the DISCOVER study. *Cantemporary Nurse*, 17(3): 204-210, 2004.

De Jong, M., Chung, M., Roser, L., Jensen, L., Kelso, L., Dracup, K., McKinley, S., Yamasaki, K., Kim, C.J., Riegel, B., Ball, C., Doering, L., An, K., Barnett, M., Moser, D. A five-country comparison of anxiety early after acute myocardial infarction. *European Journal of Cardiovascular Nursing*, 3(2): 129-134, 2004.

Dracup, K., Evangelista, L., Doering, L., Tullman, D., Moser, D., Hamilton, M. Emotional well-being of patients with advanced heart failure. *Heart & Lung*, 33(6): 354-361, 2004.

Tullmann, D., & Dracup, K. Knowledge of heart attack symptoms in older men and women at risk for acute myocardial infarction. *Journal of Cardiopulmonary Rehabilitation*, 25: 33-39, 2005.

Fukuoka, Y., & Dracup, K. Prehospital delay and independent/interdependent construal of self among Japanese patients with acute myocardial infarction. *Social Science & Medicine*, 60(9): 2025-2034, 2005.

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Shively, M., Kodiath, M., Smith, T.L., Kelly, A., Bone, P., Fetterly, L., Gardetto, N., Shabetai, R., Bozzette, S., Dracup, K. Effect of Behavioral Management on Quality of Life in Mild Heart Failure: A Randomized Controlled Trial, *Patient Education and Counseling*, 58(1), 27-34, 2005.

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Meleis, A., Dracup, K. The case against the DNP: History, timing, substance, and marginalization. *Online Journal of Issues in Nursing (OJIN)*, August 2005.

Evangelista, L., Dracup, K., Doering, L., Moser, D., Kobashigawa, J. Physical activity patterns in heart transplant women. *Journal of*

Cardiovascular Nursing, 20(5), 334-339, 2005.

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Title: Kaiser Permanente Distance Learning Program
Type: Accelerated/online program

Location:
Los Angeles, California

Organizations Involved:
Kaiser Permanente
California State University Los Angeles

Funding Source:
Kaiser Permanente
Student tuition and fees-California State University Los Angeles

Description:
California State University Los Angeles has teamed up with Kaiser Permanente to offer a distance-learning program for nursing graduate students. The program provides graduate education for baccalaureate prepared nurses in either nursing education or nursing administration. Both options are offered to on-campus students, however they are both offered entirely online as well. The program is presented through interactive videoconferencing and synchronous/asynchronous Web-based modalities. The program of study for this particular MSN is designed specifically for part-time study in order to accommodate nurses who are also employed full-time. Courses are offered one evening per week via interactive videoconferencing to facilitate interaction and some additional evening web-based assignments and online discussion groups will take place. Courses usually take place between 5 and 10pm and are offered year-round on a quarter system. The nursing education track requires 14 core credits that all MSN students are required to take, as well as additional classes totaling 45 credit hours. The program is scheduled over 10 consecutive quarters, to be completed by part-time study in roughly two and a half years. See attached program of study. California State University Los Angeles also offers a three-year master's program for students with a baccalaureate degree in a field other than nursing. Students are admitted as conditionally classified graduate students and complete 76 credits of basic nursing courses. Students must have completed a variety of prerequisites upon admission (see attached list).

Outcome:
E-mail in to contact regarding enrollment, etc.

Modifications to Model:
N/A

Contact Information:
Cynthia B. Hughes, EdD
Coordinator of Kaiser Long Distance Program
Telephone: 323-343-4716
E-mail: chughes2@calstatela.edu

Website: http://www.calstatela.edu/dept/nursing/KDLP/index.htm

Rhea P. Williams, PhD
Chairperson, Graduate Studies; Graduate Advisor
Telephone: (323)-343-4717
E-mail: rwilliams@calstatela.edu
Website: http://www.calstate.edu/dept/nursing/elmn_ind.htm

Nursing Education MSN Course Requirements

Fall-	Prerequisites if necessary
Winter-	NURS 502-Role Development of the Advanced Practice Nurse
Spring-	NURS 504-Research Utilization in Nursing Practice NURS 594-Decision Making in Nursing Health Care
Summer-	NURS 566-Advanced Pathophysiology NURS 592-Theoretical Basis of Nursing Research and Practice
Fall-	NURS 590-Quantitative Nursing Research Methods NURS 454P-Nursing Informatics Lab NURS 454L-Nursing Informatics Lecture
Winter-	NURS 524-Care of Vulnerable Populations NURS 595-Advanced Field Study
Spring-	EDFN 510
Summer-	NURS 560A-Development of Educational Programs in Nursing I NURS 595-Advanced Field Study
Fall-	NURS 560B-Development of Educational Programs for Nursing NURS 595-Advanced Field Study
Winter-	Comps (NURS 596)/thesis (NURS 597-599)*

*Thesis is optional. If this option is selected, the directed electives to the major can be decreased.

Title: BARN Program
Type: Accelerated degree

Location:
San Francisco, California

Organizations Involved:
San Francisco State University

Funding Source:
Student tuition and fees-San Francisco State University

Description:
San Francisco State University offers registered nurses the opportunity to complete a BSN degree through their BARN program for those with a baccalaureate degree in another field. The BSN equivalency can be completed in one Spring/Summer session including the following coursework:

*N699-Special Studies in Nursing
N446-Community Health and Major Issues in Community/Mental Health
N447-Community Health Practicum
N555-Research in Nursing

*N699 is intended to demonstrate equivalence to N111 Professional Concepts, N112 Healthy Aging, N114 Assessment, N556 Nursing Leadership Trends, and N557 Nursing Practicum V. Students must demonstrate equivalence, or take the corresponding course. All equivalencies must be met before the student advances to MSN coursework.

Students can then pursue MSN education in full or part-time study. All theory courses in the MSN program are held in the late afternoon or evening to allow for concurrent employment. See attached schedule information. The university also offers an accelerated MSN program for students with baccalaureate degrees in nursing or other fields. Students can receive RN to MSN training in three years with full-time study. See attached curriculum requirements.

Outcome:
E-mail in to contact for more specific information and enrollment, etc.

Modifications to Model:
N/A

Contact Information:
Dr. Grace Hardie
Associate Director, Graduate Program
San Francisco State University
Telephone: (415)-405-0484

E-mail: ghardie@sfsu.edu
Website: http://www.nursing.sfsu.edu

Title: University of Colorado at Denver MSN Program
Type: Accelerated/online degree

Location:
Denver, Colorado

Organizations Involved:
University of Colorado at Denver and Health Sciences Center School of Nursing

Funding Source:
Student tuition and fees-University of Colorado at Denver and Health Sciences Center

Description:
The University of Colorado at Denver and Health Sciences Center School of Nursing offers a Master of Science in Nursing Program with over 75% of classes offered online. Most of the MSN core courses are offered in both online and classroom formats. To facilitate online learning, the university offers an Online Course Skills Review and strongly encourages students pursuing online education to take the class prior to the start date of their first online class. Classroom scheduling ranges from one day per week to intensive 1-3 day sessions. The University of Colorado at Denver also offers a direct BS to PhD program in nursing that includes a 30 credit master's degree component. However, students who pursue this option are not eligible to become certified in any APN specialty solely upon completion of the 30 credit master's. Additional coursework is required. The curriculum for the BS to PhD pathway requires 101 semester credits with an emphasis in two of four focus areas: the Human Experience of Health, Illness, Healing, Dying, or Environmental Context and Outcomes. See attached PDF file for specific course requirements.

The university offers a Clinical Educator Certificate Program consisting of three classes. These classes are open to degree-seeking students in any nursing graduate program, as well as non-degree seeking bachelors or masters prepared nurses. The certificate program is offered through the university's Office of Professional Development and Extended Studies.

Outcome:
Phone call in to contact for more detailed information.

Modifications to Model:
N/A

Contact Information:
Patricia Moritz, RN PhD FAAN
Dean
University of Colorado at Denver and Health Sciences Center School of Nursing
Telephone: 303-315-7754
Website: http://www.uchsc.edu/son/sonweb.asp

University of Colorado at Denver and Health Sciences Center
School of Nursing
Graduate Programs Office

MS Course Offering Plan

11/20/06

All information is subject to change depending upon low enrollments and faculty availability. Please contact your advisor or the Graduate Programs Office at 303-315-4324 for further information.

		Semester/Format C=Classroom O=Online P=Clinical B=Blended I=Intensive ITV=Interactive TV		
Course #	Title/(Credit)	Fall	Spring	Summer
NURS 6010	Philosophical, Theoretical, & Ethical Foundations for Adv Nursing Practice (3)	C	O	
NURS 6013	Human-Technology Interface (2)	O	O	O
NURS 6022	Health Systems, Policy, & Social Justice (3) (previously NURS 6012 Health Systems & Policy)	C	O	O
NURS 6031	Research Methods for Advanced Practice	O	C	C
NURS 6053	Gerontological Nursing: Adv. Practice Concepts (3)		ITV Even Yrs.	
NURS 6113	Studies in Health Promotion and Lifestyle (2)	O	C	C or I
NURS 6222	Advanced Pharmacology and Therapeutics (3)	C	O	C
NURS 6243	Advanced Pathophysiology (3)	O	C	O
NURS 6274	Nursing Terminologies (3)		O	
NURS 6279	Knowledge Systems (3)			O
NURS 6284	Telehealth Applications (3)			O
NURS 6285	Human Computer Interaction Design (3)	O		
NURS 6289	Information Systems Life Cycle (4)	O	O	
NURS 6293	Database Management Systems (3)		O	O
NURS 6303	Epidemiology & Environmental Health (3)	O	O	
NURS 6304	Management Information for Decision Support		O	
NURS 6305	Health Care Financial Management for Patient Care Services (3)		O	O
NURS 6343	Women's Gynecological Health Care (1-3)	B/C/ITV	B/C/ITV	
NURS 6352	Care of the High Risk Pregnancy (2)		B/C/ITV	
NURS 6372	Care During Pregnancy & Birth (1 or 3)	C/ITV		
NURS 6433	Health and Educational Needs of Young Children with Disabilities (2)			O
NURS 6477	Primary Care of Children: Well Child Care (1-4) (1 credit newborn)	B/ITV	B/ITV	
NURS 6483	Ethics and Genetics: Caring for Children with Disabilities and Chronic Conditions (3)			B

NURS 6487	PHC of Children: Children w/ Minor Acute Illness (2-3)	B/ITV		
NURS 6497	PHC of Children with Chronic Illness and Disability (1-2)		B/ITV	
NURS 6493	Inferential Statistics in Nursing (3)	O		
NURS 6505	Systems and Community Based Care for Children with Special Needs (4)	C		
NURS 6593	Conceptual Frameworks for Case/Care/Management (3)	O Even Yrs.	O	
NURS 6663	Leadership and Management (4) *Last offering will be Fall 2007*	O Last '07		
NURS 6673	Systems Assessment, Program Design & Evaluation (3) *Last offering will be Spring 2007*		O Last '07	
NURS 6693	Management of Patient Care Services *Last offering will be Spring 2007*		O Last '07	
NURS 6742	Advanced Practice in Acute and Critical Care (3)	I		
NURS 6744	Advanced Concepts in Palliative Care (3)			I
NURS 6746	Complex Symptom Management for the CNS (3)		I	
NURS 6750	Advanced Practicum: in Psychiatric Mental Health (1-12) *Last offering will be Spring 2007*	P Last '07		
NURS 6751	Advanced Practicum: in Health Systems Leadership (3)	P	P	P
NURS 6752	Advanced Practicum: Public Health Nursing (1-9)	P	TBA	P
NURS 6754	Advanced Practicum in Community Analysis (3)	P Last '07		
NURS 6755	Advanced Nursing Practicum (Clinical practicum in 4 levels; 1-8 credits) Sections: C01 CNS Acute and Critical Care C02 CNS Palliative Care C03 CNS Gerontology/Adult Health C06 PNP C12 ANP/GNP C13 FNP C14 MW Ambulatory C15 MW Intrapartum C17 WH C18 Pediatric Special Needs	P	P	P
NURS 6756	Advanced Nursing Practicum (1-8 credits) Sections: C01 CNS Acute and Critical Care C02 CNS Palliative Care C03 CNS Gerontology/ Adult Health C06 PNP C12 ANP/GNP C13 FNP C14 MW Ambulatory C15 MW Intrapartum C17 WH C18 PSN	P	P	P
NURS 6757	Advanced Nursing Practicum (1-8 credits) Sections: C01 CNS Acute and Critical Care C02 CNS Palliative Care C03 CNS Gerontology/ Adult Health C06 PNP C12 ANP/GNP C13 FNP C14 MW Ambulatory C15 MW Intrapartum C17 WH C18 PSN	P	P	P

NURS 6758	Advanced Nursing Practicum (1-8 credits) Sections: C01 CNS Acute and Critical Care C02 CNS Palliative Care C03 CNS Gerontology/ Adult Health C06 PNP C12 ANP/GNP C13 FNP C14 MW Ambulatory C15 MW Intrapartum C17 WH C18 PSN C30 NMW Integration	P	P	P
NURS 6759	Advanced Practicum in Informatics (3-6)	P	P	
NURS 6761	Advanced Assessment (3)	B	B	B
NURS 6827	Diagnosis and Management I: Acute Alterations in Health (2)	C/ITV		
NURS 6837	Diagnosis and Management II: Chronic Alterations in Health (3)		C/ITV	
NURS 6858	Advanced Practice Nursing: Role Concepts and Professional Issues (1)	I	I	
NURS 6897	Urgent and Emergent Care (3)	TBA	TBA	TBA

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(Subject to change in site, faculty and time. Cancellation of course(s) may be possible due to lack of enrollment.)

Course Number	Module	Call#	Cr. Hr.	Blk	Sec.	Days	Time	Site	Room	Max#	Faculty	Information
NURS6010 Philosophical, Theoretical and Ethical Foundations for Advanced Practice Nursing		591	3	--	001	Tu	9-12		See Info	50	Sakalys, J.	*Room 2940 on 8/28 & 9/4 and all other classes held in room 2939. NEW: ALL classroom courses will use Blackboard for announcements and supplemental materials. Please go to http://blackboard.cudenver.edu/*
NURS6013 Human Technology Interface		592	2	--	I01					30	Skiba, D. Song, C.	*All of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*
		1111		--	I02					30	Skiba, D. TBA	*Please note: All of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*
NURS6022 Health Systems, Policy & Social Justice		593	3	--	001	Tu	4-7		2939	50	Igoe, J.	*NEW: ALL classroom courses will use Blackboard for announcements and supplemental materials. Please go to http://blackboard.cudenver.edu/*
NURS6031 Research Methods for Advanced Practice		594	4	--	I01					40	Marsh, G. Matthews, E.	*All of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*
NURS6055 Applied Evidence-Based Practice		1138	3	--	I01					10	Thompson, C.	*Crosslisted with NUDO6055 All of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*

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NURS6113 Studies in Health Promotion & Lifestyle		595	2	--	I01					35	Sakraida, T.	*All of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*
NURS6222 Advanced Pharmacology & Therapeutics		596	3	--	001	See Info	9-3		2939	50	Gutierrez, K.	*Dates: 9/8, 9/22, 10/6, 10/20, 11/3, 11/17, 12/1, 12/8 from 9-3. NEW: ALL classroom courses will use Blackboard for announcements and supplemental materials. Please go to http://blackboard.cudenver.edu/*
NURS6243 Advanced Pathophysiology		1112	3	--	I01					35	Thompson, C.	*All of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*
NURS6285 Human Computer Interaction Design		598	3	--	I01					35	Skiba, D.	*All of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*
NURS6289 Information Systems Life Cycle		599	4	--	I01					35	Skiba, D.	*All of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*
NURS6303 Epidemiology & Environmental Health		600	3	--	I01					35	Peifer, K.	*All of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*

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Course Number	Module	Call#	Cr. Hr.	Blk	Sec.	Days	Time	Site	Room	Max#	Faculty	Information
NURS6304 Management Information for Decision Support		601	3	■ --	I01					35	McHugh, M.	*All of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*
NURS6343 Women's Gynecologic Health Care		603	1-3	■ --	B01	W	8-11		2940	35	Kass-Wolff, J.	*Part of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*
		604		--	T01	W	8-11			10	Kass-Wolff, J.	*Remote students should register for this section and contact Elisabeth Levy (303-315-4324) with their site.*
NURS6372 Care During Pregnancy & Birth		606	1-3	■ --	001	Th	11:30-2:30		2940	35	Hensley, J.	*NEW: ALL classroom courses will use Blackboard for announcements and supplemental materials. Please go to http://blackboard.cudenver.edu/*
		605		--	T01	Th	11:30-2:30			10	Hensley, J.	*Remote students should register for this section and contact Elisabeth Levy (303-315-4324) with their site.*
NURS6477 Primary Care of Children: Well Child Care		607	1-4	■ --	B01	W	1-4		2940	35	Gilbert, L.	*Part of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*
		608		--	T01	W	1-4			10	Gilbert, L.	*Remote students should register for this section and contact Elisabeth Levy (303-315-4324) with their site.*
NURS6487 PHC of Children: Minor Acute Illness		609	2-3	■ --	B01	Th	8-11		2940	35	Erickson, V.	*Part of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*

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Course Number	Module	Call#	Cr. Hr.	Blk	Sec.	Days	Time	Site	Room	Max#	Faculty	Information
NURS6487 PHC of Children: Minor Acute Illness		610	2-3	--	T01	Th	8-11			10	Erickson, V.	*Remote students should register for this section and contact Elisabeth Levy (303-315-4324) with their site.*
NURS6493 Inferential Statistics in Nursing		611	3	--	I01					35	McHugh, M.	*All of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*
NURS6505 Systems & Community-based Care for Children with Special Needs		1115	4	--	001	Th	3-7		1932	15	Krajicek, M.	*NEW: ALL classroom courses will use Blackboard for announcements and supplemental materials. Please go to http://blackboard.cudenver.edu/*
NURS6663 Leadership & Management		613	4	--	I01					15	McHugh, M.	*All of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*
NURS6742 Advanced Practice in Acute and Critical Care Nursing		1116	3	--	B01	See Info	See Info		TBA	35	Thompson, C.	*Dates/Times: Sept 6 (10-4p), Sept 7 (9-5), Oct 4 (10-4p), Oct 5 (9-5), Nov 1 (10-4p), Nov 2 (9-5), Dec 6 (10-4p), Dec 7 (9-5), Dec 13 (10-4p) Part of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*
NURS6751 Advanced Practicum: Health Systems Leadership		618	3	--	C01					5	Barton, A.	
NURS6752 Advanced Practicum in Public Health Nursing		619	1-9	--	C01					10	Marsh, G.	

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Course Number	Module	Call#	Cr. Hr.	Blk	Sec.	Days	Time	Site	Room	Max#	Faculty	Information
NURS6755 Advanced Practicum I	*CNS Acute & Critical Care*	621	1-8	--	C01					20	Krebs, L.	
	CNS Palliative Care	622		--	C02					20	Krebs, L.	
	CNS Gerontology/Adult Health	623		--	C03					20	Krebs, L.	
	PNP	624		--	C06	See Info	See Info		1934	25	Gilbert, L.	*Mandatory Clinical Conference the first Thursday (9/6, 10/4, 11/1, 12/6) of each month from 4-7.*
	ANP/GNP	625		--	C12					25	Kotthoff-Burrell, E. Raterink, V.	
	FNP	626		--	C13					25	Quinn, A.	
	NMW Ambulatory	627		--	C14					25	Hensley, J.	
	NMW Intrapartum	628		--	C15					25	Hensley, J.	
	Women's Health	629		--	C17					25	Baker, V.	
	Pediatric Special Needs	630		--	C18					25	Krajicek, M.	
NURS6756 Advanced Practicum II	*CNS Acute & Critical Care*	631	1-8	--	C01					25	Krebs, L.	
	CNS Palliative Care	632		--	C02					25	Krebs, L.	
	CNS Gerontology/Adult Health	633		--	C03					25	Krebs, L.	
	PNP	634		--	C06	See Info	See Info		1934	25	Gilbert, L.	*Mandatory Clinical Conference the first Thursday (9/6, 10/4, 11/1, 12/6) of each month from 4-7.*
	ANP/GNP	635		--	C12					25	Kotthoff-Burrell, E. Raterink, V.	
	FNP	636		--	C13					25	Quinn, A.	
	NMW Ambulatory	637		--	C14					25	Hensley, J.	
	NMW Intrapartum	638		--	C15					25	Hensley, J.	
	Women's Health	639		--	C17					25	Baker, V.	
	Pediatric Special Needs	640		--	C18					25	Krajicek, M.	

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Course Number	Module	Call#	Cr. Hr.	Blk	Sec.	Days	Time	Site	Room	Max#	Faculty	Information
NURS6757 Advanced Practicum III	*CNS Acute & Critical Care*	641	1-10	--	C01					25	Krebs, L.	
	CNS Palliative Care	642		--	C02					25	Krebs, L.	
	CNS Gerontology/Adult Health	643		--	C03					25	Krebs, L.	
	PNP	644		--	C06	See Info	See Info		1934	25	Erickson, V.	*Mandatory Clinical Conference the first Thursday (9/6, 10/4, 11/1, 12/6) of each month from 4-7.*
	ANP/GNP	645		--	C12					25	Beezley, J.	
	FNP	646		--	C13					25	Quinn, A.	
	NMW Ambulatory	647		--	C14					25	Hensley, J.	
	NMW Intrapartum	648		--	C15					25	Hensley, J.	
	Women's Health	649		--	C17					25	Hastings-Tolsma, M.	
	Pediatric Special Needs	650		--	C18					25	Krajicek, M.	
NURS6758 Advanced Practicum IV	*CNS Acute & Critical Care*	651	1-8	--	C01					25	Krebs, L.	
	CNS Palliative Care	652		--	C02					25	Krebs, L.	
	CNS Gerontology/Adult Health	653		--	C03					25	Krebs, L.	
	PNP	654		--	C06	See Info	See Info		1934	25	Erickson, V.	*Mandatory Clinical Conference the first Thursday (9/6, 10/4, 11/1, 12/6) of each month from 4-7.*
	ANP/GNP	655		--	C12					25	Beezley, J.	
	FNP	656		--	C13					25	Kass-Wolff, J.	
	NMW Ambulatory	657		--	C14					25	Hensley, J.	
	NMW Intrapartum	658		--	C15					25	Hensley, J.	
	Women's Health	659		--	C17					25	Kass-Wolff, J.	
	Pediatric Special Needs	660		--	C18					25	Krajicek, M.	

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Course Number	Module	Call#	Cr. Hr.	Blk	Sec.	Days	Time	Site	Room	Max#	Faculty	Information
NURS6759 Advanced Practicum: Health Care Informatics		662	3-6	--	C01					15	Skiba, D.	
NURS6761 Advanced Assessment			3	--	B01					45	Kass-Wolff, J. Kotthoff-Burrell, E.	*Internet and required laboratory. All students must register for one lab (L) section and they will automatically be registered for the didactic portion. See lab sections below. Part of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*
		664		--	L01	Tu	8-10			15	Kotthoff-Burrell, E.	*We offer three different lab sections: 8-10; 10-12; and 12-2PM. However, in the first two weeks of the semester, we hold combined sessions for all of the lab sections together at one time. Therefore, in the first two weeks, plan to attend lab from 10-12. After, the first two weeks, each lab section will be held individually at the assigned section time you enrolled.*
		665		--	L02	Tu	10-12			15	Quinn, A.	*We offer three different lab sections: 8-10; 10-12; and 12-2PM. However, in the first two weeks of the semester, we hold combined sessions for all of the lab sections together at one time. Therefore, in the first two weeks, plan to attend lab from 10-12. After, the first two weeks, each lab section will be held individually at the assigned section time you enrolled.*

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Course Number	Module	Call#	Cr. Hr.	Blk	Sec.	Days	Time	Site	Room	Max#	Faculty	Information
NURS6761 Advanced Assessment		1120	3	--	L03	Tu	12-2			15	Kass-Wolff, J.	*We offer three different lab sections: 8-10; 10-12; and 12-2PM. However, in the first two weeks of the semester, we hold combined sessions for all of the lab sections together at one time. Therefore, in the first two weeks, plan to attend lab from 10-12. After, the first two weeks, each lab section will be held individually at the assigned section time you enrolled.*
NURS6827 Diagnosis and Management I: Acute Alterations in Health		667	2	--	001	Th	3-5		2940	35	Raterink, V.	*NEW: ALL classroom courses will use Blackboard for announcements and supplemental materials. Please go to http://blackboard.cudenver.edu/*
		666		--	T01	Th	3-5			10	Raterink, V.	*Remote students should register for this section and contact Elisabeth Levy (303-315-4324) with their site.*
NURS6846 Guided Research in Nursing			1-3	--	001						TBA	*Must complete a guided research form to register. NEW: ALL classroom courses will use Blackboard for announcements and supplemental materials. Please go to http://blackboard.cudenver.edu/*
NURS6856 Independent Study			1-4	--	001						TBA	*Must complete an independent study form to register. NEW: ALL classroom courses will use Blackboard for announcements and supplemental materials. Please go to http://blackboard.cudenver.edu/*
NURS6858 Advanced Practice Nursing: Role Concepts and Professional Issues		670	1	--	001	See Info	8-5		TBA	75	Krebs, L. Quinn, A.	*Intensive. Dates: Sept 17th & Nov 12th. NEW: ALL classroom courses will use Blackboard for announcements and supplemental materials. Please go to http://blackboard.cudenver.edu/*

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Course Number	Module	Call#	Cr. Hr.	Blk	Sec.	Days	Time	Site	Room	Max#	Faculty	Information
NURS6940 Candidate for Degree			1	■ --	001						TBA	*NEW: ALL classroom courses will use Blackboard for announcements and supplemental materials. Please go to http://blackboard.cudenver.edu/*
NURS6956 Master's Thesis			4-6	■ --	001						TBA	*Must complete a thesis approval form to register. NEW: ALL classroom courses will use Blackboard for announcements and supplemental materials. Please go to http://blackboard.cudenver.edu/*
NUDO6041 Emerging Therapies & Healing Traditions in Holistic Nursing		545	2	■ --	B01	See Info	9-5			20	TBA	*Dates: 9/6 & 12/6 from 9-5. Part of this course is taught on the Internet using Blackboard. Go to* *http://blackboard.cudenver.edu/ to log in.*
NUDO6055 Applied Evidence-Based Practice		1125	3	■ --	I01					30	Thompson, C.	*NEW: ALL classroom courses will use Blackboard for announcements and supplemental materials. Please go to http://blackboard.cudenver.edu/ All of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*
NUDO6057 Designing Theory-guided Models of Care		546	2	■ --	B01	See Info	See Info		1952	25	Nelson-Marten, P.	*Dates: 9/7 from 9-5 & 12/7 from 9-5. Part of this course is taught on the Internet using Blackboard. Go to* *http://blackboard.cudenver.edu/ to log in.*
NUDO7001 Portfolio Evaluation		1139	1	■ --	001					10	Erickson, V.	*Please contact instructor to set-up individual appointments. NEW: ALL classroom courses will use Blackboard for announcements and supplemental materials. Please go to http://blackboard.cudenver.edu/*

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NUDO7018 DNP Capstone Clinical Evaluation Proposal Development		1126	1	--	I01					15	Hastings-Tolsma, M.	*All of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*
NUDO7856 Independent Study			1-6	--	001						TBA	*Must complete an independent study form to register. NEW: ALL classroom courses will use Blackboard for announcements and supplemental materials. Please go to http://blackboard.cudenver.edu/*
NUDO8009 DNP Clinical Residency I		1131	3	--	C01					10	Erickson, V.	*Please contact instructor to set-up individual appointments.*
NUDO8010 DNP Leadership Role Residency		1128	4	--	B01	See Info			1934	15	Raterink, V.	*Dates: 8/28 & 12/11 from 9-5. Part of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*
NUDO8017 ND Residency		1130	1-2	--	001	See Info			1921-1	5	Erickson, V.	*Dates: 8/31 & 12/14 from 8-5. NEW: ALL classroom courses will use Blackboard for announcements and supplemental materials. Please go to http://blackboard.cudenver.edu/*
NUDO8018 DNP Capstone Clinical Evaluation Project		550	3	--	B01	See Info	See Info		1933	25	Nelson-Marten, P.	*Dates: 9/13, 9/20, 10/4 & 10/18 from 1-3. Practice Day 12/6 from 1-5. DNP Conference - 12/13. Part of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*

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Course Number	Module	Call#	Cr. Hr.	Blk	Sec.	Days	Time	Site	Room	Max#	Faculty	Information
NUDC9000 Special Topics	*Leadership in New Ventures (3 credits)*	1133	1-4	■ --	I01						TBA	*ENTP6848-Leadership in New Ventures. Dates: 8/20 - 12/15. Instructor - Jan Rutherford. All of this course is taught on the Internet using Blackboard. Go to http://blackboard.cudenver.edu/ to log in.*

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Course Number	Module	Call#	Cr. Hr.	Blk	Sec.	Days	Time	Site	Room	Max#	Faculty	Information

NOTES Courses in the School of Nursing are offered under a variety of formats. The following legend is designed to help the student know more about the courses they are registering for and the formats for each of those courses. Students are responsible for checking the course schedule carefully paying special attention to course formats, dates and locations.

"L" = Lab
"O" = Traditional in class format
"I" = Blackboard offering exclusively
"B" = Blend of Blackboard offering and in class sessions
"C" = Clinical
"T" = Telecomm

NOTE: The SON will be moving to the Anschutz Medical Campus in late Fall. SON class will remain on 9th & Colorado Campus through Fall 07, however room locations may be subject to change.

University of Colorado at Denver and Health Science Center, School of Nursing
Office of Professional Development and Extended Studies
Course Offerings Non-Degree Seeking Students

Fall Semester 2007
Semester begins: **8/27/07**; Semester ends: **12/14/07**

NURS5840*= **Clinical Teaching Theory**
Section I01 **(3 credits)** Internet Instructor: A. Claesson

NURS5842*= **Planning and Evaluation**
Section I01 **(3credits)** Internet Instructor: A. Claesson

*** Students must have Bachelors of Science Degree or permission of instructor to enroll.**
= Fulfills 1 of 3 course requirements for the completion of our Clinical Educator Certificate Program.
For more information please contact the Office of Professional Development and Extended Studies (see below for email address and/or phone number).

Please Note:
a) Students in degree programs may also register for these courses.
b) Dates and times for courses may vary; make sure to verify this course information when completing your registration form.
c) Some courses may require permission from the instructor before enrolling. If so, you will need to contact the instructor for approval and signature before registering. If you need assistance with this, please contact the Office of Professional Development and Extended Studies (see below for email address and/or phone number).
d) Remember that most courses have enrollment caps. If you are waitlisted, you will be placed in the course on a first come, first serve basis.

It's easy to enroll in an Office of Professional Development and Extended Studies (OPDES) course by following our steps to register.

To register:
1) Complete a Professional Development/Non-Degree Registration Form (or a specialized registration form if indicated)
2) Complete a Non-Degree Application Form (for first time applicants only)
(All forms are available on our website at: www.uchsc.edu/nursing/prodev.htm)

Submit your completed forms with your payment at the time of registration in one of the following ways:

1) By mail: Office of Professional Development and Extended Studies
UCDHSC, School of Nursing
4200 East 9th Avenue, C288-08
Denver, CO 80262

OR

2) In person: Office of Professional Development and Extended Studies
UCDHSC, School of Medicine, Room # 1503
4200 East 9th Avenue - Denver, CO - 80262
Monday – Friday: 8 a.m.–4 p.m.

You are registered for a course when your registration information is completed and payment is received by the OPDES. Sorry, we do not accept credit cards.

Please register carefully. Refunds are not issued after the add/drop date. Selected courses have additional cancellation and refund requirements. A full refund is issued when OPDES cancels a class.

Should you need more information on these or other School of Nursing non-degree courses, feel free to contact our office by phone (303-315-8691), fax (303-315-0484), or email (professional.development@uchsc.edu).

Enrolling in an online course?

All students who are enrolling in a SON online course for the first time should demonstrate Online Course Competency. It is strongly advised that students take the Online Course Skills Review before the start date of their online course. In order to function comfortably in an online course, it is essential that you are able to perform basic computer skills as well.

Hardware and Software Requirements:

- ~ Computer Operating System – Windows 98, XP, or NT or MacOS 7.5.1 or newer
- ~ Memory – Minimum of 64MB of RAM
- ~ Disk Space – Minimum 1 Gigabyte hard drive
- ~ Modem – 56k modem (requires an internet service provider such as AOL.com, MSN.com, freenet.net, etc.) or a high-speed cable modem or DLS line (ISP provider comes automatically with cable modem or DSL line)
- ~ Web Browser – Internet Explorer version 5.0 and higher preferred, Netscape Version 4.0 or higher
- ~ Virus Protection Software – Current or up-to-date packages such as Norton Anti-Virus or McAfee® Virus Scan (The best option is to go online to McAfee.com or Norton.com and purchase an online package because that is more easily updated.)
- ~ Spam Protectors and Pop-Up Protectors may interfere with your ability to use course software.

Computer Skills:

- ~ Locating, opening and closing files
- ~ Using a mouse
- ~ Basic word processing skills
- ~ Send/receive e-mail with file attachments
- ~ Copying and pasting text from one document to another
- ~ Having two or more windows open and toggling or switching between two open applications
- ~ You are encouraged to improve your skills by using online tutorials on your own compute; seeking assistance from local library resources or computer courses; or "buddying-up" with someone who can share their knowledge and experiences with you.

Thank you for your interest in our courses and your registration.

University of Colorado at Denver and Health Sciences Center
School of Nursing
Master of Science in Nursing

Specialty Option: Special Studies: BS-PhD Option with MS and PhD Program Plan

Program of Study
(Summer/Fall 2005)

Description of the BS-PhD Special Studies Option:
BS to PhD is a new pathway to a PhD degree in nursing via a 30-credit master's degree. The goals of this pathway are: to facilitate a streamlined and seamless transition from master's to doctoral coursework; and to develop nurse scientists and educators earlier in their career trajectory. Candidates for admission will have a BS degree in nursing. BS prepared nurses who hold an advanced degree in another discipline, such as a master's degree in another field, are also eligible for admission.

The program requires completion of a 30-credit master's degree including the MS core foundational reflective practice nursing courses; some or all of the advanced practice core courses; and selected additional coursework or clinical practicum experiences to support the student's practice interests and skills. Although graduates of this articulated program and special studies MS option receive an MS degree in nursing, they are not eligible for certification in an APN specialty without further didactic and clinical courses. These courses may be completed later during the PhD portion of the program. BS prepared students complete a MS degree in nursing with a minimum of 30 credits; students holding another advanced degree may take core master's coursework but not necessarily earn a master's degree in nursing. The PhD portion of the pathway includes completion of 44 credits of doctoral coursework and 30 credits of dissertation research.

The curriculum for the BS to PhD pathway requires 101 semester credits. The student progresses directly from a baccalaureate degree in nursing to the PhD degree in nursing with emphasis on one of two focus areas: the Human Experience of Health, Illness, Healing, Dying, or Environmental Context and Outcomes. The BS to PhD pathway entails careful and consistent mentoring of students throughout their program by senior research-active faculty mentors. An individualized plan of study will be developed for each candidate, congruent with research and career goals. Students will be encouraged to apply for Federal National Research Service Awards or other research grant support for their academic program.

Program of Study for MS Degree Completion Portion of BS-PhD Pathway

Master of Science in Nursing Core Courses	*Credits*
NURS 6010: Philosophic, Theoretic & Ethical Foundations for APN	3
NURS 6021: Evidence-Based Practice	4
NURS 6013: Human -Technology Interface	2
NURS 6022: Health Systems, Policy, and Social Justice	3
Core Total	**12**

Advanced Practice Nursing Core and Specialty Courses	*Credits*
(Program of study designed in consultation with academic advisor. Courses are selected from MS APN core and specialty courses.)	18
APN and Specialty Total	**18**
MS Comprehensive Examination	
Total Credits	30*

*Students will continue in PhD coursework, earning 44 credits, plus 30 credits dissertation.

Program of Study for PhD Degree Completion Portion of BS-PhD Pathway

PhD Core Courses	*Credits*
NURS 7000: Philosophy of Human Science	3
NURS 7020: Methods of Disciplined Inquiry in Nursing	3
NURS 7030: Discipline of Nursing	3
Core Total	**9**

Preliminary Examination

Advanced Theory and Research Core Courses	*Credits*
NURS 7846: PhD Program Research Practicum	2
NURS 7120: Knowledge Development in Nursing	3
NURS 7300: Qualitative Empirical Research	3
NURS 7310: Qualitative Interpretive Research	3
NURS 7400: Experimental Designs and Analysis	3
NURS 7410: Multivariate Design and Analysis	3
Core Total	**17**

Practice-Inquiry Focus Courses	*Credits*
Select one of the following groups of courses:	
Environmental Contexts and Outcomes Focus	
NURS 7652: Cost/Quality Outcomes: A Macro-Level Focus	3
NURS 7653: Cost/Quality Outcomes: A Micro-Level Focus	3
OR	
Human Experience of Health, Illness, Healing, and Dying Focus	
NURS 7713: Seminar in Human Experience of Health, Illness, and Healing	3
NURS 7714: Selected Topics in Human Experience of Health, Illness, and Healing	3
Electives	9
Core Total	**15**

PhD Comprehensive Examination

NURS 8996: Doctoral Dissertation	**30**

PhD Total Credits: 71
BS-PhD Total Credits: 101

3/11/05

Title: University of Florida BSN to PhD Program
Type: Accelerated degree

Location:
Gainesville, Florida

Organizations Involved:
University of Florida College of Nursing

Funding Source:
Student tuition and fees-University of Florida

Description:
The University of Florida offers an accelerated BSN to PhD program. Students move directly from undergraduate to graduate study and graduates are able to enter the field with more time to contribute to the nursing profession. The program allows students to be immersed in nursing education without requiring a period of employment between registered nurse licensure and graduate study. The program consists of 58-60 MSN degree credits and 62 PhD credits. It takes roughly four years to complete. See attached curriculum plan. Admission requirements include a baccalaureate degree in nursing from a nationally accredited program with a minimum nursing GPA of 3.5 on a 4.0 scale, Graduate Record Examination minimum scores of 600 or above on each of the verbal and quantitative sections, and eligibility for RN licensure in Florida.

Outcome:
E-mail in to contact regarding enrollment and recruitment tactics.

Modifications to Model:
N/A

Contact Information:
Cecile Kiley
Coordinator of Graduate Student Affairs
UF College of Nursing
PO Box 100197
Gainesville, FL 32610-0197
Telephone: (352)-273-6331
E-mail: Ckiley@nursing.ufl.edu
Website: http://www.nursing.ufl.edu

UNIVERSITY OF FLORIDA
COLLEGE OF NURSING
INDIVIDUAL CURRICULUM PLAN AND PROGRESS REPORT
BSN/PhD

NAME: _____ UF ID: _____
FACULTY ADVISOR: _____ DISSERTATION: _____

Term	Course/Title		Credits	Comments/Progress
Fall	NGR 6002C	Advanced Health Assessment and Diagnostic Reasoning	4	
	NGR 6140	Physiology and Pathophysiology for Advanced Nursing	4	
	NGR 6636	Practice	3	
	NGR 7115*	Health Promotion and Role Development in Advanced Practice Nursing	3	
		Philosophy of Nursing Science	14	
Spring	NGR 6192	Pharmacotherapeutics for Advanced Practice Nursing	4	
	NGR 6240	Primary Care for Adults (not PNP)	3	
	NGR 7124*	Theory Development in Nursing	3	
	NGR	Clinical Specialty Track (ANP/PNP)	6-7	
			16-17	
Summer	NGR 6190	Health Care Policy and Organizational Delivery of Health Care	2	
		Or		
	NGR 6193	Policy, Organization and Finance of Health Care Systems	4	
	NGR	Clinical Specialty Track (ANP/PNP)	5-6	
	NGR 7133*	Ethical Theories and Rational Decision Making in Health Care	3	
			14-15	
Fall	NGR 6740	Role Transition: Issues in Advanced Practice Nursing	2	
	NGR 6840*	Applied Statistical Analysis I	3	
	NGR 6941	Practicum	6	
	NGR 7816*	Quantitative Research Design and Measurement in Nursing	3	
			14	
**Doctoral Program Courses*			**MSN Degree=58-60**	
Spring	NGR 6845	Applied Statistical Analysis II	3	
	TBA	Elective **or** Minor/Area of Specialization Course	3	
	NGR 7979	Advanced Research (for NRSA development)	2	
	NGR 7979	Progression Exam	1	
	NGR 6815	Foundations of Qualitative Research in Health	3	
			12	
Summer	NGR 7814	Field Methods in Health Related Research	3	
	TBA	Minor/Area of Specialization Course **or** NGR 7979 Advanced Research	3	
			6	
Fall	NGR 7979	Advanced Research or	6	
	TBA	Elective or Minor/Area of Specialization Courses	6	
			12	
Spring	NGR 7979/	Advanced Research	3	
	7980	Qualifying Examination	3	
Summer	NGR 7980	Research for Doctoral Dissertation	4	
			4	
Fall	NGR 7980	Research for Doctoral Dissertation	4	
			4	
Spring	NGR 7980	Research for Doctoral Dissertation	6	
			6	
			62 PhD	

Student Signature _____ Date _____

Faculty Signature _____ Date _____

Distribution-Copy Center's Use Only-Original to: ____ Student Record (GVL) Copy to: ____ Student ____ Faculty Advisor

Title: University of Tampa BSN to MSN Program
Type: Accelerated degree

Location:
Tampa, Florida

Organizations Involved:
University of Tampa

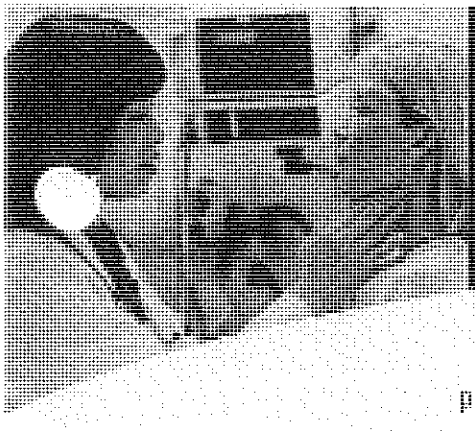
Funding Source:
Student tuition and fees

Description:
The University of Tampa offers an accelerated BSN to MSN program for registered nurses. The program requires 56 general education credits, 24 lower division nursing credits (awarded to Florida registered nurses upon admission), 33 upper division nursing credits, and 11 elective credits. Students must first follow admission requirements for the RN to BSN program, complete all undergraduate degree requirements, complete nursing courses 301, 311, 318, and 322, successfully complete the Graduate Record Examination with a combined score of 1000 or greater on verbal and quantitative sections and score 3.5 or higher on the Analytic Writing Section. Students must also have a GPA of 3.25 or higher for the previous 60 credit hours. The college of nursing will evaluate experienced nurses, previous course credit transfer policies, and students with non-BSN degrees on an individual basis and some undergraduate pre-requisites may be waived. The MSN program also offers a nursing education concentration. The MSN portion of the program requires 38 credit hours, 28 of which must be completed at the University of Tampa.

Outcome:
Phone call in to contact regarding more specific course and scheduling information, as well as enrollment.

Modifications to Model:
N/A

Contact Information:
Maria Warda
Chair/Director/Professor
Telephone: (813)-253-3333
Website: http://www.ut.edu/academics/nursing/faculty.cfm



THE UNIVERSITY OF TAMPA NURSING PROGRAM
RN TO BACHELOR OF SCIENCE

This program allows for RN graduates of diploma and associate degree programs to complete the BSN degree, and provides a foundation for graduate education. Students may attend part-time, full-time, day or evening.

Admission Application Requirements

- Copy of current Florida registered nurse license. (Evidence of eligibility for a license may be accepted in lieu of a current Florida license to enroll in the first semester.)
- Official transcripts from all postsecondary institutions attended. Cumulative GPA of 2.0 in transfer course work is required.
- Completed undergraduate University admissions application (available at www.ut.edu)
- $35 nonrefundable application fee

Transfer Credit Policy

Nursing students may transfer up to 64 semester hours of course credit from a regionally accredited two-year institution. Of the total transferable hours, 24 hours of lower-division nursing credit will be awarded. Additional credit earned at a four-year institution may also be transferred. Articulation agreements have been established with selected community college nursing programs that could significantly increase the number of transferable credits in cases where students have earned both an ADN or an AS and an AA degree. The last 31 credits must be completed at The University of Tampa.

Prior to the onset of laboratory or clinical courses, students must provide:

- Proof of current RN licensure
- Evidence of a recent physical examination
- Copy of current immunizations
- Results of annual T.B. skin test
- BCLS certification
- Official background check
- Proof of professional liability insurance coverage

Overview of RN to BSN Requirements

The following is a general guide to the credit required for the RN to BSN degree. Because of differences in amounts of transfer credit granted, the actual credit awarded may vary slightly. In all cases, however, a minimum of 124 semester hours of credit is required for a degree.

General Education distribution credits	*56
Lower division nursing credits	**24
Upper division nursing credits	33
Elective credits	11
Total credits	124

**See University Catalog for General Education Distribution Requirements (Baccalaureate Experience)*

***24 credits are awarded to Florida Registered Nurses upon admission.*

General Curriculum Distribution

Students pursuing the RN to BSN degree complete all general curriculum distribution requirements listed below:

Prerequisite:

- Introduction to Computers

Co-requisites:

- 11-14 credits in natural sciences (Anatomy and Physiology, Microbiology, and a chemical or physical science are required.)
- 9-12 credits in humanities (one course must be Introduction to Philosophy, Logic, or Critical Thinking)
- 9-12 credits in social sciences (Introduction to Sociology and General Psychology required)
- 3-4 credits in art aesthetics
- College Algebra
- English 101 and 102
- Statistics course

Nursing Courses

All nursing courses must be taken at The University of Tampa. Upper division requirements for the RN to BSN degree:

Courses			Credits
NUR	301	Concepts of Professional Nursing	3
NUR	311	Nursing Leadership and Management I	3
NUR	318*	Health Assessment	4
NUR	322	Contemporary Issues in Health Care	3
NUR	420	Principles of Community Health	3
NUR	411	Nursing Leadership and Management II	3
NUR	432	Introduction to Nursing Research	3
NUR	438	Principles of Family Health	3
NUR	440*	Community/Family Practicum	4
NUR	446*	Senior Practicum	4
Total upper-division nursing credit hours			33

**Courses include a clinical and/or laboratory experience.*

**Practicum courses require a minimum of 112 hours of supervised clinical practice in a designated facility.*

RN to BSN/MSN Option

If you are an RN with an Associates degree, ultimately seeking a Masters of Science in Nursing degree, the RN to BSN/MSN option expedites educational mobility and career enhancement by enabling the qualified RN to complete both the BSN and MSN more rapidly than traditional programs. The program is designed for nurses who already have a foundation of professional experience. When required undergraduate courses are completed, students are awarded a BSN. Certain undergraduate courses will be waived and replaced by graduate level course work. Students may choose full-time or part-time study.

- Follow admission procedures for the RN to BSN program.
- Once admitted, complete all undergraduate degree requirements. Fulfill the general education distribution requirements set forth in the University catalog. Complete the following nursing courses: NUR 301, NUR 311, NUR 318, NUR 322.
- Successful completion of the Graduate Record Examination (GRE)
  1. Combined score of 1000 or better on verbal and quantitive sections.
  2. Score of 3.5 or higher on the Analytic Writing section.
  3. Applicants achieving a score below 3.5 on the Analytic Writing section must successfully complete (B or better grade) WRI 510/MGT 510: Professional Writing and Research Techniques prior to beginning graduate coursework.
- Meet all requirements for admission to MSN Program. Only students with a GPA of 3.25 (or higher for last 60 hours of previously completed college credit) at time of formal application to the MSN program will be considered.

Certificate Program

The University of Tampa offers a certificate program in gerontology that is open to undergraduate students across disciplines. A certificate may be earned concurrently while completing degree requirements. Students who elect to earn a specialty certificate strategically position themselves in a competitive market and are qualified to sit for national certification.

Office of Admissions
401 W. Kennedy Blvd.
Tampa, FL 33606-1490
(888) MINARET
Nursing Admissions: (813) 253-6273
FAX: (813) 258-7398
Email: nursing@ut.edu
www.ut.edu

The University Of
TAMPA

The University of Tampa Nursing Programs are affiliated with the National League for Nursing Accrediting Commission
61 Broadway, New York, NY 10006 ■ (800) 669-1656 ■ FAX (212) 812-0390 ■ nlninform@nln.org

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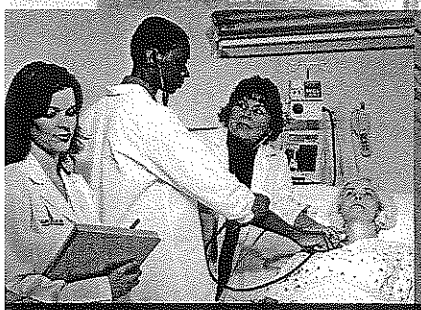

MSN

MASTER OF SCIENCE IN NURSING

THE UNIVERSITY OF TAMPA

The graduate program in nursing offers the MSN degree in three concentration areas: Adult or Family Nurse Practitioner concentrations or Nursing Education.

Nurse Practitioner The adult and family nurse practitioner concentrations prepare the advanced practice nurse for roles as primary care providers. Opportunities in a variety of settings strategically position the well prepared nurse practitioner to enhance access to excellent health care for all. The nursing paradigm emphasizes the importance of holistic assessment, cultural congruency and consumer inclusion and collaboration in health care planning and delivery.

Nursing Education The acute national shortage of nursing educators makes the education concentration a good choice for nursing graduates. It prepares nurses to teach in both formal and informal settings, with an additional focus on consumer education.

Satisfactory completion of the MSN curriculum requires a minimum of 38 semester hours of graduate work. A minimum of 28 semester hours must be earned at The University of Tampa.

Admission to the MSN Program

Admission is competitive and based upon several important factors. All students must have earned a baccalaureate degree from a regionally accredited college or university. In order to be admitted, the applicant must also meet the following criteria:

- Current Florida license as a Registered Nurse
- 3.0 cumulative GPA or higher in last 60 hours of previous college/university course work. Official transcripts from each school attended is required.
- Successful completion of the Graduate Record Examination (GRE)
  1. Combined score of 1000 or better on verbal and quantitative sections
  2. Score of 3.5 or higher on the Analytic Writing section
  3. Applicants achieving a score below 3.5 on the Analytic Writing section must enroll in WRI 510/MGT 510: Professional Writing and Research Techniques in their first term and receive a B or better grade.
     - GRE may be waived for qualified applicants.
- BSN degree (Non-BSN degrees from a regionally accredited institution will be evaluated individually, and some Pre-MSN course work will be required. See Pre-MSN Admissions Standards).
- Additional course work may be required prior to full admission to the graduate program depending upon the selected concentration of study.
- An undergraduate or graduate Introduction to Computers course (1-3 credits) is required prior to admission. Students who have not met this requirement must take a computer literacy course in their first semester. MSN applicants, who are computer literate, may contact the Information Technology Management Department to challenge ITM 200 or ITM 603.
- Evidence of successful completion of an undergraduate statistics course prior to enrollment in NUR 615 (Nursing Research)
- Two professional letters of reference on the forms provided
- Resumé
- A personal interview with a member of the nursing faculty prior to admission

Transfer Credit Policy

- Transfer credit must be reviewed and approved by the Director of the Nursing Graduate Program.
- Transfer credit for graduate students will not automatically be evaluated and applied upon receipt of transcripts. Students desiring transfer credits must submit a request for evaluation to the Director of the Nursing Graduate Program.
- A maximum of nine semester hours of graduate level credit taken at other regionally accredited institutions may be applied toward the MSN.
- Only credit earned with grades of "B" or better will be considered for transfer.
- Transfer credit that was completed more than seven years prior to admission will be evaluated for currency.
- Credit for professional experience or work done by correspondence will not be accepted for graduate credit.

Progress in the Program

- Graduate students must maintain an overall 3.0 GPA. No grade below a "C" will be accepted toward a graduate degree.
- Students must comply with the University academic policies and procedures for graduate study.
- An Oral Comprehensive Examination must be passed by all graduate students (MSN and Post Masters) once concentration courses have been completed and prior to enrolling in the first practicum course. The examination process provides students with the opportunity to synthesize the knowledge learned throughout their graduate course-work. The focus of the examination will be the integration and application of content from all previous courses.

Prior to enrolling in any clinical/laboratory course, students must submit:

- Proof of liability insurance coverage at advanced practice level
- A physical examination and proof of current immunization
- Proof of current BCLS certification
- Proof of current licensure
- Results of annual T.B. skin test or chest X-ray
- All students must submit to the director an official background check.

Core Nursing Courses (Apply to all Concentrations)

Courses			Credits
NUR	601	Current Perspectives in Health Care	2
NUR	605	Theory Development in Nursing	3
NUR	615	Nursing Research	3
Total Semester Hours			8

The Master of Science in Nursing offers three different concentrations, with varying minimum total semester hours:

Family Nurse Practitioner	48
Adult Nurse Practitioner	41
Education	38

Family Nurse Practitioner Concentration

Courses			Credits
NUR	618*	Advanced Health Assessment	4
NUR	635	Professional Issues & the Nurse Practitioner	3
NUR	645	Clinical Pharmacology	3
NUR	646	The Family: Theory, Research & Practice	2
NUR	655	Advanced Pathophysiology	3
NUR	675+	Practicum in Adult Primary Care I	4
NUR	676+	Practicum in Adult Primary Care II	4
NUR	677	Clinical Management of Adults	3
NUR	685+	Practicum in Infants, Children & Adolescent Primary Care	4
NUR	686+	Practicum in Women & Older Adult Primary Care	4
NUR	687	Clinical Management of Infants, Children & Adolescents	3
NUR	697	Clinical Management of Women & Older Adults	3
Total Semester Hours			40

** This course includes a laboratory experience.*

+ These courses each require a minimum of 224 hours of supervised clinical practice in a designated facility.

Students may register for a maximum of two (2) practicum courses during any single academic term.

The Clinical Management courses are pre- or co-requisites for the clinical practicum courses.

Adult Nurse Practitioner Concentration

Courses			Credits
NUR	618*	Advanced Health Assessment	4
NUR	635	Professional Issues & the Nurse Practitioner	3
NUR	645	Clinical Pharmacology	3
NUR	646	The Family: Theory, Research & Practice	2
NUR	655	Advanced Pathophysiology	3
NUR	675+	Practicum in Adult Primary Care I	4
NUR	676+	Practicum in Adult Primary Care II	4
NUR	677	Clinical Management of Adults	3
NUR	686+	Practicum in Women & Older Adult Primary Care	4
NUR	697	Clinical Management of Women & Older Adults	3
Total Semester Hours			33

** This course includes a laboratory experience.*

+ These courses each require a minimum of 224 hours of supervised clinical practice in a designated facility.

Nursing Education Concentration

Courses			Credits
NUR	650	Teaching Methods & Strategies in Nursing Education	3
NUR	652	Curriculum Design & Evaluation in Nursing Education	3
NUR	654	Measurement & Evaluation in Nursing Education	3
NUR	618*	Advanced Health Assessment	4
NUR	645	Clinical Pharmacology	3
NUR	655	Advanced Pathophysiology	3
NUR	656+	Nursing Education Practicum	4
NUR	658+	Community Nursing Education Practicum	4
Elective:		Any graduate level course	3
Total Semester Hours			30

** This course includes a laboratory experience.*

+ These courses each require a minimum of 224 hours of supervised education practice.

Optional Thesis

NUR	690	Thesis	3-6 credits

Students submit a proposal during or before the semester prior to the first practicum. Thesis guidelines are in the Nursing Student Handbook. Students enroll for a minimum of 3 credit hours each semester until the thesis is successfully completed.

Post MSN Certificates

Applicants may apply to take selected graduate courses to prepare for national certification and/or licensure at the advanced practice level.

The purpose of these certificate programs is to:

- Prepare masters-educated nurses to qualify for Florida licensure as advanced practice nurses
- Prepare cost-effective primary health providers who are safe and competent
- Prepare masters-educated nurses to qualify for national certification
- Prepare masters-educated nurses to strategically manage in the rapidly changing health care system
- Prepare nurse educators for practice in the community

Admission Criteria for Post MSN Certificate

- Application with $40 fee
- Graduation from an accredited MSN program
- Current licensure as a Registered Nurse in Florida
- Official transcripts from all post-secondary institutions
- Two professional letters of reference on forms provided
- Resumé
- Personal interview with a member of the nursing faculty prior to admission

Postgraduate non-degree seeking students complete courses from the selected concentration and will be individually evaluated and advised related to course selection. Students must meet all prerequisite course requirements for each course.

MSN Admissions Standards

Full Admission

- Bachelor's degree in Nursing
- Florida RN License
- 3.0 GPA
- 1000 on the GRE and 3.5 on the Analytical Writing section

Conditional Admission

- Bachelor's degree in Nursing
- Florida RN License
- 3.0 GPA
- GRE is waived

Students who have not taken the GRE, or who have not obtained the required scores, are admitted conditionally. These students must complete a graduate level writing course and the following 3 core graduate nursing courses with a grade of "B" or better in order to be fully admitted:

- NUR 601-Current Perspectives in Health Care
- NUR 605-Theory Development in Nursing
- NUR 615-Nursing Research

Pre-MSN Admission

- Bachelor's degree in an area other than Nursing
- Florida RN License
- 3.0 GPA
- 3 Required Nursing Prerequisites

Students who have a bachelor's degree in an area other than nursing are admitted as Pre-MSN students. They are required to take the following 3 undergraduate nursing prerequisites prior to starting the graduate level curriculum:

- NUR 318-Health Assessment
- NUR 322-Contemporary Issues in Health Care
- NUR 420-Principles of Community Health

Students may complete these courses at another university with faculty permission. Only grades of "C" or better will be accepted. Students will be re-evaluated for admission once the Pre-MSN courses are completed.

Disclaimer: This information sheet provides general information for prospective students. University policies and procedures governing program admission and progression are found in The University of Tampa catalog and Department of Nursing student handbook. Policies and procedures are established by the University and the Department faculty and are subject to change.

The University of Tampa Nursing Programs are affiliated with the National League for Nursing Accrediting Commission • 61 Broadway, New York, NY 10006 • (800) 669-1656 FAX (212) 812-0390 • nlninform@nln.org

The University Of
TAMPA
SYMBOL OF EDUCATIONAL EXCELLENCE

The University of Tampa • Graduate Studies Office • 401 W. Kennedy Blvd. • Box 0 • Tampa, FL 33606-1490
Phone: (813) 258-7409 • FAX: (813) 259-5403 • Email: utgrad@ut.edu • Web site: grad.ut.edu

Rev. 03/07

Title: RN to MSN Mobility Option
Type: Accelerated/online degree

Location:
Indianapolis, Indiana

Organizations Involved:
Indiana University Purdue University Indianapolis

Funding Source:
Student tuition and fees-IUPUI

Description:
Indiana University Purdue University Indianapolis offers an accelerated, flexible RN to MSN mobility option. Students may complete the program on a full or part-time basis and all of the "core courses" are offered online. Additional specialty courses for each MSN major are offered on the same day each week to make travel to campus as efficient as possible and avoid scheduling issues with employers, family responsibilities, etc. Students are able to complete general education requirements and transition courses, and then begin studies in the MSN major of their choice. Undergraduate program requirements include 15 credit hours each of humanities (English, communications, foreign language, religion, music, art, etc.) and social sciences (psychology, sociology, anthropology), as well as 15 credit hours of biophysical sciences (anatomy, biology, physiology, astronomy). Students have the option of transferring academic credits from previously attended colleges or universities, taking CLEP or other equivalency exams offered by Indiana University, or enrolling in courses through Indiana University. Students may also nndergo portfolio review procedures aimed at meeting program requirements. The program also contains two RN to MSN transition courses totaling 8 credit hours. Students must then complete 12 required master's courses and a statistics course. The program does not require any clinical experience of its applicants. See website for programs of study specific to each of the six nurse practitioner specialty programs and five clinical nurse specialist majors, as well as the nursing administration track. The two transition courses are designed to be administered online, as well. See attached descriptions.

The Indiana University School of Nursing also offers a summer session Teaching in Nursing Certificate program offered entirely online. Courses include Teaching in Nursing (T670), Evaluation in Nursing (T617), and Computer Technology for Nursing Educators (T619). Members of the National League for Nursing receive a discount on online courses from Indiana University.

Outcome:
E-mail in to contact regarding enrollment, etc.

Modifications to Model:
N/A

Contact Information:
Janet Moon
Telephone: (317)-278-2205
E-mail: oesgrads@iupui.edu
Website: http://www.nursing.iupui.edu

B490 RN to MSN Transition II

- 1-4 Credit Hours (variable)
- Estimated time commitment for 50 minutes per week for each credit hour including assigned reading and class participation in addition to "contact time"
- Course covers theories of community-based nursing and nursing leadership and management, related research, and application to the nurse's role in an era of health care reform. Knowledge and skills needed to improve nursing care, future trends for nursing leadership and management roles, and the impact of health care reform are emphasized.
- Module A: Community health module-covers nursing, public health, biological and behavioral sciences, and humanities within the context of family-centered, community-based practice. Health promotion, disease prevention, interdependence of families and groups within the community and collaborative relationships between consumers and practice providers are examined.
- Module B: Prepares students for graduate study in nursing through online class interaction focused on management and leadership theory. Discussion topics include leadership and management theories and health care trends and their impact.

B492 Transition to the Graduate Programs

- 4 Credit Hours
- Deigned to give students learning opportunities fundamental to advanced nursing roles: Research consumer, communication facilitator, advocate of nursing practice, and teacher of patients, their families, and colleagues. Course contains three related modules-research, interpersonal and group communication, and roles.
- Course competencies:
    - Use therapeutic skills in effectively communicating with clients, families, and other health care workers
    - Assume various communication roles that demonstrate an understanding of communication theories and processes
    - Apply an understanding of the theory-practice linkages to identified patient care problems
    - Write a personal philosophy of professional nursing based on nursing theory, perception of nursing history, and consistent with advanced nursing education career goals
    - Develop a nursing practice model depicting what student believes to be the future direction of nursing practice using credible resources that have projected potential societal forces impacting health care and nursing
    - Prepare a clinical inquiry poster representing an analysis of a clinical problem generating possible solutions from pertinent theory and research findings

INDIANA UNIVERSITY SCHOOL of NURSING

Office of Educational Services
Undergraduate Programs
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Indianapolis, IN 46202–5107
Phone: (317) 274-2806
Fax: (317) 274-2996
E-mail: nursing@iupui.edu
Web: www.nursing.iupui.edu

Meeting IUSON admission criteria does not guarantee admission. Admission to the program depends on the number of spaces available and IUSON and university resources.

Students who interrupt their program, pursue part-time study, or full-time students who take more than two years to complete nursing prerequisite requirements are subject to policy and curriculum changes as they occur. Please check with your academic advisor for policy and/or curriculum changes.

RN TO BSN MOBILITY OPTION

Courses offered via the Internet

The RN to BSN mobility option is designed for registered nurses (RNs) who are graduates of diploma or associate degree (ASN) nursing programs. This option leads to the Bachelor of Science in Nursing (BSN) degree. The nursing courses are accessed and completed online for maximum scheduling flexibility and convenience.

PURPOSE OF THIS OPTION

The RN to BSN mobility option offers a creative curriculum for educating nurses competent in meeting the changing health needs of society. The option also builds a leadership foundation and prepares graduates for graduate study. Graduates possess knowledge of the humanities, biological and social sciences, and nursing. The curriculum focuses on continued development of skills to advance nursing practice, evaluating the role of professional nurses in a holistic approach to health care, and participation as informed citizens in society.

ADMISSION TO THE UNIVERSITY

1. Apply for admission to Indiana University Purdue University at Indianapolis (IUPUI) in the fall or spring semesters. On the application, indicate your proposed major as "RN to BSN Mobility Program" when answering item #15. An application can be obtained online at **www.enroll.iupui.edu** or by calling the Office of Enrollment Services at (317) 274-4591.
2. Transfer of credit from other colleges or universities is completed at the time of admission to the university by IUPUI's Office of Enrollment Services. Transfer credit will be awarded for courses with a minimum grade of C (2.0), if courses being transferred are essentially equivalent to required course work. Transcripts verifying previous academic background are required to complete the credit review and transfer process.

ADMISSION TO THE SCHOOL

Admission to IUSON's RN to BSN mobility option requires an application separate from that used by the university—after students are admitted to the university, they apply for admission to the mobility option. IUSON's Admission, Progression, and Graduation Committee considers and acts upon applications for admission to the mobility program. Applicants must meet all minimum criteria as published in the IUPUI Campus Bulletin. Applications may be obtained from IUSON's Office of Educational Services, NU 122. For more information, please visit the school's Web site at **www.nursing.iupui.edu.**

To be eligible to apply to the RN to BSN mobility program, students must:

1. Be admitted to Indiana University as a degree-seeking student.
2. Have a current Indiana RN license.
3. Achieve a minimum cumulative grade point average (GPA) of 2.5 on a 4.0 scale for all courses attempted.
4. Complete required prerequisite courses with a grade of C (2.0) or above; a C- (1.7) is not acceptable. A grade of C or above must be obtained by the second attempt—students may repeat a required course only twice.
5. Comply with immunization requirements. Failure to meet immunization requirements will prevent participation in practicum experiences. Lack of participation could constitute a practicum course failure.
6. Provide proof of current CPR certification and health insurance coverage.

SPECIAL CREDIT AWARDED

Following successful completion of Nursing Seminar I & II (B304 and B404), special credit is awarded for the courses listed below. In order to receive a BSN degree, your official transcript must reflect fulfillment of all requirements, including 35 hours of special credit for these courses:

- B230: 4 cr.
- B248: 4 cr.
- H351: 3 cr.
- H352: 2 cr.
- H353: 3 cr.
- H354: 2 cr.
- H361: 3 cr.
- H362: 2 cr.
- H363: 4 cr.
- H364: 3 cr.
- S470: 3 cr.
- S471: 2 cr.

CLUSTER OPTIONS

The general education courses are arranged in six categories or "clusters."

- Cluster 1 **Critical/analytical/science**
- Cluster 2 **Communication**
- Cluster 3 **Cultural diversity**
- Cluster 4 **Social competency**
- Cluster 5 **Humanistic appreciation**
- Cluster 6 **Open electives**

For a complete list of courses included in each cluster, visit the "Academic Programs" section of IUSON's Web site at **www.nursing.iupui.edu.** Scroll down the left menu to the "BSN degree" heading and click on the link for "general education courses."

IMMUNIZATION & HEALTH INSURANCE

You are required to provide proof of immunization against a variety of diseases. Students not meeting immunization requirements are not allowed to remain in nursing courses. You should have received most of these immunizations during your childhood, but others need to be more recent. The required immunizations include: Tetanus, Rubella, Rubeola, Mumps, Tuberculosis, and Hepatitis B. To document your immunizations, please obtain an IUPUI Student Health Services form in the School of Nursing, NU 122. In addition, provide a copy of your current CPR certification card.

Documented health insurance coverage is required by IUSON. Coverage can be obtained through family, employers, or by participating in the IUPUI student health insurance program which is offered through MEGA Life and Health. A copy of your health insurance card must be on file with the Office of Education Services, NU 122.

ACCREDITATION

Indiana University School of Nursing is accredited by the Indiana State Board of Nursing, the National League for Nursing Accrediting Commission (NLNAC), the Commission on Collegiate Nursing Education (CCNE), the American Nurses Credentialing Center's Commission on Accreditation, and the North Central Association of Colleges and Secondary Schools.

