December 10, 2013

Jeffrey Gibeling, PhD  
Vice Chancellor for Graduate Education and Dean of Graduate Affairs

Rachael Goodhue, PhD  
Chair, Graduate Council

Dear Dean Gibeling and Professor Goodhue:

I am pleased to submit to you the Nursing Science and Health-Care Leadership (NSHL) Graduate Group proposal to establish a program in Graduate Studies for the Master of Science in Nursing Degree. Our goal is to matriculate students in the summer of 2015. Therefore, we are asking that the campus request an accelerated review by the Coordinating Committee on Graduate Affairs (CCGA). The program proposal has been reviewed and endorsed by the NSHL Graduate Group and faculty and has the support of related programs at Davis and other UC campuses.

The graduate degree program will be sponsored by and housed in the Betty Irene Moore School of Nursing. The proposed Master of Science in Nursing Degree advances the UC Davis campus mission, as expressed through the UC Davis Health System, to improve health care by translation of new knowledge into advances in the delivery of health care and to prepare the next generation of health-care practitioners and researchers through education. It reflects the UC Davis commitment to addressing societal need as a land grant institution.

I fully support the establishment of a program in Graduate Studies for the MSN Degree. In consideration of the School of Nursing’s commitment to the Gordon and Betty Moore Foundation to establish this prelicensure nursing program within the term of their generous 100 million dollar grant and because this proposal was delayed for several months by a moratorium on new nursing programs by the California Board of Registered Nursing, we are requesting a comprehensive, but expedited, review of this proposal. Please let me know if anything else is needed to accomplish this goal. Thank you for your time and consideration.

Sincerely,

Paul FitzGerald, PhD  
Professor and Dean’s Endowed Chair in Medical Research and  
Chair, Graduate Group in Nursing Science and Health-Care Leadership
Proposal for the Master’s Entry Program in Nursing

A Self-Supporting Degree Program leading to the Master of Science in Nursing (M.S.N.)
October 3, 2013

TO: Dean Jeff Gibeling, Professor and Dean of Graduate Studies

RE: Preliminary Description of Proposed Graduate Program

1. New graduate program name and degree offered.
   Master’s Entry Program for Nursing (MEPN) – Master of Science in Nursing Degree

2. Aims and objectives of the program. Describe the new program, why it is worthwhile, and how it relates to the campus’s mission. Provide enough information so that an uninformed reader will have a reasonable understanding of the academic program envisioned.

   The campus mission, as expressed through the UC Davis Health System, is to 1) discover new knowledge through biomedical research, 2) to improve health care by translation of that new knowledge into advances in the delivery of health care and 3) to prepare the next generation of health-care practitioners and researchers through education. In concert with this mission, the leadership of the Betty Irene Moore School of Nursing and UC Davis Health System seeks to build an institution that will become a national and international leader in transforming nursing education, research and practice. A critical part of this mission will be the graduate degree program in prelicensure nursing, the Master’s Entry Program in Nursing. This Nursing Science and Health-Care Leadership graduate group program will award the Master of Science in Nursing degree and qualify students to become California Registered Nurses (RN).

   The graduate group is intended to produce graduates who will be prepared to pass the National Clinical License Examination (NCLEX), certified as Public Health Nurses, and enter the nursing profession as skilled clinicians and innovative leaders. Program graduates will have enhanced capability in the delivery of health-care and system improvement, as well as preparation to be leaders in nursing practice and education. These goals are heavily dependent on educational programs that are interdisciplinary and interprofessional in nature. To achieve this, the educational mission will be delivered by faculty with expertise not only in the traditional field of nursing, but also with strength in informatics, medicine, nutrition, sociology, law, and special populations among other fields.

   The role of advanced degree nurse leaders is in high demand by employers of nurses as health systems address the changing landscape of healthcare delivery. Graduates of the proposed MEPN program will be clinically prepared to become a California licensed Registered Nurse and will have completed advanced nursing coursework to provide unit leadership, coordinate patient-centered care across systems, assess health and safety risks, develop quality improvement strategies, facilitate interprofessional team communication, and implement evidence-based solutions at the unit level. Additionally, MEPN graduates will be prepared for study at the doctoral level in programs designed for advanced practice as well as research.

   The environment at UC Davis is ideal for the creation of a program that envisions such a transformative role. The campus is renowned for the breadth and strength of its biomedical research, whose foundations include a School of Medicine, School of Veterinary Medicine, College of Biological Science and College of Agriculture & Environmental Sciences. This strength is greatly amplified by the fact that most graduate degrees in the biomedical sciences at UC Davis are offered through a graduate group, a
structure that promotes inter-departmental and inter-school collaboration in the education of doctoral and master students. The graduate programs offered by the Betty Irene Moore School of Nursing are highly interdisciplinary in content and in the faculty who deliver that education. While faculty from the School of Nursing form the core of the graduate group faculty, the group has also enlisted faculty from the School of Medicine, the Graduate School of Management, the College of Letters Sciences and the College of Agriculture & Environmental Sciences, capitalizing on the culture of the interdisciplinary graduate groups at UC Davis.

The proposed Master of Science in Nursing degree will include emphases in health system leadership, health outcomes, evidenced-based practice/informatics, and effective nursing in interprofessional health care teams. All master program graduates will be exceptionally well prepared for health-care leadership roles in organizations focusing on the health-care needs of diverse patient populations. They will have the requisite knowledge and skills to assure that systems in hospital-based, outpatient and community settings promote high-quality health care and patient safety.

Nurse educators prepared at the master level meet requirements for teaching in college and university nursing programs where the master’s degree is the minimum requirement for faculty. Graduates are also prepared for doctoral nursing programs and to be leaders with specialized expertise who contribute to clinical instruction in colleges and universities by mentoring students in their areas of specialization.

3. **Desired date of implementation.**
   Accepting applications in October 2014 for cohort beginning June 2015

4. **Graduate group that will administer the program.**
   Nursing Science and Health-Care Leadership Graduate Group

5. **Contact information for the people listed below. Include name, title, department, mailing address, email, telephone and fax.**
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Master’s Entry Program in Nursing (MEPN)

Introduction

The following proposal for a Master’s Entry Program in Nursing (MEPN) is submitted for review and approval by the Graduate Group in Nursing Science and Health-Care Leadership (NSHL). The proposal was reviewed and approved by the Betty Irene Moore School of Nursing (SON) Education Policy and Curriculum Development Committee on September 13, 2013. On September 20, 2013 the NSHL Executive Committee approved the proposal. The NSHL Graduate Group reviewed the draft proposal on October 7, 2013 at the fall meeting. To facilitate the accelerated review process, the proposal was subjected to six external reviews in November 2013. The NSHL faculty reviewed the final version and voted to approve the proposal via email in December 2013. Of the 49 Graduate Group faculty members, 40 of them voted yes. None of them voted no. Nine of them did not respond to the vote.

This program is a continuation of the work which began with the generous contribution from the Gordon and Betty Moore Foundation to launch a School of Nursing at UC Davis. The current PhD program, master’s programs in Nursing Science and Health Care Leadership, Physician Assistant Studies, and the Nurse Practitioner program expand educational opportunities for practicing health care providers. This new program is designed to prepare new nurses to meet the increasing demand for health care and nursing excellence. In addition to receiving a Master of Science in Nursing degree, graduates of this program will be eligible for the RN licensing exam.

Although the nursing shortage was abated somewhat by the downturn in the economy, it is estimated that over the foreseeable future, as the economy improves, as the population continues to age, and as there are more Americans with access to health care, the demand for nurses will escalate. Historically, colleges and universities in California have not been able to keep up with the need for nurses or the demand for nursing education. In 2011-2012, nearly 25,000 qualified applicants to prelicensure nursing programs in California were denied admission, primarily due to lack of capacity. Thus, it is anticipated that this program will fulfill a very real need for our community.

Consistent with the Betty Irene Moore School of Nursing Mission and Vision the goals of the Master’s Entry Program in Nursing (MEPN) are to prepare graduate nurses for:

- Generalist nursing practice in a wide variety of settings
- Evolving changes in health care systems, quality improvement, and nursing practice
- Leadership in interprofessional health care teams
- Innovative advancements in health care
- Nursing scholarship and evidence based practice
- Diligent promotion of social justice, cultural inclusiveness, and the elimination of health care disparities

The following documents are included for review:

- Executive Summary
- Appendices
- UC MEPN Proposal Document
- Attachments
Program Overview: This is a 6 quarter program designed to prepare students with a bachelor’s degree in any field to become professional registered nurses. It was approved by a vote of 40-0 (nine did not respond) of the Nursing Science and Health-Care Leadership Graduate Group in December 2013. The MEPN will provide students with all didactic and clinical subject matter required by the California Board of Registered Nursing (BRN) to qualify for the RN licensing examination and subsequent licensure. In addition, the graduate level nursing science courses are designed to prepare students for leadership responsibilities in a wide variety of health-care settings. Woven throughout the curriculum will be an emphasis on provision of person-centered care, interprofessional teamwork, evidence-based practice, quality and safety principles, and utilization of informatics and technology to improve health and health care. The following core values of the Betty Irene Moore School of Nursing will be stressed: addressing health-care disparities, cultural inclusiveness, caring for an aging population, and rural/community health.

1. Student Population: The MEPN program will attract graduate students who want to become clinical nurses, academic faculty or assume leadership roles in a wide variety of health care settings. To date some 3,000 prospective students have joined the school’s listserv. There are currently 16 similar programs across California. In 2011-2012, nearly 65 percent of qualified applicants were denied admissions to these programs due to lack of space. Thus this program will fill a need for additional access to high demand nursing programs.

2. Budget Issues/Sustainability: Due to the high cost of clinical instruction, this program will be a self-supported degree program (SSDP) with tuition set at a level sufficient to reach sustainability within five years. The program is scheduled to matriculate the first cohort of 24 students in summer 2015. It is anticipated that by 2018 the program will be fully enrolled and sustainable with plans to admit 48 new students per year.

3. Clinical Placements: One of the issues faced by many clinical programs is the limited availability of clinical placements needed to provide students with supervised hands-on nursing experience. Health-care agencies and providers throughout the region support this program with many of the agencies committed to providing clinical experiences for our students. Further, recognizing the need for clinical placements, the SON is working to increase student capacity by:
   a. utilizing areas not previously used such as rural health settings and through student-run clinics;
   b. increasing the number of existing placements by optimizing scheduling and through exploring opportunities for innovations such as use of a dedicated education unit, and;
   c. using the UC Davis Center for Virtual Care for simulated clinical experiences designed to help students acquire knowledge and skills in a controlled, risk-free clinical environment.
4. **Opportunities for Graduates**: According to the U.S. Bureau of Labor, employment of RNs is expected to increase by 26% over the next 7 years, faster than the average for all occupations. The median age of nurses is 46, and more than 50% of the nursing workforce is close to retirement. Additionally, an aging population and increased access to health services as a result of the Affordable Care Act will require more nurses and other health professionals to meet the needs of the population. These factors, combined with an anticipated strengthening of the economy, will create a renewed critical shortage for nurses.

5. **Faculty**: The CA BRN must approve all faculty teaching BRN required courses. Faculty approved by the CA BRN must have experience in specific content areas such as medical/surgical nursing, pediatrics, obstetrics, psychiatric and mental health, and gerontology. Therefore, the SON has identified the need to hire 6 additional faculty plus a Director for this program. Recruitment for these positions has begun and will continue until all required positions have been filled. The additional 6 MEPN faculty and the Director will be sufficient to teach all of the courses in this new program, although faculty currently teaching in the graduate program will also be eligible to teach the graduate courses in the MEPN.

A number of part-time faculty will be required to teach clinical courses. These clinical instructors are usually employed by the clinical facility while they teach part-time. The SON is working with clinical agencies to identify mechanisms for recruiting and hiring part-time clinical faculty. Careful attention is being given to the market as we explore creative ways to compensate part-time clinical instructors.

Finally, the SON is working to alleviate the shortage of nursing faculty by preparing the next generation of nurse educators.
Proposal for the Master’s Entry Program in Nursing: A Self-Supporting Degree Program leading to the Master of Science in Nursing (M.S.N.)

Nursing Science and Health-Care Leadership Graduate Group

12/12/2013

Revised 03/11/2014
Per Office of Graduate Studies review
Contact Information Sheet

Master’s Entry Program in Nursing
UC Davis Graduate Group in Nursing Science and Health-Care Leadership

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Section 1. Introduction

In time virtually everyone will require some level of nursing care, ranging from assistance with maintaining health, on-going care of a chronic condition or illness, the provision of highly complex episodic care, or the need for long-term supportive care. Regardless of the level of care required, the public expects that appropriate nursing care will be available. Unfortunately, there are serious concerns about whether, in the not too distant future, there will be an adequate supply of Registered Nurses (RNs) and whether those nurses will be adequately prepared to meet the future health-care needs of our population.

The Betty Irene Moore School of Nursing (SON) is the newest school at UC Davis. With an unprecedented 100 million dollar commitment from the Gordon and Betty Moore Foundation (GBMF), the School of Nursing was established in 2009 to provide a high level of excellence in nursing research and education in a manner that has the potential to transform health care through nursing. The School is uniquely positioned to prepare new generations of nurses in response to current demands, including recent findings of the Carnegie Foundation and Institute of Medicine, as well as the recommendations of the UCOP Advisory Council on Health-care Professions.

The School of Nursing embraces the UC Davis tradition of interdisciplinary and interprofessional education, sharing resources and working shoulder-to-shoulder with colleagues across disciplines. The professionally diverse faculty of the School of Nursing are members of the Graduate Group in Nursing Science and Health-Care Leadership (NSHL). Building on the success of the NSHL’s advanced degree programs sponsored by the School of Nursing, the NSHL has developed a new and innovative Master of Science in Nursing program – the Master’s Entry Program in Nursing (MEPN). This Self-Supporting Degree Program will provide graduate students new to the field of nursing the knowledge, skills, and abilities necessary to become an exceptionally qualified Registered Nurse and leader in the transformation of health care at the bedside, unit, and system levels. Aims and objectives of the program

1.1 Aims and objectives of the program

The Betty Irene Moore School of Nursing is distinguished by five core attributes, briefly summarized here. The first of these is an interprofessional approach to nursing education. As the IOM report on the Quality Chasm revealed, a key element in improving health care is an integrated team approach, requiring close collaboration of nurses, physicians and others in a patient-centered approach.1 One of the reasons the Gordon and Betty Moore Foundation choose to work with UC Davis is a campus tradition of collaboration and interdisciplinary education, exemplified in the longstanding UC Davis graduate group configuration for conferring post

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baccalaureate degrees, a unique approach to graduate education resulting in rich intellectual diversity.

The second core attribute is scientific rigor, educating nurses in conducting research, thinking critically, and making decisions based on evidence. The School’s emphases on scholarship, research, excellence in pedagogy, and rigorous evaluation are essential to sustaining the margins of excellence and transformation.

The third core attribute is innovative, patient-centered technology. Again, the Gordon and Betty Moore Foundation found attractive the national prominence of UC Davis in applications of technology in health care and health-care education, especially in the area of telehealth.

A fourth core attribute is leadership. There are at least three major dimensions of leadership that characterize the School of Nursing. The first is leadership in nursing education, with the School transforming nursing education. The second is the preparation of nurse leaders of the future, in scholarship, teaching, health-care delivery and public policy. The third is individual leadership, as exhibited by formal and informal leaders, from executives to bedside nurses, utilizing critical thinking, communication and collaborative skills in the interest of better care.

The final, but by no means least important core attribute, is cultural inclusiveness. Both the recipients of health-care services and health-care professionals are becoming increasingly diverse in many dimensions, including race, ethnicity, national origin, sexual identity, language, age, education, socio-economic status and occupation. Health-care professionals of the future must be prepared to deliver truly individual-and-family-centered care, which will require an unprecedented level of identifications, understanding, and sensitivity to the diverse populations they serve. These five attributes have served as guideposts to the planning, development and implementation of this proposed program.

1.2 History and development

Nursing’s place in the US academy was established in 1919 as a result of the Goldmark Report (funded by the Rockefeller Foundation) that revolutionized nursing education by moving it from a hospital-based apprenticeship to university-based education. Ten years later, the Foundation endowed Yale University with one million dollars to secure the fledgling Yale School of Nursing as the first University-based nursing school in the country with its own dean, faculty, budget, University degree, autonomy, and parity with other schools and colleges in the University. Now, in 2013, nursing science is a nationally recognized field of intellectual endeavor, as evidenced by the following benchmarks:

- Nursing research has an institute within the National Institutes of Health, National Institute of Nursing Research (NINR).
- The National Academy of Sciences, National Research Council (NRC) includes nursing science in its taxonomy of academic fields. As such, nursing doctoral programs are included in the NRC review process that assists in shaping and benchmarking the enterprise of scientific endeavor in the U.S.
• The Nursing Ph.D. has been offered in the U.S. since the 1960’s; The University of California San Francisco, a leading nursing school in the nation, has offered the Ph.D. since 1965. Across the country there are now over 100 schools offering a Ph.D. in nursing science.

• U.S. nursing schools are awarded millions of dollars in grant funds annually.

• Currently there are more than 200 nursing research journals. Nursing scientists contribute to hundreds of journals across related disciplines.

Many nursing researchers have become active in research after a substantial career in clinical practice. In addition, a Ph.D. in Nursing tends to take longer to complete, largely because scholars combine doctoral study with continued clinical practice. Thus the productive research careers of nursing scientists have tended to be shorter than other academic disciplines.

Responding to the need for more research in nursing, the NRC put forward a set of recommendations to change the career trajectory for nursing scientists.\(^2\) NRC recommendations to enhance nursing research productivity includes earlier entrance into Ph.D. programs, improved financial support for doctoral study, eliminating the Master’s degree as a prerequisite for the Ph.D., expanding the interdisciplinary scope of doctoral education, and offering doctoral and post-doctoral study in research-intensive settings. The NSHL program and SON enact these recommendations made by the NRC.

The SON was established by the UC Board of Regents’ in spring 2009. Multiple components of the School’s launch occurred simultaneously: the NSHL program proposal, faculty recruitment, curriculum development, and the building of the administrative structure of the School. Unprecedented financial support from the GBMF and revenue generated through Development and student fees are funding the continued growth of the SON and the NSHL program.

The UC Davis Health System and the School of Medicine leadership, prior to the GBMF grant, had included developing a school of nursing as part of their five year strategic plan to enhance capacity to meet the health care needs of California and the nation. The GBMF grant accelerated the process, enabling the leadership to create the vision for the School, recruit a launch team and founding faculty, and provide a base for the early operations of the School. This vision and commitment extended to the formation of the NSHL program, with strong involvement of the leadership and faculty of the School of Medicine. The NSHL program has the advantages of drawing on UC Davis expertise across a host of departments and graduate groups, as well as being able to recruit from a national pool of faculty and leaders in nursing science and education (faculty participation is detailed in Section 4).

In 2012, just a few months after the first class of NSHL MS students graduated from the SON, the CCGA approved the addition of the UC Davis Nurse Practitioner and Physician Assistant master’s degree programs, bringing additional staff, faculty, and students to the SON. In

summer 2013, the first student cohorts matriculated into the newly redeveloped NSHL Master of Science – Nurse Practitioner (MS-NP) and Master of Health Services - Physician Assistant Studies (PAS) degree programs. The NP program was formerly offered jointly through California State University, Sacramento. UC Davis School of Medicine offered these postgraduate certificate programs, graduating approximately 60 new primary-care providers each year. Under the Betty Irene Moore School of Nursing, graduates of the new Nurse Practitioner program receive the Master of Science degree in Nursing Science and Health-Care Leadership in addition to license eligibility. Graduates of the new Physician Assistant Studies program will receive the Master of Health Services degree and certification eligibility.

1.3 Timetable for development
Matriculation of 24 MEPN students is planned for summer 2015. A full student cohort of 48 students is projected by fall 2018. This number compares with a cohort of 80 MEPN students at UCSF and 90 MECN students at UCLA. Additionally, the NSHL program student enrollment projections have been incorporated into the UC Davis Long Range Enrollment Plan for 2009-2010 to 2020-2021. ([http://www.ormp.ucdavis.edu/inform/index_enrollment.html](http://www.ormp.ucdavis.edu/inform/index_enrollment.html)).

<table>
<thead>
<tr>
<th>Fall 2014</th>
<th>Summer 2015</th>
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<tbody>
<tr>
<td>MEPN admission</td>
<td>MEPN matriculation (N =24)</td>
</tr>
</tbody>
</table>

The Master’s Entry Program in Nursing will be at full enrollment capacity (96 students) within five years of initiation, graduating 48 new master-prepared RNs each year.

Table 1. Five-Year Matriculation Timetable

<table>
<thead>
<tr>
<th>Cohort</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
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</tr>
<tr>
<td></td>
<td>Graduates</td>
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<td>24</td>
<td>32</td>
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</tbody>
</table>
1.4 Relation to campus academic plan

The UC Davis campus is distinctive in its approach to graduate education through its use of graduate groups that include “an emphasis on shared research interests among faculty and students; flexibility to grow and quickly change to reflect emerging areas of interdisciplinary knowledge and technology; and an acceptance that many research questions transcend traditional academic departmental boundaries.” The proposed MEPN program will seamlessly integrate into this approach, building on the existing programs in the Nurse Science and Health-Care Leadership (NSHL) graduate group. Reciprocal relationships have been developed with other programs, for instance with the School of Medicine and with the Health Informatics Graduate program. In these cases, School of Medicine or Health Informatics students can take courses from the NSHL program; SON faculty have joined their graduate groups and formulate course work available to students in those graduate groups. MEPN students may take appropriate School of Medicine or Health Informatics courses and be able to establish program strengths in these other fields (APPENDIX A).

1.5 Interrelationship with other University of California institutions

The Associate Vice Chancellor for Nursing, Dr. Heather M. Young, meets monthly with the leaders of the other three nursing programs in the UC system (UCI, UCLA, UCSF) to identify areas of synergy and potential complementary research and educational development. All of these leaders strongly support the graduate degree programs at UC Davis (APPENDIX A). Potential areas of synergy that have been discussed to date include intercampus research initiatives and joint course work among programs. The three UC campuses with nursing programs - UCLA, UCSF, and UCI - offer a variety of graduate programs: 1) master’s degree programs for experienced nurses, 2) RN-to-BS-to-MSN degree program for graduates of community college nursing programs, 3) entry level master’s (ELM) degree in nursing programs, designed for second-career individuals who hold a baccalaureate degree in a field other than nursing, 4) postmaster’s degree/certificate and/or collaborative master’s degree programs, 5) doctorate programs and 6) doctorate in nursing practice (DNP) programs. UCI is organized as a program in Nursing, offering an undergraduate prelicensure program (BSN) and graduate programs for experienced nurses (MS and PhD) with plans to add a Doctorate of Nursing Practice (DNP). UCLA and UCSF both have schools of nursing, each offering an entry-level master’s program

UCLA’s entry-level master’s program – called the Master’s Entry Clinical Nursing (MECN) – is a two year program (seven quarters) leading to the degree of Master of Science in Nursing (MSN). Conceptually, the UCLA MECN curriculum moves from a systems and population-based approach to a cohort-based or unit-based perspective, and culminates with an intense focus on the individual-level of care. Upon completion, students meet the requirements for

certification as a Clinical Nurse Leader (CNL), an emerging generalist nursing role being developed by the American Association of Colleges of Nursing (AACN).

UCSF School of Nursing offers an entry-level master’s program also called the Master’s Entry Program in Nursing (MEPN). The UCSF MEPN is a four-quarter bridge to one of many MS advanced practice degree programs (such as MS-Certified Nurse-Midwife) designed for students who have a bachelor’s degree in a subject other than nursing. The UCSF program takes at least three years to complete depending on the chosen MS track.

The Master’s Entry Program in Nursing portion of the NSHL program at UC Davis complements but does not duplicate the ELM degree programs at the other UC nursing campuses. The MEPN students will be educated at the master’s level and concurrently trained as nurses, graduating with eligibility for licensure as an RN and a master’s degree focused on interprofessional healthcare teams, leadership and underserved populations. The table below summarizes nursing programs in the UC system.

Table 2. UC Graduate Nursing Programs

<table>
<thead>
<tr>
<th>Degree</th>
<th>Focus</th>
<th>UCSF</th>
<th>UCLA</th>
<th>UCI</th>
<th>UC Davis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ph.D. (Doctor of Philosophy)</td>
<td>Research doctorate requiring original, creative and rigorous scholarship.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>M.S. (Master of Science)</td>
<td>Master’s degree with two main foci: 1) Advanced practice nursing preparation; 2) Master’s degree level preparation for leadership or educational roles.</td>
<td>Yes (MS)</td>
<td>Yes (MSN)</td>
<td>Yes (MS)</td>
<td>Yes (MS)</td>
</tr>
<tr>
<td>Master’s Entry</td>
<td>Master’s degree and preparation for licensure as RN. For individuals who hold a bachelor’s degree in a related field and want to enter the nursing profession. Graduates can take RN licensure exam.</td>
<td>Yes (MS)</td>
<td>Yes (MSN)</td>
<td>No</td>
<td>Planned (MSN)</td>
</tr>
</tbody>
</table>
### 1.6 Graduate Group in Nursing Science and Health-Care Leadership

The MEPN program will be administered by the Graduate Group in Nursing Science and Health-Care Leadership. The NSHL Graduate Group consists of the professionally diverse faculty of the School of Nursing and faculty members representing a wide array of academic disciplines such as Medicine, Statistics, Psychology, Sociology, Public Health, Nutrition, Health Informatics and others. The graduate group functions as a mechanism for curricular structure in educating and mentoring students, and fosters interactions and collaborations among faculty. For more background on the Nursing Science and Health-Care Leadership Graduate Group, please refer to: [http://www.ucdmc.ucdavis.edu/nursing/Transform/110110_Transform_NSHLgradgroup.pdf](http://www.ucdmc.ucdavis.edu/nursing/Transform/110110_Transform_NSHLgradgroup.pdf)

Dr. Heather M. Young, professor and associate vice chancellor for Nursing, and Dean of the Betty Irene Moore School of Nursing, ensures that the SON provides all administrative and logistical support to the NSHL degree programs. Until this new program is self-sustaining, funding sources to provide support come from the Gordon and Betty Moore Foundation grant and/or Lead Dean funding (discretionary monies from the SON Dean). The SON operational budget includes staff to provide academic support for the MEPN as well as educational technology and instructional design expertise (APPENDIX B). Furthermore, a dedicated full-time student affairs officer to provide administrative and program support for the program will be recruited in early 2014.

### 1.7 Program evaluation

The School of Nursing is accountable to many constituencies including its community of interest, leadership of UC Davis and the University of California, and the Gordon and Betty Moore Foundation as well as national and state agencies involved in the approval and accreditation of nursing education programs.

#### Accreditation

The graduate programs in nursing leading to the MS, MS-NP, and the proposed MSN-MEPN are accountable to the Commission on Collegiate Nursing Education (CCNE). The CCNE is an autonomous national accrediting agency under the auspices of the American Association of Colleges of Nursing (AACN) that ensures the quality and integrity of baccalaureate, graduate, and residency programs in nursing. CCNE accreditation supports and encourages continuing self-assessment by nursing programs and supports continuing growth and improvement of collegiate professional education. The accreditation process includes an extensive self-study according to strict standards and essentials, input from external constituents, and an on-site visit
by CCNE evaluators (APPENDIX C). Written in alignment with the AACN’s *The Essentials of Graduate Education in Nursing* (APPENDIX D) the MEPN program meets the high standards of CCNE accreditation. The School of Nursing’s Master of Science – Leadership track received CCNE accreditation in 2011 and expects another CCNE on-site visit in 2017 for review of all three programs, MS-Leadership, MS-Nurse Practitioner, and Master’s Entry Program in Nursing.

**State Approval**

As a program leading to state licensure as a Registered Nurse (RN), the MEPN is also accountable to the State of California via the Board of Registered Nursing (BRN). MEPN is regulated by national and state guidelines and must meet strict standards regarding the curriculum content and the qualifications of instructors (APPENDIX E). BRN approval is an extensive process that requires a feasibility study demonstrating sufficient resources to support the program, followed by a detailed self-study demonstrating that all national and state academic standards will the met, and finally a site visit by a committee of evaluators. Student passing rates on the NCLEX-RN is closely monitored by the BRN and published annually on the BRN website. Both the CCNE and the BRN require ongoing evaluation and site visits to maintain accreditation and approval.

**Self-Evaluation**

Success in achieving the goals of the School of Nursing is internally evaluated at short (18-month), mid-range (3- and 5-year), and longer-range intervals. Examples of outcomes evaluated include the level of alumni and employer satisfaction with the specific degree program and with School of Nursing partnerships, the number of scholarly publications completed by faculty each year, the percentage of pre- and postdoctoral scholars receiving extramural funding, and steps taken toward the development of a government/policy outreach program.

Longer-range indicators of School of Nursing success focus on lasting impact, and may include organizational impact, such as the development of transformative leaders who enact innovative improvements in systems of health care. Another long-range indicator is societal impact, such as imaginative, trans-disciplinary partnerships that result in solutions to complex problems in human health.

Processes are in place for regular collection of aggregate student outcome data. Surveys, focus groups, and other data sources are used to collect information about student satisfaction and demonstrated achievements of graduates. Once students graduate from the MEPN program, satisfaction and achievement measures will be collected from alumni annually and from their employers every three years.

Several evaluation processes are ongoing to ensure a high level of success:

- Process and summative evaluations of program content, teaching, graduate satisfaction and faculty satisfaction to be carried out by the Betty Irene Moore School of Nursing.
Accreditation for the School of Nursing master’s degree programs was awarded by the Commission on Collegiate Nursing Education (CCNE), the accrediting arm of the American Association of Colleges of Nursing. The CCNE annually reviews programs via a self-report of data and other information about the institution, programs, faculty, and students. Every 5 years the CCNE requires that a continuous improvement progress report be submitted. Accreditation is valid for a period of up to 10 years. Continued accreditation is granted after a thorough self-study and on-site evaluation have been completed. (http://www.aacn.nche.edu/ccne-accreditation)

The MEPN program will be included in the annual UC Davis Health System Research Education Outcomes Evaluation (REOE) plan for critical feedback. The SON leadership collaborates with the REOE team which serves as a liaison between the faculty, staff, and students. This ensures that the evaluation goals are relevant and achievable. The specific curriculum evaluation is a core component of the overall assessment of the impact of the School, its graduates, and its research agenda.

The regularly-scheduled program review by the UC Davis Graduate Council will be initiated at the appropriate time.

Evaluation Process Overview
The UC Davis Research Education Outcomes Evaluation (REOE) Unit leads the evaluation of the School of Nursing. The REOE is an established evaluation team that, in addition to working with the School of Nursing, provides evaluation services to the School of Medicine and the UC Davis Health System community. The REOE’s past work has resulted in substantial local success as well as national recognition in the area of education and research evaluation. In addition to bringing substantial evaluation expertise, the REOE provides an arms-length assessment as a critical colleague, limiting subjective bias to the interpretations and optimizing student anonymity in the process.

MEPN Data Sources
The short- and mid-range outcomes of the School of Nursing evaluation plan include the following specific MEPN student satisfaction and outcomes measures: student and alumni ratings of interprofessional and leadership activities, student and alumni ratings of courses and overall program, time to graduation rates, NCLEX-RN passing rates, faculty assessment of student progress, measured change in skills inventory, changes in graduates’ employment, and employer and community partners’ satisfaction with graduates. From the extensive data collected annually from individual students through surveys and focus groups, aggregate program data are assembled.

To capture wide-ranging outcomes, the evaluation team will rely on a mix of qualitative and quantitative data collection methods and analysis with a focused goal to triangulate evaluation findings as follows:

- **Program Record Review.** The evaluation team will access program records of MEPN students annually to monitor graduation, retention, time-to-graduation, and NCLEX-RN
passing rates. Initial program material will also provide baseline data to assess the program’s impact on academic productivity, career choice, and leadership development. These data will be analyzed through the use of standard content analysis techniques.

- **Focus Groups and Feedback Sessions.** The evaluation team will include MEPN students in the quarterly focus groups conducted with graduate students. Each focus group lasts approximately one hour and includes questions on program organization and development, course satisfaction, communication, opportunities for leadership and partnerships, and overall satisfaction with the program. Thematic analysis is used to identify prominent themes from the focus groups. The feedback is shared quarterly with the School of Nursing AVC/Dean and Associate Dean of Academics to facilitate ongoing SON program improvement.

- **In-Depth Interviews.** Using the *Success Case Method*, the evaluation team will select a sample of successful MEPN students, based on their time to graduation, employment outcomes, and academic productivity, for in-depth interviews to examine the pathways and mechanisms of success. These case studies, which will be conducted at the three- to five-year point, will complement other data collection strategies and provide a more detailed and grounded understanding of how success unfolds in practice. The evaluation team will code the interviews using grounded theory and content analysis to identify prominent themes. Reliability and validation checks will occur through the use of multiple coders and by confirming the findings with key stakeholders and learners.

- **Surveys.** Currently, detailed student feedback on the curriculum is collected quarterly and annually through online surveys. Students also submit regular confidential evaluations through E*Value, an online assessment module. Quarterly surveys focus on student evaluations of faculty, courses and activities. The year-end survey measures overall satisfaction with the curriculum, program organization, opportunities for interprofessional and leadership development, mentorship relationships, and tracks any changes to students’ career goals. A MEPN program-end/graduation survey and annual alumni survey will be developed by the evaluation team with the input of the School of Nursing’s AVC/Dean and Associate Dean of Academics to collect data on final program thoughts, post-program activities, and professional placement. An employer and community partner satisfaction survey will also be developed and administered in year three to assess demonstrated achievements of graduates. All surveys will include a mix of Likert scale and open-ended items. The Likert scale questions will be analyzed using SPSS, statistical software for the social sciences. Various statistical procedures will be used to analyze the data, including descriptive statistics and bivariate tests (ANOVA and t-tests) as appropriate. Open-ended questions will be coded and grouped into prominent themes analyzed through content analysis using NVivo, qualitative data analysis software.

- **Skills Inventory.** Graduate students complete an online self-evaluation before entering their program of study. This evaluation covers a variety of topics and subjects for the students to self-assess their comfort and skills in certain areas. The results are then presented to the students individually during the Student Leadership Immersion Week in September. Additionally, de-identified data are aggregated to provide faculty with a picture

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of those areas in which most students feel strong degrees of confidence, and those areas in which further development is needed. Public speaking, for example, was identified by a majority of students as an area for growth. Thus, oral presentation and other public speaking opportunities are emphasized in many of the core courses. Following the success of this tool, MEPN students will be included in this process.

Section 2. Program
The Master’s Entry Program in Nursing (MEPN) will prepare graduate students for licensure in California as a Registered Nurse and for leadership roles in the delivery of healthcare at the bedside, unit, and system levels. Graduate level nursing programs have recently become increasingly popular as the scope and field of nursing expand in response to the recommendations of the Institute of Medicine and changes in the country’s health-care delivery systems. The UC Davis School of Nursing MEPN program will create highly sought-after new nurses with exceptional capabilities in critical thinking, clinical reasoning, evidence-based practice, interprofessional collaboration, cultural acumen, innovative use of technologies, and effective leadership.

2.1 Undergraduate preparation
Successful applicants to the Master’s Entry Program in Nursing will have:

- Met the UC Davis requirements for graduate admission.
- A bachelor’s degree with at least a 3.00 grade point average
- Three letters of recommendation
- A statement of purpose and personal history describing the applicant’s background and experiences, rationale for seeking the degree and intentions for applying the newly-obtained knowledge and skills
- An interview after initial screening
- The GRE will not be required.

In addition to the above requirements applicants are expected to have the equivalent of the following UC Davis courses as prerequisites. To facilitate access to the broadest applicant pool and support the transfer of California Community College students, the prerequisites follow those required by the California State University as stipulated by AB 1295 (APPENDIX F) and requirements of the Board of Registered Nursing:

- Chemistry (CHE 2A & 2B, 8A & 8B) – 4 quarter units
- Human Anatomy w/ Lab (CHA 101 & 101L) – 5 units w/lab
- Human Physiology w/ Lab (NPB 101 & 101L) – 5 units w/lab
- Microbiology w/ Lab (MIC 101 or 104 & 104L) – 5 units w/lab
- Statistics (STA 13 or 100) or Epidemiology – 4 units
- General Psychology (PSC 1) – 4 units
• Introduction to Sociology OR Cultural Anthropology (SOC 1 or ANT 2) – 4 units
• Human Development Across the Lifespan (HDE 100A, B & C) – 4 units

Deficiencies must be completed before matriculation to MEPN by earning a grade of C or better in each course and a cumulative GPA of 2.7 in science prerequisites.

2.2 Foreign language

There will be no foreign language requirement. However, students with second language skills are highly encouraged, including those whose second language is English. Language skills, such as Spanish or Vietnamese, relevant to underserved populations in the Central Valley and in the rural counties north of Davis, are especially desirable.