DEGREE REQUIREMENTS

The minimum requirement for RN to BSN students pursuing the BSN degree is 124 credit hours and students with less than 124 credit hours must take additional courses to meet requirements. **Students beginning the required nursing courses must complete all coursework in six years.** Failure to register in each sequential semester, excluding summer sessions, constitutes an interruption in the program. Students who reenter must adhere to the policies and curriculum in effect at the time of reentry. Students who interrupt their program of study jeopardize their chances of completing nursing courses in six years.

There is a thirty (30) hour residency requirement in nursing. The residency requirement will be met by completion of the 30 credit hours of nursing courses. **Independent study via correspondence courses will not count toward the thirty (30) hour residency requirement in nursing.**

REQUIRED COURSEWORK

RN to BSN coursework consists of general education and nursing courses. All courses must be completed with a grade of C (2.0) or above by the second attempt. Course numbers and credit hours for the general education courses may vary from campus to campus; therefore it is best to check with an IUSON academic counselor. General education courses completed at other universities may be applicable toward your degree program if credits are accepted by the Office of Admissions or determined to be equivalent by IUSON.

SUGGESTED PLANS OF STUDY

Designed to be flexible with your working schedule and busy lifestyle, the RN to BSN mobility option can be pursued by following one of several different plans of study. Two possible plans are outlined. Individualized plans of study can be developed by consulting with Helen McKuras, the academic advisor for RN to BSN students. Helen can be reached via e-mail at hmckuras@iupui.edu or by calling (317) 274-2806. Not all courses are offered each semester so it is important to consult with your academic advisor each semester.

Program Plan A—For those RNs who are able to progress through the program as full-time students and who work part-time or have flexible work schedules*.

Program Plan B—For those RNs who want to pursue a BSN degree part-time*.

**NOTE: Either plan can be customized to fit your needs and the number of general education requirements you need to complete based on previous degrees and/or transfer work.*

SUGGESTED PROGRAM PLAN A
FOR COURSES IN THE BSN MAJOR*

NOTE: Some courses may be prerequisites to other courses.)

FALL SEMESTER

B231	Nursing Communications	3 cr.
B304	Professional Nursing Seminar	3 cr.
H355	Data Analysis (statistics)	3 cr.
	TOTAL	9 cr.

SPRING SEMESTER

B404	Professional Nursing Seminar II	3 cr.
B244	Health Assessment	2 cr.
B245	Health Assessment Practicum	2 cr.
H365	Nursing Research	3 cr.
S474	Ethics & Health Care	3 cr.
	TOTAL	13 cr.

FALL SEMESTER

S481	Nursing Management	2 cr.
S482	Nursing Management Practicum	3 cr.
S485	Professional Growth & Empowerment	3 cr.
	TOTAL	8 cr.

SPRING SEMESTER

S472	Health of the Community	3 cr.
S473	Health of the Community Practicum	2 cr.
	TOTAL	5 cr.

SUMMER SESSION I

S483	Clinical Nursing Capstone	3 cr.
S484	Research Utilization	1 cr.
	TOTAL	4 cr.

SUGGESTED PROGRAM PLAN B
FOR COURSES IN THE BSN MAJOR*

(NOTE: Some courses may be prerequisites to other courses.)

FALL SEMESTER

B304	Professional Nursing Seminar I	3 cr.
B231	Nursing Communications	3 cr.
	General education cluster course	3 cr.
	TOTAL	9 cr.

SPRING SEMESTER

B404	Professional Nursing Seminar II	3 cr.
B244	Health Assessment	2 cr.
B245	Health Assessment Practicum	2 cr.
	TOTAL	7 cr.

FALL SEMESTER

H355	Data Analysis (statistics)	3 cr.
S485	Professional Growth & Empowerment	3 cr.
	TOTAL	6 cr.

SPRING SEMESTER

H365	Nursing Research	3 cr.
S474	Ethics & Health Care	3 cr.
	TOTAL	6 cr.

FALL SEMESTER

S481	Nursing Management	2 cr.
S482	Nursing Management Practicum	3 cr.
	TOTAL	5 cr.

SPRING SEMESTER

S472	Health of the Community	3 cr.
S473	Health of the Community Practicum	2 cr.
	TOTAL	5 cr.

SUMMER SESSION I

	General education cluster course	3 cr.
	TOTAL	3 cr.

SUMMER SESSION II

	General education cluster courses	3–4 cr.
	TOTAL	3–4 cr.

FALL SEMESTER

S483	Clinical Nursing Capstone	3 cr.
S484	Research Utilization	1 cr.
	TOTAL	4 cr.

PORTFOLIO REVIEW

A portfolio review process is available if you believe you meet the learning objectives of a specific nursing course through prior learning and/or professional experience. By submitting a portfolio, you may be able to meet course expectations through documented evidence of your nursing skills and experience. Portfolios may be submitted for upper division nursing courses. For more details, request a copy of the guidelines.

NOTE: A minimum of 59 credits hours of general education course work must either be transferred into the major or completed while enrolled in the BSN program.

TRACKING SHEET FOR RN TO BSN COURSEWORK: TOTAL DEGREE REQUIREMENTS = 124–126 CREDITS

GENERAL EDUCATION COURSES: 59–61 CREDITS REQUIRED			
Cluster 1: Critical/analytical/science, 23–25 credits			
Required courses	*Course no.*	*Credit hrs.*	*Grade*
Anatomy	BIOL N261	5	
Physiology	BIOL N217	5	
Microbiology	MICR J210	4	
Data analysis (statistics)	NURS H355	3	
Choose 6–8 credits from cluster options			
Cluster 2: Communication, 9 credits			
English Composition	ENG W131	3	
Nursing Communications	NURS B231	3	
Choose 3 credits from cluster options			
Cluster 3: Cultural diversity, 6 credits			
Choose 6 credits from cluster options			
Cluster 4: Social competence, 9 credits			
Introduction to Psychology	PSY B104/B105	3	
Introduction to Sociology	SOC R100	3	
Choose 3 credits from cluster options			
Cluster 5: Humanistic appreciation, 6 credit			
Applied Health Care Ethics	NURS S474	3	
Choose 3 credits from cluster options			

GENERAL EDUCATION COURSES: 59–61 CREDITS REQUIRED (CONT.)			
Cluster 6: Open electives, 6 credits			
Choose 6 credits from cluster options			

NURSING COURSES: 30 CREDITS REQUIRED			
Course	*Course no.*	*Credit hrs.*	*Grade*
Professional Nursing Seminar I	NURS B304	3	
Professional Nursing Seminar II	NURS B404	3	
Health Assessment *(take with B245)*	NURS B244	2	
Health Assessment Practicum	NURS B245	2	
Nursing Research *(H355 prereq.)*	NURS H365	3	
Health of the Community*	NURS S472	3	
Health of the Community Practicum*	NURS S473	2	
Nursing Management*	NURS S481	2	
Nursing Management Practicum*	NURS S482	3	
Clinical Nursing Capstone*	NURS S483	3	
Research Utilization* *(take with S483)*	NURS S484	1	
Professional Growth & Empowerment*	NURS S485	3	

* Courses have prerequisites.

Title: Maryland Nursing Education Recommendations
Type: Accelerated/online degree or non-degree

Location:
Maryland

Organizations Involved:
Maryland Statewide Commission on the Crisis in Nursing
Towson University
University of Maryland School of Nursing

Funding Source:
State funding
Increase lab fees for students to fund clinical training
Partnership with healthcare facilities to efficiently use resources
Allocating increased university funding to nursing education programs through university administration and state budget appropriation

Description:
The Maryland Statewide Commission on the Crisis in Nursing offers several recommendations aimed at recruiting and retaining qualified nurse faculty. First, it is recommended that the Maryland Board of Nursing increase the availability of nurse educators by allowing individuals currently enrolled in master's programs in nursing to teach while completing the degree. In addition, nursing programs should implement an academic nursing education track and/or a post-master's certificate program in nursing education to prepare those enrolled in master's programs for an educator role. For instance, Towson University offers both a master's degree in nursing with an emphasis in education and a post-master's certificate in nurse education (see attached course and program descriptions). Additionally, the University of Maryland School of Nursing has created an Institute for Nurse Educators to provide both classroom and internet-based coursework for an education minor in conjunction with a master's, doctorate, or post-master's certificate for nurses or other health professionals (see attached program information). In terms of compensation, the commission suggests that compensation includes benefits, insurance, and other incentives, in addition to salary and that compensation for nurse educators must be competitive in terms of what clinical nurses can earn.

Further recommendations include encouraging universities to recognize clinical practice as a valid avenue for faculty contribution instead of research requirements. Also, implementing distance learning in nursing graduate education whenever possible and offering scholarships and incentives to nurses who agree to teach when finished with an advanced degree. The committee also recommends flexibility in scheduling for faculty who wish to continue clinical practice.

Outcome:
Programs are currently being implemented and no outcome data is available.

Modifications to Model:
None

Contact Information:

Towson
Marilyn Halstead, PhD, RN
Graduate Program Director
(710)-704-4204
mhalstead@towson.edu
Website: http://wwwnew.towson.edu/nursing/index.html

University of Maryland
Janet D. Allen, PhD, RN, CS, FAAN
Office of the Dean
Suite 505D
Baltimore, MD 21201-1579
410.706.6740-1579
Website: http://nursing.umaryland.edu/index.htm

Maryland Statewide Commission on the Crisis in Nursing
Dr. Patricia Kennedy
Telephone: (410)-585-1903
Fax: (410)-358-3530
pkennedy@dhmh.state.md.us
Website: http://www.msa.md.gov/msa/mdmanual/26excom/html/27nursc.html

Towson University School of Nursing

Master of Science in Nursing with Concentration in Nursing Education

In addition to required master's degree coursework, students are required to emphasize in a particular area, Nursing Education, Nursing Practice Clinician, or Clinician-Admistrator Transition:

NURS 610: Curriculum Development in Nursing
Overview of theory and methods for the development of nursing educational directions in academic and service settings.

NURS 612: Teaching and Learning in Nursing
Focused on applying learning theory and teaching methods in the classroom and in clinical teaching environments with an emphasis on meeting the needs of diverse student populations. Class work includes instructional technology training and teaching experiences.

NURS 710: Evaluation in Nursing Education
Focused on evaluating student performance, teaching, and course management. Explores assessment measures of learner outcomes, faculty effectiveness, and program efficacy.

NURS 712: The Adult Learner
An introduction to learning in adulthood, including context, development, and process.

NURS 810: The Teaching Practicum
Designed to apply knowledge and skills in teaching and learning or service settings. Focus on self-assessment of teaching, discussion of the nurse educator's role, and exploration of issues related to the teaching and learning environment. Taken concurrently with NURS 610: Curriculum Development in Nursing.

Towson also offers this coursework as a master's certificate, available to those interested in developing teaching and evluation skills and designed to assist in the transition from clinician to educator. Students are not required to enroll in the full master's program, but may choose to do so upon completion of the certificate and apply the creidts toward the M.S. degree. Requirements for enrollment in the certificate program are the same as those for enrollment in the M.S. program.

University of Maryland School of Nursing

The University of Maryland offers an Institute for Nurse Educators to enhance the preparation of master's prepared nursing who would like to pursue academic careers. The Institute offers classroom or online courses to post-graduate students, including students currently enrolled in a master's or doctoral program. Students also have the option of enrolloing in a variety of single courses and/or modules for ongoing professional development. Through the Institute, students can complete the Teaching in

Nursing and Health Professions Certificate Program, which consists of the following course requirements:

Course	Title	Credits
NURS 787	Theoretical Foundations of Teaching and Learning in Nursing and Health Professions	2
NURS 791	Instructional Strategies and Assessment of Learning in Nursing and Health Professions	4
NURS 792	Practicum in Teaching in Nursing and Health Professions	3
NURS xxx	Elective	3
	Total	12

The University of Maryland also offers registered nurses the opportunity to complete a baccalaureate degree, then advanced directly into master's of science in nursing courses. The master's degree includes a specialty of the student's choice and may include Adult Primary Care Nurse Practitioner, Advanced Practice Pediatric Nursing, Clinical Nurse Leader, Clinical Research Management, Community/Public Health Nursing, Family Nurse Practitioner, Gerontological Nurse Practitioner, Health Services Leadership and Management (which includes the option of an education focus area, among others), Nurse Anesthesia, Nurse Midwifery, Nursing Informatics, Oncology Nursing, Psychiatric and Mental Health Nursing, or Trauma/Critical Care Nursing.

The plan of study for the RN To MS core courese is as follows. Electives vary by concentration.

RN to MS Sample Plan of Study

Sample Plan of Full-time Study to Complete the BSN Degree

First Semester

Course	Title	Credits
NURS331	Gerontological Nursing	3
NURS333	Health Assessment	3
NURS405	Informatics and Technology	3

Second Semester

Course	Title	Credits
NURS320	Science and Research for Nursing Practice -OR-	3
NURS418	Directed Elective	
NURS418	Directed Elective	5

Third Semester

Course	Title	Credits

Sample Plan of MS Degree Core Courses

First Semester

Course	Title	Credits
NURS622	Systems and Populations in Health Care	3

Third Semester

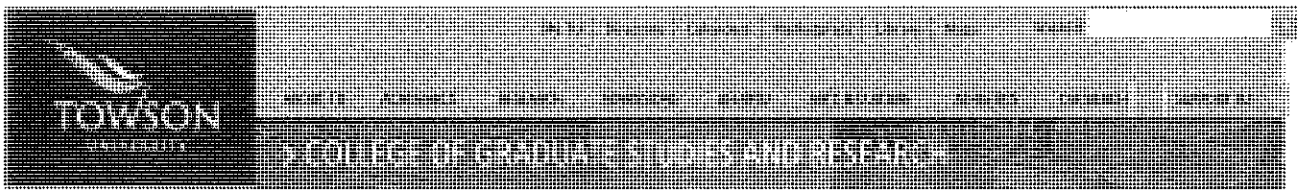
Course	Title	Credits
NURS659	Organizational and Professional Dimensions of Advanced Nursing Practice	3
NURS701	Research for Advanced Nursing Practice	4

Completing the MS Degree

Upon completion of the courses, the student begins taking courses specific to the master's degree specialty they have chosen. The number of credits to complete each specialty varies from 30 to 72 credits and each offers a unique plan of study. The RN to MS program has been created as a seamless progression with the student moving from one phase to the next.

Total Credits

Total	Credits
Total Credits	32
General Education & Prerequisite Courses	59
Total Credits from MS Degree	30-72
Total Credits for RN to MS	121-163



Graduate Programs

Certificate Programs

Nursing Education Certificate

Program Description | |Admission Requirements | | Certificate Requirements | | Course Descriptions

Program Description

The overarching objective of the certificate is that students completing the program develop teaching and evaluation skills through a series of courses designed to facilitate the transition of a clinician to an educator in an academic or health care setting. It is an independent certificate program; however, students in the Nursing Education Certificate program will study with students selecting the Master of Science in Nursing program, Concentration B: Nursing Education. Upon completion of this 15-unit program, students may wish to pursue additional graduate study and apply these units to the M.S. degree.

For more information on this and other off campus offerings, please check out http://wwwnew.towson.edu/nursing/

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Admission Requirements

Requirements for the certificate program are the same as those listed above for the M.S. in Nursing program.

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Certificate Requirements (15 credits)

NURS 610 Curriculum Development in Nursing (3)
NURS 612 Teaching and Learning in Nursing (3)
NURS 710 Evaluation in Nursing Education (3)
NURS 712 The Adult Learner (3)
NURS 810 Teaching Practicum (3)

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Course Descriptions

For course descriptions, see the online catalog. (Be sure to click on "Graduate Catalog".)

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NOTE: The information on this page represents the current information available from the 2006-2007 Graduate Catalog. Any changes in requirements made after the publication of this catalog may not appear. For more detailed and up to date information, visit this department's web page at http://wwwnew.towson.edu/nursing/

For information on all matters related to admissions, fees, or registration, please contact the Graduate School at 410-704-2501.

Towson University is in compliance with federal and state laws and regulations that prohibit illegal discrimination.
The university does not discriminate on the basis of sexual orientation. D&P 0899.27

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Graduate

Contact Info:
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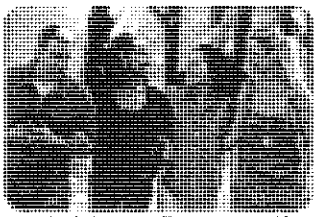

Concentrations:
Nursing Practice Clinician
Nursing Education
Clinician-Administrator Transition (CAT)

Certificate Programs (15 credits):
Nursing Education
Clinician-Administrator Transition (CAT)

Program Description:
The Master of Science degree program in nursing is prepares graduates to assume key roles in the delivery of health care to individuals and families within a community-based nursing practice. All students are required to complete the Graduate Nursing Core. In addition, each student will select a concentration for further study: Nursing Practice Clinician; Nursing Education; or, Clinician- Administrator Transition (CAT). Students may elect to pursue a graduate project or thesis if either activity is consistent with their professional goals.

The master's program is designed for the student who has a bachelor's degree with a major in nursing and is licensed as a Registered Nurse (RN), or eligible, in the state of Maryland. The program also serves the needs of the part-time student. Most coursas are offered on weekday evenings; however, other options may be developed according to student interest. Practicum experiences will be planned with appropriate agencies using a time frame congruent with the goals of the experience and preceptor assignments.

The program focus is in community-based nursing. Community-based nursing is a philosophy of nursing practice in which the individual and the family have primary responsibility for health care decisions and where health and social issues are acknowledged as interactive. It is characterized by an orientation to the individual, family and aggregate population. A critical component of community-based nursing is the development of partnerships with clients and an incorporation of culture and community.

Understanding and using epidemiological principles to effectively assess and care for all members of the community, including but not limited to vulnerable populations, underscores the philosophy of community-based nursing. Treatment effectiveness and quality of life, rather than the technologic imperative, drive decisions. The intent of community-based nursing is to meet the needs of individuals and families where they live, work and go to school and as they move across health care settings. It raquires a higher level of autonomy, responsibility and accountability of the nurse at all lavels of care in various settings in the community.

Components of community-based nursing include, but are not limited to self-care, preventative health care, case management, continuity of care, collaborative care and care within the context of the family and the community. Nurses who deliver community-based care are generalists or specialists in maternal-infant, padiatric, adult, or psychiatric nursing. Community-based nursing focuses on how nurses practice not where they work.

Graduate certificates, independent from the master's degree program, are available in the Nursing Education and Clinician-Administrator Transition Concentrations. Both certificates are independent programs; however, participants will study with students selecting the respective master's degree concentrations. Upon completion of either of the 15-credit certificate programs, students may wish to pursue additional graduate study and apply the credits to the M.S. degree.

Admission Requirements

Applicants to the Master of Science program must meet the general requirements for graduate study established by the department of nursing and as outlined in the Towson University Graduate Catalog. Specifically, they must have:

- A baccalaureate degree with a major in nursing.
- A minimum GPA of 3.00.
- A one-page personal statement in which the applicant discusses his or her reasons for seeking admission to the program and how the program will meet the applicant's professional goals.
- A current resume or curriculum vita.
- A photocopy of a current license to practice nursing in at least one state in the U.S. Prior to any clinical practice course, the student must be licensed as a Registered Nurse (RN) in the state of Maryland.
- Satisfactory completion of an elementary statistics and/or nursing research course.
- Completion of an approved physical assessment course.

Applicants whose credentials do not meet the stated criteria for admission and believe their situation warrants special consideration are encouraged to contact the department for additional information.

DEGREE REQUIREMENTS

The master's program in nursing requires successful completion of a minimum of 36 credits. Fifteen of these credits will be determined by the concentration the student selects. All students will complete the graduate nursing core.

Graduate Nursing Core (21 credits)

IDHP 741 Ethical and Legal Issues in Clinical Practice (3)
NURS 601 Theoretical Foundations of Nursing Practice (3)
NURS 603 Nursing Research (3)
NURS 605 Nursing in Health Care Systems (3)
NURS 700 Community-based Nursing (3)
NURS 800 Advanced Community-based Nursing Practice (3-6)

Elective course (500 level or above) (3)
NURS 851 Nursing Master's Thesis (6) [Optional]

Concentration A: Nursing Practice Clinician (15 credits)
Students with special interests or needs can plan a unique master's program with their adviser and approval of the program director. Students will select three electives from courses available in nursing or in other departments. In addition, students will be required to take the following courses:

NURS 801 Clinical Practicum in Community-based Nursing (3)
NURS 812 Seminar in Community-based Nursing (3)

Concentration B: Nursing Education (15 credits)
Students who desire to teach in a nursing school or work in staff development and education in a health care agency will complete the following courses. The certificate option may be selected alone, or serve as a component of the master's program.

NURS 610 Curriculum Development in Nursing (3)
NURS 612 Teaching and Learning in Nursing (3)
NURS 710 Evaluation in Nursing Education (3)
NURS 712 The Adult Learner (3)
NURS 810 Teaching Practicum (3)

Concentration C: Clinician-Administrator Transition (CAT) (15 credits)
Students desiring to emphasize administration can complete the CAT certificate program. The certificate option may be selected alone, or serve as a component of the master's program.

IDHP 600 Transitions: Health Professionals in a Changing Environment (3)
IDHP 605 Managing Health Care Professionals (3)
IDHP 610 Administration of Health Care Organizations (3)
IDHP 647 Health Care Financial Management (3)
IDHP 651 Planning and Marketing Health in Business and Industry (3)

This is either an interdisciplinary graduate certificate program offered by the College of Health Professions or serves as a component of the master's program.

Optional Thesis (3-6)

NOTE: The 800-level courses are capstone courses, thus students in the Nursing Practice Clinician and Nursing Education concentrations have a capstone experience.

COURSE DESCRIPTIONS
NURSING (NURS)

NURS 510 Spirituality, Health and Nursing Practice (3)
Application of theory and research to spiritual care of diverse client populations across the life span, and development of spiritual self-care plan of the provider. Prerequisites: One clinical course in nursing; RN status; or consent of the instructor.

NURS 523 Crisis and Stress Management (3) An integrated, comprehensive, multi-component approach to crisis intervention in a variety of individuals, groups and settings. Prerequisite: PSYC 101 or HLTH 101.

NURS 594 Travel Study in Nursing (3)
Historical and contemporary sociopolitical factors that guide the delivery of health care to various population groups in other countries. Prerequisite: Permission of the instructor.

NURS 601 Theoretical Foundations of Nursing Practice (3)
Prepares nurses to critically analyze and apply a wide range of nursing and related theories to research and clinical practice in order to develop a comprehensive and holistic approach to care. Prerequisite: Admission into the graduate school.

NURS 603 Nursing Research (3)
Prepares the nurse to identify clinical problems, critically evaluate nursing research, develop a research design, and apply research in practice. Prerequisites: undergraduate research and/or statistics course and consent of instructor, admission into the graduate school..

NURS 605 Nursing in Health Care Systems (3)
Prepares the nurse to participate in the design, implementation and management of care in a variety of health care systems, provide quality cost-effective care, and assume a leadership role in the managing of human, fiscal, and physical health care resources. Prerequisite: Admission into the graduate school.

NURS 610 Curriculum Development in Nursing (3)
Overview of theory and methods for the development of nursing educational delivery systems in academic and service settings.

NURS 612 Teaching and Learning in Nursing (3)
Focuses on the application of learning theory and teaching methods in the classroom and

clinical environments with a particular emphasis on meeting the needs of diverse student populations. Includes instructional technology and micro-teaching experiences.

NURS 700 Community-Based Nursing (3)
Focuses on application of epidemiological frameworks and concepts in health promotion, environmental health and disease prevention with diverse groups across the life span. Emphasis will be placed on the nursing care of at-risk and vulnerable populations in community-based settings. Prerequisite: NURS 601.

NURS 710 Evaluation in Nursing Education (3)
Emphasis is placed on the evaluation of student performance, teaching, courses and programs. Assessment measures of learner outcomes, faculty effectiveness and program quality will be explored. Prerequisite: NURS 712

NURS 712 The Adult learner (3)
Introduction to learning in adulthood, including context, development, process and practices.

NURS 800 Advanced Community-Based Nursing Practice (3-6)
A clinical practicum designed to enhance the nurse's previous learning and experiences while fostering the development of new nursing knowledge and skills in community-based settings with diverse populations. Includes a weekly seminar. Prerequisite or Co-requisite: NURS 700.

NURS 810 Teaching Practicum (3)
A practicum designed to apply new knowledge and skills in teaching and learning in academic or service settings. Self-assessment of teaching, discussion of the nurse educator role, and exploration of issues related to the teaching-learning environment will occur in weekly seminars. Prerequisites: all other courses in Nursing Education Concentration. NURS 612, NURS 710 may be taken concurrently.

NURS 851 Nursing Masters Thesis (6)
Development and presentation of a scholarly research project that has significance for nursing and provides a capstone experience for the student. Prerequisite: Completion of nursing graduate work. (Optional)

INTERDISCIPLINARY HEALTH PROFESSIONS (IDHP)

IDHP 741 Ethical and Legal Issues in Clinical Practice (3)
Provides an interdisciplinary exploration of legal and ethical issues in clinical practice, research, administration and teaching.1t includes emphases on cultural diversity, truth-telling, informed consent, confidentiality, accountability, reimbursement pressures, new technologies and treatments, end-of-life care, licensure concerns, practice in varied settings and organizational ethics. Prerequisite: Admission into the graduate school.

Last updated on September 28, 2006 MH/BB

University of Maryland School of Nursing

Institute for Educators in Nursing & Health Professions

The Institute for Educators in Nursing & Health Professions is addressing the critical and growing faculty shortage in nursing and health professions. The goal of the Institute is to prepare nurses and other health professionals with the essential knowledge and skills to assume teaching roles in Maryland, the surrounding region, and beyond.

The Institute identifies and coordinates existing resources and seeks new resources to provide courses and programs that will prepare nurses to assume educator roles in academic or clinical settings. The Institute offers:

1. courses in the classroom or on-line learning enviornments to post-graduate students, including students currently enrolled in master's or doctoral programs in nursing or other health professions;
2. a variety of single courses/modules for ongoing professional development or current faculty, clinical nurse educators, and educators for educators from other health professions; and
3. itself as a resource for related initiatives.

Program Resources

- Teaching in Nursing and Health Professions Certificate Program

Co-Directors

- Loiuse S. Jenkins, PhD, RN, FAHA
- Carol O'Neil, PhD, RN

Institute for Nurse Educators

University of Maryland
School of Nursing
655 West Lombard Street
Baltimore, MD 21201-1579
410.706.7710

Important Numbers

Student Affairs: 410.706.0501
Continuing Ed: 410.706.3767
General Info: 410.706.3100
Campus Hotline: 410.706.8622
E-mail the Admissions Office
http://nursing.umaryland.edu/

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University of Maryland School of Nursing NEWS
School of Nursing News
Office of Communications • 655 W. Lombard Street • Baltimore, M

For Immediate Release:
June 18, 2007

Contact: Patricia Adams
410.706.4115
padams@son.umaryland.edu

UNIVERSITY OF MARYLAND SCHOOL OF NURSING AND ARMY NURSE CORPS PARTNER TO ADDRESS NURSE FACULTY SHORTAGE

Baltimore, Md.—An innovative partnership has been initiated between the University of Maryland School of Nursing and the U.S. Army Nurse Corps (ANC) to help address the School of Nursing's faculty shortage. The pilot program calls for up to eight ANC officers to be utilized as undergraduate nursing faculty, at no cost to the School, for a maximum of two academic years. The first six ANC nurse educators will begin teaching in the fall 2007 semester. As part of the agreement, the School of Nursing will provide formal faculty orientation and training for the new ANC faculty members.

"This pilot program with the University of Maryland School of Nursing is important for three reasons," says Maj. Gen. Gale S. Pollock, BSN '76, MBA, MHA, MS, CRNA, RN, FACHE, Acting Army Surgeon General and Commander, Army Medical Command. "First, the nursing shortage is exacerbated by a lack of faculty. In my view, Army nurses are the best in our military and we can help address that national faculty shortage. Second, these Army nurses will be role models for student nurses who want to serve with the best, so it will assist us with recruiting. Third, many of the nurses in the ANC want to teach and serve as faculty; therefore, an option like this helps me retain these excellent nurses as well."

"Faculty shortages across the nation are limiting student capacity," says Janet D. Allan, PhD, RN, CS, FAAN, Dean of the School of Nursing. "This mutually beneficial program will help us tackle our faculty shortage, allow us to continue educating large numbers of undergraduate students, and help the Army enhance officer training. It is a win-win situation for both parties."

The School of Nursing has a long history of preparing military nurses, having graduated more than 1,000 military nurses over many decades. Many of the graduates were members of the Walter Reed Army Institute of Nursing program, launched by the School in 1964, and from which Maj. Gen. Pollock graduated in 1976.

"We need to empower men and womeu to consider nursing by providing them with the education and the resources they need to do their jobs. It's essential for our hospitals and it's essential for our patients," says Sen. Barbara A. Mikulski (D-Md.), a long-time champion of nursing. "This relationship between the U.S. Army and the School of Nursing demonstrates the importance of our nurses and nurse educators to the military and to the nation as a whole. I'm so proud of the University of Maryland

School of Nursing for once again showing creativity and vision in establishing this world-class program."

The University of Maryland School of Nursing, founded in 1889, is one of the oldest and largest nursing schools, and is ranked seventh nationally. Enrolling more than 1,400 students in its baccalaureate, master's, and doctoral programs, the School develops leaders who shape the profession of nursing and impact the health care environment.

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University of Maryland School of Nursing

Health Services Leadership & Management

Sample Programs of Study

Master's Core Courses

Course	Title	Credits
NURS 622	Systems and Populations in Health Care	3
NURS 659	Organizational and Professional Dimensions of Advanced Practice Nursing	3
NURS 701	Science and Research for Advanced Practice Nursing	4
	Total	10

Leadership & Management Core Courses

Course	Title	Credits
NURS 690	Managerial Health Finance	3
NURS 691	Organizational Theories: Applications to Health Service Management	3
NURS 736	Computer Applications in Nursing and Health Care	3
	Total	9

Health Leadership & Management Focus Areas

Education Focus*†

Course	Title	Credits
NURS 787	Theoretical Foundations of Teaching and Learning in Nursing and Health Professions	2
NURS 791	Instructional Strategies and Assessment of Learning in Nursing and Health Professions	4
NURS 792	Practicum in Teaching in Nursing and Health Professions	3
NURS xxx	Elective	3
NURS 695	Practicum in Health Services Leadership and Management	5
	Total	17

Executive Practice Focus*†

Course	Title	Credits
NURS 692	Administration of Nursing and Health Care Services	3
NURS xxx	Elective	3
NURS xxx	Elective	3
NURS xxx	Elective	3
NURS 695	Practicum in Health Services Leadership and Management	5
	Total	17

Oncology Focus

Course	Title	Credits

NPHY 601	Cancer Genetics, Pathophysiology, and Pharmacology	3
NURS 629	Primary and Secondary Prevention of Cancer	2
NURS 641	Cancer Management	2
NURS xxx	Elective	3
NURS xxx	Elective	2
NURS 695	Practicum in Health Services Leadership and Management	5
	Total	17

Case Management Focus

Course	Title	Credits
NURS 709	Managed Care Services	3
NURS xxx	Elective	3
NURS xxx	Elective	3
MKTG 504	Marketing Management	3
NURS 695	Practicum in Health Services Leadership and Management	5
	Total	17

Informatics Focus

Course	Title	Credits
NURS 709	Managed Care Services	3
NURS 737	Concepts in Nursing Informatics	3
NURS 695	Practicum in Health Services Leadership and Management	5
NURS 784	Health Care Information Systems Project Management	3
NURS 785	Health Care Data Base Systems	3
NURS 786	Systems Analysis and Design in Health Care	3
NURS 504	Marketing Management	3
	Total	23

Total Credits

Total	Credits
Total Credits (for all focus areas except Informatics)	36
Total Credits (Informatics)	42

†These specialties are offered at the Baltimore campus and at the Universities at Shady Grove in Rockville, Md.

*Can be completed online.

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University of Maryland School of Nursing

RN to MS Sample Plan of Study

Sample Plan of Full-time Study to Complete the BSN Degree

First Semester

Course	Title	Credits
NURS331	Gerontological Nursing	3
NURS333	Health Assessment	3
NURS405	Informatics and Technology	3

Second Semester

Course	Title	Credits
NURS320 NURS418	Science and Research for Nursing Practice -OR- Directed Elective	3
NURS418	Directed Elective	5

Third Semester

Course	Title	Credits
NURS403	Community Health Nursing	5

Sample Plan of MS Degree Core Courses

First Semester

Course	Title	Credits
NURS622	Systems and Populations in Health Care	3

Third Semester

Course	Title	Credits
NURS659	Organizational and Professional Dimensions of Advanced Nursing Practice	3
NURS701	Research for Advanced Nursing Practice	4

Completing the MS Degree

Upon completion of the courses, the student begins taking courses specific to the master's degree specialty they have chosen. The number of credits to complete each specialty varies from 30 to 72 credits and each offers a unique plan of study. The RN to MS program has been created as a seamless progression with the student moving from one phase to the next.

Total Credits

Total	Credits
Total Credits	32
General Education & Prerequisite Courses	59

Total Credits from MS Degree	30-72
Total Credits for RN to MS	121-163

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Title: Touro University MSN Program
Type: Accelerated degree

Location:
Henderson, NV

Organizations Involved:
Touro University

Funding Source:
Student tuition and fees-Touro University

Description:
Touro University Nevada offers an accelerated 12 month MSN program consisting of three semesters of intense study. It consists of 32 credits. Curriculum and course descriptions are attached.

Outcome:
No data available.

Modifications to Model:
N/A

Contact Information:
Rhoberta Haley, PhD, RN, FNP
Professor and Director
E-mail: Rhoberta.Haley@touro.edu
Telephone: 702-777-4767
Website: http://www.tu.edu/departments.php?id=68

Course Descriptions-BSN-MSN

BSN-MSN Program

Nur 640 Theoretical Applications of Nursing Practice (Core course)
This Master's core course examines various theories and concepts that are relevant to nursing and the changing health care milieu. The evolution of nursing theory development is presented and students evaluate the work of nursing theorists. The different sources of knowledge needed for a true integration of nursing theory, research and practice are explored. Other disciplinary theories that influence nursing knowledge, theory development and utilization also are presented. The application of theoretical and conceptual frameworks to advanced nursing practice, research, education and administration are emphasized throughout the course.

Nur 642 Legal, Policy, Organization, and Financing of Health Care Systems (Core Course)
This course offers a current and historical overview of the regulation of health care delivery in the U.S. It examines principles and practical applications of the laws that affect the operational decisions of health care providers, payers, and managers and that impact development of markets for health care products and services. Also considered are the social, moral, and ethical issues encountered in trying to balance the interests, needs and rights of individual citizens against those of society. For part of the term, the class will divide into two groups so that students analyze the legal aspects of individuals or of health care agencies.

Nur 645 Advanced Clinical Practicum
This is a precepted clinical course in which the student works directly with a professional nurse in an area of his/her choosing. The student matches schedules with the preceptor, working full shifts and providing nursing care to a complement of patients. Students report to their faculty mentor through a series of journal entries that synthesize the student's clinical experiences.

Nur 654 Utilization and Evaluation of Research for Clinical and Organizational Decision Making (Core Course)
This course prepares students to critique, evaluate and use research within their nursing practice. Advanced nursing practice uses a wide range of empirical findings to provide quality health care, initiate change, and improve nursing practice. At the conclusion of the course, the student will be proficient at critiquing and evaluating research findings relevant to advanced nursing practice.

Nur 656 Educational Program Development In Nursing Education I
Introduction to curriculum development and instructional design concepts in preparation for the role of educator in an educational institution or health care setting. Emphasis will be on instructional design, instructional strategies, and measurement of learner outcomes. The first course in a two course sequence.

Nur 657 Educational Program Development in Nursing Education Practicum I
Opportunity for analysis and synthesis of concepts of management and leadership in an educational setting while practicing the role of a nursing educator. Develops, implements and evaluates a class within the context of chosen clinical setting.

Nur 658 Budgeting Basics for Units and Departments of Health Care Systems
Students will analyze fiscal problems in hospital and health care management. Financial reporting, hospital controls, budget making and controls, cash flow, information systems required for management evaluation of alternative courses of action in managing the affairs of hospitals and health care organizations; methods of financing health care operations and construction; effect of financing methods on patient care; the fiscal structure of hospitals and the relationship to various health care delivery systems will be discussed. This course also has a one hour computer lab to utilize spread sheets for financial case analysis.

Nur 659 Practicum-Leadership in Health Care Systems I
A one semester clinical practice course which provides seminar and practical experience in the observation, participation in, and critical analysis of various roles and functions of nursing administrators. Students will select a setting (i.e., hospital, long term, community health agency) where principles of management of clinical systems can be evaluated. Students will determine individual goals and learning objectives consistent with a learning contract negotiated with a preceptor and approved by faculty. Clinical placement will be based on students' clinical interest and the availability of preceptors.

Nur 664 Human Diversity and Social Issues in Health Promotion and Disease Prevention
This course will focus on the leadership role of the nurse in health promotion and disease prevention program development. Students will examine the social, cultural, environmental, political, and economic contexts of health promotion and disease prevention policies and programs; further, students will identify characteristics of effective interventions. The process of planning, implementing, and evaluating health promotion programs in a variety of settings will be examined from a nursing perspective. Students will work individually and in small groups to draft proposals for health promotion or illness prevention programs.

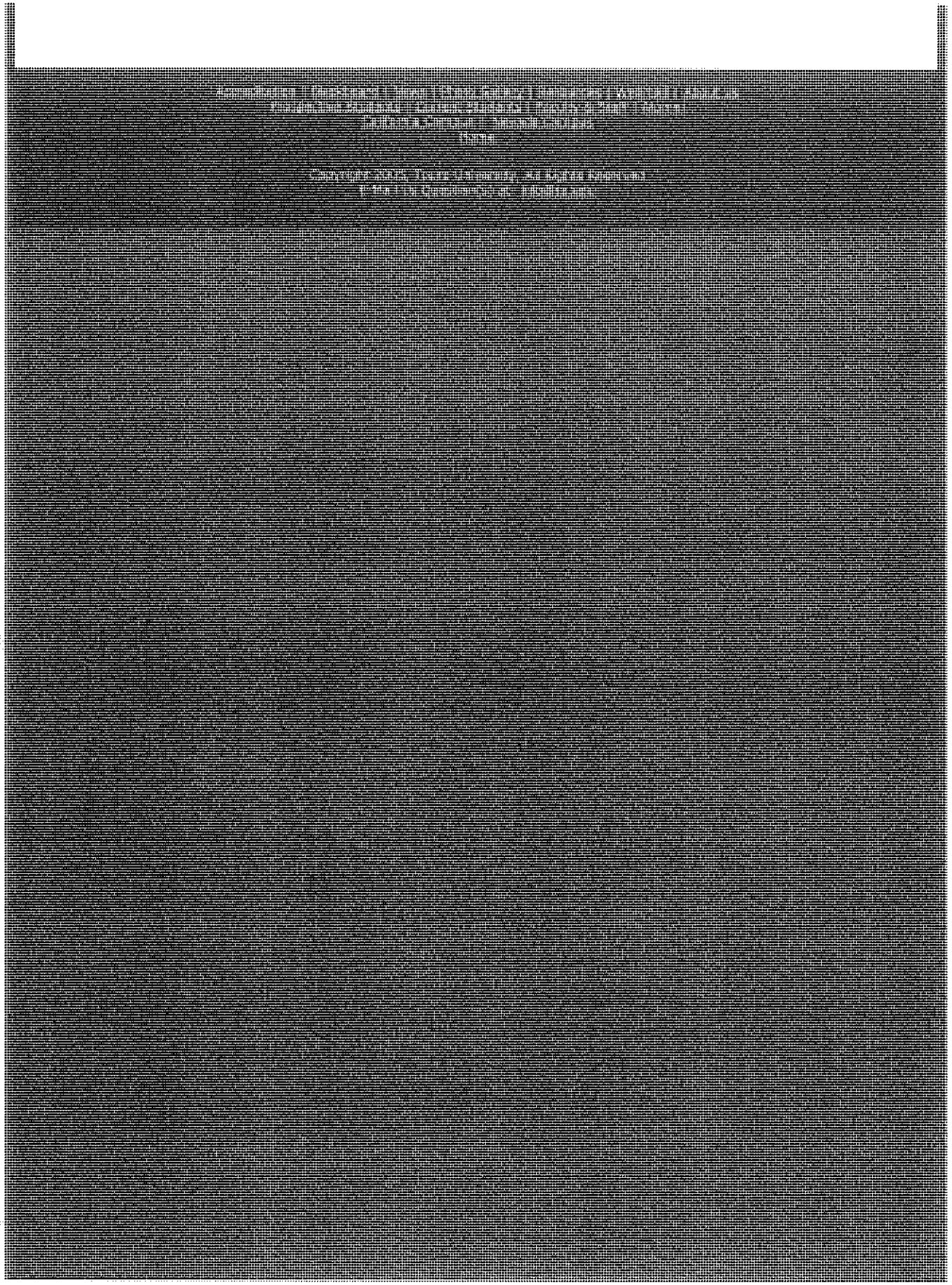
Nur 666 Educational Program Development In Nursing Education II
Introduction to curriculum development and instructional design concepts in preparation for the role of educator in an educational institution or health care setting. Continues emphasis on instructional design, related to curriculum development and implementation, and to program evaluation.

Nur 667 Educational Program Development in Nursing Education Practicum II
Opportunity for analysis and synthesis of concepts of management and leadership in an educational setting while practicing the role of a nursing educator. Participates in curricular and program evaluation in the context of the student's chosen clinical setting.

Nur 668 Human Resource Development
This course provides the students with the tools to develop and sustain effective teamwork. The tools to be considered will contain strategies and tactics to achieve the outcomes of a shared vision, individual and mutual responsibility, perpetual development of communication processes, strong unified relationships and the coordination of effort among team members. Course content will be framed in leadership theories relating to leading and managing individuals and groups within organizations.

Nur 669 Practicum-Leadership in Health Care Systems III
This administrative practicum will be individually tailored to meet each student's career goals. Students will be placed with an expert role model who in most instances will be a practicing nurse executive. The setting may vary according to the student's interests and objectives. Examples include acute care, home care, long term care, occupational health, community based clinics, consulting groups and political/legislative experiences.

Nur 700, 701, 703 Evidenced Based Project I, II, III
The Interdisciplinary Collaborative Project that is a significant undertaking of a pursuit appropriate to the profession. The student will collaborate with other disciplines to form a group. Each collaborative student group will contract with a community agency to design, implement and evaluate a community-based project. The project must evidence originality and independent thinking, appropriate form and organization and rationale. Credit will be awarded upon successful project completion.



TOURO UNIVERSITY
NEVADA
School of Nursing

BSN-MSN Curriculum (31 units)

	Semester 1	**10**
Nur 640	Theoretical Foundations of Nursing Practice	3
Nur 634	Advanced Physical Assessment	2
Nur 664	Human Diversity and Social Issues in Health Promotion and Disease Prevention	3
Nur 700	Evidence-based Project I	2
	Semester 2	**11**
Nur 654	Utilization and Evaluation of Research for Clinical and Organizational Decision Making	3
Nur 656 Nur 658	Educational Program Development in Nursing Education I OR Budgeting Basics for Units and Departments of healthcare Systems	3
Nur 645	Advanced Clinical Practicum	4
Nur 701	Evidence-based Project II	1
	Semester 3	**10**
Nur 642	Legal, Policy, Organization, and Financing of Healthcare Systems	3
Nur 666 Nur 668	Educational Program Development in Nursing Education II OR Human Resource Development	3
Nur 667 Nur 669	Educational Program Development in Nursing Education Practicum or Practicum in Leadership in Healthcare Systems	3
Nur 703	Evidence-based Project III	1

874 American Pacific Drive, Henderson, Nevada 89014
Telephone 702.777.1746, Fax: 702.777.1747

Title: Duke University MSN Program
Type: Accelerated/online degree

Location:
Durham, North Carolina

Organizations Involved:
Duke University School of Nursing

Funding Source:
Duke University

Description:
Duke University's School of Nursing offers all of its MSN courses in either an online or distance based format. All MSN core courses are offered entirely online and students do not ever need to actually come to campus. Some specialty courses are done distance based, meaning that students may come to campus one or two times per semester while the majority of the course content is available online. Duke also offers a Nursing Education specialty program. All courses are offered online and consist of two classes per semester for seven semesters (2 years, four months), allowing students to continue working, etc. while pursuing training in nurse education. Students are admitted for Fall, Spring, or Summer start dates and the program includes a day long on-line learning orientation session. Specific curriculum information is attached.

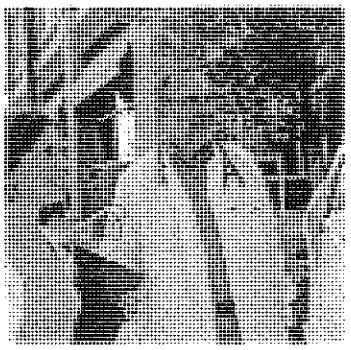
Outcome:
No data available-e-mail in to contact.

Modifications to Model:
None

Contact Information:
Pamela Edwards, EdD, MSN, RN, BC

Director, Education Services: Duke University Health System
Associate Consulting Professor and Director, Nursing Education Specialty: Duke School of Nursing
Deputy Director: Duke AHEC Program
Telephone: 684-3482
E-Mail: edwar024@mc.duke.edu
Website: http://nursing.duke.edu/

Nursing Education



Nursing Education Program

Innovative program taught by faculty from Duke University. Coursework focused on knowledge and skills needed for faculty and/or educator roles.
Targeted for those nurses interested in teaching in associate degree nursing programs or hospital education departments.
Part-time study, two courses per semester for 7 semesters (2 years 4 months).

- Continue working, live at home and go to school.
- Courses taught on-line. On-campus meetings are limited - usually twice per semester.
- Full day orientation session to on-line learning included. Computer and Internet service provider (ISP) required.
- Students are admitted in Fall, Spring and Summer

More Information about the Nurse Education Program:

- Message from the Director - Pamela Edwards, D.Ed.

Nurse Faculty Loan Program

The School of Nursing is pleased to be able to offer students financial support through the Nurse Faculty Loan Program. Students participating in this program are eligible to receive loan debt reduction benefits of up to 85% in exchange for serving a four year service requirement. To date nearly $500,000 has been awarded from the Nurse Faculty Loan Program and over 50 students have had up to 100% of their cost of attendance paid for by this loan program. Learn More >>

Learn more about...

- Faculty
- Curriculum
- Admissions Requirements
- Financial Aid
- Apply Online

For more information about these programs contact:

Admissions & Student Services
Toll Free Line: 1-877-415-3853
Email: SONAdmissions@mc.duke.edu

This article comes from Duke University School of Nursing http://nursing.duke.edu
The URL for this story is: http://nursing.duke.edu/modules/son_academic/index.php?id=18

Academic Programs

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Employment
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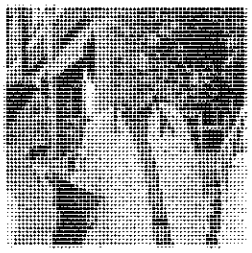
Faculty / Staff Resources
Alumni & Development



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For more information about these programs contact:

Admissions & Student Services
Toll Free Line: 1-877-415-3853
Email: SONAdmissions@mc.duke.edu

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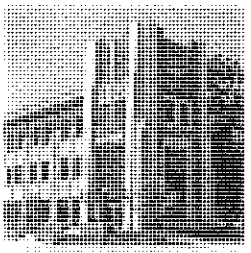

MSN, Post-Master's, and PhD programs.

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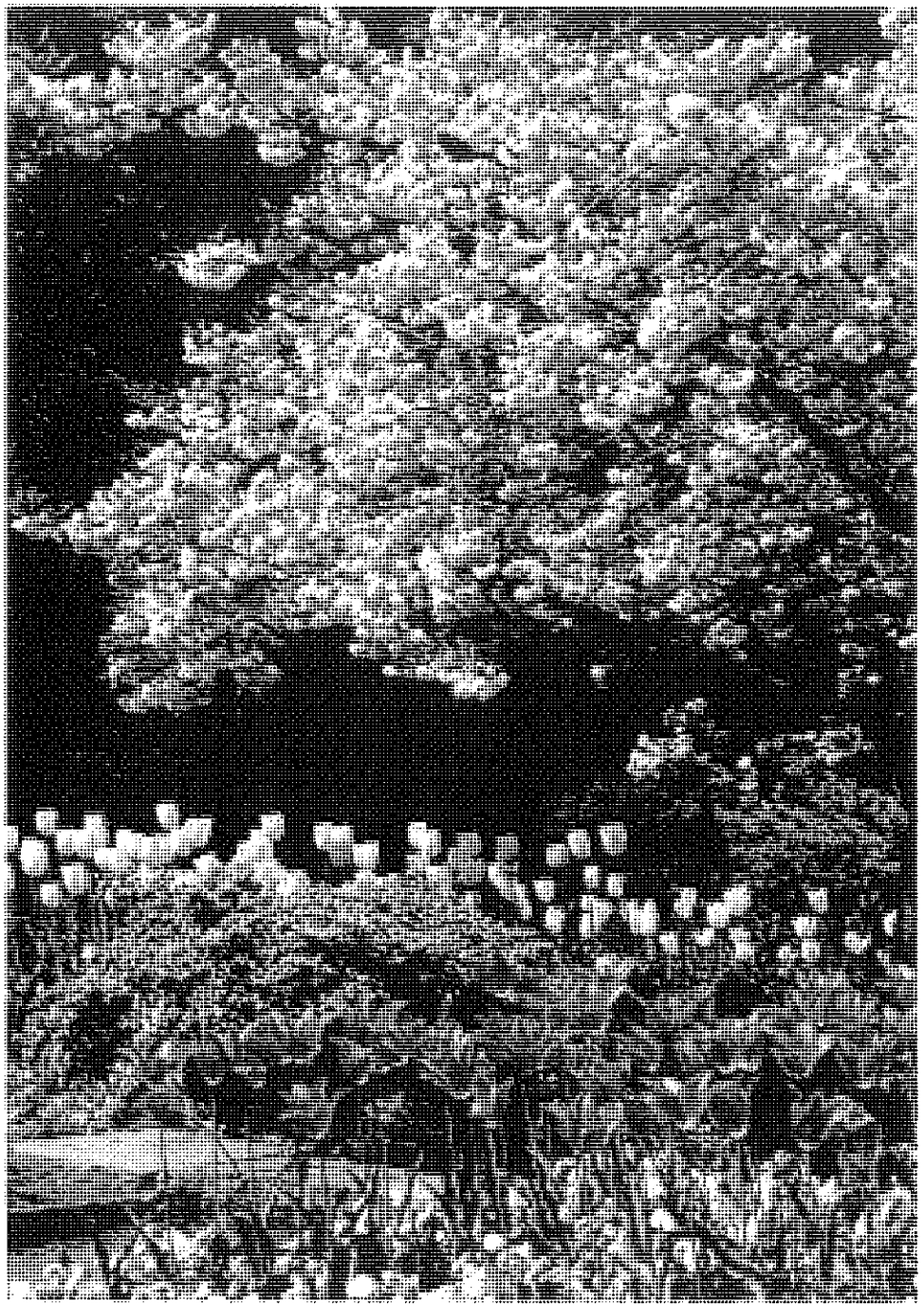
Program Requirements



Program Requirements

REQUIREMENTS FOR THE ACCELERATED BACHELOR OF SCIENCE DEGREE IN NURSING

Completion of the Bachelor of Science in Nursing Program requires the completion of 58 credit hours of study and 1000 hours of clinical experience.

Fall Courses	Credits
N201. Introduction to Professional Nursing and Evidence Based Practice	3
N202. Foundations of Evidence Based Nursing Practice	5
*N330. Selected Topics in Advanced Pathophysiology	3
*N332. Diagnostic Reasoning and Physical Assessment for Advanced Nursing Practice	4
Spring Courses	
N210. Pharmacology and Therapeutic Modalities for Nursing	3
N211. Adult Health Nursing	6
N212. Mental Health Nursing	3
*N308. Applied Statistics	2
Summer Courses	
N220. Nursing Care of the Childbearing Family	4
N221. Pediatric Nursing	4
N224. Leadership and Contemporary Issues	3
*N502. Health Promotion/Disease Prevention	3
Fall Semester	
N230. Nursing Care of Older Adults and Their Families	3
N231. Community Health Nursing	3
N232. Senior Seminar	2
N233. Nursing Specialty Synthesis	4
*N307. Research Methods	3

* Signifies graduate courses and graduate credit

REQUIREMENTS FOR THE MASTER'S DEGREE

Each of the school's majors requires the completion of 39 to 59 units of credit. These units include core courses required of all master's students, the research options, courses in the major, and electives.

Required Core Courses	Credits
N301. Population-Based Approaches to Health Care	3
N303. Health Services Program Planning and Outcomes Analysis	3
N307. Research Methods	3
N308. Applied Statistics	2
Total	11

Research Options (Select One)*	Credits
N312. Research Utilization in Advanced Nursing Practice	3
N313. Thesis	6
N314. Non-thesis Option	6
N315. Directed Research	3-6
Total	3-6
Total Required Core Courses for all MSN students	14-17

MSN Specialties (Graduate Nursing Programs)

Clinical Research Management

Duke University and Duke University Health Systems are internationally recognized for excellence in research, education and patient care. Graduates from the Clinical Research Management Program at Duke University have an opportunity to access a world-class learning environment and call on resources that are among the best in the nation. The Clinical Research Management Program integrates training from many disciplines to provide a solid program strong in business and financial practices, regulatory affairs, and research management with an emphasis in the management of clinical drug, biological, and device trials. Graduates of this program will be prepared to work in research in industry, service or academic settings. This program is intended to be flexible and conducive to the adult learner. Students complete the core MSN courses plus six specialty courses in the major. The program is rounded out by electives from sciences, management, or other specialty areas. N498, the synthesis of specialty practice, is a 200-hour practice experience. The student may be placed as a member of a project team working on a drug, biological, or device development project in industry, academia, or government. Other experiences may be arranged based on the students needs. A minimum of 39 credits are required for graduation. Coursework includes the following:

Clinical Research Management	Credits
MSN Core Courses	14-17
N351. Scientific Writing	3
N490. CRM: Trials Management	3
N491. CRM: Business and Financial Practices	3
N492. CRM: Regulatory Affairs	3

* Signifies graduate courses and graduate credit

N493. Introduction to Clinical Research Data Management	3
N498. Synthesis of Specialty Practice	4
Electives	6
TOTAL MINIMUM NUMBER OF CREDITS FOR GRADUATION	39-42

Health and Nursing Ministries

The Master of Science in Nursing with a major in Health and Nursing Ministries is designed to offer nurses advanced nursing preparation as coordinators of health and nursing ministries while equipping them with a basic theological education offered by the Divinity School. Graduates of this program will be prepared to serve as parish nurses, health systems parish nurse coordinators, care managers, and congregational health nurses. The degree requires the completion of 47 credit hours (or equivalents), including the summer field clinical experience. The typical applicant for this degree will be an accomplished nurse with a desire and aptitude for advanced nursing education that also understands the value of basic theological education. Course-work in the major includes the following:

	Credits
MSN Core Courses	14-17
HNM 15. Congregational Nursing: Foundations of Practice	3
N502. Health Promotion and Disease Prevention	3
HNM 200. Health and Nursing Ministries Residency	3
HNM 290. Seminar on Care and the End of Life: Suffering and Dying Well	3
HNM 300. Seminar in Health and Nursing Ministries	3
Divinity Electives	6
CT 32. Christian Theology	3
CHE 33. Christian Ethics	3
CHE 266. Ethics in Health Care	3
TOTAL MINIMUM NUMBER OF CREDITS FOR GRADUATION	42-48

Health and Nursing Ministries – Joint Master of Church Ministries/ Master of Science in Nursing

The MCM/MSN is a joint degree program offered by the Divinity School and the School of Nursing for those students who desire both thorough preparation in advanced nursing practice and theological education. Graduates of this program will be well pre-pared to develop, implement, and coordinate comprehensive parish and community nursing programs. This program requires the completion of 74 semester hours, including 300 hours of clinical field experience. The typical applicant for this degree will be a nurse who sees the need for both advanced clinical education and substantial theological preparation and is interested in advancing the scope of parish nursing practice at a conceptual level. Applicants for this program must meet all requirements for admission to both the Divinity School and the School of Nursing. Courses required for this dual degree include the following:

	Credits
MSN Core Courses	14-17
HNM 15. Congregational Nursing: Foundations of Practice	3
N502. Health Promotion and Disease Prevention	3
HNM 200. Health and Nursing Ministries Residency	3

HNM 290. Seminar on Care and the End of Life: Suffering and Dying Well	3
HNM 300. Seminar in Health and Nursing Ministries	3
Nursing Elective	6
CT 32. Christian Theology	3
CHE 33. Christian Ethics	3
OT 11. Introduction to the Old Testament	3
NT 18. Introduction to the New Testament	3
CH 13. Early and Medieval Christianity	3
CH 14. Modern European Christianity	3
CHE 266. Ethics in Health Care	3
CM Limited Elective	3
Divinity Electives	12
TOTAL MINIMUM NUMBER OF CREDITS FOR GRADUATION	73-76

Nursing Education

The Master in Nursing Education is online designed for students who are seeking a master's degree but are unable to pursue a residential program. This program allows students to maintain their nursing positions and personal lives while pursuing a graduate education. The curriculum is delivered using an on-line asynchronous instructional mode (instructional material can be accessed by students anytime, anyplace). However, since it is important for students to work with faculty and peers directly, and to feel part of Duke University, there are scheduled on-campus activities related to specific courses. Students will be able to complete the program in seven semesters. An individualized teaching residency of 150 hours, with a mentor in the clinical/academic area of choice, is the capstone course in the program.

Graduates of the Nursing Education program are prepared for roles in nursing education, staff development, hospital education, continuing education, and practice consultation. Courses in the program include the MSN core course and the following:

	Credits
MSN Core Courses	14-17
N330. Selected Topics in Advanced Pathophysiology	3
N331. Clinical Pharmacology and Interventions for Advanced Nursing Practice	3
N332. Diagnostic Reasoning/Physical Assessment in Advanced Nursing Practice	4
N359. Independent Study in Scientific Writing	1
N502. Health Promotion Disease Prevention	3
N540. Principles of Classroom Teaching	3
N541. Technology and Curriculum Design	3
N542. Tests and Measurements	3
N498. Synthesis of Specialty Practice	3
TOTAL MINIMUM NUMBER OF CREDITS FOR GRADUATION	40-43

Nursing And Healthcare Leadership

The Duke University School of Nursing is committed to creating leaders for all settings in healthcare for the 21st century. The MSN program in Health Care Leadership Nursing is

founded upon strong core and research courses. This foundation is augmented by a series of courses in complex systems, organizational theory, financial management, and outcomes analysis. Students also select a concentration area based upon individual professional interests and goals from acute care to long term care. The minimum number of credits required for graduation is 39. Course work includes the following:

Nursing and Healthcare Leadership	Credits
MSN Core Courses	14
N351. Scientific Writing	3
N352. Business Writing in Healthcare	1
N400. Organizational Theory for Integrated Health Care Delivery Systems	3
N401. Managing Complex Health Care Systems	3
N402. Financial Management and Budget Planning	3
N404. Health Economics	3
N405. Health Care Operations: Human Resources, Quality, Law and Ethics	3
N407. Persuasive Presentations in Health Care	1
N408. Effective Meeting Management in Health Care	1
N498. Synthesis of Specialty Practice	4
TOTAL MINIMUM NUMBER OF CREDITS FOR GRADUATION	39

Nursing Informatics

Graduates of the Nursing Informatics major develop knowledge and skills in the domain of clinical information systems, strategic planning, project management, and a variety of technologies. Knowledge will build on concepts of data-information-knowledge meta-structures and incorporate systems lifecycle planning and expert clinical domain modeling. The rigorous program combines online instruction with one campus session each semester and can be completed from anywhere in the world! Students are required to participate in 2-courses each semester, as a cohort, and are expected to work in virtual/online teams. A minimum of 39 credits is required for graduation. Course work in the major includes the following.

	Credits
MSN Core Courses	14-17
N409. Overview of Health Care Information Systems	3
N410. Informatics Issues in Nursing Systems	3
N411. Nursing Informatics Theory and Application	2
N412. Health Systems Project Management	3
N413. Informatics Infrastructure for Safe Patient Care	3
N417. Informatics Capstone Seminar	3
N418. Clinical Informatics Residency (418 or 498)	3
N498. Synthesis of Specialty Practice (418 or 498)	3
6 credits of Healthcare Leadership electives	6
TOTAL MINIMUM NUMBER OF CREDITS FOR GRADUATION	39-42

MSN–MBA Program

The School of Nursing offers, in conjunction with the Fuqua School of Business, or in collaboration with Meredith College, a joint MSN/MBA degree. The specialty director can provide details of coursework requirements for these programs.

Family, Adult, and Gerontology Nurse Practitioner Majors: Adult Acute Care, Adult Primary Care, Cardiovascular, Oncology, Family and Gerontology

Nurse practitioner majors focus on developing the knowledge and skills necessary to provide primary and/or acute care across settings, including care of individuals in rural and under-served areas. These practitioner majors include adult acute care, adult primary care, cardiovascular, oncology, family, and gerontology. All students take the practitioner core courses, which include pathophysiology, pharmacology, diagnostic reasoning and physical assessment, and management of common acute and chronic health problems (listed below as practitioner core courses). Each of these majors requires specialty course work consistent with the clinical practice of the major. The general pattern includes two courses that are didactic or a combination of clinical and didactic, and a residency course. All family, gerontology and adult nurse practitioner majors have at least 600 hours of clinical experience, the minimum recommended by the National Organization of Nurse Practitioner Faculties (NONPF) and the American Association of Colleges of Nursing (the number of clinical hours varies by major). As a capstone experience, all NP students are required to complete a final clinical residency under the mentorship of an experienced clinician in their respective area of expertise. The residency includes seminars that encourage the synthesis of clinical learning and the transition to the role of nurse practitioner. The total minimum number of credits required for graduation varies by major. Course work inludes practitioner core courses and additional credits including the residency in the major. The minimum number of credits for graduation is 43-48.

Practitioner Core Conrses	**Credits**
N330. Selected Topics in Advanced Pathophysiology	3
N331. Clinical Pharmacology and Interventions for Advanced Nursing Practice	3
N332. Diagnostic Reasoning and Physical Assessment in Advanced Nursing Practice	4
N333. Managing Common Acute and Chronic Health Problems I	3
N334. Managing Common Acute and Chronic Health Problems II	3
Total	16

Acute Care Nurse Practitioner	**Credits**
MSN Core Courses	14-17
Nurse Practitioner Core Courses	16
N442. Sexual and Reproductive Health	2
N450. Management of Critically Ill Adult Patients I	4
N451. Management of Critically Ill Adult Patients II	4
N458. Nurse Practitioner Residency: Adult Acute Care	3
Total	43-46

Adult Nurse Practitioner-Primary Care	**Credits**
MSN Core Course	14-17
Nurse Practitioner Core Courses	16
N442. Sexual and Reproductive Health	2
N459. Nurse Practitioner Residency: Adult Primary Care	3

Clinical Elective	3
Elective	5
Total	43-46

Adult Nurse Practitioner-Cardiovascular	**Credits**
MSN Core Courses	14-17
Nurse Practitioner Core Courses	16
N442. Sexual and Reproductive Health	2
N459. Nurse Practitioner Residency: Adult Primary Care	3
N460. Advanced Management of Patients with Cardiovascular Diseases	3
N461. Care Management of Patients with Selected Cardiovascular Illnesses	4
N469. Nurse Practitioner Residency: Adult Cardiovascular	1-4
Elective	2
Total	45-51

Adult Nurse Practitioner-Oncology	**Credits**
MSN Core Courses	14-17
Nurse Practitioner Core Courses	16
N442. Sexual and Reproductive Health	2
N459. Nurse Practitioner Residency: Adult Primary Care	3
N470. Oncology Nursing I: Epidemiology and Pathophysiology	3
N471. Oncology Nursing II: Symptom and Problem Management	3
N479. Nurse Practitioner Residency: Adult Oncology	1
Elective	2
Total	44-47

Family Nurse Practitioner	**Credits**
MSN Core Courses	14-17
Nurse Practitioner Core Courses	16
N441. Child Health in Family Care	4
N442. Sexual and Reproductive Health	4
N449. Nurse Practitioner Residency: Family	4
Elective	3
Total	45-48

Gerontology Nurse Practitioner	**Credits**
MSN Core Courses	14-17
Nurse Practitioner Core Courses	16
N442. Sexual and Reproductive Health	2
N480. Social Issues, Health, and Illness in the Aged Years	3
N481. Managing Care of the Frail Elderly	4
N489. Nurse Practitioner Residency: Gerontology	3
Elective/Independent Study	2
Total	44-47

Nurse Practitioner: Pediatric and Neonatal

The neonatal and pediatric nurse practitioner majors prepare graduates as nurse practitioners in primary, secondary, tertiary, long-term, or home care settings for pediatric

patients across the age and illness continuum. Emphasis is placed on family-centered culturally sensitive care. The Pediatric Nurse Practitioner, Pediatric Acute/Chronic Care Nurse Practitioner, Neonatal Nurse Practitioner and combined Neonatal/Pediatric Nurse Practitioner in Rural Health majors build on core pediatric nurse practitioner courses that include neonatal/pediatric pathophysiology, neonatal/pediatric pharmacology, and neonatal/pediatric physical assessment. Courses in the specialty address management of pediatric or neonatal patients and families within the framework of the patient's stage of growth and development. The specialty courses are supplemented by clinical hours which may include primary care pediatric clinics, pediatric intensive care, pediatric cardiology, neonatal/pediatric radiology, pediatric surgery, pediatric/neonatal transport, neonatal intensive care, neonatal transitional care, pediatric and neonatal step-down units, pediatric rehabilitation, pediatric home care, and school based health clinics. The capstone course is the residency. Under the guidance of a mentor, students manage cohorts of patients in selected clinical facilities. Integral to the residency are seminars that address transition to the practitioner role, integration of clinical and didactic learning, and preparation for a position as a nurse practitioner. The total clinical hours required for graduation is 600 hours. This meets the requirements of specialty organizations and qualifies the student to sit for certification examinations in the specialty.

Pediatric Advanced Practitioner Core Courses	**Credits**
N320. Neonatal and Pediatric Pathophysiology	3
N321. Neonatal and Pediatric Pharmacology	3
N324. Health Care of Infants and Children in Rural Settings	2
N336. Pediatric Diagnostic Reasoning and Physical Assessment in Advanced Nursing Practice	4
N357. Physiologic Monitoring and Advanced Practice Procedures	3
N430. Advanced Concepts in Pediatric Growth, Development and Behavior	3
Total	18

Pediatric Nurse Practitioner	**Credits**
MSN Core Courses	14-17
Pediatric Nurse Practitioner Core Courses	18
N322. Common Pediatric Management Issues I	4
N323. Common Pediatric Management Issues II	4
N439. Nurse Practitioner Residency: Pediatrics	4
Total	44-47

Neonatal Nurse Practitioner/Pediatric Practitioner in Rural Health	**Credits**
MSN Core Courses	14-17
Pediatric Nurse Practitioner Core Courses	18
N322. Common Pediatric Management Issues I	4
N323. Common Pediatric Management Issues II	4
N420. Managing Acute and Chronic Health Conditions in the Newborn I	4
N421. Managing Acute and Chronic Health Conditions in the Newborn II	4
N423. Nurse Practitioner Residency: Neonatal	4
N439. Nurse Practitioner Residency: Pediatrics	4
Total	56-59

Neonatal Nurse Practitioner	Credits
MSN Core Courses	14-17
Pediatric Nurse Practitioner Core Courses	18
N420. Managing Acute and Chronic Health Conditions in the Newborn I	4
N421. Managing Acute and Chronic Health Conditions in the Newborn II	4
N423. Nurse Practitioner Residency: Neonatal	4-6
Total	44-49

Pediatric Acute/Chronic Care Nurse Practitioner	Credits
MSN Core Courses	14-17
PediatricNurse Practitioner Core Courses	18
N426. Managing Acute and Chronic Health Conditions in Children I	4
N427. Managing Acute and Chronic Health Conditions in Children II	4
N428. Nurse Practitioner Residency: Pediatric Acute Care	4-6
Total	44-49

Clinical Nurse Specialist

The clinical nurse specialist (CNS) majors focus on developing the knowledge and skills necessary to provide care to patients with complex health problems and their families; care is provided in a variety of settings. Course work includes core courses and credits in the major as listed by individual programs. Elective credits are used to support the major. Core courses include: physical assessment, pharmacology, and pathophysiology. Clinical Nurse Specialist students take courses specific to their specialty areas. The number of courses and clinical hours vary by major; however, each major requires a residency as the capstone course. The minimum number of credits required for the master's degree for CNS students is 41-44.

Clinical Nurse Specialist-Gerontology	Credits
MSN Core Courses	14-17
N309. Professionalism in Advanced Practiee	3
N330. Selected Topics in Advanced Pathophysiology	3
N331. Clinical Pharmacology and Interventions	3
for Advanced Nursing Practice	4
N332. Diagnostic Reasoning and Physical Assessment	
in Advanced Nursing Practice	4
N333. Managing Common Acute and Chronic Health Problems I	3
N334. Managing Common Acute and Chronic Health Problems II	3
N442. Sexual and Reproductive Health	2
N480. Social Issues, Health, and Illness in the Aged Years	3
N481. Managing Care of the Frail Elderly	4
N487. CNS Residency	2-4
Total	48-53

Clinical Nurse Specialist–Oncology	Credits
MSN Core Courses	14 – 17
N309. Professionalism in Advanced Practice	3
N330. Selected Topics in Advanced Pathophysiology	3

N331. Clinical Pharmacology and Interventions for Advanced Nursing Practice	3
N332. Diagnostic Reasoning and Physical Assessment in Advanced Nursing Practice	4
N470. Oncology Nursing I: Epidemiology and Pathophysiology	3
N471. Oncology Nursing II: Symptom and Problem Management	3
N478. Clinical Nurse Specialist Residency: Oncology	4*
Electives/Independent Study	3
Total	40-43

Clinical Nurse Specialist-Pediatrics	**Credits**
MSN Core Courses	14 – 17
N309. Professionalism in Advanced Practice	3
N320. Neonatal and Pediatric Pathophysiology	3
N324. Health Care of Infants and Children in Rural Settings	2
N321. Neonatal and Pediatric Pharmacology	3
N336. Pediatric Diagnostic Reasoning and Physical Assessment in Advanced Nursing Practice	4
N426. Managing Acute and Chronic Health Conditions in Children I	4
N427. Managing Acute and Chronic Health Conditions in Children II	4
N430. Advanced Concepts in Pediatric Growth, Development and Behavior	3
N357. Physiologic Monitoring and Advanced Practice Procedures	3
N438. Clinical Nurse Specialist Residency: Pediatrics	3
Total	46-49

Clinical Nurse Specialist-Neonatal	**Credits**
MSN Core Courses	14-17
N309. Professionalism in Advanced Practice	3
N320. Neonatal and Pediatric Pathophysiology	3
N324. Health Care of Infants and Children in Rural Settings	2
N321. Neonatal and Pediatric Pharmacology	3
N357. Physiologic Monitoring and Advanced Practice Procedurses	3
N336. Pediatric Diagnostic Reasoning and Physical Assessment in Advanced Nursing Practice	4
N420. Managing Acute and Chronic Health Conditions in the Newborn I	4
N421. Managing Acute and Chronic Health Conditions in the Newborn II	4
N424. Clinical Nurse Specialist Residency: Neonatal	3
N430. Advanced Concepts in Pediatric Growth, Development and Behavior	3
Total	46-49

Clinical Nurse Specialist-Critical Care	**Credits**
MSN Core Courses	14-17
N309. Professionalism in Advanced Practice	3
N330. Selected Topics in Advanced Pathophysiology	3
N331. Clinical Pharmacology and Intervention for Advanced Practice	3

* Oncology CNS and NP dual majors need only 2 credits of this course; CNS-only majors need to take 4 credits of this course.

N332. Diagnostic Reasoning and Physical Assessment in Advanced Nursing Practice	4
N333. Managing Common Acute and Chronic Health Problems I	3
N334. Managing Common Acute and Chronic Health Problems II	3
N442. Sexual and Reproductive Health	2
N450. Management of Critically Ill Adult Patients I	3-4
N451. Management of Critically Ill Adult Patients II	3-4
N457. Critical Care Clinical Nurse Specialist Residency	3
Electives/Independent Study	3
Total	40-45

Nurse Anesthesia

The Nurse Anesthesia Program is a 28-month full-time program of study leading to the degree of Master of Science in Nursing. There is no provision for part-time study. The Nurse Anesthesia program integrates theory, research, physiology, pharmacology, pathophysiology, chemistry, and physics. Students enrolled in the Nurse Anesthesia Program will complete a minimum of 56 course credits, including over 800 clinical hours. In addition to the School of Nursing required core courses, students will take specialty courses required by the Council on Accreditation (COA) of Nurse Anesthesia Educational programs. A postmaster's certificate option is available.

	Credits
MSN Core Courses	14-17
N353. Advanced Physiology	3
N512. Pharmacology of Anesthetic Agents	4
N513. Basic Principles of Anesthesia	3
N514. Anesthesia Pharmacology	3
N515. Chemistry and Physics related to Anesthesia	3
N517. Advanced Principles of Anesthesia I	3
N518. Advanced Principles of Anesthesia II	2
N519. Advanced Principles of Anesthesia III	3
N521. Advanced Pathophysiology for Nurse Anesthetists I	3
N522. Advanced Pathophysiology of Nurse Anesthetists II	2
N524. Physiology and Pathophysiology for Nurse Anesthetists	3
N526. Professional Aspects of Nurse Anesthesia Practice	3
N529. Clinical Anesthesia Practicum (7 rotations at 1 credit per rotation)	7
TOTAL MINIMUM NUMBER OF CREDITS FOR GRADUATION	56-59

Post Master's Certificate Program

The purpose of the post master's certificate program is to provide opportunities for students who already have a masters degree to gain specialized knowledge within a major offered by Duke University School of Nursing. The post-master's certificate represents the student's successful completion of the identified required courses in the chosen nursing major. Course requirements for the post-master's certificate for each program are listed below.

CLINICAL RESEARCH MANAGEMENT	Credits
N351. Scientific Writing	3
N490. CRM: Trials Management	3

N491. CRM: Business and Financial Practices	3
N492. CRM: Regulatory Affairs	3
N493. Introduction to Clinical Research Data Management	3
N498. Synthesis of Specialty Practice	4
Total	19

HEALTH AND NURSING MINISTRIES	Credits
HNM 15. Congregational Nursing: Foundations of Practice	3
HNM 200. Health and Nursing Ministries Residency	3
HNM 290. Seminar on Care and the End of Life: Suffering and Dying Well	3
HNM 300. Seminar in Health and Nursing Ministries	3
CT 32. Christian Theology	3
CHE 33. Christian Ethics	3
CHE 266. Ethics in Health Care	3
Divinity Electives	6
Total	27

NURSING EDUCATION	Credits
N330. Selected Topics in Advanced Pathophysiology	3
N331. Clinical Pharmacology and Interventions for Advanced Nursing Practice	3
N332. Diagnostic Reasoning/Physical Assessment in Advanced Nursing Practice	4
N359. Independent Study in Scientific Writing	1
N502. Health Promotion Disease Prevention	3
N540. Principles of Classroom Teaching	3
N541. Technology and Curriculum Design	3
N542. Tests and Measurements	3
N498. Synthesis of Specialty Practice	3
Total	26

NURSING AND HEALTHCARE LEADERSHIP	Credits
N400. Organizational Theory for Integrated Health Care Delivery Systems	3
N401. Managing Complex Health Care Systems	3
N402. Financial Management and Budget Planning	3
N404. Health Economics	3
N498. Synthesis of Specialty Practice	4
Total	16

INFORMATICS	Credits
N409. Overview of Healthcare Information Systems	3
N410. Informatics Issues in Nursing Systems	2
N411. Nursing Informatics Theory and Application	3
N412. Health Systems Project Management	2
N413. Informatics Infrastructure for Safe Patient Care	3

N417. Informatics Capstone Seminar	2
N498. Synthesis of Specialty Practice	3
Total	15

ACUTE CARE

Nurse Practitioner	**Credits**
N330. Selected Topics in Advanced Pathophysiology	3
N331. Clinical Pharmacology and Interventions for Advanced Nursing Practice	3
N332. Diagnostic Reasoning and Physical Assessment in Advanced Nursing Practice	4
N333. Managing Common Acute and Chronic Health Problems I	3
N334. Managing Common Acute and Chronic Health Problems II	3
N450. Management of Critically Ill Adult Patients I	4
N442. Sexual and Reproductive Health	2
N451. Management of Critically Ill Adult Patients II	4
N458. Nurse Practitioner Residency: Adult Acute Care	3
Total	29

ACUTE CARE for NP'S	**Credits**
N450. Management of Critically Ill Adult Patients I	4
N451. Management of Critically Ill Adult Patients II	4
N458. Nurse Practitioner Residency: Adult Critical Care	3
Electives	6
Total	17

CLINICAL NURSE SPECIALIST-CRITICAL CARE	**Credits**
N309. Professionalism in Advanced Practice	3
N330. Selected Topics in Advanced Pathophysiology	3
N331. Clinical Pharmacology and Intervention for Advanced Practice	3
N332. Diagnostic Reasoning and Physical Assessment in Advanced Nursing Practice	4
N442. Sexual and Reproductive Health	2
N450. Management of Critically Ill Adult Patients I	3-4
N451. Management of Critically Ill Adult Patients II	3-4
N457. Critical Care Clinical Nurse Specialist Residency	3
Total	24-26

ADULT NURSE PRACTITIONER-PRIMARY CARE	**Credits**
N330. Selected Topics in Advanced Pathophysiology	3
N331. Clinical Pharmacology and Interventions for Advanced Nursing Practice	3
N332. Diagnostic Reasoning and Physical Assessment in Advanced Nursing Practice	4
N333. Managing Common Acute and Chronic Health Problems I	3

N334. Managing Common Acute and Chronic Health Problems II	3
N442. Sexual and Reproductive Health	2
N459. Nurse Practitioner Residency: Adult Primary Care	3
Clinical Elective	3
Elective	3
Total	27

ADULT NURSE PRACTITIONER-CARDIOVASCULAR	Credits
N330. Selected Topics in Advanced Pathophysiology	3
N331. Clinical Pharmacology and Interventions for Advanced Nursing Practice	3
N332. Diagnostic Reasoning and Physical Assessment in Advanced Nursing Practice	4
N333. Managing Common Acute and Chronic Health Problems I	3
N442. Sexual and Reproductive Health	2
N334. Managing Common Acute and Chronic Health Problems II	3
N459. Nurse Practitioner Residency: Adult Primary Care	3
N460. Advanced Management of Patients with Cardiovascular Diseases	3
N461. Care Management of Patients with Selected Cardiovascular Illnesses	4
N469. Nurse Practitioner Residency: Adult Cardiovascular	1-4
Total	29-33

ADULT NURSE PRACTITIONER-CARDIOVASCULAR for NP'S	Credits
N460. Advanced Management of Patient with Cardiovascular Diseases	3
N461. Care Management of Patients with Selected Cardiovascular Illnesses	4
N469. Nurse Practitioner Residency: Adult Cardiovascular	3
Electives	6
Total	16

FAMILY NURSE PRACTITIONER	Credits
N330. Selected Topics in Advanced Pathophysiology	3
N331. Clinical Pharmacology and Interventions for Advanced Nursing Practice	3
N332. Diagnostic Reasoning and Physical Assessment in Advanced Nursing Practice	4
N333. Managing Common Acute and Chronic Health Problems I	3
N334. Managing Common Acute and Chronic Health Problems II	3
N441. Child Health in Family Care	4
N442. Sexual and Reproductive Health	4
N449. Nurse Practitioner Residency: Family	4
Total	28

FAMILY NURSE PRACTITIONER for NP'S	Credits
N441. Child Health in Family Care	4
N449. Nurse Practitioner Residency: Family	4
Total*	8*

* Additional coursework may be required after a review of the official transcript.

GERONTOLOGICAL NURSING

Nurse Practitioner	Credits
N330. Selected Topics in Advanced Pathophysiology	3
N331. Clinical Pharmacology and Interventions for Advanced Nursing Practice	3
N332. Diagnostic Reasoning and Physical Assessment in Advanced Nursing Practice	4
N333. Managing Common Acute and Chronic Health Problems I	3
N334. Managing Common Acute and Chronic Health Problems II	3
N442. Sexual and Reproductive Health	2
N480. Social Issues, Health, and Illness in the Aged Years	3
N481. Managing Care of the Frail Elderly	4
N489. Nurse Practitioner Residency: Gerontology	3
Total	28

GERONTOLOGICAL NURSING for NP'S	Credits
N480. Social Issues, Health, and Illness in Aged Years	3
N481. Managing Care of the Frail Elderly	4
N489. Nurse Practitioner Residency: Gerontology	3
Electives (one must be a clinical elective)	6
Total	16

Clinical Nurse Specialist	Credits
N309. Professionalism in Advanced Practice	3
N330. Selected Topics in Advanced Pathophysiology	3
N331. Clinical Pharmacology and Interventions for Advanced Nursing Practice	3
N332. Diagnostic Reasoning and Physical Assessment in Advanced Nursing Practice	4
N333. Managing Common Acute and Chronic Health Problems I	3
N334. Managing Common Acute and Chronic Health Problems II	3
N442. Sexual and Reproductive Health	2
N480. Social Issues, Health, and Illness in the Aged Years	3
N481. Managing Care of the Frail Elderly	4
N487. CNS Residency	2-4
Total	30-32

ONCOLOGY NURSING

Nurse Practitioner	Credits
N330. Selected Topics in Advanced Pathophysiology	3
N331. Clinical Pharmacology and Interventions for Advanced Nursing Practice	3
N332. Diagnostic Reasoning and Physical Assessment in Advanced Nursing Practice	4
N333. Managing Common Acute and Chronic Health Problems I	3

N334. Managing Common Acute and Chronic Health Problems II	3
N442. Sexual and Reproductive Health	2
N459. Nurse Practitioner Residency: Adult Care	3
N470. Oncology Nursing I: Epidemiology and Pathophysiology	3
N471. Oncology Nursing II: Symptom and Problem Management	3
N479. Nurse Practitioner Residency: Adult Oncology	1
Total	28

ONCOLOGY for NP'S	Credits
N470. Oncology Nursing I Epidemiology and Pathpphysiology	3
N471. Oncology Nursing II. Symptom and Problem Management	3
N479. Nurse Practitioner Residency: Adult Oncology	3
Eleetives	6
Total	15
Clinical Nurse Specialist	Credits
N309. Professionalism in Advanced Practice	3
N330. Selected Topics in Advanced Pathophysiology	3
N331. Clinical Pharmacology and Intervention for Advanced Practice Nursing	3
N332. Diagnostic Reasoning and Physical Assessment in Advanced Nursing Practice	4
N470. Oncology Nursing I: Epidemiology and Pathophysiology	3
N471. Oncology Nursing II: Symptom and Problem Management	3
N478. Clinical Nurse Specialist Residency: Oncology	4
Total	23

NEONATAL NURSING

Nurse Practitioner	Credits
N320. Neonatal and Pediatric Pathophysiology	3
N321. Neonatal and Pediatric Pharmacology	3
N324. Health Care of Infants and Children in Rural Settings	2
N336. Pediatric Diagnostic Reasoning and Physical Assessment in Advanced Nursing Practice	4
N357. Physiologic Monitoring and Advanced Practice Procedures	3
N420. Managing Acute and Chronic Health Conditions in the Newborn I	4
N421. Managing Acute and Chronic Health Conditions in the Newborn II	4
N423. Nurse Practitioner Residency: Neonatal	4-6
N430. Advanced Concepts in Pediatric Growth, Development and Behavior	3
Total	30-32
Clinical Nurse Specialist	Credits
N309. Professionalism in Advanced Practice	3
N320. Neonatal and Pediatric Pathophysiology	3
N321. Neonatal and Pediatric Pharmacology	3
N324. Health Care of Infants and Children in Rural Settings	2

N336. Pediatric Diagnostic Reasoning and Physical Assessment in Advanced Nursing Practice	4
N357. Physiologic Monitoring and Advanced Practice Procedures	3
N420. Managing Acute and Chronic Health Conditions in the Newborn I	4
N421. Managing Acute and Chronic Health Conditions in the Newborn II	4
N424. Clinical Nurse Specialist Residency: Neonatal	3
N430. Advanced Concepts in Pediatric Growth, Development and Behavior	3
Total	32

PEDIATRIC NURSING

Pediatric Nurse Practitioner	Credits
N320. Neonatal and Pediatric Pathophysiology	3
N321. Neonatal and Pediatric Pharmacology	3
N322. Common Pediatric Management Issues I	4
N323. Common Pediatric Management Issues II	4
N324. Health Care of Infants and Children in Rural Settings	2
N336. Pediatric Diagnostic Reasoning and Physical Assessment in Advanced Nursing Practice	4
N357. Physiologic Monitoring and Advanced Practice Procedures	3
N430. Advanced Concepts in Pediatric Growth, Development and Behavior	3
N439. Nurse Practitioner Residency: Pediatrics	4
Total	30

Pediatric Acute/chronic Care Nurse Practitioner	**Credits**
N320. Neonatal and Pediatric Pathophysiology	3
N321. Neonatal and Pediatric Pharmacology	3
N336. Pediatric Diagnostic Reasoning and Physical Assessment in Advanced Nursing Practice	4
N324. Health Care of Infants and Children in Rural Settings	2
N357. Physiologic Monitoring and Advanced Practice Procedures	3
N430. Advanced Concepts in Pediatric Growth, Development and Behavior	3
N426. Managing Acute and Chronic Health Conditions in Children I	4
N427. Managing Acute and Chronic Health Conditions in Children II	4
N428. Nurse Practitioner Residency: Pediatric Acute Care	4
Total	30-32

**Pediatric Acute/Chronic Care for PNP'S*	**Credits**
N426. Managing Acute and Chronic Health Conditions in Children I	4
N427. Managing Acute and Chronic Health Conditions in Children II	4
N428. Nurse Practitioner Residency: Pediatric Acute Care	4
Total	12

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* Applicants may be rquired to take additional coursework if their PNP programs did not inlcude essential pediatric-focused content in pathophysiology, pharmacology, physiological monitoring, development, and access to care issues for children/families.

Accelerated Pediatric Acute Care NP for FNP's

N329 Neonatal and Pediatric Pathophysiology for the FNP	3
N431 Advanced Concepts in Pediatric Growth and Development for the FNP	3
N429 Management of Acute and Chronic Health Conditions in Infants, Children, and Adolescents	6
Total	12

Clinical Nurse Specialist	Credits
N309. Professionalism in Advanced Practice	3
N320. Neonatal and Pediatric Pathophysiology	3
N324. Health Care of Infants and Children in Rural Settings	2
N331. Clinical Pharmacology and Interventions for Advanced Practice Nursing	3
N336. Pediatric Diagnostic Reasoning and Physical Assessment in Advanced Nursing Practice	4
N357. Physiologic Monitoring and Advanced Practice Procedures	3
N426. Managing Acute and Chronic Health Conditions in Children I	4
N427. Managing Acute and Chronic Health Conditions in Children II	4
N430. Advanced Concepts in Pediatric Growth, Development and Behavior	3
N438. Clinical Nurse Specialist Residency: Pediatrics	3
Total	32

NEONATAL NURSE PRACTITIONER/PEDIATRIC NURSE PRACTITIONER IN RURAL HEALTH	Credits
N320. Neonatal and Pediatric Pathophysiology	3
N321. Neonatal and Pediatric Pharmacology	3
N322. Common Pediatric Management Issues I	4
N323. Common Pediatric Management Issues II	4
N324. Health Care of Infants and Children in Rural Settings	2
N336. Pediatric Diagnostic Reasoning and Physical Assessment in Advanced Nursing Practice	4
N357. Physiological Monitoring and Advanced Practice Procedures	3
N420. Managing Acute and Chronic Health Conditions in the Newborn I	4
N421. Managing Acute and Chronic Health Conditions in the Newborn II	4
N423. Nurse Practitioner Residency: Neonatal	4
N430. Advanced Concepts in Pediatric Growth, Development and Behavior	3
N439. Nurse Practitioner Residency: Pediatrics	3
Total	41

NURSE ANESTHESIA	Credits
N353. Advanced Physiology	3
N512. Pharmacology of Anesthetic Agents	4
N513. Basic Principles of Anesthesia	3
N514. Anesthesia Pharmacology	3
N515. Chemistry and Physics Related to Anesthesia	3
N517. Advanced Principles of Anesthesia I	3

N518. Advanced Principles of Anesthesia II	2
N519. Advanced Principles of Anesthesia III	3
N521. Advanced Pathophysiology for Nurse Anesthetists I	3
N522. Advanced Pathophysiology for Nurse Anesthetists II	2
N524. Physiology and Pathophysiology for Nurse Anesthetists	3
N526. Professional Aspects of Nurse Anesthesia Practice	3
N529. Clinical Anesthesia Practicum (7 rotations)	7
Total	42

Duke year in review

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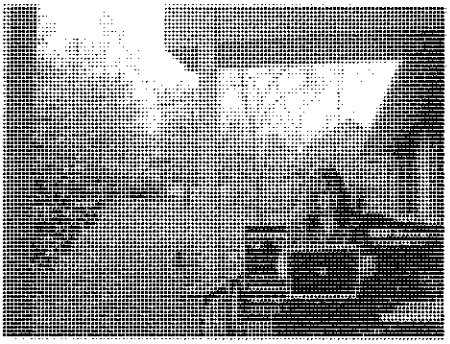

Kelly Cobb "attends class" from her home in rural Caswell County.

Online Courses Help Nursing School Reach Underserved Areas

Growing number of nursing students are taking advantage of online courses

Thursday, Januray 15, 2004 | The School of Nursing is using online course delivery to offer innovative curricula and train students living in medically underserved areas.

Of the school's 369 graduate and undergraduate students, 174 learn primarily through online courses and off-campus clinical placements. That's an increase from 12 online students in the school's first online course in 1997.

Two Caswell County residents are taking advantage of the school's online Master of Science in Nursing program.

"It's rural with a capital 'R,'" Kelly Cobb, 43, said about her hometown of Yanceyville, which is an hour away from the Duke campus. She and cousin-in-law Diana Cobb are both enrolled in the Duke program and live on farms with their husbands and children. "There's nothing out here but cows and tobacco." The area lacks health care providers -- Caswell County has been designated as medically underserved by the U.S. Department of Health and Human Services.

Kelly Cobb, who is studying to become a family nurse practitioner, said traveling back and forth to Durham would have been a struggle for both her and her family.

Diana Cobb, 47, said the online courses suit her style of learning. "I can hit the back button and listen to a lecture as many times as I need to; and that is a real plus for me, especially being an older learner."

After the two cousins graduate in May, they both plan to stay in

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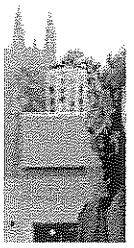

Meet the new facul

Other Spc Features

Additio

Duke prov campus st facilities to and region broadcast media for l interviews faculty, administra and stude

Informatio
Broadcast

Caswell County.. Kelly plans to work as a family nurse practitioner at one of two area health centers or the local health department -- or start her own practice. Diana plans to teach online nursing courses, possibly at North Carolina Central where she is doing her residency.

"This whole notion of targeting health professional shortage areas and recruiting people in their home communities with the idea that they'll stay and practice there has been wildly successful; it really works," said Mary Champagne, dean of the School of Nursing.

The school launched its online programs aimed at reaching rural nurse practitioner, nurse midwife and physician assistant students in 1998 as part of its Partnerships for Training program, which was funded by the Robert Wood Johnson Foundation, The Duke Endowment and the North Carolina Area Health Education Centers.

In addition to reaching students in rural communities, teaching courses online allows the school to select applicants from across the country and around the world.

"You've got to get creative if you want to work with the brightest and best," said Professor Linda Goodwin, director of the Nursing Informatics program and the Center for Information Technology and Distance Learning. In 1997 Duke became the first school in the country to offer an online nursing informatics degree.

In 2001 the school was part of a $1.5 million federal grant awarded to the Medical Center to develop and implement a genetics education program for educators around the country. Duke's national reputation in genetic research and established distance learning program were instrumental in winning the grant.

"Distance education is a great way to gather a critical mass of students," said Lynne O'Brien, director of Duke's Center for Instructional Technology. "And Duke's hallmark has been a strong interplay between campus courses and distance ed."

However, distance learning does not work for every program. At Duke, only advanced-degree courses for students who already have nursing licenses and clinical experience are taught online, and those courses are typically supplemented by clinical internships.

Also, not every pedagogical method that works in a face-to-face class succeeds online, said Professor Nancy Short. "Group projects can be very unwieldy online," she said. "I've taken

online courses as a student, so I've used that experience to guide me when designing my own online courses."

Teaching a significant portion of courses online has affected the school's culture. "We are a much more savvy group in terms of how we think about education," Champagne said, citing the use of online tools in on campus courses. For example, instructors now post case studies online in advance of a class, so that class time is spent critiquing studies instead of presenting them.

Students too have to adjust to a new culture with learning outside the social context of a classroom. While Diana said that she finds it easier to build relationships with classmates online, cousin-in-law Kelly says she misses the "connection and camaraderie" of being consistently on campus.

Kelly tries to participate as much as possible in Duke events, so she can have a taste of campus life.

"I camped out for basketball tickets -- didn't get any, but that's OK; I camped out," she said and noted she was old enough to be the mother of most of her fellow campers. "I've been to a football game; I want to go to a basketball game. I want to do the Duke things. I want to know the campus. I want to have memories."

For additional information, contact:
James Todd | phone: (919) 681-8067 | email: jtodd@duke.edu

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(919) 684-2823
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Title: University of North Dakota RN to MSN Option
Type: Accelerated degree

Location:
Grand Forks, North Dakota

Organizations Involved:
University of North Dakota

Funding Source:
Student tuition and fees-University of North Dakota

Description:
The University of North Dakota offers an accelerated RN to MSN program for registered nurses without baccalaureate degrees. Students complete 20 credits of undergraduate coursework and are then eligible to apply for the masters of science in nursing program and one of the specialty tracks. The MSN specialty track options include a nursing education focus. The university also offers an accelerated BSN to PhD program, however information about the program is not currently online.

Outcome:

Modifications to Model:
N/A

Contact Information:
Ginny Guido
Nursing Graduate Programs
Telephone: (701) 777-4522
E-mail: ginnyguido@mail.und.edu
http://www.nursing.und.edu/index.cfm

Chandice Covington
Dean
Telephone: (701) 777-4555
E-mail: chandicecovington@mail.und.edu
http://www.nursing.und.edu/index.cfm

RN to MSN Accelerated Program

Pre-requisite coursework (anticipated to begin fall 2007 semester) includes:

- English Composition I & II (6 credits)
- Communications course (3 credits)
- Introduction to Psychology (3 credits)
- Introduction to Sociology (3 credits)
- Human Growth and Development (3 credits)
- Sciences courses, including Human Anatomy and Physiology, Nutrition, and Microbiology (18 credits)
- Arts and Humanities courses (9 credits)
- Statistics (2-3 credits)

ADMISSION REQUIREMENTS (to the undergraduate program) includes:

- ✓ An associate degree from a nationally accredited school
- ✓ A minimum GPA of 3.0
- ✓ Completion of pre-requisite coursework
- ✓ Current, unencumbered RN license
- ✓ Minimum of one year of experience as a registered nurse
- ✓ An interview

COURSE REQUIREMENTS AT THE BACCALAUREATE LEVEL

NURS 350: Nursing in Transition (3)
NURS 282: Health Promotion (2)
NURS 302: Pathophysiology (3)
NURS 490: Transcultural Health Care Theories, Research, & Practice (3)
NURS 324: Public Health Nursing (2)
NURS 374: Public Health Nursing Clinical (2)
NURS 474: Professional Development II (5)

TOTAL CREDITS: 20

Admission to the Graduate School

Following successful completion of required coursework at the baccalaureate level, students then apply for admission to the Graduate School. Depending upon the specialization chosen by the individual student, the program of graduate course study varies from 37 to 59 credit hours.

Specializations students may opt to complete include:

- Nurse Education (37 credits)
- Family Nurse Practitioner (59 credits)

- Psychiatric and Mental Health Nursing, CNS (46 credits)
- Psychiatric and Mental Health Nursing, NP (56 credits)
- Advanced Diabetes Management CNS and NP (Pending implementation)*
- Gerontology Nursing CNS and NP (Pending implementation)*
- Public/Community Health CNS (Pending implementation)

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Save the Date!

Orientation for all College of Nursing Graduate "Campus-based" Students

August 20th, 2007
8:30 a.m. to 3:00 p.m.
UND College of Nursing
Room 201 Back

click for more info...

Program Overview

The College of Nursing graduate program offers graduate programs in Nursing both the masters and doctoral levels.

Master of Science in Nursing

Specializations are offered at the master's level. Students may follow either a thesis or non-thesis option in their program of study. Specializations include Nurse Anesthesia, Family Nurse Practitioner, Psychiatric and Mental Health Nursing, and Nurse Education. Post Master Certificates are also offered for Nurse Anesthesia, Family Nurse Practitioner, Psychiatric and Mental Health Nursing-CNS, Psychiatric and Mental Health Nursing-NP. Nurse Education

For further information on the masters programs, please click here.

Doctor of Philosophy in Nursing

The Ph.D in Nursing prepares nurses for research and faculty roles, with a research emphasis on nursing care of diverse and vulnerable populations. Nursing faculty believe that education in nursing at the doctoral level prepares advance nurse clinicians as nurse scientists to discover, understand and critically evaluate the literature in nursing and related fields, and to apply appropriate principles and procedures to the recognition, evaluation, interpretation and understanding of issues and problems at the forefront of nursing knowledge.

The doctoral program is designed with both post-baccalaureate and post-master's entry points. Nurses who have baccalaureate degrees in nursing, but have master's degrees in other fields, will be eligible for advanced placement in the program.

For further information on the doctoral program, please click here.

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Nutrition & Dietetics - O'Kelly Bldg : 221 Centinnial Dr Stop 8237 : Grand Forks ND 58202 : **Phone (701) 777-2539** : Fax (701) 777-3268
http://www.nursing.und.edu/

UND UNIVERSITY OF NORTH DAKOTA Grand Forks, ND

College of Nursing

Dr. Charlotte Covington, Dean

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RN to MS

An EXCITING NEW RN to MS PROGRAM OFFERING!

The University of North Dakota College of Nursing has been approved to offer a program of study designed specifically for qualified, experienced registered nurses who are graduates of an associate degree program in nursing to obtain a master's degree in nursing.

The streamlined curriculum allows highly motivated associate degree nurses a means of obtaining a master's degree without first completing requirements for the bachelor's degree in nursing. Students are admitted to the undergraduate program after completing pre-requisite coursework and complete 20 credits of coursework at the baccalaureate level. Students are then eligible to apply to the Graduate School for completion of one of the master's specializations.

Pre-requisite coursework (anticipated to begin fall 2007 semester) includes:

- English Composition I & II (6 credits)
- Communications course (3 credits)
- Introduction to Psychology (3 credits)
- Introduction to Sociology (3 credits)
- Human Growth and Development (3 credits)
- Sciences courses, including Human Anatomy and Physiology, Nutrition, and Microbiology (18 credits)
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- Statistics (2-3 credits)

ADMISSION REQUIREMENTS (to the undergraduate program) includes:

- ✓ An associate degree from a nationally accredited school
- ✓ A minimum GPA of 3.0
- ✓ Completion of pre-requisite coursework
- ✓ Current, unencumbered RN license
- ✓ Minimum of one year of experience as a registered nurse
- ✓ An interview

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NURS 474: Professional Development II (5)

TOTAL CREDITS: 20

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Following successful completion of required coursework at the baccalaureate level, students then apply for admission to the Graduate School. Depending upon the specialization chosen by the individual student, the program of graduate course study varies from 37 to 59 credit hours.

Specializations students may opt to complete include:

- Nurse Education (37 credits)
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- Psychiatric and Mental Health Nursing, NP (56 credits)
- Advanced Diabetes Management CNS and NP (Pending implementation)*
- Gerontology Nursing CNS and NP (Pending implementation)*
- Public/Community Health CNS (Pending implementation)

For further information, contact:

Marlys Escobar, Director of Student and Alumni Affairs, at marlysescobar@mail.und.edu or contact the Associate Dean for Graduate Studies at graduatenursing@mail.und.edu

RN to MS Program flyer- Flyer.pdf

RN to MS Brochure - (on Continuing Education Distance Degree website)

Download the RN to MS application

You may need to download Adobe Reader to view or print the pdf file. Click here Get Adobe Reader

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http://www.nursing.und.edu/

Title: Xavier University Nurse Educator Program
Type: Accelerated/combined degree

Location:
Cincinnati, OH

Organizations Involved:
Xavier University

Funding Source:
Student tuition and fees-Xavier University

Description:
Xavier University offers a variety of innovative programs aimed at increasing the number of nurses who pursue MSN and, specifically, nurse educator careers. For instance, they offer a combined MSN/MEd degree program. The program integrates the two study areas and requires 47 credit hours and courses are not offered online. Xavier University also offers a direct-entry master's program for students with baccalaureate degrees in areas other than nursing who wish to pursue nursing higher education. The program consists of 79 credit requirements. The University also offers an accelerated master's program for registered nurses to advance through baccalaureate work into the MSN curriculum.

Outcome:
No data available.

Modifications to Model:
None

Contact Information:
Dr. Susan Schmidt, Chair
Department of Nursing
119 Cohen Center
Telephone: 513 745-3814
E-mail: schmidt@xavier.edu
Website: http://www.xavier.edu/MSN/index.cfm

MSN/MEd Program of Study

Nursing Core

		Sem. Hrs.
NURS 501	Theoretical Bases for Nursing Practice	3
NURS 502	Nursing Research	3
NURS 503	Epidemiological Methods in Health Care	3
NURS 505	Health Care Informatics	2
	Total	**11**

Graduate Support

		Sem. Hrs.
NURS 500	Health Care Ethics for Nursing Leaders	3
NURS 507	Resource Management for Nursing Leaders	2
NURS 600	Economic Issues for Nursing Leaders	2
NURS 690	Health Care Policy for Nursing Leaders	2
	Total	**9**

Concentration

Required MEd courses

		Sem. Hrs.
EDFD 501 EDFD 502	Philosophy of Education OR History of American Education	3
EDFD 503 EDFD 510	Adv. Educational Psychology OR Adv. Human Development & Learning	3
EDAD 660	Curriculum Design & Teaching Strategies	3
	Total	**9**

More Information

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- Nursing Honors Society
- Testimonials

Electives

Select a minimum of 12 credit hours; at least 9 of the 12 must be education courses

		Sem. Hrs.
EDAD 543	Supervision of Instruction	2
EDAD 561	Administration of Pupil Personnel Services (required for school nurse concentration)	2
EDAD 564	Administration of Staff Personnel	3
EDAD 570	Planning, Evaluation and Assessment	3
EDAD 572	Educational Technology	3
EDFD 500	Social, Historical & Philosophical Foundations of American Education	3
EDFD 504	Psychological Learning Theory & Practice	3
EDFD 505	Educational Administration	3
EDFD 512	Psychology for Learning & Technology	3
EDFD 573	Ethics for Educators	2
EDCO 531	Developmental Psychology	3
EDCO 533	Counseling Principles & Technology	3
EDCO 536	Group Process	3
EDCO 579	Psychological & Achivement Tests (required for school nurse concentration)	3
EDCO 636	Career Development & Information Services	3
EDSP 500	Special Education Identification and Issues (required for school nurse concentration)	3
NURS 520	School Health Nurse (required for school nurse concentration)	3
NURS 660	Adult Learner in Health Care Organizations (required for education concentration)	3
	Total	**12**

Synthesis and Application		
		Sem. Hrs.
NURS 703	Graduate Nursing Practicum I	2
NURS 705	Graduate Nursing Practicum II	2
	(Practicum courses are 2 credits/6 contact hours)	
NURS 797	Scholarly Project	2
	Total	**6**

Total semester hours: 47

Direct-Entry MSN Program for Non-nursing Graduates

First Semester (Fall)		
		Sem. Hrs.
NURS 501	Theoretical Bases for Nursing Practice	3
NURS 502	Nursing Research	3
NURS 550	Nursing Perspectives I	3
NURS 552	Art & Science of Nursing	4
NURS 553	Art & Science of Nursing Practicum	2
NURS 554	Essentials of Pathophysiology	3
	Total	**18**

More Information

- News & Events
- Accreditation
- Admission
- Facilities
- Financial Aid
- Jesuit Education for Nurses
- MSN: Direct Entry as Second Degree ***NEW***
- Mission
- Nursing Honors Society
- Testimonials

		Hrs.
NURS 560	Nursing Perspectives II	3
NURS 562	Art & Science of Family Nursing	4
NURS 563	Art & Science of Family Nursing Practicum	2
NURS 564	Art & Science of Adult Nursing	4
NURS 565	Art & Science of Adult Nursing Practicum	2
	Total	**15**

Third Semester (Summer)

		Sem. Hrs.
NURS 650	Art & Science of Advanced Nursing	6
NURS 651	Art & Science of Advanced Nursing Practicum	3
NURS 652	Art & Science of Psychiatric Nursing	2
NURS 653	Art & Science of Psychiatric Nursing Practicum	1
NURS 654	Advanced Pharmacology	2
NURS 656	Advanced Pathophysiology	2
	Total	**16**

NURS 753	Community/Public Health Nursing Practicum	2
NURS 754	Management Concepts	3
	Total	**15**

Fifth Semester (Spring)

		Sem. Hrs.

NURS 500	Health Care Ethics for Nursing Leaders	3
NURS 850	Nursing Perspectives IV	3
NURS 850	Leadership for Quality	2
NURS 854	Advanced Informatics	3
NURS 851	Leadership Practicum	4
	Total	**15**

Total semester hours required for the MIDAS program: 79

RN to MSN Program

RN to MSN Program

Overview
An educational mobility option is available for registered nurses who have a bachelor's degree in a non-nursing field. The mobility option was developed to recognize the knowledge base of experienced registered nurses without a baccalaureate degree in nursing, who are otherwise well qualified for admission to the Master of Science in Nursing program. Students who fit this criteria must present a portfolio including a resume documenting professional experiences and have a preadmission interview with a faculty member. Students must also submit the graduate nursing application form and other documents required for application to the director of nursing student services.

Course Sequence
Students may increase the number of courses taken each semester and graduate in four semesters, or students may elect to decrease the number of courses taken and follow a part-time schedule. Core courses are listed during the semester they are available. A minimum of 10 elective credit hours are required in addition to the 20 credit hours of core courses.

First Year, Fall Semester
NURS 501 Theoretical Bases for Nursing Practice 3 hours
NURS 505 Health Care Informatics 2 hours
NURS 507 Resource Management for Nursing Leaders 2 hours
Total 7 hours

First Year, Spring Semester
NURS 500 Health Care Ethics for Nursing Leaders 3 hours
NURS 502 Nursing Research 3 hours
NURS 600 Economic Issues for Nursing Leaders 2 hours
Total 8 hours

Note: NURS 507 and NURS 600 are also taught in the summer.

Second Year, Fall Semester
NURS 503 Epidemiologic Methods in Health Care 3 hours
NURS 690 Health Care Policy for Nursing Leaders 2 hours
Nursing Elective(s) 3 hours
Total 8 hours

Second Year, Spring Semester
NURS 703 Graduate Nursing Practicum I 2 hours
Nursing Electives 7 hours
Total 9 hours

Note: some concentration electives and nursing practicums may be available in the summer.

Third Year, Fall Semester
NURS 705 Graduate Nursing Practicum II 2 hours
NURS 797 Scholarly Project 2 hours
Total 4 hours

Title: Case Western Reserve University MSN Program
Type: Accelerated degree

Location:
Cleveland, Ohio

Organizations Involved:
Case Western Reserve University

Funding Source:
Student tuition and fees-Case Western Reserve University

Description:
Case Western Reserve University offers a Master of Science in Nursing program with unique scheduling options in order to accommodate employment and family obligations, as well as to work clinical experiences into an accelerated program. The 40 credit hour program can typically be completed in three to four semesters, including summers. Most MSN specialties also require around 500 clinical hours. Classes are scheduled to meet once per week for several hours to free up other days to complete clinical hours or work. Students can choose full or part-time study. Full-time consists of 9 or more credit hours per semester, part-time any fewer than 9 credit hours. The school also offers a Bridge Program for nurses seeking a BSN and/or a MSN degree. The required bachelor's level courses consist of 19 credit hours and can be completed through Case Western Reserve University prior to entry into the MSN program. Course requirements are attached. In addition, Case Western Reserve University employs three nursing recruitment and retention specialists who are available to provide information to prospective students and to support students throughout the application and education process.

Outcome:
E-mails in to recruitment and retention specialists regarding recruitment/retention tactics, additional information about programs, and their job at the school of nursing.

Modifications to Model:
N/A

Contact Information:
Carlier Myers, MNO
E-mail: carliermyers@case.edu

Nathan Oxenford, BA RN
E-mail: Nathan.Oxenford@case.edu

Peter Taylor, MBA
E-mail: Peter.Taylor@case.edu

CASE WESTERN RESERVE UNIVERSITY

MASTERS OF SCIENCE IN NURSING (MSN)

MSN SITES:
M.S.N. Home
Entry Options
Admission Requirements
Program Requirements
Progression and Degree Requirements
M.S.N. Majors
Contact Us

FPB SITES:
Academic Programs
Learning Resource Center (LRC)
Admissions
Registrar
Financial Aid
Research
Faculty
FPB Centers of Excellence
Bolton School Home
Case Home

SEARCH THIS SITE:
SEARCH

RELATED SITES:
Program Updates for Newly Admitted Students
Distance/Intensive Learning Courses
Community Engagement Through Service Learning
English Language Service Center (TOEFL)
Miller Analogy Test (MAT)
Graduate Record Examination (GRE)
Frontier Nursing Service

PROGRESSION & DEGREE REQUIREMENTS

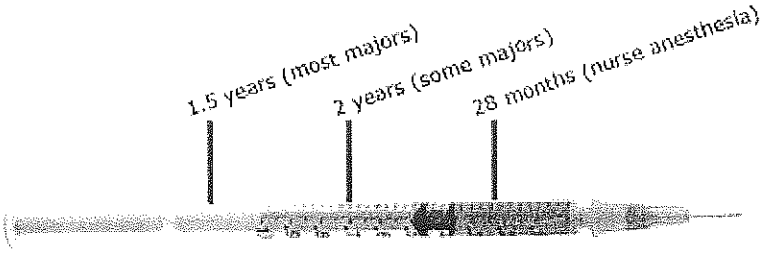
Admission Reqs | Program Reqs | **Progression & Degree Reqs** | Majors

Path to the M.S.N.

Students in the M.S.N. program choose from several different majors, but virtually all students must take eight core courses. Student must complete a required number of credit hours as well as clinical hours. The majors require an average of 40 credit hours, usually completed in three or four semesters (including summer). Most M.S.N. majors also require at least 500 clinical hours; the anesthesia, midwifery, and flight nursing programs require more.

Courses are usually scheduled to meet once a week for several hours. This frees up other days for clinical hours or work. Students can choose either a part-time or full-time program, with full-time consisting of 9 or more credits per semester and part-time being anything less.

Program Timeline for Full-Time Study



Course Grades

Progression in the M.S.N. program is contingent on a cumulative GPA of 3.0 and passing grades in all courses (A, B, C, P, or S). If the cumulative GPA falls below 3.0 during any semester, the student will be placed on academic probation. To be removed from probation, the student must have a cumulative GPA of 3.0 or higher in the next academic semester he/she is registered. If the student fails to be removed from academic probation at this time, he/she may be separated from the School of Nursing.

The grade of Incomplete (I) will be given at the discretion of the instructor for work not completed in the semester. The "Arrangement to Resolve a Grade of Incomplete" form must be completed prior to the end of the semester, or the instructor may assign a grade of U or F. A grade of I must be removed by the end of the semester following the one in which the course was taken or before the student enrolls in a course for which the initial course is a prerequisite. No credit is given for an I grade. The I will remain a permanent part of the transcript if the student fails to complete course requirements within the next semester, unless alternative arrangements are approved in writing.

A student who receives a grade of F or U for a required course must register for

the grade of U or F is in a course that is not required for the M.S.N. program, the student may register for the same course or a substitute course and achieve a passing grade to continue in the M.S.N. program. If the student receives a grade of F or unsatisfactory performance (F, U, and NP) in two courses, he/she will be excluded from the Bolton School.

Degree Requirements

The M.S.N. program requires a minimum of **36 semester hours** of graduate credit for the student who enters with a B.S.N. degree. Other degree requirements must be fulfilled for those entering with the portfolio or RN/M.S.N. entry options. A maximum of 15 semester hours of credit in approved graduate courses, where the student obtained a grade of B or above, may be transferred to meet program requirements. To be awarded a M.S.N. degree, the student must have a cumulative GPA of 3.0 and received satisfactory grades in all nursing courses taken for credit as a M.S.N. student. Degree requirements must be completed within 5 years of initial enrollment.

Email Admissions at FPB | Email a Recruiter | Bolton School Home | Case Home

M.S.N. Program | 10900 Euclid Avenue| Cleveland, Ohio 44106-4904
Phone: 216.368.2529 or 800.825.2540, ext. 2529 | Fax: 216.368.3542

Part of: Frances Payne Bolton School of Nursing
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CASE WESTERN RESERVE UNIVERSITY

ADMISSIONS - OFFICE OF STUDENT SERVICES

- Admissions Home
- Which Program Is Right for Me?
- Applications
- Meet Our Staff
- Directions to the School
- Food and Lodging
- Student Organizations
- Newly Admitted Students
- Student Services
- Academic Programs
- Registrar
- Financial Aid
- Research
- Faculty
- FPB Centers of Excellence
- Bolton School Home
- Case Home

SEARCH THIS SITE:

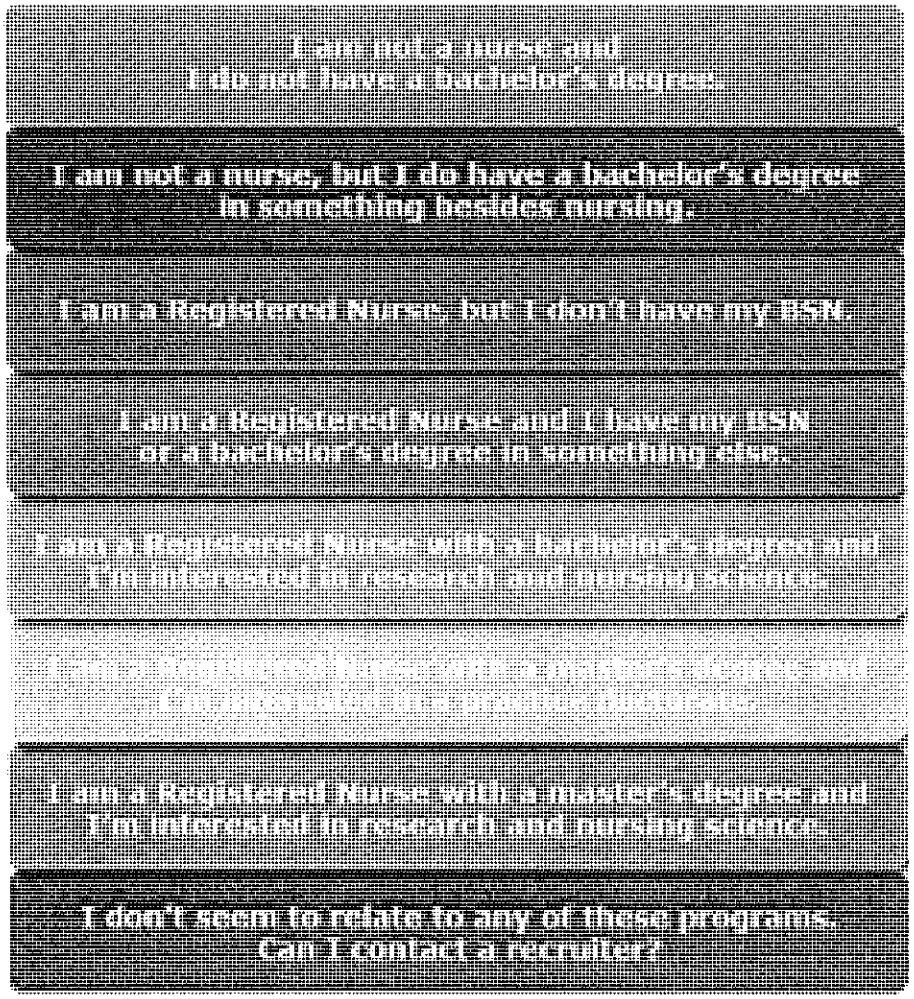
SEARCH

RELATED SITES:

- Case Undergraduate Admission
- School of Graduate Studies
- American Nurses Association
- Ohio Nurses Association
- The Greater Cleveland Nurses Association
- Ohio Nursing Student Association

WHICH PROGRAM IS RIGHT FOR ME?

At the Frances Payne Bolton School of Nursing there are a variety of degree programs to choose from. Which one is right for you depends on your previous education and background. To help you get to the right program, click on the phrase below that best describes your situation:



Phone: 216.368.2529 or 800.825.2540, ext. 2529 | Fax: 216.368.3542

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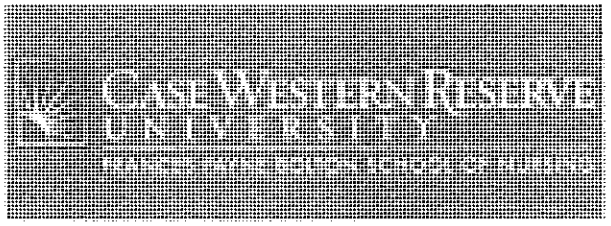

MASTERS OF SCIENCE IN NURSING (MSN)

MSN SITES:

M.S.N. Home

Entry Options

Admission Requirements

Program Requirements

Progression and Degree Requirements

M.S.N. Majors

Contact Us

FPB SITES:

Academic Programs

Learning Resource Center (LRC)

Admissions

Registrar

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Research

Faculty

FPB Centers of Excellence

Bolton School Home

Case Home

SEARCH THIS SITE:

SEARCH

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Distance/Intensive Learning Courses

Community Engagement Through Service Learning

English Language Service Center (TOEFL)

Miller Analogy Test (MAT)

Graduate Record Examination (GRE)

Frontier Nursing Service

ADMISSION REQUIREMENTS: RN to MSN BRIDGE ENTRY OPTION

BSN Entry | **RN to MSN** | RN to MSN w/Portfolio | MSN Completion Program

The Bolton School offers **bridge programs** for nurses seeking either a BSN or an MSN degree. Registered nurse graduates of an associate degree or diploma nursing program may enter the MSN program after completing undergraduate prerequisites for graduate level nursing courses.

Therefore, the RN to MSN bridge entry option may be the quickest, most efficient way to attain a Masters degree in nursing, even for those who have not yet attained their BSN. However, a graduate degree in nursing may not be for everyone--to explore the RN to BSN option, click here.

Undergraduate Prerequisites to MSN Courses

Fall Semester Weekend Classes Hours

NURS 392	Dynamics of Nursing Practice Management	4
NURS 393	New Applications of Nursing Practice Management	4
	Total	**8**

January Intensive Classes Hours

NURS 345	Nursing Informatics III	2
NURS 318	Nursing in the Community	4
	Total	**6**

May Intensive Classes Hours

NURS 346	Nursing Informatics IV	2
NURS 320	Nursing Research 3	3
	Total	**5**

Total Semester Hours **19**

Email Admissions at FPB | Email a Recruiter | Bolton School Home | Case Home

M.S.N. Program | 10900 Euclid Avenue| Cleveland, Ohio 44106-4904
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RECRUITMENT AND RETENTION SPECIALISTS

Our recruitment and retention specialists provide information about all of our programs (BSN, MSN, DNP including Graduate Entry, and PhD) and support you in the application process. They are also interested in supporting your success as a student at the Bolton School. Do not hesitate to contact any of them!

Carlier Myers, **MNO**
Phone: 216-368-5981
Email: carliermyers@case.edu

Nathan Oxenford, **BA, RN**
Phone: 216-368-0569
Email: Nathan.Oxenford@case.edu

Peter Taylor, **MBA**
Phone: 216-368-0349
Email: Peter.Taylor@case.edu

Office of Student Services | 10900 Euclid Avenue| Cleveland, Ohio 44106-4904
Phone: 216.368.2529 or 800.825.2540, ext. 2529 | Fax: 216.368.3542

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Title: Oklahoma Nurse Educator Pathway
Type: Accelerated degree or non-degree

Location:
Oklahoma City, Ok

Organizations Involved:
University of Oklahoma Health Sciences Center College of Nursing

Funding Source:
Student tuition and fees
Communities Foundation of Oklahoma (anonymous donor)

Description:
The University of Oklahoma's College of Nursing has implemented an accelerated Master of Science in nursing degree Nurse Educator Pathway. The program is designed to prepare academic nurse educators and professional staff development educators and can be completed in 12 months of full-time study. The program is offered entirely online to accommodate students in many locations and students fulfilling employment and family obligations concurrently. Students in the accelerated 12 month program may apply for one of 14 competitive scholarships offering full tuition and fees and a $10,000 stipend to facilitate completion of the program within 12 months. Scholarship recipients are obligated to work in an Oklahoma nursing program for a minimum of two years following graduation.

Students pursuing the non-accelerated (14-16 months full-time, 24 months part-time) MSN degree may also include the Education Pathway in their program of study. Requirements for both the accelerated and non-accelerated education tracks include 32 credit hours including 8 didactic courses and 2 practicum courses. The program also includes 9 elective credits to allow students to pursue various interest areas. Practicum teaching experiences may be arranged to accommodate the student's location or may consist of an online teaching experience.

The University of Oklahoma's College of Nursing also offers a post-master's certificate program specializing in nursing education. The certificate requires 11 credit hours including one didactic course and two practicum training opportunities. Students pursuing the post-master's certificate are eligible to apply for competitive scholarships offering full tuition and fees and a $3,000 stipend with an agreement to work in an Oklahoma nursing program for at least two years following completion of the certificate. Admission requirements include BSN with 3.00 GPA for last 60 credit hours, previous experience with statistics and research courses, and a current Oklahoma RN license. Further program of study information and course descriptions are attached. Additionally, the University of Oklahoma offers a MSN program for those who have completed a baccalaureate, but not specifically in nursing. In this program, students may be admitted to the master's program provided they complete required prerequisites (research course,

health assessment course, etc.) or their equivalent. Students may concurrently enroll in up to 9 hours of graduate coursework while completing undergraduate requirements.

Outcome:
Not available at this time-e-mail to contact regarding enrollment and overall success

Modifications to Model:
None noted

Contact Information:
Dr. Gary Loving
E-mail: gary-loving@ouhsc.edu
Telephone: (405)-271-1491 ext. 49192
Website: www.nursing.ouhsc.edu

Patricia Forni, RN, PhD, FAAN
E-mail: patricia-forni@ouhsc.edu
Telephone: (405)-271-1491 ext. 49199

Course Descriptions:

Accelerated MSN-Nurse Educator Pathway

Month	Course Number	Course Name	Credit Hours
Month 1 (September)	N5073	Theory Development in Nursing	3 credit hours
Month 2 (October)	N5083	Health Promotion and Culture in Nursing	3 credit hours
Month 3 (November)	N5053	Health Care Policy and Ethics in Nursing	3 credit hours
Month 4 (December)	Elective		3 credit hours
Month 5 (January)	N5253	Facilitating Learning in Nursing (Practicum course)	3 credit hours
Month 6 (February)			
Month 7 (March)	Elective		3 credit hours
Month 8 (April)	Elective		3 credit hours
Month 9 (May)	N5033	Research in Nursing	3 credit hours
Month 10 (June)	N5214	Curriculum, Assessment and Evaluation in Nursing Education	4 credit hours
Month 11 (July)	N5924	Leadership and Scholarship in Nursing Education (Practicum course)	4 credit hours
Month 12 (August)			
		Total:	**32 Credit Hours**

Post-Master's Certificate-Nurse Education

Month	Course Number	Course Name	Credit Hours
Month 5-6 (January-February)	N5253	Facilitating Learning in Nursing (Practicum Course)	3 credit hours
Month 10 (June)	N5214	Curriculum, Assessment and Evaluation in Nursing Education	4 credit hours
Months 11 & 12 (July-August)	N5924	Leadership and Scholarship in Nursing Education (Practicum course)	4 credit hours
		Total:	**11 Credit Hours**

Non-accelerated MSN-Nurse Educator Pathway

FALL

NURS 5073: Theory Development in Nursing

NURS 5053: Policy and Ethics in Nursing

NURS: 5083: Health Promotion and Culture in Nursing

SPRING
NURS 5033: Research in Nursing
Elective 1
Elective 2

FALL
NURS 5253: Facilitating Learning in Nursing
Elective 3

SPRING
NURS 5214: Curriculum, Assessment, and Evaluation in Nursing Education
NURS 5924: Leadership and Scholarship in Nursing Education

**E-mail in to contact regarding course descriptions and more specific curriculum information

The University of Oklahoma College of Nursing

The University of Oklahoma
HEALTH SCIENCES CENTER
College of Nursing

MS – EDUCATION PATHWAY

100% ON-LINE

The program is designed to prepare academic nurse educators and professional staff development educators. The current critical shortage of nurse educators has resulted in an abundance of career opportunities nationwide. The flexible curriculum which includes nine credit hours of electives allows students the discretion to include content consistent with their personal career goals. The program can be completed in 14 to 16 months of full-time study or in two years of part-time study. **Totally online coursework** enables the working nurse/educator to complete the program while fulfilling obligations to family and employer.

SAMPLE PLAN OF STUDY

FALL
NURS 5073: Theory Development in Nursing
NURS 5053: Policy and Ethics in Nursing
NURS 5083: Health Promotion and Culture in Nursing

SPRING
NURS 5033: Research in Nursing
Elective 1
Elective 2

FALL
NURS 5253: Facilitating Learning in Nursing
Elective 3

SPRING
NURS 5214: Curriculum, Assessment and Evaluation in Nursing Education
NURS 5924 Leadership and Scholarship in Nursing Education

EDUCATIONAL EXCELLENCE

The education specialty courses will assist the student in preparation for Nurse Educator certification by the NLN. The NLN requires two years of full-time experience in an academic faculty role as part of the eligibility for writing the certification examination.

ACADEMICS

- 32 credit hours including content and practice in both academic nursing education and professional staff development.
- Program includes 384 hours of required teaching practicum activities that are included in two of the nursing education specialty courses.
- Credit hours may be arranged in the student's geographic area and/or through online teaching practice.

NLN Center of Excellence

The University of Oklahoma College of Nursing has been designated as a 2006 - 2009 Center of Excellence by the National League for Nursing!

Student diversity, community outreach efforts, and strong partnerships with a wide range of community agencies are effective in developing what we refer to as "the next generation of health care leaders."

Admissions Requirements

- ★ BSN with 3.00 GPA in last 60 hours
- ★ Statistics and Research courses
- ★ Current Oklahoma RN license

For information or to discuss this program please contact:
Dr. Gary Loving
Gary-Loving@ouhsc.edu,
(405) 271-1491 extension 49192
or visit our website at:
www.nursing.ouhsc.edu

Sooner Nursing: Integrity, Compassion, Excellence

Oklahoma Board of Nursing
2915 N. Classen Blvd., Suite 524
Oklahoma City, OK 73106
(405) 962-1800
www.ok.gov/nursing

Educational Level of Full-Time Nursing Faculty Members in Oklahoma* Fiscal Year 2006

	Practical Nursing (N=157)	Associate Degree (N=159)	Baccalaureate Degree (N=152)
Associate Degree in Nursing (+ 15 or more hours)	15.3%	0%	0%
Bachelor's Degree in Nursing	56%	20.2%	1.3%
Bachelor's Degree: Other	4.4%	0%	0%
Master's Degree in Nursing	10.8%	78%	81.6%
Master's Degree: Other	13.5%	0%	0%
Doctoral Degree (Nursing or another field)	0%	1.8%	17.1%
TOTAL	100%	100%	100%

*Not including Nurse Administrator

Title: University of Pennsylvania Graduate Nursing Education
Type: Accelerated degree or non-degree

Location:
Philadelphia, PA

Organizations Involved:
University of Pennsylvania
National League for Nursing

Funding Source:
Student tuition and fees-University of Pennsylvania
National League for Nursing

Description:
The University of Pennsylvania offers accelerated BSN and MSN programs for registered nurses and those holding non-nursing bachelor's degrees. Students apply concurrently to the undergraduate program and one of the program's graduate level options. These programs will be available for enrollment in 2008. The University of Pennsylvania also offers a post-master's teacher education program in which students can become Certified Nurse Educators. Students may either have already completed master's level nursing education or currently be enrolled in a graduate nursing program. The program is done in conjunction with the National League for Nursing nurse educator program. The University of Pennsylvania's website presents a page entitled, "Why Teach?" to educate nursing graduate students, prospective students, and practicing nurses about the benefits of pursuing a career in nursing education and the benefits of obtaining formal teaching training. The website also presents program faculty bios with a section on "Why I love to teach…." for each faculty member. After completing the program, students are eligible to take the NLN Certified Nurse Educator Exam.

The program consists of three 5-6 day on campus sessions over a nine-month period. Each session has a distinct theme including: Classroom Teaching and Distance Learning, Clinical Teaching, and Academic Infrastructure and Academic Career Development. On-campus sessions are presented in seminar format with 10-16 students per seminar. Speakers from across campus address educational issues. Students can choose to take the program for course credit (three classes totaling nine credits) or for continuing education contact hours through the University of Pennsylvania Nursing's Center for Professional Development. Students pursuing course credit will submit papers and assignments as requirements to earn a grade. Students taking contact hours will have one paper or project due in the spring. The program also includes interaction with a mentoring teacher, either at the University of Pennsylvania or at the student's home university. Classroom teaching experiences will take place at the student's home university under the supervision of their mentoring teacher.

Outcome:
E-mail in to contact regarding recruitment and enrollment.

Modifications to Model:
N/A
Contact Information:
Dr. Rose Kershbaumer
Telephone: 215-898-1796
E-mail: PennTEP@nursing.upenn.edu
Website: http://www.nursing.upenn.edu/teachered/program/

Students who choose to enroll in course credit enroll in the following courses, presented in the format discussed above.

NURS600-Curriculum and Teaching in Advanced Practice Nursing and Midwifery

This course is designed to provide expert advanced practice nurses and midwives, currently holding faculty positions, with a theory and practice base to promote excellence in classroom teaching. The focus of the course is theories and principles of teaching and learning related to adult learning. Personal and educational philosophies and their relationship to the learner are explored. Basic components of curriculum development are integral to the course. A designated mentor teacher at the home university with a Masters or Doctorate degree, nominated by the student and approved by the Course Director, works in partnership with the student and Penn faculty.

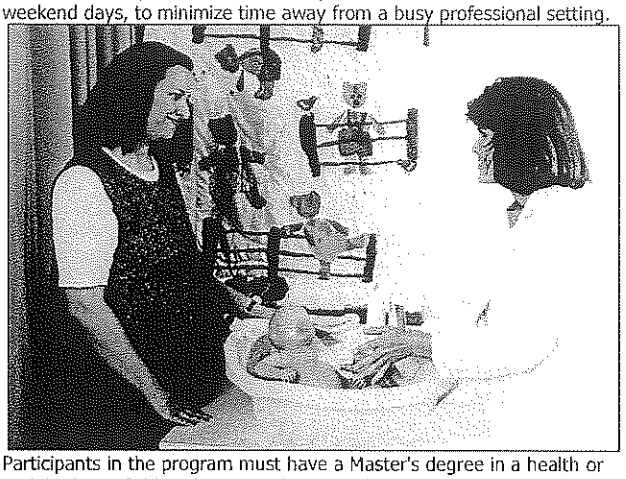
NURS601-Clinical Teaching and Evaluation in Advanced Practice Nursing and Midwifery

This course builds on the knowledge attained in NURS 600 as well as the knowledge and skills of the expert clinician. The focus of the course is clinical teaching for the advanced practitioner, preceptor preparation and issues related to establishing and maintaining clinical sites. Academic responsibilities of faculty members, ethical and legal issues in education and educational effects of professional trends, health care policies and rapidly changing environments are also explored.

- TeacherEd Home
  - Why Teach?
  - How does it work?
  - Philosophy
  - How do I enroll?
  - Who are the faculty?
  - Who are the students?
  - Contact us

How does the program work?

The structure of the Teacher Education Program makes it a viable option for the working professional. On-campus sessions will now include two weekend days, to minimize time away from a busy professional setting.



Participants in the program must have a Master's degree in a health or social science field, or be currently enrolled in a graduate program.

Participants can choose whether to take the program for academic course units (3 course units = 9 credits) or for continuing education contact hours administered through Penn Nursing's Center for Professional Development.

The program is a combination of:

1. Three on-campus sessions (Fall, Winter, and Spring) of 5 days duration - each with a distinct theme (see below for a description). On-campus sessions are offered in a seminar format with a group of 10-16 students. Speakers from across the University are utilized.

2. Interaction with a "mentor-teacher" at Penn or the home university of the candidate. Classroom teaching assignments take place at the home university under the guidance of the mentor-teacher.

3. Some short assignments between on-campus sessions which reinforce and deepen learning, and give practice in distance learning modalities.

4. Students taking the program for academic credit will submit papers and assignments as a requirement to earn a grade. Students taking the program for contact hours have one paper or project due in the Spring.

The three on-campus sessions

The three on-campus sessions (Fall, Winter, and Spring) each have a distinct approach and focus.

Session 1: Classroom Teaching and Distance Learning
During this session we will discuss principles of adult learning, specifically applied to 21st century learners. You will learn about undergraduate and graduate curricula, and how to design a course for classroom or distance learning. Teaching strategies and techniques that will be emphasized include use of web-based learning, PowerPoint, and problem-based learning. We will also examine the design of effective

Fast Facts:

Requirements:
Must have a Master's (or currently enrolled) in health or social service field.

Must be committed to teaching.

Credit:
Choice #1: enroll in two graduate courses (3 course units)
or
Choice #2:
Professional Development Contact Hours
from Penn Nursing Center for Professional Development.

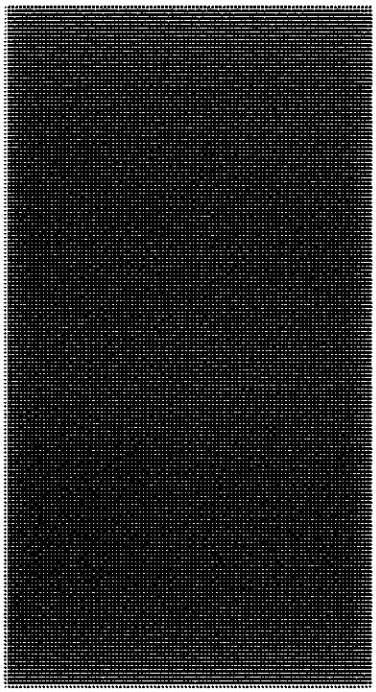
Time:
Nine month program
Three 5-6 day on-campus sessions

Courses:
NURS600, Curriculum and Teaching in Advanced Practice Nursing and Midwifery, 2 C.U.