2.3 Program of study

a) Specific fields of emphasis

The prelicensure curriculum will be written to the standards of the California Board of Registered Nursing (APPENDIX E) and the recommendations of the American Association of Colleges of Nursing (APPENDIX D). Master’s degree requirements emphasize the five core attributes of the School of Nursing: leadership, interprofessional health-care teams; innovative technology, nursing research, and cultural inclusiveness to meet the needs of underserved populations.

b) Plan(s): Masters I and/or II

The MEPN will follow Plan II: “A minimum of thirty-six [36] units of upper division and graduate courses and a comprehensive final exam are required. At least 18 of the 36 units must be in graduate courses in the major field [UC Davis Graduate Council Degree Requirements GC2008-02 (rev 9/16/2009)].”

c) Unit requirements

The MSN will require a total of 89 graduate units to complete the Master of Science in Nursing degree. Students will enroll in 13-16 units per quarter for 6 consecutive quarters. The course work will combine graduate courses in NSHL with graduate level clinical nursing courses to concurrently satisfy the requirements for the Master of Science degree and examination for licensure as an RN.

d) Required and recommended courses

Required courses for the MEPN include three graduate-level NSHL core courses – Health Status and Care Systems, Implementation Science, and Leadership in Health Care. New and existing graduate-level courses are currently being developed to prepare students for the changing demands of clinical nursing as defined by current research by the Institute of Medicine, the Robert Wood Johnson Foundation, and the American Association of Colleges of Nursing. Content will include professional values, ethics, and leadership;

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5 A 2.7 minimum grade point average in prerequisite science courses allows for some flexibility in building a diverse cohort that is appropriate to the goals of the program. However, it is expected that, due to the size and strength of the applicant pool, competitive applicants will need grade point averages over the minimum to be competitive.
social determinants of health; population and community health; quality improvement and safety; research and evidence-based practice; informatics and health-care technologies; interprofessional collaboration; and the theory and application of clinical nursing science to diverse patients of all ages in a variety of health-care settings. The curriculum is outlined in Section 2.11. See also APPENDIX G.

e) Licensing requirements
The MEPN curriculum will meet the standards of the California Board of Registered Nursing (BRN) to qualify students for the National Council Licensure Examination for Registered Nurse (NCLEX-RN see APPENDIX H). The courses needed to satisfy the BRN requirements (APPENDIX E) include content in pathophysiology, pharmacology, gerontology, pediatrics, obstetrics, psychiatry, and medical surgery.

2.4 Field examinations
All courses with a clinical component involve field examinations in the form of clinical competence evaluations. Students work with clinical preceptors who participate in their evaluations. Successful completion of each clinical component is mandatory prior to moving forward to the next clinical course in sequence.

2.5 Qualifying exams
Not applicable.

2.6 Thesis and/or dissertation
A thesis is not required. Students will complete a major paper in conjunction with the Collaborative Practice I-VI course series (see Section 2.8).

2.7 Final examination
Fulfillment of the Comprehensive Examination is the last requirement of the M.S. Plan II. A student may take the comprehensive examination once they have advanced to candidacy and completed all required coursework; for most students, the exam is taken at the end of the 6th quarter.

The comprehensive examination requirement includes both the submission of a portfolio to the Comprehensive Examination committee and passing a written exam administered by that same committee. The portfolio is to be written under the direction of a faculty mentor, who must be a member of the graduate program. The scope of the written exam is the candidate’s coursework as well as the portfolio work. The Exam committee’s unanimous vote is required to pass a student on the exam and portfolio. If a student does not pass the exam and portfolio, the committee may recommend that the student be reexamined one more time, but only if the Graduate Adviser concurs with the committee. The second exam must take place within one quarter of the first exam. The format of the second exam is the same as that of the first exam and may include the submission of an amended version of the portfolio. The examination may not be repeated more than once. A student who does not pass on the second attempt is subject to disqualification from further graduate work in the program. Once passed, the Master’s Report Form is signed by the
Program Graduate Adviser and then forwarded to the Office of Graduate Studies. The deadlines for completing this requirement are listed each quarter in the campus General Catalog (available online at the website of the Office of the Registrar or from the Bookstore). A candidate must be a registered student at the time the program submits the form, with the exception of the summer period between the end of the Spring Quarter and the beginning of Fall Quarter. The program must file the report with Graduate Studies within one week of the end of the quarter in which the student’s degree will be conferred.

2.8 Explanation of special requirements

The MEPN will require more than Graduate Division minimum requirements for a master’s degree. The curriculum will include graduate courses in NSHL and graduate level clinical nursing courses to concurrently satisfy the requirements for the Master of Science degree and examination for licensure as an RN. The requirements for RN licensure include a minimum of 84 units (including prerequisites) of content specific to nursing knowledge, skills, and abilities.

2.9 Relationship of master’s and doctoral programs

All graduate degree programs in the School of Nursing share a common series of core courses providing the foundational preparation to advance quality and transformation in health care: Health Status and Care Systems, Implementation Science, Health Informatics, and Leadership in Health Care. The MEPN curriculum will appropriately reflect attributes in common with all of the NSHL degree programs: interprofessional approach to nursing research and education, scientific rigor and academic excellence, innovative technology, leadership, and culturally effective care. Built into the program will be opportunities for collaboration across programs on case-studies, group projects, and research. MEPN students will take appropriate courses with students in the Master of Health Services – Physician Assistant Studies program, such as Social Determinants of Health, and Quality and Patient Safety. The degree may also serve as an educational foundation for those who continue for the MS-NP or Ph.D., but is not required for admission to those programs.

2.10 Special preparation for careers in teaching

Courses for preparation to teach nursing and health sciences are electives taught by SON faculty.

- **NURSING 300. Methods for Teaching Nursing and Health Sciences: Use of Simulation.** (4 units) This course provides students with an understanding of simulation education as a teaching tool in nursing and health sciences and explores how to integrate simulation into individual courses. Emphasis will be placed on simulations that include clinical judgment, teamwork, and interdisciplinary communication.

- **NURSING 301. Methods for Teaching Nursing and Health Sciences: Curriculum and Instruction.** (4 units) This course emphasizes best practices in adult learning, performance-based curriculum models and instructional design. Students will have experience in planning student-centered learning activities that are both engaging and effective in achieving desired student performance. Content may include but is not limited
to use of distance technologies, case-based teaching, clinical teaching, and use of non-traditional community sites for clinical learning.

- NURSING 302. Methods for Teaching Nursing and Health Sciences: Assessment/Evaluation of Learning. (4 units) This course introduces approaches, processes, and tools that can be used to assess adult learning, especially those that assess the student’s ability to use knowledge and skills in a practical situation.
### 2.11 Sample Program

<table>
<thead>
<tr>
<th>1st Year Courses</th>
<th>2nd Year Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1st quarter Summer</strong></td>
<td><strong>4th quarter Spring</strong></td>
</tr>
<tr>
<td>Lecture</td>
<td>Lab</td>
</tr>
<tr>
<td><strong>NRS 420</strong></td>
<td></td>
</tr>
<tr>
<td><strong>NRS 421</strong></td>
<td></td>
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<tr>
<td><strong>NRS 224</strong></td>
<td></td>
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<tr>
<td><strong>NRS 222</strong></td>
<td></td>
</tr>
<tr>
<td><strong>NRS 270</strong></td>
<td></td>
</tr>
<tr>
<td><strong>NRS 221</strong></td>
<td></td>
</tr>
<tr>
<td><strong>NRS 429A</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
<tr>
<td><strong>2nd quarter Fall</strong></td>
<td><strong>5th quarter Summer</strong></td>
</tr>
<tr>
<td>Lecture</td>
<td>Lab</td>
</tr>
<tr>
<td><strong>NRS 422</strong></td>
<td></td>
</tr>
<tr>
<td><strong>NRS 423</strong></td>
<td></td>
</tr>
<tr>
<td><strong>NRS 427</strong></td>
<td></td>
</tr>
<tr>
<td><strong>NRS 223</strong></td>
<td></td>
</tr>
<tr>
<td><strong>NRS 429B</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
<tr>
<td><strong>3rd quarter Winter</strong></td>
<td><strong>6th quarter Fall</strong></td>
</tr>
<tr>
<td>Lecture</td>
<td>Lab</td>
</tr>
<tr>
<td><strong>NRS 424</strong></td>
<td></td>
</tr>
<tr>
<td><strong>NRS 212</strong></td>
<td></td>
</tr>
<tr>
<td><strong>NRS 203</strong></td>
<td></td>
</tr>
<tr>
<td><strong>NRS 429C</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Bold** is used to indicate content required by California Board of Registered Nursing. **Italics** are used to indicate new courses being developed. **Shaded** courses are those that exist and are shared with other NSHL programs.
2.12 **Normative time to degree**

Normative time from matriculation to graduation is six (6) consecutive quarters (18 months). Candidacy will be awarded after satisfactory completion of the 5th quarter. Students will progress through the program as a cohort supported by faculty, a graduate adviser, student affairs staff, and their NSHL peers. Students will receive continuous feedback from instructors and will be assessed by examination at the end of every quarter before progressing to the next. Additionally, students will be encouraged to utilize all support and resources available to UC Davis graduate students.

**Section 3. Projected Need**

Despite the availability of many health-care services, the Greater Sacramento Region has several Primary Care Health Professional Shortage Areas (HPSA) and Medically Underserved Areas and Populations (MUA/MUP) throughout its four counties. According to the 2010 Community Needs Assessment for the Greater Sacramento Region, the leading causes of hospitalization, ER visits, and mortality in Sacramento’s underserved communities are asthma, diabetes, mental illness, and hypertension. Pervasive limitations in receiving care for these and other conditions include the lack of adequate access to affordable health care.

The proposed program will contribute new nurses trained to meet the needs of the region’s underserved communities. Through recruitment practices aimed at building a diverse and dedicated applicant pool and program requirements focused on building competence in addressing the health needs of underserved communities, graduates of this program will enter the nursing workforce with the skills, knowledge, and motivation to make crucial and lasting differences in the lives of Sacramento’s most vulnerable populations.

The shortage of registered nurses is well chronicled. The U.S. Bureau of Labor Statistics’ Occupational Outlook Handbook, 2010-11 Edition, estimates that by 2018 the country will need nurses to fill 581,500 new positions and will have to replace the hundreds of thousands of positions that will open as experienced nurses leave the profession.

Additionally, there exists a shortage of enrollment capacity in nursing education programs, particularly at the baccalaureate and graduate level as students and nurse employers respond to the Institute of Medicine’s 2010 report calling for an increase in the number of RNs with at least a bachelor’s degree. In California, nearly 25,000 qualified applicants were turned away in 2011 from prelicensure nursing programs and 2, nearly 65% were turned away from entry level

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master's degree programs because programs lack sufficient faculty to accommodate qualified students.  

The shortfall of faculty in nursing schools is the principal contributor to workforce shortages in both practice and academia. Faculty shortages at nursing schools across the country are limiting student capacity at a time when the need for professional registered nurses continues to grow. Budget constraints, looming retirements and increasing job competition from clinical sites have contributed to this crisis.

For example, in 2011 more than 75,000 qualified applications to professional nursing programs were not accepted because there were insufficient numbers of nursing faculty, including nearly 14,400 applications to master’s and doctoral degree programs. A survey conducted by AACN demonstrates the national demand for nursing school faculty – 2011-2012 academic year showed a 7.7 percent national faculty vacancy rate. In California that year, the faculty vacancy rate among all pre-licensure nursing programs was 7.9 percent, up from 6.6 percent in 2005-2006.

The average age of nursing faculty is high. In California, more than one third (34.5%) of all nursing faculty are over the age of 55, thus qualifying them for retirement within the decade. Furthermore, potential patient and student populations are growing more diverse in California, yet roughly 90 percent of the State’s nursing faculty is white. To prepare providers to meet California’s population needs, greater diversity among faculty is needed.

The MEPN program recruitment efforts will target potential students from diverse backgrounds and contribute to the capacity of California to offer high quality nursing education that meets the needs of the diverse population. Graduates of MEPN will be qualified for faculty positions at colleges and universities as well as continued study at the doctoral level.

In addition to preparing new nurse educators, the MEPN program will prepare new nurses for leadership roles in health systems, community-based settings and role models in advanced clinical roles. The ripple effect of these graduates is exponential as they teach the next generation of students and transform the health-care organizations they lead, modeling the way for the existing nursing workforce.

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3.1 Student demand

The Master’s Entry Program in Nursing (MEPN) will meet the educational needs of individuals with non-nursing bachelor’s or higher degrees who want to enter the health-care field in leadership roles as master’s prepared Registered Nurses. Admission criteria will be comprehensive and will seek to admit a cohort of students that reflects the core values of the Betty Irene Moore School of Nursing - leadership, cultural inclusiveness, technological innovation, interprofessional teamwork, and research – as well as representing the state’s demographics. Admission to the program will require the satisfactory completion of nursing prerequisite courses from accredited institutions. It is expected that many applicants will have completed prerequisites at a California Community College or as part of their undergraduate degree. To facilitate program access to the most diverse pool of applicants, prerequisite nursing courses will closely follow those of the CSU-CCC Nursing Pathway per California’s AB 1295 (APPENDIX F).

The 50-mile radius of the UC Davis School of Nursing includes the following existing nursing programs:

Table 3. 2011-2012 Nursing Student Capacities within 50-mile Radius

<table>
<thead>
<tr>
<th>College</th>
<th>Degree</th>
<th>Seats</th>
<th>Acceptance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSU – Sacramento</td>
<td>BSN</td>
<td>160</td>
<td>20%</td>
</tr>
<tr>
<td>Samuel Merritt Sacramento Center</td>
<td>MSN</td>
<td>44</td>
<td>35%</td>
</tr>
<tr>
<td>Samuel Merritt, Sacramento Center</td>
<td>BSN</td>
<td>44</td>
<td>35%</td>
</tr>
<tr>
<td>Sacramento City College</td>
<td>ADN</td>
<td>100</td>
<td>14%</td>
</tr>
<tr>
<td>Carrington College California – Sacramento</td>
<td>ADN</td>
<td>60</td>
<td>60%</td>
</tr>
<tr>
<td>American River College</td>
<td>ADN</td>
<td>90</td>
<td>11%</td>
</tr>
<tr>
<td>ITT Breckenridge School of Nursing</td>
<td>ADN</td>
<td>30</td>
<td>na</td>
</tr>
<tr>
<td>Sierra College</td>
<td>ADN</td>
<td>50</td>
<td>12%</td>
</tr>
<tr>
<td>San Joaquin Delta College</td>
<td>ADN</td>
<td>80</td>
<td>20%</td>
</tr>
</tbody>
</table>

The federal government, military, nurse executives, health-care foundations, and nursing organizations all recognize the unique value that baccalaureate-prepared nurses bring to the practice setting.14 With only two universities in the region offering nursing degrees at the BSN or master’s level, regional workforce demands are not being met. With full implementation, the

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The proposed MEPN at UC Davis in Sacramento will annually add 48 new master’s degree nurses to Greater Sacramento’s numbers.

In 2012, over 85% of 4,750 qualified applicants were denied admission to Sacramento prelicensure programs.\textsuperscript{15} According to the schools, as many as one-third of applicants already hold bachelor’s degrees. For these students, the MEPN would better serve their educational needs.

There are currently 16 entry-level master’s (ELM) programs across California. In the 2011-2012 academic year more than 65 percent of 2,365 qualified applicants to ELM programs were denied admission. Student demand for ELM programs in the Sacramento area is very high; UCSF receives over 600 applications for 80 spaces in their ELM program; Samuel Merritt receives nearly 200 applications for 44 spaces at their Sacramento campus.

The MEPN program will attract graduate students who want to become clinical nurses, academic faculty, or assume leadership roles in a wide variety of health-care settings. To date, some 3,000 prospective students with an interest in our nursing programs have joined the School’s listserv on the SON Web page (http://nursing.ucdavis.edu). Most subscribers indicate interest in prelicensure RN programs.

3.2 Opportunities for graduates

There are many health-care providers in the region who are stakeholders in the launch of a new master’s entry program in nursing. In addition to over 100 hospitals, clinics, and health-care centers in the four-county region there are 28 long term care facilities, 59 home health facilities, and dozens of other ambulatory care facilities who are employers of registered nurses.

According to the U.S. Bureau of Labor, employment of registered nurses is expected to grow 26 percent from 2010 to 2020, faster than the average for all occupations. Growth will occur primarily because of the Affordable Care Act’s increase in insured patients, technological advancements, an increased emphasis on preventative care, and the large, aging baby-boomer population who will demand more health-care services as they live longer and more active lives.\textsuperscript{16}

National initiatives are also driving demand for RNs with at least a bachelor’s degree. The nation’s Magnet hospitals, which are recognized for nursing excellence and superior patient outcomes, have moved to require all nurse managers and nurse leaders to hold a baccalaureate or graduate degree in nursing by 2013. Hospitals applying for Magnet designation must also show what plans are in place to achieve the IOM recommendation of having an 80% baccalaureate prepared RN workforce by 2020. IOM recommendations are moving many employers to


implement a hiring policy that requires at least a bachelor’s degree of new nurses. MEPN graduates will help hospitals to meet these recommendations.

The graduates of the MEPN program will be highly sought for clinical, leadership, and academic positions in hospitals, clinics, and colleges. According to this year’s survey of employers by the American Association of Colleges of Nursing, employment of new nurses is highest among ELM program graduates with the average job offer rate of 73 percent at the time of graduation for ELM graduates compared to 57 percent for new BSN graduates. The increasing shortage of university educated nurses and the need for nursing faculty to produce more practicing nurses will also drive the demand for graduates of this program. MEPN graduates, after one year of full-time employment in direct patient care, will be in high demand as educators in prelicensure nursing programs at colleges and universities. They will be well prepared for clinical and leadership roles in organizations focusing on the health-care needs of diverse patient populations as well as to continue their education at the doctoral level.

3.3 Importance to the discipline

The MEPN program will address several critical issues. In 2003 the Institute of Medicine identified 5 core competencies for all health professional curricula which are reflected in the learning outcomes of the MEPN: 1) Provide patient-centered care, 2) Work in interdisciplinary teams, 3) Employ evidence-based practice, 4) Apply quality improvement and 5) Utilize informatics. These 5 areas are reflected in the Core Values of the Betty Irene Moore School of Nursing: leadership development; interprofessional/interdisciplinary education; transformative research; cultural inclusiveness; and innovative technology.

Numerous studies prioritize interdisciplinarity/interprofessional education, bringing multiple perspectives and methodological approaches to improving patient outcomes and quality of care. Evidence of the effectiveness of interdisciplinary and interprofessional approaches to health care has been mounting for at least the last decade. The Institute of Medicine’s 2010 report, The Future of Nursing, recommends that schools of nursing collaborate with other health professional schools to design and implement interdisciplinary education.

With the recognition that health-care professionals must work seamlessly as a team, the Betty Irene Moore School of Nursing is dedicated to system-level interprofessional and interdisciplinary education. In addition to faculty from the Betty Irene Moore School of

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17 Bates, Keane, Spetz, Survey of Nurse Employers in California, Spring 2012, UCSF
Nursing, the NSHL graduate group is composed of faculty from Medicine, Statistics, Psychology, Sociology, Public Health, Nutrition, Health Informatics and other fields. Building on the strengths of UC Davis in the delivery of interdisciplinary graduate studies, the NSHL graduate group provides a unique opportunity to implement AACN and IOM recommendations by offering this interprofessional model of graduate-level prelicensure nursing education.

3.4 Needs of society

The NSHL Master’s Entry Program in Nursing (MEPN) responds to a national need for nurses who have advanced degrees and critical clinical skills for quality improvement; who are effective leaders and assured members of health-care teams; who will provide culturally appropriate care to diverse populations; and who will work in a variety of high-need health-care settings. Two separate Institute of Medicine reports document the societal need for a skilled and educated health-care work force. In *To Err is Human: Building a Safer Health-Care System* data from two previous studies were extrapolated to provide estimates that 44,000 to 98,000 patients annually experience fatal medical errors and costs of between $17 billion and $29 billion including costs for additional care, lost income and disability.\(^\text{22}\) A second report, *Crossing the Quality Chasm: A New Health-Care System for the 21st Century*, focuses on reinvention of the health-care system to “foster innovation and improve the delivery of care.”\(^\text{23}\) The report calls for all health-care stakeholders, including health professionals, policy makers, purchasers of care, regulators, organization managers and boards, and consumers, to adopt a shared vision for improvement built upon the core need for the health-care system to be safe, effective, patient-centered, timely, efficient and equitable. The faculty in the MEPN program will mentor new nurses to respond to these issues. The courses in the MEPN program will target these priorities as well and will prepare graduates to address high impact areas in research and practice such as public health, gerontology, rural health, and health disparities.

3.5 Relationship to professional interests of the faculty

UC Davis faculty from Medicine, Statistics, Psychology, Sociology, Public Health, Nutrition, Health Informatics and other fields participate in the NSHL program, bringing interdisciplinary and interprofessional expertise and offering learning opportunities to students in all NSHL graduate programs. The NSHL faculty is involved in research that promotes health for individuals, families and populations in partnership with communities, with an emphasis on aging, rural and diverse populations, and includes community health, public health, epidemiology, gerontology, rural health and health disparities. The School’s faculty, postdoctoral scholars and graduate students discover and share knowledge on the priorities and needs of population subgroups as well as tailor and test approaches to advance health in those groups.


3.6 Program differentiation

The proposed MEPN program at UC Davis is distinguished from other UC nursing programs by the unique interdisciplinary graduate group system at UC Davis. The graduate group tradition at UC Davis offers an ideal environment for the interprofessional goals of the nursing program. Additionally, the Gordon and Betty Moore Foundation grant funding affords the NSHL program the opportunity and resources to support instructional design and the inclusion of visiting scholar expertise to the curriculum. Other distinctive aspects of the MEPN program are the focus on aging, rural health, diverse populations, interprofessional leadership and health technologies.

The NSHL graduate group recently added the UC Davis Nurse Practitioner and Physician Assistant Studies master’s degree programs, previously offered by the School of Medicine in collaboration with California State University, Sacramento. These programs are known nationally for their unique co-education of advanced practice nurses with physician assistants, as well as their solid track record in recruiting students from underserved groups and commitment to clinical sites in underserved communities. The MEPN program will complement and benefit from these programs as interprofessional clinical and didactic education opportunities are created.

In addition to preparing nurses to work collaboratively with other health-care professionals, interdisciplinary teaching has many pedagogical advantages: it adds to a dynamic and interactive learning environment, provides opportunities for instructors to model thinking across disciplines, and inspires new ideas and partnerships among faculty. Interdisciplinary teaching has a positive impact on student learning outcomes as well. A collaborative teaching environment engages students in the learning process. Interdisciplinary teaching encourages a variety of perspectives on a topic, so students are more willing to make valuable contributions to class discussions24.

The UC Davis MSN program will be a model for improving health-care through interdisciplinary/interprofessional education.

Section 4. Faculty

The Betty Irene Moore School of Nursing at UC Davis recruits faculty from a variety of health-care professions who share the vision and priorities of the SON. All SON faculty participate as members of the NSHL Graduate Group and will be active in shaping the direction of the MEPN program.

The licensure standards of the California Board of Registered Nursing (BRN) specify minimum qualifications for faculty (“content experts”) involved in the delivery of certain content required for RN licensure (APPENDIX E). The SON will hire qualified faculty in the Health Sciences Clinical Professor series as follows:

1 Program Director

2 Medical Surgical faculty
1 Mental Health faculty
1 Women’s Health/Reproductive Health faculty
1 Pediatric faculty
1 Community Health faculty

Part-time clinical faculty to supervise students during their clinical courses

The projected number of SON faculty FTE is 48 to support all five graduate programs at full enrollment (~450 students) and participate as faculty members in the School of Nursing and the NSHL Graduate Group. The expertise of the new nursing faculty will reflect the founding research foci of population health and health systems and/or clinical expertise to support the proposed MEPN. A mix of junior and senior faculty are being hired so that senior researchers with well-established and funded research programs are available to mentor junior faculty and continue to build the research strength of the SON and the NSHL graduate programs.

Faculty members from across the UC Davis and UC Davis Health System campuses are committed to the Nursing Science and Health-Care Leadership Graduate Group and the MEPN program. Though presently only SON faculty will be Instructors of Record in MEPN courses, it is envisioned that over time the program will expand to include faculty from other departments.

Betty Irene Moore School of Nursing faculty members and a summary of their expertise are listed below. Full curricula vitae and letters of commitment to teaching MEPN courses and mentoring MEPN students are included as attachments.

**Summary of Faculty Qualifications**

**KUPIRI W. ACKERMAN-BARGER, Ph.D., R.N.**
Assistant Adjunct Professor

**Areas of expertise:** health disparities, rural health

**Recent and current research topics include:**
- increasing racial and ethnic diversity in nursing workforce
- promoting comprehensive access to health care

**Recent Publications and Scholarship**

2011 Ackerman-Barger K. {Accepted Abstract} Mixing in mixed race. In V. Lea, Constructing Critical Consciousness: Narratives that Unmask Hegemony and Ideas for Creating Greater Equity in Education. Peter Lang Publishing.

ESTER CAROLINA APESOA-VARANO, Ph.D.
Assistant Professor

Areas of expertise: health disparities, geriatric health

Recent and current research topics include:
- Depression in older men
- Late-life depression among minority women

Recent Publications and Scholarship


DEBRA BAKERJIAN, Ph.D., F.N.P., R.N., F.A.A.N.P.
Senior Director for Nurse Practitioner and Physician Assistant Clinical Education and Practice Assistant Adjunct Professor

Areas of expertise: quality improvement in nursing homes

Recent and current research topics include:
- Advanced practice nursing and quality of care
- Transitions of care between health-care settings
- Chronic disease management

Recent Publications and Scholarship
2013 Bakerjian D, Zisberg A. Applying the Advancing Excellence in America’s Nursing Homes circles of Success to improving and sustaining quality. *Geriatric Nursing*, INPRESS.


JANICE F. BELL, Ph.D., M.P.H., M.N.
Assistant Professor

Areas of expertise: health services

Recent and current research topics include:
- Quality and accessibility of health services for vulnerable populations
- Disparities in primary care quality among children with mental health needs
- Geographic factors that contribute to childhood obesity

Recent Publications and Scholarship


2012 Romaine MA, Bell JF, Huebner CE. Variations in Children’s Dental Service Use Based on Four National Health Surveys. Pediatrics, 130”e1182-e1189.

JERI L. BIGBEE, Ph.D., R.N., F.N.P.-B.C., F.A.A.N.
Adjunct Professor

Areas of expertise: rural population health, community-based interventions

Recent and current research topics include:
- Relationship between the nurse per capita ratio and community health
- Family health promotion
- Advanced practice nursing

Recent Publications and Scholarship


2012 Bigbee J. Nursing 2012 and Beyond (Keynote) 10th Annual AMSA ARC/UCD Pre-medical & Pre-Health Professions National Conference Davis, CA

MARK CHRISTIANSEN, Ph.D., P.A.-C.
Physician Assistant Program Director and Health Sciences Clinical Assistant Professor

Areas of expertise: rural medicine, emergency medicine, medical education
Recent and current research topics include:
- Evaluation of attitudes toward underserved patients among health-care providers
- Pain management in primary care

Recent Publications and Scholarship

2012 Silvershein DI, Christiansen MP. Managing Chronic Pain in Primary Care: From Disease Mechanisms to Individualized Multidimensional Care. Practicing Clinicians Exchange Symposium Series, Norwood, MA.

2012 Milner MM, Christiansen MP. The Primary Care Office as a Portal to Men’s Health: Improving Awareness, Screening, Diagnosis, and Treatment. Practicing Clinicians Exchange Symposium Series, Tampa, FL

2011 Largay J, Christiansen MP. The Clinical Use of Incretin-Based Therapy in Type 2 Diabetes. Practicing Clinicians Exchange Symposium Series, Austin, TX

PHILIPPE GOLDIN, Ph.D.
Associate Professor

Areas of expertise: psychosocial interventions, cognitive regulation, research design

Recent and current research topics include:
- Cognitive-behavioral therapies
- Social anxiety disorders

Recent Publications and Scholarship


VIRGINIA HASS, D.N.P., R.N., F.N.P.-C., P.A.-C., M.S.N.
Nurse Practitioner Program Director and Health Sciences Clinical Assistant Professor

Areas of expertise: chronic illness, family medicine, medical education

Recent and current research topics include:
- Chronic illness and pain management
- Self-care and wellness

Recent Publications and Scholarship

2011 Bunnage C, Hass VM, Clerfond A, Papa, J, Hardball C. Proven Examples of Distance Learning in PA Education: An Expert Panel on Video Conferences and Online Learning. Presentation for physician assistant faculty at annual meeting of the Physician Assistant Education Association, New Orleans, LA.


SHELLY HENDERSON, Ph.D.
Assistant Clinical Professor

Areas of expertise: clinical psychology, behavioral medicine

Recent and current research topics include:
- Psychological approaches to chronic disease management
- Integration of behavior and primary care

Recent Publications and Scholarship


MARGARET (PEGGY) HODGE, Ed.D., M.S.N., R.N.
Clinical Educator and MEPN Interim Director

Areas of expertise: Nursing education, high stress work environments

Recent and current research topics include:
- Impact of minimum nurse to patient ratios on quality of care
- Translational research in critical care
- Integration of simulation in nursing education

Recent Publications and Scholarship
2011  Martin CT, **Hodge M.** A nursing department faculty mentored research project *Nurse Educator*, 36(1). 35-39.


**JILL G. JOSEPH, M.D., Ph.D., M.P.H.**  
Associate Dean for Research and Professor  
**Areas of expertise:** clinical and translational science, health disparities  
**Recent and current research topics include:**  
- Health disparities  
- Cancer health services research  
- Interprofessional responses to adverse health-care incidents

**Recent Publications and Scholarship**


**TAE YOUN KIM, Ph.D., R.N.**  
Associate Professor  
**Areas of expertise:** health and nursing informatics  
**Recent and current research topics include:**  
- Data standardization and exchange  
- Improving the quality of care using health information technology  
- The impact of care coordination on patient outcomes

**Recent Publications and Scholarship**


2013 **Kim TY &** Matney SA. Standards, in R. Nelson & N. Staggers (1st Eds.). *Nursing Informatics: An Interprofessional Approach for Health Practitioners,* St. Louis, MO: Elsevier. IN-PRESS

**JANN MURRAY-GARCIA, M.D., M.P.H.**
Assistant Adjunct Professor

**Areas of expertise:** race and health

**Recent and current research topics include:**
- The impact of racial stratification on health-related decisions
- Cultural competency in health care
- Racial disparities in infant mortality rates

**Recent Publications and Scholarship**

2012 Murray-Garcia J. Building Strong Teams: Effects of a Medical Student/Nurse Shadowing Experience, Association of American Medical Colleagues, Research in Medical Education Annual Conference, San Francisco, CA, November.


**ALBERTO ODOR, M.D., M.S.**
Associate Adjunct Professor

**Areas of expertise:** health informatics

**Recent and current research topics include:**
- Clinical health informatics
- The use of virtual environments for diagnosis, treatment and clinician training
- Web-based electronic health records

**Recent Publications and Scholarship**


**MICHELLE O'ROURKE, F.N.P.-C., M.S.N.**
Clinical Educator

**Areas of expertise:** gerontology, quality improvement and safety

**Recent and current research topics include:**
Recent Publications and Scholarship


Health Sciences Clinical Assistant Professor

Areas of expertise: mental health, community health

Recent and current research topics include:
- Improving HIV education and intervention among homeless populations
- Racial, ethnic, and linguistic minority health

Recent Publications and Scholarship


MARY LOU DE LEON SIANTZ, Ph.D., R.N., F.A.A.N.
Professor

Areas of expertise: migrant health, health leadership and policy

Recent and current research topics include:
- The impacts of migration on health among Hispanic migrant/immigrant families
- Reproductive health among Hispanic immigrant adolescents
- Obesity prevention among Hispanic children and adolescents

Recent Publications and Scholarship


**ELENA O. SIEGEL, Ph.D., R.N.**
Assistant Professor

**Areas of expertise:** workforce capacity, long-term care

**Recent and current research topics include:**
- The influence of organizational and leadership factors on quality improvement
- Education, training and experience of nursing home administrators
- The administrative and managerial roles of directors of nursing

**Recent Publications and Scholarship**

2013  **Siegel EO,** Young HM, Leo MC, Santillan V. Managing up, down, and across the nursing home: roles and responsibilities of directors of nursing. *Policy, Politics, & Nursing Practice.* ePub ahead of print.


**DEBORAH WARD, Ph.D., R.N., F.A.A.N.**
Associate Dean for Academics and Health Sciences Clinical Professor

**Areas of expertise:** health policy, health system design

**Recent and current research topics include:**
- Pain management
- Interprofessional responses to adverse health-care incidents
- Technology-supported care

**Recent Publications**


**HEATHER M. YOUNG, Ph.D., R.N., F.A.A.N.**
Associate Vice Chancellor for Nursing, Dean and Professor, Betty Irene Moore School of Nursing
Areas of expertise: gerontological nursing, rural health care

Recent and current research topics include:
- Healthy aging
- Telehealth and community-based strategies to promote health for rural older adults and caregivers
- Medication management and safety

Recent Publications and Scholarship


Section 5. Courses

The MEPN program will provide graduate-level core courses (numbered 200-299) in Nursing Science and Health-Care Leadership concurrently with professional-level clinical nursing courses (numbered 400-499) developed to meet the standards required for licensure by the California Board of Registered Nursing and accreditation by the Commission on Collegiate Nursing Education.

The core courses created for the NSHL graduate programs are taught by the NSHL faculty members who have expertise in the content of the program’s core courses. The MEPN graduate core includes three courses (NRS 201, 202, and 203) that are required of other NSHL programs, providing valuable interprofessional teaching and learning across programs. It is anticipated that by the 2018-2019 academic year the SON will reach full capacity in all programs. At that point enrollments in NRS 202 and 203 will total 81 students. The total enrollment of NRS 201 will be 200 students, at which point another section will be added.

As is the UC Davis custom, faculty from diverse fields and professions participate in the NSHL graduate group. MEPN students will take courses from diverse intellectual areas in concert with nursing courses required by the Board of Registered Nursing. The GBMF grant allows the unique and important opportunity to hire instructional design and educational experts to deliver an exceptional curriculum utilizing simulation and other cutting-edge technologies. Course development, including syllabi, texts, and other details, began in fall 2013 and proposed MEPN courses will be submitted for approval via the online system ICMS by summer 2014. Catalog descriptions of the existing and proposed MEPN courses are in APPENDIX G.
Existing Core Courses

- NRS 201  Health Status & Care Systems (Joseph, J)  4 LEC/DIS
- NRS 202  Implementation Science & System Change (Siegel, E)  3 LEC/DIS
- NRS 203  Leadership in Health Care (Bakerjian, D)  4 LEC/DIS
- NRS 270  Foundations of Pharmacology (Pares-Avila, J)  1 LEC

Proposed Graduate Courses

- NRS 212  Technology and Innovations  2 LEC/HYBRID
- NRS 221  Biophysical Concepts  3 LEC/DIS
- NRS 222  Social, Cultural & Behavioral Determinants of Health  2 LEC
- NRS 223  Pharmacology in Nursing  2 LEC
- NRS 224  Research and Evidence Based Practice  2 LEC
- NRS 225  Developing Future Nurse Leaders  2 LEC
- NRS 226  Quality and Safety Education in Health Care  2 LEC/HYBRID
- NRS 227  Gerontology  2 LEC
- NRS 228  Professional Nursing Role Formation  3 LEC/DIS

Proposed Professional/Practical Courses

- NRS 420  Foundations of Clinical Nursing Practice  3 LAB
- NRS 421  Health Assessment across the Lifespan  3 LAB
- NRS 422  Concepts in the Care of Adults w/Chronic Conditions  6 LEC/CLINIC
- NRS 423  Psychosocial Wellness & Illness  5 LEC/CLINIC
- NRS 424  Family Focused Nursing  9 LEC/CLINIC
- NRS 425  Nursing Care of Adults with Complex Illness or Injury  8 LEC/CLINIC
- NRS 426  Fostering Healthy Communities  8 LEC/CLINIC
- NRS 427  Information Management & Patient Care Technology  1 CLINIC
- NRS 428  Clinical Nursing Practicum  7 CLINIC
- NRS 429A-F  Collaborative Practice I - VI  6 LAB

The clinical component of the MEPN will provide students experiential learning in a variety of health-care settings. There is a rich variety of health-care agencies in the greater Sacramento area, offering multiple opportunities for clinical experiences. Additionally, the Betty Irene Moore School of Nursing is part of the University of California Health System which offers extensive acute, ambulatory, and community-based experiences. Based on a survey of available clinical placements in the Sacramento area, there are adequate acute and ambulatory care clinical placements (Table 4).
Table 4. Survey of Available Clinical Placements

<table>
<thead>
<tr>
<th>Agency</th>
<th>Number of Beds</th>
<th>Units Available for Student Placements</th>
<th>Available Days/Times</th>
<th>Clinical Placements per quarter</th>
<th>Preceptors Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC Davis Health System</td>
<td>631</td>
<td>Medical &amp; Surgical Critical Care Geriatrics Pediatrics Women’s Health (OB) Ambulatory Care Home Health Hospice Community Health</td>
<td>Monday, Tuesday, Weekends</td>
<td>24 students</td>
<td>Yes</td>
</tr>
<tr>
<td>Kaiser South Sacramento</td>
<td>217</td>
<td>Medical &amp; Surgical Critical Care Geriatrics Home Health</td>
<td>Monday Tuesday PM Shift Possible Day Shifts</td>
<td>8 students</td>
<td>Yes</td>
</tr>
<tr>
<td>Shriner’s Hospital for Children</td>
<td>70</td>
<td>Pediatrics</td>
<td>Varied</td>
<td>8 students</td>
<td>Yes</td>
</tr>
<tr>
<td>Heritage Oaks Behavioral Health</td>
<td>72</td>
<td>Mental Health</td>
<td>Varied</td>
<td>16 students</td>
<td>Yes</td>
</tr>
<tr>
<td>Sacramento County Mental Health</td>
<td>48</td>
<td>Mental Health</td>
<td>Varied</td>
<td>8 students</td>
<td>Yes</td>
</tr>
<tr>
<td>Yolo County Public Health</td>
<td>N/A</td>
<td>Community Health</td>
<td>Varied</td>
<td>2 – 4 students</td>
<td>Yes</td>
</tr>
<tr>
<td>Placer County Public Health</td>
<td>N/A</td>
<td>Community Health</td>
<td>Varied</td>
<td>4 – 6 students</td>
<td>Yes</td>
</tr>
<tr>
<td>El Dorado County Public Health</td>
<td>N/A</td>
<td>Community Health</td>
<td>Varied</td>
<td>1-3 students</td>
<td>Yes</td>
</tr>
<tr>
<td>UC Trauma Outreach</td>
<td>N/A</td>
<td>Community Health</td>
<td>Varied</td>
<td>8 students</td>
<td>No</td>
</tr>
</tbody>
</table>

The School of Nursing anticipates placing students in a number of community agencies for their community health experience including Knight’s Landing Clinic, El Dorado Public Health, Yolo County Public Health, and Sacramento County Public Health (APPENDIX I). Simulation experiences with standardized patients will supplement clinical experience.