NURS601, Clinical Teaching and Evaluation for Advanced Practice Nurses and Midwives, 1 C.U.

Class size:
Intimate classes of 10-18 students

"I know if there were [was] a different approach to the course, I would not be able to attend."
--Nancy Mullen, MSN, CLNC



evaluation strategies.

Session 2: Clinical teaching
The second session focuses on strategies for clinical teaching and learning, including design of clinical simulations. The session will focus on working with clinical instructors and the establishment of clinical education sites. Identification and interventions for common clinical learning difficulties will be discussed. You will learn principles and techniques for evaluation of performance of clinical students and instructors.

Session 3: Academic infrastructure and academic career development
Topics in the last session include historical trends in nursing and health education. You will learn about ethical and legal issues in higher education, and resources available to help students with crises or learning differences. Academic career development and effective mentoring are covered.

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Title: Wilkes University MSN in Nursing Education
Type: Accelerated degree

Location:
Wilkes-Barre, PA

Organizations Involved:
Wilkes University

Funding Source:
Student tuition and fees-Wilkes University

Description:
Wilkes University offers a Master of Science in Nursing Education to baccalaureate prepared nurses interested in pursing careers as nurse faculty. Wilkes is willing to tailor the program of study to fit individual career goals and program requirements.

Outcome:
No data available.

Modifications to Model:
N/A

Contact Information:
Mrs. Lori Drozdis, Director
Nursing
Pearsall Hall • 4071 • lori.drozdis@wilkes.edu

Mrs. Joyce Chmil, Director
Nursing
Hollenback Hall • 4075 • joyce.chmil@wilkes.edu

Website: http://www.wilkes.edu/pages/1172.asp

Admission requirements:

- Graduation from an approved baccalaureate program in nursing
- Licensure as a registered nurse
- One year of clinical practice
- An undergraduate statistics course
- An undergraduate research course
- Evidence of health assessment skills
- Statement of professional goals
- Two letters of recommendation

Course of study

Each student's program will be tailored to meet individual professional goals and program requirements.

Core courses:

NSG 501 Theoretical Foundations of Nursing
NSG 502 Application of Nursing Research
NSG 504 Advanced Role Development in Nursing
NSG 505 Current Perspectives in Nursing
NSG 533 Pharmacotherapeutics for Nursing
NSG 590 Scholarly Project

Nursing Education Core:

NSG 540 The Nursing Curriculum: Developmental Implementation
NSG 541 Teaching Methodologies and Strategies in Nursing
NSG 542 Evaluation in Nursing Education
NSG 543 The Nurse Educator Role
NSG 544 Clinical Practice in Education
NSG 545 Clinical Practice in Education

*No course descriptions available

Title: Wilkes University MSN in Nursing Education
Type: Accelerated degree

Location:
Wilkes-Barre, PA

Organizations Involved:
Wilkes University

Funding Source:
Student tuition and fees-Wilkes University

Description:
Wilkes University offers a Master of Science in Nursing Education to baccalaureate prepared nurses interested in pursing careers as nurse faculty. Wilkes is willing to tailor the program of study to fit individual career goals and program requirements.

Outcome:
No data available.

Modifications to Model:
N/A

Contact Information:
Mrs. Lori Drozdis, Director
Nursing
Pearsall Hall • 4071 • lori.drozdis@wilkes.edu

Mrs. Joyce Chmil, Director
Nursing
Hollenback Hall • 4075 • joyce.chmil@wilkes.edu

Website: http://www.wilkes.edu/pages/1172.asp

Admission requirements:

- Graduation from an approved baccalaureate program in nursing
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Course of study

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Core courses:

NSG 501 Theoretical Foundations of Nursing
NSG 502 Application of Nursing Research
NSG 504 Advanced Role Development in Nursing
NSG 505 Current Perspectives in Nursing
NSG 533 Pharmacotherapeutics for Nursing
NSG 590 Scholarly Project

Nursing Education Core:

NSG 540 The Nursing Curriculum: Developmental Implementation
NSG 541 Teaching Methodologies and Strategies in Nursing
NSG 542 Evaluation in Nursing Education
NSG 543 The Nurse Educator Role
NSG 544 Clinical Practice in Education
NSG 545 Clinical Practice in Education

*No course descriptions available

Title: University of Texas at Austin School of Nursing
Type: Accelerated degree

Location:
Austin, Texas

Organizations Involved:
University of Texas at Austin

Funding Source:
Student tuition and fees-University of Texas at Austin

Description:
The University of Texas at Austin School of Nursing offers an alternate entry PhD program for students with non-nursing baccalaureate degrees. The program consists of 38 alternate entry foundation course credits, 9 master's bridge course credits, 23 PhD core course credits, 9 research practicum credits, 3 credits associated with the Doctoral Qualifying Exam, and between 9 and 18 dissertation credits. See attached program of study. The entire program can be completed in four years.

Outcome:
E-mail in to contact regarding recruitment, enrollment, and graduates who become nurse educators, etc.

Modifications to Model:
N/A

Contact Information:
Delores Sands, PhD
Dean
University of Texas at Austin School of Nursing
Telephone: 512-471-4100
E-mail: dsands@mail.utexas.edu
Website: http://www.utexas.edu/nursing

Alternate Entry PhD Program of Study

Alternate Entry Foundations Courses

N484C	Professional Nursing Foundations
N384D	Conceptual Foundations of Nursing
N484E	Nursing Response to Physiological Alterations in Health
N484F	Adult Health Nursing I
N484G	Conceptual Bases of Mental Health Nursing
N484H	Nursing Care of Childbearing and Childrearing Families
N384J	Nursing Care of Childbearing and Childrearing Family Practice
N484Q	Public Health Nursing
N484R	Adult Health Nursing II
N484S	Integration of Clinical Nursing Knowledge

Master's Bridge Courses

N392Q	Advanced Psychosocial Nursing
N392P	Health Systems: Policy, Planning, and Evaluation

1 Master's Level Course in Focused Area of Study

PhD Core Courses

N380M.4	Philosophical and Theoretical Bases of Nursing Science
N382	Sociocultural Influences on Health
N397L.3	Conceptual Underpinnings of Research Design and Methods
N397L.4	Critical Review of the Literature
N381M.5	Theories of Health Behavior
397L.5	Quantitative Design, Methods, and Analysis
397M	Qualitative Design, Methods, and Analysis

N397L.6	Nursing Research Practicum
N397L.7	Nursing Research Practicum
N397L.8	Nursing Research Practicum

N395-DQE	Doctoral Qualifying Exam

399R, 699R, or 999R Dissertation Reading
399W, 699W, or 999W Dissertation Writing

The University of Texas At Austin, School of Nursing
Graduate Student Affairs

Alternate Entry PhD Program of Work

Alternate Entry Foundations Courses (38 Credit Hours)

Course Number	Title	Credit Hours	Lab/Clinical Hours
N 484C	Professional Nursing Foundations	4	45/45
N 384D	Conceptual Foundations of Nursing	3	0/0
N 484E	Nursing Responses to Physiological Alterations in Health	4	0/0
N 484F	Adult Health Nursing I	4	30/120
N 484G	Conceptual Bases of Mental Health Nursing	4	0/90
N 484H	Nursing Care of Childbearing & Childrearing Families	4	0/0
N 384J	Nursing Care of Childbearing &Childrearing Family Practice	3	0/180
N 484Q	Public Health Nursing	4	0/100
N 484R	Adult Health Nursing II	4	0/120
N 484S	Integration of Clinical Nursing Knowledge	4	0/150

Master's Bridge Courses (9 Credit Hours)

Course Number	Title	Credit Hours	Lab/Clinical Hours
N 392Q	Advanced Psychosocial Nursing	3	0/0
N 392P	Health Systems: Policy, Planning & Evaluation	3	0/0
	1 Master's Level Course in Focused Area of Study	3	

PhD Core Courses (23 Credit Hours)

Course Number	Title	Credit Hours
N 380M.4	Philosophical & Theoretical Bases of Nursing Science	3
N 382	Sociocultural Influences on Health	3
N397L.3	Conceptual Underpinnings of Research and Design & Methods	3
N 397L.4	Critical Review of the Literature	3
N 381M.5	Theories of Health Behavior**	3
397L.5	Quantitative Design, Methods & Analysis**	4
397M	Qualitative Design, Methods & Analysis**	4

Notes:

The University of Texas At Austin, School of Nursing
Graduate Student Affairs

Alternate Entry PhD Program of Work (continued)

Focused Area of Study Courses (Minimum of 12 Credit Hours with 2 Courses Taken Outside Nursing)

Course Number	Title	Credit Hours

Research Practicum

Course Number	Title	Credit Hours
N 397L.6	Nursing Research Practicum**	3
N 397L.7	Nursing Research Practicum**	3
N 397L.8	Nursing Research Practicum**	3

DQE & Dissertation (6+ Credit Hours)

Course Number	Title	Credit Hours
N 395-DQE	Doctoral Qualifying Exam	3
399R, 699R, or 999R	Dissertation Reading	3-9
399W, 699W, or 999W	Dissertation Writing	3-9

Total Credit Hours: 95+

**Prerequisite required; please see attached PhD course sequence.
Effective for all students beginning coursework in Summer 2007 and later.
Courses are subject to revision.
Catalog information may be viewed online at http://www.utexas.edu/student/registrar/catalogs/.

Notes:

The University of Texas At Austin, School of Nursing
Graduate Student Affairs

Alternate Entry PhD Course Sequence

Summer 1 4 Hours	Fall 1 12 Hours	Spring 1 14 Hours	Summer 2 8 Hours	Fall 2 9 Hours	Spring 2 12 Hours	Summer 3 6 Hours
Orientation			Register to take NCLEX (in September)		Scholarship Development Workshop I	
N 484C Professional Nursing Foundations	**N 484E** Nursing Responses to Physiological Alterations	**N 384D** Conceptual Foundations of Nursing	**N 484Q** Public Health Nursing	**N 397L.3—(B)** Conceptual Underpinnings of Research Design & Methods	**N 397L.4—(C)** Critical Review of the Literature	**N 392P** Health Systems: Policy, Planning and Evaluation
	N 484F Adult Health Nursing I	**N 484H** Nursing Care of Childbearing & Childrearing Families	**N 484S** Integration of Clinical Nursing Knowledge	**N 380M.4—(A)** Philosophy & Development of Nursing Science	**N 381M.5** Theories of Health Behavior ***Required pre-requisite: Course A**	Focused Study
	N 484G Conceptual Bases of Mental Health Nursing	**N 384J** Nursing Care of Childbearing & Childrearing Families Practicum		**N 392Q** Advanced Psychosocial Nursing	**N 397L.5—(D)** Quantitative Design, Methods & Analysis ***Required pre-requisite: Course B**	
		N 484R Adult Health Nursing II			**N 397L.6—(E)** Research Practicum 1 ***Required pre-requisite: Course B; Co-requisite: Course D.**	

The University of Texas At Austin, School of Nursing
Graduate Student Affairs

Alternate Entry PhD Course Sequence (continued)

Fall 3 9 Hours	Spring 3 9 Hours	Summer 4 6 Hours	Fall 4 9 Hours	Spring 4 6 Hours	Summer 4
	Scholarship Development Workshop 2			DQE - no credit (could be taken later) ***Required Pre-requisite: Course G**	Dissertation Proposal
N 382 Sociocultural Influences on Health	**N 397L.8—(G)** Research Practicum 3 ***Required pre-requisites: Courses B, C, D, E and F.**	Focused Study	Focused Study	Focused Study	Dissertation Seminar (Elect)
N 397M Qualitative Design, Methods & Analysis ***Required pre-requisite: Course B**	Focused Study	Focused Study	Focused Study	Focused Study	
N 397L.7—(F) Research Practicum 2 ***Required pre-requisites: Courses B, C, D and E.**	Focused Study (Master's Level)		Focused Study	Dissertation Seminar (Elect)	

**Dissertation begins after successful completion of dissertation proposal.

TEXAS

HOW 2001 LEGISLATURE ADDRESSED THE NURSING SHORTAGE

Because of the severe shortage of RNs Texas is currently experiencing (10% average with some specialty areas as high as 30%) and the aging of RNs (average age of 45), TNA calculated that nursing schools in Texas needed to double the number of graduates prepared as RNs by the 2007-08 academic year. Realizing this goal means increasing enrollments in RN programs by approximately 20% each year for the next five years. Recognizing that to have any hope of achieving this goal, nursing would have to convince the Texas Legislature to appropriate significant funds to address the shortage beginning with the biennium beginning September 1 of this year. To accomplish this, TNA, in partnership with Texas Hospital Association to initiate comprehensive legislation addressing the shortage – SB 572 by Senator Moncrief and Representatives Gray and Eiland. TNA and THA also worked with the House Appropriations Committee and Senate Finance Committees to secure the needed funding. Senator Ellis and Representatives Junell and Hochberg were key supporters on the funding issue. The shortage initiative was successful with passage of SB 572 and the securing of access to approximately $26.5 million in funds to address the shortage. The following table outlines the key elements of the shortage legislation as passed.

Type and Amount of Funds	Purpose	How Implemented	Comments
Dramatic Growth Fund $22.5 million available distributed as follows: • $10.0 for ADN programs in community colleges • $11.0 million for BSN and generic MSN programs in four year public colleges/universities • $1.44 million for BSN programs in health science centers	Increase RN graduates by providing funding needed to increase enrollments in RN programs. Nursing growth will have priority on funds the Legislature appropriated to reimburse institutions for costs associated with increased enrollments.	Automatically distributed by THECB to qualifying schools based on actual growth in professional nursing courses in fall 2001 and fall 2002 compared to fall 2000 as base semester. Only growth above a certain threshold qualifies for funding. For community colleges, that threshold is 5% for fall 2001 growth and 10% for fall 2002 growth. For four year colleges/ universities and health science centers, it is 3% for fall 2001 and 5%for fall 2002. Private schools are not eligible to participate.	The dramatic growth fund was the funding methodology the Legislature chose to use to address the nursing shortage. Its other option would have been to fund the Nursing Shortage Reduction Program created by SB 572. Since the dramatic growth fund is the mechanism used to fund institution wide growth, the Legislature elected to extend it to nursing specific growth rather than fund the new program created by SB 572. SB 572 explicitly provides that THECB doesn't have to implement the new program if not funded.
Nursing, Allied Health Tobacco Settlement Fund Income $4.05 million *Note: Tx Higher Education Coordinating Bd has indicated it will allocate the $4 million as follows:* *$3 mil nursing shortage grants* *$1 mil existing grant program*	Increase RN graduates by: 1. Encouraging innovation in recruitment and retention of students and faculty 2. Supporting teaching overloads.	Grant application process to THECB. All public and private programs preparing students for initial licensure as RNs are eligible to participate.	SB 572 amends the statute governing distribution of tobacco settlement funds to direct that for the 2002-03 biennium, income from the Nursing, Allied Health Fund be used to address the nursing shortage. Amending the statute was necessary a) to make all types of professional nursing programs (including community colleges, health science centers, and private colleges) eligible to receive funds and b) to assure that nursing shortage would be the priority for the 2002-03 biennium. Priority use of income to address nursing shortage expires at end of 2002-03 biennium.

RN Financial Aid Program $0.8 mil.	Financial aid for RN students	Application to THECB. Nursing students and faculty at both public and private colleges/universities are eligible to participate.	SB 572 gives THECB more flexibility in administering this program. It also expanded program to include private colleges and to permit masters or doctorate-prepared faculty to participate in loan repayment program.
Resident tuition for non-resident RNs in postgraduate education preparing to teach in nursing program. No funding requested	Authorizes (but doesn't require) institutions to charge non-resident postgraduate RNs in-state tuition if they intend to teach nursing.	Individual institutions develop policy. Nonresident RNs in postgraduate programs preparing to teach in nursing programs.	The legislation was needed because institutions cannot charge nonresidents students resident tuition without legislative authorization. Any costs associated with permitting non-residents to pay in-state tuition will have to be borne by the institution.
Annual Reports by Schools on Strategy to Increase Nursing School Enrollments	SB 572 requires institutions with a professional nursing program to "submit and annual report to the board detailing its strategy for increasing the number of students that graduate prepared for licensure as registered nurses." The report must include the resources allocated to increase the enrollments.		There is some question whether THECB will implement this requirement since it is in section of SB 572 creating Nursing Shortage Reduction Program that SB 572 says THECB must implement only if funds are appropriated. TNA is encouraging THECB to implement because reports can provide valuable information about what schools are doing to address nursing shortage.
Nursing Workforce Data Center Not Funded	Establish nursing workforce data center Not Funded		The reason why the nursing workforce data center was not funded is unknown since there had been no opposition to the center, and it was to be funded by an increase in RN and LVN license renewal fees. The BNE does not have to implement the center until funding is available and the earliest that would be is the 2004-05 biennium that begins 9/1/03.
TEXAS Grant Program Tuition Equalization Grant	Although these programs are not nursing specific, they are being listed because they may be a source of financial aid to nursing students. Funding for both programs was significantly increased this biennium. The TEXAS Grant Program was also expanded to include community colleges. There may be other specialized financial aid programs available such as ones for rural communities that might benefit nursing students.		Nursing schools can obtain information from THECB about changes in these programs and how nursing students can receive grants.

Title: Department of Veteran's Affairs and Veteran's Health Administration
Type: Hospital/school partnership

Location:
Nationwide

Organizations Involved:
Department of Veteran's Affairs
Veteran's Health Administration
Schools of nursing

Funding Source:
Department of Veteran's Affairs
Veteran's Health Administration

Description:
The Department of Veteran's Affairs and Veteran's Health Administration will fund nurse faculty positions at schools with exceptional academic and research programs. Faculty funded by the VA will have a clinical appointment with a VA and an academic appointment with the school of nursing.

Outcome:
No data available

Modifications to Model:
N/A

Contact Information:
Cathy Rick, RN, CNAA, FACHE
E-mail: cathy.rick@va.gov
Telephone: 202-273-9237

Title: Department of Veteran's Affairs and Veteran's Health Administration
Type: Hospital/school partnership

Location:
Nationwide

Organizations Involved:
Department of Veteran's Affairs
Veteran's Health Administration
Schools of nursing

Funding Source:
Department of Veteran's Affairs
Veteran's Health Administration

Description:
The Department of Veteran's Affairs and Veteran's Health Administration will fund nurse faculty positions at schools with exceptional academic and research programs. Faculty funded by the VA will have a clinical appointment with a VA and an academic appointment with the school of nursing.

Outcome:
No data available

Modifications to Model:
N/A

Contact Information:
Cathy Rick, RN, CNAA, FACHE
E-mail: cathy.rick@va.gov
Telephone: 202-273-9237

Title: Weingart Foundation Partnership
Type: Hospital/school partnership

Location:

Southern California

Organizations Involved:

Weingart Foundation, College of the Canyons

Funding Source:

Unspecified contributors

Description:

Five colleges, seven hospitals, three foundations, and a medical equipment manufacturer collaborated to procure $1.6 million to increase enrollment in five associate level nurse education programs in the region by 100 students per year. Funding has also been utilized to hire three new tenure-tracks, full-time faculty members and to install video conference technology that allows teachers to lecture the entire cohort without large lecture facilities. In addition, funds have been used to hire seven adjunct clinical instructors and three of the participating hospital host students in classrooms, on units, and in skills labs.

Outcome:

Seven adjunct clinical faculty members have been added. Phone call in to contact regarding additional benefits.

Modifications to Model:

None

Contact Information:

Weingart Foundation
1055 W. 7th Street Suite 3050
Los Angeles CA 90017
Phone: (213) 688-7799
Fax: (213) 688-1515
Website: http://www.weingartfnd.org/

Sue Albert (Dean of Allied Health, College of the Canyons)
College of the Canyons
Nursing Program
26455 Rockwell Canyon Road
Santa Clarita, California 91355
(661) 259-7800

Title: Armstrong Atlantic Nursing Education Opportunities
Type: Accelerated degree
Hospital/school partnership

Location:
Savannah, Georgia

Organizations Involved:
Armstrong Atlantic State University

Funding Source:
St. Joseph's Chandler Hospital
Memorial Health University Hospital

Description:
Armstrong Atlantic State University offers a variety of unique education programs geared toward enhancing the educational opportunities of nurses. They offer an advanced track registered nurse program for LPNs seeking educational advancement. The program allows LPNs to challenge, by testing, a selected number of nursing courses (up to a total of 25 credit hours). The program of study and curriculum are attached. The university also offers a RN Options program. The program enables students to earn a bachelor's degree in nursing, and with some addition credits, a master's degree by providing full and part-time study. The university accepts applications year-round and allows students to begin the program during any semester. Also, all nursing courses are offered in the evening to better accommodate those who are employed or who have family obligations. The RN Options program of study and curriculum are attached. Armstrong Atlantic State University provides a seamless transition into graduate education, offering various advanced nursing programs including Adult Health Clinical Nurse Specialist, Adult Nurse Practitioner, Advanced Practice Nursing, Nursing Administration, and a MSN/Master of Health Service Administration dual degree for which the program of study and curriculum are attached.

As these programs require additional faculty, the university sought financial assistance from area hospitals in order to compensate and recruit faculty members. St Joseph's Chandler Hospital and Memorial Health University Hospital "donate" nurses to teach and serve as clinical instructors. The university also provides mentorship in teaching skills to graduate nursing students who wish to pursue careers in academia. All BSN students are encouraged to consider these options as the BSN provides the foundation for additional training.

Outcome:
Not available

Modifications to Model:
N/A

Contact Information:

Camille P.Stern, PhD, RN
Graduate Program Coordinator and Professor of Nursing
E-mail: sterncam@mail.armstrong.edu
Telephone: (912) 927-5311
Fax: (912) 920-6579
Website: http://www.don.armstrong.edu//welcome.htm

ARMSTRONG ATLANTIC STATE UNIVERSITY
Advanced Placement Track (APT)
Curriculum Sequence

Step 1: Meet with APT Advisor in Nursing Department

Step 2: Complete AASU Core Curriculum
(Some courses may be challenged by testing)

SEMESTER 1		SEMESTER 2		SEMESTER 3		SEMESTER 4	
ENG 1101	3	ENG 1102	3	Area F Choice	3	HIST 1111/HIST 1112	3
MATH 1111	3	Area C Choice	3	BIOL 2082	4	Area F Choice	3
Science Lab Seq. I	4	Area E Choice	3	MATH 2200	3	BIOL 2275	4
Area C Choice	3	Science Lab Seq. II	4	ETHICS	2	HIST/POLS 1100	3
Area E Choice	3	BIOL 2081	4	PE	1	Global	2
PE	1	PE	1				
TOTAL	17	TOTAL	18	TOTAL	13	TOTAL	15

Step 3: Apply to the Advanced Placement Track (LPN) of the AASU BSN Program

- Check with advisor or department secretary for application deadlines
- Students must meet the Admission Criteria for BSN Program
- File will be reviewed by Admissions Committee

Step 4: Challenging of Nursing Courses:

Courses that may be challenged:

NURS 3345 Adult Health I (7)*
NURS 3355 Womens Health (5)**
NURS 3425 Children's Health (5)**
NURS 4435 Mental Health (5)***

* Challenge must be completed before first day of nursing classes.
**Challenge must be completed by mid-term of first semester to allow progression.
***Challenge must be completed by mid-term of second semester to allow progression.

Courses required of all APT students:

NURS 3304 Professional Nursing (3) or
NURS 3306 Transitional Concepts (3)
NURS 3308 Pharmacology (3)
NURS 3309 Pathophysiology (4)
NURS 3320 Physical Assessment (4)
NURS 3340 Family Nursing (2)
NURS 4345 Adult Health II (7)
NURS 4440 Population Focus Nursing (5)
NURS 4445 Nursing Research (3)
NURS 4450 Leadership/Management (5)
NURS 4460 Seminar (3)
NURS Elective (3)

Armstrong Atlantic State University
Department of Nursing
RN Options (Post Licensure Track)

NURS 4000 (3-0-3) Professional Nursing Practice
NURS 4002 (3-0-3) Leadership & Management
NURS 4003 (3-0-3) Health Care Systems and Policy
NURS 4004 (2-3-3) Health Assessment of Individuals
NURS 4005 (3-6-5) Population-focused Community Nursing
NURS 4007 (2-0-2) Culture and Families
NURS 4008 (3-0-3) Pathophysiology/Pharmacology
NURS 4445 (3-0-3) Nursing Research
RNO TOTAL: 25 Hours

BSN Option	MSN Option
NURS 4006 (3-0-3) Prof Role Synthesis	Graduate Application and Admission to MSN Option
NURS Elective (3-0-3)	
BSN Option Total 31 Hrs Competency Credit 33 Hrs Total Hrs in Major 64 Hrs	RNO 25 Hrs Competency Credit 33 Hrs NURS 7754 (3-0-3) 3 Hrs NURS 7756 (3-0-3) 3 Hrs Total RNO & MSO 64 Hrs
Core Area A-E 42 Hrs Core Area F 18 Hrs Phys Ed 3 Hrs BSN Degree 127 Hours	Choose MSN Track ↓ MSN Track
Degree: BSN	Degree: BSN and MSN

RN's with Baccalaureate Degrees in another field or discipline may be eligible to apply directly for admission to the Graduate Program in Nursing. Additional information may be obtained from the Department of Nursing.

Armstrong Atlantic State University
RN Options (Post Licensure)
Program of Study and Progression Record

NAME:_____ SID: _____

ADDRESS: _____ PHONE: _____

PREVIOUS DEGREE: _____ REGENTS EXAM: _____ DATE: _____

Semester Requirements	Semester Hours	AASU	Transfer	Grade	Remarks
Area A - Essential Skills	9				
ENGL 1101	3				
ENGL 1102	3				
MATH 1101 or 1111 or 1113 or 1161	3				
Area B - Institutional Options	4				
Ethics and Values -Chem 2600, Ethc 2000, Phil 2251, Phil/Posc 2390, Pols 1200, Eng 2000, Hist 2000, Gwst 2101	2				
Global Perspectives - Anth 1150, Chem 2200, Crju 2010, Econ 1150, Eng 2050, Euro 2000, Geog 1100, Geog 2120, Hist 1111, Hist 1112, Hist 1112H, Hist 2100, HLPR 2010, Hons 2000, Pols 1150, Pols 2290, Publ/Pols 2250	2				
Area C - Humanities and Fine Arts	6				
Literature or Philosophy Engl 2100, Engl 2100H, Phil 2201, or Phil 2251	3				
Art, Music or Theater Appreciation Arts 1100, Arts/Musc 1270, Arts 2710, Arts 2720, Musc 1100, Thea 1100, Thea 1200, Thea 2410	3				
Area D - Science, Math, and Technology	11				
Chemistry or Physics Lah Sequence Biol 1107/1108, Chem 1151/1152, Chem 1211/1212, or 1212H, Phys 1111/1112, or Phys 2211/2212 Or any two of the following: Biol 1107, Chem 1151, Chem 1211, Phys 1111, Phys 2211	8				
MATH 2200	3				
Area E - Social Sciences	12				
World Civilization -Hist 1111 or 1112, 1112H	3				
American and Georgia History and Government - Hist/Pols 1100	3				
Social Sciences- one course selected from: Anth 1102, Econ 2105, Econ 2106, Psyc 1101,Psyc 1101H, Soci 1101	3				
Social Sciences - one course selected from: Anth 1102, Econ 2105, Econ 2106, Psyc 1101, Psych 1101H Soci 1101, Hist 1111, Hist 1112, Hist 1112H, Hist 2111, Hist 2112, Pols 2100, Geog 2120, Gwst 1101	3				

Semester Requirements	Semester Hours	AASU	Transfer	Grade	Remarks
Area F - Courses appropriate to major	18				
BIOL 2081	4				
BIOL 2082	4				
BIOL 2275	4				
Two courses selected from: Psyc 1101, Psyc 2950, Soci1101	6				
Physical Education	3				
MAJOR COURSES	64				
RN Options	25				
NURS 4000 - Professional Nursing Practice	3				
NURS 4002 - Leadership and Management	3				
NURS 4003 - Health Care Systems & Policy	3				
NURS 4004 - Health Assessment of the Individual	3				
NURS 4005 - Population Focused Community Nursing	5				
NURS 4007 – Culture and Families	2				
NURS 4008 – Pathophysiology/Pharmacology	3				
NURS 4445 - Nursing Research	3				
BSN Option	6				
NURS 4006 - Professional Role Synthesis	3				
NURS Elective	3				
MSN Option	6				
NURS 7754 - Prof Roles: Issues & Concerns	3				
NURS 7756 - Health Policy	3				

Armstrong Atlantic State University
Program of Study
Master of Science in Nursing/
Master of Health Services Administration Dual Degree

Student: _____ SS# _____
Last First Middle

Mailing Address: _____
Street City State Zip

Telephone Number: _____ _____
Home Office/Work

Course Number	Course Title Core Courses – 12 Hours	Hrs.	Term/Year Completed	Grade
NURS 7750	Theory Development in Nursing	3		
NURS 7752	Research Design in Nursing	3		
NURS 7754	Professional Roles: Issues and Concerns	3		
NURS 7756	Health Policy Concerns in Delivery Systems	3		
	Support Courses – 15 Hours			
PUBH 7100	Foundations of Public Health, Concepts, and Administration	3		
PUBH 7110	Epidemiology	3		
PUBH 7200	Biostatistics	3		
MHSA 8650	Operations Management	3		
MHSA 8625 NURS 8868	Health Informatics Or Health Information Systems	3		
	Major Courses – 27 Hours			
NURS 8861	Foundations of Nursing Administration	3		
NURS 8862	Financial Management for Nurse Administrators	3		
NURS 8863	Marketing	3		
NURS 8864	Legal and Ethical Nursing	3		
NURS 8865	Nursing Administration Practicum	3		
MHSA 8610	Healthcare Economics	3		
NURS 8897	Project	3		
MHSA 8913	Health Services Administration Practicum III	3		
	Elective (Approved at 7000 or 8000 level in a related health discipline)	3		
	Optional Courses			
NURS 8895	Independent Study	3		
NURS 8896	Selected Topics in Nursing	3		
NURS 8899	Thesis	6		

TOTAL 54 Hours

Approved:

_____ _____
Student Date

_____ _____
Advisor Date

_____ _____
Coordinator Date

_____ _____
Dean of Graduate Studies Date

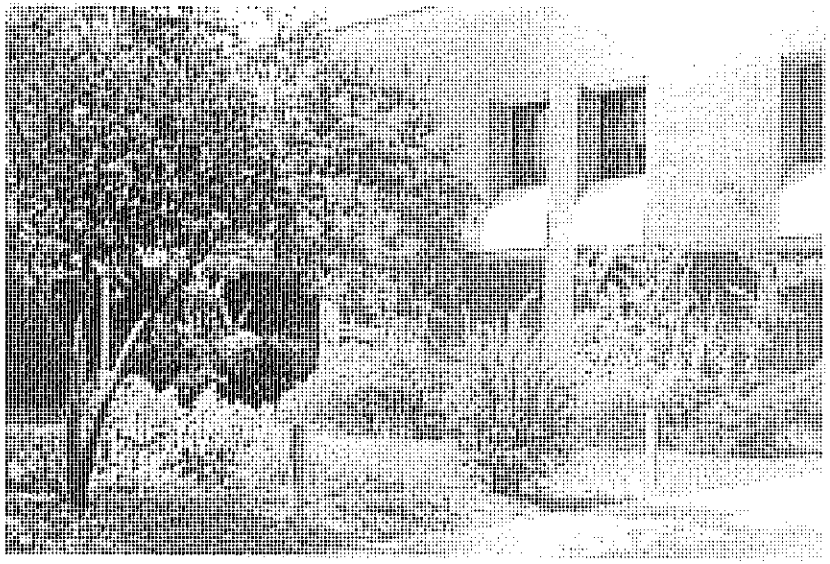
Revised Fall 2006

Armstrong Atlantic State University

Savannah, GA

College of Health Professions

Programs



Undergraduate:

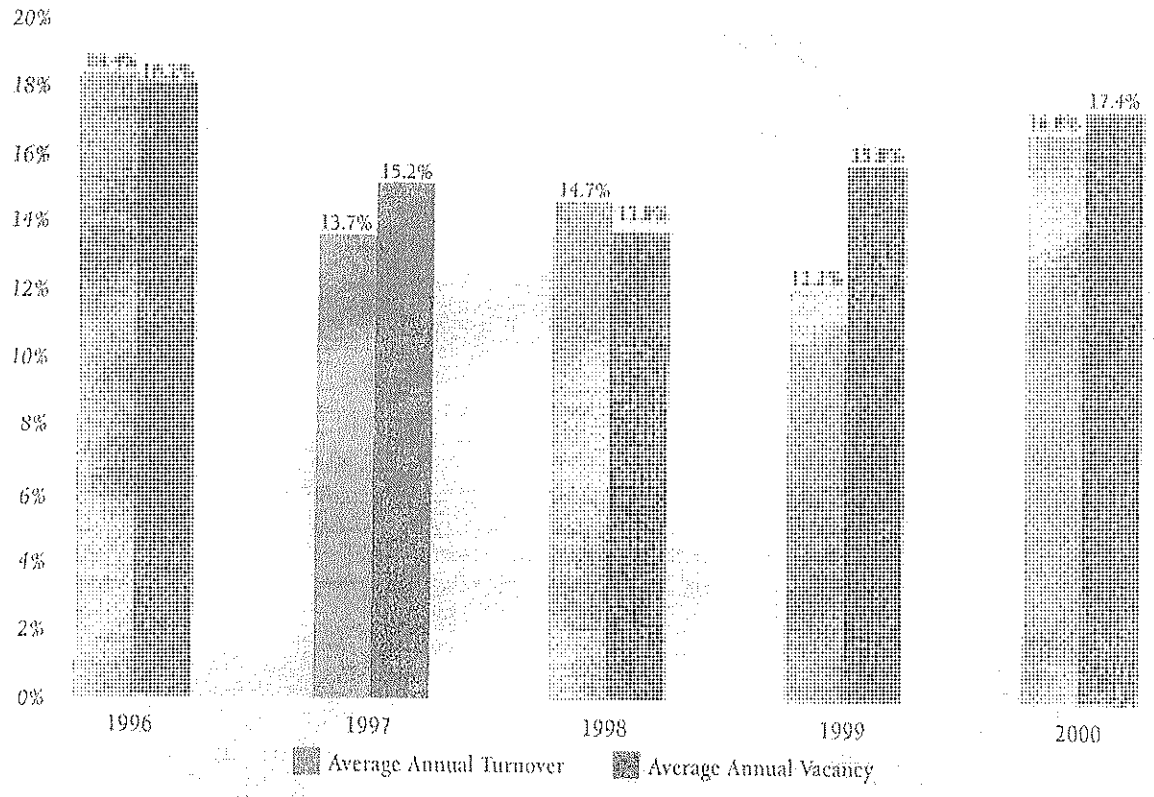
- Dental Hygiene
- Health Sciences
- Nursing
- Radiography
- Radiation Therapy
- Respiratory Therapy

Graduate (Masters):

- Nursing
- Public Health
- Health Administration
- Physical Therapy

Nursing Shortages

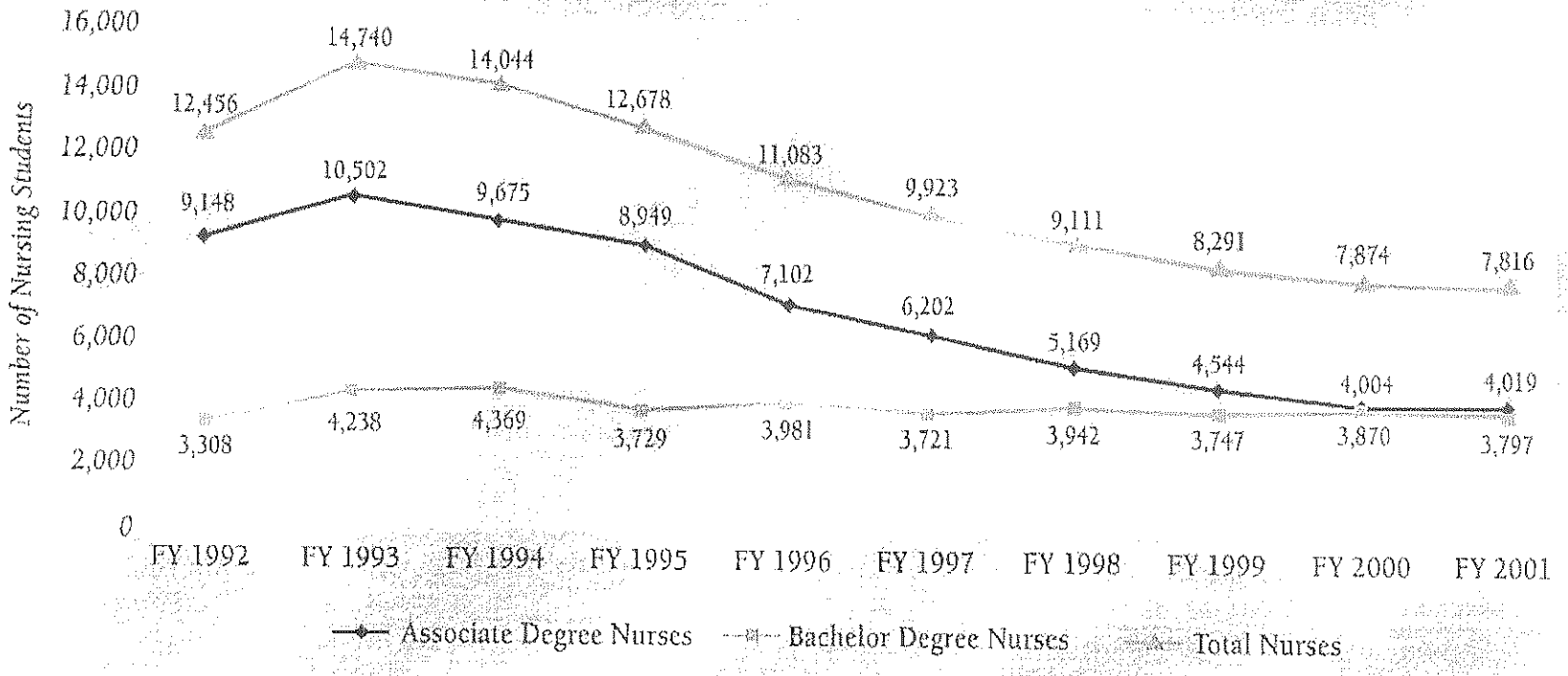
GRAPH 3 *GEORGIA PUBLIC HEALTH NURSING ANNUAL TURNOVER AND VACANCY RATES*



Source: Georgia Division of Public Health, Georgia Department of Human Resources

Nursing Program Enrollments

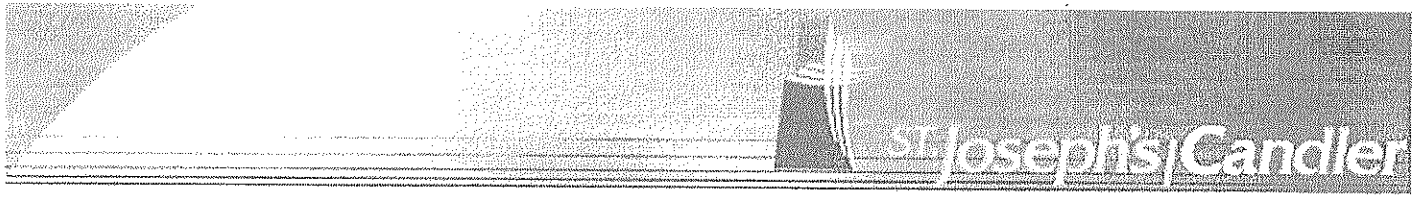
GRAPH 5 *ENROLLMENT IN UNIVERSITY SYSTEM OF GEORGIA NURSING PROGRAMS*



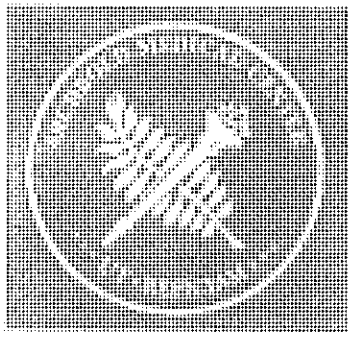
Source: Board of Regents, University System of Georgia, Office of Research and Policy Analysis
Note: Data depicted does not include masters and doctoral level students

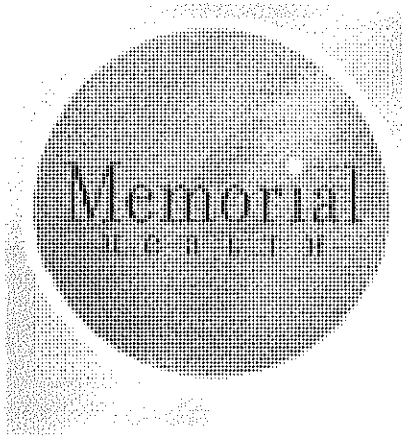
Increase Enrollments?

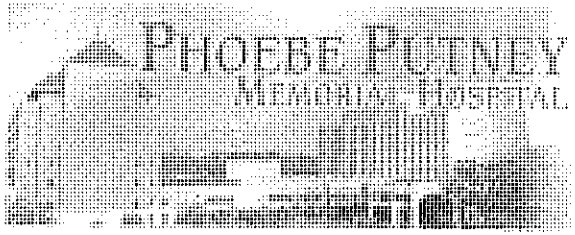
- Requires:
  - More faculty
  - More clinical slots
  - More clinical faculty
  - More teaching space
- Fast Track uses these resources more efficiently

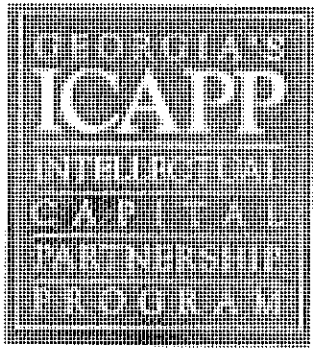


Fundamental Approach: Partnerships with Healthcare Systems, Government









College of Health Professions

Partnerships

- AASU has working partnerships in both Nursing and Medical Technology
  - Will focus upon nursing
  - But will draw examples from both

AASU Nursing Program (BSN)

- First two years – core courses
- Third and fourth year
  - Didactic nursing courses
  - Clinical nursing courses
  - Clinical experiences

Nursing Fast Track – Accelerates Time to Graduation

- Four Consecutive Semesters, including one or two summers, depending upon of start date
- Two admissions per year: August and January
- Requires more ***faculty***
- Begun in summer 2001 with significant contributions from healthcare systems
  - St. Joseph's/Candler Hospital
  - Memorial Health University Hospital
  - With the promise to seek additional outside funding

Advantages to Hospitals

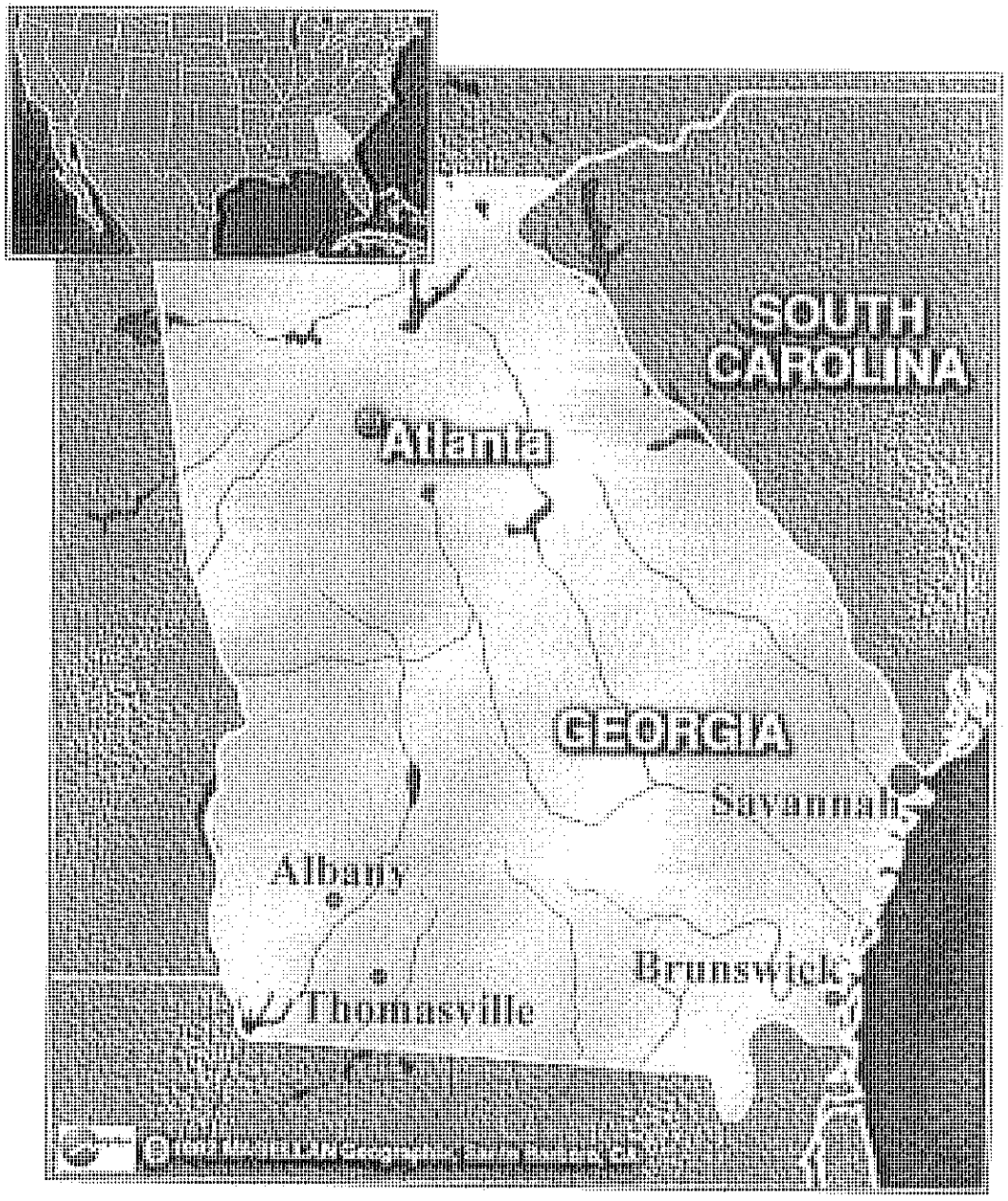
- Can develop agreements with students
  - to work for hospital for determined period of time = service cancelable loans
  - Stable Workforce
- **Cost savings** relative to current recruitment strategies – increased number of local graduates reduces recruitment costs
- Predictable and dependable supply of Health Professionals = *Quality Services*
- Opportunity to provide feedback on curriculum

The Mix

- Success comes from the appropriate mix of funding sources:
  - Corporate (hospital) partnerships
  - University commitment to sustainability
  - Commitment to obtain external support
    - State programs
    - Federal programs
    - Grants

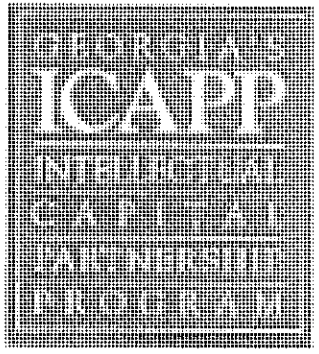
AASU Healthcare Partners

- Nursing
  - St. Joseph's/Candler Hospital, Savannah
  - Memorial Health University Medical Center, Savannah
  - Southeast Regional Health System, Brunswick
- Medical Technology:
  - St. Joseph's/Candler Hospital, Savannah
  - Memorial Health University Medical Center, Savannah
  - Phoebe-Putney Health System, Albany
  - Archbold Hospital, Thomasville



College of Health Professions

State Support



- Intellectual Capital Partnership Program (ICAPP)
- Requires job commitment and resources from companies
- Partners with Universities and Colleges
- Reduced corporate cost of partnerships

Federal Funding

- Rural Technology Network
  - Currently involving only medical technology
  - Will expand to address other workforce shortages
  - Partner with Darton College in Albany, GA
  - Funded by congressional grant
- HRSA Career Ladder grant pending

The Model for Addressing Workforce Needs

- Partner with Healthcare Institutions – ***They Will save money***
- Strive to provide training for a population that has limited access
- Establish terms of commitment that are beneficial to both university and company
- Seek alternative funding
- Take steps to insure sustainability

Strategies for Developing Faculty

- Additional faculty funded by partnerships and ICAPP – temporary, allows development of new faculty without commitment of a major move
- Incentives for faculty to earn doctoral degrees
  - Salary increase upon conferring of degree
  - Tuition assistance
  - Georgia's Nursing Faculty Scholarship Program

Strategies for Developing Faculty

- Mentorship in teaching skills
- Increased enrollment generates additional students interested in academic careers
  - Particularly, identify graduate students who become interested in academics and can be developed into faculty
- Hospitals "loan" staff to teach in our program – develop potential as faculty

Summary

- Healthcare workforce needs can be addressed through partnerships
  - Universities
  - Health Care Systems
  - Government
- More efficient use of resources
- These partnerships combine the strengths of the participants to address a need

Title: Maryland Health Services
Type: Hospital/school partnership

Location:
Maryland-statewide

Organizations Involved:
Maryland Hospital Association
Deans and directors of Maryland Schools of Nursing
Maryland Health Services Cost Review Commission
Maryland Higher Education Commission

Funding Source:
Maryland's nurse educators and health care providers worked with the Maryland Health Services Cost Review Commission to implement a 1% increase in the rate structure of all hospitals in Maryland. Maryland is the only state to have a commission to set hospital rates, but the initiative could potentially be replicated in other states by levying a tax on hospital profits.

Description:
The 1% increase has generated $8.8 million dollars annually and the funds are set aside to expand nursing program enrollments and increase nurse faculty, as well as to fund scholarships, stipends, and fellowships for nurse faculty in training and those who have just finished their education.

Outcome:
Some gains have been made, but nurse educator salaries remain an issue as there remains a gap between the earnings of a master's level educator in academic and in a clinical setting.

Modifications to Model:
See attached document detailing the modifications made to Nurse Support Project I in order to advance Nurse Support Project II.

Contact Information:
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Robert Murray, Executive Director
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Baltimore, Maryland 21215
Telephone: (410)-764-2605
Fax: (410) 358-6217 or (410) 358-3624
Website: http://www.hscrc.state.md.us/index.htm

Final Recommendations

for

Update to the Nurse Support Program I (NSP I)

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215
(410) 764-2605

April 4, 2007

The final recommendations include modifications made following the March 7, 2007 presentation of draft recommendations to the HSCRC. These final recommendations are ready for Commission action.

Health Services Cost Review Commission
Recommended Update to the
Nurse Support Program I

I. Introduction

This paper includes a summary of the history and initial five-year experience of the Nurse Support Program I and recommendations for updating the program. Categories eligible for funding, application process, the funding mechanism and standardized reporting are addressed in the recommendations.

II. Background

The HSCRC initiated nurse education support funding (formerly titled the Nurse Education Support Program or NESP) in 1986 through the collaborative efforts of hospitals, payers, and nursing representatives. Originally, the NESP focused on supporting scholarship support for college and hospital-based training of Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). Over the years, the NESP expanded to encourage new and innovative approaches to address the challenges and demands facing the nursing profession and allied professions. Thirty-seven hospitals participated in the NESP from 1986 through 1995 when the program concluded. Over $7 million was allocated for this program.

In July 1, 2001, the five-year Nurse Support Program I (NSP I) was instituted at the request of the hospital industry to encourage hospital-based programs aimed at addressing the short and long term nursing shortage impacting Maryland hospitals. Hospitals were eligible to receive the lesser of their budget request or up to 0.1% of the hospital's gross patient revenue for the previous fiscal year, to be provided through hospital rate adjustments, for approved projects that address the individual needs of the hospitals as they relate to nurse recruitment and retention.

III. Current Structure

To receive funding for NSP I, hospitals were initially required to submit a proposal to HSCRC which was reviewed, using preset criteria, by an evaluation committee, composed of hospital and Maryland Hospital Association representatives, and HSCRC staff.

HSCRC staff evaluated subsequent proposal modifications and renewals. Most proposals were approved, some following suggested programmatic or budgetary modifications.

Nearly all hospitals participated in the program in a variety of initiatives such as:

- Student nurse scholarships
- Internship programs
- Mentoring programs
- High school outreach
- International recruitment
- Retention initiatives

Hospitals were required to provide an annual report to HSCRC regarding NSP I program activities and budget expenses. The HSCRC provided a report format, which elicited a largely narrative response.

Over the life of the program, approximately $36 million in NSP I funds was distributed to 50 acute care and specialty hospitals in Maryland.

IV. Rationale for review and program revisions

During the fifth year of the program, HSCRC began an overall evaluation of the NSP I. This review was prompted as part of ongoing program evaluation, because of difficulties in summarizing program outcomes and demonstrating accountability, unclear parameters for eligible program activities, emerging nursing research on best retention strategies, and the need to reconsider the scope of the NSP I program given the initiation of the Nurse Support Program II (NSP II) program in FY 2006.

While the annual hospital reports provided pertinent information regarding each hospital's activities, the largely narrative format (which was the format then requested by HSCRC) made it difficult for staff to objectively summarize the NSP program outcomes or to evaluate which program types or individual programs were most effective and efficient in achieving program goals. Inadequate quantifiable data also created challenges in demonstrating value of

NSP I to the Commission, the Maryland General Assembly and the public.

Nurse educators and researchers believed that evidence was beginning to emerge regarding the value of specific types of programs in increasing retention, particularly among new graduates and new nursing hires. However, some NSP I program activities seemed to have a weak link to the goals of relieving the nursing shortage and increasing the availability of bedside nurses.

The creation of NSP II in FY 2006 and the possibility for redundancy or confusion between these two programs was an additional reason for reevaluation of the NSP I program. The NSP I program exposed the inability of nursing programs to accept large numbers of new nursing students because of limited capacity due to nursing faculty shortages. The Maryland Board of Nursing estimated that approximately 1,900 qualified students were denied admission in academic year 2003-2004 due to insufficient nursing faculty. In May 2005, the HSCRC approved funding of 0.1% of regulated patient revenue for use in expanding the pool of nurses in the State by increasing the capacity of Maryland nursing programs, developing more nursing faculty, and creating a pipeline for future nursing faculty. Under the NSP II, funding supports two types of initiatives: Competitive Institutional Grants and Statewide Initiatives. Both NSP I and NSP II included funding for nursing scholarships.

On April 12, 2006, the HSCRC approved a one-year extension of the NSP I through June 30, 2007, in order to provide the opportunity for staff to continue to evaluate and update the program to improve accountability, uniform reporting, and funding of programs with best outcomes.

V. Evaluation approach

The evaluation approach used during FY 2006 and early 2007 was to review annual reports; have informal discussions with the hospital industry, NSP I coordinators, nurse executives and educators, the Board of Nursing and HSCRC leadership; and to review current literature on the national nursing shortage. HSCRC also contracted with a nurse researcher with nationally recognized expertise on the nursing shortage to provide consultation in program review and

evaluation, and assistance with development of a standardized, objective report format.

The goals of the evaluation were to:

- Improve program accountability to HSCRC and the General Assembly;
- Standardize objective program reporting, including program outcomes and financial reporting;
- Improve data available for review and evaluation of cost and outcomes of initiatives, and provide an objective basis for decisions regarding initiative renewals;
- Reduce duplication with NSP II;
- Clarify parameters of initiatives eligible for funding; and
- Improve the efficiency of HSCRC program management.

VI. Findings

There has been progress in addressing nursing shortage issues in the past five years. Nursing staff vacancies in Maryland hospitals decreased from a high of 15.6% in 2001 to a low of 9.2% in 2004. There was an increase back to a 10% nursing vacancy rate in 2005.[1] The 2006 Maryland Nursing Program Capacity Study indicates that most recent projections reflect progress made in addressing the nursing shortage in Maryland, with more work remaining to close the projected gap between supply and demand.[2] In their annual reports to HSCRC, NSP Grant Coordinators indicate satisfaction with their NSP I programs in addressing internal nursing shortage issues. However, due to multiple factors impacting state-wide reductions in nursing vacancies and turnover, and inconsistent NSP I program evaluation data, quantifying the role that NSP I played in these positive results is difficult.

Annual NSP I reports from hospitals followed the requested format but were lengthy, largely narrative in format, and lacked use of any standard metrics. Undoubtedly, the reports were time consuming for hospitals to prepare. Due to lack of defined metrics and emphasis on reporting of processes and activities, staff found systematic analysis of program outcomes or comparable program effectiveness difficult to

[1] MHA Hospital Personnel Survey.
[2] MHEC and MBON, Maryland Nursing Capacity Study, September 2006

complete. Due to the sheer volume of reports and other competing responsibilities, staff analysis and summary of annual NSPI reports fell behind schedule. Critically, there were no readily available summary data for accountability reporting to the Commission or General Assembly.

Based on the staff analysis, some general conclusions can be made about the major categories of funded programs.

High School Outreach

High school outreach programs are designed to influence high school students' perception of nursing as a potential career. Activities in these programs include hospital representatives participating in career fairs, arranging student tours of hospitals, visiting middle schools and high schools for lectures and presentations, and providing information to guidance counselors. The primary expenses reported by hospitals with high school outreach programs are salaries of full or part time coordinators and marketing. Assessing the impact of these programs has been very difficult because annual reports have often focused solely on processes or activities such as numbers of schools visited, or numbers of students that were provided materials. Better data on outcomes of outreach could be provided if hospitals reported the number of outreach contacts who become prospective nursing students participating in hospital externships, nurse shadowing or summer employment programs, or enter nursing school programs.

Scholarships or Educational Attainment

Under the current NSP I program, scholarship programs are implemented differently by each hospital. The most common aspect of the program is to provide students with funds to attend nursing educational programs in exchange for a work commitment after graduation and licensure. Some hospitals restrict funds to existing employees, some require students to work part time as nursing technicians while attending a nursing program, and others provide loan repayment funds to newly licensed nurses for a work commitment. Establishing and maintaining systems to track fulfillment of service commitment and/or loan repayment if the work commitment is not met can be a challenge for hospitals. Outcomes of

these programs could be measurable if hospitals would quantify whether nursing students complete educational programs, pass licensure exams, and fulfill the work commitment associated with the scholarship.

Because one component of the NSP II program is Statewide Initiatives which includes scholarships, there is some redundancy and potential confusion between the two programs. Additionally, since each hospital defines its own scholarship program, there may be differences in amounts of supportive funding and stipends and resultant work commitments between the hospital–based and Statewide Scholarships. While there has been some discussion of combining the two different scholarship programs, the hospital industry feels that the hospital-based programs should be continued as they meet the needs of the individual hospital. Scholarship equity and consistency would be improved by requiring that NSP I scholarship eligibility, funding amounts, and service commitments be made consistent with those of NSP II.

Another consideration is to broaden this category of funding to include all types of initiatives involving improved educational qualification for licensed nurses (RNs and LPNs) as well as initiatives to produce new nurses. This would include hospital-sponsored basic nursing education, RNs completing BSN or MSN programs, and RNs completing specialty certification. Potentially measurable outcomes include the number of individuals who complete the programs and the number who meet their employment commitments after one year.

Analyses of annual reports indicated that funds are being used for some scholarship or educational initiatives which do not seem to be congruent with the goal of efficiently increasing the number of bedside nurses in the State. These questionable categories of programs include educational support for radiology technicians and ultrasonographers, capital improvements to nursing workspace, celebrations and parties, and career development for non-nursing, non-clinical staff including courses in English as a Second Language (ESL), basic math and science, and GED preparation. The latter programs are created with a long range goal of preparing non-nursing, non-clinical staff to become eligible for nursing school. Nurse experts point out that funds may be better used and nursing capacity more

rapidly increased if support is directed to individuals who currently qualify for entrance to nursing school rather than funding career growth for individuals with a low probability of completion of a nursing education. Funds for traditional hospital in-service and staff development are currently available in rates.

Nurse Retention and Recruitment

The newly graduated nurse is often overwhelmed by the demands of nursing in an acute hospital unit. This phenomenon is believed to be the major reason for turnover for new and transitioning nurses. Retention initiatives include all initiatives designed to retain nurses in the hospital workplace, such as expanded orientation, mentoring, internships, and residencies. These programs often include a mentor or preceptor, drawn from existing experienced nursing staff, who acts as a resource and support to the new graduate or new hire. Some programs appoint a Chief Retention Officer to lead the retention initiative.

Retention initiatives aimed at current nursing staff include initiatives designed to improve the work environment, to increase productivity through technology, and to foster professional growth. Activities include:

- clinical certification,
- professional seminars,
- professional journal subscriptions, and
- workplace improvement design.

Retention activities have been the most difficult to assess in the past due to their diverse nature. However, impact on turnover rates is one potential objective measure of the success of retention programs.

International Recruitment

These types of programs focus on recruiting registered nurses (RNs) from other countries by establishing a relationship with international recruitment firms to recruit candidates for the program and test them to determine their eligibility. After qualified RNs are brought to Maryland, they are housed and prepared for the RN licensure exam and the Test of Spoken English (TSE). Some barriers that delay progress in practice as an RN are the prolonged immigration timeline,

cultural issues, lack of a support system for immigrants, and the failure of some candidates to pass the RN license or the TSE.

Recruitment of international nurses, while important to some hospitals to meet short-term needs, presents a controversial use of NSP I funds. The reasons are because international nurses require extensive orientation and mentoring support to succeed as RNs in Maryland hospitals. Some experts also feel that international recruitment contributes to a world-wide nursing shortage affecting global health. Recruitment of international nurses seems to be a short-term solution to a long-term problem. Hundreds of eligible Maryland candidates are turned away from Maryland nursing programs due to lack of capacity in educational programs.[3] Building Maryland nursing educational capacity appears to be a better long range use of NSP funds.

Improved nurse practice environment

Nurse experts informed HSCRC staff that more evidence is emerging that well organized orientation and mentoring programs for newly graduated and newly hired nurses offer some of the best returns in recruitment and retention strategies. Other successful programs include those that provide for an improved nurse practice environment such as seeking and achieving Magnet Status and joint governance programs. Programs providing support for educational attainment including nursing degrees and certifications also enhance nurse retention and build a more professional nursing staff.

VII. Distribution of Funds

The current mechanism for funding of the NSP I program was also reviewed during the program evaluation and alternative funding options were considered. As noted previously, hospitals are eligible to receive the lesser of their budget request or up to 0.1% of the hospital's gross patient revenue for the previous fiscal year, to be provided through hospital rate adjustments, for approved projects. After rates are increased, the revenue resides with the hospital and is expensed through the administration of its NSP I program.

[3] Maryland Nursing Program Capacity Study

HSCRC staff has contemplated pooling the NSP I funds into a centralized account to be distributed to approved NSP I programs in a fashion similar to the NSP II program administered by the Maryland Higher Education Commission (MHEC) on behalf of HSCRC. In administering the NSP II, MHEC receives funds on a monthly basis from individual hospitals based on their assessed amount (0.1% of gross patient revenue). These funds are accumulated into an account that is later distributed to approved programs.

There are advantages and disadvantages to pooling NSP I funds. The benefits include the ability to fund, in a more wide-reaching fashion, those programs which have been found to be most effective in reducing the nursing shortage and increasing the availability of bedside nurses. Other benefits of a pooling mechanism include increased accountability for funds, particularly for program and budget modifications, and for unused funds due to lack of applicants or program implementation delays. In a pooling mechanism, the unused funds could accumulate and, especially if combined with unused NSP II funds, could be directed toward most effective and efficient initiatives.

There are also disadvantages to a pooling mechanism including administrative complexity of multiple financial transactions between hospitals and the program administrator. Another issue is how to handle the transition between the current funding mechanism and a pooling mechanism, since it would take several months to accumulate funds in a pool before disbursements could be made. Another important consideration is that hospital industry feedback indicates lack of support for a pooled NSP I fund.

Another option discussed was to cease the NSP I program as currently designed at the end of this transition year, FY 2007, and reconstitute a newly organized NSP III program, which includes elements of both the current NSP I and NSP II programs, in FY 2009 with pooled funds, one administrator, and a uniform reporting and evaluation process. The advantage of this option would be a more unified nurse support program directed at most effective initiatives, consistent administration, and accountability.

VIII. Proposed NSP I program revisions

Staff recommends revisions to the NSP I program in the following areas:

1. Redefine categories of initiatives eligible for funding;
2. Establish categories of initiatives not eligible for funding;
3. Revise the RFP process for grant funding to a simplified application process
4. Revise the review and evaluation process for initiative approvals and renewals;
5. Ongoing review of the funding mechanism; and
6. Standardize quantitative annual reports to include:
   a. Uniform financial reporting (Table I); and
   b. Uniform annual data reporting requirements (Table II).

1. Redefine categories of initiatives eligible for funding

HSCRC staff recommend that the following categories of initiatives be given priority for funding:

a. Educational Attainment- This category includes all initiatives involving improved educational qualifications for nurses (RNs and LPNs) as well as initiatives to produce more nurses. All programs providing tuition, stipends, or release time for pursuit of additional education or qualifications apply under this category. Eligibility, funding amounts, and service commitments for scholarships should be consistent with those under the NSP II Statewide Initiatives. Requests for funding for software and hardware specifically dedicated for use in nursing education will be considered on an individual basis.

b. Nurse Retention and Recruitment- This category applies to all initiatives involving retention of nurses, such as mentoring, internships, residencies, and other support for new graduates and new hires as well as all initiatives involving recruitment including nurse shadowing programs, externships, and summer employment for prospective nursing students. International recruitment of nurses is not encouraged as a primary strategy.

c. Improved Nurse Practice Environment – This category applies to all initiatives to improve nurse practice environment including working on or achieving Magnet Status, joint governance, and other initiatives to improve nurse practice environment.

For those healthcare organizations who do not plan, at this time, to work on achieving Magnet Status, projects related to the components of Magnet Status, or "Forces of Magnetism" such as implementation of professional standards of nursing practice, a nursing quality indicator program, or applied nursing research are included in this category.

Other examples include:
Programs to develop new approaches to staffing, scheduling and allocation of patient care resources.

d. Other Creative Initiatives

Proposals for other creative initiatives to increase the number of bedside nurses will be considered provided that, as required with all applications, the goals and objectives are clearly defined, evaluation metrics are identified, and budget requests fall within the defined NSP I parameters.

These initiatives might include projects that require outside expertise that could be shared, such as the Project LINC and the Nurse Managers Leadership Institute, previously funded in part by NSP I.

2. Categories of Initiatives not eligible for funding

Since it is not the intent of NSP I to fund existing programs that are more appropriately funded through employee fringe benefit programs or to duplicate what is available in rates for traditional hospital-based services or operations, HSCRC staff recommend the exclusion of certain types of activities that have been funded in the initial five-year period.

a. Nurse Retention and Recruitment

Exclusions related to retention and recruitment include:
- Entertainment or parties
- Nursing retention bonuses
- Paid sabbaticals or leave
- Nursing salary increases
- Capital projects
- International recruitment, except as noted below.

In order for a program based on international recruitment of nurses to be eligible for consideration for NSP I program funding, an applicant with prior international recruitment experience must provide outcome data from prior funding years on the number and percentage of international nurses meeting licensure and service commitments after one and two years, as well as turnover rates for the entire nursing service for the same time periods. Applicants with no experience with international recruitment must include a plan for support, retention and tracking of licensure and service completion for all nurses recruited through the new program, and outcome data as they become available. The program should include a plan to phase out international recruitment as nursing capacity improves. These data will be used by the evaluation committee to make decisions about funding or renewing a program application.

b. Non-nursing and non-professional staff education and development

Exclusions related to non-nursing and non-professional staff education and development include:

- Education for radiology and laboratory technicians, ultrasonographers and other non-nursing allied professions;
- Education for non-nursing, non-clinical staff, such as transporters or housekeeping staff, in English as a Second Language, basic math and science courses, and GED preparation.