Sacramento’s Healthy Communities Forum, a group comprised of clinical leaders from local hospitals and nursing education programs, serves to facilitate clinical placements and collaborations in the region. The School of Nursing began participating in this consortium in 2012 and will continue as the prelicensure nursing program is implemented.

With plans to admit 24 students for the first three years of the program, initial needs for clinical placements will be modest. For their clinical experiences, students will be placed in three sections of 8 students each, minimizing the impact on agencies. In addition, the UC Davis
Center for Virtual Care is a highly sophisticated simulation center which will provide students with opportunities for interprofessional, clinical simulation. It is anticipated that up to 25% of clinical experiences may occur in a simulated setting.

Health-care organizations throughout the region are eager to support the Master’s Entry Program in Nursing. Letters of Support and Facility Verification Forms (required by the BRN) have been received and are included in APPENDIX I.

**Section 6. Resource Requirements**

The NSHL Graduate Group will offer the proposed MEPN program and the SON will provide all the necessary fiscal resources and administrative staff. Extensive planning is underway to ensure sustainability of the program. The program’s Five Year Budget is included here as APPENDIX B. Before the first student class is matriculated in 2015, funds from the Gordon and Betty Moore Foundation will be used to hire faculty and support the formation of the program. The MEPN is proposed as a Self-Supporting Degree Program. Upon matriculation of 48 students per year, the SON anticipates the student fees will be sufficient to sustain the program. The GBMF grant will continue to augment the funds to accomplish the vision of the School. Sufficient funds are available to launch and sustain the program until it reaches sustaining enrollments.

6.1 **FTE faculty**

The FTE faculty costs are included in the Five Year Budget (APPENDIX B). The licensure standards of the California Board of Registered Nursing (BRN) specify minimum qualifications for faculty (“content experts”) involved in the delivery of certain content required for RN licensure. The SON will hire qualified content experts in the Health Sciences Clinical Professor series.

6.2 **Library acquisition**

The School of Nursing is supported by the UC Davis campus and Health System libraries –Peter J. Shields Library, Carlson Health Sciences Library and Blaisdell Medical Library. Additional library resources will not be needed to support the proposed MEPN program. A letter of support from the campus University Librarian is included in APPENDIX A.

6.3 **Computing costs**

Computing costs to support the needs of MEPN students, faculty, and staff are included in APPENDIX B. Additional computing costs beyond those already budgeted for the School of Nursing will not be needed.

6.4 **Equipment**

Equipment costs will be funded through the launch grant from the Gordon and Betty Moore Foundation. These include patient simulators, instructional equipment, and laboratory supplies and are included in APPENDIX B.
**6.5 Space and other capital facilities**

Space and facilities will be allotted based on enrollment as a percentage of the School of Nursing space expenses. Costs are included in APPENDIX B.

The initial launch of the MEPN program will utilize existing space in the UC Davis Health Sciences complex on the Sacramento campus. Classroom space and simulation labs in the Education Building and the Center for Virtual Care are adequate to accommodate MEPN student cohorts through the 2016-17 academic year. Plans are currently underway for the refitting of the Administrative Services Building (ASB) to provide the additional classroom, lab, and simulation space needed to accommodate the MEPN program inform 2015 through 2018.

Plans are also underway for a new educational building on the Sacramento Health Sciences campus. The new building will expand upon classroom space, simulation facilities, small group learning and clinical skills labs. This additional space will be shared with other health sciences program for interprofessional education and will accommodate the MEPN program space needs at full capacity in 2018.

The School of Nursing administrative offices and Nursing Science and Health-Care Leadership (NSHL) program support are located in the Education Building on the Sacramento campus, adjacent to the Medical Library. The Education Building is across the street from UC Davis Medical Center and other facilities that are critical to the School of Nursing’s interprofessional and interdisciplinary research, work, and study. The Sacramento campus includes outpatient medical clinics, a National Cancer Institute-designated cancer center, research labs and a unique facility dedicated to autism and related disorders called the UC Davis M.I.N.D. Institute.

The Education Building opened in 2007, consolidating the School of Medicine education programs on the Sacramento campus. In anticipation of growth in the education mission, the building was opened with excess capacity, providing a natural location for the new School of Nursing starting in 2009. Sharing the facility further supports the goals of interprofessional education.

The Education Building includes two 150-seat lecture halls; one 60-seat and six 30-seat classrooms; a clinical skills center with a mock patient-waiting area and eight fully-equipped examination rooms; 17 teaching rooms with 12-seat and 16-seat capacity; a student commons area, mailboxes, a lounge, study areas; and a café. The two lecture halls have complete audiovisual and teleconferencing capability. Small-group teaching is conducted in any of 17 smaller classrooms, which are used for group study when not in use for classroom teaching.

The building is equipped with the latest educational and communications technologies, from wireless connectivity to high-quality projection and video streaming/conferencing equipment. Adobe Connect meetings are often utilized by faculty, students and staff members to facilitate synchronous collaboration efforts among geographically dispersed users. A new computer lab area is used for formal computer training and also affords students another venue to access...
computers. This area includes facilities for computer support services and a small classroom of approximately 630 square feet.

The Education Building also contains a state-of-the-art Clinical Skills Center. The facility includes two waiting areas, eight fully equipped examination rooms with pan and zoom cameras, eight interstation computers, eight examination room computers and a central monitoring room. The center's Web-based software program controls audiovisual equipment, digitally records and archives student interactions and compiles and reports exam results.

An extensive utilization analysis examined usage by day and time indicating that the Education Building can fully support the M.S. NSHL graduate education program. Currently, the School of Nursing’s administrative space is located on the fourth floor of the building. The research program offices are located across the breezeway to the new Center for Health and Technology. An expansion move of NSHL faculty and administrative units to the newly renovated Administrative Services Building is scheduled for spring 2014.

The 2012 opening of the Center for Health and Technology (CHT) enhances the teaching, research and clinical opportunities for the School of Nursing and UC Davis Health System. The 35,000-square-foot facility is connected to the current Education Building on three of four floors. It includes administrative space to support the campus wide telehealth program (including office space for researchers working in informatics and telehealth) and telehealth education space that also provides “smart classroom” space for the School of Nursing and School of Medicine. In recognition that education and life-long learning requires content be captured and available for online viewing, pod-casting and future modalities, the fourth floor is designed for media production. The CHT is expected to be a national model designed to educate the next generation of clinicians and health-care leaders.

The entire third floor of the CHT houses the Center for Virtual Care (CVC), providing simulation space for prelicensure RN and interprofessional team education. School of Nursing and School of Medicine team members are collaborating to design the space to recognize that care is increasingly provided outside the acute care environment. The CVC is a state of the art facility showcasing a Trauma Bay, OR, inpatient unit, 6-bay simulation area, standardized patient exam rooms, debrief rooms, conference room, student carrels and equipment repair area. The CVC is equipped with hi-fidelity male, female, and infant patient simulators with the ability to respond to procedures and symptoms - cry, sweat, breathe, blink, provide various ECG and heart rate readings, and even give birth. The use of this simulation lab will allow students to practice techniques and processes in a realistic yet safe environment in preparation for working with real patients. The CVC is accredited as a Level I Comprehensive Education Institute through the American College of Surgeons.

6.6 Other operating costs

The $100 million dollar GBMF grant affords the SON the capacity to create the MEPN program. These funds will support the development and first three years of the program. The grant is
flexible as it can be used to support nearly all areas of the launch and operations, with the exception of endowment. During the formative phase and launch of the MEPN program, the GBMF grant will provide the majority of funding for faculty recruitment packages, staff operations, curriculum development, and student support (APPENDIX B). The MEPN program will be self-supporting by fiscal year 2018-19.

Section 7. Graduate Student Support

As a land grant university, affordability and accessibility are important to our campus. Our success in achieving these goals will be measured by size of applicant pool, diversity of applicant pool and student cohorts, and level of student debt upon graduation.

7.1 Return to Aid, Awards, and Fellowships

Our primary goal for student support is to ensure that financial issues do not prevent talented students from matriculating and graduating from the MEPN program. To this end, the School includes in the MEPN budget 20% of tuition revenues for direct MEPN student support. Financial Aid staff will provide prospective and enrolled students with information and resources to facilitate access to their educational needs. The School will award aid to students based on the program’s mission as well as student financial need, ensuring federal, state, and university compliance. These awards will include a combination of need-based and merit-based grants and scholarships.

The SON will encourage MEPN students to compete for campus, state, federal, and foundation awards and fellowships. As is true for all graduate programs, MEPN students will be eligible to compete for campus-wide fellowships. Additionally, the vigorous development campaign has established endowments to fund additional stipends and scholarships, and other funding sources are available to nursing students. Students in graduate nursing education programs are eligible for targeted financial aid programs in addition to those available to all UC Davis graduate students.

7.2 Loan Repayment and Scholarships

There are several ways that MEPN graduates from a master’s degree program can repay debt - through loan repayment programs such as NURSE Corps Loan Repayment, AmeriCorps, and the U.S. Indian Health Services as well as state and federal funding sources. The NURSE Corps Loan Repayment Program is a competitive federal program that funds students dedicated to practicing nursing in underserved communities. The program offers repayment of up to 85% of student loans in exchange for three years of service in a Health Provider Shortage Area, such as many clinics and non-profit hospitals in the Greater Sacramento region including the UC Davis Medical Center.

The Indian Health Service scholarships provide financial assistance for American Indians and Alaskan Natives enrolled in health and allied health professions. AmeriCorps helps pay for education in exchange for a year of service. The Army and Navy also have programs for
students who serve in the military after graduation. Additionally, Health Resources and Services Administration (HRSA) has opportunities for loan repayment, scholarships and grants for registered nurses.

7.3 Underrepresented Students
The UC Davis schools of health have a long history of successfully recruiting and admitting students from underrepresented groups. This year, students from underrepresented groups (Hispanic, Native American, or African-American) comprise over 30% of students entering the School of Nursing’s PhD, MS, and MHS degree programs. The School of Nursing will continue many of the strategies used in the past for both the School of Nursing and the MEPN program including attending professional conferences focusing on diverse populations and career fairs in counties with high populations of underrepresented students. The School’s Outreach Coordinator implemented 25 new outreach opportunities in 2012-13, targeting diverse students: Regional west coast chapters of the American Association of Male Nurses (11), National Black Nurse Association (7), National Association of Hispanic nursing organizations (6), and the UC Davis Pre-Health Conference which targets 5,000 to 7,000 students from diverse backgrounds (1). Consistent with the UC Health System's strategic plan, the Betty Irene Moore School of Nursing will continue to maximize opportunities to reach out to underrepresented communities in the future in traditional manners as well as through our extensive community partnerships.

Staff and faculty from the Betty Irene Moore School of Nursing and the Graduate Group in Nursing Science and Health-care Leadership will work very closely with staff in Financial Aid to describe financial aid opportunities to prospective, admitted and enrolled students. The marketing will be via the web site, collateral material, the listserv, the Health System Financial Aid office, sessions during interview days, and one-on-one conversations with admitted and enrolled students.

7.4 Additional Financial Aid Programs
- The Robert Wood Johnson Foundation [New Careers in Nursing](#), a scholarship program to help alleviate the nursing shortage and increase the diversity of nursing professionals. Through grants to schools of nursing, the program provides scholarships to college graduates without nursing degrees who are enrolled in accelerated baccalaureate and master's degree nursing programs.
- [Scholarships for Disadvantaged Students](#) provides scholarships for full-time, financially needy students from disadvantaged backgrounds who are enrolled in health professions programs, including undergraduate and graduate nursing education programs. Participating schools select scholarship recipients, make reasonable determinations of
need, and provide scholarships that do not exceed the cost of tuition, reasonable educational expenses and reasonable living expenses.\textsuperscript{25}

- **NURSE Corps Loan Repayment Program** helps alleviate the shortage of nurses across the country by offering loan repayment assistance to registered nurses and advance practice nurses, such as nurse practitioners, working at Critical Shortage facilities and nurse faculty employed at accredited schools of nursing. Program participants receive up to 60 percent of their qualifying student loans in exchange for a 2-year service commitment – and an additional 25 percent of their original loan balance for an optional third year.

- **NURSE Corps Scholarship Program** helps students complete their nursing education by paying tuition, fees, other education costs, while providing a monthly living stipend. The program is open to full-time nursing students accepted or enrolled in diploma, associate, baccalaureate or graduate nursing programs at accredited schools located in the U.S. Upon graduation, scholarship program members fulfill a service commitment at a Critical Shortage Facility.\textsuperscript{26}

- The **Nursing Student Loan Program** provides long-term, low-interest rate loans to full-time and half-time financially needy students pursuing a course of study leading to a diploma, associate, baccalaureate or graduate degree in nursing. Participating schools are responsible for selecting loan recipients and for determining the amount of assistance a student requires.

**Section 8. Governance**

The MEPN program will be administered by the Graduate Group in Nursing Science and Health-Care Leadership. The NSHL Graduate Group consists of faculty members of the School of Nursing and faculty members representing a wide array of academic disciplines such as Medicine, Statistics, Psychology, Sociology, Public Health, Nutrition, Health Informatics and others. The graduate group functions as a mechanism for curricular structure in educating and mentoring students, and fosters interactions and collaborations among faculty. Bylaws of the group in NSHL are included as attachments.

**Section 9. Changes in Senate Regulations**

The degree title of Master of Science in Nursing (MSN), though established at University of California (UCLA), is new to the UC Davis campus. The Assembly of the Academic Senate must approve use of the MSN degree title at UC Davis and add it to the Standing Orders of the Regents, SOR 110.1.

\textsuperscript{25} Health Resources and Services Administration. Scholarships for Disadvantaged Students http://bhpr.hrsa.gov/dsa/sds.htm> and <http://bhpr.hrsa.gov/dsa/fsag/PDFs/3sdnscom.pdf

APPENDICES

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APPENDIX A – Campus and UC Letters of Support
UC Letters of Support

Ralph J. Hexter
Provost and Executive Vice Chancellor
University of California, Davis

MacKenzie Smith
University Librarian,
University of California, Davis

Aaron E. Bair
Professor and Director
Center for Virtual Care, Center for Health and Technology
University of California, Davis

Ann Madden Rice
Chief Executive Officer
UC Davis Medical Center

Carol Robinson
Chief Patient Care Services Officer
UC Davis Medical Center

David Vlahov
Dean and Professor of Nursing Education
UC San Francisco

Stephen M. Shortell
Professor and Dean (former)
School of Public Health
UC Berkeley

Courtney H. Lyder
Professor and Dean
School of Nursing
UCLA

Ellen Olshansky
Professor and Director
Program in Nursing Science
UC Irvine
Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X Street, Suite 4202
Sacramento, CA 95817

Dear Heather:

I am writing to express my support of a Master’s Entry Program in Nursing at the UC Davis Betty Irene Moore School of Nursing. This entry-level nursing program will complement the University’s Vision of Excellence and its role as a public university, providing a new educational pathway for California’s broad population of health sciences students, responding to the health care needs of the state’s diverse population, and disseminating new knowledge, innovations and developments in the delivery of health care throughout the Greater Sacramento Region and beyond.

In today’s context of a severe nursing workforce shortage in California and changing health-care systems, the need for university-educated nurses is unprecedented. By expanding educational options for baccalaureate prepared pre-nursing students, the Master’s Entry Program in Nursing will be a valuable resource in creating new nurse-leaders and positioning them for the profession’s dynamic future. Building on the University’s existing strengths in biological, social, and information sciences, UC Davis will provide the interprofessional and research base to give new nurses the critical thinking skills, scholarly values, and leadership qualities that are crucial to the current health-care environment. Graduates of the program will be uniquely prepared for leadership roles in health-care facilities as well as for the pursuit of advanced degrees in clinical specialties, nursing science, and health-care research.

I look forward to following the development of this important program.

Sincerely,

Ralph J. Hexter
Provost and Executive Vice Chancellor
Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X St., Suite 4202
Sacramento, CA 95817

April 19, 2013

Dear Heather,

I am writing to confirm our support of the establishment the Master’s Entry Program in Nursing at the UC Davis Betty Irene Moore School of Nursing. The UC Davis University Library has developed strong collections in health sciences and related areas (e.g., public health, social sciences, statistics, basic sciences, education) that will serve the proposed clinical nursing program.

The Health Sciences Libraries collections, comprised of over 380,000 volumes and 900 serials, is housed in two locations, the Carlson Health Sciences Library (HSL) in Davis and the Blaisdell Medical Library (BML) in Sacramento. Located in the Sacramento Medical Center campus Education Building, the Blaisdell Medical Library serves faculty, staff and students affiliated with the School of Medicine and UCD Health System (UCDHS) and supports the School of Nursing’s curricula. In addition to the traditional print books and journals, the Library provides access to over 39,000 electronic full-text journals covering all disciplines and to over 400 electronic databases, such as CINAHL (Cumulative Index of Nursing and Allied Health Literature), MEDLINE, Embase, and ERIC (Education Resources Information Center). In addition to providing remote access (e.g. access from home, office, or lab) to resources, the library also obtains materials held in the UC system or nationwide through its interlibrary loan services. Librarians are also available to provide assistance with literature reviews, the use of citation management software, such as EndNote, and other library services. Lastly, a librarian has been designated as the primary liaison to the School of Nursing to ensure that library services are designed to support the school’s curricula and research agenda.

The UC Davis librarians look forward to providing excellent collections and services to students of the proposed Master’s Entry Program in Nursing.

Sincerely,

MacKenzie Smith
University Librarian, University of California, Davis
June 10, 2013

Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X St., Suite 4202
Sacramento, CA 95817

Dear Dr. Young:

We are writing to confirm our support for the establishment of a new prelicensure nursing education program at the Betty Irene Moore School of Nursing. As partners across the UC Davis Health System, we share a commitment to increase the availability of efficient delivery of high quality health care through technological innovations.

Technology is transforming the practice of medicine and changing the way health-care professionals are being trained. The Master’s Entry Program in Nursing at UC Davis will introduce student nurses to an unprecedented array of sophisticated technology-based teaching aides and interventions that will improve access to care, patient safety, and quality of health outcomes. The new Center for Health and Technology building brings together under one roof simulation education, telehealth, media production and broadcast capabilities. This 52,141 gross square foot four-story building annexed to the existing Education building provides over $11M in the latest technology. The facility design provides an interprofessional learning environment that fosters the hands-on experience necessary to translate into practice-technology-enabled health.

The creation of this Master’s Entry Program in Nursing is very important for UC Davis. We are extremely committed to interprofessional programs and education as a key vision for the future and we look forward to meaningful collaborations that will advance health care.

Sincerely,

[Signature]

Aaron E. Bair, MD, MSc, FAAEM, FACEP
Associate Professor, Emergency Medicine
Medical Director, Center for Virtual Care
Medical Director, Center for Health and Technology
UC Davis Health System
April 09, 2013

Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing
Dean and Professor
Betty Irene Moore School of Nursing at UC Davis
4610 X Street, Suite 4202
Sacramento, CA 95817

Dear Dr. Young:

The UC Davis Medical Center supports the establishment of a Master’s Entry Program in Nursing at the UC Davis Betty Irene Moore School of Nursing. By increasing access to innovative university level nursing education, the program aligns with the goals of the 2011-2016 Strategic Plan as well as our work toward Magnet Hospital designation, providing a valuable resource for the health-care community and professional nursing.

New registered nurses are desperately needed in the greater Sacramento region to support evidence-based practice in complex health-care systems serving our culturally diverse population. An entry-level master’s program at UC Davis will provide the science and research base to give graduates the critical thinking skills, scholarly values, and leadership qualities that are crucial to the current health-care environment. Graduates of this program will be uniquely prepared for roles in health-care facilities as unit supervisors, case managers, and staff nurses, as well as pursuing advanced degrees in clinical specialities, nursing science, and health-care research.

We look forward to future collaborations as this program develops.

Sincerely,

Ann Madden Rice
Chief Executive Officer
UC Davis Medical Center

Carol Robinson, R.N., M.P.A., F.A.A.N.
Chief Patient Care Services Officer
Patient Care Services
UC Davis Medical Center
April 15, 2013

Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X St., Suite 4202
Sacramento, CA 95817

Dear Heather:

I am writing to confirm our support of the establishment of a Master’s Entry Program in Nursing at the UC Davis Betty Irene Moore School of Nursing. As partners across the UC system we share a commitment to increasing the number of baccalaureate and master’s prepared Registered Nurses for California. In today’s context of changing health care systems and a well-documented, severe nursing workforce shortage in California, the need for Registered Nurses is unprecedented. By expanding educational options for individuals who have previously earned a baccalaureate in another field of study, to enter the profession of nursing through an entry-level master’s program at UC Davis, will serve as valuable resource toward increasing the number of Registered Nurses in California and positioning the state’s new nurses for the future.

While nursing education must prepare expert practitioners, schools also have the responsibility to produce nursing professionals who can participate as full partners in health care delivery. An entry-level master’s program at UC Davis will provide the interprofessional science and research base to give new nurses the critical thinking skills, scholarly values, and leadership qualities that are crucial to the current and ever-changing health-care environment. Graduates of this program will be uniquely prepared for roles in health-care facilities as unit supervisors, case managers, and staff nurses, as well as pursuing advanced roles in primary care; and degrees nursing science and health-care research.

We would be very pleased to serve on the program’s Community Advisory Committee should one be established. We look forward to seeing this much-needed program become a reality.

Sincerely,

David Vlahov, PhD, RN, FAAN
Dean and Professor of Nursing Education
April 15, 2013

Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X Street, Suite 4202
Sacramento, California 95817

Dear Heather:

I am writing to indicate our support for the Master’s Entry Program in Nursing at the UC Davis Betty Irene Moore School of Nursing. As partners across the UC system we share a commitment to improve essential health services in California. In today’s context of changing health care delivery, the need for university educated nurses is critical. By expanding educational options for baccalaureate prepared pre-nursing students, the entry-level master’s program will be a much needed resource for meeting the health care needs of all Californians.

We would be very pleased to serve on the program’s Community Advisory Committee should one be established. We look forward to seeing this much-needed program become a reality.

Sincerely,

Steve

Stephen M. Shortell, Ph.D., M.P.H., M.B.A.
Blue Cross of California
Distinguished Professor of Health Policy and Management
Dean, School of Public Health
April 10th, 2013

Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X St., Suite 4202
Sacramento, CA 95817

Dear Heather:

This letter is written in support of the establishment the Master's Entry Program in Nursing at the UC Davis Betty Irene Moore School of Nursing. As members of the UC system we seek to obtain the goal of increasing the number of nurses in California with advanced and graduate degrees. The nursing workforce shortage in California, along with constantly changing healthcare systems, has created an unprecedented need for college educated nurses. The entry-level master's program expands current educational options for baccalaureate prepared pre-nursing students and will be a valuable resource towards achieving these ends.

In addition to nursing education preparing expert practitioners, schools must produce nursing professionals who are able to participate as full partners in health care delivery. An entry-level master's program at UC Davis will provide the interprofessional science and research base to educate new nurses with the critical thinking skills, scholarly values, and leadership qualities that are crucial to the current healthcare environment. Graduates of this program will be uniquely prepared for roles in healthcare facilities as unit supervisors, case managers, and staff nurses, as well as pursuing advanced degrees in clinical specialties, nursing science, and healthcare research.

We would be very pleased to serve on the program's Community Advisory Committee should one be established. We look forward to seeing this much-needed program become a reality.

Sincerely,

Courtney H. Lyder, ND, ScD(H), FAAN
Dean and Assistant Director, UCLA Health System
Professor of Nursing, Geriatric Medicine & Public Health
Executive Director, UCLA Health System Patient Safety Institute
University of California, Los Angeles School of Nursing
May 9, 2013

Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X St., Suite 4202
Sacramento, CA 95817

Dear Dean Young:

I am writing to enthusiastically support your proposed Master’s Entry Program in Nursing at the UC Davis Betty Irene Moore School of Nursing. This program is an exciting complement to our mission. As partners across the UC system we share a commitment to increasing the number of university educated nurses in California. A severe nursing workforce shortage in California and changing health care systems, requires more university educated nurses. The entry-level master’s program will be a valuable resource for increasing the number of nurse leaders within the nursing workforce.

Nursing schools must prepare their students to be expert practitioners and nursing professionals who can participate as full partners in health care delivery. Nursing is an interdisciplinary and collaborative profession, and an entry-level master’s program at UC Davis will provide the interprofessional science and research base to give new nurses the critical thinking skills, scholarly values, and leadership qualities that are crucial to the current health-care environment. Graduates of this program will be uniquely prepared for roles in health-care facilities as unit supervisors, case managers, and staff nurses, as well as pursuing advanced degrees in clinical specialties, nursing science, and health-care research.

We fully support the development of this program and look forward to seeing this much-needed program become a reality.

Sincerely,

Ellen Olshansky, PhD, RN, WHNP-BC, FAAN
Professor and Director
Program in Nursing Science
UC Irvine
APPENDIX B – Budget
## Self-Supporting Degree Program Review - Program Budget

<table>
<thead>
<tr>
<th>Year: 2015/16</th>
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### Program: Masters Entry Program in Nursing

### College: School of Nursing

### Program Type: Healthcare Professional

#### Revenue 2015-16

<table>
<thead>
<tr>
<th>Year</th>
<th>2016-17</th>
<th>2017-18</th>
<th>2018-19</th>
<th>2019-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Fee Revenue Generated Annually (Provide fee detail below)</td>
<td>$1,440,000</td>
<td>$2,217,600</td>
<td>$2,825,472</td>
<td>$4,277,944</td>
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<tr>
<td>2. Program Fee</td>
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<td>$2,196,420.47</td>
<td>$2,800,762.55</td>
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<td>3. Student Service Access Fee, Level 2</td>
<td>$10,590</td>
<td>$21,180</td>
<td>$24,709</td>
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<td>4. Access to Student Services Level I Fees (Information only)</td>
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<td></td>
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<tr>
<td>5. Access to Student Services Level II Fees (Information only)</td>
<td>$441</td>
<td>$441</td>
<td>$441</td>
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<td>6. Access to Student Services Level III Fees (Information only)</td>
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<td></td>
<td></td>
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<tr>
<td>7. Total Other Funds Available Annually</td>
<td>$1,000,212</td>
<td>$637,544</td>
<td>$330,836</td>
<td>$0</td>
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<td>8. Other Non-Fee Program Funds (Specify OP Fund # _______) (1)</td>
<td>$1,000,212</td>
<td>$637,544</td>
<td>$330,836</td>
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<tr>
<td>9. Other Non-Fee Program Funds (Specify OP Fund # _______)</td>
<td></td>
<td></td>
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<tr>
<td>10. TOTAL PROGRAM REVENUE</td>
<td>$2,440,212</td>
<td>$2,855,144</td>
<td>$3,156,308</td>
<td>$4,277,944</td>
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#### Costs 2014-15

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<tr>
<th>Year</th>
<th>2015-16 Estimated</th>
<th>2016-17 Estimated</th>
<th>2017-18 Estimated</th>
<th>2018-19 Estimated</th>
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<td>11. A. Program Direct Costs</td>
<td></td>
<td></td>
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<tr>
<td>12. Total Faculty Salaries (from Regents Table 4 submission)</td>
<td>$956,579</td>
<td>$985,276</td>
<td>$1,095,871</td>
<td>$1,358,283</td>
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<tr>
<td>13. Total Staff Salaries</td>
<td>$202,333</td>
<td>$209,264</td>
<td>$152,124</td>
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<td>14. Faculty Benefits</td>
<td>$343,071</td>
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<td>15. Staff Benefits</td>
<td>$110,206</td>
<td>$118,653</td>
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<td>16. Clinical Specialty Instruction</td>
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<td>17. Faculty Research</td>
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<td>$116,400</td>
<td>$134,400</td>
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<td>18. General Assistance</td>
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### Master’s Entry Program in Nursing – Budget as of 02/28/2014

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</tr>
<tr>
<td>20</td>
<td>Equipment</td>
<td>$25,000</td>
<td>$25,750</td>
<td>$26,523</td>
<td>$27,318</td>
</tr>
<tr>
<td>21</td>
<td>Travel &amp; Entertainment</td>
<td>$30,000</td>
<td>$30,900</td>
<td>$31,827</td>
<td>$32,782</td>
</tr>
<tr>
<td>22</td>
<td>Facility Cost (Lease, facility contract, etc.) (^2)</td>
<td>$178,231</td>
<td>$182,241</td>
<td>$186,342</td>
<td>$190,535</td>
</tr>
<tr>
<td>23</td>
<td>Financial Aid</td>
<td>$288,000</td>
<td>$443,520</td>
<td>$565,094</td>
<td>$855,589</td>
</tr>
<tr>
<td>24</td>
<td>Other Expenses, Accreditation, Licensing Test Fees</td>
<td>$50,000</td>
<td>$50,900</td>
<td>$57,809</td>
<td>$70,127</td>
</tr>
<tr>
<td>25</td>
<td>Programmatic Reserve Deposit</td>
<td></td>
<td>$33,575</td>
<td>$367,257</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>TOTAL DIRECT COSTS</td>
<td>$2,375,820</td>
<td>$2,689,333</td>
<td>$2,954,524</td>
<td>$3,982,565</td>
</tr>
</tbody>
</table>

**B. Revenue Transferred to Other Units**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
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<tr>
<td>27</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Student Services Fee revenue transfer to campus</td>
<td>$5,658</td>
<td>$11,316</td>
<td>$13,201</td>
<td>$18,859</td>
</tr>
<tr>
<td>29</td>
<td>Library use payments</td>
<td>$900</td>
<td>$1,800</td>
<td>$2,100</td>
<td>$3,000</td>
</tr>
<tr>
<td>30</td>
<td>Campus-Based Fee revenue transfers</td>
<td>$4,032</td>
<td>$8,064</td>
<td>$9,408</td>
<td>$13,440</td>
</tr>
<tr>
<td>31</td>
<td>Health Insurance Payments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>DCA (please list)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>DCA (please list)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>TOTAL SCHOOL PAYMENTS TO OTHER CAMPUS ENTITIES</td>
<td>$10,590</td>
<td>$21,180</td>
<td>$24,709</td>
<td>$35,299</td>
</tr>
</tbody>
</table>

**C. Indirect Costs and Assessments**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>35</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Indirect Charges paid by Program to School/Administrative Unit (^2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>UCOP Assessment</td>
<td>$32,361</td>
<td>$34,810.10</td>
<td>$37,036</td>
<td>$47,947.72</td>
</tr>
<tr>
<td>38</td>
<td>Campus Assessment paid by Program to Campus</td>
<td>$21,441</td>
<td>$109,821</td>
<td>$140,038</td>
<td>$212,132</td>
</tr>
<tr>
<td>39</td>
<td>TOTAL ASSESSMENTS</td>
<td>$53,802</td>
<td>$144,631</td>
<td>$177,074</td>
<td>$260,080</td>
</tr>
<tr>
<td>40</td>
<td>TOTAL PROGRAM COST</td>
<td>$2,440,212</td>
<td>$2,855,144</td>
<td>$3,156,308</td>
<td>$4,277,944</td>
</tr>
<tr>
<td>41</td>
<td>SURPLUS (DEFICIT)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

---

1. The GBMF grant will support the funding shortfalls of this program in the initial years.
2. This is 30% of SON O&M facilities expense, which is the pro rata share of this expenses based on the number of students in the various SON programs.
3. The GBMF grant will support the SON infrastructure during the initial years. No state funds will be used to support indirect costs of this program.
**ASSUMPTIONS**

Master’s Entry Program in Nursing, UC Davis

<table>
<thead>
<tr>
<th>Tuition</th>
<th>The MEPN program will be a Self-supporting Degree Program, with tuition set at $90,000 per student in 2015/16 for the full 6 quarter program ($15,000 per quarter), and will not increase during the course of the program. The tuition will increase 4% annually, with the increase charged to just the new cohort each year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Support</td>
<td>Return to aid will be 20% of tuition.</td>
</tr>
<tr>
<td>Number of students</td>
<td>There will be 24 students admitted in years 1 and 2, 32 in year 3, and 48 in years 4 – 10 for Scenario 1, and 32 students in years 1 – 3 and 48 students in years 4 – 10 for Scenario 2.</td>
</tr>
<tr>
<td>Number of Faculty</td>
<td>Director</td>
</tr>
<tr>
<td>Research</td>
<td>1.2</td>
</tr>
<tr>
<td>Clinical</td>
<td>4.8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>7.0</td>
</tr>
<tr>
<td>In year 5 the faculty reaches a steady state, and the faculty remain at 10.6 through year 10. Because faculty are shared with other SON programs, the numbers show the portions of faculty assigned to the MEPN program.</td>
<td></td>
</tr>
<tr>
<td>Faculty Salaries</td>
<td>Average faculty salaries are $130,000 for research faculty, $120,000 for clinical faculty in 2013/14; salaries increase at 3% annually.</td>
</tr>
<tr>
<td>Professional &amp; Administrative Staff Salaries</td>
<td>Staff includes 1 Program Representative, .5 Financial Aid Assistant, 1 Clinical Placement/Outreach Coordinator, 1 Education Tech Specialist (for the first two years only); salaries increase at 3% annually.</td>
</tr>
<tr>
<td>Benefits</td>
<td>Benefit rates for 2015/16 are research faculty, 33.3%, clinical faculty 40.4%, staff 54.2%; these increase in 2016/17 to 35.5%, 42.5%, 56.7% respectively and hold at that rate going forward.</td>
</tr>
<tr>
<td>Faculty Recruitment</td>
<td>Recruitment costs are $10,000 per faculty.</td>
</tr>
<tr>
<td>Faculty Investment</td>
<td>Research faculty receive an average of $200,000 including removal expenses, partner support, and start-up funds; clinical faculty receive an average of $25,000. Annual faculty support is $2,000 per research faculty and $5,000 per clinical faculty.</td>
</tr>
<tr>
<td>Clinical Instruction</td>
<td>39 units per year of specialty clinical instruction for 24 students;</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Program Director expenses</td>
<td>$30,000 annually escalated at 3% annually.</td>
</tr>
<tr>
<td>Accreditation &amp; Membership</td>
<td>$10,000 annually escalated at 3% annually.</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>Office supplies of $20,000 annually, increasing 3% annually.</td>
</tr>
<tr>
<td>Laboratory Supplies</td>
<td>$300 per student.</td>
</tr>
<tr>
<td>Instructional equipment</td>
<td>Equipment required up front for the skills laboratory is $500,000; ongoing annual expenses are $25,000 annually. With move to new location in 2018, additional equipment costing $200,000 will be required.</td>
</tr>
<tr>
<td>Computing equipment</td>
<td>$45,000 up front investment in server and computers; annual expenses of approximately $15,000.</td>
</tr>
<tr>
<td>Office equipment &amp; furnishings</td>
<td>Upfront investments of $40,000 will be required for office equipment, including copiers and office furnishings. In 2018, and additional investment of $25,000 will be required as the program moves to new space.</td>
</tr>
<tr>
<td>Other Operating Expenses</td>
<td>This includes telephones, mail, travel, software, etc.</td>
</tr>
<tr>
<td>Access to Student Services</td>
<td>$441.24 annually per student.</td>
</tr>
<tr>
<td>Level II fees paid to Campus</td>
<td>Administrative fees paid to campus are 5% of tuition.</td>
</tr>
<tr>
<td>Administrative fees paid to</td>
<td>Administrative fees paid to Office of the President are 1.54% of expenses.</td>
</tr>
<tr>
<td>Office of the President</td>
<td></td>
</tr>
<tr>
<td>Funding</td>
<td>Expenses not covered by tuition revenue will be funded by a grant from the Gordon and Betty Irene Moore Foundation and other philanthropic sources.</td>
</tr>
</tbody>
</table>
APPENDIX C – Commission on Collegiate Nursing Education (CCNE) Standards for Accreditation
Standards for Accreditation of

BACCALAUREATE AND GRADUATE DEGREE NURSING PROGRAMS

Amended April 2009
STANDARD I
Program Quality: Mission and Governance

The mission, goals, and expected aggregate student and faculty outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program’s mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

Key Elements

I-A. The mission, goals, and expected student outcomes are congruent with those of the parent institution and consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Elaboration: The program’s mission statement, goals, and expected student outcomes are written and accessible to current and prospective students. A mission statement may relate to all nursing programs offered by the nursing unit or specific programs may have separate mission statements. Program goals are clearly differentiated by level when multiple degree programs exist. Expected student outcomes are clear and may be expressed as competencies, objectives, benchmarks, or other language congruent with institutional and program norms.

The program identifies the professional nursing standards and guidelines it uses, including those required by CCNE and any additional program-selected guidelines. A program preparing students for specialty certification incorporates professional standards and guidelines appropriate to the specialty area. A program may select additional standards and guidelines (e.g., state regulatory requirements), as appropriate. Compliance with required and program-selected professional nursing standards and guidelines is clearly evident in the program.

I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:

- professional nursing standards and guidelines; and
- the needs and expectations of the community of interest.

Elaboration: There is a defined process for periodic review and revision of program mission, goals, and expected student outcomes. The review process has been implemented and resultant action reflects professional nursing standards and guidelines. The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are reflected in the mission, goals, and expected student outcomes. Input from the community of interest is used to
foster **program improvement**. The program afforded the **community of interest** the opportunity to submit third-party comments to CCNE, in accordance with accreditation procedures.

**I-C.** Expected faculty **outcomes** in teaching, scholarship, service, and practice are congruent with the **mission**, **goals**, and **expected student outcomes**.

*Elaboration:* Expected faculty **outcomes** are clearly identified by the **nursing unit**, are written, and are communicated to the faculty. Expected faculty **outcomes** are congruent with those of the **parent institution**.

**I-D.** Faculty and students participate in program governance.

*Elaboration:* Roles of the faculty and students in the governance of the program, including those involved in **distance education**, are clearly defined and promote participation.

**I-E.** Documents and publications are accurate. References to the program’s offerings, **outcomes**, accreditation/approval status, academic calendar, recruitment and admission policies, transfer of credit policies, grading policies, degree completion requirements, tuition, and fees are accurate.

*Elaboration:* A process is used to notify constituents about changes in documents and publications. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate.

**I-F.** **Academic policies** of the **parent institution** and the **nursing program** are congruent. These policies support achievement of the **mission**, **goals**, and **expected student outcomes**. These policies are fair, equitable, and published and are reviewed and revised as necessary to foster **program improvement**. These policies include, but are not limited to, those related to student recruitment, admission, retention, and progression.

*Elaboration:* Nursing faculty are involved in the development, review, and revision of academic program policies. Differences between the **nursing program** policies and those of the **parent institution** are identified and are in support of achievement of the program’s **mission**, **goals**, and expected student **outcomes**. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. There is a defined process by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.

**I-G.** There are established policies by which the **nursing unit** defines and reviews **formal complaints**.

*Elaboration:* The program’s definition of a **formal complaint** and the procedure for filing a complaint are communicated to relevant constituencies. The program follows its established policies/procedures for **formal complaints**.
Supporting Documentation for Standard I.

1. **Mission, goals, and expected student and faculty outcomes.**
2. Copies of all **professional nursing standards and guidelines** used by the program. CCNE requires the following **professional nursing standards and guidelines**:
   - **Baccalaureate programs**: *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).
   - **All master’s programs**: Graduate Core Curriculum Content from *The Essentials of Master’s Education for Advanced Practice Nursing* (AACN, 1996).
   - **Master’s programs with an advanced practice focus**: Graduate Core and Advanced Practice Core of *The Essentials of Master’s Education for Advanced Practice Nursing* (AACN, 1996).
   - **DNP programs**: *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006).
   - **Graduate programs preparing nurse practitioners**: *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).
   - **Post-baccalaureate entry programs**: *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and other relevant standards based on the degree outcome (e.g., *The Essentials of Master’s Education for Advanced Practice Nursing* for master’s programs, *Criteria for Evaluation of Nurse Practitioner Programs* for nurse practitioner programs, and *The Essentials of Doctoral Education for Advanced Nursing Practice* for DNP programs).
   - **All programs**: Any additional relevant **professional nursing standards and guidelines** used by the program.
3. Appointment, promotion, and tenure policies or other documents defining faculty expectations.
4. Major institutional and **nursing unit** reports and records for the past 3 years, such as strategic planning documents and annual reports.
5. Documentation that the program has afforded the **community of interest** the opportunity to submit written third-party comments to CCNE, in accordance with accreditation procedures.
6. Reports submitted to and official correspondence received from applicable accrediting and regulatory agencies since the last accreditation review of the **nursing program**.
7. Catalogs, student handbooks, faculty handbooks, personnel manuals, or equivalent information, including, among other things, academic calendar, recruitment and admission policies, grading policies, and degree completion requirements.
8. A copy of the institution’s policies on transfer of credit, including the criteria used to determine whether credit will be awarded and evidence that the policies are publicly disclosed.
9. If applicable, a description of the processes through which the institution verifies that the student who registers in a **distance education** course is the same student who participates in and completes the course and receives academic credit.
10. Program advertising and promotional materials directed at prospective students.
11. Documents that reflect decision-making (e.g., minutes, memoranda, reports).
12. Program policies related to **formal complaints**.
STANDARD II

Program Quality: Institutional Commitment and Resources

The parent institution demonstrates ongoing commitment and support for the nursing program. The institution makes available resources to enable the program to achieve its mission, goals, and expected aggregate student and faculty outcomes. The faculty, as a resource of the program, enables the achievement of the mission, goals, and expected aggregate student outcomes.

Key Elements

II-A. Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed.

*Elaboration:* The budget enables achievement of the program’s mission, goals, and expected student and faculty outcomes. The budget also supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of qualified faculty and staff. Physical space is sufficient and configured in ways that enable the program to achieve its mission, goals, and expected student and faculty outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the mission, goals, and expected student and faculty outcomes. There is a defined process for regular review of the adequacy of the program’s fiscal and physical resources. Review of fiscal and physical resources occurs and improvements are made as appropriate.

II-B. Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.

*Elaboration:* Academic support services (e.g., library, technology, distance education support, research support, admission, and advising services) are adequate for students and faculty to meet program requirements and to achieve the mission, goals, and expected student and faculty outcomes. There is a defined process for regular review of the adequacy of the program’s academic support services. Review of academic support services occurs and improvements are made as appropriate.

II-C. The chief nurse administrator:
• is a registered nurse (RN);
• holds a graduate degree in nursing;
• is academically and experientially qualified to accomplish the mission, goals, and expected student and faculty outcomes;
• is vested with the administrative authority to accomplish the mission, goals, and expected student and faculty outcomes; and
• provides effective leadership to the nursing unit in achieving its mission, goals, and expected student and faculty outcomes.

Elaboration: The chief nurse administrator has budgetary, decision-making, and evaluation authority that is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest, to make decisions to accomplish the mission, goals, and expected student and faculty outcomes. The chief nurse administrator is perceived by the communities of interest to be an effective leader of the nursing unit. The program provides a rationale if the chief nurse administrator does not hold a graduate degree in nursing.

II-D. Faculty members are:
• sufficient in number to accomplish the mission, goals, and expected student and faculty outcomes;
• academically prepared for the areas in which they teach; and
• experientially prepared for the areas in which they teach.

Elaboration: The full-time equivalency (FTE) of faculty involved in each program is clearly delineated, and the program provides to CCNE its formula for calculating FTEs. The mix of full-time and part-time faculty is appropriate to achieve the mission, goals, and expected student and faculty outcomes. Faculty-to-student ratios ensure adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree. The program provides a rationale for the use of any faculty who do not have a graduate degree.

Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks have lead faculty who are nationally certified in that specialty.

II-E. When used by the program, preceptors, as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.
Elaboration: The roles of preceptors with respect to teaching, supervision, and student evaluation are clearly defined; congruent with the mission, goals, and expected student outcomes; and congruent with relevant professional nursing standards and guidelines. Preceptors have the expertise to support student achievement of expected learning outcomes. Preceptor performance expectations are clearly communicated to preceptors.

II-F. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role and in support of the mission, goals, and expected student outcomes. For example:

- Faculty have opportunities for ongoing development in pedagogy.
- If research is an expected faculty outcome, the institution provides resources to support faculty research.
- If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence, and institutional support ensures that currency in clinical practice is maintained for faculty in roles which require it.
- If service is an expected faculty outcome, expected service is clearly defined and supported.

Supporting Documentation for Standard II.

1. Nursing unit budget for the current and previous 2 fiscal years.
2. Name, title, educational degrees with area of specialization, certification, relevant work experience, and teaching responsibilities of each faculty member and administrative officer associated with the nursing unit.
3. Curricula vitae of the chief nurse administrator and faculty.
4. Policies regarding preceptor selection and evaluation and documentation of preceptor qualifications.
5. Current collective bargaining agreement, if applicable.
6. Policies regarding workload or teaching assignments, if applicable.
7. Documents that reflect decision-making (e.g., minutes, memoranda, reports).
STANDARD III
Program Quality: Curriculum and Teaching-Learning Practices

The curriculum is developed in accordance with the mission, goals, and expected aggregate student outcomes and reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected individual student learning outcomes and expected aggregate student outcomes. The environment for teaching-learning fosters achievement of expected individual student learning outcomes.

Key Elements

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected individual student learning outcomes that are congruent with the program’s mission, goals, and expected aggregate student outcomes.

Elaboration: Curricular objectives (course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected individual student learning outcomes. Expected individual student learning outcomes contribute to achievement of the mission, goals, and expected aggregate student outcomes.

III-B. Expected individual student learning outcomes are consistent with the roles for which the program is preparing its graduates. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum, expected individual student learning outcomes, and expected aggregate student outcomes.

- Baccalaureate program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008).
- Master’s program curricula incorporate professional standards and guidelines as appropriate.
  a. All master’s programs incorporate the Graduate Core Curriculum of The Essentials of Master’s Education for Advanced Practice Nursing (AACN, 1996) and additional relevant professional standards and guidelines as identified by the program.
  b. All master’s-level advanced practice nursing programs incorporate the Advanced Practice Nursing Core Curriculum of The Essentials of Master’s Education for Advanced Practice Nursing (AACN, 1996). In addition, nurse practitioner programs incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2008).
- Graduate-entry program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) and appropriate graduate program standards and guidelines.
• DNP program curricula incorporate professional standards and guidelines as appropriate.
  a. All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and incorporate additional relevant professional standards and guidelines as identified by the program.
  b. All DNP programs that prepare nurse practitioners also incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).

*Elaboration:* Each degree program and specialty area incorporates professional nursing standards and guidelines relevant to that program/area. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum. Advanced practice master’s programs (Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) and DNP programs with a direct care focus incorporate separate graduate level courses in health/physical assessment, physiology/pathophysiology, and pharmacology. Additional content in these areas may be integrated as needed into specialty courses. Separate courses in physical assessment, physiology/pathophysiology, and pharmacology are not required by CCNE for students enrolled in post-master’s DNP programs who hold current national certification as advanced practice nurses, unless the program has deemed this necessary.

III-C. The curriculum is logically structured to achieve expected individual and aggregate student outcomes.

• The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities.
• Master’s curricula build on a foundation comparable to baccalaureate level nursing knowledge.
• DNP curricula build on a baccalaureate and/or master’s foundation, depending on the level of entry of the student.

*Elaboration:* Baccalaureate program faculty and students articulate how knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Post-baccalaureate entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) as well as advanced course work.

Graduate curricula are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Accelerated programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate level knowledge and competencies delineated in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree. DNP programs, whether post-baccalaureate or post-master’s, demonstrate...
how students acquire doctoral-level competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). The program provides a rationale for the sequence of the curriculum for each program.

III-D. Teaching-learning practices and environments support the achievement of expected individual student learning outcomes and aggregate student outcomes.

Elaboration: Teaching-learning practices and environments (classroom, clinical, laboratory, simulation, distance education) support achievement of expected individual student learning outcomes identified in course, unit, and/or level objectives.

III-E. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.

Elaboration: Teaching-learning practices are appropriate to the student population and build on prior learning. Teaching-learning practices consider the needs of the program-identified community of interest (e.g., use of distance technology, simulation, adult learner needs, second language students).

III-F. Individual student performance is evaluated by the faculty and reflects achievement of expected individual student learning outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.

Elaboration: Evaluation of student performance is consistent with expected individual student learning outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. There are processes by which the evaluation of individual student performance is communicated to students. Student performance is evaluated by faculty. In instances where preceptors facilitate students’ clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student learning outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students, including those enrolled in post-master’s DNP programs. CCNE recognizes that faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

III-G. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.

Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of individual student learning outcomes. Such evaluation activities may be formal or informal, formative or summative. Curriculum is regularly evaluated by faculty and other communities of interest as appropriate. Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement.
Supporting Documentation for Standard III.

1. Course syllabi.
2. Examples of student work.
4. Current affiliation agreements with institutions at which student instruction occurs.
5. Student and faculty evaluations of clinical sites.
6. Course/faculty evaluations.
7. Documents that reflect decision-making (e.g., minutes, memoranda, reports).
STANDARD IV

Program Effectiveness: Aggregate Student and Faculty Outcomes

The program is effective in fulfilling its mission, goals, and expected aggregate student and faculty outcomes. Actual aggregate student outcomes are consistent with the mission, goals, and expected student outcomes. Actual alumni satisfaction data and the accomplishments of graduates of the program attest to the effectiveness of the program. Actual aggregate faculty outcomes are consistent with the mission, goals, and expected faculty outcomes. Data on program effectiveness are used to foster ongoing program improvement.

Key Elements

IV-A. Surveys and other data sources are used to collect information about student, alumni, and employer satisfaction and demonstrated achievements of graduates. Collected data include, but are not limited to, graduation rates, NCLEX-RN® pass rates, certification examination pass rates, and employment rates, as appropriate.

*Elaboration:* Processes are in place for regular collection of aggregate student outcome data. For entry-level programs, the program indicates whether NCLEX-RN® pass rate data represent first-time takers and/or repeat takers. The program is expected to demonstrate how RN-to-baccalaureate program graduates as well as pre-licensure graduates achieve the expected outcomes of the baccalaureate program. Certification pass rates are obtained and reported for those graduates taking each examination, even when national certification is not required to practice in a particular state. Program evaluation data are collected on a regular basis. For each degree program, the program calculates graduation rates (number of students completing a program divided by number of students entering a program). The program specifies the entry point and the time frame used in the calculation of graduation rates. Individual programs may collect additional aggregate outcome data related to other aspects of their mission, goals, and expected student outcomes (e.g., enrollment in further graduate education).

IV-B. Aggregate student outcome data are analyzed and compared with expected student outcomes.

*Elaboration:* Actual student outcomes data are analyzed in relation to expected student outcomes to identify areas of discrepancies. Discrepancies may indicate areas for program improvement.

IV-C. Aggregate student outcome data provide evidence of the program’s effectiveness in achieving its mission, goals, and expected outcomes.

*Elaboration:* The program reports aggregate data related to its expected outcomes. Reported data include student, alumni, and employer satisfaction; graduation rates; NCLEX-RN® pass rates;
certification examination pass rates; employment rates; as well as data related to other program-identified expected outcomes.

IV-D. **Aggregate student outcome** data are used, as appropriate, to foster ongoing program improvement.

*Elaboration:* The program demonstrates use of aggregate student outcome data for program improvement when actual outcomes are not consistent with expected outcomes. Adjustments to foster ongoing program improvement are deliberate and congruent with the mission, goals, and expected student outcomes.

IV-E. **Aggregate faculty outcomes** are consistent with and contribute to achievement of the program’s mission, goals, and expected student outcomes.

*Elaboration:* Aggregate faculty outcomes reflect the program’s mission, goals, and expected student outcomes. For example, if research is an identified element of the program’s mission, faculty research productivity should be assessed as an expected faculty outcome. If research is not part of the identified mission, it would not be expected as a faculty outcome. Evaluation of faculty outcomes is consistent with the institution’s and program’s definition(s) of faculty role expectations. There is congruence between expectations of the faculty in their roles and evaluation of faculty performance.

IV-F. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.

*Elaboration:* If formal complaints indicate a need for program improvement, there is evidence that action has been taken to address that need.

**Supporting Documentation for Standard IV.**

1. **Aggregate student outcomes** data (not applicable to new programs without graduates), including:
   - Student, alumni, and employer satisfaction for each program
   - Graduation rates for each program
   - NCLEX-RN® pass rates
   - Certification examination pass rates by specialty
   - Employment rates for each program
   - Other aggregate data, as appropriate
2. Summary of aggregate faculty outcomes for the past 3 years with an analysis of aggregate faculty outcomes’ relationship to expected outcomes.
3. Record of formal complaints, if any, for the past 3 years, and any action(s) taken to foster program improvement.
4. Documents that reflect decision-making (e.g., minutes, memoranda, reports).
5. Examples of use of aggregate data to foster program improvement when indicated.
APPENDIX D – American Associate of Colleges of Nursing (AACN) Essentials of Master’s Education in Nursing
# The Essentials of Master’s Education in Nursing

March 21, 2011

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The Essentials of Master’s Education in Nursing
March 21, 2011

The Essentials of Master’s Education in Nursing reflect the profession’s continuing call for imagination, transformative thinking, and evolutionary change in graduate education. The extraordinary explosion of knowledge, expanding technologies, increasing diversity, and global health challenges produce a dynamic environment for nursing and amplify nursing’s critical contributions to health care. Master’s education prepares nurses for flexible leadership and critical action within complex, changing systems, including health, educational, and organizational systems. Master’s education equips nurses with valuable knowledge and skills to lead change, promote health, and elevate care in various roles and settings. Synergy with these Essentials, current and future healthcare reform legislation, and the action-oriented recommendations of the Initiative on the Future of Nursing (IOM, 2010) highlights the value and transforming potential of the nursing profession.

These Essentials are core for all master’s programs in nursing and provide the necessary curricular elements and framework, regardless of focus, major, or intended practice setting. These Essentials delineate the outcomes expected of all graduates of master’s nursing programs. These Essentials are not prescriptive directives on the design of programs. Consistent with the Baccalaureate and Doctorate of Nursing Practice Essentials, this document does not address preparation for specific roles, which may change and emerge over time. These Essentials also provide guidance for master’s programs during a time when preparation for specialty advanced nursing practice is transitioning to the doctoral level.

Master’s education remains a critical component of the nursing education trajectory to prepare nurses who can address the gaps resulting from growing healthcare needs. Nurses who obtain the competencies outlined in these Essentials have significant value for current and emerging roles in healthcare delivery and design through advanced nursing knowledge and higher level leadership skills for improving health outcomes. For some nurses, master’s education equips them with a fulfilling lifetime expression of their mastery area. For others, this core is a graduate foundation for doctoral education. Each preparation is valued.

Introduction

The dynamic nature of the healthcare delivery system underscores the need for the nursing profession to look to the future and anticipate the healthcare needs for which nurses must be prepared to address. The complexities of health and nursing care today make expanded nursing knowledge a necessity in contemporary care settings. The transformation of health care and nursing practice requires a new conceptualization of master’s education. Master’s education must prepare the graduate to:

- Lead change to improve quality outcomes,
• Advance a culture of excellence through lifelong learning,
• Build and lead collaborative interprofessional care teams,
• Navigate and integrate care services across the healthcare system,
• Design innovative nursing practices, and
• Translate evidence into practice.

Graduates of master’s degree programs in nursing are prepared with broad knowledge and practice expertise that builds and expands on baccalaureate or entry-level nursing practice. This preparation provides graduates with a fuller understanding of the discipline of nursing in order to engage in higher level practice and leadership in a variety of settings and commit to lifelong learning. For those nurses seeking a terminal degree, the highest level of preparation within the discipline, the new conceptualization for master’s education will allow for seamless movement into a research or practice-focused doctoral program (AACN, 2006, 2010).

The nine Essentials addressed in this document delineate the knowledge and skills that all nurses prepared in master’s nursing programs acquire. These Essentials guide the preparation of graduates for diverse areas of practice in any healthcare setting.

• **Essential I: Background for Practice from Sciences and Humanities**
  - Recognizes that the master’s-prepared nurse integrates scientific findings from nursing, biopsychosocial fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings.

• **Essential II: Organizational and Systems Leadership**
  - Recognizes that organizational and systems leadership are critical to the promotion of high quality and safe patient care. Leadership skills are needed that emphasize ethical and critical decision making, effective working relationships, and a systems-perspective.

• **Essential III: Quality Improvement and Safety**
  - Recognizes that a master’s-prepared nurse must be articulate in the methods, tools, performance measures, and standards related to quality, as well as prepared to apply quality principles within an organization.

• **Essential IV: Translating and Integrating Scholarship into Practice**
  - Recognizes that the master’s-prepared nurse applies research outcomes within the practice setting, resolves practice problems, works as a change agent, and disseminates results.

• **Essential V: Informatics and Healthcare Technologies**
Recognizes that the master’s-prepared nurse uses patient-care technologies to deliver and enhance care and uses communication technologies to integrate and coordinate care.

- **Essential VI: Health Policy and Advocacy**
  - Recognizes that the master’s-prepared nurse is able to intervene at the system level through the policy development process and to employ advocacy strategies to influence health and health care.

- **Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes**
  - Recognizes that the master’s-prepared nurse, as a member and leader of interprofessional teams, communicates, collaborates, and consults with other health professionals to manage and coordinate care.

- **Essential VIII: Clinical Prevention and Population Health for Improving Health**
  - Recognizes that the master’s-prepared nurse applies and integrates broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, and aggregates/identified populations.

- **Essential IX: Master’s-Level Nursing Practice**
  - Recognizes that nursing practice, at the master’s level, is broadly defined as any form of nursing intervention that influences healthcare outcomes for individuals, populations, or systems. Master’s-level nursing graduates must have an advanced level of understanding of nursing and relevant sciences as well as the ability to integrate this knowledge into practice. Nursing practice interventions include both direct and indirect care components.

**Master’s Education in Nursing and Areas of Practice**

Graduates with a master’s degree in nursing are prepared for a variety of roles and areas of practice. Graduates may pursue new and innovative roles that result from health reform and changes in an evolving and global healthcare system. Some graduates will pursue direct care practice roles in a variety of settings (e.g., the Clinical Nurse Leader, nurse educator). Others may choose indirect care roles or areas of practice that focus on aggregate, systems, or have an organizational focus, (e.g. nursing or health program management, informatics, public health, or clinical research coordinator). In addition to developing competence in the nine Essential core areas delineated in this document, each graduate will have additional coursework in an area of practice or functional role. This coursework may include more in-depth preparation and competence in one or two of the Essentials or in an additional/ supplementary area of practice.

For example, more concentrated coursework or further development of the knowledge and skills embedded in Essential IV (Translational Scholarship for Evidence-Based Practice) will prepare the nurse to manage research projects for nurse scientists and other
healthcare researchers working in multi-professional research teams. More in-depth preparation in Essential II (Organizational and System Leadership) will provide knowledge useful for nursing management roles.

In some instances, graduates of master’s in nursing programs will seek to fill roles as educators. As outlined in Essential IX, all master’s-prepared nurses will develop competence in applying teaching/learning principles in work with patients and/or students across the continuum of care in a variety of settings. However, as recommended in the Carnegie Foundation report (2009), *Educating Nurses: A Call for Radical Transformation*, those individuals, as do all master’s graduates, who choose a nurse educator role require preparation across all nine Essential areas, including graduate-level clinical practice content and experiences. In addition, a program preparing individuals for a nurse educator role should include preparation in curriculum design and development, teaching methodologies, educational needs assessment, and learner-centered theories and methods. Master’s prepared nurses may teach patients and their families and/or student nurses, staff nurses, and variety of direct-care providers. The master’s prepared nurse educator differs from the BSN nurse in depth of his/her understanding of the nursing discipline, nursing practice, and the added pedagogical skills. To teach students, patients, and caregivers regarding health promotion, disease prevention, or disease management, the master’s-prepared nurse educator builds on baccalaureate knowledge with *graduate-level content in the areas of health assessment, physiology/pathophysiology, and pharmacology* to strengthen his/her scientific background and facilitate his/her understanding of nursing and health-related information. Those master’s students who aspire to faculty roles in baccalaureate and higher degree programs will be advised that additional education at the doctoral level is needed (AACN, 2008).

**Context for Nursing Practice**

Health care in the United States and globally is changing dramatically. Interest in evolving health care has prompted greater focus on health promotion and illness prevention, along with cost-effective approaches to high acuity, chronic disease management, care coordination, and long-term care. Public concerns about cost of health care, fiscal sustainability, healthcare quality, and development of sustainable solutions to healthcare problems are driving reform efforts. Attention to affordability and accessibility of health care, maintaining healthy environments, and promoting personal and community responsibility for health is growing among the public and policy makers.

In addition to broad public mandates for a reformed and responsive healthcare system, a number of groups are calling for changes in the ways all health professionals are educated to meet current and projected needs for contemporary care delivery. The Institute of
Medicine (IOM), an interprofessional healthcare panel, described a set of core competencies that all health professionals regardless of discipline will demonstrate: 1) the provision of patient-centered care, 2) working in interprofessional teams, 3) employing evidence-based practice, 4) applying quality improvement approaches, and 5) utilizing informatics (IOM, 2003).

Given the ongoing public trust in nursing (Gallup, 2010), and the desire for fundamental reorganization of relationships among individuals, the public, healthcare organizations and healthcare professionals, graduate education for nurses is needed that is wide in scope and breadth, emphasizes all systems-level care and includes mastery of practice knowledge and skills. Such preparation reflects mastery of higher level thinking and conceptualization skills than at the baccalaureate level, as well as an understanding of the interrelationships among practice, ethical, and legal issues; financial concerns and comparative effectiveness; and interprofessional teamwork.

**Master’s Nursing Education Curriculum**

The master’s nursing curriculum is conceptualized in Figure 1 and includes three components:

1. Graduate Nursing Core: foundational curriculum content deemed essential for all students who pursue a master’s degree in nursing regardless of the functional focus.
2. Direct Care Core: essential content to provide direct patient services at an advanced level.
3. Functional Area Content: those clinical and didactic learning experiences identified and defined by the professional nursing organizations and certification bodies for specific nursing roles or functions.

This document delineates the graduate nursing core competencies for all master’s graduates. These core outcomes reflect the many changes in the healthcare system occurring over the past decade. In addition, these expected outcomes for all master’s degree graduates reflect the increasing responsibility of nursing in addressing many of the gaps in health care as well as growing patient and population needs.

Master’s nursing education, as is all nursing education, is evolving to meet these needs and to prepare nurses to assume increasing accountabilities, responsibilities, and leadership positions. As master’s nursing education is re-envisioned and preparation of individuals for advanced specialty nursing practice transitions to the practice doctorate these *Essentials* delineate the foundational, core expectations for these master’s program graduates until the transition is completed.
All master's degree programs that prepare graduates for roles that have a component of direct care practice are required to have graduate level content/coursework in the following three areas: physiology/pathophysiology, health assessment, and pharmacology. However, graduates being prepared for any one of the four APRN roles (CRNA, CNM, CNS, or CNP), must complete three separate comprehensive, graduate level courses that meet the criteria delineated in the 2008 Consensus Model for APRN Licensure, Accreditation, Certification and Education. In addition, the expected outcomes for each of these three APRN core courses are delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (pg. 23-24).

The nursing educator is a direct care role and therefore requires graduate-level content in the three Direct Care Core courses. All graduates of a master's nursing program must have supervised practice experiences that are sufficient to demonstrate mastery of the Essentials. The term “supervised” is used broadly and can include precepted experiences with faculty site visits. These learning experiences may be accomplished through diverse teaching methods, including face-to-face or simulated methods.

In addition, development of clinical proficiency is facilitated through the use of focused and sustained clinical experiences designed to strengthen patient care delivery skills, as
well as system assessment and intervention skills, which will lead to an enhanced understanding of organizational dynamics. These immersion experiences afford the student an opportunity to focus on a population of interest or may focus on a specific role. Most often, the immersion experience occurs toward the end of the program as a culminating synthesis experience.

The Essentials of Master’s Education in Nursing

Essential I: Background for Practice from Sciences and Humanities

Rationale

Master’s-prepared nurses build on the competencies gained in a baccalaureate nursing program by developing a deeper understanding of nursing and the related sciences needed to fully analyze, design, implement, and evaluate nursing care. These nurses are well prepared to provide care to diverse populations and cohorts of patients in clinical and community-based systems. The master’s-prepared nurse integrates findings from the sciences and the humanities, biopsychosocial fields, genetics, public health, quality improvement, health economics, translational science, and organizational sciences for the continual improvement of nursing care at the unit, clinic, home, or program level. Master’s-prepared nursing care reflects a more sophisticated understanding of assessment, problem identification, design of interventions, and evaluation of aggregate outcomes than baccalaureate-prepared nursing care.

Students being prepared for direct care roles will have graduate-level content that builds upon an undergraduate foundation in health assessment, pharmacology, and pathophysiology. Having master’s-prepared graduates with a strong background in these three areas is seen as imperative from the practice perspective. It is recommended that the master’s curriculum preparing individuals for direct care roles include three separate graduate-level courses in these three content areas. In addition, the inclusion of these three separate courses facilitates the transition of these master’s program graduates into the DNP advanced-practice registered-nurse programs.

Master’s-prepared nurses understand the intersection between systems science and organizational science in order to serve as integrators within and across systems of care. Care coordination is based on systems science (Nelson et al., 2008). Care management incorporates an understanding of the clinical and community context, and the research relevant to the needs of the population. Nurses at this level use advanced clinical reasoning for ambiguous and uncertain clinical presentations, and incorporate concerns of family, significant others, and communities into the design and delivery of care. Master’s-prepared nurses use a variety of theories and frameworks, including nursing and ethical theories in the analysis of clinical problems, illness prevention, and health promotion strategies. Knowledge from information sciences, health communication, and health literacy are used to provide care to multiple populations. These nurses are able to
address complex cultural issues and design care that responds to the needs of multiple populations, who may have potentially conflicting cultural needs and preferences. As healthcare technology becomes more sophisticated and its use more widespread, master’s-prepared nurse are able to evaluate when its use is appropriate for diagnostic, educational, and therapeutic interventions. Master’s-prepared nurses use improvement science and quality processes to evaluate outcomes of the aggregate of patients, community members, or communities under their care, monitor trends in clinical data, and understand the implications of trends for changing nursing care.

The master’s-degree program prepares the graduate to:

1. Integrate nursing and related sciences into the delivery of advanced nursing care to diverse populations.

2. Incorporate current and emerging genetic/genomic evidence in providing advanced nursing care to individuals, families, and communities while accounting for patient values and clinical judgment.

3. Design nursing care for a clinical or community-focused population based on biopsychosocial, public health, nursing, and organizational sciences.

4. Apply ethical analysis and clinical reasoning to assess, intervene, and evaluate advanced nursing care delivery.

5. Synthesize evidence for practice to determine appropriate application of interventions across diverse populations.

6. Use quality processes and improvement science to evaluate care and ensure patient safety for individuals and communities.

7. Integrate organizational science and informatics to make changes in the care environment to improve health outcomes.

8. Analyze nursing history to expand thinking and provide a sense of professional heritage and identity.

Sample Content

- Healthcare economics and finance models
- Advanced nursing science, including the major streams of nursing scientific development
- Scientific bases of illness prevention, health promotion, and wellness
- Genetics, genomics, and pharmacogenomics
- Public health science, such as basic epidemiology, surveillance, environmental science, and population health analysis and program planning
- Organizational sciences
Systems science and integration, including microsystems, mesosystems, and macro-level systems
- Chaos theory and complexity science
- Leadership science
- Theories of bioethics
- Information science
- Quality processes and improvement science
- Technology assessment
- Nursing Theories

Essential II: Organizational and Systems Leadership

Rationale

Organizational and systems leadership are critical to the promotion of high quality and safe patient care. Leadership skills are needed that emphasize ethical and critical decision making. The master’s-prepared nurse’s knowledge and skills in these areas are consistent with nursing and healthcare goals to eliminate health disparities and to promote excellence in practice. Master’s-level practice includes not only direct care but also a focus on the systems that provide care and serve the needs of a panel of patients, a defined population, or community.

To be effective, graduates must be able to demonstrate leadership by initiating and maintaining effective working relationships using mutually respectful communication and collaboration within interprofessional teams, demonstrating skills in care coordination, delegation, and initiating conflict resolution strategies. The master’s-prepared nurse provides and coordinates comprehensive care for patients–individuals, families, groups, and communities–in multiple and varied settings. Using information from numerous sources, these nurses navigate the patient through the healthcare system and assume accountability for quality outcomes. Skills essential to leadership include communication, collaboration, negotiation, delegation, and coordination.

Master’s-prepared nurses are members and leaders of healthcare teams that deliver a variety of services. These graduates bring a unique blend of knowledge, judgment, skills, and caring to the team. As a leader and partner with other health professionals, these nurses seek collaboration and consultation with other providers as necessary in the design, coordination, and evaluation of patient care outcomes.

In an environment with ongoing changes in the organization and financing of health care, it is imperative that all master’s-prepared nurses have a keen understanding of healthcare policy, organization, and financing. The purpose of this content is to prepare a graduate to provide quality cost-effective care; to participate in the implementation of care; and to
assume a leadership role in the management of human, fiscal, and physical healthcare resources. Program graduates understand the economies of care, business principles, and how to work within and affect change in systems.

The master’s-prepared nurse must be able to analyze the impact of systems on patient outcomes, including analyzing error rates. These nurses will be prepared with knowledge and expertise in assessing organizations, identifying systems’ issues, and facilitating organization-wide changes in practice delivery. Master’s-prepared nurses must be able to use effective interdisciplinary communication skills to work across departments identifying opportunities and designing and testing systems and programs to improve care. In addition, nurse practice at this level requires an understanding of complexity theory and systems thinking, as well as the business and financial acumen needed for the analysis of practice quality and costs.

The master’s-degree program prepares the graduate to:

1. Apply leadership skills and decision making in the provision of culturally responsive, high-quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery and outcomes.

2. Assume a leadership role in effectively implementing patient safety and quality improvement initiatives within the context of the interprofessional team using effective communication (scholarly writing, speaking, and group interaction) skills.

3. Develop an understanding of how healthcare delivery systems are organized and financed (and how this affects patient care) and identify the economic, legal, and political factors that influence health care.

4. Demonstrate the ability to use complexity science and systems theory in the design, delivery, and evaluation of health care.

5. Apply business and economic principles and practices, including budgeting, cost/benefit analysis, and marketing, to develop a business plan.

6. Design and implement systems change strategies that improve the care environment.

7. Participate in the design and implementation of new models of care delivery and coordination.
Sample Content

- Leadership, including theory, leadership styles, contemporary approaches, and strategies (organizing, managing, delegating, supervising, collaborating, coordinating)
- Data-driven decision-making based on an ethical framework to promote culturally responsive, quality patient care in a variety of settings, including creative and imaginative strategies in problem solving
- Communication—both interpersonal and organizational—including elements and channels, models, and barriers
- Conflict, including conflict resolution, mediation, negotiation, and managing conflict
- Change theory and social change theories
- Systems theory and complexity science
- Healthcare systems and organizational relationships (e.g., finance, organizational structure, and delivery of care, including mission/vision/philosophy and values)
- Healthcare finance, including budgeting, cost/benefit analysis, variance analysis, and marketing
- Operations research (e.g., queuing theory, supply chain management, and systems designs in health care)
- Teams and teamwork, including team leadership, building effective teams, and nurturing teams

Essential III: Quality Improvement and Safety

Rationale

Continuous quality improvement involves every level of the healthcare organization. A master’s-prepared nurse must be articulate in the methods, tools, performance measures, culture of safety principles, and standards related to quality, as well as prepared to apply quality principles within an organization to be an effective leader and change agent.