3. Revised Application Process

During the initial years of NSP I, a formal RFP process was used to solicit proposals for review by an evaluation committee. In more recent years, NSP I grant applicants often provided a letter to HSCRC staff requesting extensions, changes and additions to their original proposal. Many hospital grant applicants found writing a formal narrative proposal a time-consuming and challenging task. HSCRC staff believe that a formal RFP process is not necessary for evaluation of the non-competitive NSP I grant requests.

Therefore, HSCRC staff recommends that the RFP process be streamlined and simplified into an application process. HSCRC staff recommends that the Nurse Support Program I Application for Funds with the accompanying Instructions for Completion of the NSP I Grant Application, developed with industry input, be implemented as the new application for a NSP I grant.

4. Revised Review and Evaluation process for initiative approvals and renewals

While HSCRC staff initially recommended that one Evaluation Committee be constituted to review proposals for new initiatives and renewals for both the NSP I and NSP II programs in order to develop depth of knowledge about the two programs, improve consistency of evaluation, and provide for better coordination and synergy between the goals of initiatives of both programs, industry feedback indicated that a separate NSP I Evaluation Committee was preferred at this time.

Therefore, HSCRC staff recommends that an independent NSP I Evaluation Committee comprised of representatives from HSCRC staff, the Maryland Hospital Association, the Maryland Higher Education Commission, the hospital, nursing leadership, payers, nursing recruiters, and human resources professionals will review applications meeting the minimum requirements outlined in the application form. Evaluation Committee recommendations for NSP I initiative funding will be provided to the Commission for final approval.

The evaluation criteria utilized by the Evaluation Committee will be updated to reflect the new guidelines for categories of initiatives eligible for funding and objective evaluation metrics required in annual reporting.

5. Funding Mechanism

Due to the disadvantages of instituting pooled funding for NSP I, HSCRC staff recommend continuation of the current funding approach for a second five-year funding cycle at this time. However, staff also recommend ongoing evaluation of the funding approach. As more nursing research and better Maryland NSP I program data become available, funding mechanisms that support the most effective and efficient initiatives should be reconsidered.

6. Standardized quantitative annual reports

HSCRC staff recommends that the hospitals with NSP I program funding be required to provide to HSCRC standardized quantitative annual reports to include:

a. Uniform financial reporting (Table I); and

b. Uniform annual data reporting requirements (Table II)

These new report forms include objective metrics, should simplify the hospital's report preparation, and provide uniform metrics for program evaluation and accountability.

IX. Summary of Recommendations and timeline

The following is a summary of HSCRC staff recommendations regarding updating the NSP I program guidelines and requirements:

1. Redefined categories of initiatives eligible for funding

HSCRC staff recommend that the following categories of initiatives be given priority for funding:

a. Educational Attainment- All initiatives involving improved educational qualifications for nurses (RNs and LPNs) as well as initiatives to produce more nurses. All programs providing tuition, stipends, or release time for pursuit of additional education or qualifications apply under this category. Eligibility and service commitments

for scholarships should be consistent with those under the NSP II Statewide Initiatives. Requests for funding for software and hardware specifically dedicated to use in nursing education will be considered on an individual basis.

b. Nurse Retention and Recruitment- Applies to all initiatives involving retention of nurses, such as mentoring, internships, residencies, and other support for new graduates and new hires as well as all initiatives involving recruitment including nurse shadowing programs, externships and summer employment for prospective nursing students. International recruitment of nurses is not encouraged as a primary strategy.

c. Improved Nurse Practice Environment – Applies to all initiatives to improve nurse practice environment including working on or achieving Magnet Status, joint governance and other programs to improve initiatives to improve nurse practice environment.
For those healthcare organizations who do not plan, at this time, to work on achieving Magnet Status, projects related to the components of Magnet Status, or "Forces of Magnetism" such as implementation of professional standards of nursing practice, a nursing quality indicator program, or applied nursing research are included in this category.

Other examples include:
Programs to develop new approaches to staffing, scheduling and allocation of patient care resources.

d. Other Creative Initiatives
Proposals for other creative initiatives to increase the number of bedside nurses will be considered provided that, as required in all applications, the goals and objectives are clearly defined, evaluation metrics are identified, and budget requests fall within the defined NSP I parameters.

Other examples include:
Programs to develop new approaches to staffing, scheduling and allocation of patient care resources.

2. Categories of Initiatives not eligible for funding

HSCRC staff recommend the exclusion of certain types of activities that have been funded in the initial five-year period.

a. Nurse Retention and Recruitment

Exclusion of:

- Entertainment or parties
- Nursing retention bonuses
- Paid sabbaticals or leave
- Nursing salary increases
- Capital projects
- International recruitment, with the exceptions noted in section VI.

b. Non- nursing and non-professional staff education and development
Exclusion of:

- Education for radiology and laboratory technicians, ultrasonographers and other non-nursing allied professions; and
- Education for non-clinical staff, such as transporters or housekeeping staff, in English as a Second Language, basic math and science courses, and GED preparation.

3. Revised Application Process
HSCRC staff recommends that the RFP process be streamlined and simplified into an application process. HSCRC staff recommends that the Nurse Support Program I Application for Funds with Instructions for Completion of the NSP I Grant Application (attached), developed with industry input, be implemented as the new application for a NSP I grant.

4. Revised Review and Evaluation process for initiative approvals and renewals

HSCRC staff recommends that an independent NSP I Evaluation Committee comprised of representatives from HSCRC staff, the hospital, nursing leadership, payers, nursing recruiters, the Maryland Hospital Association, the Maryland Higher Education Commission, and human resources professionals will review applications meeting the minimum requirements outlined in the application form. Evaluation Committee recommendations regarding NSP I initiative funding will be provided to the Commission for final approval.

The evaluation criteria utilized by the Evaluation Committee will be updated to reflect the new guidelines for categories of initiatives eligible for funding and objective evaluation metrics required in annual reporting.

5. Funding Mechanism

HSCRC staff recommends continuation of the current funding approach for a second five-year cycle at this time. However, staff also recommends ongoing evaluation of the funding approach. As more nursing research and better Maryland NSP I program data become available, funding mechanisms that support the most effective and efficient initiatives should be reconsidered.

6. Standardized reporting

HSCRC staff recommends that the hospitals with NSP I program funding be required to provide to HSCRC standardized quantitative annual reports to include:

- Uniform financial reporting (Table I); and
- Uniform annual data reporting requirements (Table II)

A timeline of activities to be completed during the FY 2007 transition year is attached.

Table II- NSP I Annual Budget & Financial Report[1]

Nurse Support Program I **Year:**_____

Hospital_____

Project Title: _____

	SOURCE OF FUNDS			
A. Salaries & Wages Professional Personnel List each by name and title	COLUMN 1 **NSP I GRANT FUNDS**	COLUMN 2 **INSTITUTION'S Contribution or MATCH OF FUNDS**	COLUMN 3 **TOTAL NSP I FUNDS BUDGETED (total of col 1 and 2)**	COLUMN 4 **TOTAL NSP FUNDS EXPENDED**
1.				
2.				
3.				
Other Personnel (list by job category & note # of each)				
5.				
6.				
Total Salaries and Wages				
3. Fringe Benefits				
C. Travel				
D. Participant Support Costs-list number of participants and amount per person				
1. Tuition support				
2. Other (specify)				
Total Participant Costs				
E. Other Costs				
1. Materials and Supplies				
2. Consultant Services				
3. Other (specify)				
Total Other Costs				
F. Total Direct Costs (A through E)				
G. Indirect Costs (cannot exceed 8% of F)				
H. Total (F & G)				

[1] Add additional pages and categories of expenditures as needed.

Table B- NSP I Annual Financial Report (continued)

Please provide an estimate of amount and type of savings to be realized due to the NSP I program. For example, any savings realized by reduced use of agency nurses due to improved nurse retention.

NSP I Estimated Savings: _____

Source of Savings _____

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Irvin W. Kues
Chairman

Kevin J. Sexton
Vice Chairman

Joseph R. Antos, Ph.D.
Raymond J. Brusca, J.D.
Michael J. Eusebio
Trudy R. Hall, M.D.
William H. Munn

HEALTH SERVICES COST REVIEW COMMISSION
4160 PATTERSON AVENUE · BALTIMORE, MARYLAND 21215
AREA CODE 410-764-2605
FAX 410-358-6217
Toll Free 888-287-3229
Web Site: http://www.hscrc.state.md.us/

Robert Murray
Executive Director

Stephen Ports
Principal Deputy Director
Policy & Operations

Gerard J. Schmith
Deputy Director
Hospital Rate Setting

John Obrien
Deputy Director
Research and Methodology

TO: Chief Financial Officers and NSP I Coordinators
FROM: Steve Ports, Principal Deputy Director, HSCRC
RE: Notice of new Nurse Support Program I (NSP I) Funding cycle and Call for Applications
DATE: April 12, 2007

HSCRC is pleased to announce that at its April 11, 2007 meeting, the Health Services Cost Review Commission approved a new five-year cycle of the Nurse Support Program I (NSPI) running from July 1, 2007 though June 30, 2012 and approved the Recommended Updates to NSP I. (attached). These recommendations clarify the types of initiatives that are eligible for NSP I funding: change the RFP process for a grant to a more streamlined application process; spell out the evaluation process; and require annual standardized reporting of program outcome measures and financial reports. Funding limits remain the lesser of the budget request or 0.1% of gross patient revenue for the prior fiscal year.

Call for Applications for NSP I Grants

HSCRC staff announces a call to Maryland Hospital NSP I Grant Coordinators for applications for new three-year to five-year hospital-based NSP I grants for the 2007-2012 funding cycle. Please use the attached Application for NSP I Grant Funding to apply for the grant. The detailed Instructions for Completion of the NSP I Grant Application are attached. For those hospitals that wish to repeat or continue your prior NSP I program, please complete an application for this new funding cycle and update information as needed. Funding for the first 5 year cycle ended June 30, 2006, and the transition year (FY 2007) funding will end on June 30, 2006. A notice has been sent to NSP I grant coordinators for whom staff have a contact name. You may wish to share these materials with your grant coordinator to assure notification.

Submission of Applications

Hospitals may submit applications on or before the following submission deadline:

Submission Deadline – May 11, 2007
Decisions regarding proposals to be announced- The afternoon of June 6, 2007

Hospitals should submit the application in either a Microsoft Word or PDF format to **oibarra@hscrc.state.md.us**. Additional information about the application and evaluation process is included in the instructions.

Annual Standardized Reports

Improved objective reporting is essential to demonstrate accountability and the value of NSP I. Two standardized formats for annual reporting of program evaluative measures and financial expenditures (attached) have been developed so that NSP I data can be aggregated and outcomes reported to the HSCRC, and General Assembly, as needed. No reporting of NSP I program results is required at this time. HSCRC will be working with MHA and a small group of nurse experts to develop uniform definitions and instructions for completion of these report forms. NSP I Coordinators will be informed of the due dates for annual reports.

Questions? .If you have any questions not answered by the printed Instructions, please contact Oscar Ibarra at oibarra@hscrc.state.md.us or Marva West Tan at mtan@hscrc.state.md.us. Thank you.

Title: Mississippi Nurse Association
Type: Hospital/school/government partnership
Loan forgiveness opportunity

Location:

Mississippi-statewide and headquartered in Madison, MS

Organizations Involved:

Mississippi Nurse Association-Ricki R. Garrett, Executive Director
Local government representatives
Local academic representatives
Local health care industry representatives

Funding Source:

State Legislature

Description:

The Mississippi Nurse Association gathered individuals from various areas of the health care industry, all with an interest in solving the nursing shortage. The group presented a united front and successfully procured a $6,000 pay raise for each of the state's 500 nurse faculty employed at public colleges and universities from the state's legislature in 2006. An additional $6,000 pay raise is expected this year. This is helping bridge the pay gap between RNs employed full time ($57,784 annually) and those employed as assistant professors ($47,435 nine month salary).

The legislation includes a provision to allow nurses to pursue doctoral degrees with repayment of student loans deferred until after graduation. Provision for a study committee is also included in the legislation.

Outcome:

Encourages some faculty members who had planned to retire to stay on longer (no specific stats available at this time), some who were thinking of leaving to stay, and others to pursue a career in academics they had not previously considered due to more lucrative clinical opportunities.

Modifications to Model:

None

Contact Information:

Mississippi Nurses Association
31 Woodgreen Place
Madison MS 39110
Telephone: 601-898-0670
Fax: 601-898-0190

Website: http://www.msnurses.org/index.asp

Ricki R. Garrett
Executive Director
rgarrett@msnurses.org

Title: Dedicated Education Units
Type: Hospital/school partnership

Location:
Portland, Oregon

Organizations Involved:
University of Portland School of Nursing
Oregon State Board of Nursing

Funding Source:
Area hospitals and the University of Portland

Description:
Three leading area hospitals have established Dedicated Education Units where staff nurses work as clinical instructors by mentoring two University of Portland nursing students at a time for six weeks. The State Board of Nursing allows the university to appoint staff nurses with bachelor's degrees in nursing and at least two years of clinical experience as clinical instructors. They are then supervised by a clinical faculty coordinator.

Outcome:
Not available

Modifications to Model:
None

Contact Information:
Terry Misener
Dean, University of Portland School of Nursing
Telephone: (503)943-7509
E-mail: misener@up.edu

Joanne Warner
Associate Dean, University of Portland School of Nursing
Telephone: (503)943-8045
E-mail: warner@up.edu
Website: http://nursing.up.edu/

Title: Providence Health Systems Supports Nurse Faculty
Type: Scholarship
Hospital/school partnership

Location:
Portland, Oregon

Organizations Involved:
Providence Health Systems
University of Portland School of Nursing

Funding Source:
Providence Health Systems, the state's largest nurse employer

Description:
Chief Nursing Officer at Providence Health Systems Mary Kathleen Johnson, RN teamed up with Terry R. Misener, PhD, RN, FAAN, dean of nursing at the University of Portland, to create the Providence Scholars Program. The program fully funds 75 scholarships for juniors and 75 for seniors each year. In exchange, the students agree to work for Providence for three years. Providence Health Systems' donation is then used by the university to increase nurse faculty (tripled since 2003). Providence has begun funding master's level students and funds about 12 hospital staff nurses as clinical instructors for the university. It costs Providence roughly $100,000 to replace a nurse and about half that to fund a Providence Scholar. Also, minimal employee orientation, high retention rates, and an influx of new nurses further reduces costs to the hospital.

Outcome:
The University of Portland School of Nursing has been able to triple the number of faculty members it employs since 2003.

Modifications to Model:
None

Contact Information:
Terry Misener
Dean, University of Portland School of Nursing
Telephone: (503)943-7509
E-mail: misener@up.edu

Joanne Warner
Associate Dean, University of Portland School of Nursing
Telephone: (503)943-8045
E-mail: warner@up.edu
Website: http://nursing.up.edu/

Providence Scholars

A Partnership Between Providence Health System and The University of Portland

Providence Scholarship Criteria and Frequently Asked Questions

1. *What is the Providence Scholars program?*

   The Providence Scholars program, a partnership between Providence Health System (PHS) and University of Portland, has been created to address the national nursing shortage. Those students selected to be Providence Scholars will have 100% of their tuition paid for by PHS and the University of Portland. The Providence Scholars program applies to the Junior and Senior years of the traditional nursing program (Bachelor of Science in Nursing) and the pre-licensure component of the Alternative Entry to the Nursing Master's Program of the University of Portland (AEM UP). The student will sign a three-year employment contract with PHS in exchange for the tuition coverage. Since this is a loan, there will be a tax obligation on these funds.

2. *What are the eligibility requirements to be a Providence Scholar?*

   - Admission into the University of Portland School of Nursing.
   - Completion of prerequisites for the Nursing Program. These can be completed at University of Portland, another university, or community college.
   - Commitment contract to a three year employment agreement with Providence Health System.
   - U.S. citizenship or a Permanent Resident of the United States **at the time of application.**

3. *What is the application process?*

   The application process includes:
   - Acceptance to University of Portland Nursing Program
   - Completion of a scholarship application form
   - Achieving a minimum cumulative 3.25 GPA and a cumulative 3.0 science GPA for required science courses
   - Description of previous leadership, community service and work experience
   - 500-word essay based on the mission statement of PHS

4. *As a Providence Scholar, will I be able to choose the hospital and clinical area where I want to work?*

   Clinical placement will be based on facility needs throughout the state of Oregon.These facilities include: Providence Hood River Memorial Hospital, Providence Medford Medical Center, Providence Milwaukie Hospital, Providence Newberg Hospital, Providence Portland Medical Center, Providence Seaside Hospital, and Providence St. Vincent Medical Center. Attempts will be made to meet your location preference; however, facility needs must be met first. There may be a chance you will be asked to move out of the Portland area.

5. *If accepted as a Providence Scholar, what is my obligation?*

   Upon graduation Providence Scholars will have a consecutive three year full-time employment commitment to the Providence Health System (PHS) within the state of Oregon.

6. *What is the selection process for the Providence Scholars?*

   The University of Portland School of Nursing will process applications. In the screening process the following factors will be considered: academics; a personal interview; leadership; community service; work experience; an existing relationship with the PHS as an employee or immediate relative of a full-time employee; University of Portland 4-year student; three letters of recommendation, and an essay. Preference will be given to applicants willing to be placed in any PHS location, including Hood River, Medford, Seaside, and Newberg. Applicants that meet the screening criteria will be interviewed by a selection board of PHS employees and University of Portland faculty to assess potential fit as a PHS employee.

7. *Will the Providence Scholars program pay for pre-requisites to get into the nursing program at the University of Portland?*

   No. The scholarship will only pay for the upper division nursing courses, junior and senior years, and pre-licensure component courses for AEM UP.

8. *What if I change my mind about nursing as a major or am unable to fulfill my employment contract?*

   You will sign a contract with PHS that spells out the negotiation process, financial, and payback arrangements if you are not able to fulfill your contract.

9. *Do I have to pay taxes on this scholarship?*

   Yes. Technically, the Scholars Program is a loan repayment agreement. Income taxes will need to be paid because the loan is converted into income when you start working at PHS. Your loan repayment will be calculated into 78 (equivalent to 3 years) equal payments and tax will be assessed on those funds. For more specific advice, check with your tax advisor.

10. *Do I need to show financial need to qualify?*

    No. This is a merit-based scholarship.

11. *Are RN employees who are interested in getting a baccalaureate or master's in nursing degree eligible to be Providence Scholars?*

    Not at this time. However, there is a 30% reduction in tuition at University of Portland for PHS employees who work 32 hours per week.

12. *Are scholarships available for other schools besides the University of Portland?*

    No. The Providence Scholars program is between the University of Portland and PHS only.

13. *What if I want to travel or need to attend to personal business after graduation, do I need to begin my employment directly after graduation?*

    It is expected that you will take your NCELX-RN examination within 60 days of graduation and be ready for employment no later than 60 days after graduation. Special extenuating circumstances require negotiation with PHS.

14. *I am currently enrolled in a community college, what advice can you give me to help qualify me for the Providence Scholars program?*

    Maintain a G.P.A of 3.25 or better and 3.0 in your sciences. Obtain leadership experience. Meet with your college advisor and sign up for the "Bachelor's degree track". Work as a PHS volunteer or employee.

15. *Will I only have clinical experience and clinical rotations at PHS facilities?*

    No. As a Providence Scholar, you will also have clinical experiences in other facilities.

16. *Who is the contact at the University of Portland for the Providence Scholars Program?*

    For more information, contact the University of Portland School of Nursing Office (503-943-7211) or go to http://nursing.up.edu and click on Scholarships > Providence Scholarships.

17. *When is the Providence Scholarship application due?*

    The application is due the same date as the application for admission to the University; January 16, 2007 for the BSN program and December 8, 2006 for the AEMUP program.

University of Portland/Providence Health System Partnership
Providence Scholars Program Application Form

University of Portland
School of Nursing
5000 N. Willamette Blvd.
Portland, OR 97203-5798
Phone (503) 943-7211
Fax (503) 943-7729

Please print or type

Type of program:

☐ Bachelor of Science in Nursing

☐ Pre-licensure component of Alternate Entry Master's at University of Portland (AEM UP)

Name: _____
LAST NAME FIRST NAME MIDDLE INITIAL

Address: _____
STREET/APT. #

_____
CITY STATE ZIP

Phone: _____ Email address: _____
(USUAL DAYTIME CONTACT NUMBER)

Academics

A minimum cumulative 3.25 GPA and a cumulative 3.0 science GPA is required to apply.
The University will calculate your cumulative GPA from official transcript(s).
AND
The University will calculate your GPA in completed science courses: from Anatomy, Physiology, General Biology, and Microbiology grades.

Previous baccalaureate degrees ☐ Yes ☐ No (attach sheet if more space is needed)

Degree/Major: _____ Year: _____ University: _____

Previous master's degrees ☐ Yes ☐ No

Degree/Major: _____ Year: _____ University: _____

Leadership Experience

Leadership (since high school or within the last five years) e.g., club or group officer or board member

List title and briefly describe responsibilities (include dates): _____

Management positions as an employee or employer (since high school or within the last five years)

Briefly describe position and employer (include dates):

Community Service

Briefly describe activities (include dates):

Work Experience

Have you ever worked as a LPN or CNA? ☐ Yes ☐ No

Have you worked in health care in any other capacity? ☐ Yes ☐ No
(List positions under employment record below)

What type of health care work? (List details below)

Employment record:

Position	Employer	Dates

Are you a Providence Health System employee? ☐ Yes ☐ No

If yes, in what department do you work?

Are you the relative of a Providence Health System employee? ☐ Yes ☐ No

What is the relationship?

If yes, in what department does he/she work?

Which hospital or entity? Self: Relative:

Current status of applicant:

I am legally able to work in the United States: ☐ Yes ☐ No
I am currently a University of Portland nursing major: ☐ Yes ☐ No
I am applying as a transfer student (as a junior) to the School of Nursing: ☐ Yes ☐ No
I am applying as an AEM UP student to the School of Nursing's Clinical Nurse Leader option: ☐ Yes ☐ No

References

Three references are required. Applicant will give a reference form and a letter sized envelope that is addressed, *Reference Form Providence Scholars,* to those giving a reference. Include all references with the application package and submit to the University of Portland School of Nursing. (Specific form is to be used). One reference form should be submitted from your *supervisor* if you are employed; an *instructor/teacher* who can speak to your academic aptitude and potential for success in the program if applicable; and *one other non-family* reference that has knowledge of your work attitude, performance, and dependability. The completed reference form is to be returned to the applicant in a sealed envelope with signature across the seal. **References must be in a sealed envelope to be accepted.**

1. Reference

Name/Title: _____ Phone number: _____

2. Reference

Name/Title: _____ Phone number: _____

3. Reference

Name/Title: _____ Phone number: _____

Essay

Attach a 500-word essay based on the mission statement of Providence Health System, which is on the back page of this form.

Note: Your entire Providence Scholars Program application, including the essay and letters of reference, will become part of your Providence employee file if accepted as a Providence Scholar.

I certify that the information set forth in this application is true and complete to the best of my knowledge.

Signature of applicant: _____ Date: _____

Application Submission – The following items are due on the same date as your application to the University of Portland. Please note that the application will not be considered if all three items noted below are not received by the due date. An application to the Providence Scholars Program does NOT mean that you have applied to the University of Portland. Without an application to the University of Portland, your scholarship application will not be considered.

- Application
- Three references
- 500-word essay

Send the above in a large envelope (approximately 9½" x 12") to the address below:

University of Portland
School of Nursing
Providence Scholars Program
5000 N. Willamette Blvd.
Portland, OR 97203-5798

Please call (503) 943-7211 if you have any questions.

Providence Health System Mission

Providence Health System continues the healing ministry of Jesus in the world of today, with special concern for those who are poor and vulnerable. Working with others in a spirit of loving service, we strive to meet the health needs of people as they journey through life.

Vision

To achieve optimal health for individuals and communities, we dramatically improve the organization and delivery of health care services.

Core Values

Respect:
We affirm the God given dignity and worth of each person

Compassion:
We care for each person as part of our family

Justice:
We work for a fair and equitable society

Excellence:
We continually improve all that we do.

Stewardship:
We wisely care for and share human, environmental and financial resources held in trust.

Title: Houston Area Hospitals Donate Nurse Faculty
Type: Hospital/multi-school partnership

Location:
Texas-Houston area

Organizations Involved:
19 local hospitals (see attached)
8 local community colleges (see attached)
Houston Baptist University
Prairie View A&M University
Texas Women's University-Houston Campus
UT Health Science Center-Houston
UTMB Galveston
Greater Houston Partnership
Gulf Coast Workforce Board

Funding Source:
Hospitals "loaned" qualified nurses
Texas legislature

Description:
Nineteen Houston area hospitals donated 12,000 hours of teaching over the fall and spring semester of 2002, allowing 65 individuals employed in clinical settings to serve as nurse faculty at the thirteen nursing schools involved. The nurses were qualified to teach, but due to pay differentials, etc. preferred to work in clinical settings.

Outcome:
Area nursing schools were able to expand enrollment by 163 students within the first year (2002). Students have appreciated the opportunity to work with the clinical agency faculty. The main benefit to area hospitals has been increased recruitment opportunities through exposure to a large nursing student body.

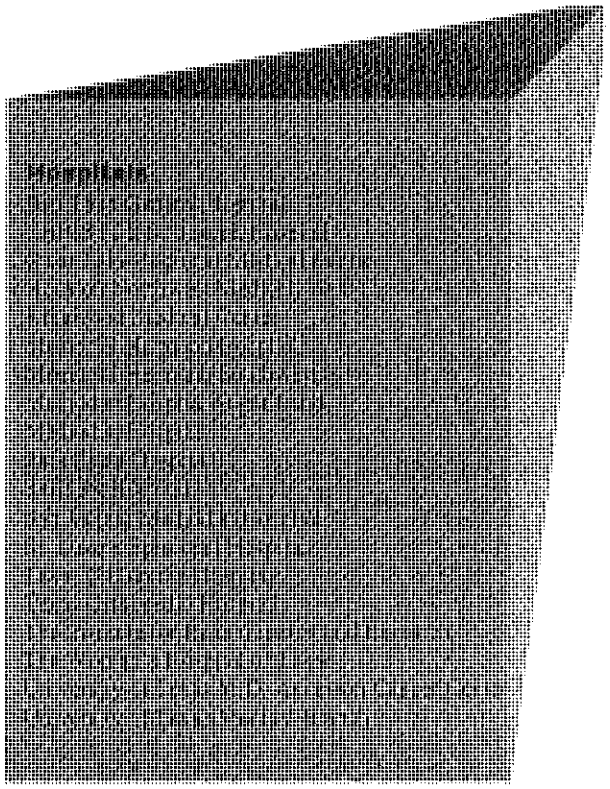
Modifications to Model:
None reported

Contact Information:
Workforce Board
5230 West US 98
Panama City, FL 32401
Phone: 850-913-3285
Fax: 850-913-3269
Webpage: http://www.workforcecenter.org/au_wb.htm

Gerard L. Torres
Greater Houston Partnership

Senior Vice President, Public Policy
Phone: 713-844-3624
Fax: 713-844-0224
Email: gtorres@houston.org
Website: http://www.houston.org/publicPolicy/index.asp

Expanding enrollment by sharing nurse faculty: A collaborative project between hospitals and schools of nursing in the greater Houston area of Texas



Problem:

Texas currently needs 28,000 RN's to meet the national ratio of nurse to population criteria. The Gulf Coast area, which includes the Texas Medical Center with 6,000 patient beds, has set a goal of doubling the current number of 800 entry-level RN graduates per year. The business community and the health care community have teamed together to develop a comprehensive plan to solve both long and short term problems of attracting potential students, providing educational opportunities for students and improving faculty recruitment and retention.

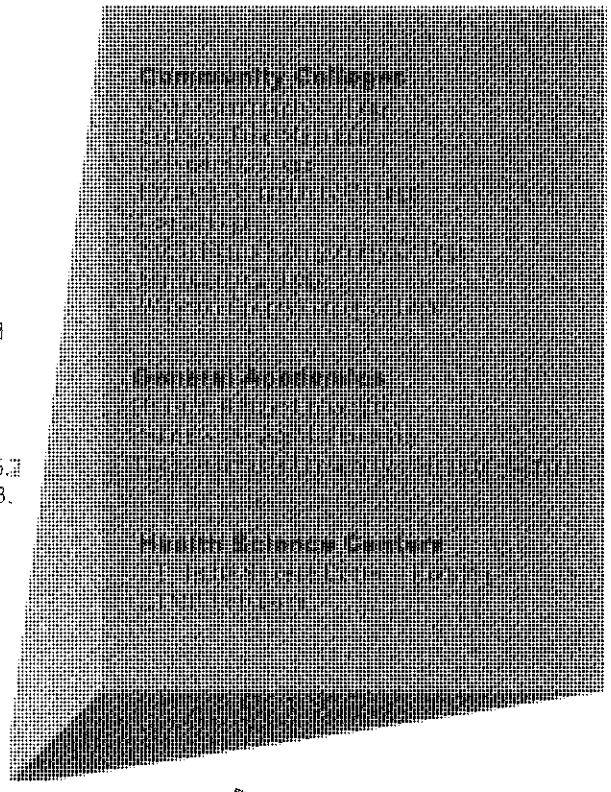
Action:

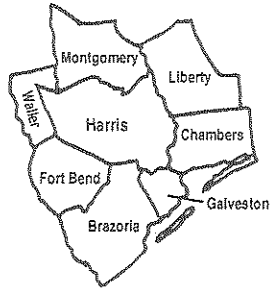
The Greater Houston Partnership and the Gulf Coast Workforce Board formed a Health Services Steering Committee to address common workforce opportunities including marketing of nursing as a career choice, expanding nursing education capacity, changing work environment, and obtaining government assistance. As a result of this and other efforts, the Texas legislature made available an additional 26.3 million dollars to nursing education for the biennium of 2002 and 2003.

Because faculty shortage was a major reason that limited enrollment expansion, the hospitals "loaned" nurses qualified to teach in the 13 nursing schools in the area. A total of 65 individuals employed by 19 different hospitals donated 12,000 hours of teaching over the fall and spring semesters of 2001-2002.

Results:

The nursing schools in the greater Houston area were able to expand enrollment by 163 students in the first year. Plans to continue expansion in 2003 are in place. Student evaluations of the clinical agency faculty have been very positive. Benefits to the hospitals include increased exposure to student body from a school of nursing, increased recruitment pool for nurse technicians, actual recruiting of nurse technicians and relationship building. Additional collaborative projects have been developed which promise to bring about more interaction between nursing service and education.





Title: Texas Higher Education Coordinating Board Recommendations
Type: Hospital/school partnership

Location:
Texas-Statewide

Organizations Involved:
Texas Higher Education Coordinating Board
Cooperating area hospitals (?)

Funding Source:
N/A

Description:
The current faculty to clinical nursing student ratio was one faculty member to every 10 students, which generates 10 clinical nursing students. The proposed model suggests that one faculty member could oversee six clinical preceptors provided by a cooperating hospital and each preceptor could train two students. This model would generate twenty-four clinical students at the same cost, assuming hospital would allow clinical nurses to also serve as on-the-job trainers to nursing students.

Outcome:
No specific data available, but reports indicate that nursing degrees awarded (including two year and four year) at the undergraduate level have increased each year since 2004.

Modifications to Model:
N/A

Contact Information:
Deborah Greene, PhD
Texas Higher Education Coordinating Board
E-mail: deborah.greene@thecb.state.tx.us
Telephone: (512)-427-6130
Website: http://www.thecb.state.tx.us/

Nursing Education: State Policy-Making and Financing

Deborah L. Greene, PhD
Texas Higher Education Coordinating Board

State Support is used for...

- Instruction
- Institutional Support
- Academic Support
- Student Support
- Departmental Operating Expenses
- Physical Plant
- Research

State Appropriations May Include...

- General revenue
- General revenue - dedicated
- Tuition and fees
- Federal grant awards
- Interagency contracts
- Interagency transfers

"Cost Plus" Approach

What you got last year, plus inflation

- By line item
- By school or college

Block Grant Approach

What you got last year, plus inflation

- One number for the institution or system
- Allocation of appropriation within the institution and/or system is a local decision

Formula Funding Approach

Intent:

- Should allocate state funds in a fair and equitable manner
- Should provide adequate funding to support institutional mission
- Should provide incentives for institutions to engage in desirable behaviors
- Should be simple, understandable, stable, and predictable

Formula Funding - Continued

Factors and Concepts

- Semester or contact hours
- Student headcount
- Discipline
- Level of degree
- Mission-based
- Funding formulas reflect how state funds are "earned", not how they must be spent.

Formula Funding - Continued

Supplements

- Base rates
- Premium rates
- Flat amounts
- Adjustments

Performance Funding

Concepts

- Enhanced accountability
- Incentives for institutions to engage in desirable behaviors
- Separate pool of funds, not part of base funding (incentive)
- Same pool of funds as the base (disincentive)

Directed Funding

- "Special Items"
- "Earmarks"
- Sunset of provision

New and Recent Sources

- Tobacco Settlement Funds
- Gaming funds
  - Lottery (direct and indirect)
  - Casino revenues
  - Other gambling revenues

New and Recent Sources - Continued

- Riders
- Special provisions
- Lawsuit settlements
- Nursing practice plans

Other Sources

- Work Investment Act (WIA)
- Medicaid
- Additional dedicated funds

Case Study #1

- *Closing the Gaps by 2015*
  - Participation
  - Success
  - Excellence
  - Research

Closing the Gaps by 2015 – in Nursing Proposed for 2006-2007 Biennium

- Participation
  - Community Colleges $13.2 million
  - Universities $5.3 million
  - Health Science Centers $5 million
- Total – Participation $23.5 million
- Success
  - Community Colleges $8 million
  - Universities $8 million
  - Health Science Centers $4 million
- Total – Success $20 million

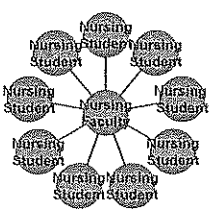
Case Study #2

- The lack of nursing faculty is THE #1 factor preventing increased enrollments in nursing programs in Texas
- Not the lack of qualified students
- Not the lack of clinical sites
- Not the lack of financial aid

Partnership between Hospital System CEOs and the State

- New training model
- Work to retain the nurses we train
- Address the work environment

Partnership between Hospital System CEOs and the State - Continued

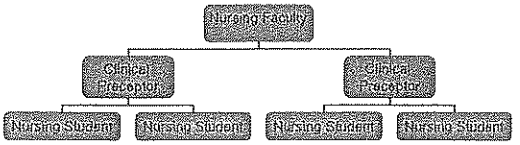


- Current faculty to clinical nursing student ratio is 1 faculty member to 10 clinical students - 1:10
- Would generate 10 clinical nursing students

Partnership between Hospital System CEOs and the State – Continued

- Pilot clinical educational program would have 1 faculty member to 6 clinical preceptors to 2 clinical students – 1:6:2
- Would generate 24 clinical nursing students

Proposed Pilot - Clinical Educational Program



Case Study #3

- Formula funding weights and rates for nursing vary in the 2004-2005 biennium:
  - Community Colleges: $6.86/contact hour
  - Universities: $4.91/SCH-LD, $5.32/SCH-UD, $6.49/SCH-MSN, $16.32/SCH-DOC
  - Health Science Centers: 1.138/FTSE

Case Study #3 - Continued

- Community College Funding = base period contact hours X rate
  - E.g., 2400 Contact Hours X $6.86 = $16,464
- University Funding = base period contact hours by level of instruction X rate for level of instruction X weighted SCH of $51.25
  - E.g., [2400 LD Hours X $4.91 + 3000 UD Hours X $6.49] X $51.25 = $1,601,768
- Health Science Center Funding = base period FTSE X weight X FTSE rate of $9,934
  - E.g., 300 FTSE X 1.138 X $9,934 = 3,391,468

Case Study #3 - Continued

- To improve formula for Nursing to address shortage professions, propose for 2006-2007 biennium:
  - Community Colleges – increase formula by 10 percent for priority areas above proposed cost-based formula rate of $5.34 (less than $6.86 level for 2004-2005 biennium)

Case Study #3 - Continued

- To improve formula for Nursing to address shortage professions, propose for 2006-2007 biennium:
  - Universities – phase in rate changes over two biennium (i.e., 50% change) AND hold loss at no more than 3 percent for any university

Case Study #3 - Continued

- To improve formula for Nursing to address shortage professions, propose for 2006-2007 biennium:
  - Health Science Centers – adopt a separate rate for master's and doctoral nursing education from 1.138 to 1.252

For additional information, please contact:

Deborah Greene; 512-427-6130;
Deborah.Greene@THECB.STATE.TX.US

Title: Washington Nurse Faculty Sharing Program
Type: Hospital/school partnership

Location:
Seattle, WA

Organizations Involved:
University of Washington School of Nursing
University of Washington Medical Center

Funding Source:
University of Washington Medical Center

Description:
The University of Washington Medical Center has agreed to allow experienced staff nurses the opportunity to take a sabbatical as a clinical instructor of BSN students at the University of Washington School of Nursing. The hospital continues to pay the nurse's salary and benefits by rewarding and, thus, retaining, valued staff members. The sabbatical offers the staff nurses a break from clinical work and reduces burnout, while providing the University of Washington school of nurses with much needed faculty resources.

Outcome:
No information available

Modifications to Model:
N/A

Contact Information:
Patrick Tufford
Program Coordinator, BSN and MEPN Programs
University of Washington School of Nursing
Telephone: (206)-616-7898
E-mail: ptufford@u.washington.edu
Website: http://www.son.washington.edu/

University of Washington Medical Center
Community / Media Relations
Telephone: (206)-543-3620
Website: http://www.uwmedicine.org/Facilities/UWMedicalCenter/

Title: Senator Patricia K. McGee Nurse Faculty Scholarship Program
Type: Scholarship program

Location:
New York-all state universities

Organizations Involved:
New York State Higher Education Services Corporation

Funding Source:
New York State Higher Education Services Corporation
State Legislature
Senator Patricia K. McGee

Description:
The Senator Patricia K. McGee Nurse Faculty Scholarship Program awards up to $20,000 or average SUNY cost of attendance to nurses wishing to pursue careers in education. Eligibility requirements include NY residency for at least one year, registered nurse licensed to work in NY, acceptance into a graduate program for nursing at an accredited nursing school in NY, and completion of a service agreement in which the applicant agrees to serve as a nurse faculty in NY for at least four years upon completion of (beginning in 2008) either a master's or doctoral degree. The applicant must also complete their graduate program within three years of receiving funding. Funding is renewable once awarded each year for up to three years. Scholarships are awarded on a competitive basis,

Outcome:
Not available

Modifications to Model:
N/A

Contact Information:
Ronald S. Kermani, Senior VP for Communication
New York State Higher Education Services Corporation
99 Washington Ave. Rm 1315
Albany, NY 12255
E-mail: hescpublicaffairs@hesc.org
Telephone: (518)-473-1264
Fax: (518)-474-5593
Website:
http://www.hesc.com/content.nsf/SFC/Senator_Patricia_K_McGee_Nursing_Faculty_Scholarship_Program

HESC We Help People Pay For College
New York State Higher Education Services Corporation
Your Student Aid Agency
99 Washington Avenue • Albany, New York 12255 | 1-888-NYSHESC | www.hesc.org

SENATOR PATRICIA K. MCGEE NURSING FACULTY SCHOLARSHIP PROGRAM

Senator Patricia K. McGee Nursing Faculty Scholarships are being offered to increase the number of educators and adjunct clinical faculty teaching nursing education in New York State. Awards are made on a competitive basis to applicants who are registered professional nurses enrolling in master's programs that will qualify them as nursing faculty or adjunct clinical faculty.

Eligibility

To be eligible, an applicant must:

- Be a legal resident of New York State for at least one year.
- Be a U.S. citizen or eligible non-citizen.
- Be a registered nurse professionally licensed to work in New York State.
- Have been accepted in a graduate program for nursing at an accredited nursing school in New York State. Commencing with the 2008-09 academic year, new applicants must be approved into a master's or doctoral level nursing faculty preparation program at an approved institution that will qualify the applicant as nursing faculty or adjunct clinical faculty in the State of New York.
- Complete and return a service agreement in which he or she agrees to practice as nursing faculty in New York State for four years.

Service Contract

Successful applicants will be required to complete a service contract in which they:

- Agree to provide at least 12 academic credit hours or its equivalent as nursing faculty or as adjunct clinical faculty providing teaching service for four years at an institution in New York State after completing their graduate degree program.
- Agree to repay the amounts disbursed plus interest if they fail to fulfill their service obligation pursuant to the terms of their service agreement.
- Agree to repay the amounts disbursed plus interest if they fail to complete their graduate program within three years.

How to Apply

Supplements will be available in July 2007. Supplements must be postmarked by August 15, 2007 to be considered.

Scholarships will be awarded on a competitive basis. Once selected, candidates will receive and must complete, sign, and return a service contract.

Once HESC receives the signed service contract, HESC will assign a scholarship identification number.

Duration

Senator Patricia K. McGee Nursing Faculty Scholarship payments are available for up to three years of study. Recipients must complete their graduate program within three years of receiving this scholarship.

Applying for Payment

Once selected, recipients must complete the Free Application for Federal Student Aid (FAFSA) and the subsequent Express TAP Application (ETA) to request payment. This must be done every year they wish to receive payment under this program.

Recipients do not have to submit another Senator Patricia K. McGee Nursing Faculty Scholarship Program Supplement once they have been awarded this scholarship.

Award Payment

The Patricia K. McGee Nursing Faculty Scholarship Awards cover the cost of attendance up to $20,000 annually or the average SUNY cost of attendance, whichever is less. Payments will be made directly to the schools on behalf of students upon certification of eligibility by their colleges or universities.

To ensure continued payment you must:

- Maintain good academic standing. Students must continue to pursue their programs of study and maintain satisfactory academic progress.
- Begin fulfilling your 4-year service obligation within 3 years of completing your graduate program.
- Respond to HESC's annual status reports. You should contact HESC if you do not receive a status report each year.
- Stay in touch - inform HESC if any of your contact information changes.

Questions

Contact the Scholarship Unit at 1-888-697-4372 if you have any questions.

Title: Arizona Senate Bill 1455
Type: Loan forgiveness opportunity-excludes nurse faculty

Location:
Arizona-statewide

Organizations Involved:
Arizona Senate

Funding Source:
Arizona State Government

Description:
Arizona Senate Bill 1455 offers tax credits for the cost of tuition and fees for postsecondary education leading to a degree in nursing. However, this does not include those who are employed in academic settings, only those providing direct patient care and working full-time. Those who are eligible receive the net amount of tuition and fees actually paid by the taxpayer after grants, scholarships, and additional funding have been subtracted. Taxpayers are allowed to carry over unused tax credits to offset future taxes for up to five years.

Outcome:
Bill excludes nurse faculty and provides further incentive for qualified nurses to pursue clinical practice.

Modifications to Model:
N/A/

Contact Information:
No specific contact information available.

Title: Armstrong Atlantic Nursing Education Opportunities
Type: Accelerated degree
Hospital/school partnership

Location:
Savannah, Georgia

Organizations Involved:
Armstrong Atlantic State University

Funding Source:
St. Joseph's Chandler Hospital
Memorial Health University Hospital

Description:
Armstrong Atlantic State University offers a variety of unique education programs geared toward enhancing the educational opportunities of nurses. They offer an advanced track registered nurse program for LPNs seeking educational advancement. The program allows LPNs to challenge, by testing, a selected number of nursing courses (up to a total of 25 credit hours). The program of study and curriculum are attached. The university also offers a RN Options program. The program enables students to earn a bachelor's degree in nursing, and with some addition credits, a master's degree by providing full and part-time study. The university accepts applications year-round and allows students to begin the program during any semester. Also, all nursing courses are offered in the evening to better accommodate those who are employed or who have family obligations. The RN Options program of study and curriculum are attached. Armstrong Atlantic State University provides a seamless transition into graduate education, offering various advanced nursing programs including Adult Health Clinical Nurse Specialist, Adult Nurse Practitioner, Advanced Practice Nursing, Nursing Administration, and a MSN/Master of Health Service Administration dual degree for which the program of study and curriculum are attached.

As these programs require additional faculty, the university sought financial assistance from area hospitals in order to compensate and recruit faculty members. St Joseph's Chandler Hospital and Memorial Health University Hospital "donate" nurses to teach and serve as clinical instructors. The university also provides mentorship in teaching skills to graduate nursing students who wish to pursue careers in academia. All BSN students are encouraged to consider these options as the BSN provides the foundation for additional training.

Outcome:
Not available

Modifications to Model:
N/A

Contact Information:

Camille P.Stern, PhD, RN
Graduate Program Coordinator and Professor of Nursing
E-mail: sterncam@mail.armstrong.edu
Telephone: (912) 927-5311
Fax: (912) 920-6579
Website: http://www.don.armstrong.edu//welcome.htm

ARMSTRONG ATLANTIC STATE UNIVERSITY
Advanced Placement Track (APT)
Curriculum Sequence

Step 1: Meet with APT Advisor in Nursing Department

Step 2: Complete AASU Core Curriculum
(Some courses may be challenged by testing)

SEMESTER 1		SEMESTER 2		SEMESTER 3		SEMESTER 4	
ENG 1101	3	ENG 1102	3	Area F Choice	3	HIST 1111/HIST 1112	3
MATH 1111	3	Area C Choice	3	BIOL 2082	4	Area F Choice	3
Science Lab Seq. I	4	Area E Choice	3	MATH 2200	3	BIOL 2275	4
Area C Choice	3	Science Lab Seq. II	4	ETHICS	2	HIST/POLS 1100	3
Area E Choice	3	BIOL 2081	4	PE	1	Global	2
PE	1	PE	1				
TOTAL	17	TOTAL	18	TOTAL	13	TOTAL	15

Step 3: Apply to the Advanced Placement Track (LPN) of the AASU BSN Program

- Check with advisor or department secretary for application deadlines
- Students must meet the Admission Criteria for BSN Program
- File will be reviewed by Admissions Committee

Step 4: Challenging of Nursing Courses:

Courses that may be challenged:

NURS 3345 Adult Health I (7)*
NURS 3355 Womens Health (5)**
NURS 3425 Children's Health (5)**
NURS 4435 Mental Health (5)***

* Challenge must be completed before first day of nursing classes.
**Challenge must be completed by mid-term of first semester to allow progression.
***Challenge must be completed by mid-term of second semester to allow progression.

Courses required of all APT students:

NURS 3304 Professional Nursing (3) or
NURS 3306 Transitional Concepts (3)
NURS 3308 Pharmacology (3)
NURS 3309 Pathophysiology (4)
NURS 3320 Physical Assessment (4)
NURS 3340 Family Nursing (2)
NURS 4345 Adult Health II (7)
NURS 4440 Population Focus Nursing (5)
NURS 4445 Nursing Research (3)
NURS 4450 Leadership/Management (5)
NURS 4460 Seminar (3)
NURS Elective (3)

Armstrong Atlantic State University
Department of Nursing
RN Options (Post Licensure Track)

NURS 4000 (3-0-3) Professional Nursing Practice
NURS 4002 (3-0-3) Leadership & Management
NURS 4003 (3-0-3) Health Care Systems and Policy
NURS 4004 (2-3-3) Health Assessment of Individuals
NURS 4005 (3-6-5) Population-focused Community Nursing
NURS 4007 (2-0-2) Culture and Families
NURS 4008 (3-0-3) Pathophysiology/Pharmacology
NURS 4445 (3-0-3) Nursing Research
RNO TOTAL: 25 Hours

BSN Option	MSN Option
NURS 4006 (3-0-3) Prof Role Synthesis	Graduate Application and Admission to MSN Option
NURS Elective (3-0-3)	
BSN Option Total 31 Hrs Competency Credit 33 Hrs Total Hrs in Major 64 Hrs	RNO 25 Hrs Competency Credit 33 Hrs NURS 7754 (3-0-3) 3 Hrs NURS 7756 (3-0-3) 3 Hrs Total RNO & MSO 64 Hrs
Core Area A-E 42 Hrs Core Area F 18 Hrs Phys Ed 3 Hrs BSN Degree 127 Hours	Choose MSN Track ↓ MSN Track
Degree: BSN	Degree: BSN and MSN

RN's with Baccalaureate Degrees in another field or discipline may be eligible to apply directly for admission to the Graduate Program in Nursing. Additional information may be obtained from the Department of Nursing.

Armstrong Atlantic State University
RN Options (Post Licensure)
Program of Study and Progression Record

NAME:_____ SID: _____

ADDRESS: _____ PHONE: _____

PREVIOUS DEGREE: _____ REGENTS EXAM: _____ DATE: _____

Semester Requirements	Semester Hours	AASU	Transfer	Grade	Remarks
Area A - Essential Skills	9				
ENGL 1101	3				
ENGL 1102	3				
MATH 1101 or 1111 or 1113 or 1161	3				
Area B - Institutional Options	4				
Ethics and Values -Chem 2600, Ethc 2000, Phil 2251, Phil/Posc 2390, Pols 1200, Eng 2000, Hist 2000, Gwst 2101	2				
Global Perspectives - Anth 1150, Chem 2200, Crju 2010, Econ 1150, Eng 2050, Euro 2000, Geog 1100, Geog 2120, Hist 1111, Hist 1112, Hist 1112H, Hist 2100, HLPR 2010, Hons 2000, Pols 1150, Pols 2290, Publ/Pols 2250	2				
Area C - Humanities and Fine Arts	6				
Literature or Philosophy Engl 2100, Engl 2100H, Phil 2201, or Phil 2251	3				
Art, Music or Theater Appreciation Arts 1100, Arts/Musc 1270, Arts 2710, Arts 2720, Musc 1100, Thea 1100, Thea 1200, Thea 2410	3				
Area D - Science, Math, and Technology	11				
Chemistry or Physics Lah Sequence Biol 1107/1108, Chem 1151/1152, Chem 1211/1212, or 1212H, Phys 1111/1112, or Phys 2211/2212 Or any two of the following: Biol 1107, Chem 1151, Chem 1211, Phys 1111, Phys 2211	8				
MATH 2200	3				
Area E - Social Sciences	12				
World Civilization -Hist 1111 or 1112, 1112H	3				
American and Georgia History and Government - Hist/Pols 1100	3				
Social Sciences- one course selected from: Anth 1102, Econ 2105, Econ 2106, Psyc 1101,Psyc 1101H, Soci 1101	3				
Social Sciences - one course selected from: Anth 1102, Econ 2105, Econ 2106, Psyc 1101, Psych 1101H Soci 1101, Hist 1111, Hist 1112, Hist 1112H, Hist 2111, Hist 2112, Pols 2100, Geog 2120, Gwst 1101	3				

Semester Requirements	Semester Hours	AASU	Transfer	Grade	Remarks
Area F - Courses appropriate to major	18				
BIOL 2081	4				
BIOL 2082	4				
BIOL 2275	4				
Two courses selected from: Psyc 1101, Psyc 2950, Soci1101	6				
Physical Education	3				
MAJOR COURSES	64				
RN Options	25				
NURS 4000 - Professional Nursing Practice	3				
NURS 4002 - Leadership and Management	3				
NURS 4003 - Health Care Systems & Policy	3				
NURS 4004 - Health Assessment of the Individual	3				
NURS 4005 - Population Focused Community Nursing	5				
NURS 4007 – Culture and Families	2				
NURS 4008 – Pathophysiology/Pharmacology	3				
NURS 4445 - Nursing Research	3				
BSN Option	6				
NURS 4006 - Professional Role Synthesis	3				
NURS Elective	3				
MSN Option	6				
NURS 7754 - Prof Roles: Issues & Concerns	3				
NURS 7756 - Health Policy	3				

Armstrong Atlantic State University
Program of Study
Master of Science in Nursing/
Master of Health Services Administration Dual Degree

Student: _____ SS# _____
Last First Middle

Mailing Address: _____
Street City State Zip

Telephone Number: _____ _____
Home Office/Work

Course Number	Course Title Core Courses – 12 Hours	Hrs.	Term/Year Completed	Grade
NURS 7750	Theory Development in Nursing	3		
NURS 7752	Research Design in Nursing	3		
NURS 7754	Professional Roles: Issues and Concerns	3		
NURS 7756	Health Policy Concerns in Delivery Systems	3		
	Support Courses – 15 Hours			
PUBH 7100	Foundations of Public Health, Concepts, and Administration	3		
PUBH 7110	Epidemiology	3		
PUBH 7200	Biostatistics	3		
MHSA 8650	Operations Management	3		
MHSA 8625 NURS 8868	Health Informatics Or Health Information Systems	3		
	Major Courses – 27 Hours			
NURS 8861	Foundations of Nursing Administration	3		
NURS 8862	Financial Management for Nurse Administrators	3		
NURS 8863	Marketing	3		
NURS 8864	Legal and Ethical Nursing	3		
NURS 8865	Nursing Administration Practicum	3		
MHSA 8610	Healthcare Economics	3		
NURS 8897	Project	3		
MHSA 8913	Health Services Administration Practicum III	3		
	Elective (Approved at 7000 or 8000 level in a related health discipline)	3		
	Optional Courses			
NURS 8895	Independent Study	3		
NURS 8896	Selected Topics in Nursing	3		
NURS 8899	Thesis	6		

TOTAL 54 Hours

Approved:

_____ _____
Student Date

_____ _____
Advisor Date

_____ _____
Coordinator Date

_____ _____
Dean of Graduate Studies Date

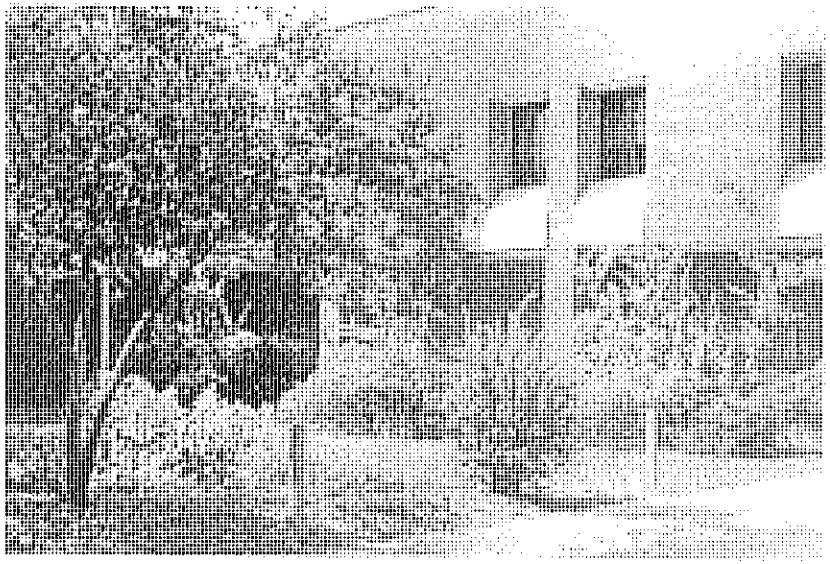
Revised Fall 2006

Armstrong Atlantic State University

Savannah, GA

College of Health Professions

Programs



Undergraduate:

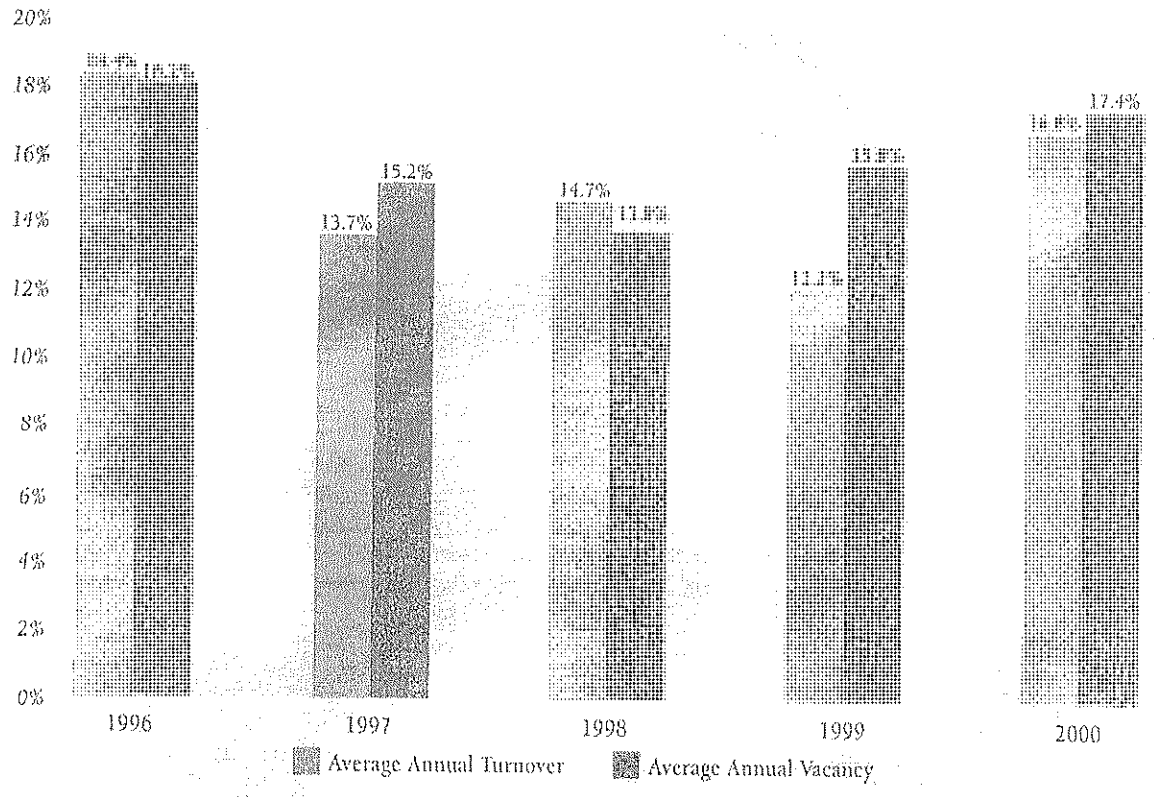
- Dental Hygiene
- Health Sciences
- Nursing
- Radiography
- Radiation Therapy
- Respiratory Therapy

Graduate (Masters):

- Nursing
- Public Health
- Health Administration
- Physical Therapy

Nursing Shortages

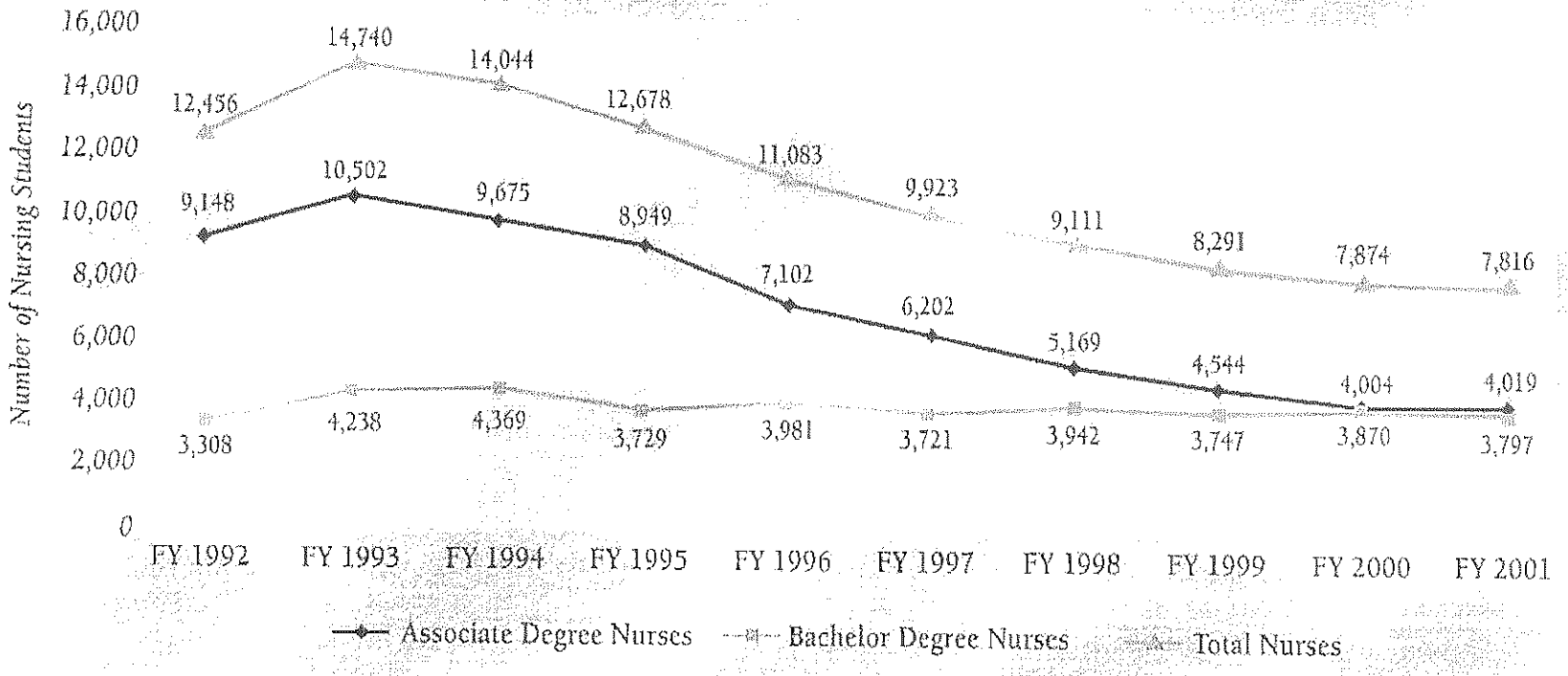
GRAPH 3 *GEORGIA PUBLIC HEALTH NURSING ANNUAL TURNOVER AND VACANCY RATES*



Source: Georgia Division of Public Health, Georgia Department of Human Resources

Nursing Program Enrollments

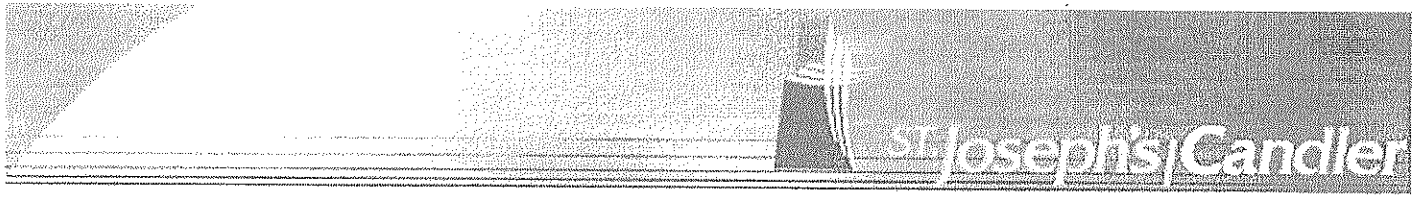
GRAPH 5 *ENROLLMENT IN UNIVERSITY SYSTEM OF GEORGIA NURSING PROGRAMS*



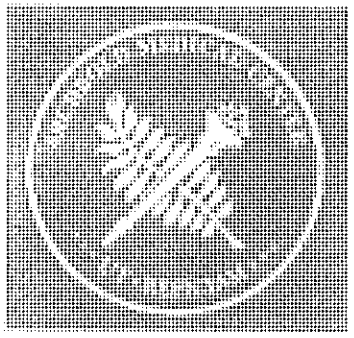
Source: Board of Regents, University System of Georgia, Office of Research and Policy Analysis
Note: Data depicted does not include masters and doctoral level students

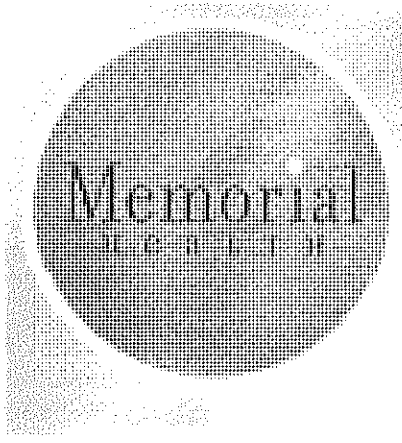
Increase Enrollments?