The Institute of Medicine report (1998) To Err is Human defined patient safety as “freedom from accidental injury” and stated that patients should not be at greater risk for accidental injury in a hospital or healthcare setting than they are in their own home. Improvement in patient safety along with reducing and ultimately eliminating harm to patients is fundamental to quality care. Skills are needed that assist in identifying actual or potential failures in processes and systems that lead to breakdowns and errors and then redesigning processes to make patients safe.

Knowledge and skills in human factors and basic safety design principles that affect unsafe practices are essential. Graduates of master’s-level programs must be able to analyze systems and work to create a just culture of safety in which personnel feel comfortable disclosing errors—including their own—while maintaining professional
accountability. Learning how to evaluate, calculate, and improve the overall reliability of processes are core skills needed by master’s-prepared nurses.

Knowledge of both the potential and the actual impact of national patient safety resources, initiatives, and regulations and the use of national benchmarks are required. Changes in healthcare reimbursement with the introduction of Medicare’s list of “never events” and the regulatory push for more transparency on quality outcomes require graduates to be able to determine if the outcomes of standards of practice, performance, and competence have been met and maintained.

The master’s-prepared nurse provides leadership across the care continuum in diverse settings using knowledge regarding high reliability organizations. These organizations achieve consistently safe and effective performance records despite unpredictable operating environments or intrinsically hazardous endeavors (Weick, 2001). The master’s-prepared nurse will be able to monitor, analyze, and prioritize outcomes that need to be improved. Using quality improvement and high reliability organizational principles, these nurses will be able to quantify the impact of plans of action.

The master’s-degree program prepares the graduate to:

1. Analyze information about quality initiatives recognizing the contributions of individuals and inter-professional healthcare teams to improve health outcomes across the continuum of care.

2. Implement evidence-based plans based on trend analysis and quantify the impact on quality and safety.

3. Analyze information and design systems to sustain improvements and promote transparency using high reliability and just culture principles.

4. Compare and contrast several appropriate quality improvement models.

5. Promote a professional environment that includes accountability and high-level communication skills when involved in peer review, advocacy for patients and families, reporting of errors, and professional writing.

6. Contribute to the integration of healthcare services within systems to affect safety and quality of care to improve patient outcomes and reduce fragmentation of care.

7. Direct quality improvement methods to promote culturally responsive, safe, timely, effective, efficient, equitable, and patient-centered care.

8. Lead quality improvement initiatives that integrate socio-cultural factors affecting the delivery of nursing and healthcare services.
Sample Content

• Quality improvement models differentiating structure, process, and outcome indicators
• Principles of a just culture and relationship to analyzing errors
• Quality improvement methods and tools: Brainstorming, Fishbone cause and effect diagram, flow chart, Plan, Do Study, Act (PDSA), Plan, Do, Check, Act (PDCA), Find, Organize, Clarify, Understand, Select-Plan, Do, Check, Act (FOCUS-PDCA), Six Sigma, Lean
• High-Reliability Organizations (HROs) / High-reliability techniques
• National patient safety goals and other relevant regulatory standards (e.g., CMS core measures, pay for performance indicators, and never events)
• Nurse-sensitive indicators
• Data management (e.g., collection tools, display techniques, data analysis, trend analysis, control charts)
• Analysis of errors (e.g., Root Cause Analysis [RCA], Failure Mode Effects Analysis [FMEA], serious safety events)
• Communication (e.g., hands-off communication, chain-of-command, error disclosure)
• Participate in executive patient safety rounds
• Simulation training in a variety of settings (e.g., disasters, codes, and other high-risk clinical areas)
• RN fit for duty/impact of fatigue and distractions in care environment on patient safety

Essential IV: Translating and Integrating Scholarship into Practice

Rationale

Professional nursing practice at all levels is grounded in the ethical translation of current evidence into practice. Fundamentally, nurses need a questioning/inquiring attitude toward their practice and the care environment.

The master’s-prepared nurse examines policies and seeks evidence for every aspect of practice, thereby translating current evidence and identifying gaps where evidence is lacking. These nurses apply research outcomes within the practice setting, resolve practice problems (individually or as a member of the healthcare team), and disseminate results both within the setting and in wider venues in order to advance clinical practice. Changing practice locally, as well as more broadly, demands that the master’s-prepared nurse is skilled at challenging current practices, procedures, and policies. The emerging sciences referred to as implementation or improvement sciences are providing evidence about the processes that are effective when making needed changes where the change processes and context are themselves evidence based (Damschroder et al., 2009; Sobo, Bowman, & Gifford, 2008; van Achterberg, Schoonhoven, & Grol, 2008). Master’s-
prepared nurses, therefore, must be able to implement change deemed appropriate given context and outcome analysis, and to assist others in efforts to improve outcomes.

Master’s-prepared nurses lead continuous improvement processes based on translational research skills. The cyclical processes in which these nurses are engaged includes identifying questions needing answers, searching or creating the evidence for potential solutions/innovations, evaluating the outcomes, and identifying additional questions.

Master’s-prepared nurses, when appropriate, lead the healthcare team in the implementation of evidence-based practice. These nurses support staff in lifelong learning to improve care decisions, serving as a role model and mentor for evidence-based decision making. Program graduates must possess the skills necessary to bring evidence-based practice to both individual patients for whom they directly care and to those patients for whom they are indirectly responsible. Those skills include knowledge acquisition and dissemination, working in groups, and change management.

The master’s-degree program prepares the graduate to:

1. Integrate theory, evidence, clinical judgment, research, and interprofessional perspectives using translational processes to improve practice and associated health outcomes for patient aggregates.

2. Advocate for the ethical conduct of research and translational scholarship (with particular attention to the protection of the patient as a research participant).

3. Articulate to a variety of audiences the evidence base for practice decisions, including the credibility of sources of information and the relevance to the practice problem confronted.

4. Participate, leading when appropriate, in collaborative teams to improve care outcomes and support policy changes through knowledge generation, knowledge dissemination, and planning and evaluating knowledge implementation.

5. Apply practice guidelines to improve practice and the care environment.

6. Perform rigorous critique of evidence derived from databases to generate meaningful evidence for nursing practice.

Sample Content:

• Research process
• Implementation/Improvement science
• Evidence-based practice:
Clinical decision making
Critical thinking
Problem identification
Outcome measurement

• Translational science:
  Data collection in nursing practice
  Design of databases that generate meaningful evidence for nursing practice
  Data analysis in practice
  Evidence-based interventions
  Prediction and analysis of outcomes
  Patterns of behavior and outcomes
  Gaps in evidence for practice
  Importance of cultural relevance

• Scholarship:
  Application of research to the clinical setting
  Resolution of clinical problems
  Appreciative inquiry
  Dissemination of results

• Advocacy in research
• Research ethics
• Knowledge acquisition
• Group process
• Management of change
• Evidence-based policy development in practice
• Quality improvement models/methodologies
• Safety issues in practice
• Innovation processes

Essential V: Informatics and Healthcare Technologies

Rationale

Informatics and healthcare technologies encompass five broad areas:

• Use of patient care and other technologies to deliver and enhance care;
• Communication technologies to integrate and coordinate care;
• Data management to analyze and improve outcomes of care;
• Health information management for evidence-based care and health education; and
• Facilitation and use of electronic health records to improve patient care.

Knowledge and skills in each of these four broad areas is essential for all master’s-prepared nurses. The extent and focus of each will vary depending upon the nurse’s role, setting, and practice focus.

Knowledge and skills in information and healthcare technology are critical to the delivery of quality patient care in a variety of settings (IOM, 2003a). The use of technologies to deliver, enhance, and document care is changing rapidly. In addition, information technology systems, including decision-support systems, are essential to gathering evidence to impact practice. Improvement in cost effectiveness and safety depend on evidence-based practice, outcomes research, interprofessional care coordination, and electronic health records, all of which involve information management and technology (McNeil et al., 2006). As nursing and healthcare practices evolve to better meet patient needs, the application of these technologies will change as well.

As the use of technology expands, the master’s-prepared nurse must have the knowledge and skills to use current technologies to deliver and coordinate care across multiple settings, analyze point of care outcomes, and communicate with individuals and groups, including the media, policymakers, other healthcare professionals, and the public. Integral to these skills is an attitude of openness to innovation and continual learning, as information systems and care technologies are constantly changing, including their use at the point of care.

Graduates of master’s-level nursing programs will have competence to determine the appropriate use of technologies and integrate current and emerging technologies into one’s practice and the practice of others to enhance care outcomes. In addition, the master’s-prepared nurse will be able to educate other health professionals, staff, patients, and caregivers using current technologies and about the principles related to the safe and effective use of care and information technologies.

Graduates ethically manage data, information, knowledge, and technology to communicate effectively with healthcare team, patients, and caregivers to integrate safe and effective care within and across settings. Master’s-prepared nurses use research and clinical evidence to inform practice decisions.

Master’s-degree graduates are prepared to gather, document, and analyze outcome data that serve as a foundation for decision making and the implementation of interventions or strategies to improve care outcomes. The master’s-prepared nurse uses statistical and epidemiological principles to synthesize these data, information, and knowledge to evaluate and achieve optimal health outcomes.

The usefulness of electronic health records and other health information management systems to evaluate care outcomes is improved by standardized terminologies. Integration
of standardized terminologies in information systems supports day-to-day nursing practice and also the capacity to enhance interprofessional communication and generate standardized data to continuously evaluate and improve practice (American Nurses Association, 2008). Master’s-prepared nurses use information and communication technologies to provide guidance and oversight for the development and implementation of health education programs, evidence-based policies, and point-of-care practices by members of the interdisciplinary care team.

Health information is growing exponentially. Health literacy is a powerful tool in health promotion, disease prevention, management of chronic illnesses, and quality of life—all of which are hallmarks of excellence in nursing practice. Master’s-prepared nurses serve as information managers, patient advocates, and educators by assisting others (including patients, students, caregivers and healthcare professionals) in accessing, understanding, evaluating, and applying health-related information. The master’s-prepared nurse designs and implements education programs for cohorts of patients or other healthcare providers using information and communication technologies.

The master’s-degree program prepares the graduate to:

1. Analyze current and emerging technologies to support safe practice environments, and to optimize patient safety, cost-effectiveness, and health outcomes.

2. Evaluate outcome data using current communication technologies, information systems, and statistical principles to develop strategies to reduce risks and improve health outcomes.

3. Promote policies that incorporate ethical principles and standards for the use of health and information technologies.

4. Provide oversight and guidance in the integration of technologies to document patient care and improve patient outcomes.

5. Use information and communication technologies, resources, and principles of learning to teach patients and others.

6. Use current and emerging technologies in the care environment to support lifelong learning for self and others.

_sample content_

- Use of technology, information management systems, and standardized terminology
• Use of standardized terminologies to document and analyze nursing care outcomes
• Bio-health informatics
• Regulatory requirements for electronic data monitoring systems
• Ethical and legal issues related to the use of information technology, including copyright, privacy, and confidentiality issues
• Retrieval information systems, including access, evaluation of data, and application of relevant data to patient care
• Statistical principles and analyses of outcome data
• Online review and resources for evidence-based practice
• Use and implementation of technology for virtual care delivery and monitoring
• Electronic health record, including policies related to the implementation of and use to impact care outcomes
• Complementary roles of the master’s-prepared nursing and information technology professionals, including nurse informaticist and quality officer
• Use of technology to analyze data sets and their use to evaluate patient care outcomes
• Effective use of educational/instructional technology
• Point-of-care information systems and decision support systems

Essential VI: Health Policy and Advocacy

Rationale

The healthcare environment is ever-evolving and influenced by technological, economic, political, and sociocultural factors locally and globally. Graduates of master’s degree nursing programs have requisite knowledge and skills to promote health, help shape the health delivery system, and advance values like social justice through policy processes and advocacy. Nursing’s call to political activism and policy advocacy emerges from many different viewpoints. As more evidence links the broad psychosocial, economic, and cultural factors to health status, nurses are compelled to incorporate these factors into their approach to care. Most often, policy processes and system-level strategies yield the strongest influence on these broad determinants of health. Being accountable for improving the quality of healthcare delivery, nurses must understand the legal and political determinants of the system and have the requisite skills to partner for an improved system. Nurses’ involvement in policy debates brings our professional values to bear on the process (Warner, 2003). Master’s-prepared nurses will use their political efficacy and competence to improve the health outcomes of populations and improve the quality of the healthcare delivery system.
Policy shapes healthcare systems, influences social determinants of health, and therefore
determines accessibility, accountability, and affordability of health care. Health policy
creates conditions that promote or impede equity in access to care and health outcomes.
Implementing strategies that address health disparities serves as a prelude to influencing
policy formation. In order to influence policy, the master’s-prepared nurse needs to work
within and affect change in systems. To effectively collaborate with stakeholders, the
master’s-prepared nurse must understand the fiscal context in which they are practicing
and make the linkages among policy, financing, and access to quality health care. The
graduate must understand the principles of healthcare economics, finance, payment
methods, and the relationships between policy and health economics.

Advocacy for patients, the profession, and health-promoting policies is operationalized in
divergent ways. Attributes of advocacy include safeguarding autonomy, promoting social
justice, using ethical principles, and empowering self and others (Grace, 2001; Hanks,
2007; Xiaoyan & Jezewski, 2006). Giving voice and persuasion to needs and preferred
direction at the individual, institution, state, or federal policy level is integral for the
master’s-prepared nurse.

The master’s-degree program prepares the graduate to:

1. Analyze how policies influence the structure and financing of health care,
   practice, and health outcomes.

2. Participate in the development and implementation of institutional, local, and state
   and federal policy.

3. Examine the effect of legal and regulatory processes on nursing practice,
   healthcare delivery, and outcomes.

4. Interpret research, bringing the nursing perspective, for policy makers and
   stakeholders.

5. Advocate for policies that improve the health of the public and the profession of
   nursing.

Sample Content

- Policy process: development, implementation, and evaluation
- Structure of healthcare delivery systems
- Theories and models of policy making
- Policy making environments: values, economies, politics, social
- Policy-making process at various levels of government
- Ethical and value-based frameworks guiding policy making
• General principles of microeconomics and macroeconomics, accounting, and marketing strategies.
• Globalization and global health
• Interaction between regulatory processes and quality control
• Health disparities
• Social justice
• Political activism
• Economics of health care

Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

Rationale

In a redesigned health system a greater emphasis will be placed on cooperation, communication, and collaboration among all health professionals in order to integrate care in teams and ensure that care is continuous and reliable. Therefore, an expert panel at the Institute of Medicine (IOM) identified working in interdisciplinary teams as one of the five core competencies for all health professionals (IOM, 2003).

Interprofessional collaboration is critical for achieving clinical prevention and health promotion goals in order to improve patient and population health outcomes (APTR, 2008; 2009). Interprofessional practice is critical for improving patient care outcomes and, therefore, a key component of health professional education and lifelong learning (American Association of Colleges of Nursing & the Association of American Medical Colleges, 2010).

The IOM also recognized the need for care providers to demonstrate a greater awareness to “patient values, preferences, and cultural values,” consistent with the Healthy People 2010 goal of achieving health equity through interprofessional approaches (USHHS, 2000). In this context, knowledge of broad determinants of health will enable the master’s graduate to succeed as a patient advocate, cultural and systems broker, and to lead and coordinate interprofessional teams across care environments in order to reduce barriers, facilitate access to care, and improve health outcomes. Successfully leading these teams is achieved through skill development and demonstrating effective communication, planning, and implementation of care directly with other healthcare professionals (AACN, 2007).

Improving patient and population health outcomes is contingent on both horizontal and vertical health delivery systems that integrate research and clinical expertise to provide patient-centered care. Inherently the systems must include patients’ expressed values, needs, and preferences for shared decision making and management of their care. As
members and leaders of interprofessional teams, the master’s-prepared nurse will actively communicate, collaborate, and consult with other health professionals to manage and coordinate care across systems.

The master’s-degree program prepares the graduate to:

1. Advocate for the value and role of the professional nurse as member and leader of interprofessional healthcare teams.

2. Understand other health professions’ scopes of practice to maximize contributions within the healthcare team.

3. Employ collaborative strategies in the design, coordination, and evaluation of patient-centered care.

4. Use effective communication strategies to develop, participate, and lead interprofessional teams and partnerships.

5. Mentor and coach new and experienced nurses and other members of the healthcare team.

6. Functions as an effective group leader or member based on an in-depth understanding of team dynamics and group processes.

Sample Content

- Scopes of practice for nursing and other professions
- Differing world views among healthcare team members
- Concepts of communication, collaboration, and coordination
- Conflict management strategies and principles of negotiation
- Organizational processes to enhance communication
- Types of teams and team roles
- Stages of team development
- Diversity of teams
- Cultural diversity
- Patient-centered care
- Change theories
- Multiple-intelligence theory
- Group dynamics
- Power structures
- Health-work environments
Essential VIII: Clinical Prevention and Population Health for Improving Health

Rationale

Globally, the burden of illness, communicable disease, chronic disease conditions, and subsequent health inequity and disparity, is borne by those living in poverty and living in low-income and middle-income countries (Beaglehole et al., 2007; Gaziano et al., 2007; WHO, 2008). Similarly, in the U.S. population, health disparities continue to affect disproportionately low-income communities, people of color, and other vulnerable populations (USHHS, 2006).

The implementation of clinical prevention and population health activities is central to achieving the national goal of improving the health status of the population of the United States. Unhealthy lifestyle behaviors continue to account for over 50 percent of preventable deaths in the U.S., yet prevention interventions remain under-utilized in healthcare settings. In an effort to address this national goal, Healthy People 2010 supported the transformation of clinical education by creating an objective to increase the proportion of schools of medicine, nursing, and other health professionals that have a basic curriculum that includes the core competencies in health promotion and disease prevention (Allan et al., 2004; USHHS, 2000). In the Healthy People 2010 Midcourse Review, health disparities are not declining overall, reiterating the necessity to implement and evaluate the effectiveness of disease prevention and health promotion efforts (USHHS, 2006). Cognizant of these trends and successive health outcome data, it will be necessary to re-evaluate these data and for nursing to re-assess its leadership role and responsibility toward improving the population’s health.

The Healthy People Curriculum Task Force developed the Clinical Prevention and Population Health Curriculum Framework, which identifies four focal areas, including individual and population-oriented preventive interventions. This curriculum guides the development and evaluation of educational competencies expected of health professionals in clinical prevention and population health, and endorsed by clinical professional associations, including AACN (Allan, 2004; APTR, 2009).

As the diversity of the U.S. population increases, it is crucial that the health system provides care and services that are equitable and responsive to the unique cultural and ethnic identity, socio-economic condition, emotional and spiritual needs, and values of patients and the population (IOM, 2001; 2003). Nursing leadership within health systems is required to design and ensure the delivery of clinical prevention interventions and population-based care that promotes health, reduces the risk of chronic illness, and prevents disease. Acquiring the skills and knowledge necessary to meet this demand is essential for nursing practice (Allan et al., 2004; Allan et al., 2005).
The master’s-prepared nurse applies and integrates broad, organizational, patient-centered, and culturally responsive concepts into daily practice. Mastery of these concepts based on a variety of theories is essential in the design and delivery (planning, management, and evaluation) of evidence-based clinical prevention and population care and services to individuals, families, communities, and aggregates/clinical populations nationally and globally.

The master’s-degree program prepares the graduate to:

1. Synthesize broad ecological, global and social determinants of health; principles of genetics and genomics; and epidemiologic data to design and deliver evidence-based, culturally relevant clinical prevention interventions and strategies.

2. Evaluate the effectiveness of clinical prevention interventions that affect individual and population-based health outcomes using health information technology and data sources.

3. Design patient-centered and culturally responsive strategies in the delivery of clinical prevention and health promotion interventions and/or services to individuals, families, communities, and aggregates/clinical populations.

4. Advance equitable and efficient prevention services, and promote effective population-based health policy through the application of nursing science and other scientific concepts.

5. Integrate clinical prevention and population health concepts in the development of culturally relevant and linguistically appropriate health education, communication strategies, and interventions.

**Sample Content**

- Environmental health
- Epidemiology
- Biostatistical methods and analysis
- Disaster preparedness and management
- Emerging science of complementary and alternative medicine and therapeutics
- Ecological model of the social determinants of health
- Teaching and learning theories
- Health disparities, equity and social justice
- Program planning, design, and evaluation
- Quality improvement and change management
- Health promotion and disease prevention
- Application of health behavior modification
- Health services financing
- Health information management
Essential IX: Master’s-Level Nursing Practice

Rationale

Essential IX describes master’s-level nursing practice at the completion of the master’s program in nursing. Nursing practice at the master’s level is broadly defined as any form of nursing intervention that influences healthcare outcomes for individuals, populations, or systems. Master’s-level nursing graduates must have an expanded level of understanding of nursing and related sciences built on the Essentials of Baccalaureate Education for Professional Nursing Practice. Master’s-prepared nurses have developed a deeper understanding of the nursing profession based on reflective practices and continue to develop their own plans for lifelong learning and professional development.

Nursing-practice interventions include both direct and indirect care components. As a practice discipline, clinical care is the core business of nursing practice whether the graduate is focused on the provision of care to individuals, population-focused care, administration, informatics, education or health policy. Master’s nursing education prepares graduates to implement safe, quality care in a variety of settings and roles.

This Essential includes the practice-focused outcomes for all master’s-prepared nurses. Master’s level nursing practice builds upon the practice competencies delineated in the Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008). Master’s-prepared nurses possess a mastery level of understanding of nursing theory, science and practice. Recent and evolving trends in health care require integration of key concepts into all master’s-prepared nursing practice. This includes concepts related to quality improvement, patient safety, economics of health care, environmental science, epidemiology, genetics/genomics, gerontology, global healthcare environment and perspectives, health policy, informatics, organizations and systems, communication, negotiation, advocacy, and interprofessional practice.

Master’s nursing education prepares graduates to influence the delivery of safe, quality care to diverse populations in a variety of settings and roles. The realities of a global society, expanding technologies, and an increasingly diverse population require these
nurses to master complex information, to coordinate a variety of care experiences, to use technology for healthcare information and evaluation of nursing outcomes, and to assist diverse patients with managing an increasingly complex system of care. The master’s-prepared nurse is accountable for assessing the impact of research and advocates for participants, personnel, and systems integrity. As master’s-prepared nurses practicing in any setting or role, graduates must understand the foundations of care and the art and science of nursing practice as it relates to individuals, families, and clinical populations within an increasingly complex healthcare system. The extraordinary explosion of knowledge in the field also requires an increased emphasis on lifelong learning.

Essential IX specifies the foundational practice competencies that cut across all areas of practice and are seen as requisite for all master’s level nursing practice. Master’s-degree nursing programs provide learning experiences that are based in a variety of settings. These learning experiences will be integrated throughout the master’s program of study, to provide additional practice experiences beyond those acquired in a baccalaureate or entry-level nursing program.

The master’s-degree program prepares the graduate to:

1. Conduct a comprehensive and systematic assessment as a foundation for decision making.
2. Apply the best available evidence from nursing and other sciences as the foundation for practice.
3. Advocate for patients, families, caregivers, communities and members of the healthcare team.
4. Use information and communication technologies to advance patient education, enhance accessibility of care, analyze practice patterns, and improve health care outcomes, including nurse sensitive outcomes.
5. Use leadership skills to teach, coach, and mentor other members of the healthcare team.
6. Use epidemiological, social, and environmental data in drawing inferences regarding the health status of patient populations and interventions to promote and preserve health and healthy lifestyles.
7. Use knowledge of illness and disease management to provide evidence-based care to populations, perform risk assessments, and design plans or programs of care.
8. Incorporate core scientific and ethical principles in identifying potential and actual ethical issues arising from practice, including the use of technologies, and in assisting patients and other healthcare providers to address such issues.
9. Apply advanced knowledge of the effects of global environmental, individual and population characteristics to the design, implementation, and evaluation of care.

10. Employ knowledge and skills in economics, business principles, and systems in the design, delivery, and evaluation of care.

11. Apply theories and evidence-based knowledge in leading, as appropriate, the healthcare team to design, coordinate, and evaluate the delivery of care.

12. Apply learning, and teaching principles to the design, implementation, and evaluation of health education programs for individuals or groups in a variety of settings.

13. Establish therapeutic relationships to negotiate patient-centered, culturally appropriate, evidence-based goals and modalities of care.

14. Design strategies that promote lifelong learning of self and peers and that incorporate professional nursing standards and accountability for practice.

15. Integrate an evolving personal philosophy of nursing and healthcare into one’s nursing practice.

Sample Content

- Principles of leadership, including horizontal and vertical leadership
- Effective use of self
- Advocacy for patients, families, and the discipline
- Conceptual analysis of the master’s-prepared nurse’s role(s)
- Principles of lateral integration of care
- Clinical Outcomes Management, including the measurement and analysis of patient outcomes
- Epidemiology
- Biostatistics
- Health promotion and disease reduction/ prevention management for patients and clinical populations
- Risk assessment
- Health literacy
- Principles of mentoring, coaching and counseling
- Principles of adult learning
- Evidence-based practice:
  - Clinical decision making and judgment
  - Critical thinking
  - Problem Identification
  - Outcome measurement
• Care environment management
• Team coordination, including delegation, coaching, interdisciplinary care, group process
• Negotiation, understanding group dynamics, conflict resolution
• Healthcare reimbursement and reform and how it impacts practice
• Resource allocation
• Use of healthcare technologies to improve patient care delivery and outcomes
• Healthcare finance and socioeconomic principles
• Principles of quality management/risk reduction/patient safety
• Informatics principles and use of standardized language to document care and outcomes of care
• Educational strategies
• Learning styles
• Cultural competence/awareness
• Global health care environment, international law, geopolitics, and geo-economics
• Nursing and other scientific theories
• Appreciative inquiry
• Reflective practices

Clinical/Practice Learning Expectations for Master’s Programs

All graduates of a master’s nursing program must have supervised clinical experiences, which are sufficient to demonstrate mastery of the Essentials. The term “supervised” is used broadly and can include precepted experiences with faculty site visits. These learning experiences may be accomplished through diverse teaching methodologies, including face-to-face and simulated means. The primary goals of clinical learning experiences are the opportunities to:

• Lead change to improve quality care outcomes,
• Advance a culture of excellence through lifelong learning
• Build and lead collaborative interprofessional care teams,
• Navigate and integrate care services across the healthcare system,
• Design innovative nursing practices, and
• Translate evidence into practice.

Mastery in nursing practice is acquired by the student through a series of applied learning experiences designed to allow the learner to integrate cognitive learning with the
affective and psychomotor domains of nursing practice. The clinical/practice experiences allow the learner to experiment and acquire competence with new knowledge and skills. These experiences provide the opportunity for delivery of services or programs of wide diversity and focus and may occur in multiple settings including hospitals, community settings, public health departments, primary care practice offices, integrated health care systems, and an array of other settings.

The clinical experience is an opportunity to integrate didactic learning, promote innovative thinking, and test new potential solutions to clinical/practice or system issues. Therefore, the development of new skills and practice expectations can be facilitated through the use of creative learning opportunities in diverse settings. These learning opportunities may include experiences in business, industries, and with disciplines that are recognized as innovators in safety, quality, finance, management, or technology. Through these experiences, the student may develop an appreciation and use the wisdom from other industries and disciplines in nursing practice that can occur through application of knowledge or evidence developed in other industries.

These learning experiences also can occur using simulation designed as a mechanism for verifying early mastery of new levels of practice or designed to create access to data or health care situations that are not readily accessible to the student. These experiences may include simulated mass casualty events, simulated database problems, simulated interpersonal communication scenarios, and other new emerging learning technologies. The simulation is an adjunct to the learning that will occur with direct human interface or human experience learning.

Development of mastery also is facilitated through the use of focused and sustained clinical experiences, which provide the learner with the opportunity to master the patient care delivery skills as well as the system assessment and intervention skills which require an understanding of organizational dynamics. These immersion experiences afford the student an opportunity to focus on a population of interest and a specific role. Most often, the immersion experience occurs toward the end of the program as a culminating synthesis experience for the program. In some instances, the master’s student may engage in a clinical experience at the student’s employing agency. This arrangement requires a systematic assessment of that setting’s ability to allow the student to engage in new practice activities, framed by the learning objectives of the program, and overseen or supervised by a mentor/preceptor or faculty member. This type of learning experience will be designed to assist the learner to acquire master’s-degree nursing knowledge and practice master’s-degree roles.

Supervised clinical experiences will be verified and documented. One example of such documentation is the use of a professional portfolio. This portfolio may also provide a
foundation or template for the graduate’s future professional career trajectory and experiences.

Summary

The Essentials of Master’s Education in Nursing serves to transform nursing education and is critical to the innovations needed in health care. Due to the ever-changing and complex healthcare environment, this document emphasizes that the master’s-prepared nurse will be able to: 1) lead change for quality care outcomes; 2) advance a culture of excellence through lifelong learning; 3) build and lead collaborative interprofessional care teams; 4) navigate and integrate care services across the healthcare system; 5) design innovative nursing practices; and 6) translate evidence into practice. Master’s degree nursing programs prepare graduates with enhanced nursing knowledge and skills to address the evolving needs of the healthcare system.

Essentials I-IX delineate the outcomes expected of graduates of master’s nursing programs. Achievement of these outcomes will enable graduates to lead and practice in complex healthcare systems in a variety of direct and/or indirect care roles. The breadth of knowledge, the extent of experiential learning, and therefore the time needed to accomplish each Essential will vary, and each Essential does not require a separate course for achievement of the outcomes.

Clinical experiences in master’s programs are opportunities to integrate didactic learning, promote innovative thinking and test new potential solutions to clinical/practice or system issues. Therefore, the development of new skills and practice expectations can be facilitated through the use of creative learning opportunities in diverse settings. In addition, the extraordinary explosion of knowledge in the healthcare field requires the master’s-prepared nurse to have an increased emphasis on lifelong learning and professional development.

Glossary

Administration: Administration comprises working with and through others to achieve the mission, values, and vision of an organization. Administration is an executive function within an organization and has ultimate accountability for defining and achieving the organization’s strategic plan. Administration designates responsibility for implementing organizational goals. (Council on Graduate Education for Administration in Nursing, 2010)

Advanced Nursing Practice: Any form of nursing intervention that influences health care outcomes for individuals or populations, including the direct care of individual patients,
1420. Definitions
For purposes of this article, the term:

(a) "Affiliated institution" means a non-institution of higher education, such as a hospital, that is approved or has applied for board approval for a nursing program and is affiliated with an institution of higher education pursuant to section 2786 of the code;

(b) "Approved nursing program" means a school, program, department or division of nursing in this state approved under the provisions of sections 2785 through 2789 of the code and this article;

(c) "Assistant Director" means a registered nurse administrator or faculty member who meets the qualifications of section 1425(b) and is designated by the director to assist in the administration of the program and perform the functions of the director when needed;

(d) "Clinically competent" means that the nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the nursing area to which the faculty member is assigned;

(e) "Clinical practice" means the planned learning experiences designed for students to apply nursing knowledge and skills to meet course objectives in a variety of board-approved clinical settings. Clinical practice includes learning experiences provided in various health care agencies as well as nursing skills labs, simulation labs, and computer labs;

(f) "Content expert" means an instructor who has the responsibility to review and monitor the program's entire curricular content for a designated nursing area of geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, or pediatrics;

(g) "Course of instruction" means the minimum education program that meets the requirements of section 1426 for eligibility to take the licensing examination and that is not less than two (2) academic years or equivalent;

(h) "Director" means the registered nurse administrator or faculty member who meets the qualifications of section 1425(a) and has the authority and responsibility to administer the program. The director coordinates and directs all activities in developing, implementing, and managing a nursing program, including its fiscal planning;

(i) "Faculty" means all registered nurses who teach in an approved nursing program;

(j) "Institution of higher education" means an educational setting that provides post-secondary or higher education, such as a university, a community college offering an associate degree, or other collegial institution that grants associate of arts degrees or baccalaureate or higher degrees to graduates of the nursing program;

(k) "Learning experience" means those activities planned for students by the faculty that are designed to meet the objectives of the required course of instruction, including the basic standards of competent performance in section 1443.5;

(l) "Nursing process" means the application of scientific, evidence-based knowledge in the identification and treatment of actual or potential patient health problems. The nursing process includes assessment, nursing diagnosis, planning and outcome identification, implementation, and evaluation;

(m) "Non-faculty" means all persons other than faculty members who meet the minimum qualifications of clinical teaching assistant and are selected by the nursing program to teach or supervise nursing students in designated nursing areas;

(n) "Preceptor" means a registered nurse who meets the qualifications set out in section 1426.1(b)(3)(A) through (D), employed by a health care agency, who is assigned to assist and supervise nursing students in an educational experience that is designed and directed by a faculty member;
(o) "Prelicensure registered nursing program" means an institution of higher education or affiliated institution that offers a course of instruction to prepare students for entry level registered nurse practice and to take the licensing examination;

(p) "Technology" means equipment, tools, and devices that are used to facilitate and support the teaching and learning of the nursing program's board-approved curriculum.

(q) "Year" means an academic year, unless otherwise specified.


HISTORY

1. Repealer of Article 3 (Sections 1420-1435.5, not consecutive) and new Article 3 (Sections 1420-1430, not consecutive) filed 9-27-85; effective thirtieth day thereafter (Register 85, No. 39). For prior history, including former Sections 1419, 1422.2, 1422.3, 1424, 1425.5, 1426, 1427.5, 1427.6, 1429, 1430, 1433.05, 1433.1-1433.3, 1436 and 1437, see Registers 85, No. 25; 78, No. 9; 77, Nos. 47 and 34; 76, No. 47; 75, Nos. 41 and 33; 74, No. 13; 73, No. 40; 72, No. 53; 70, No. 5; 68, No. 24; 66, Nos. 37, 7 and 6; 64, No. 3; 61, Nos. 13 and 7; 60, No. 21; 57, No. 15; 55, No. 4; 54, No. 8; 53, No. 18; 27, No. 5; 26, No. 4 and 20, No. 1.

2. Amendment of article heading and section filed 9-21-2010; operative 10-21-2010 (Register 2010, No. 39).

1421. Application for Approval

(a) An institution of higher education or affiliated institution applying for approval of a new prelicensure registered nursing program (program applicant) shall be in the state and shall comply with the requirements specified in the board's document entitled, "Instructions for Institutions Seeking Approval of a New Prelicensure Registered Nursing Program", (EDP-I-01Rev 03/10), ("Instructions"), which is hereby incorporated by reference, including:

(1) Notify the board in writing of its intent to offer a new program that complies with board requirements;

(2) Submit a feasibility study in accordance with the requirements specified in the "Instructions";

(3) Appoint a director who meets the requirements of section 1425(a). Such appointment shall be made upon board acceptance of the feasibility study for the proposed program.

(4) After acceptance of the feasibility study by the board, and no later than six (6) months prior to the proposed date for enrollment of students, submit a self-study to the board in accordance with the requirements specified in the "Instructions" demonstrating how the program will meet the requirements of sections 1424 through 1432 of this article and sections 2786.6(a) and (b) of the code.

(5) Have a representative at public meetings of the board and board committee pursuant to the "Instructions" when the feasibility study and self-study are considered.

(b) The board shall consider the feasibility study and accept, reject, or defer action on the study to permit the program applicant time to provide additional information to be considered, based upon the following criteria:

(1) Evidence of initial and sustainable budgetary provisions for the proposed program;

(2) Institution of higher education's authority to grant an associate of arts, baccalaureate, or higher degree;

(3) For an affiliated institution, an agreement with an institution of higher education in the same general location authorized to grant an associate of arts, baccalaureate, or higher degree to students successfully completing the nursing program;

(4) Evidence of availability of clinical placements for students of the proposed program;

(5) Plans for administrative and faculty recruitment to staff the proposed program.
(c) The board's designee shall review the self-study, conduct a site visit of the proposed program, and submit a written report to the board that contains findings as to whether the application and supporting documentation for the proposed program comply with the requirements set forth in (a)(4).

(d) The board shall consider the application along with the written report and may thereafter grant or deny approval, or defer action on the application. The board's decision is based on the applicant's demonstration that it meets the requirements of sections 1424 through 1432 and sections 2786.6(a) and (b) of the code.


HISTORY

1. Amendment of section heading and section filed 9-21-2010; operative 10-21- 2010 (Register 2010, No. 39).

1422. Certificate of Approval
(a) A certificate of approval shall be issued to each nursing program when it is initially approved by the board.

(b) The board shall revoke a nursing program's approval, and the program shall return the certificate of approval to the board under the following conditions:

(1) The institution of higher education cannot grant degrees; or

(2) The board determines that the nursing program is in non-compliance with the requirements set forth in this article or sections 2786 through 2788 of the code.