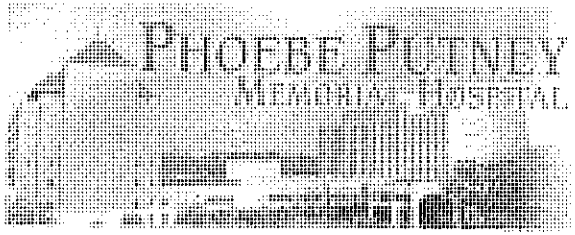
- Requires:
  - More faculty
  - More clinical slots
  - More clinical faculty
  - More teaching space
- Fast Track uses these resources more efficiently

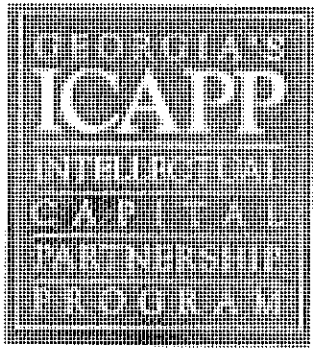


Fundamental Approach: Partnerships with Healthcare Systems, Government









College of Health Professions

Partnerships

- AASU has working partnerships in both Nursing and Medical Technology
  - Will focus upon nursing
  - But will draw examples from both

AASU Nursing Program (BSN)

- First two years – core courses
- Third and fourth year
  - Didactic nursing courses
  - Clinical nursing courses
  - Clinical experiences

Nursing Fast Track – Accelerates Time to Graduation

- Four Consecutive Semesters, including one or two summers, depending upon of start date
- Two admissions per year: August and January
- Requires more ***faculty***
- Begun in summer 2001 with significant contributions from healthcare systems
  - St. Joseph's/Candler Hospital
  - Memorial Health University Hospital
  - With the promise to seek additional outside funding

Advantages to Hospitals

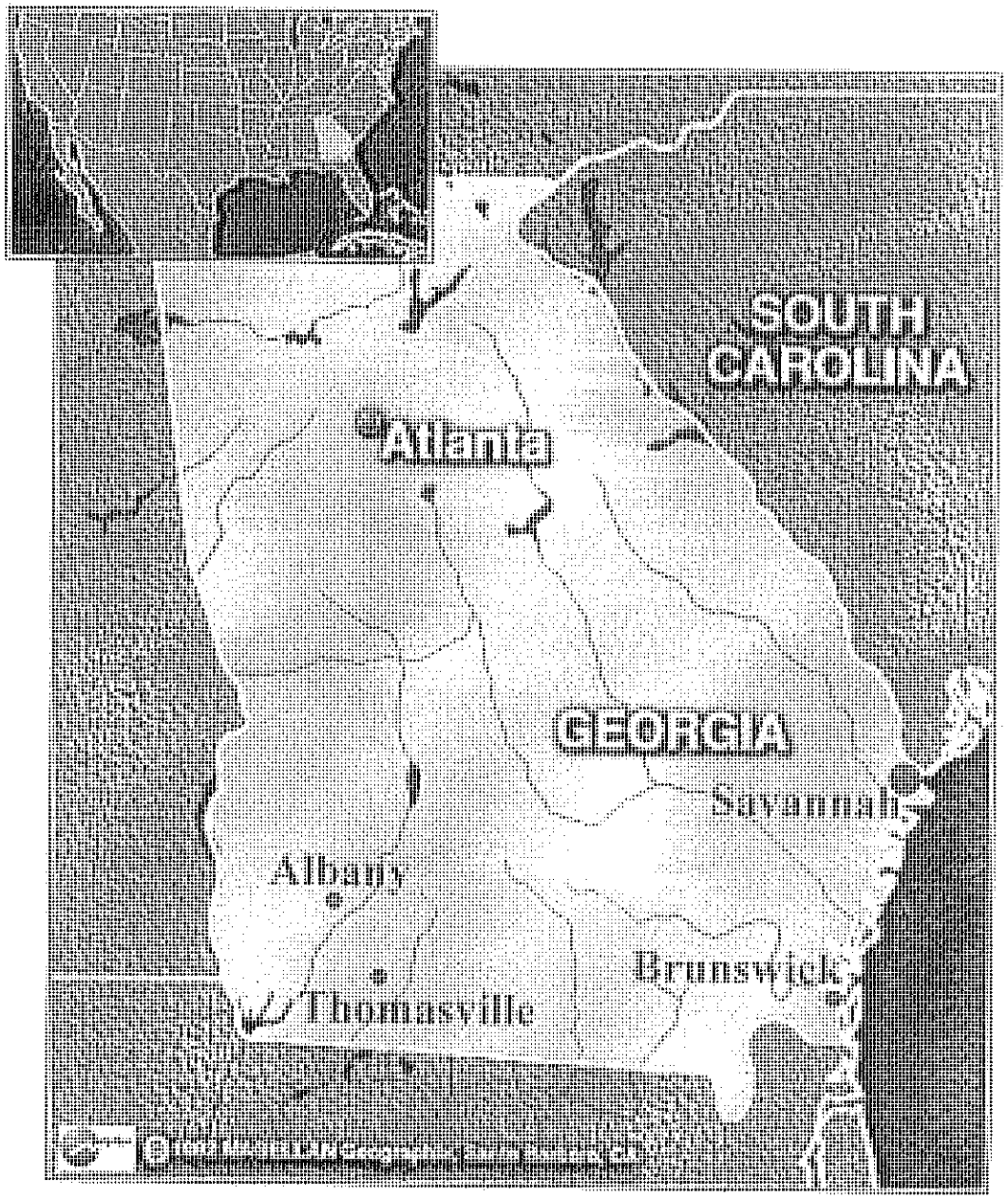
- Can develop agreements with students
  - to work for hospital for determined period of time = service cancelable loans
  - Stable Workforce
- **Cost savings** relative to current recruitment strategies – increased number of local graduates reduces recruitment costs
- Predictable and dependable supply of Health Professionals = *Quality Services*
- Opportunity to provide feedback on curriculum

The Mix

- Success comes from the appropriate mix of funding sources:
  - Corporate (hospital) partnerships
  - University commitment to sustainability
  - Commitment to obtain external support
    - State programs
    - Federal programs
    - Grants

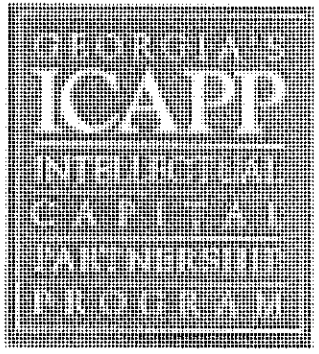
AASU Healthcare Partners

- Nursing
  - St. Joseph's/Candler Hospital, Savannah
  - Memorial Health University Medical Center, Savannah
  - Southeast Regional Health System, Brunswick
- Medical Technology:
  - St. Joseph's/Candler Hospital, Savannah
  - Memorial Health University Medical Center, Savannah
  - Phoebe-Putney Health System, Albany
  - Archbold Hospital, Thomasville



College of Health Professions

State Support



- Intellectual Capital Partnership Program (ICAPP)
- Requires job commitment and resources from companies
- Partners with Universities and Colleges
- Reduced corporate cost of partnerships

Federal Funding

- Rural Technology Network
  - Currently involving only medical technology
  - Will expand to address other workforce shortages
  - Partner with Darton College in Albany, GA
  - Funded by congressional grant
- HRSA Career Ladder grant pending

The Model for Addressing Workforce Needs

- Partner with Healthcare Institutions – ***They Will save money***
- Strive to provide training for a population that has limited access
- Establish terms of commitment that are beneficial to both university and company
- Seek alternative funding
- Take steps to insure sustainability

Strategies for Developing Faculty

- Additional faculty funded by partnerships and ICAPP – temporary, allows development of new faculty without commitment of a major move
- Incentives for faculty to earn doctoral degrees
  - Salary increase upon conferring of degree
  - Tuition assistance
  - Georgia's Nursing Faculty Scholarship Program

Strategies for Developing Faculty

- Mentorship in teaching skills
- Increased enrollment generates additional students interested in academic careers
  - Particularly, identify graduate students who become interested in academics and can be developed into faculty
- Hospitals "loan" staff to teach in our program – develop potential as faculty

Summary

- Healthcare workforce needs can be addressed through partnerships
  - Universities
  - Health Care Systems
  - Government
- More efficient use of resources
- These partnerships combine the strengths of the participants to address a need

Title: Nursing Faculty Loan Forgiveness Program
Type: Loan forgiveness opportunity

Location:
Vermont-Statewide

Organizations Involved:
Office of Nursing Workforce-University of Vermont
Vermont State Legislature
Senators Kittel and Bartlett
Representative Vincent
Vermont State Nurses Association
Vermont Organization of Nurse Leaders

Funding Source:
Vermont State Government

Description:
Since most state and federal nurse loan forgiveness programs exclude those employed as nurse faculty, the Vermont Office of Nursing Workforce is working to pass legislation aimed at developing the Nursing Faculty Loan Forgiveness Program. The Office of Nursing Workforce provided supportive officials with proposed legislation and provided information regarding the nursing shortage and its impact to legislators as requested. The 2004 legislative session resulted in no action on the bill and the bill was reintroduced in 2005. The Office of Nursing Workforce hosted a Nurses' Week celebration on the state house lawn in order to promote the bill and testified as to the success of loan forgiveness programs in front of the House Appropriations Committee. In April 2006, the state of Vermont passed the legislation, allowing $50,000 to support nurse faculty loan forgiveness for fiscal year 2006. Requirements include employment as a Vermont nurse educator/faculty, outstanding educational debt incurred in pursuit of an advanced nursing degree, and employment at least part-time as a nurse educator/faculty during the academic year. Applicants who receive an award are also required to serve for at least one year as a nurse educator/faculty in Vermont.

Outcome:
No direct info on faculty improvements-e-mail in to contact. Nursing school enrollment up 21% statewide since implementation of program.

Modifications to Model:
N/A

Contact Information:
Mary Val Palumbo, DNP, APR
Director, Office of Nursing Workforce, University of Vermont
106 Carrington Drive, 105 Rowell Bl.

Burlington, VT 05405
E-mail: mary.palumbo@uvm.edu
Website: http://www.uvm.edu/~nursing/ and http://www.choosenursingvermont.org/

Title: Nurses for a Healthier Tomorrow
Type: Recruitment campaign

Location:
Nationally

Organizations Involved:
Nurses for a Healthier Tomorrow-Coalition of 43 leading nursing and healthcare organizations

Funding Source:
Lippincott, Williams, & Wilkins
Helene Fuld Health Trust
JWT Specialized Communications
NurseWeek
Nursing Spectrum
*various other contributors

Description:
Nurses for a Healthier Tomorrow has launched a nationwide advertising campaign aimed at recruiting nurse faculty entitled, "Nursing Education....Pass it On." The campaign consists of four different print ads detailing first-person testimonials from nurse faculty and providing information on loan repayment programs and benefits associated with pursing a career in nursing education. See attached advertisements.

Outcome:
Data not available

Modifications to Model:
N/A

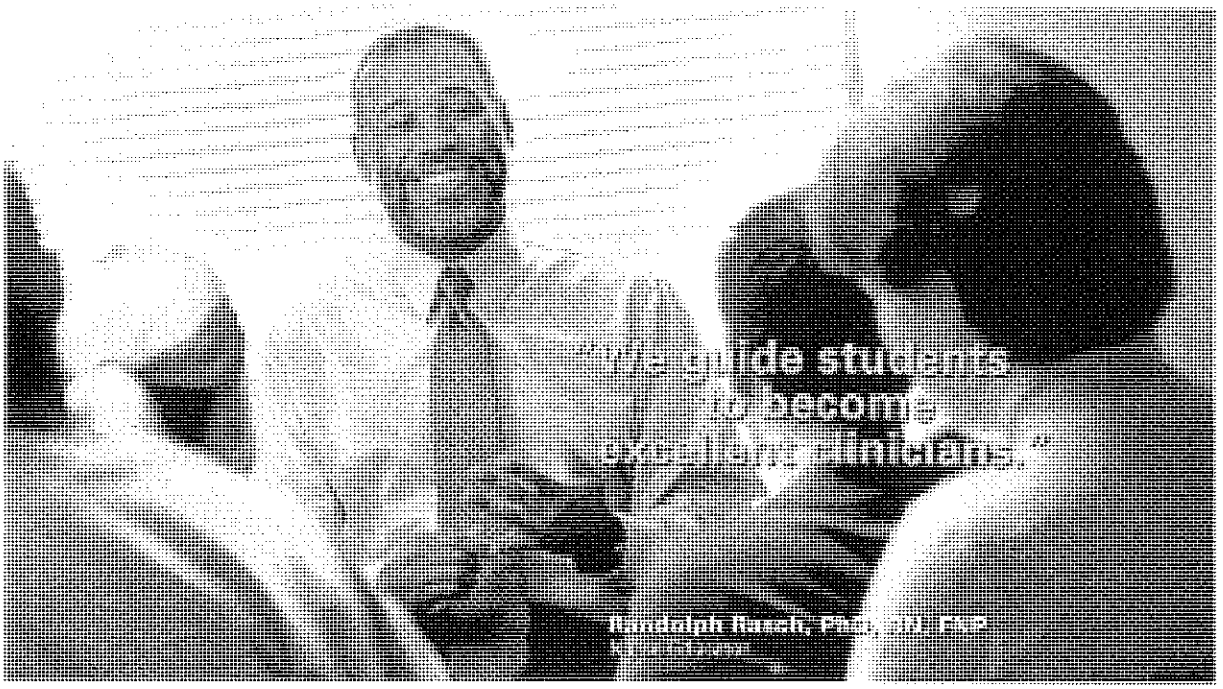
Contact Information:
Elizabeth Dole and Luci Baines Johnson, Honorary Chairs
Contact e-mail: rrosseter@aacn.nche.edu
*Website does not provide a specific contact person or phone number
Website: www.nursesource.org

"The nursing community has always risen to challenges facing the profession and health care. It is essential that nursing service and nursing education co-create innovative programs to assure the availability of a qualified nursing workforce today and in the future. It is our moral and professional obligation to the public and profession."

— Linda Burnes Bolton, DrPH, RN, FAAN, Vice President and Chief Nursing Officer, Cedars-Sinai Medical Center, Los Angeles

ISSUE FIVE, FEBRUARY 2004

NURSING. IT'S REAL. IT'S LIFE.



Nurses for a Healthier Tomorrow launches campaign to increase number of nurse educators

Nurses for a Healthier Tomorrow, a coalition of 43 leading nursing and health care organizations addressing the nursing shortage, is launching a national advertising campaign titled "Nursing education … pass it on."

The goal of the campaign is to increase the number of nurse educators – a shortage of which is causing some nursing schools to turn away prospective students.

"We're in the middle of a nursing shortage in this country," explains Ada Sue Hinshaw, PhD, RN, FAAN, dean and professor, University of Michigan School of Nursing. "We cannot afford to have colleges and universities deny nurse education to students who want to enter the profession simply because we don't have enough teachers."

According to the American Association of Colleges of Nursing (AACN), a Nurses for a Healthier Tomorrow member, U.S. nursing schools turned away more than 11,000 qualified applicants in 2003. This is significantly up from the more than 5,000 students turned away in 2002. Almost 65 percent of the reporting nursing schools cited faculty shortages as the reason for not accepting all qualified applicants into entry-level baccalaureate programs.

Based on preliminary reports from the National League of Nursing's (NLN) 2003 Annual Survey of Schools of Nursing, NLN projects that there will be more than 30,000 qualified applicants not accepted and placed on a waiting list for all three basic RN education programs (diploma, associate degree and baccalaureate). NLN is a Nurses for a Healthier Tomorrow member.

Those shortages are expected to worsen in the coming years because more nurse faculty will be retiring, academic compensation is not keeping pace with pay in the business sector and fewer nurses are graduating with the advanced degrees needed to teach.

To combat this problem, the new faculty recruitment ads convey the personal satisfaction and rewards nurse educators receive. They do this through first-person testimonials. They also direct audiences to the coalition's Web site – www.nursesource.org – where visitors can learn more about nurse education careers.

"'Nursing education … pass it on' expresses the essence of what it means to be a nurse educator – to convey the academic knowledge one possesses, as well as the practical experience one has gained in clinical practice," explains Greta Sherman, senior partner of JWT Specialized Communications, a Nurses for a Healthier Tomorrow sponsor and creator of the faculty recruitment advertising campaign.

The "Nursing education … pass it on" campaign consists of four print ads, one Web banner and 8 x 11 fliers.

This is one of many strategies around the country to address the nursing faculty shortage. In February 2003, Congress appropriated $20 million in funding for new programs created under the new Nurse Reinvestment Act. This legislation includes $3 million for a Nursing Faculty Loan Program that provides loan forgiveness for students in graduate programs who agree to work as nurse faculty upon graduation. Funding through this program will be dispensed by schools of nursing to students pursuing a faculty career.

In the fall of 2001, the Nurses for a Healthier Tomorrow coalition launched a national advertising campaign to address the nursing shortage. Titled "Nursing. It's Real. It's Life.," the goal of the ads was to boost the attractiveness of nursing as a profession.

According to a 2002 report issued by the U.S. Department of Health and Human Services' Health Resources and Services Administration, if current trends in nursing-care supply and demand continue, the nursing shortage will reach 20 percent within the next 12 years, and 29 percent by 2020.

Major sponsors of the Nurses for a Healthier Tomorrow faculty recruitment campaign include Platinum sponsor Lippincott Williams & Wilkins, Gold sponsor JWT Specialized Communications, *NurseWeek*, *Nursing Spectrum*, Marsh Affinity Group Services and the Rollin M. Gerstacker Foundation.

Faculty recruitment ads will run in array of nursing publications

Campaign features four faculty nurses

The Nurses for a Healthier Tomorrow advertising campaign, "Nursing education … pass it on," features messages aimed at nurses and nursing students who may consider a career in nursing education. Four nurse educators were chosen for the campaign, and through first-person testimonials, they demonstrate the professionalism and passion necessary to educate America's future nurses.

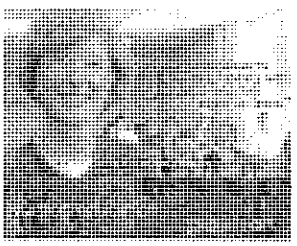
The following nurses are featured in the campaign:

Joanne Pohl, PhD, RN, ANP, FAAN – Associate Professor and Associate Dean for Community Partnerships at the University of Michigan School of Nursing in Ann Arbor, Mich.

Randolph Rasch, PhD, RN, FNP – Professor and Program Director in the Family Nurse Practitioner Specialty at Vanderbilt University School of Nursing in Nashville, Tenn.

Carol Toussie Weingarten, PhD, RN – Associate Professor in the College of Nursing at Villanova University in Villanova, Pa.

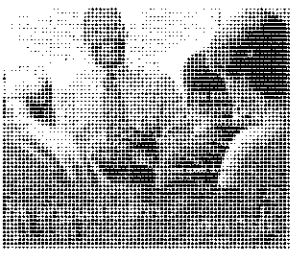
Debi Venditelli, MSN, RN – Associate Professor in the Department of Nursing at Schoolcraft College in Livonia, Mich.



NURSES for a Healthier Tomorrow

Joanne Pohl, PhD, RN, ANP, FAAN, has been teaching for more than 25 years. She has research, teaching and practice responsibilities, including overseeing two academic nurse-managed centers and school-based clinics in Ann Arbor.

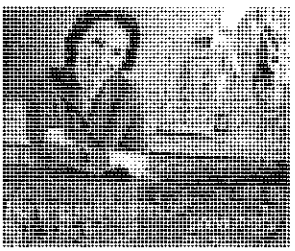
"Nursing education today is a stimulating and fulfilling way to prepare and influence health care providers for tomorrow," Pohl said. "I value the variety of roles in nursing education. I am able to combine the best of nursing – education, research, practice and administration."



NURSES for a Healthier Tomorrow

Randolph Rasch, PhD, RN, FNP, is the first black male to earn a PhD in nursing and the first black male to earn a master's of science in nursing degree as a family nurse practitioner. He has been teaching since 1975 and has worked as a public health nurse and family nurse practitioner. He initially became an educator because teaching is a way to multiply his ability to provide care for people.

"In practice, care is directly provided to individuals, families and communities. In teaching, you can still provide that care and prepare more nurses to provide care," Rasch said. "I was interested in the campaign because it was a way to encourage other nurses to consider nursing education. It is something that I have done with my students since I first started teaching."

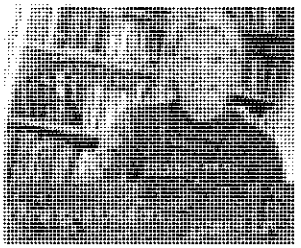


NURSES for a Healthier Tomorrow

Carol Toussie Weingarten, PhD, RN, began her career as a staff nurse in an adult medical-surgical teaching unit. Two years later, she began graduate study and often worked with students in obstetric units during the day and as part of the staff in the adult intensive care units in the evenings. Working simultaneously at both ends of life taught her the enjoyment of adapting to new settings and cultivated a broad appreciation for nursing.

"I have a career that I love and that combines the best of the worlds of nursing and of teaching. Being clinically involved helps my teaching, and teaching helps my clinical work," Weingarten said. Even as a full-time educator, she remains involved clinically, dividing her time between the Villanova campus and the surrounding Philadelphia area.

"As nurses, we are essential to the health of our communities, be they local or global," she said. "As nurse educators we ensure that our communities have the nurses who are prepared to meet current and future health needs and to lead the next generation of health-care providers."

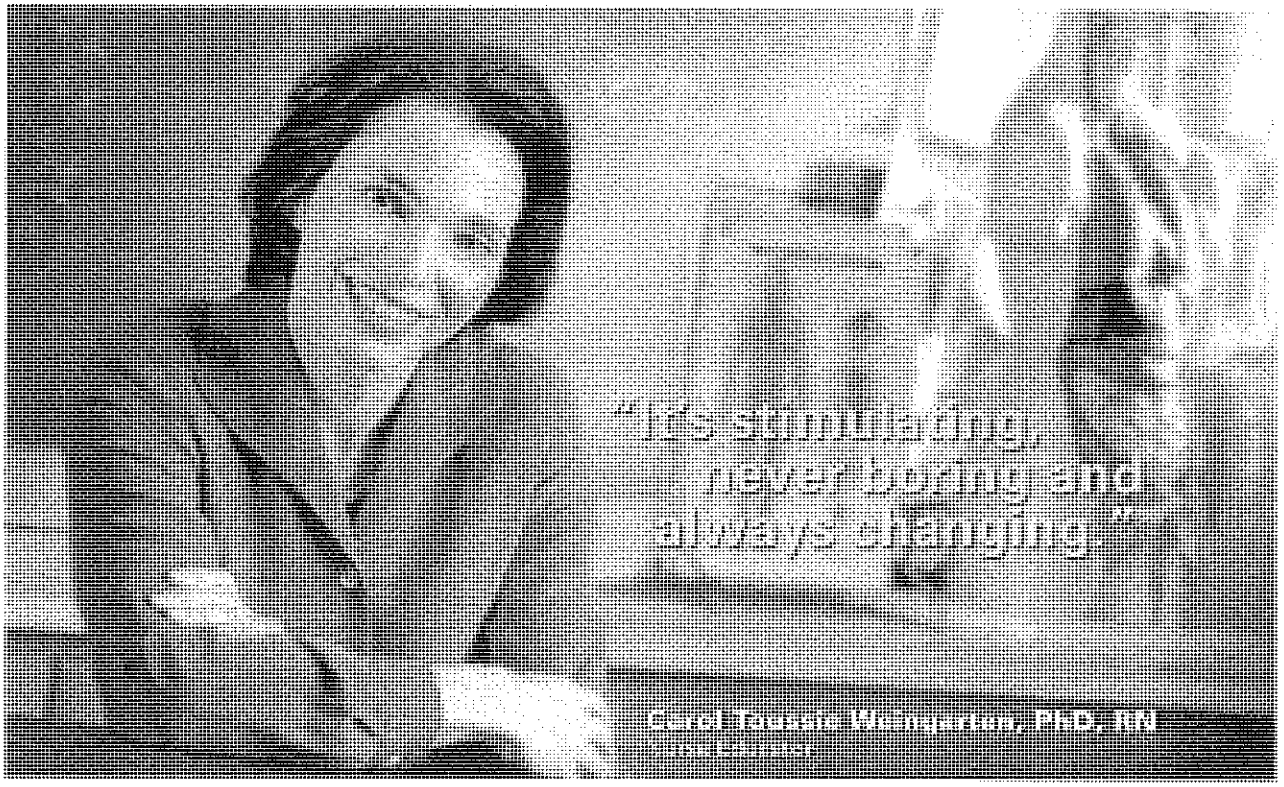


NURSES for a Healthier Tomorrow

Debi Venditelli, MSN, RN, has been involved with nursing at all levels: staff nursing, management, education and advanced practice. Her clinical experience spans medical-surgical, intensive care, emergency and community health nursing. She currently is a full-time nursing instructor and also does medical-legal consulting for defense attorneys.

Venditelli said she wants to get more nurses interested in becoming instructors.

"Being a nursing instructor in classroom, lab and clinical settings is always challenging and never boring," she said. "Being able to teach others the art and science of nursing is an honor. It gives me great personal satisfaction to help students with critical thinking processes and to see them progress from novice students to new graduates."



Nursing faculty shortage facts and factors

In a time when more nurses are desperately needed, it's disheartening that many qualified nursing school applicants are being turned away. Much of this is attributed to the nursing faculty shortage. Here's some background information about the nurse educator shortage:

- Nursing schools turned away more than 11,000 qualified applicants across the United States in 2003 due to insufficient number of faculty, clinical sites and class room space, according to the American Association of Colleges of Nursing's (AACN) report on 2003-2004 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing. Almost two-thirds (64.8 percent) of the nursing schools responding to the 2003 survey pointed to faculty shortages as a reason for not accepting all qualified applicants into entry-level baccalaureate programs. *(www.aacn.nche.edu)*

- According to a study released by the Southern Regional Board of Education (SREB) in February 2002, a serious shortage of nurse faculty was documented in all 16 SREB states and the District of Columbia. Survey findings show that the combination of faculty vacancies (432) and newly budgeted positions (350) points to a 12-percent shortfall in the number of nurse educators needed. Unfilled faculty positions, resignations, projected retirements and the shortage of students being prepared for the faculty role pose a threat to the nursing education workforce over the next five years. *(www.sreb.org)*

- According to a Special Survey on Vacant Faculty Positions released by AACN in June 2003, 614 faculty vacancies were identified at 300 nursing schools across the country. The data show a nurse faculty vacancy rate of 8.6 percent, which is an increase from the 7.4 percent vacancy rate reported in 2000. Most of the vacancies (59.8 percent) were faculty positions requiring a doctoral degree.

Many factors are contributing to the faculty shortage: faculty age, inadequate compensation and lack of master's and doctoral programs in nursing.

- Faculty age continues to climb, narrowing the number of productive years nurse educators can teach. According to AACN's report on 2002-2003 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing, the median age of nurse faculty is 51.2 years. The average ages of doctorally prepared nurse faculty holding the ranks of professor, associate professor and assistant professor were 56.6, 54.2, and 50.5 years, respectively. The average age for all faculty ranks prepared at the master's degree level is 48.8 years.

- Also, a wave of faculty retirements is expected across the United States over the next decade. According to a March/April 2002 *Nursing Outlook* article, "The Shortage of Doctorally Prepared Nursing Faculty: A Dire Situation," the average retirement age for nurse faculty is 62.5. The authors project that between 200 and 300 doctorally prepared faculty will be eligible for retirement each year from 2005 through 2012, and between 220 and 280 master's-prepared nurse faculty will be eligible for retirement between 2012 and 2018. *(www.us.elsevierhealth.com/product.jsp?isbn=00296554)*

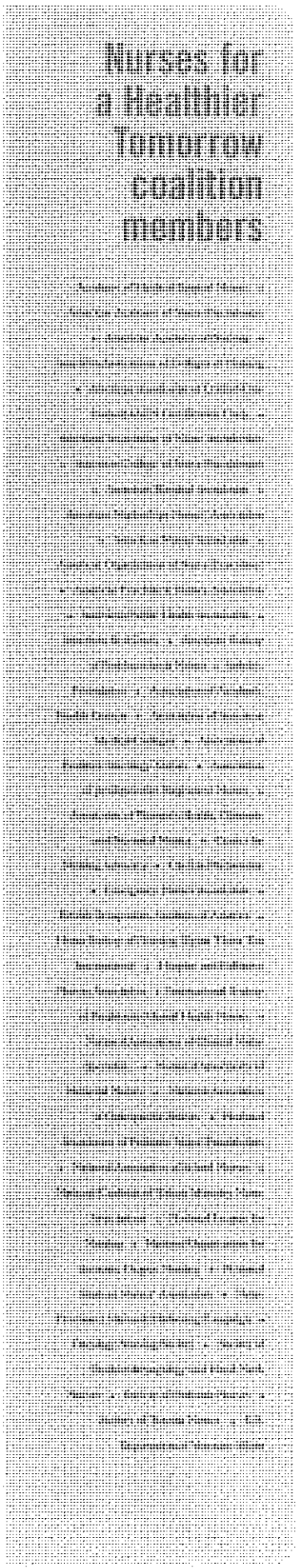
- Higher compensation in clinical and private-sector settings is luring current and potential nurse educators away from teaching. The average salary of a master's-prepared nurse practitioner working in an emergency department was $80,697, according to the 2003 National Salary Survey of Nurse Practitioners completed by *ADVANCE for Nurse Practitioners* magazine. In contrast, AACN reports that master's-prepared nurse faculty across all ranks earned an annual average salary of $60,831. *(http://www.advancefornp.com/common/editorial/editorial.aspx?CC=27756)* and *(www.aacn.nche.edu)*

- Master's and doctoral programs in nursing are not producing a large enough pool of potential nurse educators to meet the demand. According to AACN's 2003-2004 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, graduations from master's programs were down 2.5 percent or 251 graduates; graduations from doctoral programs decreased by 9.9 percent or 44 graduates. *(www.aacn.nche.edu)*

"The need for faculty in basic nursing education to find reward and fulfillment by being with students in emerging environments of care is the most pressing challenge facing nursing education today. A corollary and related challenge is the need for nurses with advanced practice degrees to discover the excitement and fulfillment that comes from being a nursing faculty member in undergraduate nursing education. Together these two challenges, if met, will reveal a shared purpose for nursing: working together to improve the health status of Americans."

— *M. Elaine Tagliareni, EdD, RN, Professor and Independence Foundation Chair, Department of Nursing, Community College of Philadelphia*

Nurses for a Healthier Tomorrow coalition members



"The nation's hospitals not only are the places that employ the most nurses, they are the places where critical clinical education takes place. Hundreds of hospitals are working with their local colleges and universities, not only to attract more students, but to find and fund faculty. But more needs to be done and we're urging hospitals that have the resources to help underwrite faculty costs and to encourage qualified nurses to become educators and leave a legacy of caring."

— *Dick Davidson, President, American Hospital Association*

Nurses top list of most ethical professions

Nurses once again ranked the highest in the annual CNN/*USA Today*/Gallup poll in which Americans rated the honesty and ethical standards of people in various professions. Nurses topped the ranking of 23 professions in the November 2003 poll, with 83 percent of respondents rating them "very high" or "high" for honesty and ethics. This is up from 79 percent in 2002.

Medical doctors (68 percent), veterinarians (68 percent), pharmacists (67 percent) and dentists (61 percent) rounded out the top five highest rated professionals.

Nurses have ranked the highest in four of the five years that the profession has been included in the poll. Nurses came in second to firefighters in 2001 in the wake of the Sept. 11 terrorist attacks.

Lippincott Williams & Wilkins becomes Platinum sponsor of coalition

Lippincott Williams & Wilkins (LWW) has become a Platinum sponsor of Nurses for a Healthier Tomorrow. LWW is a leading international publisher of professional health information for nurses, physicians, specialized clinicians and students. LWW provides essential information for health care professionals in print and electronic formats, including textbooks, journals, CD-ROM, PDA and via intranets and the Internet.

LWW will provide the coalition with an in-kind sponsorship valued at $1 million, including:

- Placement of NHT faculty recruitment ads in top LWW nursing journals.
- Placement of NHT's logo on the table of contents page of top LWW nursing journals.
- Placement of NHT's logo on LWW direct mail pieces.
- Printing and distribution of NHT's faculty recruitment poster.

"Nurse educators are critical to creating the nurses needed to meet our country's health care needs," said Jay Lippincott, president and CEO of Lippincott Williams & Wilkins.

"While we create hundreds of books, journals and teaching tools for nurses, we know they are only as good as the teacher who uses them. We are eager to support this important campaign to increase the number of nurse educators."

LWW publishes more than 50 nursing journals, including *American Journal of Nursing, JONA: Journal of Nursing Administration, Nurse Educator, Nursing2004* and *Nursing Management.*

LWW is headquartered in Philadelphia and can be found online at www.lww.com.

Marsh makes donation to campaign

Marsh Affinity Group Services, a nationwide administrator of insurance plans for health care professionals, recently contributed $10,000 to Nurses for a Healthier Tomorrow. This was the third installment of a $30,000 donation from the coalition's Nurse's Circle sponsor.

"The nursing community is important to us, and we have been involved with it for more than 50 years," said Joan O'Sullivan, managing director at Marsh. "The nursing shortage is a problem that must be addressed, and we believe that Nurses for a Healthier Tomorrow has made a difference and will continue to do so. We're proud to offer our support and partner with them to solve this immediate need in health care."

Marsh Affinity Group Services is a service of Seabury & Smith, formerly Maginnis & Associates, and has been a leader in the design and administration of professional liability coverage for health care professionals. For more than 50 years, Marsh has been an advocate for nurses' insurance needs – helping to provide professionals with solid insurance coverage designed specifically for nurses. For more information, visit www.ProLiability.com.

Initiatives help fund nursing education scholarships

The Johnson & Johnson Campaign for Nursing's Future has hosted gala fund-raising events designed to celebrate nursing excellence and raise money for student scholarships, nurse educator fellowships and nursing school grants. The Promise of Nursing events have been held in northern California, Dallas/Fort Worth, south Florida, Georgia, Illinois, Massachusetts, Michigan, New Jersey and Tennessee. More than $5 million has been raised to date and more events are planned.

The NLN Foundation for Nursing Education, an affiliate of National League for Nursing (NLN), awarded scholarships in the fall of 2003 to 25 nursing students who will pursue careers as nurse educators. The Promise of Nursing Regional Faculty Scholarship Program, which is supported by the fund-raising events sponsored by Johnson & Johnson, is administered by the Foundation of the National Student Nurses' Association. Both the National League of Nursing and the National Student Nurses' Association are Nurses for a Healthier Tomorrow members.

Applications are being accepted for the 2004-2005 scholarship program cycle. For more information on the scholarship program, visit www.nlnfoundation.org. For more information on the Campaign for Nursing's Future, visit www.discovernursing.com. For more information on the Foundation of the National Student Nurses' Association, visit www.nsna.org/foundation.

Thousands of students turned away from nursing schools despite increase in enrollment

Enrollments in entry-level baccalaureate nursing programs increased by 16.6 percent in fall 2003 over 2002, according to a survey from the American Association of Colleges of Nursing (AACN), a Nurses for a Healthier Tomorrow member organization. However, more than 11,000 qualified students were turned away from these programs due to limited faculty, clinical sites and classroom space.

AACN surveyed 564 (82.7 percent) of the nation's nursing schools with baccalaureate- and graduate-degree programs. It found that 126,954 students were enrolled in all nursing programs leading to the baccalaureate degree in fall 2003, up from 116,099 students at the same time in 2002. This marks the third year of enrollment increases in baccalaureate programs, which had declined steadily from 1995 to 2000.

Graduate enrollments and nurse faculty shortage

The AACN survey also found that enrollments were up in both master's and doctoral degree nursing programs. Enrollments in master's degree programs rose 10.2 percent, or 3,350 students, to a total of 37,251 students. In doctoral programs, enrollments increased by 5.6 percent, or 171 students, to a total of 3,229 students. However, because of lower enrollments in recent years, the number of graduates from master's and doctoral programs in 2003 declined by 2.5 percent and 9.9 percent, respectively.

The slight enrollment increase in graduate programs is good news given the growing concern about the nurse faculty shortage. According to AACN, the shortage of nurse educators is expected to intensify over the next 20 years as significant numbers of faculty members retire and fewer nurses with advanced educational preparation choose academic careers.

AACN projects that between 200 and 300 faculty with doctoral degrees will be eligible for retirement each year from 2003 through 2012, and between 220 and 280 faculty with master's degrees will be able to retire annually between 2012 and 2018. Given the competition for nurses prepared at advanced levels and the salary differential between positions in higher education and private practice, the nurse faculty shortage is expected to intensify and affect nursing education programs at all levels.

About the AACN Survey

AACN's 23rd Annual Survey of Institutions with Baccalaureate and Higher Degree Nursing Programs is conducted each year by the association's Research Center.

More information about the survey results can be found at AACN's Web site at www.aacn.nche.edu.

"The importance of quality nursing instructors cannot be overestimated. As a recent graduate, I rely on what I learned in school. Our instructors teach us how to think critically and apply the knowledge gained. My success as a nurse is directly influenced by the quality and effort of my instructors."

— *Matthew Arant, RN, ASN, President, National Student Nurses' Association*

HOW TO HELP

You can help Nurses for a Healthier Tomorrow make a difference in the nursing recruitment communications campaign. With the support of individual, corporate and organizational donors, Nurses for a Healthier Tomorrow is letting people know that many rewards await those who seek a career in nursing.

There are many ways you can get involved with Nurses for a Healthier Tomorrow. Here are two things that will help most:

Contribute money. We need dollars to create, produce and place advertising, and to fund public relations efforts. From individuals to corporations to foundations, we'll only succeed if we work together. No contribution is too small, and you can make a contribution in honor of a person, institution or organization.

Get the word out. Tell others about the campaign. And tell them to tell others. Help to place campaign ads in publications that potential nurses and nurse educators read.

For your contribution, you'll be listed on Nurses for a Healthier Tomorrow's Web site – www.nursesource.org – and in the coalition's printed publications. For contributions of $1,000 or more, you can get a link from the coalition's Web site to yours.

To make a contribution or get more information you can:

- Contribute online at www.nursesource.org
- Mail your contribution to:
  Nurses for a Healthier Tomorrow
  c/o Honor Society of Nursing,
  Sigma Theta Tau International
  550 W. North St.
  Indianapolis, IN 46202
- Call, write or e-mail us about sponsorship opportunities:
  Kathy Bennison, 888.634.7575, bennison@stti.iupui.edu
  Sonja Popp-Stahly, 317.262.8080, sonja@hetcom.com

Sponsors make nurse recruitment a reality

Supporters of Nurses for a Healthier Tomorrow to date range from individuals to institutions:

PLATINUM SPONSOR ($1 million)
Lippincott Williams & Wilkins

GOLD SPONSOR ($500,000)
JWT Specialized Communications

SILVER SPONSOR ($250,000)

BRONZE SPONSORS ($100,000)
Helene Fuld Health Trust
NurseWeek
Nursing Spectrum

NURSES' CIRCLE ($10,000 and above)
Independence Foundation
Kaiser Foundation Health Plan, Inc.
Kiwanis International
Marsh Affinity Group Services
Resurrection Health Care
Rollin M Gerstacker Foundation

PATRONS (Up to $10,000)
Adventist Health
Albany Medical Center
Alegent Health
Alexian Brothers Medical Center
Alpha Iota Chapter (STTI)
American Academy of Nursing
American Journal of Nursing
American Nursing Student
Apollo Group, Inc.
Ball Memorial Hospital, Inc.
Bartlett Regional Hospital
Bellin College of Nursing
Beta Chi Chapter (STTI)
Betty A. Sinor
Blessing Hospital
Blount Memorial Hospital
Boston College
California Hospital Medical Center
Cancer Nursing
Carilion Health System
Carraway Methodist Health Systems
Cedars-Sinai Medical Center
Chelsea Community Hospital
Children's Hospital, Boston
Children's Hospital Los Angeles
Clinical Nurse Specialist
Commission on Graduate of Foreign Nursing Schools
Community Memorial Hospital, Menomonee Falls (Wis.)
Connecticut Society of PeriAnesthesia Nurses
Cookeville Regional Medical Center
Council on Nursing Education in Washington State
Dartmouth-Hitchcock Alliance
Debra Macdonald
Doris S. Edwards
El Dorado Hospital
Elizabeth A. Kenney
Emergency Nurses Association
Emory University
Epsilon Eta Chapter (STTI)
Epsilon Gamma Chapter (STTI)
Epsilon Omega Chapter (STTI)
Evanston Northwestern Healthcare
Frisbie Memorial Hospital
Genesis Health Care System
Georgia Hospital Association
Georgia Nurses Association
Harding University
Harrison Hospital
Hartford Hospital
HealthONE
Hetrick Communications
Holy Family Memorial
Home Health Care Nurse
Hospice and Palliative Nurses Association
The Hospital Council of Western Pennsylvania
Hospital for Joint Diseases Orthopaedic Institute
Illinois Council of Deans & Directors of Baccalaureate & Higher Degree Programs in Nursing
Illinois League for Nursing Inc.
Illinois State University Mennonite College of Nursing
Iota Psi Chapter (STTI)
Johns Hopkins Health System
Journal of Infusion Nursing
JONA: Journal of Nursing Administration
Journal of Perinatal and Neonatal Nursing
Kappa Epsilon Chapter (STTI)
Kappa Gamma Chapter (STTI)
Karen A. Stiefel
Karen M. Pangborn
Kathryn A. Raethel
Kathy Jordan
Kent State University
Lake Forest Hospital
Lakeland Regional Medical Center
Lambda Mu Chapter (STTI)
Loma Linda University
Los Angeles-Nursing Executive Council
Luci Baines Johnson
Margaret McClure
Marilyn Kay Bedell
Mary B. O'Brien
Mary K. Kohles-Baker
Mayo Foundation for Medical Education and Research
MCN: The American Journal of Maternal and Child Health Nursing
Medical Center of Central Georgia, Inc.
Mercy Medical Center – New Hampton (Iowa)
Miami Children's Hospital
Miami Valley Hospital
Middlesex Hospital
Mission Hospital Regional Medical Center
Montana State University College of Nursing
Montefiore Medical Center
Mount Mercy College
MultiCare Health System
National Association for Health Care Recruitment
New York University Hospital Center
NFCS Associates Services, LLC
Niagara University
Northeast Health
Northwest Medical Center
Nurse Educator
The Nurse Practitioner
Nursing2004
Nursing Administration Quarterly
Nursing Executive Council, San Fernando Valley
Nursing Management
Nursing Research
Parma Community General Hospital
Parma Community General Hospital, Nursing Administration
Patricia Boyle
Pinnacle Health System
Quinnipiac College
Regis College
Rehabilitation Institute of Chicago
Sacred Heart Medical Center
San Juan Regional Medical Center
Sibley Memorial Hospital
St. Charles Medical Center
St. Francis Hospital & Health Centers
St. Joseph College
St. Joseph Healthcare Foundation
St. Luke's Episcopal Hospital
St. Mary's Hospital Medical Center, Madison
St. Peter's Hospital, Albany
Susan Nick
Susan V. Patterson
Theta Gamma (STTI)
Thomas D. Smith
University Health System Consortium
University of Alabama Capstone College of Nursing
University of Alabama School of Nursing at Birmingham
University of Colorado Hospital Authority
University of Connecticut School of Nursing
The University of Kansas Medical Center
University of Cincinnati
University of Florida
University of Hartford
University of Indianapolis
University of Michigan School of Nursing
University of Nebraska Medical Center
University of South Alabama College of Nursing
University of Southern Mississippi
Van Slyck & Associates, Inc.
VCU Health System
Virginia Mason Medical Center
Virginia Organization of Nursing Executives
Washington Hospital Center
West Suburban College of Nursing, Oak Park (Ill.)
West Suburban Hospital Medical Center, Oak Park (Ill.)
William Beaumont Hospital
Winchester Medical Center, Inc.
Wisconsin Organization of Nurse Executives
Xi Pi Chapter (STTI)
Yakima Valley Memorial Hospital
Zeta Delta Chapter-At-Large (STTI)

Title: Summer Nursing Teaching Institute Certificate Program
Type: Accelerated non-degree
Non-profit/school partnership
Loan forgiveness opportunities

Location:
Atlanta, GA

Organizations Involved:
Emory School of Nursing
Georgia Department of Labor
Robert W. Woodruff Foundation

Funding Source:
Robert W. Woodruff Foundation (matching grant)
Georgia Department of Labor (WIA grant)

Description:
In order to attract experienced nurse clinicians to become faculty in a short time and address the problem of clinicians leaving nursing, Emory developed the Summer Nursing Teaching Institute Certification Program. The program is comprise of twelve days of classes at Emory, six weeks of online class sessions, and a four month mentored teaching experience at an approved educational institution of the student's choice. There is also a two day on-campus wrap-up workshop. Six of the eleven students in the first graduating class (December, 2003) received service-cancelable loans from Georgia's new Nursing Faculty Scholarship Program. See attached FAQ and application. Credits obtained in this program may be applied to future graduate studies.

Outcome:

Not available

Modifications to Model:

None

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E-mail: msalmon@emory.edu
Website: http://www.nursing.emory.edu/nursing/index.cfm

Innovative Post-Masters Teaching Certificate program
The 2003 Emory Summer Nursing Teaching Institute
Nell Hodgson Woodruff School of Nursing
Emory University

The Emory Summer Nursing Teaching Institute is a fast-track post-masters certificate program offering masters-prepared clinicians an efficient program to become skilled educators. In Fall 2003, students from partner academic institutions will have a faculty mentor on-site, and support from Emory faculty, as they fulfill their faculty roles.

Program Content	Program Benefits
❑ Theoretical Foundations of Teaching and Learning ❑ Curriculum & Course Development ❑ Teaching Strategies for classroom & Clinical Practice ❑ Evaluation Strategies: Learners & Programs ❑ Technology for Teaching & Learning ❑ Faculty Role Development Seminar ❑ Preceptorship in Teaching Nursing	❑ Minimum time on campus (12 days total) ❑ Help Reduce the Critical Shortage in Georgia's Nursing Schools ❑ Earn Up to 12 Graduate Level Credits ❑ Mentored teaching experience at your Institution, beginning FALL 2003 ❑ On-line Coursework & Mentoring ❑ You'll bring the same level of expertise to teaching as you've brought to patient care

ELIGIBLILITY REQUIREMENT/PREFERENCE:

- ❑ Masters degree in nursing with clinical specialization
- ❑ Preference for those affiliated with a nursing education program in Georgia

2003 SCHEDULE:

♦ June 9-20	Classes on-site at Emory (10 days – Monday-Friday)
♦ June 20-August 1	Cyberspace sessions: learning at a distance (classes on line)
♦ August,7&8	Capstone Celebration of Project Completion at Emory
♦ September-December	Preceptorship at qualifying nursing schools
♦ December (TBA)	Celebration of Program Completion at Emory

FUNDING/SCHOLARSHIP SUPPORT: Applicants may qualify for Georgia service-cancelable loans and/or other student financial assistance.

FOR ADDITIONAL INFORMATION, INCLUDING THE APPLICATION, PLEASE CONTACT:

Nell Hodgson Woodruff School of Nursing
Admissions Office
1520 Clifton Rd. • Atlanta, GA 30322
Tel 404-727-7980 or 1-800-222-3879 • Fax 404-727-8509
E-mail: admit@nurse.emory.edu
Website: www.nursing.emory.edu

EMORY

NELL HODGSON WOODRUFF SCHOOL OF NURSING

Summer Post-Master's Teaching Certification Program

Want to teach nursing?
Two weeks at Emory can prepare you for a new career!

The Emory Summer Nursing Teaching Institute is a fast-track Post-Master's Certificate Program offering masters-prepared clinicians an efficient program to become skilled educators. Only two weeks in June are needed for the workshop style program that is followed by six weeks of independent study. A fall term internship can be incorporated into a paid faculty position in any school of nursing.

Frequently Asked Questions

Program Content:

- Theoretical foundations of teaching and learning
- Curriculum & course development
- Teaching strategies for classroom & clinical practice
- Evaluation strategies: learners & programs
- Technology for teaching & learning
- Faculty role development seminar
- Internship in Teaching nursing

Program Benefits:

- Minimum time on campus (12 days total)
- Help reduce the critical shortage in Georgia's nursing schools
- Earn 12 graduate level credits
- Mentored teaching experience at any nursing school
- Online coursework & mentoring

Eligibility Requirements/Preference:

- Masters degree in nursing with clinical specialization
- Preference given to those planning to seek faculty positions in a nursing education program in Georgia

2007 Summer Content:

- June 4-15: Classes onsite at Emory (10 days, Monday-Friday)
- June 18-August 1: Independent and online learning.
- August 6-7: Class at Emory

2007 Class Schedule:

- N603I Philosophical and Theoretical Foundations of Teaching
  O'Shea
  Monday 9-5 and Tuesday 9-12 (June 4-5)

- N604I Curriculum and Course Development
  O'Shea and Ryan
  Tuesday 1-5 and Wednesday 9-5 (June 5-6)

- N605I Teaching and Learning Strategies for Classroom and Clinical
  O'Shea and Ryan
  Thursday and Friday 9-5 (June 7-8)

- N606I Evaluation Strategies: Learners and Programs
  O'Shea and Ryan
  Monday and Tuesday 9-5 (June 11-12)

- N607I Technology for Teaching and Learning
  Neville
  Wednesday and Thursday 9-5 (June 13-14)

- N608I Faculty Role Seminar
  O'Shea
  Friday 9-5 (June 15) and
  Monday and Tuesday 9-5 (August 6-7)

- N609I Teaching Internship
  Fall term 2007 - Site selected by student

Partial funding/scholarship support will be available for some applicants

What is the Summer Teaching Institute?

The Summer Teaching Institute is a fast-track certificate program designed to help masters prepared nurse clinicians develop skills as classroom and clinical teachers for schools of nursing in Georgia. The program consists of two weeks of workshop style coursework followed by six weeks of web-based, on-line learning activities, and culminating in a two day synthesis seminar. The final phase of the program is a preceptored teaching experience in the fall term. This teaching preceptorship can be combined with a faculty appointment in any school of nursing in the state.

When is it scheduled?

The workshop sessions are scheduled on June 4-15, 2007 and August 6-7, 2007. Classes will meet from approximately 9-5 each day.

What will be taught?

Content will include teaching and learning theories, curriculum and course development, teaching strategies for classroom and clinical settings, evaluation strategies for use in classrooms and clinical settings, use of technology in teaching, and an overview of faculty roles and responsibilities.

Who is eligible to be admitted?

Any master's prepared nurse with several years of recent clinical practice experience who is interested in a career change or a career expansion that includes becoming a full or a part time faculty member in a school of nursing.

Is there a minimum number of years of clinical experience?

There is not prescribed minimum but at least three years post-baccalaureate experience is preferred.

Can I take it part-time?

The program is meant to be taken in total with 9 semester hours of course work in summer and 3 semester hours of preceptorship in the fall term. Only participants who complete the entire 12 semester hour program will qualify for the post-master's certificate.

Selection of individual courses may be considered on a case–by-case basis, but preference is given to those seeking the full program. Preceptorships are open only to those who complete all 9 hours of summer course work.

Can I do it all on-line?

No. While there is a substantial on-line component of the institute, the initial two week workshop format courses must be taken on campus.

Nursing Faculty Service Cancelable Loans

Lender Code: 711111

Application / Promissory Note / Disclosure
Renewal Application

Program Description
Georgia will implement the Georgia Nursing Faculty Scholarship Program. The program was developed by the Health Care Workforce Policy Advisory Committee and is funded by the Georgia Department of Labor and the Robert W. Woodruff Foundation. The Georgia Student Finance Authority (GSFA) will manage this unique graduate education service cancelable loan program designed to encourage Georgians to enter - and remain in - the nursing education profession. The Georgia Nursing Faculty Scholarship Program offers financing in three core nursing education tracks: Baccalaureate to Master's, Master's to Doctorate, and Post Master's Nursing Education Certification.

Students may borrow money from GSFA in order to enroll in a graduate-level educational program at a public or private Georgia university, which will prepare the Student to serve on the faculty of a Georgia public or private school of nursing (LPN, ADN and/or BSN). After completion of the graduate-level education program, the Student has two options: (1) serve as a faculty member in Georgia in a board-approved LPN, ADN and/or BSN nursing program for a designated number of years to "cancel" the loan debt; or (2) repay the loan plus interest, just as one would repay any other Student loan. Recipients must teach for 1 year for every $2,500 they received through this program, with a maximum of five years to repay the loan.

Eligible Recipients/ Eligibility Requirements/ Maintaining Eligibility/ Award Amount/ Loan Repayment/ Application Deadline/ Eligible Institutions - Baccalaureate to Master's/ Eligible Institutions - Master's to Doctorate/ Eligible Institutions - Post Master's Nursing Education Certification/ Important Resources for Teaching Professionals

Eligible Recipients
The applicant shall:

- Be a nurse registered and in good standing with the state board that licenses nursing in the State of Georgia.
- Be admitted into a graduate school of nursing in an educational institution in the State of Georgia. The educational institution must be qualified to prepare the loan recipient to be employed as a member of nursing faculty at an educational institution whose students will qualify to be a licensed Practical Nurse ("LPN") or can receive an Associates Degree or Bachelor's Degree in Nursing.
- Be admitted fully into the Educational Program. Provisional or conditional acceptance will not qualify a student to be a loan recipient.
- Not obligated to make a refund on a grant, scholarship or loan previously received under any State of Georgia or Federal program for attendance at any postsecondary educational institution; and
- Not be in default or obligated to pay a balance on a previously defaulted student loan obtained under any state of Georgia or Federal Program for attendance at any postsecondary educational institution.
- Meet federal Title IV Selective Service registration requirements.

Eligibility Requirements
The applicant shall:

- Be a legal resident of Georgia for at least 12 months prior to the term for which you are seeking aid;
- Be a United States Citizen or Permanent Resident Alien who meets the definition of an eligible non-citizen under Federal Title IV requirements;

Maintaining Eligibility
To maintain eligibility, loan recipients must be maintaining satisfactory academic progress in their program of study and must not have a one-year break in enrollment.

Award Amount
A maximum of $10,000 may be awarded to a loan recipient pursuing a Doctoral or Masters Degree. A maximum of $5,000.00 may be awarded to a loan recipient enrolled in a Post Masters program not leading to a Doctoral Degree. Semester awards will be based on the number of credit hours in which a loan recipient is enrolled each semester. The award per semester is $2,500.00 for a student enrolled for 9 hours or less, and $3,333.00 for a student enrolled for more than 9 hours.

Loan Repayment
A loan recipient may repay the loan through teaching in a nursing program leading to a certificate or degree in nursing at an educational institution whose graduates will be qualified to practice nursing in the State of Georgia.

If the loan recipient fails to complete their program, fails to obtain the required credentials, or fails to repay the loan through teaching, the loan recipient will be required to repay the loan in cash. Interest will be applied to the outstanding balance.

The terms of both service and cash repayment are discussed in detail in the Disclosure Statement and the Promissory Note.

Application Deadline
The Commission will accept applications on June 1st of each year. Loans will be awarded on a first come, first completed basis until the funds are depleted.

Eligible Institutions - Baccalaureate to Master's
This scholarship track focuses on registered nurses with clinical practice experience who have a bachelor's degree and are seeking a graduate degree to pursue teaching in the nursing field. Eligible Students will receive up to $10,000 to cover the cost of education and daily living expenses.

Eligible institutions
Any private or public university in Georgia with a graduate level nursing program that is accredited and whose master's prepared graduates have the educational credentials necessary for credentialing at an advance practice level. As of May 2003, the following institutions have the required educational programming:

- Albany State University
- Armstrong Atlantic State University
- Brenau University

- Emory University, Nell Hodgson Woodruff School of Nursing
- Georgia Baptist College of Nursing, Mercer University
- Georgia College and State University
- Georgia Southern University
- Georgia State University
- Kennesaw State University
- Medical College of Georgia
- North Georgia College and State University
- State University of West Georgia
- Valdosta State University

Considerations

In selecting an institution and educational programming, Students should consider future goals and objectives. A Master's degree in nursing is the basic requirement for employment as a nursing instructor or faculty member in most Georgia nursing programs, and this graduate degree will afford the successful recipient with a range of teaching options. However, Students should consult with faculty leadership in those schools or institutions in which they may subsequently seek employment. Some institutions may require additional experience in educational competencies and tenure track positions may only be available to individuals with a doctoral degree.

Eligible Institutions - Master's to Doctorate

This scholarship track focuses on Master's-prepared nurses, who are presently in clinical practice or an educational setting, who are seeking a doctoral degree in the nursing field or the education field (PhD or EdD), to better prepare the individual to pursue or remain in teaching in the nursing field. Eligible Students will receive up to $10,000 to cover the cost of education and daily living expenses.

Eligible Institutions

Any private or public university in Georgia with a doctoral-level nursing program that is accredited or doctoral level education program (PhD or EdD) that is accredited. As of May 2003, the following institutions have the required educational programming:

- Emory University, Nell Hodgson Woodruff School of Nursing
- Georgia State University, School of Nursing
- Medical College of Georgia School of Nursing
- Georgia State University, College of Education
- University of Georgia, College of Education
- Georgia Southern University, College of Education
- State University of West Georgia, College of Education
- Valdosta State University, College of Education

Considerations

Students are eligible for a maximum total award of $10,000 under the Georgia Nursing Faculty Scholarship Program. As such, a Student who has received previous funding through this program may not be eligible to receive additional financing for pursuit of a doctoral degree. Current Master's-prepared nursing instructors or faculty would be eligible for the award if no previous award through this program had been provided.

Eligible Institutions - Post Master's Nursing Education Certification

This scholarship track focuses on Master's level, certified advanced practice nurses who are seeking minimal additional coursework and a practicum to better prepare the individual to successfully pursue teaching in the nursing field. Eligible Students will receive up to $5,000 to cover the cost of education and daily living expenses.

Eligible Institutions

Any private or public university in Georgia with a graduate level nursing program that is nationally accredited and whose master's prepared graduates are eligible for credentialing at an advance practice level. In addition, the institution must offer a "certification" program in nursing education, which provides at least twelve (12) hours of post-Master's educational coursework and a teaching practicum of no less than one semester in another Georgia nursing school approved by the Board of Nursing or the Board of Examiner for Licensed Practical Nurses. As of May 2003, the following institutions have the required educational programming:

- Emory University, Nell Hodgson Woodruff School of Nursing

Considerations

Students should confirm with that the coursework in the certification program is structured to enable transfer of credit for use in doctoral level education.

Important Resources for Teaching Professionals

For more information on teaching certification requirements, you may contact the Georgia Professional Standards Commission toll-free at 1-800-869-7775. In Metro Atlanta, call (404) 657-9000 or visit their web site at **http://www.gapsc.com/**.

Georgia Student Finance Commission
2082 East Exchange Place Tucker, Georgia 30084
(770) 724-9000 or 1-800-505-GSFC (4732) FAX (770) 724-9089

Nursing Faculty Service Cancelable Loans

Lender Code: 711111

Application / Promissory Note / Disclosure
Renewal Application

Program Description
Georgia will implement the Georgia Nursing Faculty Scholarship Program. The program was developed by the Health Care Workforce Policy Advisory Committee and is funded by the Georgia Department of Labor and the Robert W. Woodruff Foundation. The Georgia Student Finance Authority (GSFA) will manage this unique graduate education service cancelable loan program designed to encourage Georgians to enter - and remain in - the nursing education profession. The Georgia Nursing Faculty Scholarship Program offers financing in three core nursing education tracks: Baccalaureate to Master's, Master's to Doctorate, and Post Master's Nursing Education Certification.

Students may borrow money from GSFA in order to enroll in a graduate-level educational program at a public or private Georgia university, which will prepare the Student to serve on the faculty of a Georgia public or private school of nursing (LPN, ADN and/or BSN). After completion of the graduate-level education program, the Student has two options: (1) serve as a faculty member in Georgia in a board-approved LPN, ADN and/or BSN nursing program for a designated number of years to "cancel" the loan debt; or (2) repay the loan plus interest, just as one would repay any other Student loan. Recipients must teach for 1 year for every $2,500 they received through this program, with a maximum of five years to repay the loan.

Eligible Recipients/ Eligibility Requirements/ Maintaining Eligibility/ Award Amount/ Loan Repayment/ Application Deadline/ Eligible Institutions - Baccalaureate to Master's/ Eligible Institutions - Master's to Doctorate/ Eligible Institutions - Post Master's Nursing Education Certification/ Important Resources for Teaching Professionals

Eligible Recipients
The applicant shall:

- Be a nurse registered and in good standing with the state board that licenses nursing in the State of Georgia.
- Be admitted into a graduate school of nursing in an educational institution in the State of Georgia. The educational institution must be qualified to prepare the loan recipient to be employed as a member of nursing faculty at an educational institution whose students will qualify to be a licensed Practical Nurse ("LPN") or can receive an Associates Degree or Bachelor's Degree in Nursing.
- Be admitted fully into the Educational Program. Provisional or conditional acceptance will not qualify a student to be a loan recipient.
- Not obligated to make a refund on a grant, scholarship or loan previously received under any State of Georgia or Federal program for attendance at any postsecondary educational institution; and
- Not be in default or obligated to pay a balance on a previously defaulted student loan obtained under any state of Georgia or Federal Program for attendance at any postsecondary educational institution.
- Meet federal Title IV Selective Service registration requirements.

Eligibility Requirements
The applicant shall:

- Be a legal resident of Georgia for at least 12 months prior to the term for which you are seeking aid;
- Be a United States Citizen or Permanent Resident Alien who meets the definition of an eligible non-citizen under Federal Title IV requirements;

Maintaining Eligibility
To maintain eligibility, loan recipients must be maintaining satisfactory academic progress in their program of study and must not have a one-year break in enrollment.

Award Amount
A maximum of $10,000 may be awarded to a loan recipient pursuing a Doctoral or Masters Degree. A maximum of $5,000.00 may be awarded to a loan recipient enrolled in a Post Masters program not leading to a Doctoral Degree. Semester awards will be based on the number of credit hours in which a loan recipient is enrolled each semester. The award per semester is $2,500.00 for a student enrolled for 9 hours or less, and $3,333.00 for a student enrolled for more than 9 hours.

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Eligible Institutions - Baccalaureate to Master's
This scholarship track focuses on registered nurses with clinical practice experience who have a bachelor's degree and are seeking a graduate degree to pursue teaching in the nursing field. Eligible Students will receive up to $10,000 to cover the cost of education and daily living expenses.

Eligible institutions
Any private or public university in Georgia with a graduate level nursing program that is accredited and whose master's prepared graduates have the educational credentials necessary for credentialing at an advance practice level. As of May 2003, the following institutions have the required educational programming:

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Considerations

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Eligible Institutions

Any private or public university in Georgia with a doctoral-level nursing program that is accredited or doctoral level education program (PhD or EdD) that is accredited. As of May 2003, the following institutions have the required educational programming:

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Eligible Institutions

Any private or public university in Georgia with a graduate level nursing program that is nationally accredited and whose master's prepared graduates are eligible for credentialing at an advance practice level. In addition, the institution must offer a "certification" program in nursing education, which provides at least twelve (12) hours of post-Master's educational coursework and a teaching practicum of no less than one semester in another Georgia nursing school approved by the Board of Nursing or the Board of Examiner for Licensed Practical Nurses. As of May 2003, the following institutions have the required educational programming:

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2082 East Exchange Place Tucker, Georgia 30084
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Innovative Approaches

Post-Master's Teaching Certificate Program

Helen S. O'Shea, RN, PhD
Professor Emeritus
Nell Hodgson Woodruff School of Nursing
Emory University

Public-Private Collaboration

- Georgia Department of Community Health
- Georgia Healthcare Workforce Policy Advisory Committee - July 2001
- Report August 2002
- Georgia Nursing Faculty Scholarship Program - early 2003
  - Funding from Georgia Department of Labor and
  - Robert W. Woodruff Foundation
- Nell Hodgson Woodruff School of Nursing

Emory University Response

- Private University advantage
- Nell Hodgson Woodruff School of Nursing
- Long history of preparing nurse educators
  - Master's major in nursing education in 80's
  - Minor in teaching since early 90's
  - TATTO component of PhD in Nursing program
  - Faculty with experience in teacher preparation

NHWSN Commitment

- Be a leader in helping to solve nursing faculty shortage problem
- Design a high quality, short, intense post-master's program ready for offering by summer 2003
- Commit funding to help support students eligible for state funding

Cost and Funding for Post-Master's Program

- 12 semester hours at regular tuition rate
  - $1,050 per semester hour = $12,600
  - GSFA - $5,000 service cancelable loan
  - NHWSN - $3,000 grant for up to ten students
  - Remaining amount - $4,600
    - Student's own responsibility
    - Possible grant from employer with or without prescribed work commitment

Program of Study

- Applicants required to hold master's degree in nursing and have several years clinical experience
- Format of certificate program
  - 2 weeks on campus workshop style classes
    - June 9-20, 2003
  - 6 weeks independent and web-based activities
    - June 23 - August 1
  - 2 days on campus workshop style wrap-up activities
    - August 7-8, 2003
  - 1 semester of mentored teaching internship
    - Fall term, 2003

Program Courses

SUMMER Semester

- Theoretical Foundations of Teaching and Learning (1s.h.)
- Curriculum and Course Development (1 s.h.)
- Teaching and Learning Strategies for Classroom and Clinical Settings (2 s.h.)
- Evaluation Strategies:Learners and Programs(2 s.h.)
- Technology for Teaching and Learning (2 s.h.)
- Faculty Role Development Seminar (1 s.h.)

FALL Semester

- Teaching Internship (3 s.h.)

Summary

- Program designed to meet need for nurse faculty quickly and efficiently
- Cost shared by State of Georgia, Woodruff Foundation, School of Nursing and student
- Minimum time on campus
- Expert faculty to teach and mentor students
- Builds on students clinical expertise

Summary (cont)

- Graduate level credit may be applicable to future doctoral studies
- Service cancelable loan as long as "graduates" teach in the State of Georgia
  - Teach one year for each $2,500 received
- 10 students in summer of 2003
- Program to be offered again in 2004

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Program Courses

SUMMER Semester

- Theoretical Foundations of Teaching and Learning (1s.h.)
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FALL Semester

- Teaching Internship (3 s.h.)

Summary

- Program designed to meet need for nurse faculty quickly and efficiently
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- 10 students in summer of 2003
- Program to be offered again in 2004

Georgia Nursing Faculty Scholarship Program

developed by the Health Care Workforce Policy Advisory Committee
and funded by
the **Georgia Department of Labor** and
the **Robert W. Woodruff Foundation**

In Winter Semester 2003, Georgia will implement the **Georgia Nursing Faculty Scholarship Program**. The program was developed by the Health Care Workforce Policy Advisory Committee and is funded by the Georgia Department of Labor and the Robert W. Woodruff Foundation. The Georgia Student Finance Authority (GSFA) will manage this unique graduate education service cancelable loan program designed to encourage Georgians to enter – and remain in – the nursing education profession.

Labor Commissioner Michael Thurmond has committed funding of $1.1 million over the next four years to support nursing faculty scholarships. The Board of Trustees of the Woodruff Foundation has approved a matching grant request of $500,000 for the Nursing Faculty Scholarship Program. The program is being administered by the Georgia Student Finance Authority on an in-kind basis, which equates to a resource value of some $80,000.

The program will provide an estimated 160 scholarships of $10,000 each over a four-year period for nurse educators pursuing masters or doctoral degrees. Scholarship recipients are expected to teach in public or private nursing schools in Georgia in order to repay (or cancel) these loans. This effort is one of the most aggressive nursing faculty education programs in the nation. It is expected to greatly enhance our state's capacity to successfully educate nurses (both RN and LPN).

A detailed program description is being made available through the Georgia Student Finance Association, schools of nursing, provider organizations and various state associations.

Georgia Nursing Faculty Scholarship Program
Program Guide

In Winter Semester 2003, Georgia will implement the Georgia Nursing Faculty Scholarship Program. The program was developed by the Health Care Workforce Policy Advisory Committee and is funded by the Georgia Department of Labor and the Robert W. Woodruff Foundation. The Georgia Student Finance Authority (GSFA) will manage this unique graduate education service cancelable loan program designed to encourage Georgians to enter – and remain in – the nursing education profession.

Students may borrow money from GSFA in order to enroll in a graduate-level educational program at a public or private Georgia university, which will prepare the student to serve on the faculty of a Georgia public or private school of nursing (LPN, ADN and/or BSN). After completion of the graduate-level education program, the student has two options: (1) serve as a faculty member in Georgia in a board-approved LPN, ADN and/or BSN nursing program for a designated number of years to "cancel" the loan debt; or (2) repay the loan plus interest, just as one would repay any other student loan. Recipients must teach for 1 year for every $2,500 they received through this program, with a maximum of five years to repay the loan. More detailed information is available from GSFA.

The Georgia Nursing Faculty Scholarship Program offers financing in three core nursing education tracks. To be eligible for consideration in any track, an applicant must:

- Be a legal resident of Georgia;
- Be a registered nurse in good standing with the Georgia Board of Nursing; and
- Be admitted for regular admission into a graduate school of nursing or doctoral educational program in Georgia, as detailed below, which will lead to the student securing the necessary qualification to serve as a nursing faculty member at a Georgia school providing education for LPNs, ADNs and/or BSNs.

Baccalaureate to Master's

This scholarship track focuses on registered nurses with clinical practice experience who have a bachelor's degree and are seeking a graduate degree to pursue teaching in the nursing field. Eligible students will receive up to $10,000 to cover the cost of education and daily living expenses.

Eligible institutions

Any private or public university in Georgia with a graduate level nursing program that is accredited and whose master's prepared graduates have the educational credentials necessary for credentialing at an advance practice level. As of January 2003, the following institutions have the required educational programming:

Albany State University
Armstrong Atlantic State University
Brenau University
Emory University, Nell Hodgson Woodruff School of Nursing
Georgia Baptist College of Nursing, Mercer University
Georgia College and State University
Georgia Southern University
Georgia State University
Kennesaw State University
Medical College of Georgia
North Georgia College and State University
Valdosta State University

Considerations

In selecting an institution and educational programming, students should consider future goals and objectives. A Master's degree in nursing is the basic requirement for employment as a nursing instructor or faculty member in most Georgia nursing programs, and this graduate degree will afford the successful recipient with a range of teaching options. However, students should consult with faculty leadership in those schools or institutions in which they may subsequently seek employment. Some institutions may require additional experience in educational competencies and tenure track positions may only be available to individuals with a doctoral degree.

Master's to Doctorate

This scholarship track focuses on Master's-prepared nurses, who are presently in clinical practice or an educational setting, who are seeking a doctoral degree in the nursing field or the education field (PhD or EdD), to better prepare the individual to pursue or remain in teaching in the nursing field. Eligible students will receive up to $10,000 to cover the cost of education and daily living expenses.