HISTORY

1. Amendment of section heading and section filed 9-21-2010; operative 10-21- 2010 (Register 2010, No. 39).

1423. Approval Requirements
(a) In order for a program to be approved by the board or to retain its approval, it shall comply with all requirements set forth in this article and in sections 2786 through 2788 of the code.

(b) A material misrepresentation of fact by a program applicant or an approved nursing program in any information required to be submitted to the board is grounds for denial of approval or revocation of the program's approval.


HISTORY

1. Amendment of section heading and section filed 9-21-2010; operative 10-21- 2010 (Register 2010, No. 39).

1424. Administration and Organization of the Nursing Program
(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.

(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.
(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.

(2) The program shall have a procedure for resolving student grievances.

(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.

(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.

(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.

(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to perform the director's duties in the director's absence.

(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.

(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.

(k) The student/teacher ratio in the clinical setting shall be based on the following criteria:

(1) Acuity of patient needs;

(2) Objectives of the learning experience;

(3) Class level of the students;

(4) Geographic placement of students;

(5) Teaching methods; and

(6) Requirements established by the clinical agency.


HISTORY

1. Amendment of subsections (b) and (g) filed 4-27-87; operative 5-27-87 (Register 87, No. 18).

1425. Faculty - Qualifications and Changes
All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425 (EDP-R-02 Rev 02/09), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of, or within 30 days after, termination of employment of a faculty member. Such changes shall be reported on forms provided by the board: Faculty Approval/Resignation Notification form (EDP-P-02, Rev 02/09) and Director or Assistant Director Approval form (EDP-P-03, Rev 02/09), which are herein incorporated by reference. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:

(a) The director of the program shall meet the following minimum qualifications:

(1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;

(2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h); and

(3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and

(4) One (1) year's continuous, full-time or its equivalent experience direct patient care as a registered nurse; or

(5) Equivalent experience and/or education, as determined by the board.

(b) The assistant director shall meet the education requirements set forth in subsection (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above, or such experience as the board determines to be equivalent.

(c) An instructor shall meet the following minimum qualifications:

(1) The education requirements set forth in subsection (a)(1); and

(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:

(A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or

(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and

(3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.

(d) An assistant instructor shall meet the following minimum qualifications:

(1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;

(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by:

(A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or

(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.
(e) A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years as a registered nurse providing direct patient care.

(f) A content expert shall be an instructor and shall possess the following minimum qualifications:

1. A master's degree in the designated nursing area; or

2. A master's degree that is not in the designated nursing area and shall:

   A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and

   B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.


HISTORY

1. Amendment filed 3-24-86; effective thirtieth day thereafter (Register 86, No. 13).

2. Amendment of first paragraph and subsection (b)(5) filed 4-27-87; operative 5-27-87 (Register 87, No. 18).


1425.1. Faculty Responsibilities

(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.

(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.

(c) A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.

(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 02/09), which provides guidelines for attaining and documenting clinical competency, is herein incorporated by reference.


HISTORY

1. Amendment of subsection (a) filed 4-27-87; operative 5-27-87 (Register 87, No. 18).


1426. Required Curriculum

(a) The curriculum of a nursing program shall be that set forth in this section, and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.

(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and
abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.

(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas:

(1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.

(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written, and group communication.

(3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.

(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.

(e) The following shall be integrated throughout the entire nursing curriculum:

(1) The nursing process;

(2) Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing;

(3) Physical, behavioral, and social aspects of human development from birth through all age levels;

(4) Knowledge and skills required to develop collegial relationships with health care providers from other disciplines;

(5) Communication skills including principles of oral, written, and group communications;

(6) Natural science, including human anatomy, physiology, and microbiology; and

(7) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.

(f) The program shall have tools to evaluate a student’s academic progress, performance, and clinical learning experiences that are directly related to course objectives.

(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:

(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.

(2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.

Note: Authority cited: Sections 2715 and 2786.6, Business and Professions Cod. Reference: Sections 2785-2788, Business and Professions Code.
1426.1 Preceptorship
A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply:

(a) The course shall be approved by the board prior to its implementation.

(b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that include all of the following:

(1) Identification of criteria used for preceptor selection;

(2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student, and faculty responsibilities;

(3) Identification of preceptor qualifications for both the primary and the relief preceptor that include the following requirements:

(A) An active, clear license issued by the board;

(B) Clinically competent, and meet the minimum qualifications specified in section 1425(e);

(C) Employed by the health care agency for a minimum of one (1) year; and

(D) Completed a preceptor orientation program prior to serving as a preceptor.

(E) A relief preceptor, who is similarly qualified to be the preceptor is present and available on the primary preceptor’s days off.

(4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses:

(A) The frequency and method of faculty/preceptor/student contact;

(B) Availability of faculty and preceptor to the student during his or her preceptorship experience;

1. Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship.

2. Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.

(5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities:

(A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student;

(B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor;

(6) Maintenance of preceptor records that includes names of all current preceptors, registered nurse licenses, and dates of preceptorships; and

(7) Plan for an ongoing evaluation regarding the continued use of preceptors.
California Codes and Regulations Title 16. Schools of Nursing

(c) Faculty/student ratio for preceptorship shall be based on the following criteria:

(1) Student/preceptor needs;
(2) Faculty's ability to effectively supervise;
(3) Students' assigned nursing area; and
(4) Agency/facility requirements.


HISTORY
1. New section filed 9-21-2010; operative 10-21-2010 (Register 2010, No. 39).

1427. Clinical Facilities
(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b), (c), and (d) of this section and the policies outlined by the board.

(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.

(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:

(1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;
(2) Provision for orientation of faculty and students;
(3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;
(4) Assurance that staff is adequate in number and quality to ensure safe and continuous health care services to patients;
(5) Provisions for continuing communication between the facility and the program; and
(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.

(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact that an additional group of students would have on students of other nursing programs already assigned to the agency or facility.


HISTORY

1428. Student Participation
Students shall be provided opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to:

(a) Philosophy and objectives;
(b) Learning experience; and

(c) Curriculum, instruction, and evaluation of the various aspects of the program, including clinical facilities.


HISTORY

1428.6. Policies Relating to Establishing Eligibility for Examination

(a) At least four (4) weeks prior to its established graduation date, the nursing program shall submit to the board a roster of names of those students and their expected date to successfully complete required course work. Except as provided below such a student shall be deemed eligible to take the examination after the date on which the student successfully completed the required course work.

(b) The nursing program shall notify the board immediately by telephone, facsimile, or e-mail of any student who fails to maintain eligibility and such individuals shall be deemed ineligible to take the examination.


HISTORY
1. Amendment filed 10-2-96; operative 11-1-96 (Register 96, No. 40).

1429. Licensed Vocational Nurses, Thirty (30) Semester or Forty-Five (45) Quarter Unit Option.

(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in section 2736 of the code. Such applicant shall submit evidence to the board, including a transcript, of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.

(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken.

(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in section 1426, may fulfill the additional education requirement.

Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing. The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2736, 2736.6 and 2786, Business and Professions Code.

HISTORY
1. Amendment of section heading and section filed 9-21-2010; operative 10-21-2010 (Register 2010, No. 39).
1430. Previous Education Credit
An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.

Note: Authority cited: Sections 2715 and 2786.6, Business and Professions Code. Reference: Sections 2736 and 2786.6, Business and Professions Code.

HISTORY
1. Renumbering of former section 1430 to new section 1432 and new section 1430 filed 9-21-2010; operative 10-21-2010 (Register 2010, No. 39).

1431. Licensing Examination Pass Rate Standard
The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates.

(a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.

(b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years.

(c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code.


HISTORY
1. New section filed 9-21-2010; operative 10-21-2010 (Register 2010, No. 39).

1432. Changes to an Approved Program
(a) Each nursing program holding a certificate of approval shall:

(1) File its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address.

(2) Notify the board within ten (10) days of any:

(A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program.

(B) Substantive change in the organizational structure, administrative responsibility, or accountability in the nursing program, the institution of higher education in which the nursing program is located or with which it is affiliated that will affect the nursing program.

(b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include:

(1) Change in location.

(2) Change in ownership.
(3) Addition of a new campus or location.

(4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution of higher education with which it is affiliated.


HISTORY

1. Renumbering of former section 1430 to new section 1432, including amendment of section heading, section and Note, filed 9-21-2010; operative 10-21-2010 (Register 2010, No. 39).
INSTRUCTIONS FOR INSTITUTIONS SEEKING APPROVAL OF NEW PRELICENSURE REGISTERED NURSING PROGRAM
(Business and Professions Code Section 2786; California Code of Regulations Sections 1421, 1422, and 1423) (Effective 10/21/10)

PURPOSE

The Instructions specify the requirements and process for an institution seeking approval of a new prelicensure registered nursing program (program applicant) pursuant to Business and Professions Code (B&PC) section 2786. The document is incorporated by reference in California Code of Regulations (CCR) section 1421.

STEPS IN THE APPROVAL PROCESS

In accordance with B&PC section 2786(a), the program applicant must be an institution of higher education or affiliated with an institution of higher education (hereafter referred to as affiliated institution). Affiliated institutions must make an agreement with an institution of higher education in California in the same general location, i.e., within 50 miles, to grant degrees to students who complete the registered nursing program. Such written agreement must be made prior to seeking approval from the Board. A copy of this agreement must be submitted with the feasibility study, described in Step 2.

The institution of higher education offering the program or the institution of higher education granting the degree for the new affiliated institution must have the authority to grant an associate of arts degree or baccalaureate or higher degree to individuals who graduate from the nursing program. An institution that wishes to start a new program must meet this requirement prior to submission of an application.

STEP 1 – Submit a Letter of Intent:

Submit a letter of intent to the Board of Registered Nursing (BRN) at least one year in advance of the anticipated date for admission of students. The letter must specify the name of the institution seeking approval; contact person; type of nursing program, e.g., associate degree, baccalaureate degree, entry-level master’s, etc., and its location; and proposed start date. The letter is to be addressed to:

Executive Officer
Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94244-2100

The Board will acknowledge receipt of the letter of intent.
STEP 2 –Submit Feasibility Study

Submit a feasibility study to the BRN documenting the need for the program and the program applicant’s ability to develop, implement, and sustain a viable prelicensure registered nursing program. The feasibility study shall include the following:

a) Description of the institution and the institution’s experience providing nursing or other health-related educational programs. The description must include:
   1. History, organizational structure and programs (attach an organization chart), funding sources
   2. Accreditation status and history, (i.e., date of initial accreditation, denials, revocations, warnings) for the institution and any programs offered by the institution
   3. Type of nursing or other health-related programs including number of students currently enrolled and graduates by program type; passage rate on any required certification or licensing examination for the past five years (as applicable); and status of the program with any state, regional, or federal agency
   4. If the applicant does not have a nursing program or other health-related programs, provide a statement related to the processes and resources it will utilize to start and sustain a prelicensure registered nursing program.

b) Geographic area (community) served by the institution and a description of the community and its population.

c) Description of the type of program being proposed (e.g., associate, baccalaureate, entry-level master’s, etc.), the intended start date, projected size of the first class and enrollment projection for the first five years, and method for determining the projected enrollment.

d) Information on the applicant pool and sustainability of enrollment for the proposed new prelicensure registered nursing program. Include data on existing nursing programs preparing students for licensure (vocational, associate, baccalaureate, or entry level master’s) within a 50-mile radius. Include a statement on plans for promoting the proposed program.

e) Description of proposed provisions for required subject matter and support areas, including faculty and resources. The proposed program must be at least two academic years, not less than 58 semester or 87 quarter units, and must include all course areas specified in CCR 1426. Consult CCR section 1426, Required Curriculum, for required subject matter. Support areas include such items as the library, skills learning lab, computer labs, simulation labs, and tutorial and counseling services.

f) Budget projection that demonstrates initial and sustainable budgetary provisions for a full enrollment of the initial cohort. The projected budget demonstrates building of reserves to sustain the proposed program.

g) Evidence of availability of clinical placements for students of the proposed program. Include a list of the clinical facilities that may be utilized for learning experiences and a description of any plans for future addition or expansion of health facilities. Provide a completed “Facility Verification Form” (EDP-I-01 Rev 3/10) for each health care facility that has agreed to provide clinical placement for students of the proposed program. When available, verification shall include the accommodations specifying shift and days.

Note: Clinical placements of the new program must take into consideration the impact on the use of the clinical facility by existing prelicensure registered nursing programs and must be coordinated with any process for clinical placement, such as consortium for regional planning.
Include a description of your collaboration and coordination efforts with any existing registered nursing programs and any regional planning consortium.

**Affiliate Program Agreement with Institution of Higher Education**

An affiliate program must submit an agreement with an institution of higher education that has authority to grant an associate of arts degree or a baccalaureate or higher degree in nursing to individuals who complete an additional course of study approved by the board. The institution of higher education must be in California and within 50 miles of the nursing program. The agreement must include:

1) The type of degree to be conferred by the institution of higher education
2) The additional course of study required to obtain the degree
3) Process and procedures for nursing program students to enroll in the required courses
4) Approximate cost and timeframe for students to complete the requirements
5) Role and responsibility of the nursing program, institution of higher education, and the student
6) Resources available to students at the institution of higher education.

The program applicant may include any additional information that it believes might reasonably affect the Board’s decision to accept the feasibility study.

**STEP 3 – Review of Feasibility Study**

It is the responsibility of the program applicant to have staff or a consultant(s) who possess the requisite knowledge and expertise to complete a feasibility study that conforms to the requirements specified in the Instructions. Upon submission of the feasibility study, a BRN staff member will review the study, and will work with the planners of the proposed nursing program to clarify issues. Close communication with BRN staff must be maintained during this time period. The process for initial review usually takes three to four weeks. In the event the initial review time will exceed this time period, BRN staff will notify the program applicant of the approximate time for the initial review. Priority will be given to first-time applicants for program approval.

The following action will be taken:

1) If BRN staff determines that the feasibility study is complete and complies with requirements specified in these Instructions, staff will submit the feasibility study to the Education / Licensing Committee (ELC), (Step 4).
2) If the feasibility study is deemed incomplete, staff will notify the program applicant, in writing, of any deficiencies and a date for submission of a completed feasibility study. If BRN staff deems the revised feasibility study is complete, it will be submitted to the ELC (Step 4).
3) If staff deems the revised feasibility study incomplete, it will be returned to the program with a written notice of the deficiencies, and will not be submitted to the ELC. The ELC and Board will be notified, at a regularly scheduled meeting, of the name of the program applicant, the return of the feasibility study, and the deficiencies that resulted in the feasibility study being returned. If the applicant still wishes to start a prelicensure registered nursing program, the applicant must restart the process at Step 1.
4) If the revised feasibility study is returned because it is incomplete and the applicant still wishes to seek approval of a prelicensure registered nursing program, the applicant must restart at Step 1. The Letter of Intent must include a statement summarizing the BRN staff’s reason(s) for not accepting the prior revised feasibility study and subsequent corrective action the applicant has taken.
STEP 4 – Education/Licensing Committee Recommendation on the Feasibility Study

When the feasibility study is deemed complete, it will be submitted to the Board’s Education/Licensing Committee for discussion and action at a regularly scheduled meeting. The meeting is open to the public, and there are opportunities for public comment. The BRN will notify the program applicant of the ELC meeting date at which the Committee will discuss and take action on the feasibility study. A representative of the program must be present at the ELC meeting to respond to any questions from the Committee regarding the feasibility study. The ELC will recommend to the Board the acceptance or non-acceptance of the feasibility study, or may defer action on the study to permit the institution time to provide additional information at a subsequent ELC meeting. If the ELC defers action, the program applicant will be notified in writing within ten (10) days of the deferred action, reason(s) for the deferral, and date for submission of any additional information and/or documents. The ELC considers the following criteria in determining its recommendation to the Board:

1) Evidence of applicant’s ability to initiate and maintain a prelicensure registered nursing program.
2) Evidence of initial and sustainable budgetary provisions for the proposed program.
3) Institution of higher authority to grant an associate of arts, baccalaureate, or higher degree.
4) For affiliated institutions, the agreement with an institution of higher education within 50 miles to grant an associate of arts degree or baccalaureate or higher degree to students completing the nursing program.
5) Evidence of availability of clinical placements for students of the proposed program.
6) Plans for administrative and faculty recruitment to staff the proposed program.

STEP 5 - Board Action on the Feasibility Study

The ELC’s recommendation on the feasibility study will be submitted for Board discussion and action at a regularly scheduled Board meeting. The Board meeting is also open to the public, with opportunities for public comment. The Board may accept or not accept the study, or may defer action on the study to provide the program applicant with an opportunity to provide additional information. The Board considers the criteria specified in Step 4 in rendering its decision.

The following action will be taken:
1) Within ten (10) days after the Board decision on the feasibility study, the Board will notify the program applicant in writing of its decision.
2) If the feasibility study is accepted, the program applicant may proceed to Step 6.
3) If the feasibility study is not accepted, the Board notice will include the basis for its decision.
4) If action on the feasibility study is deferred, the notice shall specify what additional information and/or documents are needed from the program applicant in order for the feasibility study to be deemed complete and a due date for submission of the materials. The revised feasibility study will be considered at regularly scheduled ELC and Board meetings after the due date for submission of materials. If the revised feasibility study is not accepted, the Board will notify the applicant in writing within ten (10) days; the notice will include the basis for the Board’s decision.
5) An applicant whose initial or revised feasibility study is not accepted, and who still wishes to seek approval of a prelicensure registered nursing program must restart with Step 1. The Letter of Intent must include a statement summarizing the Board’s reason(s) for not accepting the prior feasibility study and subsequent corrective action the applicant has taken.
STEP 6 - Appointment of Program Director

Upon acceptance of the feasibility study, the program applicant shall appoint a director who meets the requirements of CCR section 1425(a).

STEP 7 - Self-Study Report and Site Visit

Upon Board acceptance of the feasibility study, a BRN Nursing Education Consultant (NEC) will be assigned as the BRN liaison for the proposed program. The program director will have responsibility for preparing the self-study for the proposed program and coordinating the site-visit. At least six (6) months prior to the projected date of student enrollment the program applicant must submit to the NEC a self-study that describes how the proposed program plans to comply with all BRN nursing program-related rules and regulations. The attached Preparing the Self-Study Report for Approval of Initial Prelicensure Nursing Program (EDP-I-19 Rev 01/09) and Criteria and Guidelines for Self-Study (EDP-R-03 Rev 01/09) must be used to compile the self-study.

The NEC will review the report and notify the program director of any deficiencies, issues, or concerns with the self-study. Once the NEC has verified the self-study satisfactorily addresses the applicable rules and regulations, the NEC will schedule an on-site visit. The NEC will visit selected clinical sites the program plans to use as part of the on-site visit. Clinical site visits may be deferred depending on the start date of the proposed program. The NEC will complete a written report of findings.

STEP 8 – ELC and Board Actions related to Approval of the Proposed Program

The NEC's written report is submitted to the Board’s ELC for discussion and action at a regularly scheduled Committee meeting. The Committee may recommend that the Board grant or deny approval, or may defer action on the initial program approval to provide the program applicant a specified time period to resolve any problems and to resubmitted to the ELC. A representative of the proposed program must be present at the ELC meeting(s) to respond to any questions from the Committee.

The Board will take action at a regularly scheduled meeting following the ELC meeting. Representatives of the proposed program are encouraged to be present at the Board meeting(s) to respond to any questions. The action the Board may take includes the following:

1) Grant initial approval;
2) Deny approval;
3) Defer action on the approval to permit the program applicant a specified time period to resolve area(s) of non-compliance. After resolution of the area(s) of non-compliance, the proposed program must be submitted for Board action at another regularly scheduled meeting.

Any material misrepresentation of fact by the program applicant in any required information is grounds for not accepting the feasibility study or denial of initial approval.

STEP 9 - Certificate of Approval

A certificate of approval will be issued by the BRN once the Board grants initial approval.

ABANDONMENT OF APPLICATION

A program applicant who does not take any action to complete the application process within one year of submitting a Letter of Intent or receipt of notice of Board action not accepting the program’s feasibility study shall be deemed to have abandoned the application.
FACILITY VERIFICATION FORM

The nursing program must verify that clinical facilities offer necessary learning experiences to meet course/clinical objectives. The facility validates that clinical spaces for new students are available and the impact on existing clinical placements of nursing programs was reviewed.

<table>
<thead>
<tr>
<th>Name of the School:</th>
<th>Name of Director/Designee:</th>
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<tbody>
<tr>
<td></td>
<td>Telephone Number:</td>
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<td>E-Mail Address:</td>
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<thead>
<tr>
<th>Name of health care facility:</th>
<th>Name of Director of Nursing/Designee:</th>
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<td>Telephone Number:</td>
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| Address of Facility:       |                   |

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<tr>
<th>Type of health care facility (Acute, OPD, SNF, etc.)</th>
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<tr>
<th>Average Daily Census for the agency:</th>
<th>Type of units where students can be placed in the health care facility (Place X in the column)</th>
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<tr>
<td></td>
<td>Medical-Surgical</td>
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<tr>
<td></td>
<td>Average daily census for each area</td>
</tr>
<tr>
<td></td>
<td>Average personnel staffing for the shift for a unit (Include number of RNs, LVNs, CNAs, separately)</td>
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<tr>
<td></td>
<td>Number of students placed in the unit at any one time.</td>
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| Identify shifts and days available for placement of students in the program |

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<thead>
<tr>
<th>Provide the following information on all other schools utilizing your facility:</th>
<th>Attach additional sheets if needed.</th>
</tr>
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<tbody>
<tr>
<td>Schools</td>
<td>Category of students (RN, LVN, CNA, etc.)</td>
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☐ This agency does not have spaces to offer clinical spaces to the new program.

☐ This agency intends to offer clinical placement(s) to this new program.

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<th>Agency Representative completing this form</th>
<th>Date</th>
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EDP-I-01 (REV 03/10; Approved 03/10)
January 10, 2013

MEMORANDUM

TO: CSU Presidents
FROM: Timothy P. White
        Chancellor
SUBJECT: Systemwide Nursing Policy — Executive Order 1084

Attached is a copy of Executive Order 1084 relating to systemwide policy for CSU nursing programs. Addressed in the policy are program admission, statewide nursing admission prerequisites, baccalaureate nursing degrees pursued in postbaccalaureate standing, articulation, credit for demonstration of prior learning, and reporting total units required in nursing bachelor’s degree programs.

In accordance with policy of the California State University, the campus president has the responsibility for implementing executive orders where applicable and for maintaining the campus repository and index for all executive orders.

If you have questions regarding this executive order, please call the Academic Programs and Faculty Development Office at (562) 951-4722.

TPW/clm

Attachment

c: Executive Staff, Office of the Chancellor
   Provosts/Vice Presidents of Academic Affairs
   Associate Provosts/Associate Vice Presidents, Academic Affairs
   Deans of Graduate Studies
   Deans of Health and Human Services
   Directors of Admission
   Directors/Chairs of Nursing
   Mr. Eric Forbes, Assistant Vice Chancellor, Student Academic Support
Executive Order 1084

THE CALIFORNIA STATE UNIVERSITY
Office of the Chancellor
401 Golden Shore
Long Beach, California 90802-4210
(562) 951-4722

Executive Order: 1084
Effective Date: January 10, 2013
Supersedes: No Prior Executive Order
Title: Systemwide Nursing Policy

This executive order is issued pursuant to Title 5, California Code of Regulations, sections 40100, 40402, 40405.1, 40408, 40409, 40410, 40508, 40540, 40541, and the Standing Orders of the Board of Trustees, section II(a). There is no prior executive order.

This executive order establishes systemwide policy governing CSU bachelor of science nursing degree programs, including pre-licensure programs and post-licensure bachelor’s completion programs. Also subject to this executive order are pre-licensure (entry-level) master’s programs and associate-degree-to-master’s nursing degree programs. This policy addresses these aspects of nursing degree programs:

1. Program Admission
2. Statewide Nursing Program Admission Prerequisites
3. Baccalaureate Nursing Degrees Pursued in Postbaccalaureate Standing
4. Articulation
5. Credit for Demonstration of Prior Learning of Pre-Licensure Nursing Content
6. Bachelor of Science in Nursing Degree: Reporting Total Units Required

1. Program Admission
   A campus shall not disqualify or prohibit any student who possesses a baccalaureate or higher degree from enrolling in and completing a state-support baccalaureate degree nursing program on the sole basis of that student’s possession of the previously earned degree (Title 5 section 41000).

2. Systemwide Nursing Program Admission Prerequisites
   Effective no later than fall 2014, admission to CSU baccalaureate nursing degree programs (pre-licensure and post-licensure), associate-to-master’s nursing degree programs, and entry-level master’s nursing degree programs shall require successful completion of the systemwide nursing program prerequisites listed in Attachment A. No campus may require more, fewer, or different program prerequisites than those included on the systemwide list (Attachment A); and there shall be no prerequisites to
these nursing program prerequisites. The order in which these nursing program prerequisites courses are taken may be subject to campus discretion. The chancellor in consultation with the Academic Senate of the California State University may amend the standardized prerequisites for nursing degree programs (Education Code section 66055.5).

3. Baccalaureate Nursing Degrees Pursued in Postbaccalaureate Standing
   3.1 Campuses may admit postbaccalaureate students to state-support baccalaureate nursing programs (Title 5 section 41000).

   3.2 A CSU campus shall not require a student who has been admitted to a baccalaureate nursing degree program to undertake courses or fulfill any other baccalaureate degree requirements other than those that are specifically required to complete the nursing degree program if:

   a. the student has previously earned a baccalaureate or higher degree from an institution accredited by a regional accrediting association; or

   b. the student has completed equivalent academic preparation, as determined by the appropriate campus authority (Title 5 section 40509).

4. Articulation
   4.1 Each CSU campus that offers a baccalaureate nursing degree program shall negotiate and implement articulation agreements with community college districts from which a significant number of nursing students transfer to that CSU campus nursing degree program (Education Code section 66055.5).

   4.2 Post-licensure CSU baccalaureate nursing degree required curricula shall not include pre-licensure course content that is required by the Board of Registered Nursing (Education Code section 89267.5).

   4.3 Post-licensure CSU baccalaureate nursing programs shall not require repetition of courses successfully completed in California Community College associate degree in nursing programs (Education Code section 89267.5).

5. Credit for Demonstration of Prior Learning of Pre-Licensure Nursing Content
   As the California Board of Registered Nursing requires 36 units of the art and science of nursing in pre-licensure programs in preparation for the standardized external National Council Licensure Examination (NCLEX), in accordance with the stipulations of this policy a CSU campus may award academic credits using the NCLEX examination to demonstrate prior learning of the pre-licensure art and science of nursing required by the Board of Registered Nursing (Title 5 section 40408).

   5.1 If a student has passed the NCLEX examination, a CSU campus may apply toward the baccalaureate nursing degree one unit of academic credit for every
unit of the required pre-licensure community college nursing course credits that were not transferred to the CSU baccalaureate program, with a maximum of 30 semester units (45 quarter units) to be awarded through the NCLEX provision.

5.2 Credit for passage of the NCLEX examination shall not be awarded when equivalent degree credit has been granted for pre-licensure coursework, credit by evaluation, or other instructional processes.

5.3 Duplicate credit shall not be awarded because of overlapping tests, college-level courses, or both. Where there is partial overlap, the amount of examination credit shall be reduced accordingly.

5.4 The awarding of NCLEX credit shall be accomplished without requiring students to enroll in FTES-generating courses and without charging students a fee for the units awarded.

6. **Bachelor of Science in Nursing Degree: Reporting Total Units Required**
Campuses offering baccalaureate nursing programs shall report to the Chancellor’s Office each January, specifying the number of units required to complete the nursing baccalaureate degree program for pre-licensure students and for post-licensure students. A justification shall be submitted for all programs that extend the baccalaureate unit requirement beyond 120 units at a semester campus or 180 units on a quarter campus (Title 5 section 40508).

Dated: January 10, 2013

Timothy P. White, Chancellor
Systemwide Nursing Program Admission Prerequisites

Effective no later than fall 2014, admission to CSU baccalaureate nursing degree programs (pre-licensure and post-licensure), associate-to-master’s nursing degree programs, and entry-level master’s nursing degree programs shall require successful completion of the following eight systemwide nursing program prerequisites. No campus may require more, fewer, or different program prerequisites than those included on this list; and there shall be no prerequisites to these eight nursing program prerequisites. The order in which these eight nursing program prerequisites courses are taken may be subject to campus discretion. The chancellor in consultation with the Academic Senate of the California State University may amend the standardized prerequisites for nursing degree programs (Education Code section 66055.5).

<table>
<thead>
<tr>
<th>Nursing Program Prerequisite Course</th>
<th>CSU GE-Breadth Area</th>
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<tbody>
<tr>
<td>Oral communication</td>
<td>A1</td>
</tr>
<tr>
<td>Written communication</td>
<td>A2</td>
</tr>
<tr>
<td>Critical thinking</td>
<td>A3</td>
</tr>
<tr>
<td>Chemistry: general, inorganic, organic or integrated (with associated lab if required at the institution where the course was taken)</td>
<td>B1, (B3)</td>
</tr>
<tr>
<td>Human anatomy (with required lab)</td>
<td>B2, B3</td>
</tr>
<tr>
<td>Human physiology (with required lab)</td>
<td>B2, B3</td>
</tr>
<tr>
<td>Microbiology (with required lab)</td>
<td>B2, B3</td>
</tr>
<tr>
<td>Statistics</td>
<td>B4</td>
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</table>

Effective date: No later than fall 2014
Master’s Entry Program in Nursing
Course Descriptions

201. Health Status and Care Systems (4 unit lecture/dis) – Comparative health status data, major current health issues globally, regionally. Theoretical perspectives on social, political, economic determinants of health. Health-care systems examined, linked to evaluated in regard to outcomes. Aging, rural, ethnic minority populations highlighted.

202. Implementation Science (3 unit lecture/dis) – Change processes in health care from political, historic, economic and sociologic frameworks. Historic and current examples of transformative change in the health-care system. Skills for system transformation through health policy, practice, research and education are emphasized.

203. Leadership in Healthcare (4 unit lecture/dis) – Critical examination of leadership from a variety of theoretical and philosophical perspectives; focuses on specific challenges in health care and leadership at various levels, e.g., patient, organizational and policy levels.

212. Technology & Innovations in Health Care (2 unit lecture) – This interprofessional course on technology and innovations in health care will incorporate a multidisciplinary approach including medicine, social and behavioral sciences, as well as information technology and engineering perspectives to stimulate new thinking in the practice, process and delivery of health care. The goal of the course is to stimulate thinking about new processes, technologies and strategies designed to improve overall health outcomes. Examples will include use of telemedicine and mobile health to improve access for rural populations and to address disparities in healthcare.

212. Biophysical Concepts (3 unit lecture) – This course is an introduction to concept-based learning. The focus is on pathophysiological concepts that are basic to understanding illness and injury and the corresponding spectrum of human responses, which serve as a foundation for the formulation of clinical decisions and care planning. Students will learn the pathophysiology of broad concepts such as homeostasis, acid-base balance, fluid and electrolytes, immunity, inflammation, ischemia, metabolism, and tissue integrity. Subsequent classes in the curriculum will focus on helping students’ link concepts to exemplars, link interrelated concepts, and apply concepts in a wide variety of clinical settings.

221. Social, Cultural, and Behavioral Determinants of Health (2 unit lecture) – The focus of this course is on the effect social, cultural and behavioral determinants of health, health promotion strategies and health-seeking behaviors have on individual and population health. Biological, socioeconomic, psychosocial, behavioral, or social factors that contribute to a person's current state of health are identified. Additionally the complex interactions between human society and health including the impact of globalization, social, economic, and political systems, the local and global economy, culture, race, class, gender, and sexuality will be examined.

222. Pharmacology in Nursing (2 unit lecture) – The purpose of this course is to examine pharmacotherapeutic agents used in the treatment of illness and the promotion, maintenance and restoration of wellness in diverse individuals across the lifespan. Emphasis is on the principles of pharmacokinetics, pharmacodynamics and pharmacogenetics in the treatment of selected illnesses. The focus is on concepts of safe administration and monitoring the effects of commonly used pharmacotherapeutic agents, best practices and evidence-based interventions.

224. Research and Evidence Based Practice (3 unit lecture) – Introduction to the scientific process with an emphasis on its application in nursing. The research process as well as the major research designs, including experimental and quasi-experimental studies, surveys, descriptive and qualitative designs will be presented. Students will review and critique selected nursing research studies. Emphasis is placed on developing an understanding of the logical process of research, on the scientific rigor necessary for carrying out studies of nursing interest, and on critically reading and using nursing research in an evidence based practice.

225. Developing Future Nurse Leaders (2 unit lecture) – Focus is on the development of skills necessary for effective decision making, fiscal and environmental stewardship, initiating and maintaining effective working relationships, using mutually respectful communication and collaboration, care coordination, delegation and supervision, and conflict resolution.
226. **Quality and Safety Education in Healthcare** (2 unit lecture) – This interprofessional course will provide students with an understanding of patient safety from a patient-centered perspective, professional responsibility in improving patient safety, and the process of identifying health system problems. Students will gain knowledge of errors and adverse events, the effects of patient safety events, and designing, implementing, and evaluating quality and performance improvement. Focus is on preparing individuals with the knowledge, skills and attitudes necessary to continuously improve the quality, safety, effectiveness, and efficiency of the healthcare systems within which they work.

227. **Gerontology** (2 unit lecture) – The purpose of this course is to gain a greater understanding of the range and nature of the bio-psycho-social responses to aging over the life course, with an emphasis on how the sociological dynamics of aging impacts the biological and the psychological. A variety of theories related to the aging process will be presented. Concepts relevant to pathophysiology, nutrition, pharmacology, psychosocial development, and ethical/legal responsibilities are emphasized. Public policy implications as the national and world population ages will also be examined.

228. **Professional Nursing Role Formation** (3 unit lecture) – This seminar is designed to facilitate the transition from nursing student to professional nurse. Concepts include ethical comportment, professional values of autonomy, social justice, advocacy, altruism, human dignity, and integrity. Students will be required to pass a mastery exit examination in nursing and to complete their graduate level capstone project.

270. **Foundations of Pharmacology** (1 unit lecture) – This introductory pharmacology course introduces the student to major concepts in pharmacology and relevant human physiology related to pharmacotherapeutics and toxicology. General principles of pharmacology include pharmacokinetics, pharmacodynamics, contraindications and precautions, adverse effects, and drug interactions. Additionally, the impact physiological alterations, health status, lifespan and gender, lifestyle, diet, environment, and culture have on drug therapy will be discussed.

420. **Foundations of Clinical Nursing Practice** (1 unit lecture, 2 unit lab) – This fundamental course introduces students to core concepts of nursing science including taxonomy, philosophies of caring, nursing process, and evidence-based interventions. Concepts from the biological, physical, epidemiological, and behavioral sciences will be utilized as students focus on the development of knowledge, skills, and attitudes required for the provision of person-centered care. Topics will focus on providing fundamental nursing care across health-illness continuum, throughout the lifespan with a special focus on caring for older patients. Using guided hands-on learning modules, students will learn skills for effective assessment, patient care management, critical thinking, and documentation.

421. **Health Assessment Across the Lifespan** (1 unit lecture, 2 unit lab) – This course is designed to prepare students to conduct comprehensive and focused physical, behavioral, psychological, spiritual, and socioeconomic assessments of health and illness using developmentally and culturally appropriate approaches in individuals across the lifespan. Students will acquire the knowledge, understanding, and skill to perform a health history, assess health status, and identify health deviations in adult, elderly, and pediatric populations. In addition to clinical assessment, students will learn skills in clinical assessment analysis, documentation, and decision-making to promote health, prevent illness, and manage illness within nursing practice.

422. **Care of Adults with Chronic Conditions** (3 unit lecture, 3 unit clinical) – This combined nursing theory and clinical course will focus on care of individuals with chronic conditions. Course content will include health promotion, health maintenance, and health restoration related to wellness and common chronic conditions affecting the population. The didactic component will focus on concepts critical to the management of common chronic conditions. Altered clinical presentation, multiple coexisting conditions, polypharmacy, ethical decision-making, and psychological, social, and environmental concepts that challenge nursing care delivery and influence interventions across care settings and across the lifespan will be discussed. Content will also include interdisciplinary approaches in the management of chronic conditions and the planning, implementation, and evaluation of the coordination of care. The clinical component will provide students with the opportunity to implement patient-centered and culturally sensitive care that reflects an understanding of the concepts of human growth and development, pathophysiology, nursing management, and medical management along the health-illness continuum and in a wide variety of settings. During their clinical experiences students will focus on nursing care of adults and older adults with chronic conditions.

423. **Psychosocial Wellness & Illness** (3 unit lecture, 2 unit clinical) – This combined theory and clinical nursing course explores the biological, psychological, cultural, societal, and environmental factors that affect psychological wellness and illness. Concepts include a systems approach to therapeutic communication and relationships, evidence-based care, symptom management, teaching/learning, leadership, and collaboration with other healthcare workers. Evidence-based nursing and
medical interventions for major psychiatric disorders will be examined from a theoretical basis as well as during clinical experiences. Clinical experiences will include supervised participation in nursing and healthcare of clients with psychiatric-mental health problems in varied settings.