Eligible Institutions

Any private or public university in Georgia with a doctoral-level nursing program that is accredited or doctoral level education program (PhD or EdD) that is accredited. As of January 2003, the following institutions have the required educational programming:

Emory University, Nell Hodgson Woodruff School of Nursing
Georgia State University, School of Nursing
Medical College of Georgia School of Nursing
Georgia State University, College of Education
University of Georgia, College of Education
Georgia Southern University, College of Education

Considerations

Students are eligible for a maximum total award of $10,000 under the Georgia Nursing Faculty Scholarship Program. As such, a student who has received previous funding through this program may not be eligible to receive additional financing for pursuit of a doctoral degree. Current Master's-prepared nursing instructors or faculty would be eligible for the award if no previous award through this program had been provided.

Post Master's Nursing Education Certification

This scholarship track focuses on Master's level, certified advanced practice nurses who are seeking minimal additional coursework and a practicum to better prepare the individual to successfully pursue teaching in the nursing field. Eligible students will receive up to $5,000 to cover the cost of education and daily living expenses.

Eligible Institutions

Any private or public university in Georgia with a graduate level nursing program that is nationally accredited and whose master's prepared graduates are eligible for credentialing at an advance practice level. In addition, the institution must offer a "certification" program in nursing education, which provides at least twelve (12) hours of post-Master's educational coursework and a teaching practicum of no less than one semester in another Georgia nursing school approved by the Board of Nursing or the Board of Examiner for Licensed Practical Nurses. As of January 2003, no institutions in Georgia are offering this educational programming. However, several programs are preparing to offer this type of certification program by Summer 2003.

Considerations

Students should confirm with that the coursework in the certification program is structured to enable transfer of credit for use in doctoral level education.

CODE BLUE: Workforce in Crisis

Georgia's Health Care Workforce Policy Advisory Committee
The Public-Private Partnership:
An Investment Opportunity to Create Solutions

Nursing Faculty Service Cancelable Loan Program

Purpose:

According to figures reported by the US Health Resources and Services Administration, Georgia currently ranks 40th in the nation in the number of registered nurses it has in relation to its population. Compounding this shortage is the fact that Georgia has one of the fastest growing populations in the nation. These facts hold implications for the post secondary education system, requiring that it increase the numbers of graduates it produces. To encourage increased graduation from nursing programs, Georgia has aggressively expanded and improved the service cancelable loans it extends to students pursuing nursing education. The state also is funding an expansion of educational programs offered through the University System of Georgia and the state's technical college system. However, Georgia's nursing programs are constrained by dwindling numbers of faculty. To address the problem, this grant investment opportunity would provide funds to nursing students at the post graduate level in return for a commitment to teach nursing in Georgia's public and private universities and colleges.

Basic Design:

The program would utilize service cancelable loans in a manner to attract existing nursing students and practicing nurses to pursue post-graduate nursing education and to commit to fill faculty positions. The program would provide loans of $10,000 per year to nursing students pursuing post-graduate nursing education. The money received through these loans could be used to support any activity associated with pursuit of a post-graduate nursing degree, including basic daily living expenses. Eligible students could receive one loan per year, for each year they are enrolled in a masters or doctoral level nursing program.

Loan recipients would be required to teach nursing in any of Georgia's post secondary nursing programs at least until their loans are repaid in full. The loans would be forgiven at a rate of one year's loan for every two years of active service as full time nursing faculty (e.g. $5,000/year). The student must maintain continuous employment as nursing faculty until all of the loans have been repaid. Failure to honor the service commitment of these loans, at any time prior to full resolution of outstanding loans, would result in repayment of any remaining amount of the loans.

The Georgia Student Finance Commission (GSFC) will be the principal state agency responsible for the management of any grant or award. GSFC is the agency charged with managing the state's student financial aid programs, which includes a substantial cadre of service cancelable loans. The agency possesses the statutory powers, experience and knowledge to effectively oversee this program and to ensure effective distribution of resources and compliance with program objectives.

Anticipated Outcomes:

The effort is designed to assist an additional 25 new faculty in moving into existing programs over the course of the next five years. Given the proven impacts of service cancelable loans, it is anticipated that these new faculty will remain in their positions even after their loans have been forgiven. Due to the fact that nursing education programs are spread throughout the state, steps would be taken to facilitate an effective distribution of new faculty across the state.

Total Multi-Year Investment:

The total investment being sought for this program is $100,000 per year for five years, for a total of $500,000. The goal is to award loans to a minimum of ten (10) graduate students per year – producing approximately 25 new faculty level nurses at the masters or doctoral level over the five-year life of the grant investment.

Nursing Education and State Policy: The Georgia Experience

Valerie A. Hepburn, MPA
Associate Director, Institute of Public Health
Georgia State University

NCSL State Nursing Education Summit

September 2003

Presentation Overview

- Policy Strategies and Legislative Support
- Education Innovations and Expansions
- Employer/Educator Partnerships
- Foundation and Non-Traditional Funding

Georgia Policy Strategies

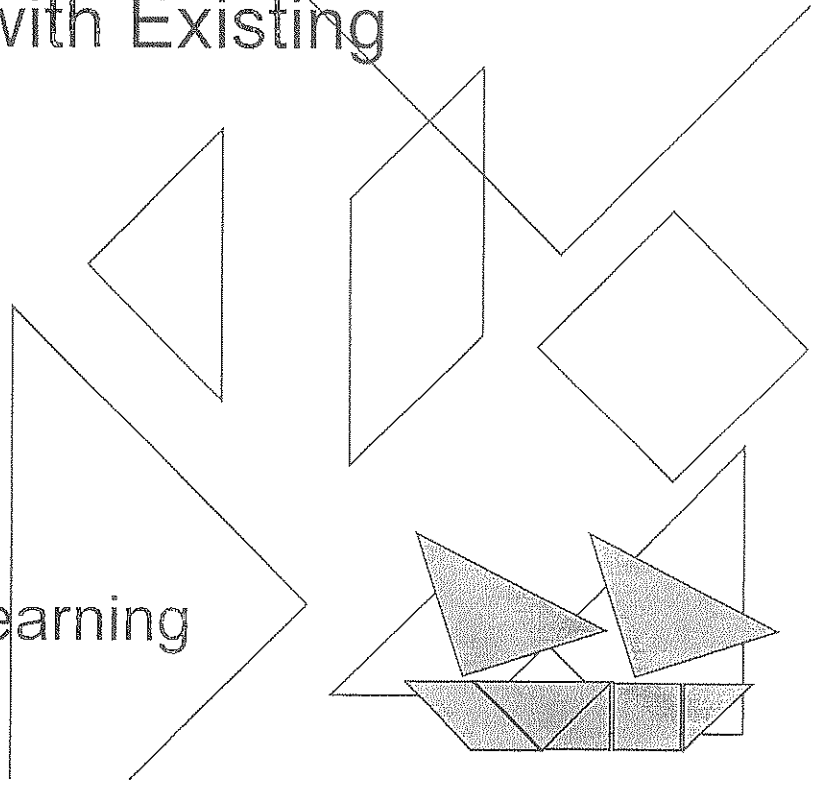
- Statutory Creation of Workforce Policy Committee – Attached to State Health Planning and Financing Agency
- Policy Committee Membership Includes Public and Private Educators – and Providers – along with key state agency heads
- Limited New Funding – Focus on Student Scholarships, Nursing School Expansions, Recruitment and Data/Research
- Rely Heavily on Public/Private Partnerships

Legislative Leadership

- Understanding the Issues
- Personalizing the Shortage
- Explaining the Impact
- Providing Focus and PR
- Communicating Between Providers, Advocates and Policy Makers

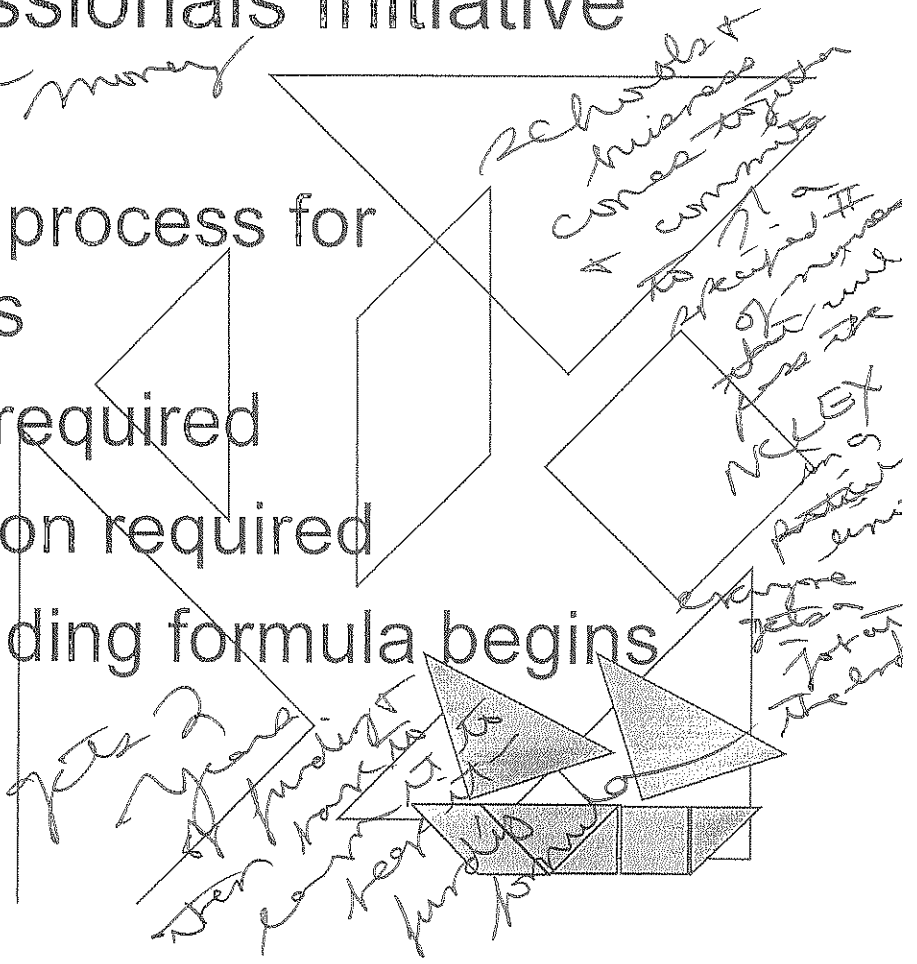
Education Innovations and Expansions

- More Nurses Require More Educational Avenues – but "new" schools are costly and drain already limited faculty resources.
- Expand Sites and Tracks with Existing Schools
  - Fast Track
  - Slow Track
  - Year-Round Admissions
  - Satellite Locations
  - Non-Traditional Schedules
  - Technology and Distance Learning



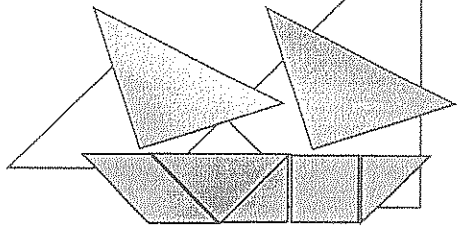
Education Innovations and Expansions

- ICAPP (Intellectual Capital Partnership Program) Health Professionals Initiative
  - Economic model
  - Competitive application process for colleges and universities
  - Corporate sponsorship required
  - Innovation and Production required
  - Seed funding – then funding formula begins



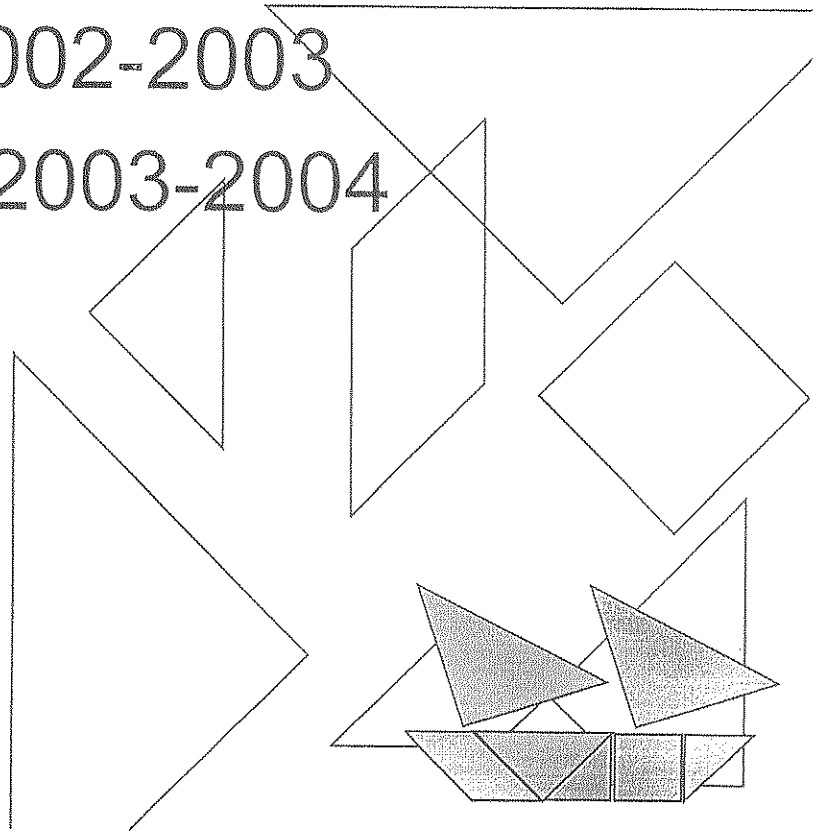
Education Innovations and Expansions - ICAPP

- 13 programs selected in 2002
  - 10 Nursing (BSN and ADN)
  - 2 Med Tech
  - 1 Pharmacy
- $2.1 million in state funds
- $2.5 million in matching corporate funds (primarily hospitals) – to support faculty, equipment, labs, and students



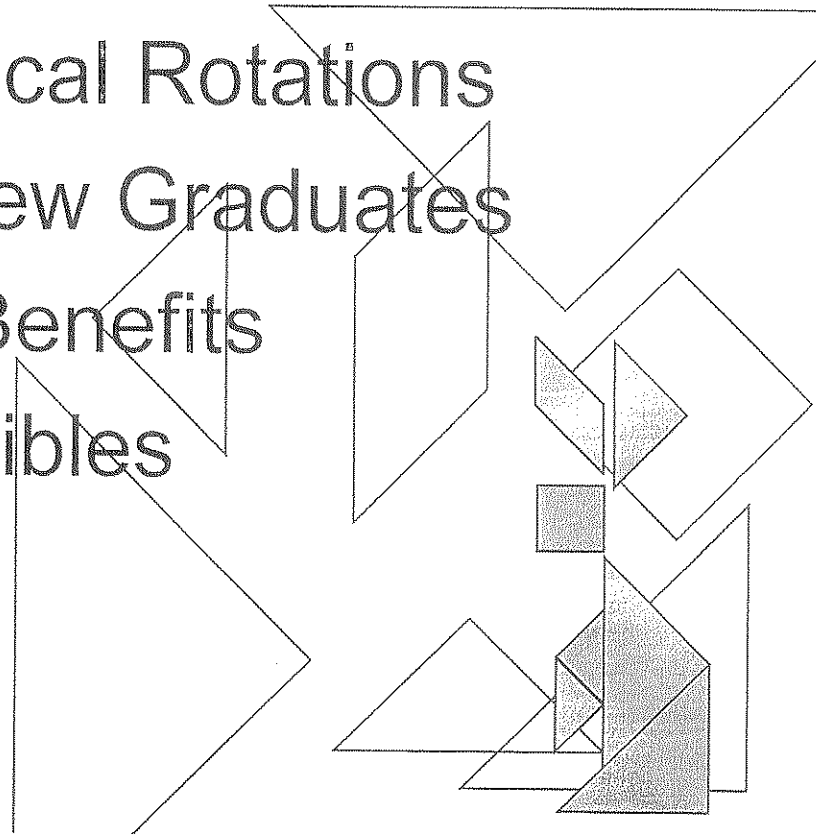
Education Innovations and Expansions - ICAPP

- Commitments to hire all successful graduates
- 350 new enrollees in 2002-2003
- 500 new graduates by 2003-2004



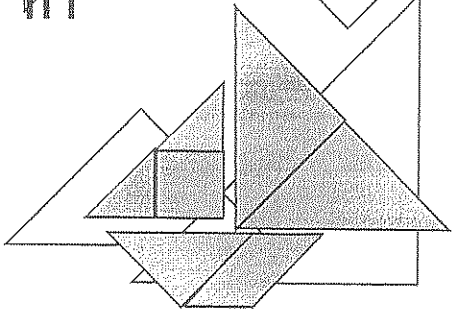
Employer/Educator Partnerships

- Shared Faculty and Nursing Staff
- Salary Supplements
- Training Sites and Clinical Rotations
- Mentoring Efforts for New Graduates
- Summer Support and Benefits
- Recognition and Intangibles



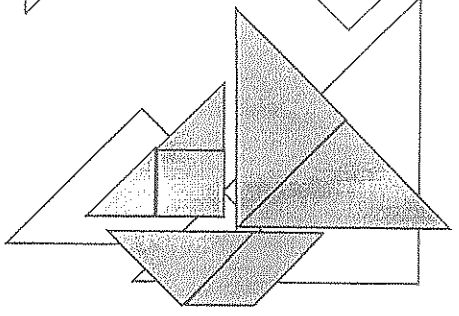
Foundation and Non-Traditional Funding

- Georgia's Nursing Faculty Scholarship Program
- $1.6 million for 4 years
  - $1.1 million in WIA (federal funds)
  - $500,000 in Woodruff Foundation funds
  - In-kind administration by Student Finance Commission
- $10,000 and $5,000 awards for graduate students who agree to teach nursing in Georgia



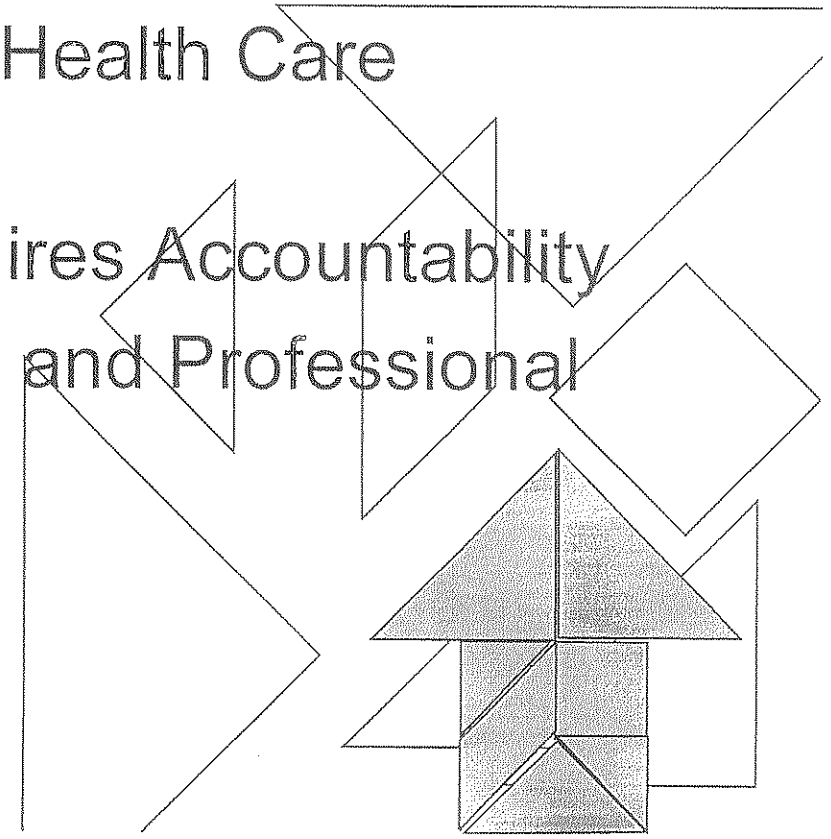
Foundation and Non-Traditional Funding

- DSH/Indigent Care Trust Fund monies to support nursing education, faculty and scholarships
- Strong push to secure endowments and business support for nursing schools
- Federal and other research/grant support
- Medicaid Administrative Match



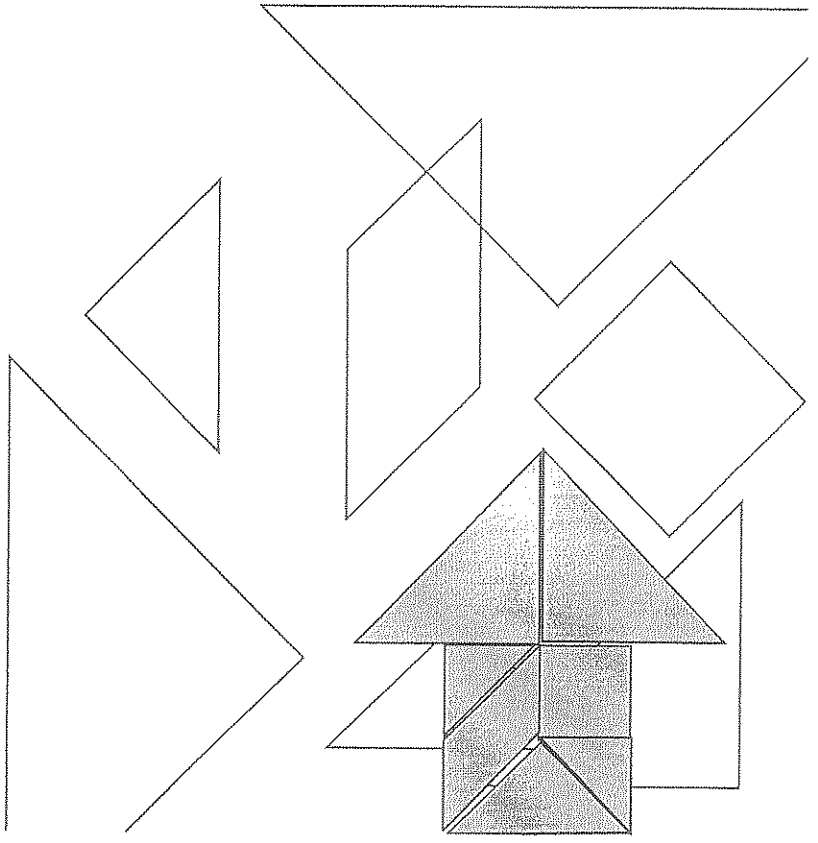
Putting The Pieces Together

- Go Beyond Traditional Education Resources
- Schools as Entrepreneurs
- Businesses as Educators
- Community Investment in Health Care Professionals
- Educational Support Requires Accountability
- Legislators, Policy Makers and Professional Associations are KEY



For Additional Information....

- www.communityhealth.state.ga.us
- www.healthworkforce.mcg.edu/healthcareers/
- www.icapp.org
- www.gsfc.org
- www.georgianurses.org
- www.gha.org
- www.georgialeague.com



Title: Oregon Standardized Nursing Curriculum and Resource Sharing
Type: Multi-school partnership

Location:
Oregon

Organizations Involved:
Oregon Consortium for Nursing Education
-Eight participating community colleges and Oregon Health and Science University School of Nursing

Funding Source:
Student tuition and fees

Description:
The Oregon Consortium for Nursing Education is a group of nursing programs who have standardized prerequisites for entrance into nursing programs as well as curriculum requirements. All participating schools implement a shared, competency-based integrated curriculum culminating in a bachelor's degree. When students have achieved the competencies for the current RN Scope of Practice, they may earn an associate degree in nursing, meeting the education requirements to sit for the RN licensure examination. Coursework and clinical experiences for the full four-year program are available through any campus of the consortium using distance delivery from baccalaureate programs, joint faculty appointments, and other means to offer upper division coursework. Clinical simulation laboratories are strategically located and available to each partner school and a network arrangement for shared simulation expertise and materials is in place. Faculty development is implemented through a post-masters certificate program on instructional design and includes courses on simulation, clinical teaching, and course design. This program is open to current faculty and all nurses interested in a teaching career. Increased access to bachelor of science in nursing education in Oregon will also increase those nurses eligible to pursue postgraduate education and become nurse faculty.

Outcome:

Not available

Modifications to Model:
None

Contact Information:
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Portland, OR 97239-2941
Mail Code: SN-5N
Website: http://www.ocne.org/index.php

OCNE
oregon consortium for nursing education

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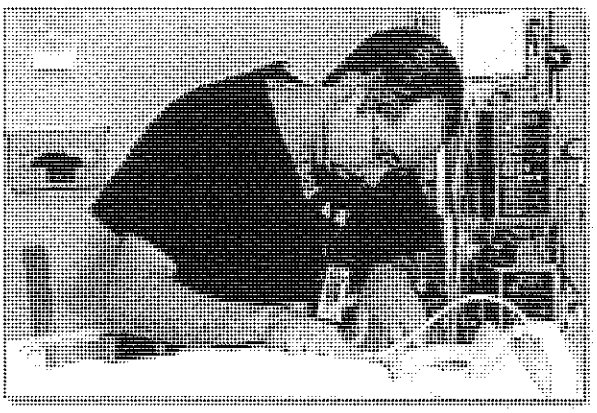
About OCNE

The Oregon Consortium for Nursing Education (OCNE) is a partnership of community colleges, and public and private university schools of nursing established in response to the critical nursing shortage and the 2001 Strategic Plan promulgated by the Oregon Nursing Leadership Council. OCNE is one mechanism by which Oregon nursing programs can dramatically expand their capacity and enrollment, and prepare graduates of these programs with the competencies to address the rapidly changing health care needs of Oregon's aging and ethnically diverse populations.

The Need

The Consortium was formed as part of the 2001 Strategic Plan of the Oregon Nursing Leadership Council (ONLC) in response to the critical nursing shortage. With the average age of a nurse in Oregon at 48 and many others indicating plans for retirement within the next 5 years, we face a workforce crisis. By 2025 when these nurses as a group reach retirement age, the U.S. Census Bureau projects that Oregon will have the fourth highest proportion of elders in the nation.

The Model



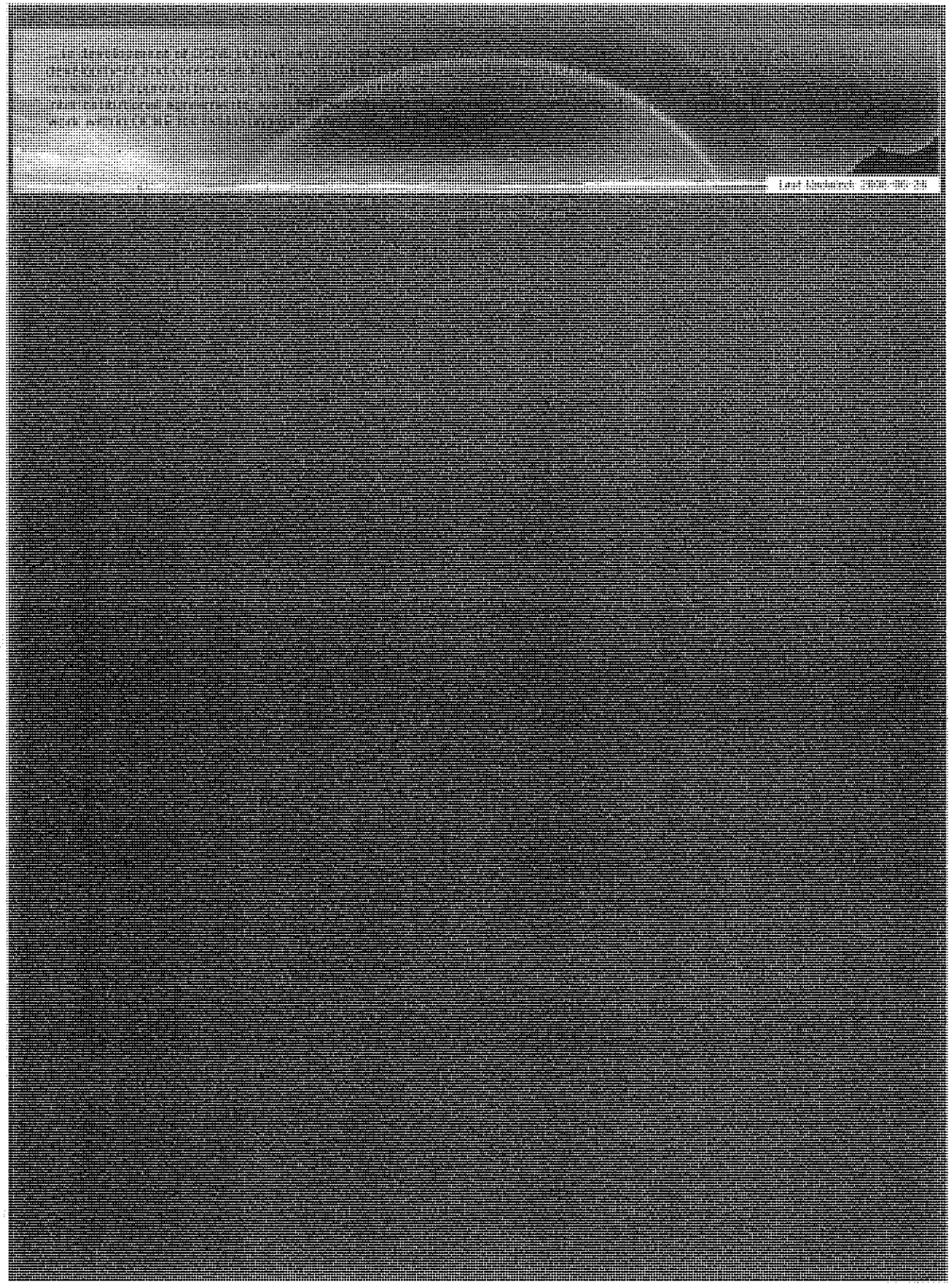
Through the collaboration of the participating schools, the OCNE is currently developing:

- A common competency-based curriculum
- Simulation laboratories in partner schools
- Faculty trained to deliver the OCNE curriculum
- A new clinical education model

Students will have:

- Common admissions standards
- Shared application process, including financial aid and dual enrollment
- Transferability between the partner schools
- Associate degree exit option
- Baccalaureate degree option
- The opportunity to remain in their home location
- Access to simulation training
- The opportunity to participate in coursework through distance delivery
- The opportunity to complete a secondary focus area of study, with upper division courses that support competent nursing practice.

A Guiding Principle...



OCNE
oregon consortium for nursing education

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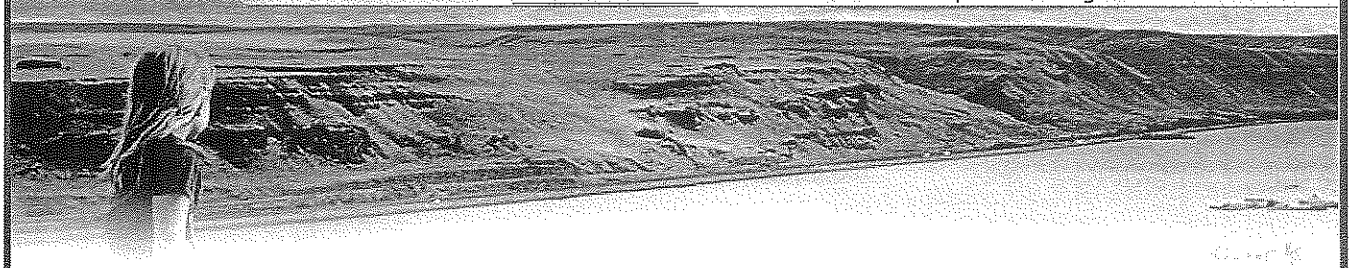


OCNE At-A-Glance

The Oregon Consortium for Nursing Education (OCNE) is a partnership of community colleges, and public and private university schools of nursing established in response to the critical nursing shortage and the 2001 Strategic Plan promulgated by the Oregon Nursing Leadership Council. OCNE is one mechanism by which Oregon nursing programs can dramatically expand their capacity and enrollment, and prepare graduates of these programs with the competencies to address the rapidly changing health care needs of Oregon's aging and ethnically diverse populations.

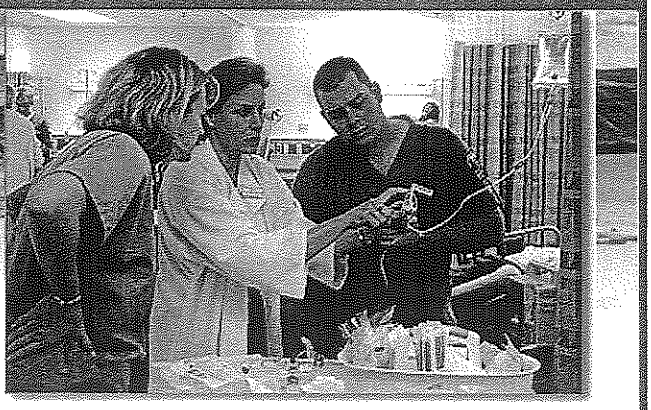
The following elements characterize the consortium

- The guiding principle that each individual school retains full responsibility and accountability for the nursing program,
- A collaborative process for consensus about a shared curriculum, and agreements that are needed to support the shared curriculum,
- A shared, competency-based integrated curriculum culminating in a bachelor's degree. When students have achieved the competencies for the current RN Scope of Practice, they may earn an associate degree in nursing, meeting the education requirements to sit for the RN licensure examination. Coursework and clinical experiences for the full four-year program will be available through any campus of the consortium using distance delivery from baccalaureate programs, joint faculty appointments, and other means to offer upper division coursework.
- Improved utilization of clinical facilities and faculty expertise in Oregon, through collaborative planning for clinical experiences, joint faculty appointments and shared expertise in instructional design.
- A new clincial education model that will align learning experiences and instructional strategies with the established competencies,
- Development and use of state-of-the-art clinical simulation to augment on-site clinical training, making use of shared instructional materials.
- Simulation laboratories strategically located and available to each partner school and a network arrangement for shared simulation expertise and materials,
- Shared agreements for student support services that facilitate students' financial aid, co-admission, dual enrollment and ADA acommodation.
- Shared agreements for academic standards including admission criteria, progress and graduation standards.
- Shared purchasing power to equip laboratories, hire consultants for faculty development and other needed improvements

Progress to Date

- ***Consortium partnership*** has been defined as two forms—full and associate. Full partners have committed to developing and implementing the new nursing curriculum at their campuses. Associate partners provide advisory input into the new curriculum but have no current plans to implement the new curriculum. Seven of 14 community colleges and OHSU have signed an intergovernmental agreement for full partnership. Seven community colleges and two private universities are participating as associate partners. Cooperating colleges and universities include all public and private schools that offer liberal arts and sciences courses to potential and enrolled nursing students.
- ***Consortium leadership*** includes: a representative steering committee, a project director, a curriculum committee, a simulation and technology committee, a research and evaluation committee and various work groups to develop and propose specific agreements for the consortium.
- ***The curriculum*** has been developed, including agreements on: prerequisites to nursing major, graduate competencies, and course descriptions and outcomes. Rubrics and benchmarks have been developed and will be pilot tested by faculty

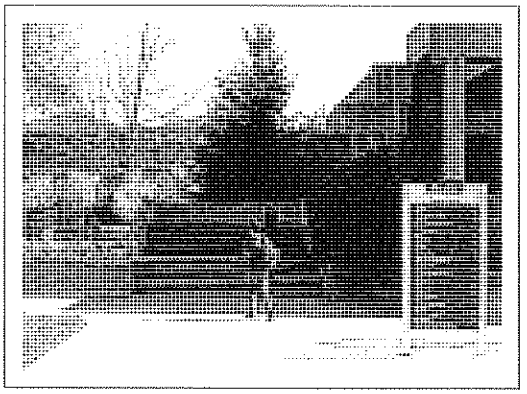
throughout the first implementation of the curriculum. Course teams have developed syllabi for the first-year courses, including modules, mega-cases, and beginning work on multiple learning activities. Nursing faculty on [illegible] have approved the curriculum [illegible] course descriptions and outcomes, [illegible] benchmarks.



Faculty development is underway through a post-[illegible] certificate program on instructional design. In addition to instructional design, the certificate program includes courses on simulation, clinical teaching, and course design. This program is open to current faculty as well as to persons aspiring to a teaching career. Other faculty development activities have included work on competency bases curriculum development and teaching, development and use of rubrics in teaching, case development and case-based learning, learner-centered teaching, teaching for evidence based practice and clinical judgment.

- ***Academic Standards*** proposal was approved by all full partner schools and the steering committee in May 2005, and used to guide the selection process for students who have been admitted for fall 2006. Those standards, having now been used one time, are under review for any needed modifications. The new proposal will be reviewed on all partner campuses and approved in October 2006 to guide selection for the 2007 cohort.
- ***Student services*** proposed policies were developed for financial aid to support dual enrollment, and for admissions process to support co-admission.

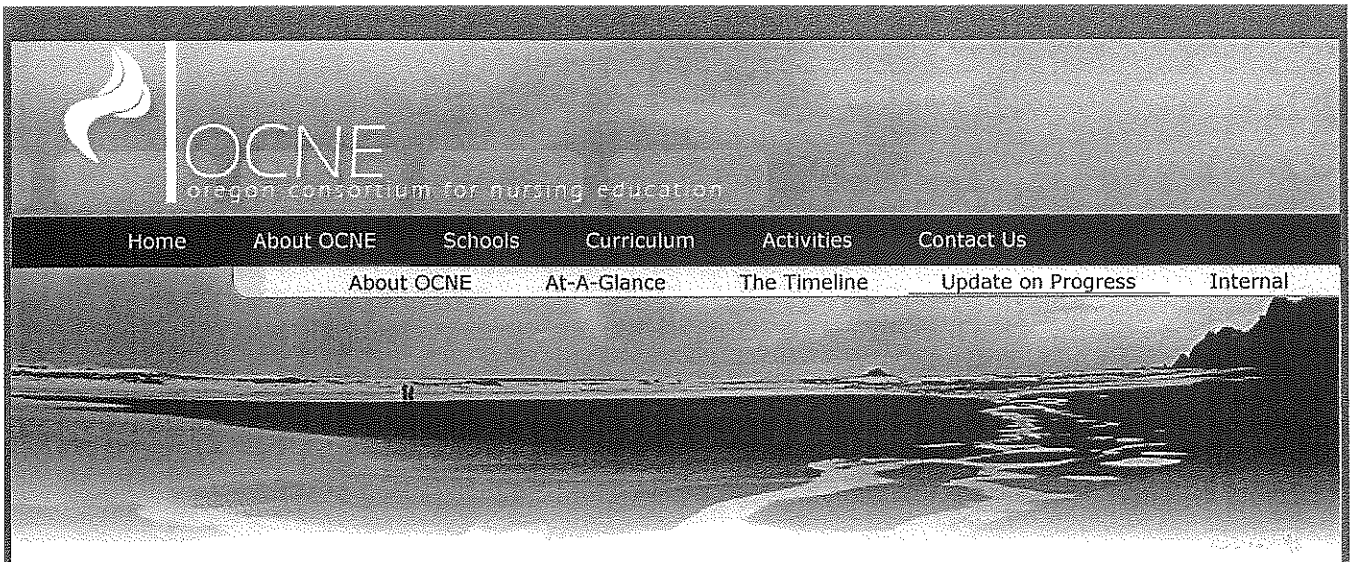
Student Admission and Progression Timeline



- ***Fall 2005:*** Full-time students completed prerequisite courses offered at any university or community college in Oregon.
- ***Spring 2006:*** Students who are had completed the prerequisite courses applied for admission to a consortium partner program with co-admission to the community college and university programs. The program will be offered initially at: Mt. Hood Community College, Southwest Oregon Community College, Umpqua Community College, Rogue Community College and all four OHSU School of Nursing campuses.
- ***Fall 2006:*** Students will enroll in nursing courses simultaneously with required liberal arts and sciences on the above campuses. Required and elective liberal arts and sciences can be taken on cooperating college or university campuses.
- ***Spring 2007:*** Students who are nearing completion, or have completed the prerequisite courses, will apply for admission to a consortium partner program, which will be offered at Clackamas Community College, and Lane Community College in addition to the above.
- ***Fall 2007:*** Students enroll in nursing courses simultaneously with required liberal arts and sciences on all the above campuses. Required and elective liberal arts and sciences can be taken on cooperating college or university campuses.
- ***Spring 2008:*** Students who are nearing completion, or have completed the prerequisite courses, will apply for admission to the consortium program, which will be offered at Blue Mountain Community College in addition to the above schools.
- ***Fall 2008:*** Students enroll in nursing courses simultaneously with required liberal arts and sciences on the above campuses. Required and elective liberal arts and sciences can be taken on cooperating college or university campuses.

Reviewed and modified August 10, 2006

Last Updated: 2006-06-26



Update on Progress

The Oregon Consortium for Nursing Education (OCNE) is a partnership of community colleges, and public and private university schools of nursing established in response to the critical nursing shortage and the 2001 Strategic Plan promulgated by the Oregon Nursing Leadership Council (ONLC). OCNE is one mechanism by which Oregon nursing programs can dramatically expand their capacity and enrollment, and prepare graduates of these programs with competencies to address the rapidly changing health care needs of Oregon's aging and ethnically diverse populations. The consortium was formalized through an intergovernmental agreement signed by partner schools in May 2006.

The following describes the development and progress of the consortium, and provides background about the Oregon nursing shortage and the rationale for curriculum reform.

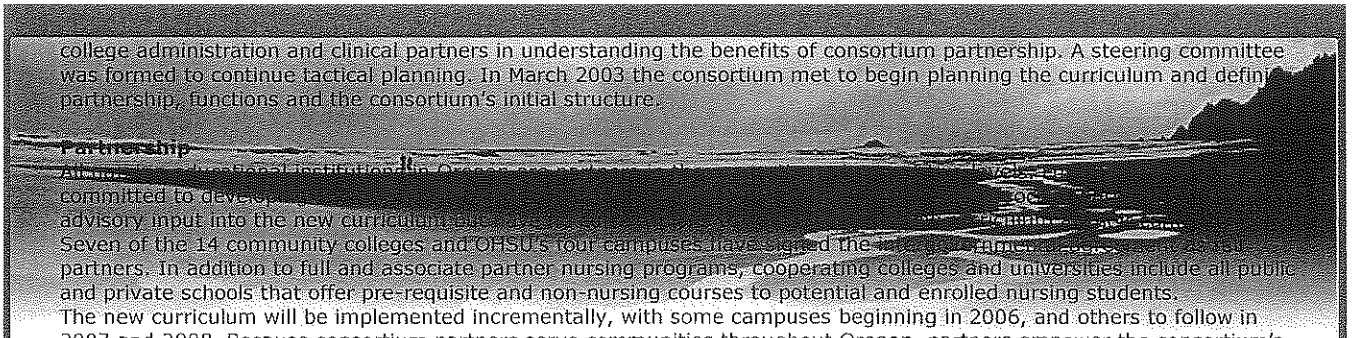
Establishing the Oregon Consortium for Nursing Education

The ONLC education committee recommended that a consortium of nursing education programs be formed through partnerships among public community colleges, the four-campus system of Oregon Health & Science University School of Nursing and private university schools of nursing. The consortium, called the Oregon Consortium for Nursing Education, is characterized by:

- The guiding principle that each individual school retains full responsibility and accountability for the nursing program,
- A collaborative process for consensus about a shared curriculum, and agreements that are needed to support the shared curriculum,
- A shared, competency-based curriculum culminating in a bachelor's degree. When students have achieved the competencies for the current RN Scope of Practice, they may earn an associate degree in nursing, meeting the education requirements to take the RN licensure examination. Coursework and clinical experiences for the full four-year program will be available through any campus of the consortium using a combination of distance delivery from baccalaureate programs, joint faculty appointments, and other means to offer upper division coursework.
- Improved utilization of clinical facilities and faculty expertise in Oregon, through collaborative planning for clinical experiences, joint or adjunct faculty appointments and shared expertise in instructional design.
- A new clinical education model that will align learning experiences and instructional strategies with the established competencies
- Development and use of state-of-the-art clinical simulation to augment on-site clinical training, making use of shared instructional materials.
- Simulation laboratories strategically located and available to each partner school and a network arrangement for shared simulation expertise and materials,
- Shared agreements for student support services that facilitate students' financial aid, coadmission, ADA accommodation, and dual enrollment—as needed for completion of the program.
- Shared agreements for academic standards including admissions criteria, progression and graduation standards.
- Shared purchasing power to equip laboratories, hire consultants for faculty development and other needed areas of support, and convene advisory groups for ongoing program evaluation and improvements.

Oregon Consortium Progress to Date

In September 2002 directors from all nursing programs in Oregon voted to support the consortium and to work with their



college administration and clinical partners in understanding the benefits of consortium partnership. A steering committee was formed to continue tactical planning. In March 2003 the consortium met to begin planning the curriculum and defini partnership, functions and the consortium's initial structure.

Partnership

committed to develop
advisory input into the new curriculum
Seven of the 14 community colleges and OHSU's four campuses have signed the
partners. In addition to full and associate partner nursing programs, cooperating colleges and universities include all public and private schools that offer pre-requisite and non-nursing courses to potential and enrolled nursing students.
The new curriculum will be implemented incrementally, with some campuses beginning in 2006, and others to follow in 2007 and 2008. Because consortium partners serve communities throughout Oregon, partners empower the consortium's work with knowledge of local community needs and established local partnerships.

Leadership
A representative steering committee leads the consortium and supports the work of the Consortium Project Director, Dr. Louise Shores. The project director works with representatives from OHSU and community colleges to develop agreements for the consortium. A curriculum committee, comprised of two representatives from each full partner (including each OHSU campus) has overseen the development and will provide leadership in implementation of the new curriculum. Two representatives from the community college associate partners and two from the private college associate partners serve as non-voting members of the curriculum committee. A simulation committee is developing plans for statewide coordinated simulation laboratories, faculty training, equipment purchase and obtaining grant support for simulation capacity.

Consortium Agreements
The curriculum committee proposed a curriculum framework, credit hours and course descriptions, competency rubrics and benchmarks and course outcomes. Nursing faculty from all full partner schools voted to approve the proposal curriculum framework in December 2004, with subsequent approval of other materials as they evolved. The academic standards work group proposed standards for admission and progression, advanced placement and student conduct in October 2004. Input from all partner schools was reviewed and incorporated in the document in over the next several months. In May 2005, all partner schools approved the academic standards for the first year's admissions cohort. These standards were incorporated in inter-institutional agreements and consortium and individual school policy documents as appropriate. Admission standards were used in Spring 2006 for selection of the first cohort of students and are currently under their first annual evaluative review for any needed changes for Spring 2007. A work group on student services completed recommendations for financial aid arrangements and admissions processes, which were then approved by partner schools. Information Technology staff at partner campuses were convened in a work session to prepare for support of the student information exchange for financial aid and transfer of students. A faculty work group proposed guidelines for shared faculty in OCNE schools. The final guidelines incorporated partner campus input and were approved in April 2006. Work over the next several months will include standards for library services needed in partner schools, guidelines and procedures for ADA qualifying disability accommodations, and financial arrangements among partners needed to support the shared consortium curriculum. The work of all these groups provided the substance for the intergovermental agreement that was signed by each partner in May 2006 to formally establish the consortium. The signing of the agreement was celebrated in two forums: the OCN/ONLC Leadership Summit, May 17, 2006, Portland Marriott, and at a press conference with Governor Kulangoski in conjunction with the Community College President's Council, May 24, Clackamas Community College.

Throughout the development of the consortium, decisions that require the authority of the degree-granting institution were recommended by the steering committee to each respective partner school. Whatever the level of review and decision that would be required for an individual program was used for each partner's approval and agreement to the necessary shared curriculum, policies and standards. Accountability for maintaining academic standards will remain with each individual partner school. An underlying principle in development of OCNE is that each individual school is fully autonomous, and retains responsibility and accountability for delivery of the program.

Curriculum Development and Approval
The curriculum development, and its approval by each partner school, involved a number of developmental and consensus building activities, including:

- Hosted a series of ongoing workshops for faculty representatives from all consortium schools with Dr. Michael Katims (a consultant with expertise in competency-based education)— within that framework, the curriculum committee refined the competencies to be clear and specific enough to guide curriculum development and added more detail in identification of the enduring understandings that enabled priority setting for the curriculum content.
- Reached agreement on liberal arts and sciences that will be prerequisite to the nursing major.
- Reached agreement on an overall curriculum plan – with courses, course titles, course descriptions and credit hour allocation.
- Developed rubrics to make more explicit the dimensions and progression for each competency.
- Identified benchmarks for student attainment on each competency at four points in the curriculum – end of the first year, at the point of transfer to upper division courses, at the point of graduation with the AAS degree, and at graduation with the baccalaureate degree.
- Developed course syllabi, modules, and course materials to serve as resources for faculty teaching the first year nursing courses. The course materials include mega-cases, simulation scenarios and other learning activities that support the courses.
- Obtained approval from the Oregon Board of Education in June 2005 as a statewide program for the AAS degree from participating campuses.

- Obtained approval from the Oregon State Board of Nursing in November 2005 for a significant curriculum change for the first wave partner schools.
- Provided an information report to the Oregon Board of Higher Education for the consortium baccalaureate curri
- Each partner school reported the planned change to appropriate accrediting agencies.

R

During the past a... grant, the OCNE developed the overall agr... and will continue to develop the course materials for implementation of the curriculum, including:

- A growing menu of learning activities including:
  - Text-based, CD-ROM or other media-based instruction
  - Face-to-face or video-conference lectures or presentations with expert presenters identified from programs across the state
  - Interactive computer-based case studies
  - Scenarios and acceptable responses to use in partial or full-scale simulation
  - Examples of specific types of clinical care activities that the student should engage in to learn and demonstrate the competency or set of competencies
- A blueprint for competency tests and assessment tools including pilot testing the rubrics for shared assessment of the core competencies.

The model used to start the development of the new curriculum was based on the Association for Supervision and Curriculum Development's work, *Understanding by Design* (1998). This approach was chosen for several reasons:

- It has been successfully used in K-12 education and in several college programs in order to meet state performance standards. It is consistent with known educational best practices previously outlined.
- By focusing on design of learning activities to achieve performance outcomes, it uses expert faculty more effectively—to design instructional materials that can be used to aid in student comprehension, rather than simply to deliver the content.
- It addresses an issue that has plagued health profession education for decades—the problem of content overload and nursing faculty's affinity to maximum content coverage. The chosen approach instead focuses on teaching for deep understanding. This type of learning involves sophisticated insights and abilities, reflected in varied performances and contexts. OCNE partners believe this model of learning will enhance student learning for safe and effective nursing practice.
- It is compatible with several prominent educational works and initiatives, including: *The Skillful Teacher* (Saphier & Gower, 1997), *Developing Critical Thinkers* (Brookfield, 1998), and the *Teaching for Understanding* initiative at the Harvard Graduate School of Education.
- The development of the curriculum has incorporated and moved beyond the principles in *Understanding by Design* through enhancements such as case, simulation, and virtual neighborhood development.

In April 2006, grant support from NWHF and Kaiser Foundation enabled OCNE to concentrate on study and development of new clinical models for the curriculum. Paula Gubrud Howe and Bonnie Driggers were appointed as project co-directors. Site visits and focus groups with nursing management, faculty, and staff nurses, have provided extensive information about issues as well as best practices. This phase of data gathering will be followed by a Clinical Practice Summit in October. From the information that is being and will be gathered and from the literature, proposals for models of clinical teaching will be developed and pilot tested by OCNE faculty as the new curriculum is implemented.

Student Admission and Progression Timeline
Fall 2005: Full-time students enrolled in prerequisite courses offered at any university or community college in Oregon

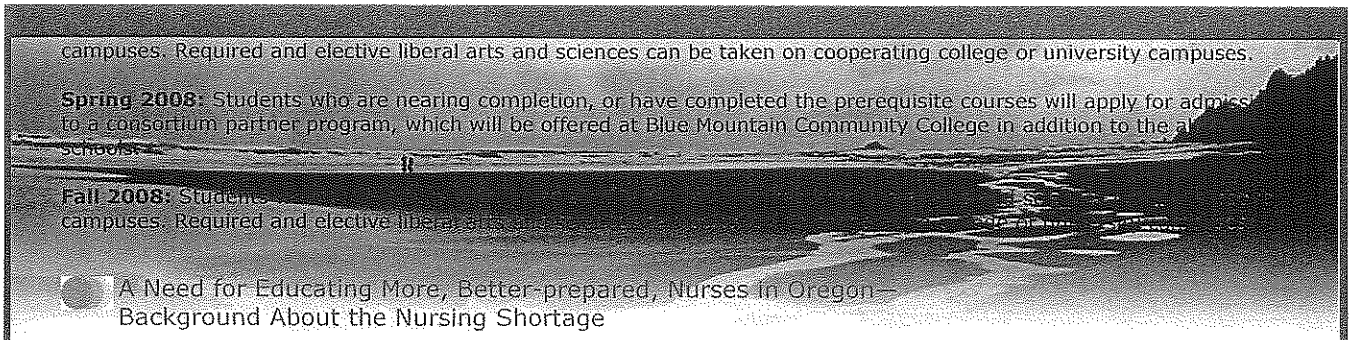
Spring 2006: Students who were near completion or have completed the prerequisite courses applied for admission to a consortium partner program, with co-admission to the community college and OHSU. The program will be offered initially at:

- Umpqua Community College
- Mt. Hood Community College
- Rogue Community College
- Southwest Oregon Community College
- School of Nursing in Ashland, Klamath Falls, La Grande and Portland

Fall 2006: Students will enroll in nursing courses simultaneously with required liberal arts and sciences on the above campuses. Required and elective liberal arts and sciences can be taken on cooperating college or university campuses.

Spring 2007: Students who are nearing completion, or have completed the prerequisite courses will apply for admission to a consortium partner program, which will be offered at Clackamas Community College and Lane Community College in addition to the above schools.

Fall 2007: Students will enroll in nursing courses simultaneously with required liberal arts and sciences on all the above



campuses. Required and elective liberal arts and sciences can be taken on cooperating college or university campuses.

Spring 2008: Students who are nearing completion, or have completed the prerequisite courses will apply for admiss to a consortium partner program, which will be offered at Blue Mountain Community College in addition to the al schools.

Fall 2008: Studen campuses. Required and elective liberal arts and sciences can be taken on cooperating college or university campuses.

A Need for Educating More, Better-prepared, Nurses in Oregon— Background About the Nursing Shortage

Oregon is experiencing a severe nursing shortage, one that will continue to grow dramatically over the next decade as nearly half of Oregon's nurses reach retirement age. Reasons for the shortage mirror those nationwide: aging of the general population, aging of the nursing workforce, higher acuity and a greater level of nursing care and expertise needed by patients, workplace disincentives, and the image of nursing. While the United States is now entering a prolonged period of severe nursing shortages nationwide, Oregon is disproportionately affected by many of these factors and is predicted to have a far greater nursing shortage than much of the nation in the coming years. The Oregon nursing shortage was compellingly documented in Northwest Health Foundation's report, *Oregon's Nursing Shortage: A Public Health Crisis in the Making* (2001). In addition, the background discussion provided in NWHF's *Continuing the Progress* nursing initiative application outlines the complex and numerous factors contributing to this shortage. *When, Not If: Report on Oregon's Registered Nurse Workforce* (2005), presents an update on Oregon nursing workforce by the Oregon Center for Nursing, and concludes that unless immediate and decisive action is taken, a critical statewide nursing shortage is inevitable.

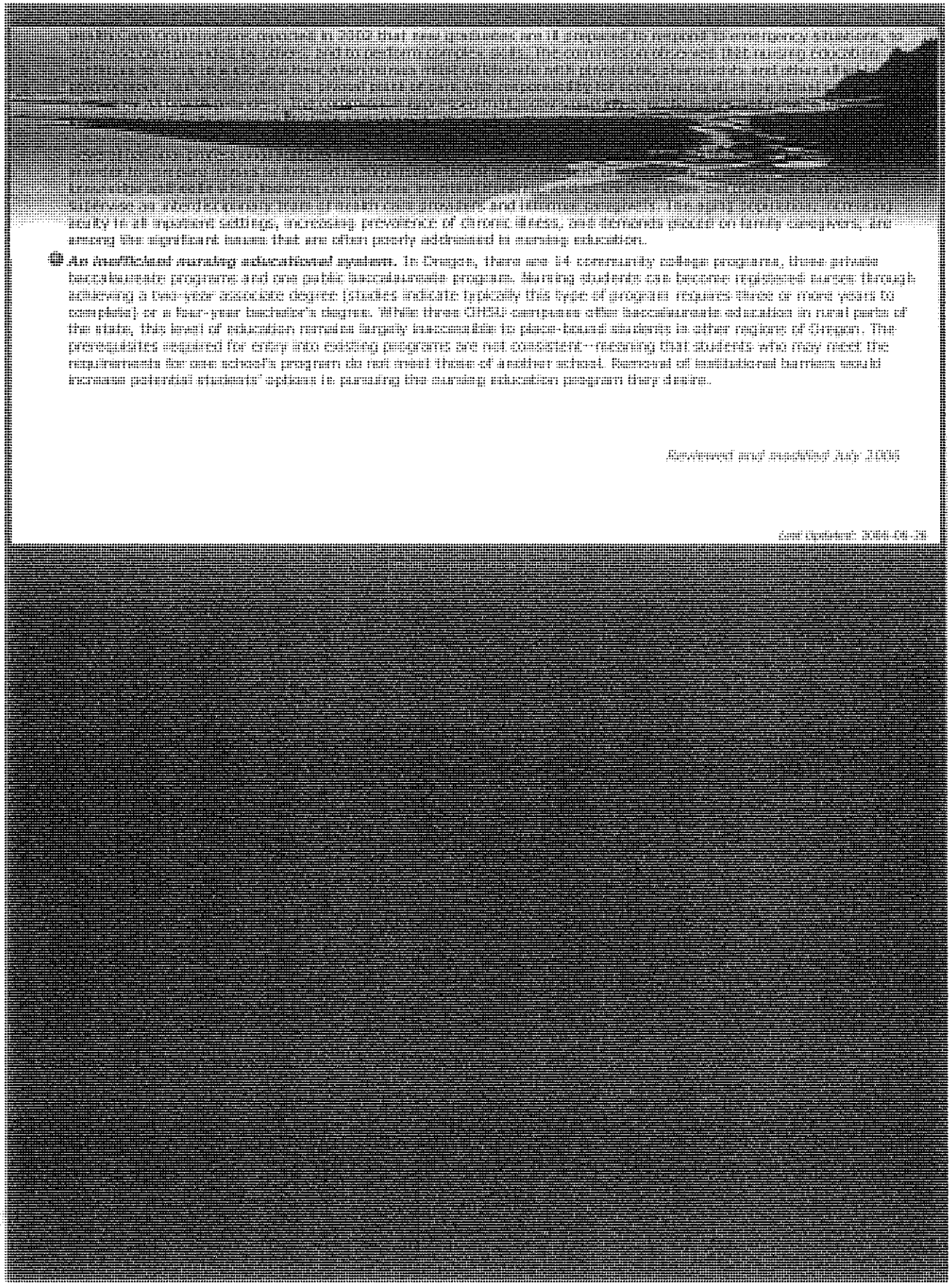
The U.S. Health Resources and Services Administration report, *Projected Supply, Demand and Shortages of Registered Nurses: 2000-2020* (2002), projects that in 2010 the demand for registered nurses in the United States will exceed the supply by 12 percent. At that time in Oregon the demand for registered nurses will exceed the supply by 22 percent—leaving nearly one in four needed registered nurse positions unfilled. By 2020 the shortage in Oregon will more than double in proportion from 2010 levels, with the demand exceeding the supply by 46 percent, essentially leaving one in two registered nurse positions unfilled.

Oregon's aging population contributes to the growing magnitude of the state's nursing shortage. The U.S. Bureau of the Census has projected Oregon's population to grow 23 percent between 2000 and 2020. During this time period, the population over age 65 is projected to grow by 91 percent. Exacerbating the health care demands created by Oregon's aging population is the fact that the nursing workforce is also aging. The Oregon State Board of Nursing reports that, as of June 2002, 42 percent of Oregon's registered nurses are age 50 or older, reaching retirement age in the next decade. Seventy-six percent of Oregon's registered nurses are now age 40 or older. By 2025 when this entire group reaches retirement age, the U.S. Bureau of the Census projects that Oregon will have the fourth highest proportion of elders in the nation.

Increasing the enrollment of nursing students is an obvious immediate strategy to addressing the nursing shortage. However, this strategy alone is simply not possible unless substantial changes are made in how nursing schools prepare nursing students in Oregon. In addition, even if it were possible to increase enrollment under the current nursing education system used in Oregon, it would not be effective in meeting the current and future health care needs of Oregonians. The ability of the nursing educational system to respond to the nursing shortage by increasing enrollment and preparing more nurses for current practice is hampered by four key factors:

- ***A shortage of qualified nursing faculty.*** As outlined in NWHF's 2001 report, the ability of nursing schools to expand enrollment will be limited due to the nursing faculty shortage, particularly in rural areas. According to that report, 41percent of faculty in baccalaureate and higher degree programs and 24percent of faculty in associate degree programs, are expected to retire by 2005. By 2010 an additional 46percent of baccalaureate and higher degree faculty, and 33 percent of associate degree faculty, are expected to retire.
- ***Lack of clinical sites for nursing student preparation, due primarily to clinical education models that are poorly suited to rapidly evolving health care environments.*** Today, the lack of appropriate clinical sites for nursing student clinical education is the primary reason nursing schools are not able to increase enrollment levels. Indeed, the problem is not a lack of qualified and interested students. The Oregon Center for Nursing surveyed nursing schools in 2003 and found that, on average, nursing schools statewide receive two to three times the number of qualified applicants they are able to accept. For the 2003-2004 academic year, OHSU alone was able to accept only 286 of 645 qualified applicants to its undergraduate program--turning away 359 qualified applicants.

  Traditionally, clinical learning in nursing programs is expected to occur through the placement of students in health care facilities, principally hospitals and, more recently, community-based settings. The learning is dependent on the patient population at the time of the student's scheduled clinical experience and the availability of faculty with appropriate expertise to guide the student's learning. Thus, there is little predictability, consistency or control over the scope and quality of each student's clinical learning experiences. In many traditional clinical settings such as hospitals, it is simply unsafe for inexperienced nursing students to practice nursing because of rising acuity and limited availability of nursing staff for support. While health care has changed dramatically in the last decade, the model of clinical education has remained static.
- ***Curriculum content and learning experiences that result in nurses who, upon graduation, are not fully prepared to meet the current and future nursing care needs of Oregon.*** The National Council of State Boards of Nursing reported in 2001 that new graduates enter practice feeling unprepared, and employers agreed that the preparation for new RNs is inadequate for today's health care environment. The Joint Commission on Accreditation on



- **An inefficient nursing educational system.** In Oregon, there are 14 community college programs, three private baccalaureate programs and one public baccalaureate program. Nursing students can become registered nurses through achieving a two-year associate degree (studies indicate typically this type of program requires three or more years to complete) or a four-year bachelor's degree. While three OHSU campuses offer baccalaureate education in rural parts of the state, this level of education remains largely inaccessible to place-bound students in other regions of Oregon. The prerequisites required for entry into existing programs are not consistent—meaning that students who may meet the requirements for one school's program do not meet those of another school. Removal of institutional barriers would increase potential students' options in pursuing the nursing education program they desire.

Reviewed and modified July 2006

Last Updated: 2006-08-28

Oregon Consortium for Nursing Education
Curriculum & Sample Program of Study
Approved, December, 2005
Next Review, May 2007

	Fall	credits	Winter	credits		Spring	credits
Prereq ALL 45 cr	Bi 231 A&P1 WR 121 Human Development Math 95 or higher	4 3 3 4 15	Bi 232 A&P2 WR 122 Social Science Nutrition Computer Comp	4 3 3 4 0-4 15	APPLY	Bi 233 A&P3 Social Science Humanities, Social Science or Natural Science Electives	4 3 4 4 15
1 ALL 45 cr	NRS 110/210 Foundations of Nursing-Health Promotion Bi 234 Micro Bio course with Genetics	9 4 3 16	NRS 111/211 Foundations of Nursing in Chronic Illness I NRS 230 Pharm I NRS 232 Pathophys I Writing 123 or 227	6 3 3 3 15		NRS 112/212 Foundations of Nursing in Acute Care I NRS 231 Pharm II NRS 233 Pathophys II Humanities, Social or Natural Science Year 01 Benchmark	6 3 3 3-4 15-16
2 AAS	NRS 222/322 Nursing in Acute Care II & End-of-Life Humanities, Social or Natural Science	9 0-6 9-15	NRS 221/321 Nursing in Chronic Illness II & End-of-Life Humanities, Social or Natural Science Transfer Benchmark Year 02	9 0-6 9-15		NRS 224 Scope of Practice & Preceptorship for AAS completion Electives AAS Benchmark	9 0-6 9-15
2 BS	NRS 322 Nursing in Acute Care II Humanities, Social or Natural Science	9 6-8 15-17	NRS 321 Nursing in Chronic Illness II & End-of-Life Humanities, Social or Natural Science Benchmark Year 02	9 6-8 15-17		NRS 410 Population-based chronic illness & health promotion *(ADN can take this in summer and continue)* NRS 411 or PH XXX Epidemiology Mth 243 Statistics	9 3 4 16
3 BS	NRS 412 Leadership, outcome management in Nursing Humanities, Social or Natural Science	10 6-8 16-18	NRS 424 Immersion I (6 credits required for students who have completed NRS 224) Humanities, Social or Natural Science	6-10 6-8 12-18		NRS 425 Immersion II Humanities, Social Science or Natural science Year 03/BS Benchmark	10 3-4 13-14

Title: Vermont Nurse Internship Project
Type: Faculty sharing program

Location:
Vermont-statewide

Organizations Involved:
Vermont Nurses in Partnership
-Vermont Nurse Internship Project

Funding Source:
Non-profit membership based organization (VNIP)

Description:
The Vermont Nurse Internship Project's aim is to develop methods to utilize experienced nurses as clinical trainers in a more efficient manner, while providing students, new nurses, or those transitioning to a new specialty a mentor relationship in order to foster a more positive work environment. Practicing clinical nurses will be trained as preceptors and supervised by a clinical educator as they assist nursing students and novice nurses. The preceptor training program consists of a post-licensure two day workshop with training in role/responsibilities of the preceptor/intern, stages of Benner's model of novice to expert, principles of teaching/learning, learning styles, team building, personality style, communication techniques, promoting critical thinking in the novice, and issues/concerns related to becoming a preceptor. Vermont Nurses in Partnership will offer six workshops per year and accept a maximum of 30 nurses per course offering.

Outcome:
Not available. Also, no information as to how and which area hospitals collaborate and then how the nurse preceptors are actually used in clinical practice/education.

Modifications to Model:
N/A

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Website: http://www.vnip.org/index.html

Position Title: Preceptor

Description: Functions as a teacher and mentor in guiding, directing, and supervising technical nursing activities of the nurse intern.

Performance Criteria:

- Assesses intern's experience level to determine level of support and instruction required
- Assesses the intern's learning style and plans learning experiences accordingly
- Develops goals and objectives in collaboration with the intern and clinical educator
- Shares patient assignment by progressively delegating patient care responsibilities to the intern
- Chooses patient assignment based on educational goals and objectives
- Acts as a role model for the intern by adhering to nursing policies and procedures when giving patient care
- Assists the intern in organizing and prioritizing daily patient care routines
- Provides feedback to the intern on a daily basis and evaluates the intern's progress toward fulfilling designated goals and objectives on a weekly basis
- Collaborates with the clinical educator and nurse manager as necessary to evaluate progress and to address any training issues
- Provides a written evaluation to the intern at the conclusion of the internship

Supervision Received: Reports to the nurse manager and clinical educator
Supervision Exercised: Supervises and delegates patient care responsibilities to the nurse intern.

Minimum Qualifications:

Current Vermont RN licensure
Minimum of one-year clinical experience with at least 9 months on current unit
Completion of Introduction to Precepting Workshop
Recommendation of Nurse Manager and/or Clinical Educator
Validated competencies include:

- knowledge and expertise in providing nursing care
- implementing standards of care
- adherence to policy/procedures for facility
- effective communication skills in written and verbal forms
- interest in sharing knowledge with staff through role modeling and teaching
- effective interpersonal skills, aids in the socialization of others
- strong organizational skills and ability to prioritize patient care
- commitment to own professional development through participation in preceptor support groups, meetings, and skill development

Note:

Selected from current clinical staff in practice setting
Receives specific preceptor training and role support
Patient assignment must be prorated to accommodate the teaching requirements related to precepting the intern.