424. Family Focused Nursing (5 unit lecture & 4 unit clinical) – This combined nursing theory and clinical course will focus on the family as the unit of nursing and interprofessional care, including male and female reproductive and gender/sexuality issues across the lifespan, issues in women’s health, as well as health and illness in children and youth, with an emphasis on family dynamics, growth and development and communication with families. Clinical experiences will include supervised nursing and healthcare of families across the lifespan and in a variety of settings.

425. Nursing Care of Adults with Complex Illness or Injury (4 unit lecture & 4 unit clinical) – The purpose of this combined nursing theory and clinical course is to prepare the student to provide comprehensive, patient-centered nursing care for patients with acute or complex illness and injury. Building on a foundation from the natural and behavioral sciences as well as content from previous MEPN courses, the theory part of this course will focus on concepts associated with complex physiological alterations. In addition, students will have an opportunity to address a variety of psychosocial and professional concepts through the use of case studies and in the clinical setting. Supervised clinical experiences will focus on developing skills in the nursing process, clinical reasoning and clinical judgment, effective communication, and interdisciplinary teamwork in a variety of patient care situations. Examples include conditions involving rapid changes in the patient’s health, the presence of multi-system dysfunction, as well areas in which the health problems of advancing age predominate. In an acute inpatient setting, students will assess, analyze, plan, implement, and evaluate the nursing care of adult patients across the lifespan. Comprehensive person-centered care for individuals with a wide range of disorders will be addressed as well as the need for patient teaching and continuity in transitions of care.

426. Fostering Healthy Communities (4 unit lecture & 4 unit clinical) – The focus of this combined nursing theory and clinical course is on populations/communities as the unit of nursing and interprofessional care, with an emphasis on working with diverse communities in providing health promotion, transitional support and crisis intervention. The course emphasizes health promotion and disease prevention, using the public health sciences of epidemiology, environmental health, health policy, community assessment, and community interventions. A service learning approach is included in the supervised clinical component of the course.

427. Information Management and Patient Care Technology (1 unit lab) – Students in this course will focus on development of basic skills in information management and decision-support systems as well as application of patient care technologies such as monitors, data gathering devices, and other technological support for patient care.

428. Clinical Nursing Practicum (7 unit clinical) – Practicum experience in which students have an opportunity to choose a clinical practice area of interest and to work with a preceptor with expertise in that area. Students may choose from experiences in rural health, acute care, ambulatory care, mental health and community health. Emphasis is on the synthesis of previous and concurrent learning, development of independence in nursing practice, skill in clinical decision-making and application of nursing leadership and management theory and skills.

429A-F. Collaborative Practice I - VI (1 unit lab) – This interprofessional course uses simulation, role play, and case studies to facilitate the integration of key concepts presented throughout the curriculum. Concepts include but are not limited to: communication, person-centered care, ethical decision making, end-of-life decisions, culturally appropriate care, quality and safety, social justice, and professionalism.
NCLEX-RN® Examination

Test Plan for the National Council Licensure Examination for Registered Nurses

NCSBN
National Council of State Boards of Nursing

Effective | April 2013
Mission Statement

The National Council of State Boards of Nursing (NCSBN®) provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

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Address inquiries in writing to NCSBN Permissions, 111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277. Suggested Citation: National Council of State Boards of Nursing.
2013 NCLEX-RN® Test Plan

National Council Licensure Examination for Registered Nurses (NCLEX-RN® Examination)

Introduction

Entry into the practice of nursing is regulated by the licensing authorities within each of the National Council of State Boards of Nursing (NCSBN®) member board jurisdictions (state, commonwealth, and territorial boards of nursing). To ensure public protection, each jurisdiction requires candidates for licensure to meet set requirements that include passing an examination that measures the competencies needed to perform safely and effectively as a newly licensed, entry-level registered nurse. NCSBN develops a licensure examination, the National Council Licensure Examination for Registered Nurses (NCLEX-RN®), which is used by member board jurisdictions to assist in making licensure decisions.

Several steps occur in the development of the NCLEX-RN Test Plan. The first step is conducting a practice analysis that is used to collect data on the current practice of the entry-level nurse (Report of Findings from the 2011 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice; NCSBN, 2012). Twelve thousand newly licensed registered nurses are asked about the frequency and importance of performing 141 nursing care activities. Nursing care activities are then analyzed in relation to the frequency of performance, impact on maintaining client safety, and client care settings where the activities are performed. This analysis guides the development of a framework for entry-level nursing practice that incorporates specific client needs as well as processes fundamental to the practice of nursing. The second step is the development of the NCLEX-RN Test Plan, which guides the selection of content and behaviors to be tested.

The NCLEX-RN Test Plan provides a concise summary of the content and scope of the licensing examination. It serves as a guide for examination development as well as candidate preparation. The NCLEX® examination assesses the knowledge, skills and abilities that are essential for the entry-level nurse to use in order to meet the needs of clients requiring the promotion, maintenance or restoration of health. The following sections describe beliefs about people and nursing that are integral to the examination, cognitive abilities that will be tested in the examination and specific components of the NCLEX-RN Test Plan.

Beliefs

Beliefs about people and nursing underlie the NCLEX-RN Test Plan. People are finite beings with varying capacities to function in society. They are unique individuals who have defined systems of daily living reflecting their values, motives and lifestyles. People have the right to make decisions regarding their health care needs and to participate in meeting those needs. The profession of nursing makes a unique contribution in helping clients (individual, family, or group) achieve an optimal level of health in a variety of settings. For the purposes of the NCLEX Examination, a client is defined as the individual, family, or group which includes significant others and population.

Nursing is both an art and a science, founded on a professional body of knowledge that integrates concepts from the liberal arts and the biological, physical, psychological and social sciences. It is a learned profession
based on knowledge of the human condition across the life span and the relationships of an individual with others and within the environment. Nursing is a dynamic, continually evolving discipline that employs critical thinking to integrate increasingly complex knowledge, skills, technologies, and client care activities into evidence-based nursing practice. The goal of nursing for client care is preventing illness and potential complications; protecting, promoting, restoring, and facilitating comfort; health; and dignity in dying.

The registered nurse provides a unique, comprehensive assessment of the health status of the client, applying principles of ethics, client safety, health promotion and the nursing process, the nurse then develops and implements an explicit plan of care. The nurse assists clients to promote health, cope with health problems, adapt to and/or recover from the effects of disease or injury, and support the right to a dignified death. The registered nurse is accountable for abiding by all applicable member board jurisdiction statutes related to nursing practice.

Classification of Cognitive Levels

Bloom’s taxonomy for the cognitive domain is used as a basis for writing and coding items for the examination (Bloom, et al., 1956; Anderson & Krathwohl, 2001). Since the practice of nursing requires application of knowledge, skills and abilities, the majority of items are written at the application or higher levels of cognitive ability, which requires more complex thought processing.

Test Plan Structure

The framework of Client Needs was selected for the examination because it provides a universal structure for defining nursing actions and competencies, and focuses on clients in all settings.

Client Needs

The content of the NCLEX-RN Test Plan is organized into four major Client Needs categories. Two of the four categories are divided into subcategories:

- Safe and Effective Care Environment
  - Management of Care
  - Safety and Infection Control
- Health Promotion and Maintenance
- Psychosocial Integrity
- Physiological Integrity
  - Basic Care and Comfort
  - Pharmacological and Parenteral Therapies
  - Reduction of Risk Potential
  - Physiological Adaptation
Integrated Processes

The following processes are fundamental to the practice of nursing and are integrated throughout the Client Needs categories and subcategories:

- **Nursing Process** – a scientific, clinical reasoning approach to client care that includes assessment, analysis, planning, implementation and evaluation.

- **Caring** – interaction of the nurse and client in an atmosphere of mutual respect and trust. In this collaborative environment, the nurse provides encouragement, hope, support and compassion to help achieve desired outcomes.

- **Communication and Documentation** – verbal and nonverbal interactions between the nurse and the client, the client’s significant others and the other members of the health care team. Events and activities associated with client care are recorded in written and/or electronic records that demonstrate adherence to the standards of practice and accountability in the provision of care.

- **Teaching/Learning** – facilitation of the acquisition of knowledge, skills and attitudes promoting a change in behavior.

Distribution of Content

The percentage of test questions assigned to each Client Needs category and subcategory of the NCLEX-RN Test Plan is based on the results of the *Report of Findings from the 2011 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* (NCSBN, 2012), and expert judgment provided by members of the NCLEX® Examination Committee.

<table>
<thead>
<tr>
<th>Client Needs</th>
<th>Percentage of Items from Each Category/Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe and Effective Care Environment</td>
<td></td>
</tr>
<tr>
<td>- Management of Care</td>
<td>17-23%</td>
</tr>
<tr>
<td>- Safety and Infection Control</td>
<td>9-15%</td>
</tr>
<tr>
<td>Health Promotion and Maintenance</td>
<td>6-12%</td>
</tr>
<tr>
<td>Psychosocial Integrity</td>
<td>6-12%</td>
</tr>
<tr>
<td>Physiological Integrity</td>
<td></td>
</tr>
<tr>
<td>- Basic Care and Comfort</td>
<td>6-12%</td>
</tr>
<tr>
<td>- Pharmacological and Parenteral Therapies</td>
<td>12-18%</td>
</tr>
<tr>
<td>- Reduction of Risk Potential</td>
<td>9-15%</td>
</tr>
<tr>
<td>- Physiological Adaptation</td>
<td>11-17%</td>
</tr>
</tbody>
</table>
NCLEX-RN examinations are administrated adaptively in variable length format to target candidate-specific ability. To accommodate possible variations in test length, content area distributions of the individual examinations may differ up to ±3% in each category.

Overview of Content

All content categories and subcategories reflect client needs across the life span in a variety of settings.

Safe and Effective Care Environment

The nurse promotes achievement of client outcomes by providing and directing nursing care that enhances the care delivery setting in order to protect clients and health care personnel.

- **Management of Care** – providing and directing nursing care that enhances the care delivery setting to protect clients and health care personnel.

  Related content includes but is **not limited** to:

  - Advance Directives
  - Advocacy
  - Assignment, Delegation and Supervision
  - Case Management
  - Client Rights
  - Collaboration with Interdisciplinary Team
  - Concepts of Management
  - Confidentiality/Information Security
  - Continuity of Care
  - Establishing Priorities
  - Ethical Practice
  - Informed Consent
  - Information Technology
  - Legal Rights and Responsibilities
  - Performance Improvement (Quality Improvement)
  - Referrals
Safety and Infection Control – protecting clients and health care personnel from health and environmental hazards.

Related content includes but is not limited to:

- Accident/Error/Injury Prevention
- Emergency Response Plan
- Ergonomic Principles
- Handling Hazardous and Infectious Materials
- Home Safety
- Reporting of Incident/Event/Irregular Occurrence/Variance
- Safe Use of Equipment
- Security Plan
- Standard Precautions/Transmission-Based Precautions/Surgical Asepsis
- Use of Restraints/Safety Devices

Health Promotion and Maintenance

The nurse provides and directs nursing care of the client that incorporates the knowledge of expected growth and development principles; prevention and/or early detection of health problems, and strategies to achieve optimal health.

Related content includes but is not limited to:

- Aging Process
- Ante/Intra/Postpartum and Newborn Care
- Developmental Stages and Transitions
- Health Promotion/Disease Prevention
- Health Screening
- High Risk Behaviors
- Lifestyle Choices
- Self-Care
- Techniques of Physical Assessment

Psychosocial Integrity

The nurse provides and directs nursing care that promotes and supports the emotional, mental and social well-being of the client experiencing stressful events, as well as clients with acute or chronic mental illness.

Related content includes but is not limited to:

- Abuse/Neglect
- Behavioral Interventions
- Chemical and Other Dependencies/Substance Use Disorder
- Coping Mechanisms
- Crisis Intervention
- Cultural Awareness/Cultural Influences on Health
- End of Life Care
- Family Dynamics
- Grief and Loss
- Mental Health Concepts
- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Stress Management
- Support Systems
- Therapeutic Communication
- Therapeutic Environment
Physiological Integrity

The nurse promotes physical health and wellness by providing care and comfort, reducing client risk potential and managing health alterations.

- **Basic Care and Comfort** - providing comfort and assistance in the performance of activities of daily living.

  Related content includes but is **not limited** to:

  - Assistive Devices
  - Elimination
  - Mobility/Immobility
  - Non-Pharmacological Comfort Interventions
  - Nutrition and Oral Hydration
  - Personal Hygiene
  - Rest and Sleep

- **Pharmacological and Parenteral Therapies** - providing care related to the administration of medications and parenteral therapies.

  Related content includes but is **not limited** to:

  - Adverse Effects/Contraindications/Side Effects/Interactions
  - Blood and Blood Products
  - Central Venous Access Devices
  - Dosage Calculation
  - Expected Actions/Outcomes
  - Medication Administration
  - Parenteral/Intravenous Therapies
  - Pharmacological Pain Management
  - Total Parenteral Nutrition

- **Reduction of Risk Potential** - reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures.

  Related content includes but is **not limited** to:

  - Changes/Abnormalities in Vital Signs
  - Diagnostic Tests
  - Laboratory Values
  - Potential for Alterations in Body Systems
  - Potential for Complications of Diagnostic Tests/Treatments/Procedures
  - Potential for Complications from Surgical Procedures and Health Alterations
  - System Specific Assessments
  - Therapeutic Procedures

- **Physiological Adaptation** - managing and providing care for clients with acute, chronic or life threatening physical health conditions.

  Related content includes but is **not limited** to:

  - Alterations in Body Systems
  - Fluid and Electrolyte Imbalances
  - Hemodynamics
  - Illness Management
  - Medical Emergencies
  - Pathophysiology
  - Unexpected Response to Therapies
Administration of the NCLEX-RN® Examination

The NCLEX-RN Examination is administered to candidates by computerized adaptive testing (CAT). CAT is a method of delivering examinations that uses computer technology and measurement theory. With CAT, each candidate's examination is unique because it is assembled interactively as the examination proceeds. Computer technology selects items to administer that match the candidate's ability. The items, which are stored in a large item pool, have been classified by test plan category and level of difficulty. After the candidate answers an item, the computer calculates an ability estimate based on all of the previous answers the candidate selected. The next item administered is chosen to measure the candidate's ability in the appropriate test plan category. This process is repeated for each item, creating an examination tailored to the candidate's knowledge and skills while fulfilling all NCLEX-RN Test Plan requirements. The examination continues with items selected and administered in this way until a pass or fail decision is made.

All registered nurse candidates must answer a minimum of 75 items. The maximum number of items that a registered nurse candidate may answer is 265 during the allotted six-hour time period. The maximum six-hour time limit to complete the examination includes the tutorial, sample questions and all breaks. Candidates may be administered multiple choice items as well as items written in alternate formats. These formats may include but are not limited to multiple response, fill-in-the-blank calculation, ordered response, and/or hot spots. All item types may include multimedia such as charts, tables, graphics, sound and video. All items go through an extensive review process before being used as items on the examination.

More information about the NCLEX examination, including CAT methodology, items, the candidate bulletin and Web tutorials can be found on the the NCSBN website: http://www.ncsbn.org.

Examination Security and Confidentiality

Any candidate that violates test center regulations or rules, or engages in irregular behavior, misconduct and/or does not follow a test center administrator's warning to discontinue inappropriate behavior may be dismissed from the test center. Additionally, exam results may be withheld or cancelled and the licensing board may take other disciplinary action such as denial of a license and/or disqualifying the candidate from future registrations for licensure. Refer to the current candidate bulletin for more information.

Candidates should be aware and understand that the disclosure of any examination materials including the nature or content of examination items, before, during or after the examination is a violation of law. Violations of confidentiality and/or candidates’ rules can result in criminal prosecution or civil liability and/or disciplinary actions by the licensing agency including the denial of licensure. Disclosure of examination materials includes but is not limited to discussing examination items with faculty, friends, family, or others.
Bibliography


Clinical Placement Support

Letters of commitment to provide supervised hands-on nursing experiences to students enrolled in the School of Nursing Master’s Entry Program in Nursing are included from the following health-care agencies:

UC Davis Health System, Acute and Ambulatory Care
UC Davis Health System, Home Care Services
Department of Veterans Affairs, VA Northern California Health Care System
Kaiser Permanente South Sacramento
Kaiser Sacramento Medical Center
County of Sacramento, Health and Human Services
El Dorado County, Health and Human Services
Amador County Public Health
County of Yolo, Health Department
Heritage Oaks Hospital, Psychiatric Care
Shriners Hospital for Children, Northern California
Sutter Roseville Medical Center
Sutter Medical Center, Sacramento
Woodland Healthcare, Dignity Health
FACILITY VERIFICATION FORM

The nursing program must verify that clinical facilities offer necessary learning experiences to meet course/clinical objectives. The facility validates that clinical spaces for new students are available and the impact on existing clinical placements of nursing programs was reviewed.

<table>
<thead>
<tr>
<th>Name of the School:</th>
<th>Betty Irene Moore School of Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UC Davis Health System</td>
</tr>
<tr>
<td></td>
<td>4610 X Street, Suite 4202</td>
</tr>
<tr>
<td></td>
<td>Sacramento, CA 95817</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Director/Designee:</th>
<th>Peggy Hodge, EdD, MSN, RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number:</td>
<td>(916) 734-7828</td>
</tr>
<tr>
<td>E-Mail Address:</td>
<td><a href="mailto:margaret.hodge@ucdmc.ucdavis.edu">margaret.hodge@ucdmc.ucdavis.edu</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of health care facility:</th>
<th>UC Davis Health System</th>
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<tbody>
<tr>
<td>Type of health care facility (Acute, OPD, SNF, etc.):</td>
<td>Acute &amp; Ambulatory Care</td>
</tr>
<tr>
<td>Average Daily Census for the agency:</td>
<td>485</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Director of Nursing/Designee:</th>
<th>Carol Robinson, RN, MPA, NEA-BC, FAAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number:</td>
<td><a href="mailto:Carol.Robinson@ucdmc.ucdavis.edu">Carol.Robinson@ucdmc.ucdavis.edu</a></td>
</tr>
<tr>
<td>E-Mail Address:</td>
<td>2315 Stockton Blvd.</td>
</tr>
<tr>
<td>Address:</td>
<td>Sacramento, CA 95817</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of units where students can be placed in the health care facility (Place X in the column)</th>
<th>Medical-Surgical</th>
<th>Obstetrics</th>
<th>Pediatrics</th>
<th>Psych-Mental Health</th>
<th>Geriatrics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
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</tbody>
</table>

| Average daily census for each area | 366 | 40 | 30 | Integrated with M/S |
| Average personnel staffing for the shift for a unit (Include number of RNs, LVNs, CNAs, separately) | See attached | See attached | See attached | See attached |
| Number of students placed in the unit at any one time. | See attached | See attached | See attached | See attached |
| Identify shifts and days available for placement of students in the program | See attached | See attached | See attached | See attached |

Provide the following information on all other schools utilizing your facility: Attach additional sheets if needed.

<table>
<thead>
<tr>
<th>Schools</th>
<th>Category of students (RN, LVN, CNA, etc.)</th>
<th>Number of students</th>
<th>Days &amp; Hours</th>
<th>Semesters (Fall, Spr.)</th>
<th>Units used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samuel Merritt University</td>
<td>RN</td>
<td>40</td>
<td>Thur/Fri, Sat/Sun</td>
<td>Fall, Spr, Sum</td>
<td>M/S, ICU, OB, Peds</td>
</tr>
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<td>California State University, Sacramento</td>
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<td>Tues/Wed</td>
<td>Fall, Spr</td>
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<td>Thur/Fri</td>
<td>Fall, Spr</td>
<td>M/S, ICU, OB, Peds</td>
</tr>
</tbody>
</table>

☐ This agency does not have spaces to offer clinical spaces to the new program.

☐ This agency intends to offer clinical placement(s) to this new program.

Agency Representative completing this form: [Signature]

Date: 5/13/2013

EDP-I-01 (REV 03/10; Approved 03/10)
## UCDMC Clinical Capacities

<table>
<thead>
<tr>
<th>Type of Unit</th>
<th>Average Daily Census</th>
<th>Average staffing Per Shift</th>
<th>Student Capacity Per Week</th>
<th>Current Placements Per Week</th>
<th>Available Clinical Placements</th>
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<tr>
<td><strong>Acute Care</strong></td>
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<td>1. E6 CardiopCU,</td>
<td>21</td>
<td>9</td>
<td>28</td>
<td>16</td>
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<tr>
<td>2. D6 Cardiology,</td>
<td>32</td>
<td>11</td>
<td>28</td>
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<tr>
<td>3. Ortho Trauma,</td>
<td>33</td>
<td>11</td>
<td>35</td>
<td>18</td>
<td>17</td>
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<tr>
<td>4. Comp Acute Rehab</td>
<td>12</td>
<td>7</td>
<td>21</td>
<td>6</td>
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<tr>
<td>5. Neuro (E5)</td>
<td>15</td>
<td>11</td>
<td>21</td>
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</tr>
<tr>
<td>6. Accelerated Access</td>
<td>24</td>
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<td>7. Trauma Nursing Unit</td>
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<td>8. Vasc/GI D12</td>
<td>36</td>
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<td>17. Burn ICU</td>
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<td><strong>Total</strong></td>
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</table>
## Available Clinical Placements at the University of California Davis Health System

### Medical/Surgical and Gerontology

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<th>Unit</th>
<th>Monday</th>
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<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<td>Ortho Trauma</td>
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<td><strong>10</strong></td>
<td><strong>14</strong></td>
<td><strong>14</strong></td>
<td><strong>6</strong></td>
</tr>
</tbody>
</table>

### Women's Health

<table>
<thead>
<tr>
<th>Unit</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Days</td>
<td>PMs</td>
<td>Days</td>
<td>PMs</td>
<td>Days</td>
<td>PMs</td>
<td>Days</td>
</tr>
<tr>
<td>L&amp;D</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Postpartum</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Newborn</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Nursery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WH's Clinic</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total # of placements</strong></td>
<td><strong>6</strong></td>
<td><strong>7</strong></td>
<td><strong>2</strong></td>
<td><strong>3</strong></td>
<td><strong>2</strong></td>
<td><strong>2</strong></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>

### Pediatrics

<table>
<thead>
<tr>
<th>Unit</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Days</td>
<td>PMs</td>
<td>Days</td>
<td>PMs</td>
<td>Days</td>
<td>PMs</td>
<td>Days</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>NICU</td>
<td>3</td>
<td>3</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>PICU</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCN</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peds ED</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Peds Surgery</td>
<td>1</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Peds Clinic</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MIND Institute</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total # of placements</strong></td>
<td><strong>9</strong></td>
<td><strong>16</strong></td>
<td><strong>1</strong></td>
<td><strong>1</strong></td>
<td><strong>2</strong></td>
<td><strong>1</strong></td>
<td><strong>1</strong></td>
</tr>
</tbody>
</table>

---

Agency Representative

Date
The nursing program must verify that clinical facilities offer necessary learning experiences to meet course/clinical objectives. The facility validates that clinical spaces for new students are available and the impact on existing clinical placements of nursing programs was reviewed.

<table>
<thead>
<tr>
<th>Name of the School:</th>
<th>Betty Irene Moore School of Nursing</th>
<th>Peggy Hodge, EdD, MSN, RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Director/Designee:</td>
<td>Peggy Hodge, EdD, MSN, RN</td>
<td>Telephone Number:</td>
</tr>
<tr>
<td>E-Mail Address:</td>
<td><a href="mailto:margaret.hodge@ucdmc.ucdavis.edu">margaret.hodge@ucdmc.ucdavis.edu</a></td>
<td></td>
</tr>
</tbody>
</table>

Name of health care facility:
UC Davis Home Care Services
Type of health care facility (Acute, OPD, SNF, etc.): Home Health; Hospice
Average Daily Census for the agency:
Home Health (HH) 85; Hospice (HO) 75

<table>
<thead>
<tr>
<th>Name of Director of Nursing/Designee:</th>
<th>Stacey Magee, RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number:</td>
<td>916-734-1127</td>
</tr>
<tr>
<td>E-Mail Address:</td>
<td><a href="mailto:stacey.magee@ucdmc.ucdavis.edu">stacey.magee@ucdmc.ucdavis.edu</a></td>
</tr>
<tr>
<td>Address of Facility:</td>
<td>3630 Business Drive</td>
</tr>
<tr>
<td></td>
<td>Sacramento, CA 95820</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of units where students can be placed in the health care facility (Place X in the column)</th>
<th>Medical/Surgical</th>
<th>Obstetrics</th>
<th>Pediatrics</th>
<th>Psych – Mental Health</th>
<th>Geriatrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average daily census for each area</td>
<td>HH: 65</td>
<td>HH: 20 HO: 3</td>
<td>HH: 40 HO:40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average personnel staffing for the shift for a unit (Include number of RNs, LVNs, CNAs, separately)</td>
<td>RN: 6</td>
<td>RN: 2</td>
<td>RN: 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of students placed in the unit at any one time.</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify shifts and days available for placement of students in the program</td>
<td>M-F 08-1700</td>
<td>M-F 08-1700</td>
<td>M-F 08-1700</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provide the following information on all other schools utilizing your facility:

<table>
<thead>
<tr>
<th>Schools</th>
<th>Category of students (RN, LVN, CNA, etc.)</th>
<th>Number of students</th>
<th>Days &amp; Hours</th>
<th>Semesters (Fall, Spr.)</th>
<th>Units used</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSUS</td>
<td>RN</td>
<td>40-50</td>
<td>M-F 08-1700</td>
<td>one day rotation (HH)</td>
<td></td>
</tr>
</tbody>
</table>

☐ This agency does not have spaces to offer clinical spaces to the new program.

☑️ This agency intends to offer clinical placement(s) to this new program.

Agency Representative completing this form

Date: 5/17/13

EDP-I-01 (REV 03/10; Approved 03/10)
April 23, 2013
Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X St., Suite 4202
Sacramento, CA 95817

Dear Heather:

I am writing in support of the establishment the prelicensure program in Nursing at the UC Davis Betty Irene Moore School of Nursing. By increasing access to university level nursing education, your program will be a valuable resource for the health-care community and professional nursing.

New registered nurses are desperately needed in the greater Sacramento region to support evidence-based practice in complex health-care systems serving our culturally diverse population. An entry level master's program at UC Davis will provide the science and research base to give graduates the critical thinking skills, scholarly values, and leadership qualities that are crucial to the current health-care environment. Graduates of this program will be uniquely prepared for roles in health-care facilities as unit supervisors, case managers, and staff nurses, as well as pursuing advanced degrees in clinical specialties, nursing science, and health-care research.

We would be very pleased to serve on the program's planned Community Advisory Committee should one be established. We look forward to seeing this much-needed program become a reality.

Sincerely,

Donna Iatarola, RN, MSN, NEA-BC
Associate Director, Patient Care Services, Nursing
May 13, 2013

Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X St., Suite 4202
Sacramento, CA 95817

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We would be very pleased to serve on the program’s planned Community Advisory Committee should one be established. We look forward to seeing this much-needed program become a reality.

Sincerely,

[Signature]
Terri Owensby, RN, MSN
Chief Nursing Officer
The nursing program must verify that clinical facilities offer necessary learning experiences to meet course/clinical objectives. The facility validates that clinical spaces for new students are available and the impact on existing clinical placements of nursing programs was reviewed.

<table>
<thead>
<tr>
<th>Name of the School:</th>
<th>Name of Director/Designee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betty Irene Moore School of Nursing&lt;br&gt;UC Davis Health System&lt;br&gt;4610 X Street, Suite 4202&lt;br&gt;Sacramento, CA 95817</td>
<td>Peggy Hodge, EdD, MSN, RN</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>(916) 734-7828</td>
</tr>
<tr>
<td>E-Mail Address:</td>
<td><a href="mailto:margaret.hodge@ucdmc.ucdavis.edu">margaret.hodge@ucdmc.ucdavis.edu</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of health care facility:</th>
<th>Name of Director of Nursing/Designee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser South Sacramento</td>
<td>Chris Lima, Director, Clinical Educ &lt;br&gt;916-688-4371&lt;br&gt;<a href="mailto:christine.a.lima@kp.org">christine.a.lima@kp.org</a></td>
</tr>
<tr>
<td>Type of health care facility (Acute, OPD, SNF, etc.):</td>
<td></td>
</tr>
<tr>
<td>Acute</td>
<td></td>
</tr>
<tr>
<td>Average Daily Census for the agency:</td>
<td></td>
</tr>
<tr>
<td>136</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of units where students can be placed in the health care facility (Place X in the column)</th>
<th>Medical-Surgical</th>
<th>Obstetrics</th>
<th>Pediatrics</th>
<th>Psych - Mental Health</th>
<th>Geriatrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average daily census for each area</td>
<td>136 incl in ADC</td>
<td>1</td>
<td>NA</td>
<td>incl in ADC</td>
<td></td>
</tr>
<tr>
<td>Average personnel staffing for the shift for a unit (Include number of RNs, LVNs, CNAs, separately)</td>
<td>6</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of students placed in the unit at any one time.</td>
<td>8</td>
<td>8</td>
<td>0</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

Provide the following information on all other schools utilizing your facility:  

<table>
<thead>
<tr>
<th>Schools</th>
<th>Category of students (RN, LVN, CNA, etc.)</th>
<th>Number of students</th>
<th>Days &amp; Hours</th>
<th>Semesters (Fall, Spr.)</th>
<th>Units used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sacramento City College</td>
<td>RN</td>
<td>10</td>
<td>Day W-F</td>
<td>F, S</td>
<td>All M/S</td>
</tr>
<tr>
<td>Sacramento State Univ, Sacto</td>
<td>RN</td>
<td>10</td>
<td>Summer</td>
<td></td>
<td>Labor &amp; Delivery</td>
</tr>
</tbody>
</table>

☐ This agency does not have spaces to offer clinical spaces to the new program.

☒ This agency intends to offer clinical placement(s) to this new program.

Agency Representative completing this form: [Signature]

Date: 5/3/13

EDP-I-01 (REV 03/10; Approved 03/10)
April 25, 2013

Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X St., Suite 4202
Sacramento, CA 95817

Dear Heather:

I am writing in support of the establishment the prelicensure program in Nursing at the UC Davis Betty Irene Moore School of Nursing. By increasing access to university level nursing education, your program will be a valuable resource for the health-care community and professional nursing.

New registered nurses are desperately needed in the greater Sacramento region to support evidence-based practice in complex health-care systems serving our culturally diverse population. An entry level master’s program at UC Davis will provide the science and research base to give graduates the critical thinking skills, scholarly values, and leadership qualities that are crucial to the current health-care environment. Graduates of this program will be uniquely prepared for roles in health-care facilities as unit supervisors, case managers, and staff nurses, as well as pursuing advanced degrees in clinical specialties, nursing science, and health-care research.

We would be very pleased to serve on the program’s planned Community Advisory Committee should one be established. We look forward to seeing this much-needed program become a reality.

Sincerely,

Clement M Miller, RN, MSN, CNOR
Chief Nursing Executive
Sacramento Medical Center

2025 Morse Avenue
Sacramento, California 95825-2115
(916) 973-5000
April 18, 2013

Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X Street, Suite 4202
Sacramento, CA 95817

RE: Request for Letter of Support
UC Davis Master's Entry Program in Nursing

Dear Ms. Young:

On behalf of the County of Sacramento, Department of Health and Human Services, I write in support of the establishment of a Master’s Entry Program in Nursing at the University of California, Davis (UCD), Betty Irene Moore School of Nursing.

Advanced-degree registered nurses are needed to address evolving and complex health-care systems. With the implementation of the Affordable Health Care Act, the need is growing. Prepared nurses also will be important for addressing the prevention of chronic disease and improving public health. Nurses trained in research, as well as evidence-based practices, will be vital for addressing the needs of the County's diverse population.

An entry Master’s program at UCD will assure graduates will enter the work environment equipped to address emerging needs. In the public and private sectors, graduates of the program will be trained for roles in the County’s clinical and public health settings as managers, supervisors, and staff members. In addition, we foresee our nursing workforce pursuing other advanced nursing degrees in areas that will augment existing and future programs.

We gladly lend our endorsement and support to the establishment of this needed program.

Sincerely,

Sherri Z. Heller
June 12, 2013

Heather M. Young, PhD, RN, FAAN
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X St., Suite 4202
Sacramento, CA 95817

Dear Heather,

I am writing to confirm our support of your request to place a limited number of prelicensure nursing students in clinical experiences within the El Dorado County Public Health Department. Collaboration with the Betty Irene Moore School of Nursing will be a great benefit to the students, our organizations, and the El Dorado County community.

New registered nurses with experience in community health are desperately needed in the greater Sacramento region to support our culturally diverse population. It is anticipated that graduates of this program will be uniquely prepared to assume a variety of roles in community health and will be well positioned to meet the demands of Healthcare reform. We would be very pleased to work with you in developing clinical experiences that will best prepare students for these roles and we look forward to seeing this much-needed program become a reality.

Sincerely,

Michael Ungeheuer

---

941 Spring Street, Suite 3 • Placerville, CA 95667 • (530) 621-6108 • Confidential Fax (530) 642-0892
FOSTER CARE NURSING • MATERNAL CHILD ADOLESCENT HEALTH • CALIFORNIA CHILDREN’S SERVICES
CALIFORNIA LEAD POISONING PREVENTION PROGRAM • CHILD HEALTH AND DISABILITY PROGRAM
RYAN WHITE CARE PROGRAM
April 25, 2013

Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X St., Suite 4202
Sacramento, CA 95817

Dear Dr. Young:

I am writing in support of the establishment the prelicensure program in Nursing at the UC Davis Betty Irene Moore School of Nursing. Our communities have already been positively impacted by the new School of Nursing. By increasing access to university level nursing education, your program will enhance its value as a resource for the health-care community and professional nursing.

New registered nurses are desperately needed in the Sacramento region and, even more so, in our surrounding rural communities. An entry level master’s program at UC Davis will provide the science and research base to give graduates the critical thinking skills, scholarly values, and leadership qualities that are crucial to the current health-care environment. Graduates of this program will be uniquely prepared for roles in health-care facilities as unit supervisors, case managers, and staff nurses, as well as pursuing advanced degrees in clinical specialties, nursing science, and health-care research.

I strongly support this endeavor. I look forward to seeing this much-needed program become a reality.

Sincerely,

Robert C. Hartmann, M.D.
Amador County Public Health Officer
April 26, 2013

Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X St., Suite 4202
Sacramento, CA 95817

Dear Ms. Young:

I am writing in support of the establishment the prelicensure program in Nursing at the UC Davis Betty Irene Moore School of Nursing. By increasing access to university level nursing education, your program will be a valuable resource for the public health workforce and professional nursing. New registered nurses are desperately needed in Yolo County and surrounding communities to support evidence-based practice in complex health-care systems serving culturally diverse populations. An entry level Master's Program at UC Davis will provide the science and research base to give graduates the critical thinking skills, scholarly values, and leadership qualities that are crucial to the current health-care environment. Graduates of this program will be uniquely prepared for roles in health-care facilities as unit supervisors, case managers, and staff nurses, as well as pursuing advanced degrees in community health, clinical specialties, nursing science, and health-care research.

We would be very pleased to serve on the program's planned Community Advisory Committee should one be established. I look forward to seeing this much-needed program become a reality.

Sincerely,

Jill Cook, MS, RN, PHN - Director
Yolo County Health Department

"Enhancing the quality of life for all of Yolo County"
May 29, 2013

Heather M. Young, PhD, RN, FAAN
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X St., Suite 4202
Sacramento, CA 95817

Dear Heather,

I am writing to confirm our support of your request to place a limited number of prelicensure nursing students in clinical experiences within the Yolo County Health Department. This collaboration with the Betty Irene Moore School of Nursing will be a great benefit to the students, our organizations, and the Yolo County community.

New registered nurses with experience in community health are certainly needed in this region to support our culturally diverse population. It is anticipated that graduates of this program will be uniquely prepared to assume a variety of roles in community health and will be well positioned to meet the demands of healthcare reform. We would be very pleased to work with you in developing clinical experiences that will best prepare students for these roles and we look forward to seeing this much-needed program become a reality.

Sincerely,

[Signature]

Jan Babb, MSN, RN, PNP
Director of Public Health Nursing
MCAH Director
Yolo County Health Department

"Enhancing the quality of life for all of Yolo County"
April 23, 2013

Heather M Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X St., Suite 4202
Sacramento, CA 95817

Dear Heather:

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New registered nurses are desperately needed in the greater Sacramento region to support evidence-based practice in complex health-care systems serving our culturally diverse population. An entry level master’s program at UC Davis will provide the science and research base to give graduates the critical thinking skills, scholarly values, and leadership qualities that are crucial to the current health-care environment. Graduates of this program will be uniquely prepared for roles in health-care facilities as unit supervisors, case managers, and staff nurses, as well as pursuing advanced degrees in clinical specialties, nursing science, and health-care research.