Preceptor Expertise Evaluation **Preceptor** _____

This form is to be used for ongoing performance appraisal of the Preceptor as he/she works with new hires, Nursing students, novices to a specialty area, and/or Interns. The scoring is based on Benner's Novice to Expert scale with an expectation that the preceptor that qualifies for certification is functioning at a proficient level (4) in most areas. Rating of expertise can be based on Preceptee evaluation, self-evaluation, and direct observation in the clinical setting. The clinical educator and/or intern will rate the preceptor performance on this scale of 1 - Novice/rarely to 5 - Expert/Always

Level of expertise demonstrated by Preceptor:	Novice/rarely				Expert/always
1. Taught from a foundation of clinical expertise	1	2	3	4	5
2. Demonstrated professionalism and peer respect	1	2	3	4	5
3. Discussed department expectations related to intern's role	1	2	3	4	5
4. Introduced the novice to the social/work culture of the unit	1	2	3	4	5
5. Recognized issues associated with reality shock	1	2	3	4	5
6. Listened attentively	1	2	3	4	5
7. Observed novice's clinical performance	1	2	3	4	5
8. Facilitated conflict resolution	1	2	3	4	5
9. Planned experiences to operationalize the competency form	1	2	3	4	5
10. Established weekly goals and plans in a collaboration with novice	1	2	3	4	5
11. Developed a learning plan based on individual needs	1	2	3	4	5
12. Provided scheduled learning opportunities	1	2	3	4	5
13. Met regularly to evaluate/discuss learning plan goals and outcomes.	1	2	3	4	5
14. Developed critical thinking skills in the novice thru discussion of alternatives/priorities	1	2	3	4	5
15. Applied effective teaching skills/techniqnes	1	2	3	4	5
16. Provided an environment conducive for learning	1	2	3	4	5
17. Provided resonrces and assistance appropriately	1	2	3	4	5
18. Provided timely, sensitive, respectful feedback; in a quiet, private place	1	2	3	4	5
19. Evaluated the novice's performance/capability	1	2	3	4	5
20. Praised achievements	1	2	3	4	5
21. Encouraged, coached, and motivated	1	2	3	4	5
22. Encouraged openness, trust, and inquiry.	1	2	3	4	5
23. Encouraged the novice to seek advice and guidance.	1	2	3	4	5
24. Was consistently available to provide support and assistance	1	2	3	4	5

Comments:

Completed by: Title/role Date

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Vermont Nurse Internship Project

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PRECEPTOR DEVELOPMENT

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Preceptor expertise evaluation

Annotated Literature Reviews

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Retention
Internship
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A bibliography and other resources are listed in our Resources section.

Overview

Preceptor Development presentation
(adapted from a PowerPoint show)

Preceptor Program

The preceptor training and credentialing program is developed for direct Care providers that work with graduate nurses, students, new hires, and/or cross training of staff. Development of this education and support has a two-fold purpose: 1. The first expected outcome is that existing staff will improve their skills in teaching, coaching, mentoring, leadership, communication, and evaluation. Thus they can effectively work with nursing interns to help them gain competencies expected within the internship and outlined on a competency checklist. 2. The second expected outcome is a change in the culture of the work environment. The program supports a transition from the current crisis-driven, intimidating, and isolating, work place to a more supportive environment designed to assist the transition of a novice nurse into successful practice. This program is designed to build capacity both in individuals and in the environment. It will foster development of leadership skills and professionalism at a 'grassroots' level.

TOP

Preceptor Competencies

During the internship experience, the preceptor will demonstrate effective skills in teaching techniques; listening, observational, and feedback techniques; design and planning experiences to operationalize the competency checklist in the clinical practice setting; evaluation and provision of constructive criticism and praise of achievements; minimization of reality shock; facilitation of conflict resolution; assistance to the intern in setting daily goals and plans; encouragement, coaching, and motivation skill sets.

The Clinical Educator will be responsible for supporting the preceptor as they attain these skills and will validate that the skills are demonstrated with competence. The Preceptor program is a formal, post-licensure educational program designed to increase knowledge, teaching, and communication skills of experienced nurses.

These educational workshops are also used by specialty care area personnel for continued development of experienced staff in OR, ICU, psychiatric, and other special care areas. While providing additional educational resources, this joint effort benefits the Internship project by changing the workplace culture further towards support of the novice/advanced beginner. We currently offer six (6) workshops per year and accept a maximum of 30 participants per 2 day offering.

The research and theory based course curriculum addresses: role/responsibilities of the preceptor/intern, stages of Benner's model of novice to expert (Benner, 1984), principles of teaching/learning, learning styles, delegation/legal implications, team building, personality style, effective communication techniques, conflict management, generational issues, competence of new RN's in clinical practice, promoting critical thinking in the novice, and issues/concerns related to precepting.

TOP

Preceptor Credentialing Program

The preceptor training and credentialing program was developed for RN staff members that meet credentialing requirements. This program recognizes and rewards Vermont Nurse Preceptors through validation of their dedicated commitment to teaching and mentoring colleagues and novices. Application requirements include clinical practice hours, basic and ongoing education specific to the role, verification of precepting at a proficient level of practice, references, and resume submission.

An application for Preceptor Credentialing is available from the VT State Nurse's Association office. Contact:

VT State Nurse's Association
100 Dorset Street, #13
South Burlington,Vermont 05403
(802) 651-8886
vtnurse@prodigy.net

TOP

Recommendations

Along with investing in transition programs for new graduates, our healthcare systems need to ensure the development and support of preceptors in the clinical setting. Most of today's transition programs use preceptor-based systems, but not many have consistently invested in the development and support of those preceptors. To be effective, preceptors require an educational foundation, ongoing support, and "time to precept". A commitment to this teaching time serves the development of both the preceptor and the novice with whom they work.

Our project has identified two groups that require intensive education and support. The first target audience is the preceptor. Teaching, mentoring, interpersonal, and competency assessment skills must be developed in these individuals. A foundation must be laid with comprehensive, theory-based education related to interpersonal communication, roles/responsibilities, principles of teaching/learning, assessment, planning, and feedback skills. The vitally important roles of the preceptor include "protector" and "competency validator". These roles require specific preparation and support. Once this foundation is laid,

the preceptor's effectiveness should be evaluated on an ongoing basis, within a system that focuses on performance development for both the preceptor and the novices with whom they work. This ensures the necessary structure for skills development and competency assessment that protects the safety of our clients as well as the professional development of our nurses.

The second target audience is the novice nurse. This nurse may be a new graduate, a re-entry candidate, or a nurse that is transitioning into a new specialty area. Each of these novices needs advanced support, instruction, and precepting to develop the reflective learning, critical thinking, and specialty practice skills that are essential to safe, effective nursing care in our multiple and challenging settings.

To deliver this, an effective preceptor/internship program needs to include:

- Clearly identified roles and responsibilities that also delineate where to find the "time for precepting"
- A Clinical Coaching plan that outlines specific goals, activities, and measurable outcomes. This plan must follow principles of teaching/learning, to foster the progression of the novice through all core competency requirements.
- Specific planning for critical thinking development through weekly meetings, case scenarios, documentation tools, discussion and/or problem solving.
- Valid and reliable tools for competency verification that identify specific, measurable criteria for assessment

Investment in these target groups has paid dividends in recruitment, retention, and improved satisfaction for Vermont nurses. We are succeeding in changing the culture of the workplace towards one of support, nurture, learning, and professional advancement.

TOP

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Title: Educating the Nursing Workforce: The Nurse Faculty Shortage in Wisconsin
Type: Task Force Activities

Location:
Wisconsin

Organizations Involved:
Wisconsin Board of Nursing
Wisconsin Center for Nursing
Wisconsin Nurse Faculty Task Force

Funding Source:
Not reported

Description:
The Wisconsin Nurse Faculty Shortage Task Force was convened in March 2006 to provide recommendations to the Board of Nursing and the legislature. Legislation had been introduced in the State Assembly in early 2006 that would allow schools of nursing to hire up to 25% of their nursing faculty without a masters degree in nursing. The report includes results from a survey of nurse educators and several issues and recommendations.

Outcome:
Not available.

Modifications to Model:
N/A

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Educating the Nursing Workforce:
The Nurse Faculty Shortage in Wisconsin

Wisconsin Nurse Faculty Shortage Task Force

Report and Recommendations

June 2007

Submitted by:

Members of the Wisconsin Nurse Faculty Task Force

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Meeting Dates:

March 21, 2006
May 8, 2006
June 30, 2006
July 17, 2006
December 13, 2006
February 28, 2007
April 26, 2007

Recommended Citation:

Wisconsin Nurse Faculty Shortage Task Force. (2007, June). Educating the nursing workforce: The nurse faculty shortage in Wisconsin. Report and recommendations. Milwaukee, WI: Wisconsin Center for Nursing.

Educating the Nursing Workforce:

The Nurse Faculty Shortage in Wisconsin

Executive Summary

The Wisconsin Nurse Faculty Shortage Task Force was convened in March 2006 by the Board of Nursing and the Wisconsin Center for Nursing to examine the issues surrounding the perceived nurse faculty shortage, address any restrictions on faculty qualifications to teach in Wisconsin schools and colleges of nursing and to provide recommendations to the Board of Nursing and the legislature.

The demand for RNs nationally and in Wisconsin remains high. Nursing schools in Wisconsin have responded to the need for nurses by increasing the number of nursing graduates by 45% during the past 5 years. Current projections suggest that there will continue to be a nursing shortage for several years to come. However, because Wisconsin does not have a systematic approach in place to collect and analyze statewide data on the RN workforce, it is difficult to project whether demand and supply are in balance.

In order to meet the state nursing workforce in the coming decades, there must be an adequate number of nurse educators in Wisconsin. Results of a survey conducted by this Task Force in October 2006 indicate that the vacancy rate for nurse educators in Wisconsin is 5.6% (12.6% at the PhD level and 4% at the Master's level). A vacancy rate of 5-6% is considered to be an indicator of a shortage (Kovner, C., et.al., 1994.)

Wisconsin nurse educators have been very aggressive in seeking innovative solutions and additional resources to increase the number of nurses prepared to teach in schools of nursing. Wisconsin schools and colleges of nursing have expanded both the number of nursing programs and the types of graduate opportunities available to prepare nurse educators. A number of nursing graduate programs have obtained additional funding to support nurses in obtaining graduate education. Employers and schools of nursing have worked together to support nurses to obtain the needed educational qualifications and/or to serve as adjunct nursing faculty. Several innovative federally funded demonstration projects are underway that focus on broad partnerships to recruit and prepare nurses across the state to serve as nursing faculty. These include: the State of Wisconsin Initiative to Fast Track (*SWIFT*) Nurse Educators (Lundeen, UW-Milwaukee College of Nursing); and NET - Nurse Educators for Tomorrow (Nehls, UW-Madison School of Nursing). Nonetheless, the nurse educator shortage continues.

Although a graduate degree in nursing is considered to be the educational standard for teaching nursing courses in professional nursing programs, the Wisconsin Board of Nursing (BON), in keeping with the National Council of State Boards of Nursing and other accrediting bodies, allows for limited exceptions to this standard. Over 70 exceptions were granted to ADN and BSN nursing programs during the 2006-2007 academic year.
More needs to be done to recruit and retain qualified nurses into faculty positions immediately and into the next decade. Challenges to be faced include:

- Large numbers of faculty are reaching retirement age and graduate programs in nursing must prepare the nurse educators for the next generation of nurses.

- Nursing faculty salaries are not competitive with the administrative and practice salaries for nurses with graduate degrees in the health care service sector.

- Nurse educators must be educated at the masters and doctoral levels so as to integrate a combination of evidence-based nursing practice skills, an advanced understanding of health care and the nursing profession and the ability to promote and facilitate learning in today's nursing students.

- The current nurse workforce and the nurse educator workforce does not reflect the diversity of the state. More diversity (gender and ethnicity) is needed in nursing education.

- The lack of funding for nursing scholarships and traineeships limits the number of nurses who are able to attend graduate programs full-time. The time to degree for graduate students in nursing is much longer than for other graduate students because many nursing graduate students attend graduate school on a very part time basis while continuing to work in order to pay for school, support families, and maintain access to health insurance.

- Funding for additional nurses educator positions will be necessary to meet Wisconsin's demand for nurses "at the bedside" and in the community in coming decades.

Recommendations

1. **Provide financial support and other incentives for nurse graduate students.** Public and private support through tax credits, loan reduction and forgiveness and additional fellowships tied to long term educator's roles in Wisconsin must be created and expanded. Graduate students need access to health insurance for themselves and their families while attending school.
2. **Assure competitive nursing faculty salaries**: Other academic specialties have used a market based approach to set faculty salaries. This approach needs to be used for the nursing profession as well. Additional base dollars are necessary to support salaries in nursing programs in both the public and the private sectors.

3. **Collect regular supply and demand data for nurse workforce and nurse educators.** The State of Wisconsin must clearly designate accountability for systematic collection, analysis and dissemination of nurse workforce data that will include information regarding state supply and demographic characteristics (including racial, ethnic and gender identification) and demand for nurses in the workforce and the faculty necessary to prepare them. The Wisconsin Center for Nursing should take accountability as coordinator of this process.

4. **Develop strategies to promote faculty satisfaction and effectiveness.** Ways to retain current faculty, including those considering retirement should be developed. Faculty satisfaction with work environment and a realistic workload should be explored. Faculty who have completed nursing graduate degrees with minimal content on the teaching role should be encouraged and supported to access adult education or certificate programs that prepare them to assume the role of nurse educators. A balance between full time and part time positions must be maintained to assure that faculty work can be completed (student advising, curriculum development, program evaluation and improvement, new faculty support).

5. **Expand the existing Board of Nursing (BON) exception program.** The existing BON exception program should continue. The BON should adopt one additional exception: Each nursing school may hire one nurse educator with a graduate degree in a non-nursing field related to the specific area of their teaching assignment.

6. **Expand educational opportunities** for nurses in all regions of the state. Expand opportunities for graduate education in all parts of the state through masters programs, clinical doctorates and PhD programs in nursing. Distance learning modalities, especially asynchronous web-based instruction should be expanded as appropriate to support the graduate education of nurses who are working and/or live where on-campus options are not available.

7. **Increase awareness of nurse educator career path options.** Nurses interested in teaching need to be made aware of nursing education career options and the educational programs available to them. Special efforts should be made to reach out to men and minorities in order to have the nursing faculty of Wisconsin reflect the diversity of the population of our state. Nurses should be encouraged and supported to complete nursing graduate programs early in their nursing career. Fast track options such as associate degree-to-MSN, BS in another field-to-MSN, BSN-to-PhD, and non-MSN to MSN should be highlighted.

8. **Promote partnerships with healthcare employers**: Collaborative roles between nursing programs and clinical organizations in which nurses maintain a clinical position and hold a joint appointment with educational programs should be increased to expand availabi lity of nursing faculty.

9. **Expand preparation of clinical preceptors.** The number of nurses who serve as preceptors for one or more nursing students in clinical learning experiences is likely to increase to accommodate the demand for more nursing students. Access to preceptor training for practicing clinical nurses should be provided to increase effectiveness and satisfaction in the role. Those who enjoy the role should be encouraged to explore the option of becoming a nursing faculty member.

10. **Expand use of simulated clinical experiences** should be explored. The preparation of nursing students is likely to rely more and more heavily on simulation in clinical learning laboratories and other innovative methods of efficient use of faculty and nursing school resources. Given the significant investment required to purchase equipment and program simulation learning modules, partnerships with technological businesses should be explored and mechanisms to share resources regionally among schools of nursing should be implemented.

11. **Evaluate potential to develop faculty sharing options.** Part-time faculty will continue to be important to maintaining or expanding current enrollment levels. The development of regional Nursing Faculty Pools that link nurses prepared to teach undergraduates students on a part-time basis to several schools of nursing with part-time openings on a semester by semester basis is a collaborative strategy that Task Force members recommend be evaluated by ANEW and the Wisconsin Center for Nursing.

Educating the Nursing Workforce:

The Nurse Educator Shortage in Wisconsin

Task Force Charge

The Wisconsin Nurse Faculty Shortage Task Force was convened in March 2006 by the Board of Nursing and the Wisconsin Center for Nursing (see Appendix B for background on the WCN). Legislation had been introduced in the State Assembly in early 2006 that would allow schools of nursing to hire up to 25% of their nursing faculty without a masters degree in nursing. After considerable debate, the sponsors of the bill recommended that a Task Force be convened to examine the issues surrounding the perceived nursing school faculty shortage and restrictions on faculty qualifications and to provide recommendations to the Board of Nursing and the legislature. The Task Force was co-chaired by leaders from the Wisconsin Center for Nursing and the Wisconsin State Board of Nursing. This report presents the issues and recommendations of the Task Force members,

The Nursing Shortage

According to Health Resources Services Administration (HRSA) National Sample Survey of Registered Nurses conducted in 2004, this is the 9th year of the nursing shortage. There are 2.9 million nurses licensed in the US with approximately 83% or 2.4 million working in nursing positions (HRSA, 2004). This RN shortage will continue to grow if current trends continue, including:

- a growing and aging U.S. population in need of healthcare
- high demand for improved safety and highest quality care
- an RN workforce at or approaching retirement age
- difficulties attracting and retaining nurses in stressful work environments
- increased prevalence of chronic diseases
- increased use of clinical and information technology and
- increased roles for nurses in ambulatory and long term care settings

A recently revised forecasting model has projected a deficit of 340,000 RNs nationally by 2020 (Auerbach, D., et.al., 2007.) Unfortunately, because Wisconsin does not have a designated center for the systematic collection and analysis of data related to the RN workforce, it is difficult to project whether nursing workforce demand and supply are in balance in the state. That is, Wisconsin currently cannot easily answer the question: *"Is the supply of nurses adequate to meet the health care needs of the population of the state?"* As of September 2006, Wisconsin has 73,073 licensed RNs. Using national data as a model, we estimate that there are 83% or approximately 60,650 RNs working in Wisconsin. The average age of RNs licensed in Wisconsin is 47.6 years – older than the national average of 43.5. Fifty-nine percent (59%) of Wisconsin nurses are between the ages of 40-59 and 14% are 60 and over. These projections suggest that the number of retirements that will occur in the next decade are reason for concern.

The Wisconsin Department of Workforce Development (DWD) projections for 2004-2014 place Registered Nurse (RN) in the top five occupations with the most job openings across the state. In a May 2006 analysis of job openings in the Milwaukee Metro area (conducted for the Private

Industry Council), the category with the largest number of job openings was RNs (1,316). In this region there was a high demand for RNs with baccalaureate and graduate degrees for specialty, executive and managerial positions.

Wisconsin nursing schools have responded to the nursing shortage by increasing undergraduate capacity dramatically during the past 5 years. These increased enrollments have been accomplished in spite of constraints of budget, increased competition for clinical training sites, and limited classroom and clinical laboratory space. Since 2001, there has been a 45% (n=1317) increase in the number of nurses who passed the state nursing licensure exam. This reflects an increase of 49% (n=761) from Wisconsin Associate Degree (AND) programs and a 39% (n=553) increase from public and private university nursing schools and colleges (BSN). The ability to meet the short and long term need for registered nurses is dependent upon the ability of schools and colleges of nursing to continue to graduate a sufficient number of nursing students to replace retiring nurses and to fill new positions. Sustaining this level of enrollment will be impossible for most nursing education programs with additional resources. Additional remedies are necessary if the state is to avoid significant gaps in access and quality of health care for state residents.

Nursing Faculty Shortage

Dr. Jeanette Lancaster, President of the American Association of College of Nursing (AACN) observes that "With limited resources available to nursing schools and a dwindling population of nurse faculty, future enrollment increases may not be possible without a significant boost in federal and state funding needed to prepare new faculty, enhance teaching resources, and upgrade nursing school infrastructure" (AACN, 2007.) It is clear that creative strategies and additional resources will be needed to address the nurse educator shortage across the nation.

The national vacancy rate is estimated to be 7.9% by both AACN and the National League for Nursing (NLN). *Nurse Educators 2006: A Report of the Faculty Census Survey of RN and Graduate Programs* (NLN, 2006) cited several trends: an increasing percentage of part-time faculty, the aging of the faculty population, and a large number of nurse faculty not prepared at the doctoral level. In addition to vacancies, schools cited the need to create additional faculty positions to accommodate student demand.

In order to better assess the need for nurse educators in the state, the Task Force requested that a survey of all nursing education programs in the state be conducted by the Wisconsin Center for Nursing. This survey was conducted in September and October 2006 with 83% of the 39 nursing education programs in the state responding.

Findings of the WCN Nurse Educator Survey

There are 952 nurses employed by nursing schools in Wisconsin. Sixty-three percent (63%) are in full-time positions, while 30% are employed part-time. Seven percent (7%) are in administrative positions. Survey results indicate that as of October 2006 the vacancy rate for nurse educators in Wisconsin is 5.6% (12.6% at the PhD level and 4% at the Master's level). Nationally, a vacancy rate of 5-6% is considered to be an indicator of a workforce shortage (Kovner, C., et.al., 1994.)

Nationally, nursing faculty form the oldest group within the nursing profession. Nurses tend to be considerably older than graduates with advanced degrees in other professions because they return to graduate school later in life and often as part-time students. This outcome results in

fewer years in the career after nurses receive their terminal degree. In Wisconsin, the average age of nursing faculty is greater than 50. National data indicate the majority of PhD faculty retires at age 62.5.

Deans and directors of schools of nursing were requested to predict the number of retirements within 1-2 years and 3-5 years. The responses indicate the number of faculty projected to retire within five years is 160 or 17% of all nurses in faculty positions: 123 are masters prepared (18% of all masters prepared faculty) and 33 are doctorate prepared (21% of all doctorate prepared faculty).

The survey also highlighted several other workforce patterns. Many nurse educators work part-time. This is especially true of Master's prepared faculty, over one-third of who work in part-time roles, compared to only 2% of PhD prepared faculty. It is important to note that most of the Master's prepared faculty projected to retire within 5 years currently holds full time positions. This could mean programs will not have enough faculty who are involved full time in the operations of the program.

Comments written by survey respondents further define the current situation. Many schools are dealing with the faculty shortage by splitting full time positions into part-time positions, increasing the use of adjunct faculty, encouraging faculty to teach overloads, and contracting with clinical organizations for staff nurses to teach selected clinical courses. Schools have also taken advantage of the current exemptions granted from the Board of Nursing.

Nursing programs face a number of challenges when attempting to recruit and retain nurse educators, including the need to acquire increasing amounts of new knowledge as nursing science and practice evolves, develop and become skilled at new forms of pedagogy and teaching modalities including web-based instruction and simulation, increasing faculty workloads and the appropriately high standards set by state and accrediting bodies in order to assure quality and to protect the public. In spite of the demand for well prepared nursing faculty, the salary gap between academia and the clinical practice arena continues to widen. There are also salary differentials among types of academic settings. One survey respondent from a private college stated "One of our major problems is salary, especially compared to public institutions and clinical practice. We lose good people because they can make at least 50% more in clinical practice settings..." Another respondent stated "Salaries for faculty (at a UW System program) are $20,000-30,000 below the clinical industry and $10,000-15,000 below the technical college system." Lack of benefits for part-time adjunct faculty was also cited as an issue.

The salary differential in Wisconsin matches that found nationally. A 2005 report from American Association of Colleges of Nursing (2005) noted the following median salaries:

- Assistant Professor with MSN $ 58,567
- Associate Professor with MSN $ 62,778
- Nurse practitioner (specialty care) $ 74,015
- Clinical Nurse Specialist $ 71,544
- Director of Nursing $104,191

Note that these salaries were converted from academic salaries to the calendar year.

A master's degree in nursing (MSN) is the educational standard for teaching nursing courses in professional nursing programs by the Wisconsin Board of Nursing (BON), and other accrediting

bodies including the National League for Nursing Accrediting Commission and Collegiate Council on Nursing Education (CCNE). At least a master's degree (with a preference for an earned doctoral degree) is the accreditation standard to teach nursing theory or practice courses in a Master's nursing degree program. A doctoral degree is the standard for teaching in a doctoral degree program in nursing. One survey respondent cited these standards as a barrier to recruitment of faculty. "I've had several applicants without the Masters of Science in Nursing (MSN) but have advanced degrees in other fields (Health Care Education etc). Isn't there some certification course that could be devised so they don't have to go all the way through an MSN program?"

The Wisconsin Board of Nursing Faculty Exception Program

In Wisconsin, the requirement for a master's degree in nursing in order to teach in a professional nursing program (Associate Degree or Bachelor's Degree program) has been the standard since 1989. The BON does not have jurisdiction over Master's or Doctoral programs.

The BON allows exceptions to the MSN requirement. A BON report indicated that over 60 exceptions were granted to both Associate Degree and Baccalaureate nursing programs during 2006. The current BON exemption policy includes:

- An RN with a bachelor's degree in nursing and two years of experience can be given a standard exception to teach in a registered nursing program as soon as they are actively enrolled in a MSN program. To continue the standard exception, they must remain actively enrolled in the program. While in this status, they must have a MSN-prepared or doctorally prepared faculty member as a preceptor.

- An RN with a bachelor's degree in nursing and two years of experience can receive an emergency exception for up to one semester. While in this status they must have a MSN-prepared faculty member as a preceptor.

- The MSN has been the standard in Wisconsin for the last 16 years (since 1989). Instructors with masters degrees in other fields who were teaching prior to 1989 were allowed to continue to teach and may still be teaching in their original nursing program.

- Schools can have up to 50% faculty with the the f exceptions itemized above..
- The MSN rule relates to teaching core nursing courses only, not to courses such as anatomy & physiology, economics, cultural diversity, etc. Also the nurse manager of the skills laboratory does not need the MSN.

- Schools of Nursing may also choose to use a preceptor model for all or parts of the clinical experience. In this instance the school and MSN faculty arranges for each student to work with an experienced RN in the RN's clinical agency to obtain the selected clinical experiences. The faculty member communicates to the preceptor what experiences the student should obtain and the level of competency the student should demonstrate, works with the preceptor and students during the experience, and determines the final grade for the clinical experience.

Master's level nursing education. Wisconsin schools and colleges of nursing have expanded both the number of programs and the types of graduate opportunities available. For example, Bellin College of Nursing in Green Bay and Alverno College in Milwaukee have added masters programs. Masters degrees in nursing with education tracks are offered at Alverno College, Bellin College, Cardinal Stritch University, Concordia University, Marian College, University of WI-Eau Claire, University of WI-Oshkosh, and Viterbo University. Alverno College's MSN program integrates nursing education and clinical nurse specialist (CNS) specialization. Other schools with nursing graduate programs have expanded capacity.

Schools have also been creative in designing innovative programs. Accelerated Masters in Nursing Programs (for those with a baccalaureate degree in another field) are available at Marquette University and UW-Milwaukee. Others, including Concordia and Madison offer web-based instruction, to assist graduate students to progress in non-traditional ways. Support (e.g. tuition, health insurance, child care, stipends) is needed for more nurses to be able to attend these programs.

Doctoral level nursing education. The demand for PhD level RNs continues to rise as health systems increase their focus on outcomes of care, patient safety and evidence-based practice. This will increase the competition for PhD graduates and potentially make the education setting less attractive – especially as the pay is significantly higher in the service settings. There are three PhD programs in nursing in Wisconsin that prepare nurse educators. These programs are located at UW-Madison, UW-Milwaukee and Marquette University. Approximately 60% of UW Milwaukee PhD graduates and 20% of UW Madison PhD graduates are employed in faculty positions in Wisconsin. Starting in 2003 Marquette University College of Nursing began offering its program with a focus on vulnerable populations and nursing education. Marquette will have their first graduates in 2007 and estimate that 85% of these students are Wisconsin residents. In 2001, UW-Milwaukee started one of the first totally asynchronous nursing PhD On-line programs in the nation. To further address the need for doctoral prepared nurses, both UW-Madison and Milwaukee now offer accelerated bachelors degree to Ph.D. programs. This option was also recently approved by faculty at Marquette University. These three programs will produce many of the nurse educators that will prepare the next generation of nurses in Wisconsin. These doctoral programs all report the need for additional resources to prepare the number of nursing faculty necessary to meet the demand.

Additional funding obtained

SWIFT Nurse Educators Initiative. A major US Department of Labor grant to UW-Milwaukee College of Nursing is funding the State of Wisconsin Initiative to Fast Track (*SWIFT*) Nurse Educator program . This program partners schools of nursing, health care employers and Workforce Development Boards to identify and support nursing students through masters programs in nursing. In return for tuition support and work release time, *SWIFT* participants agree to go through a masters program as a full-time student and teach for several years in any Wisconsin nursing program after graduation.

Nurse Educators for Tomorrow (NET) The NET Project is a UW-Madison initaitve to prepare advanced practice nurse to become nurse educators via online courses and academic community partnerships. Funded through a grant from the Health Resources and Services Administration (HRSA), NET is designed for nurses who are committed to being both nurse educators and medical-surgical clinical nurse specialists or nurse educators and pediatric nurse practitioners.

Nursing Student Loan Program: In 2005, this program, administered by the Higher Educational Aids Board (HEAB) was expanded to allow students enrolled in programs that confer a Master's or Doctoral degree in nursing to obtain a loan (maximum of $3,000 per year and $15,000 total) to defray the cost of tuition, fees and expenses. A portion of the loan can be forgiven if the person is employed in Wisconsin as a nurse educator. However, when the program was expanded to include Master's and Doctoral students, no additional funding was added to the program.

Evidence of Unmet Demand for Potential Nursing Students

As the current baby boomer nurses begin to retire, the number of nurses entering the workforce will not keep up with the demand. Currently the average age of RNs is 43.5 with the largest age group of RNs in their forties. By 2012 the average age will increase to 44.7 years and RNs in their fifties will be the largest group. It is projected the average age will peak at 44.9 in 2016 and then begin to drop back (Auerbach, et.al., 2007)

There are currently many more persons interested in enrolling in nursing education programs across the nation than there is capacity in those educational programs. According to the American Association of Colleges of Nursing (AACN, 2006), US nursing schools turned away 41,683 qualified applicants from baccalaureate and advanced degree nursing programs in 2005 due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors and budget constraints. This was an increase from the previous year when, 32,797 students were turned away.

There is evidence that despite the excellent work of the nursing community across Wisconsin to increase nursing student enrollments, there is still an unmet demand for student admissions. Long "waiting lists" of students have been described for a number of years at Wisconsin nursing programs. Unfortunately, it is difficult to quantify the actual extent of the problem for a number of reasons. First, the definition of "waiting list" has not been clarified in earlier reports. In order to establish statewide estimates, only those qualified students that are unable to gain entry in any program would be counted and all students would only be counted once even if they had applied to several schools simultaneously. Although it is not possible to reliably determine the number of qualified potential nursing students who are waiting for admission across the state, the WCN survey identified a number of Wisconsin nursing education programs that were unable to admit qualified nursing candidate because they either had vacant faculty positions or they had insufficient resources to hire additional faculty.

Clinical training site availability

The availability of clinical training sites also limits the number of nursing students who can be enrolled in nursing programs at any one time. The health care system in many regions simply lacks the capacity to accommodate the number of students interested in entering nursing programs. This lack of capacity in the health care system is due to multiple reasons and affects both rural and urban sites. There is competition between schools for clinical sites; as hospitals have reduced capacity and transitioned more care to the outpatient setting, there are fewer inpatient clinical learning sites available for nursing students. Community-based facilities including those in the public health sector frequently have limited space and personnel to accommodate groups of students. Many nursing education programs have already moved clinical practicum's to evenings and weekends and using "non-traditional" sites such as correctional facilities, community-based agencies, housing facilities for clinical learning sites.

It is clear that if the enrollment in nursing is to be maintained and even increased to meet state demand that nursing education programs must continue to become even more flexible and

innovative as they create clinical learning sites for their students. Health care providers must also must be the challenge by increasing their flexibility and openness to innovative clinical learning activities for students.

Regional efforts There are selected regional efforts in the state to bring together nursing education programs and healthcare providers to address these workforce . Three of the most active efforts are the Fox Valley Healthcare Alliance (a subcommittee of the Fox Valley Workforce Development Board), the Lacrosse Medical Health Science Consortium, and the Northwest Wisconsin Healthcare Workforce Network. These may serve as models for other consortial efforts across the state to address the challenges of clinical learning opportunities for nursing and other health professional students.

Clinical Placement Summit On April 11th, 2007, the Department of Workforce Development (DWD) Select Committee on Health Care sponsored a Clinical Placement Summit to explore the expansion of learning opportunities for nursing students. The focus was on developing regional collaborations to address clinical placement issues in nursing. The audience included representatives from nursing education and clinical organizations. Follow-up activities are being undertaken in regions across the state.

Task Force Findings and Recommendations

1. **Provide financial support and other incentives for nurse graduate students.** Public and private support through tax credits, loan reduction and forgiveness and additional fellowships tied to long term educator's roles in Wisconsin must be created and expanded. For example, the HEAB Nursing Student Loan Program was expanded to include graduate nurses interested in teaching positions. However, it requires additional dollars to support these nurses in advanced degree programs who commit to teach in nursing programs. Another suggestion found in related literature included using funding from Title VIII of the Public Health Service Act to provide grants to nursing education programs for traineeships and loans for nurses committed to an educator role. One state used DOL Workforce Investment Act funds to provide loans for faculty training.

   Support should include tuition reimbursement. It also needs to include support for study time and child care, and support for and access to health insurance when work hours are decreased. Incumbent nurse employees must have access to federal and state retraining dollars. Private and public partnerships that support "working" nurses should receive continued funding as statewide targeted workforce initiatives with additional support from employers. Other fellowship opportunities that provide tuition and living support, including health insurance should be explored.

2. **Assure competitive nursing faculty salaries**: Nursing School faculty members are sometimes paid less than faculty in other academic specialties. Nurse educators also make substantively less than those in positions in the healthcare service sector. There are significant salary disparities among the publicly supported programs within the state. This makes it extremely challenging for schools and colleges of nursing to attract qualified nurses to nursing education.
   Although the mechanisms may vary in public and private institutions, institutions of higher learning must eliminate financial constraints that restrict competitive salaries for nurse educators. Other academic specialties have used a market based approach to set faculty salaries. This approach needs to be used for the nursing profession as well.

Additional base budget funding is needed for nurse educators prepared at both the masters and doctoral levels in both public and private nursing programs to solve this problem. Additional sources of support for increased nursing salaries in public institutions will require legislative action, increased tuition and fees, targeted reallocation of existing budgeted dollars at the institutional level, appropriation of new dollars and/or additional extramural funding. Additional base dollars are also necessary to support salaries in private schools and colleges of nursing. One suggestion found in the literature included using Department of Labor funds available under the Workforce investment Act.

3. **Collect regular supply/demand data for nurse workforce and nurse educators.** The State of Wisconsin must clearly designate accountability for systematic collection and analysis of nurse workforce data that will include information regarding demographics and state supply and demand for nurses in the workforce and the faculty necessary to prepare them. Reliable and valid data must be collected and analyzed regularly to track both the supply and demand aspects of nursing workforce needs including nurse educators. The Wisconsin Center for Nursing should take accountability as coordinator of this process.

4. **Develop strategies to promote faculty satisfaction and effectiveness.** Ways to retain current faculty, including those considering retirement should be developed. Faculty satisfaction with work environment and a realistic workload should be explored. Nurses who have completed masters or doctoral degrees and are interested in teaching may not be prepared to assume the role of nurse educator which requires specialized preparation and skills. Enrollment in nurse educator certificate programs should be encouraged. Existing options include the post-masters certificate in nursing education offered by Marion College and UW - Eau Claire or the Health Professions Educator Certificate Program offered on-line by UW-Milwaukee. A balance between full time and part time positions must be maintained to assure that faculty work can be completed (student counseling, curriculum development, program evaluation and improvement, new faculty support).

5. **Expand the existing Board of Nursing exception program.**[1] The existing BON exception program should continue. The BON should adopt one additional exception: Each nursing school may hire one nurse educator with a graduate degree in a non-nursing field related to the specific area of their teaching assignment if the following conditions are met:

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[1] There was extensive consideration and debate by Task Force members re: Recommendation 5. In the end, the Task Force voted 12-1 to accept the recommendation. The rationale for affirmative endorsement included:

- The exception is limited to nurses who have expertise in the area they are teaching (e.g. community/public health or leadership/management.) This affords nursing programs the opportunity to provide their students with access to individuals as faculty in nursing programs who possess both the expertise and experience in a given specialty which will enrich students' education and skills.
- The limited use of the exception (only 1 exception may be sought per nursing program) assures that the nursing curricula are taught in large measure by faculty with expertise and graduate education in nursing.
- The exception policy provides only the opportunity – not the mandate – for a nursing program to exercise the option. The faculty members of each nursing education program are best equipped to decide whether exercising this option for a particular candidate is in the best interest of their students or program. A minority Report describing the dissenting opinion regarding this recommendation is included in Appendix C of this report.

a. The candidate for this waiver must possess:
    i. A Bachelor of Science Degree in Nursing
    ii. A Master's Degree related to the topic of the course(s) he/she is teaching
    iii. Current/recent nursing experience in area of teaching assignment
    iv. A unique combination of knowledge, experience and skills that will best serve the school, faculty and students in a specific content area
b. No school will be allowed to request or hold more than one such waiver at a time and other licensure and experience requirements for nursing faculty remain in effect.
c. A faculty member granted this exception will be counted with the total number of exceptions granted to a school and the school must meet the BON requirement for the minimum percentage of fully qualified faculty.

6. **Expand educational opportunities** for nurses in all regions of the state. Expand opportunities for graduate education in all parts of the state through masters programs, clinical doctorates and PhD programs in nursing. Distance learning modalities, especially asynchronous web-based instruction should be expanded as appropriate to support the graduate education of nurses who are working and/or live where on-campus options are not available.

7. **Increase awareness of nurse faculty career path options.** Nurses interested in teaching need to be made aware of nursing education career options and the educational programs available to them. Special efforts should be made to reach out to men and minorities in order to have the nursing faculty of Wisconsin reflect the diversity of the population of our state. Nurses should be encouraged and supported to complete nursing graduate programs early in their nursing career. Fast track options such as associate degree-to-MSN, BSN-to-PhD, BS in another field to MSN and non-MSN to MSN should be highlighted. The Wisconsin Center for Nursing should explore a statewide coordinated effort such as a Future Nursing Educator Pathway that will lead nurses through the developmental and educational information necessary to prepare for faculty positions. This pathway would address the option of exploring the educator role through being a preceptor, adjunct faculty, part-time faculty, as well as fulltime faculty.

8. **Promote partnerships with healthcare employers.** A growing number of graduate prepared (MSN) nurses are needed to teach clinical courses to undergraduate students. Collaborative roles between nursing programs and clinical organizations in which nurses maintain a clinical position and hold a joint appointment with educational programs should be increased to expand availability of nursing faculty. Partnerships should explore the potential for healthcare employers to assume responsibility for the salary differential for these jointly appointed clinical faculty to offset the differential salary structure of employees who also agree to teach.

9. **Expand preparation of clinical preceptors.** Preparation for this important role is critical to the quality of nursing education. The number of nurses who serve as preceptors for one or more nursing students in clinical learning experiences is likely to increase to accommodate the demand for more nursing students. Access to preceptor training for practicing clinical nurses should be provided to expand potential nurse educators. Current regional efforts in the state to develop training modules for clinical preceptors should be shared and expanded as a statewide model for preceptor training.

10. **Expand use of simulated clinical experiences** should be explored. The preparation of nursing students is likely to rely more and more heavily on simulation in clinical learning laboratories and other innovative methods of efficient use of faculty and nursing school resources. Given the significant investment required to purchase equipment and program simulation learning modules, partnerships with technological businesses should be explored and mechanisms to share resources regionally among schools of nursing should be implemented.

11. **Evaluate potential to develop faculty sharing options**. Part-time faculty will continue to be important to maintaining or expanding current enrollment levels. The development of regional Nursing Faculty Pools that link nurses prepared to teach undergraduates students on a part-time basis to several schools of nursing with part-time openings on a semester by semester basis is a collaborative strategy that Task Force members recommend be evaluated by ANEW and the Wisconsin Center for Nursing.

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Appendix A
Nurse Faculty Supply Survey 2006
Key Points and Implications

The survey was conducted by the Wisconsin Center for Nursing in the Fall of 2006 to assess the current numbers of nursing faculty and administrative positions and the status (filled, vacancies, potential retirements) related to those positions. This information is essential in assessing if there is a present or future nursing faculty shortage within the State of Wisconsin. The information can assist with developing appropriate interventions related to recruitment and retention of nursing faculty within the State.

The survey consisted of two sections. The first section focused on collecting data (numbers) related to nursing administration and faculty positions as currently budgeted and filled and then anticipated retirements. The second section posed open-ended questions that addressed how schools recruited and retained faculty, including both a sharing of successful strategies and challenges related to recruitment and retention.

All nursing programs within the State of Wisconsin were invited to participate in the survey. Twenty-nine of 35 (83 %) programs responded. This included 14 baccalaureate programs and fifteen associate degree programs. The results of their responses are reflected in the information presented below.

Overall Comments

- The staffing situation in Wisconsin schools of nursing is unstable. Although at a given point in time, there may not be a dire staffing situation, this could change quickly due to extensive use of part-time and adjunct faculty. There are also regional variations and variations due to salary differential between the technical college system and the public and private universities.
- According to the National League for Nursing (NLN) use of part-time faculty has increased nation-wide as a strategy to compensate for unfilled, budgeted, full-time positions. NLN comments that although this allows for greater flexibility, part-time faculty is not "an integral part of the design, implementation, and evaluation of the overall program." In addition part-time faculty may hold other positions, are not available for students and have conflict between time commitments as faculty and their other roles.
- There is potential for a significant brain drain as many full time faculty members are anticipating retirement within the next five years.
- Schools could educate more nursing students at all levels if the numbers of faculty positions and clinical sites could be expanded. Some schools are turning away students due to the inability to expand the number of budgeted faculty positions. Funding for additional budgeted positions as well as availability of additional faculty are limiting factors.
- Schools are consistently recruiting faculty every semester and academic year.
- The survey did not capture turnover rate of faculty positions and the amount of time and resources required to recruit and retain faculty. The essence of the qualitative comments reflects that recruitment and retention require significant effort.
- The survey does not capture the number of nurses acting as preceptors and who support student nurse education while working in their clinical role for a service agency. These preceptor nurses are not currently reflected in the faculty positions. Also, the survey did not capture the numbers of healthcare organization professionals required to

coordinate clinical placements for student nurses within their organizations. The survey may also not have captured the staffing resources required by the nursing schools to coordinate clinical placement activities.

Current Status

- Based on the reports from the 29 responding schools, there are a total of 935 budgeted positions within these nursing programs: within administration (63) and faculty (872).
- As a total category, 53 (6%) of the budgeted positions are vacant. Of these vacancies, 51 are faculty positions. (It should be noted that vacancy rates of 5-6% are a baseline for a shortage.)
- However, schools reported that since the majority of the vacant positions are in faculty positions, many of the teaching responsibilities related to the vacant positions have been "filled" through the use of temporary or adjunct faculty. This includes the use of the Board of Nursing faculty waiver provisions to temporarily fill faculty positions with nurses who are currently pursuing advanced education.
- Additional steps that schools have taken to address the vacant faculty positions include using faculty overload (faculty teaching additional courses above the normal limit), increasing class sizes, and capping enrollment into the nursing programs and nursing courses.
- The lack of competitive salaries for nursing faculty positions is the greatest challenge faced by the nursing programs in relation to recruiting and retaining faculty. Nurses are able to earn $10,000-$30,000 more in clinical (non-faculty) positions.
- Recruitment and retention of faculty in relation to specific specialty areas is an additional challenge for the nursing programs, which report that faculty with medical-surgical, obstetrics, pediatric, and psychiatric expertise is needed.

Future Status

- In assessing for future needs due to retirement, 14 administrators within the 59 filled positions are expected to retire within the next one to five years. This is a retirement rate of 23%.
- In assessing for future needs of nursing faculty due to retirement, 96 faculty members within the 621 filled positions are expected to retire within the next one to five years. This is a retirement rate of 15%.
- However, when assessing anticipated retirement rates for fulltime versus part-time faculty, the percentages are significantly different. Twenty-two percent of the fulltime faculty anticipates retiring within the next one to five years, compared to only five percent of the part-time faculty.
- In addition, when assessing potential retirement rates by educational level, instead of employment position, 21% of administrators and faculty with PhDs and 19% of the administrators and faculty with Master's degrees (MS/MSN) anticipate retiring within the next 5 years.

Nursing School Supply Survey
Data by Education Level

Educational Level	Budgeted	Filled	# people in positions	Vacancies	# Retirees 1-2 years	# Retirees 3-5 years
PhD						
PhD - Admin	28.82	26.57	30.5	1.5	3	4
PhD - FT	156.8	125.5	126	21.3	6	20
PhD - PT	3.5	8	10	1	0	0
Category totals	***189.12***	***160.1***	***166.5***	***23.8***	***9***	***24***
PhD/m						
PhD/m - FT	8	33.3	33.3	0	0	4
PhD/m - PT	4	11.5	8	0	0	0
Category totals	***12***	***44.8***	***41.3***	***0***	***0***	***4***
MS /MSN						
MS/MSN - Admin	30	29	32	0	4	3
MS/MSN - FT	430.5	412.5	414	18	34	69
MS/MSN - PT	217.5	196.5	225	10	10	3
Category totals	***678***	***638***	***671***	***28***	***48***	***75***
MS/MSNb						
MS/MSNb - FT	1	9	9	0	0	0
MS/MSNb - PT	13	14	19	0	0	0
Category totals	***14***	***23***	***28***	***0***	***0***	***0***
BSN						
BSN - Admin	3.75	3.75	4	0	0	0
BSN - FT	14	17	17	0	1	0
BSN - PT	24	23.5	24	1	0	0
Category totals	***41.75***	***44.25***	***45***	***1***	***1***	***0***
Nursing totals	**934.87**	**910.1**	**951.8**	**52.8**	**58**	**103**
Non-nurse Faculty						
Fulltime	8	8	8	0	0	0
Part-time	10	10.75	13	0	1	0
Category totals	**18**	**18.75**	**21**	**0**	**1**	**0**

* **PhD/m**: Faculty who have a MSN but are in a position designated for a PhD prepared person. They may be in process of obtaining a PhD.

** **MS/MSNb**: Faculty who have a BSN but are in position designated for a MSN prepared person. They may be in the process of obtaining a MSN.

Appendix B

Wisconsin Center for Nursing Background

The Wisconsin Center for Nursing (WCN) is a non-profit 501 (c) (3) organization founded and led by nursing organizations, nursing education organizations, healthcare organizations and Wisconsin nurses. *The mission of WCN is to assure an adequate, well prepared and diverse nurse workforce to meet the needs of the citizens of Wisconsin.* WCN's goals include developing a systematic approach to collecting and analyzing nurse workforce data in order to improve health care and more effectively allocate nurse resources, and to promote statewide nurse recruitment and retention efforts to ensure a sufficient nurse workforce.

The WCN is led by a Board of Directors and the Executive Director. The Board is comprised of representatives of nursing organizations (Wisconsin Nurses' Association, Wisconsin Nursing Coalition, Wisconsin League for Nursing, Milwaukee Chapter of the National Black Nurses Association, Wisconsin Organization of Nurse Executives, Wisconsin Association of Licensed Practical Nurses, Wisconsin Association of Associate Degree Nursing Education Administrators and the Wisconsin Association of Collegiate Schools of Nursing) and seven at-large Directors.

WCN is leading the effort to establish and maintain a database on nursing supply, demand, turnover and projections. As part of this effort WCN will analyze and seek resolution to regional and specialty shortages, monitor and evaluate trends in the applicant pool, develop strategies to increase diversity and improve the work environment of nurses through innovation and redesign. The WCN provides the single coordinated voice for nursing on workforce issues in Wisconsin.

<u>WCN Goals for 2006-08 include:</u>

Goal 1: Leadership: Lead the coordination of data collection and analysis regarding the nurse workforce and advance nurse leadership in healthcare system design and health policy.
Goal 2: Nurse Education: Assure the right mix and appropriate number of faculty and graduates from nationally accredited nursing programs.
Goal 3: Practice: Nursing care will be delivered in all settings using evidence-based practice and innovative care delivery models that improve patient safety and health outcomes, enhance the work environment and improve nurse satisfaction.
Goal 4: Recruitment and Retention. The nurse workforce will represent gender, ethnic and racial diversity of the communities we serve. Health care environments will demonstrate characteristics to support satisfaction and retention of nurses.
Goal 5: Develop a sustainable model for the Wisconsin Center for Nursing

WCN has been supported in its efforts by funding from the Faye McBeath Foundation, schools and colleges of nursing, healthcare organizations and individual nurses.

Appendix C

Minority Report Regarding Recommendation 5

A major concern is that Recommendation 5 will be expanded as the faculty shortage increases because sufficient support has not been provided for nursing education. Although it is stated that hiring will be based on faculty decisions about candidates, when sufficient numbers of faculty have not been prepared with at least a masters in nursing, there really will be no choice but to hire those without this essential preparation and expand it beyond one per school.

Faculty are on the cutting edge of nursing education – in the classrooms and in clinical agencies with students. I was the only nursing faculty member on the Task Force. I was listed as representing private schools and WLN* and invited faculty comment. All had concern about Recommendation 5. Deans/directors cannot be assumed to represent faculty or their schools when faculty have not seen or voted on the issue. WLN and faculty representatives need to be at policy tables related to nursing education in equal numbers to other constituencies.

Nursing science, the theories under girding nursing practice, the research supporting nursing intervention are not included in any masters program except those in nursing. When evidence based nursing practice is not taught or implemented in practice, costs to patients: infection, aspiration, thrombocytopenia - and to the health care system result.[1]

Those with other masters have prepared for other roles – not teaching nursing. We should not create role confusion in what is taught, nor mislead students to think that another masters degree will prepare them for the role of teaching undergraduate nursing students. Those who want to teach nursing courses should be encouraged to pursue at least a masters degree in nursing.

Going backwards to 1989 in saying those teaching the nurses of tomorrow do not need even a masters in nursing, is not wise. Advanced practice and administration programs may soon be offered only as a doctorate in nursing practice http://www.aacn.nche.edu/DNP/index.htm, so Recommendation 5 is contrary to the voluminous evidence supporting additional education in the discipline of nursing. In K-12 systems when those without teacher preparation were hired it burdened other teachers and the under prepared teachers soon left teaching.[2]

Exceptions for faculty obviating at least a masters in nursing when it is required for practice and administration, and disenfranchising faculty regarding a policy issue in which they are key stakeholders will likely exacerbate the nurse faculty shortage. Instead, we need to support the best and brightest to acquire masters and doctoral degrees in nursing so they are well prepared to teach the nurses of tomorrow http://www.nln.org/governmentaffairs/pdf/ceo_testimony.pdf.

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Respectfully Submitted,

Marilyn Frenn Ph.D., R.N., CNE

**Wisconsin League for Nursing (WLN) includes faculty, administrators, and those interested in nursing education across all types of nursing programs. We provide scholarships, with the help of our sponsors, and conferences to improve nursing education http://www.wisconsinwln.org/.*

Title: Nurse Faculty Internship Pilot Study
Type: Internship Program

Location:
North Dakota

Organizations Involved:
North Dakota Board of Nursing
Center for Rural Health, University of North Dakota School of Medicine and Health Sciences

Funding Source:
North Dakota Board of Nursing
National Council of State Boards of Nursing

Description:
The Nurse Faculty Internship Pilot Study was approved by the Board of Nursing in 2006. The program will defined boundaries under which nurse faculty interns may be utilized to ensure effective teaching/learning of students with adequate supervision and maintenance of high education standards. The program provides nursing education programs with an additional method for recruitment and retention of new faculty and the opportunity for new faculty to gain experience while working closely with a mentor.

Outcome:
A wide array of pre and post tests, satisfaction surveys, and evaluations by mentors and academic consultants are being collected for each intern.

Modifications to Model:
N/A

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North Dakota Board of Nursing
Email: lshanta@ndbon.org
Telephone: 701-328-9782

NURSE FACULTY INTERNSHIP PILOT STUDY

Background:

North Dakota nursing education programs are finding it increasingly difficult to recruit and retain qualified faculty. The Board has recognized the looming issue of faculty shortage. The Board promulgated new rules in 2004, in an effort to assist nursing education programs in ND to obtain sufficient qualified faculty in the "grow-your-own" fashion. Specifically, **NDAC 54-03.2-04-08 Unqualified faculty** was meant to provide latitude to the programs during the education period of unqualified individuals functioning in the faculty role.

However, there continues to be inequity in the manner in which programs are permitted to hire unqualified individuals. Historically, the Board has allowed universities with graduate programs to employ graduate teaching assistants from the masters program at the same institution as clinical instructors. There are three universities in ND that have graduate programs, thus there are undergraduate nursing programs that do not have the same opportunity.

Finally, the art of educating nurses is developed through both didactic content and practical experience. Often little experience is available to graduate students in the nursing education major, while their counterpart graduate nursing students studying for clinical tracks are required to complete clinical practice rotations to develop specific competencies necessary for the specialty. Thus, students who have the opportunity to participate in a graduate teaching assistantship gain not only financial assistance, but valuable practical teaching experience.

Purpose:

The purpose of this proposal is to request the ND Board of Nursing develop a policy statement that will allow development of a nurse faculty intern (NFI) program. The NFI program will define boundaries under which nurse faculty interns may be utilized to ensure effective teaching/learning of students with adequate supervision and maintenance of high education standards. In addition, the NFI program will provide nursing education programs with an additional method for recruitment and retention of new faculty. Finally, the NFI program will provide an avenue for the nursing education graduate student to gain competencies related to teaching and learning through practical experience while working closely with seasoned mentors.

Definitions:

Graduate Teaching Assistant (GTA): This term is used to refer to students that are employed by an institution may use in various capacities within a nursing program through a designated work-study program.

Nurse Faculty Intern (NFI): This term would refer to nursing students enrolled in a graduate nursing program who are employed by a nursing program in a teaching capacity, regardless if they hold the institutional designation of GTA or not.

Faculty Mentor: This term would refer to a faculty member who has agreed to serve as a mentor to a nurse faculty intern during role development. The faculty member must hold a minimum of a master's degree in nursing, have two years of experience in nursing education, and be employed by the same Board approved undergraduate nursing program as the nurse faculty intern. The faculty mentor will be responsible for orientating and supervising the nurse faculty intern during his or her employment in the nursing program.

Academic Consultant: This term refers to an individual who holds an earned doctorate and holds a faculty position in a graduate program or in an undergraduate program. The academic consultant serves as a resource to the nurse faculty intern to provide support and guidance in role development through offering resources to enhance necessary knowledge and skill development.

Policy:

A nurse faculty intern is a licensed nurse who is enrolled and progressing in an approved graduate program that will confer a minimum of a master's degree in nursing. The NFI is involved in a teaching/learning opportunity facilitated by a formal collaborative relationship between the graduate education program and the employing nursing education program.

The NFI is oriented and supervised by a faculty mentor at the employing nursing education program and has an academic consultant that may be a graduate program faculty member who agrees to act as a resource and point of academic contact for the faculty intern. If an academic consultant is not available within the graduate program, a faculty member that holds an earned doctorate within the employing nursing program may serve as the academic consultant.

The individual will not be deemed as unqualified while functioning as a nurse faculty intern at any of the Board approved nursing programs according to NDAC 54-03.2-04-03 or 54-03.2-04-04 if the following requirements are met. The nurse faculty intern:

1. Holds an unencumbered ND or compact license as a registered nurse; and
2. Holds a minimum of a baccalaureate degree in nursing; and
3. Has a minimum of two years clinical experience as a registered nurse; and

4. Has a written plan to complete the master's degree in no more than four years from the date of hire.

Additionally, there must be:

1. An identified academic consultant that holds a minimum of a doctoral degree.
2. A designated mentor, who is a faculty member that is on-site at the employing nursing education program. The mentor must have a minimum of a master's degree and two years experience in nursing education.

Procedure to Obtain Board Approval:

The nursing education program will have the responsibility to apply for Board approval of the employment of nurse faculty interns. Board approval will be required when an intern enters the study. Procedure for Board approval will include supplying the following information:

1. Name and license number of nurse faculty intern;
2. Number of years of nursing experience;
3. Graduate program in which the individual is actively enrolled;
4. Expected graduation date;
5. Progress since last notification;
6. Name, title and credentials of Academic Consultant
7. Name and curriculum vita of faculty mentor.
8. Detailed explanation of the manner in which the faculty intern will be oriented and supervised within the functions designated.
9. Approval by the administrator of the employing nursing education program.
10. The Board must approve all nurse faculty internships.
11. Nurse Faculty Intern, Faculty Mentor, and Academic Consultant must agree to participate with the data collection in each current FY enrolled in the pilot study.
12. Board staff will request annual employment updates from employing programs for participants in NFI Pilot Study.
13. The Nurse Faculty Intern may receive a stipend if funding is available

Board approved:
March 9, 2006 (4-year Pilot Study)

Revised:
May 19, 2006
December 2006
January 2007

NURSE FACULTY INTERN PILOT STUDY

PROBLEM

Although, national healthcare news highlights the nursing shortage, there is another looming shortage that will compound the problem many times over. That is the nationwide shortage of nursing faculty (Arias, 2006, NLN, 2006). North Dakota, like most states has been experiencing the shortage of, and misdistribution of nurses. Moreover in the last few years nursing education programs in North Dakota have begun to struggle to recruit and retain qualified faculty.

PURPOSE

The purpose of this Nurse Faculty Intern (NFI) Study is to investigate the role development of nurse educators and expand the general knowledge about the mechanism in which nursing graduate students gain competencies related to teaching and learning through practical experience while working closely with seasoned mentors in their employing nursing education programs.

PARTNERS IN RESEARCH

ND Board of Nursing
UND Center for Rural Health
College and Universities Nurse Administrators

FUNDING

National Council State Board of Nursing grant funding in process

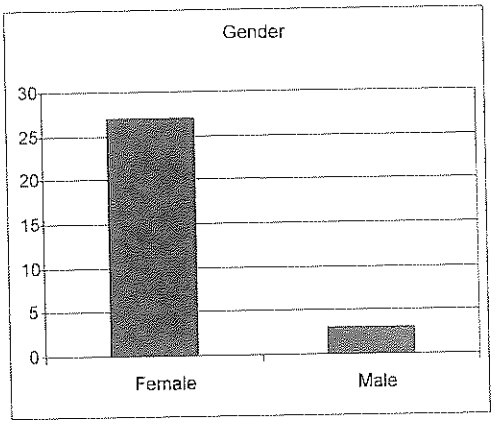
CURRENT STATUS OF PILOT STUDY

Pilot Study was implemented in September 2006 with a total of 30 participants to date. Twenty-five are currently enrolled. See tables and figures on back of this document for more information.

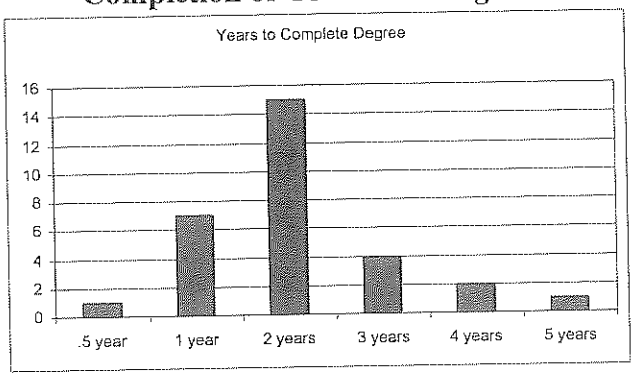
Demographic Characteristics of Nurse Faculty Intern

Characteristic	Average
Number of Years of RN Practice	9.57 years
Hours per Week employed as Nurse Faculty Intern	20.30 hours per week
Average wage paid as Nurse Faculty	$ 26.67 per hour

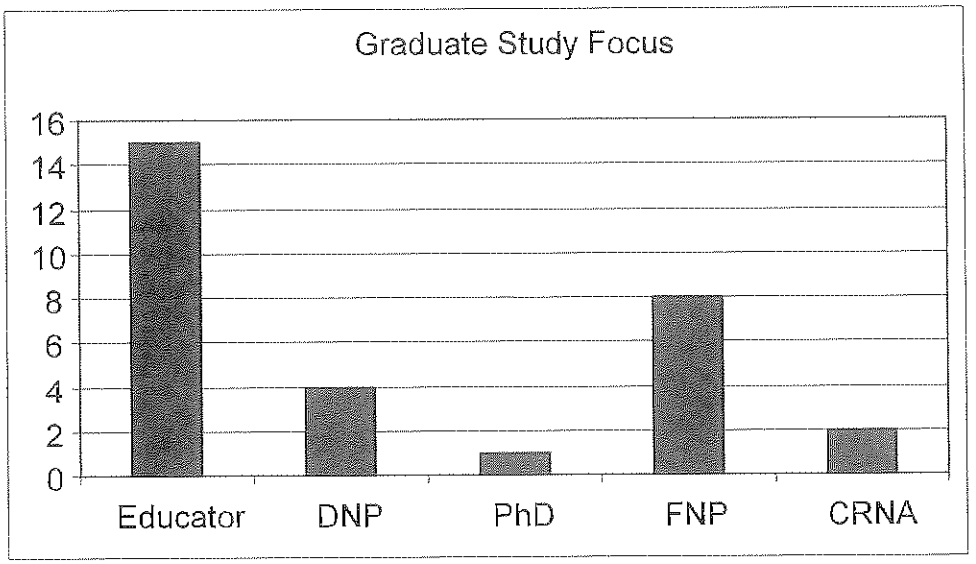
Gender of Nurse Faculty Interns



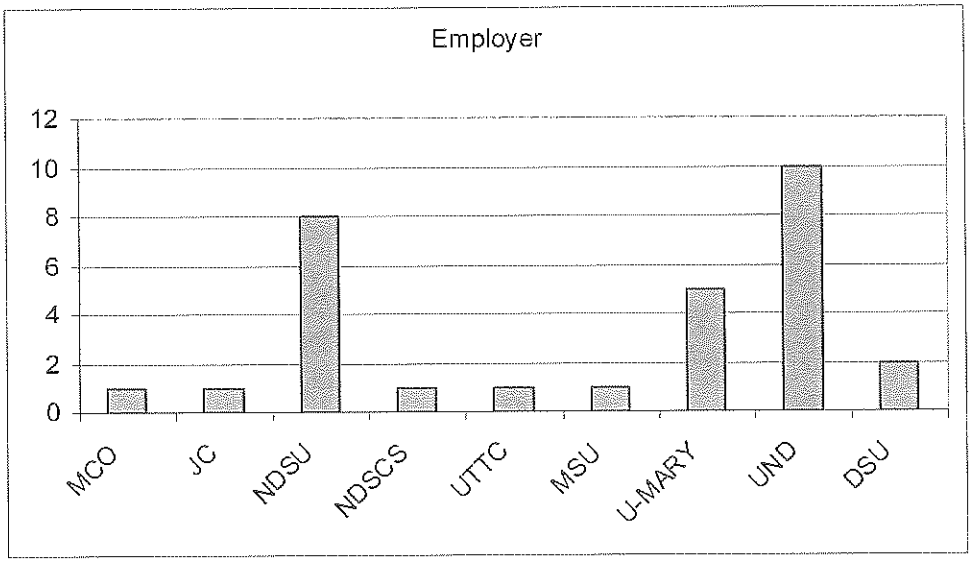
Number of Years until Anticipated Completion of Graduate Program



Focus of Graduate Education of Nurse Faculty Interns



ND Nursing Education Employing Nurse Faculty Interns



Contact:
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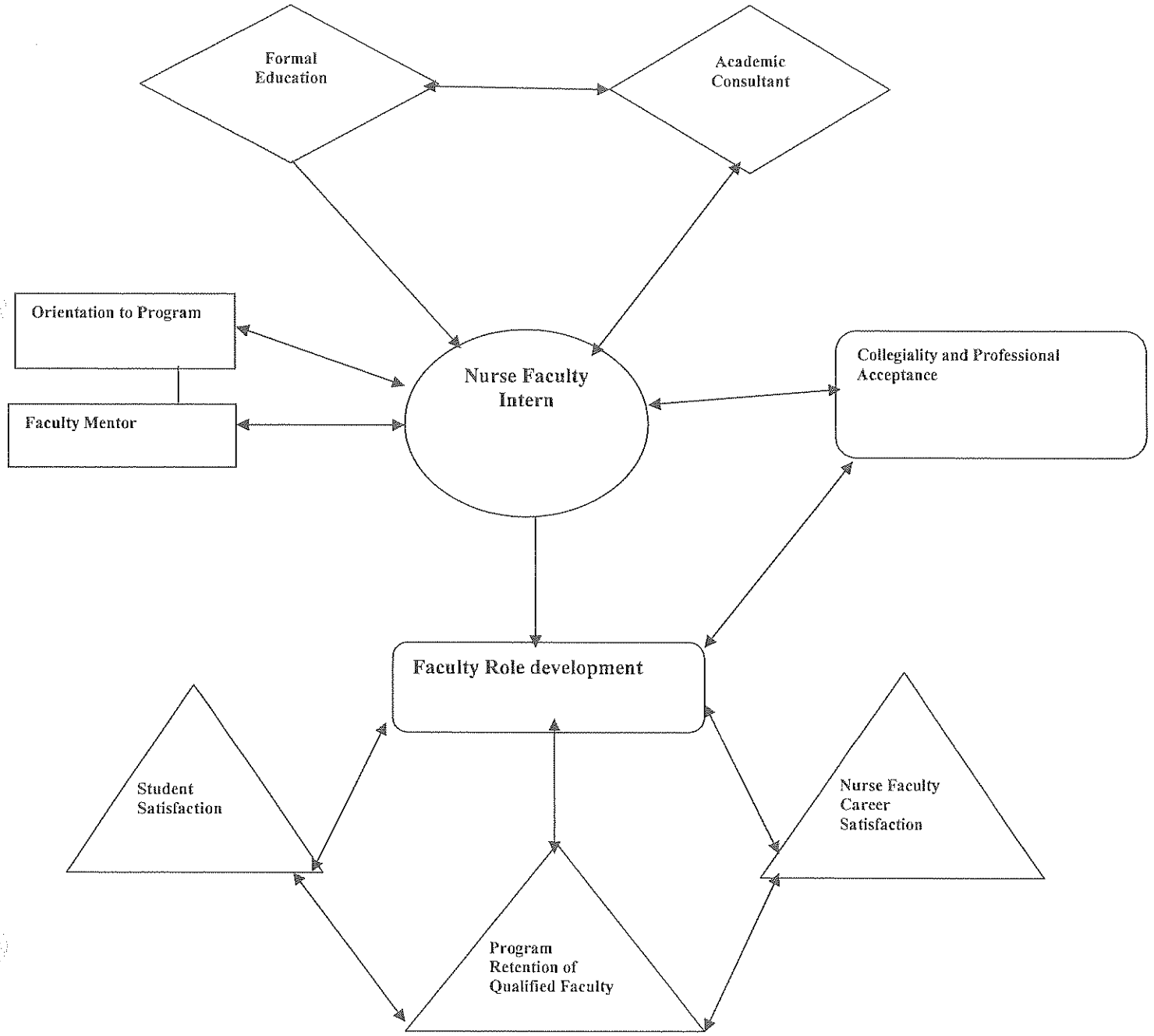
APPENDIX I
Nurse Faculty Internship Pilot Study

Conceptual Framework