We would be very pleased to serve on the program’s planned Community Advisory Committee should one be established. We look forward to seeing this much-needed program become a reality.

Sincerely,

Shawn Silva
Chief Executive Officer
Heritage Oaks Hospital
The nursing program must verify that clinical facilities offer necessary learning experiences to meet course/clinical objectives. The facility validates that clinical spaces for new students are available and the impact on existing clinical placements of nursing programs was reviewed.

<table>
<thead>
<tr>
<th>Name of the School:</th>
<th>Name of Director/Designee:</th>
<th>Peggy Hodge, EdD, MSN, RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betty Irene Moore School of Nursing</td>
<td>Telephone Number:</td>
<td>(916) 734-7828</td>
</tr>
<tr>
<td>UC Davis Health System</td>
<td>E-Mail Address:</td>
<td><a href="mailto:margaret.hodge@ucdmc.ucdavis.edu">margaret.hodge@ucdmc.ucdavis.edu</a></td>
</tr>
<tr>
<td>4810 X Street, Suite 4202</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacramento, CA 95817</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of health care facility:</th>
<th>Name of Director of Nursing/Designee:</th>
<th>Catheryne W. Paul, RN, BSN, IDON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heritage Oaks Hospital</td>
<td>Telephone Number:</td>
<td>(916) 489-3336 ext. 2203</td>
</tr>
<tr>
<td>Acute Care Psychiatry</td>
<td>E-Mail Address:</td>
<td><a href="mailto:catheryne.paul@ubhsinc.com">catheryne.paul@ubhsinc.com</a></td>
</tr>
<tr>
<td>Average Daily Census for the agency:</td>
<td>Address of Facility:</td>
<td>4350 Auburn Blvd, Sec. C, 55841</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of units where students can be placed in the health care facility (Place X in the column)</th>
<th>Medical-Surgical</th>
<th>Obstetrics</th>
<th>Pediatrics</th>
<th>Psych - Mental Health</th>
<th>Geriatrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average daily census for each area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average personnel staffing for the shift for a unit (Include number of RNs, LVNs, CNAs, separately)</td>
<td>18 R.N.</td>
<td>2 M.H.T.S.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of students placed in the unit at any one time.</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify shifts and days available for placement of students in the program</td>
<td>Dayshift, PM Shift</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provide the following information on all other schools utilizing your facility: Attach additional sheets if needed.

<table>
<thead>
<tr>
<th>Schools</th>
<th>Category of students (RN, LVN, CNA, etc.)</th>
<th>Number of students</th>
<th>Days &amp; Hours</th>
<th>Semesters (Fall, Spr.)</th>
<th>Units used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Am River College</td>
<td>RN</td>
<td>16</td>
<td>7a</td>
<td>Adult Geri, and Adolescent</td>
<td></td>
</tr>
<tr>
<td>Sac State</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sierra College</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Scheduling is done by schools who collaborate on days & hours.

This agency does not have spaces to offer clinical spaces to the new program.

☑️ This agency intends to offer clinical placement(s) to this new program.

Agency Representative completing this form: [Signature]

Date: June 6, 2013
April 23, 2013

Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X St., Suite 4202
Sacramento, California 95817

Dear Heather,

I am writing in support of the plans to establish an entry level master’s program at UC Davis. By increasing access to university level nursing education, your program will be a valuable resource for the health-care community and professional nursing.

The greater Sacramento region lacks sufficient opportunity for students to access university level nursing education. An entry level master’s program at UC Davis will provide the science and research base to give graduates the critical thinking skills, scholarly values and leadership qualities that are crucial to the current health-care environment.

Thank you for your commitment to this program.

Sincerely,

Pam Cornwell, Chief Nurse Executive
Shriners Hospital for Children Northern California
2425 Stockton Blvd.
Sacramento, California 95817
April 29, 2013

Ms. Heather M. Young, PhD, RN, FAAN
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X St., Suite 4202
Sacramento, CA 95817

Dear Heather:

I am writing in support of the establishment the prelicensure program in Nursing at the UC Davis Betty Irene Moore School of Nursing. By increasing access to university level nursing education, your program will be a valuable resource for the health-care community and professional nursing.

New registered nurses are desperately needed in the greater Sacramento region to support evidence-based practice in complex health-care systems serving our culturally diverse population. An entry level master’s program at UC Davis will provide the science and research base to give graduates the critical thinking skills, scholarly values, and leadership qualities that are crucial to the current health-care environment. Graduates of this program will be uniquely prepared for roles in health-care facilities as nursing directors, case managers, and staff nurses, as well as pursuing advanced degrees in clinical specialties, nursing science, and health-care research.

I would be very pleased to serve on the program’s planned Community Advisory Committee should one be established. I look forward to seeing this much-needed program become a reality.

Sincerely,

Barbara Nelson, PhD, RN
Chief Nurse Executive

BN/cs

With You.
For Life.
April 23, 2013

Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moor School of Nursing at UC Davis
4610 X Street, Suite 4202
Sacramento, CA 95817

Dear Heather:

I am writing in support of the establishment of the prelicensure program in Nursing at the UC Davis Betty Irene Moore School of Nursing. By increasing options to University and Master’s level nursing education, your program will be a valuable resource to students and to our community health partners.

New registered nurses are desperately needed in the greater Sacramento region to support evidence-based practice in complex health-care systems serving our culturally diverse population. An entry level master’s program at UC Davis will provide the science and research base to give graduates the critical thinking skills, scholarly values, and leadership qualities that are crucial to the current health-care environment. Graduates of this program will be uniquely prepared for roles in health-care facilities as unit supervisors, case managers, and staff nurses, as well as pursuing advanced degrees in clinical specialties, nursing science, and health-care research.

We would be very pleased to serve on the program’s planned Community Advisory Committee should one be established. We look forward to seeing this much-needed program become a reality.

Sincerely,

Shelly McGriff
Chief Nurse Executive
April 29, 2013

Heather M. Young, Ph.D., RN., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X Street, Suite 4202
Sacramento, CA 95817

Dear Heather:

I am writing in support of the establishment of a prelicensure program in Nursing at the UC Davis Betty Irene Moor School of Nursing. By increasing access to university level nursing education, your program will be a valuable resource for the health-care community and professional nursing.

New registered nurses are desperately needed in the greater Sacramento region to support evidence-based practice in complex health-care systems serving our culturally diverse population. An entry level master’s program at UC Davis will provide the science and research base to give graduates the critical thinking skills, scholarly values and leadership qualities that are crucial to the current health-care environment. Graduates of this program will be uniquely prepared for roles in health-care facilities as unit supervisors, case managers, and staff nurses, as well as pursuing advanced degrees in clinical specialties, nursing science, and health-care research.

I would be very pleased to serve on the program’s planned Community Advisory Committee should one be established. I look forward to seeing this much-needed program become a reality.

Sincerely,

[Signature]
Elli Olson, RN., BSN., MBA
Vice President Nursing / Chief Nurse Executive
Woodland Healthcare
Information Required by California Post-Secondary Education Commission (CPEC)

1. Name of Program: Master’s Entry Program in Nursing (MEPN)

2. Campus: Davis (Betty Irene Moore School of Nursing)

3. Degree/Certificate: Master of Science in Nursing (MSN)

4. CIP Classification (to be completed by Office of the President):

5. Date to be started: Summer 2015

6. If proposal concerns a modification of an existing program, identify that program and explain changes. N/A – new program

7. Purpose (academic or professional training) and distinctive features (how does this program differ from others, if any, offered in California?)

   The proposal seeks the establishment of an academic program for the Master of Science in Nursing (MSN) degree at UC Davis conferred through the Nursing Science and Health-Care Leadership Graduate Group. The Nursing Science and Health-Care Leadership Graduate Group is sponsored and supported by the Betty Irene Moore School of Nursing at UC Davis.

   The proposed Master’s Entry Program in Nursing (MEPN) is distinguished from other established graduate nursing programs in California by addressing the need for nurse leaders and faculty in a currently underserved area and by the unique interdisciplinary and interprofessional character of the graduate group system at UC Davis.

   The University of California offers entry-level degrees in nursing at its Los Angeles, Irvine and San Francisco campuses; however, the Betty Irene Moore School of Nursing at UC Davis will offer the entry-level master’s program at a public university that will be more easily accessible to Central California and northern areas of the state. Only one school in this region, Samuel Merritt University’s Sacramento campus, offers an entry-level master’s degree in nursing. The response to Item 14 on this form lists all entry-level master’s degree programs in California.

   The Nursing Science and Health-Care Leadership MEPN curriculum will be different from existing programs. The UC Davis campus is distinctive in its approach to graduate education through groups that confer the degrees and include “an emphasis on shared research interests among faculty and students; flexibility to grow and quickly change to reflect emerging areas of interdisciplinary knowledge and technology; and an acceptance that many research questions transcend traditional academic departmental boundaries,” stated by the UC Davis Graduate Group Council.

   The program curriculum will be **interdisciplinary** by involving two or more academic disciplines or fields of study and **interprofessional** by educating students from different professions together to promote collaboration in professional practice. UC Davis faculty from Medicine, Statistics, Psychology, Sociology, Public Health, Nutrition, Health Informatics and other fields have committed to share expertise with the MEPN program.
The Institute of Medicine prioritizes interprofessional training as essential for delivery of comprehensive and safe clinical care. With an annual average of 40,000 to more than 70,000 deaths in hospitals across the nation due to human error (as defined by the 2000 Institute of Medicine’s book To Err is Human: Building a Safer Health System), there is clearly a need for interprofessional education for all involved with patient care. Graduates of the MEPN program will experience rigorous scholarship while building strong collaborative and teamwork skills essential to achieving the best in education and practice.

The proposed MEPN program will emphasize competencies in health system leadership, health outcomes, evidenced-based practice, informatics, and teaching in addition to preparing students for success on the NCLEX-RN. All master’s degree program graduates will be qualified for the Registered Nursing license and prepared for nursing leadership roles in organizations focusing on the needs of diverse patient populations including those in surrounding rural areas and urban communities. They will have the requisite knowledge and skills to assure that systems in hospital-based, outpatient and community settings promote high-quality health care and patient safety. They will apply in-depth knowledge and skills to a wide range of health-care issues related to health promotion and disease prevention as well as alleviation of disparities between populations and access to health care.

Scientific rigor will be a hallmark of the program. Preparation for evidence-based practice will be integrated throughout the didactic and clinical practice experiences. The program will also provide a strong background in leadership; incorporation of innovative, patient-centered technology; case-based approaches to critical thinking and problem solving; and cultural awareness and sensitivity. Additionally, master’s degree graduates will be prepared, after employment as a Registered Nurse, to teach in community colleges, addressing the nurse faculty shortages across the state.

The MEPN program will contribute to the capacity of California to offer high quality nursing education by producing both new nurses and master graduates, ultimately helping provide better health care for Californians, while setting national standards for nurse leadership education.

8. **Type(s) of students to be served**

The program will recruit students from across the state, particularly students with a desire to work in medically underserved regions and with underserved populations. The program will fulfill a crucial need for a university level nursing program for UC Davis graduates and impacted nursing programs at CSU Sacramento and the region’s community colleges.

9. **If program is not in current campus academic plan give reason for proposing program now.**

The entry-level nursing program was included in the 2011 Campus Academic Plan as an undergraduate degree. After thorough review and careful consideration of national, state, and local needs it was decided that an entry-level nursing program at the master’s level would best meet the current and projected needs of students, employers, and the community.

10. **If program requires approval of a licensure board, what is the status of such approval?**

The program feasibility study was submitted to the California Board of Registered Nurses in June 2013 and is currently under review.
11. Please list special features of the program (credit for experience, internships, lab requirements, unit requirements, etc.)

The MEPN will provide a means for achieving RN licensure and a master’s degree to adults who have completed a bachelor’s degree in a non-nursing field. Outreach efforts will focus on students with a desire to work in medically underserved areas or with underserved populations. Unique to the program is its interprofessional approach to teaching, learning, and patient care; nursing scholarship and research; cultural acumen in the delivery of care; and leadership at the bedside, unit, and system.

12. List all new courses required (department, course number, title, hours/week, format)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Hours/Week</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRS 212</td>
<td>Technology and Innovations</td>
<td>2</td>
<td>LEC/HYBRID</td>
</tr>
<tr>
<td>NRS 221</td>
<td>Biophysical Concepts</td>
<td>3</td>
<td>LEC/DIS</td>
</tr>
<tr>
<td>NRS 222</td>
<td>Social, Cultural &amp; Behavioral Determinants of Health</td>
<td>2</td>
<td>LEC</td>
</tr>
<tr>
<td>NRS 223</td>
<td>Pharmacology in Nursing</td>
<td>2</td>
<td>LEC</td>
</tr>
<tr>
<td>NRS 224</td>
<td>Research and Evidence Based Practice</td>
<td>3</td>
<td>LEC</td>
</tr>
<tr>
<td>NRS 225</td>
<td>Developing Future Nurse Leaders</td>
<td>2</td>
<td>LEC</td>
</tr>
<tr>
<td>NRS 226</td>
<td>Quality and Safety Education in Health Care</td>
<td>2</td>
<td>LEC/HYBRID</td>
</tr>
<tr>
<td>NRS 227</td>
<td>Gerontology</td>
<td>2</td>
<td>LEC</td>
</tr>
<tr>
<td>NRS 228</td>
<td>Professional Nursing Role Formation</td>
<td>3</td>
<td>LEC/DIS</td>
</tr>
<tr>
<td>NRS 420</td>
<td>Foundations of Clinical Nursing Practice</td>
<td>3</td>
<td>LAB</td>
</tr>
<tr>
<td>NRS 421</td>
<td>Health Assessment across the Lifespan</td>
<td>3</td>
<td>LAB</td>
</tr>
<tr>
<td>NRS 422</td>
<td>Care of Adults with Chronic Conditions</td>
<td>6</td>
<td>LEC/CLINIC</td>
</tr>
<tr>
<td>NRS 423</td>
<td>Psychosocial Wellness &amp; Illness</td>
<td>5</td>
<td>LEC/CLINIC</td>
</tr>
<tr>
<td>NRS 424</td>
<td>Family Focused Nursing</td>
<td>9</td>
<td>LEC/CLINIC</td>
</tr>
<tr>
<td>NRS 425</td>
<td>Nursing Care of Adults with Complex Illness or Injury</td>
<td>8</td>
<td>LEC/CLINIC</td>
</tr>
<tr>
<td>NRS 426</td>
<td>Fostering Healthy Communities</td>
<td>8</td>
<td>LEC/CLINIC</td>
</tr>
<tr>
<td>NRS 427</td>
<td>Information Management and Patient Care Technology</td>
<td>1</td>
<td>CLINIC</td>
</tr>
<tr>
<td>NRS 428</td>
<td>Clinical Nursing Practicum</td>
<td>7</td>
<td>CLINIC</td>
</tr>
<tr>
<td>NRS 429A-F</td>
<td>Collaborative Practice I - VI</td>
<td>6</td>
<td>LAB</td>
</tr>
</tbody>
</table>

13. List all other required courses (department, course number, title, hours/week, format)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Hours/Week</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRS 201</td>
<td>Health Status and Care Systems</td>
<td>4</td>
<td>LEC/DIS</td>
</tr>
<tr>
<td>NRS 202</td>
<td>Implementation Science</td>
<td>3</td>
<td>LEC/DIS</td>
</tr>
<tr>
<td>NRS 203</td>
<td>Leadership in Healthcare</td>
<td>4</td>
<td>LEC/DIS</td>
</tr>
<tr>
<td>NRS 270</td>
<td>Foundations of Pharmacology</td>
<td>1</td>
<td>LEC</td>
</tr>
</tbody>
</table>
The following courses for careers in teaching are electives

NRS 300  Methods for Teaching: Use of Simulation  4  LEC/DIS
NRS 301  Methods for Teaching: Curriculum and Instruction  4  LEC/DIS
NRS 302  Methods for Teaching: Assessment/Evaluation of Learning  4  LEC/DIS

14. List UC campuses and other California institutions, public or private, which now offer or plan to offer this program or closely related programs.

UC Campuses
University of California, Los Angeles  Master’s Entry to Clinical Nursing
University of California, San Francisco  Master’s Entry Program in Nursing (bridge)

CSU Campuses
California State University, Dominguez Hills  Master’s Entry-Level Professional Nursing
California State University, Los Angeles  Entry Level Master’s in Nursing
San Francisco State University  Generic MSN

Independent/Private
Azusa Pacific University  Entry Level Master’s
California Baptist University  Entry-level MSN (Bridge)
Charles R. Drew University  Entry Level MSN
Samuel Merritt University  Entry Level MSN
United States University  EL MSN (Bridge)
University of San Diego  Master’s Entry Program in Nursing
University of San Francisco  MSN Clinical Nurse Leader (non-RN)
Western University of Health Sciences  MSN Entry

15. List any related program offered by the proposing institution and explain relationship.

- PhD in Nursing Science and Health-Care Leadership
- MS in Nursing Science and Health-Care Leadership – Leadership Track
- MS in Nursing Science and Health-Care Leadership – Nurse Practitioner Track
- Master of Health Services – Physician Assistant Studies

The Betty Irene Moore School of Nursing at UC Davis (SON) currently sponsors four graduate level programs leading to the degrees of PhD, MS, and MHS (Master of Health Services). NSHL faculty and SON resources are shared among the four programs as students from all programs take a core curriculum reflective of the core values of the SON – leadership development, interprofessional education, innovative technology, cultural inclusiveness, and transformative research. Three of the existing NSHL graduate programs (PhD, MS, and NP programs) serve students who are already registered nurses (RN), providing curricula leading to advanced
professional certification and/or faculty positions in nursing education programs. The fourth program, Physician Assistant Studies (PAS), serves individuals from health-related fields who want to become primary health-care providers. The proposed MEPN program will join these existing programs in the core curriculum, share appropriate resources with the PAS and MS programs, and learn in an interprofessional environment that includes students and faculty from a variety of related fields such as Medicine, Statistics, Psychology, Sociology, Public Health, Nutrition, Health Informatics and others.

16. Summarize employment prospects for graduates of the proposed program. Give results of job market survey if such has been made.

The graduates of the MEPN program will be highly sought for leadership positions in a variety of health-care settings including hospitals, clinics, and public health service providers. The increasing demand for advanced degree nurses and the need for nursing faculty to produce more practicing nurses will drive the demand.

Master’s degree nurses meet requirements for teaching in community college nursing programs where the M.S. degree is the minimum requirement for faculty. Graduates will also be prepared for leadership roles in hospitals and other health care facilities. MEPN nurses will be prepared to contribute to clinical nursing instruction in colleges and universities by mentoring students in their areas of specialization. The master’s degree also serves as an educational foundation for those who continue education at the doctorate level.

Graduates will be prepared to respond to evolving scientific and technological advances and social changes in health care. Nursing is fundamentally interdisciplinary and collaborative in its art and science and the program’s graduates will reflect this.

17. Give estimated enrollment for the first 5 years and state basis for estimate.

Upon approval of the MEPN program, matriculation of twenty-four students is planned for summer 2015. The full MEPN program enrollment of 96 students is projected for 2019. In comparison, the UC San Francisco MEPN program’s 2012 fall enrollment was 80 students and at the UCLA School of Nursing entry-level master’s program for fall 2012 enrolled 60 students.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MEPN</td>
<td>24</td>
<td>48</td>
<td>56</td>
<td>80</td>
<td>96</td>
</tr>
</tbody>
</table>

With the $100 million grant from the Gordon and Betty Moore Foundation, a capital initiative launched in 2008, currently unallocated facilities for leadership, staff and classrooms from the UC Davis Health System and specifically the School of Medicine, the school is in a unique position to fulfill these five-year projections. Capacity to house the 2015-16 enrollments is currently in place and architectural plans are already underway to accommodate projected student and faculty growth. More detailed financial and facility data follow in section 18.

18. Give estimates of the additional cost of the program by year for 5 years in each of the following categories: FTE Faculty, Library Acquisitions, Computing, Other Facilities, Equipment. Provide brief explanation of any of the costs where necessary.

The SON will sponsor the proposed MEPN program and provide all the necessary fiscal resources and administrative staff for the MEPN degree program. Extensive planning is underway to ensure
sustainability of the program. Before the first student class is matriculated in 2015, the Gordon and Betty Moore Foundation 100 million dollar grant will provide the funds to hire faculty and to support the formation of the program. The MEPN is proposed as a Self-Supporting Degree Program; upon full enrollment student fees will be sufficient to sustain the program. Sufficient GBMF funds are available to launch and sustain the program until it reaches sustaining enrollments.

**FTE faculty**

The licensure standards of the California Board of Registered Nursing (BRN) specify minimum qualifications for faculty (“content experts”) involved in the delivery of certain content required for RN licensure. The SON will hire seven additional qualified content experts in the Health Sciences Clinical Professor series as follows:

1 Program Director
2 Medical Surgical faculty
1 Mental Health faculty
1 Women’s Health/Reproductive Health faculty
1 Pediatric faculty
1 Community Health faculty

Part-time clinical faculty to teach 98 units of clinical courses

<table>
<thead>
<tr>
<th>MEPN PROGRAM FACULTY EXPENSES</th>
<th>14/15</th>
<th>15/16</th>
<th>16/17</th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director's Salary</td>
<td>175,000</td>
<td>180,000</td>
<td>185,400</td>
<td>190,962</td>
<td>196,691</td>
<td>202,592</td>
</tr>
<tr>
<td>Academic Salaries, Research Faculty</td>
<td>80,340</td>
<td>165,500</td>
<td>170,465</td>
<td>175,579</td>
<td>271,270</td>
<td>372,544</td>
</tr>
<tr>
<td>Academic Salaries, Clinical Faculty</td>
<td>296,640</td>
<td>611,078</td>
<td>629,411</td>
<td>729,330</td>
<td>890,322</td>
<td>1,031,661</td>
</tr>
<tr>
<td>Faculty Salaries</td>
<td>376,980</td>
<td>776,579</td>
<td>799,876</td>
<td>904,909</td>
<td>1,161,593</td>
<td>1,404,206</td>
</tr>
<tr>
<td>Faculty Recruitment</td>
<td>70,000</td>
<td>0</td>
<td>6,000</td>
<td>6,000</td>
<td>24,000</td>
<td>0</td>
</tr>
<tr>
<td>Faculty Investment</td>
<td>150,000</td>
<td>62,200</td>
<td>116,400</td>
<td>134,400</td>
<td>150,600</td>
<td>160,800</td>
</tr>
<tr>
<td>Clinical Specialty Instruction</td>
<td>0</td>
<td>78,000</td>
<td>80,340</td>
<td>128,070</td>
<td>218,710</td>
<td>225,272</td>
</tr>
</tbody>
</table>

**Library acquisition**

The School of Nursing is supported by the UC Davis campus and Health System libraries – the Peter J. Shields Library, the Carlson Health Sciences Library and the Blaisdell Medical Library. The campus assesses a percentage of program costs toward library support. Additional library resources will not be needed to support the proposed MEPN program.

<table>
<thead>
<tr>
<th>MEPN PROGRAM LIBRARY EXPENSES</th>
<th>14/15</th>
<th>15/16</th>
<th>16/17</th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Library</td>
<td>0</td>
<td>14,400</td>
<td>22,536</td>
<td>28,806</td>
<td>43,830</td>
<td>51,214</td>
</tr>
</tbody>
</table>
Computing costs
Additional computing costs beyond those already budgeted for the School of Nursing will not be needed.

<table>
<thead>
<tr>
<th>MEPN PROGRAM COMPUTER EXPENSES</th>
<th>14/15</th>
<th>15/16</th>
<th>16/17</th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computing Equipment &amp; Services</td>
<td>40,000</td>
<td>15,000</td>
<td>15,450</td>
<td>15,914</td>
<td>16,391</td>
<td>16,883</td>
</tr>
</tbody>
</table>

Equipment
Equipment costs will be funded through the launch grant from the Gordon and Betty Moore Foundation. These include patient simulators, instructional equipment, and laboratory supplies.

<table>
<thead>
<tr>
<th>MEPN PROGRAM EQUIPMENT EXPENSES</th>
<th>14/15</th>
<th>15/16</th>
<th>16/17</th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructional Equipment</td>
<td>500,000</td>
<td>25,000</td>
<td>25,750</td>
<td>26,523</td>
<td>227,318</td>
<td>27,000</td>
</tr>
<tr>
<td>Office Equipment &amp; Services</td>
<td>40,000</td>
<td>10,000</td>
<td>10,300</td>
<td>10,609</td>
<td>10,927</td>
<td>11,255</td>
</tr>
</tbody>
</table>

Space and other capital facilities
Space and facilities will be allotted based on enrollment as a percentage of the School of Nursing space expenses.

<table>
<thead>
<tr>
<th>MEPN PROGRAM FACILITY EXPENSES</th>
<th>14/15</th>
<th>15/16</th>
<th>16/17</th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space Expenses</td>
<td>0</td>
<td>212,180</td>
<td>216,954</td>
<td>221,836</td>
<td>226,827</td>
<td>231,930</td>
</tr>
</tbody>
</table>

The initial launch of the MEPN program will utilize existing space in the UC Davis Health Sciences complex on the Sacramento campus. Classroom space and simulation labs in the Education Building and the Center for Virtual Care are adequate to accommodate MEPN student cohorts through the 2017-18 academic year. Plans are currently underway for the refitting of the Administrative Services Building (ASB) to provide the additional classroom, lab, and simulation space needed to accommodate the MEPN program inform 2015 through 2018.

Plans are also underway for a new educational building on the Sacramento Health Sciences campus. The new building will expand upon classroom space, simulation facilities, small group learning and clinical skills labs. This additional space will be shared with other health sciences program for interprofessional education and will accommodate the MEPN program space needs at full capacity in 2018.

The School of Nursing administrative offices and Nursing Science and Health-Care Leadership (NSHL) program support are located in the Education Building on the Sacramento campus, adjacent to the Medical Library. The Education Building is across the street from UC Davis Medical Center and other facilities that are critical to the School of Nursing’s interprofessional and interdisciplinary research, work, and study. The Sacramento campus includes outpatient medical clinics, a National Cancer Institute-designated cancer center, research labs and a unique facility dedicated to autism and related disorders called the UC Davis M.I.N.D. Institute.
The Education Building opened in 2007, consolidating the School of Medicine education programs on the Sacramento campus. In anticipation of growth in the education mission, the building was opened with excess capacity, providing in 2009, a natural location for the new School of Nursing. Sharing the facility further supports the goals of interprofessional education.

The Education Building includes two 150-seat lecture halls; one 60-seat and six 30-seat classrooms; a clinical skills center with a mock patient-waiting area and eight fully-equipped examination rooms; 17 teaching rooms with 12-seat and 16-seat capacity; a student commons area, mailboxes, a lounge, study areas; and a café. The two lecture halls have complete audiovisual and teleconferencing capability. The building is equipped with the latest educational and communications technologies, from wireless connectivity to high-quality projection and video streaming/conferencing equipment. A new computer lab area is used for formal computer training and also affords students another venue to access computers. This area includes facilities for computer support services and a small classroom of approximately 630 square feet.

The Education Building also contains a state-of-the-art Clinical Skills Center. The facility includes two waiting areas, eight fully equipped examination rooms with pan and zoom cameras, eight interstation computers, eight examination room computers and a central monitoring room. The center's Web-based software program controls audiovisual equipment, digitally records and archives student interactions and compiles and reports exam results. An extensive utilization analysis examined usage by day and time indicating that the Education Building can fully support the M.S. NSHL graduate education program. Currently, the School of Nursing’s administrative space is located on the fourth floor of the building. The research program offices recently moved across the breezeway to the new Center for Health and Technology.

The 2012 opening of the Center for Health and Technology (CHT) enhances the teaching, research and clinical opportunities for the School of Nursing and UC Davis Health System. The 35,000-square-foot facility is connected to the current Education Building on three of four floors. It includes administrative space to support the campus wide telehealth program and telehealth education space that also provides “smart classroom” space for the School of Nursing and School of Medicine. In recognition that education and life-long learning requires content be captured and available for online viewing, pod-casting and future modalities, the fourth floor is designed for media production. The CHT is expected to be a national model designed to educate the next generation of clinicians and health-care leaders.

The entire third floor of the CHT houses the Center for Virtual Care (CVC), providing simulation space for prelicensure RN and interprofessional team education. The CVC is a state of the art facility showcasing a Trauma Bay, OR, inpatient unit, 6-bay simulation area, standardized patient exam rooms, debrief rooms, conference room, student carrels and equipment repair area. The CVC is equipped with hi-fidelity male, female, and infant patient simulators with the ability to respond to procedures and symptoms - cry, sweat, breathe, blink, provide various ECG and heart rate readings, and even give birth. The use of this simulation lab will allow students to practice techniques and processes in a realistic yet safe environment in preparation for working with real patients. The CVC is accredited as a Level I Comprehensive Education Institute through the American College of Surgeons.
Other operating costs

<table>
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<tr>
<th>MEPN PROGRAM OTHER EXPENSES</th>
<th>14/15</th>
<th>15/16</th>
<th>16/17</th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
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<tr>
<td>Other Operating Expenses</td>
<td>14,000</td>
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<td>28,000</td>
<td>30,400</td>
<td>32,800</td>
<td>42,400</td>
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The $100 million dollar GBMF grant affords the SON the capacity to create the MEPN program. These funds will support the development and first three years of the program. The grant is flexible as it can be used to support nearly all areas of the launch and operations, with the exception of endowments and capital expenses. During the formative phase and launch of the MEPN program, the GBMF grant will provide the majority of funding for faculty recruitment packages, staff operations, curriculum development, and student support. The MEPN program will be self-supporting by the 2018-19.

19. How and by what agencies is the program to be evaluated?

Several evaluation processes are in place to ensure a high level of success and sustainability for the Nursing Science and Health-Care Leadership program including, but not limited to:

Betty Irene Moore School of Nursing
Ongoing process and summative evaluations of program content, teaching, graduate satisfaction and employer satisfaction to be carried out by the School of Nursing. The MEPN program will be included in the school’s evaluation plan. The SON leadership collaborates with the REOE team which serves as a liaison between the faculty, staff, and students. This ensures that the evaluation goals are relevant and achievable. The specific curriculum evaluation is a core component of the overall assessment of the impact of the School, its graduates, and its research agenda. Commission on Collegiate Nursing Education

Accreditation for the master’s degree program was awarded in 2010 by the Commission on Collegiate Nursing Education (CCNE), the accrediting arm of the American Association of Colleges of Nursing. The CCNE conducts regular on-site evaluation visits every five years.

UC Davis Campus
The regularly-scheduled program review by UC Davis Graduate Council will be initiated at the appropriate time.

Gordon and Betty Moore Foundation
The $100 million grant itself provides its own evaluation of the school’s program goals until the grant is dispersed over an 11-year period.

California Board of Registered Nursing
The California Board of Registered Nursing will monitor the success of MEPN students on the NCLEX-RN. Programs whose students do not meet the annual minimum passing rate of 75% are visited and reviewed by the BRN. If the NCLEX pass rate is below 75% for two consecutive years the BRN may revoke the program’s approval to educate new nurses.
Nursing Science and Health-Care Leadership Graduate Group

The Nursing Science and Health-Care Leadership Graduate Group is composed of faculty from the Betty Irene Moore School of Nursing as well as from across the UC Davis and UC Davis Health System campuses.

Graduate group chair

Paul FitzGerald, Ph.D., Professor and Chair, Department of Cell Biology and Human Anatomy

Graduate group members

- Kupiri Ackerman-Barger, Ph.D., R.N., Assistant Adjunct Professor, Betty Irene Moore School of Nursing
- Ester Carolina Apesoa-Varano, Ph.D., Assistant Professor, Betty Irene Moore School of Nursing
- Aaron Bair, M.D., MSc, Associate Clinical Professor, Department of Emergency Medicine, University of California, Davis Medical Center
- Debra Bakerjian, Ph.D., R.N., Assistant Adjunct Professor, Betty Irene Moore School of Nursing
- Janice F. Bell, Ph.D., M.P.H., M.N., Assistant Professor, Betty Irene Moore School of Nursing
- Lars Berglund, M.D., Ph.D., Associate Dean of Clinical and Translational Research and Professor of Medicine, School of Medicine; Director, UC Davis Clinical and Translational Science Center
- Jeri Bigbee, Ph.D., R.N., F.A.A.N., Adjunct Professor, Betty Irene Moore School of Nursing
- Shelley Blozis, Ph.D., Associate Professor, Department of Psychology
- Mark Christiansen, Ph.D., P.A.-C., Physician Assistant Program Director, Betty Irene Moore School of Nursing
- Timothy W. Cutler, Pharm. D., Associate Professor of Clinical Pharmacy, Department of Clinical Pharmacy, School of Pharmacy, UC San Francisco; Director, UC Davis-Sacramento Experimental Pharmacy Program
- Mary Lou de Leon Siantz, Ph.D., R.N., F.A.A.N., Professor, Betty Irene Moore School of Nursing
- Christiana Drake, Ph.D., Admissions Chair, Biostatistics Graduate Group; Professor, Department of Statistics
- Suzanne Eidson-Ton, M.D., Assistant Clinical Professor, Departments of Family and Community Medicine and OB/GYN
- Nathan Fairman, M.D., M.P.H., Assistant Clinical Professor, Department of Psychiatry and Behavioral Sciences, School of Medicine
- Scott Fishman, M.D., Professor and Chief of Pain Medicine, Department of Anesthesiology and Pain Medicine
- Estelle Geraghty, M.D., M.P.H., Assistant Professor of Clinical Internal Medicine, School of Medicine
- Ellen Gold, Ph.D., Professor and Chair, Department of Public Health Sciences
- Virginia Hass, D.N.P., R.N., F.N.P.-C., P.A.-C., M.S.N., Nurse Practitioner Program Director, Betty Irene Moore School of Nursing
- Shelly Henderson, Ph.D., Assistant Clinical Professor, Betty Irene Moore School of Nursing
- Donald M. Hilty, M.D., Professor of Clinical Psychiatry, Department of Psychiatry and Behavioral Sciences
- Ladson Hinton, M.D., Professor and Director of Geriatric Psychiatry, Department of Psychiatry and Behavioral Sciences; Director of Education Core, Alzheimer's Disease Center
- Calvin Hirsch, M.D., Professor of Geriatric Medicine, Department of Internal Medicine
**Jill Joseph, M.D., Ph.D.**, Associate Dean for Research and Professor, Betty Irene Moore School of Nursing

**Kenneth W. Kizer, M.D., M.P.H.**, Director, Institute for Population Health Improvement, UC Davis Health System; Professor, Betty Irene Moore School of Nursing and Distinguished Professor, Department of Emergency Medicine, School of Medicine

**Richard L. Kravitz, M.D., M.S.P.H.**, Professor and Co-Vice Chair of Research, Department of Internal Medicine

**Nancy E. Lane, M.D.**, Director, UC Davis Center for Healthy Aging; Endowed Professor of Aging Medicine and Rheumatology, Department of Internal Medicine

**Frederick J. Meyers, M.D.**, Executive Associate Dean, School of Medicine; Professor of Hematology and Oncology, Department of Internal Medicine

**Richard Michelmore, Ph.D.**, Professor, Department of Plant Sciences, Department of Microbiology and Immunology and Department of Molecular and Cellular Biology; Director, UC Davis Genome Center and Bioinformatics Program

**Lisa Miller, Ph.D.**, Associate Professor, Department of Human and Community Development, UC Davis

**Jann Murray-Garcia, M.D., M.P.H.**, Assistant Adjunct Professor, Betty Irene Moore School of Nursing

**JoAnne E. Natale, M.D., Ph.D.**, Professor and Medical Director, UC Davis Children's Hospital Pediatric Intensive Care Unit

**Thomas S. Nesbitt, M.D., M.P.H.**, Associate Vice Chancellor, Strategic Technologies and Alliances; Professor, Department of Family and Community Medicine

**Alberto Odor, M.D., M.S.**, Associate Adjunct Professor, Betty Irene Moore School of Nursing

**Debora Paterniti, Ph.D.**, Associate Adjunct Professor, Department of Sociology, Department of Internal Medicine and Center for Healthcare Policy and Research

**Anthony Philipps, M.D.**, Medical Director, UC Davis Children's Hospital Professor Neonatology and Chair, Department of Pediatrics

**Peter Reed, Ph.D., M.P.H.**, Associate Adjunct Professor, Betty Irene Moore School of Nursing

**Patrick S. Romano, M.D.**, Professor of General Medicine and Pediatrics, Department of Internal Medicine

**Andreea Seritan, M.D.**, Associate Professor of Clinical Psychiatry, Department of Psychiatry and Behavioral Sciences

**Ulfat Shaikh, M.D., M.P.H.**, Associate Professor of Pediatrics, Department of Pediatrics

**Elena O. Siegel, Ph.D., R.N.**, Assistant Professor, Betty Irene Moore School of Nursing

**Hendry Ton, M.D.**, Associate Clinical Professor of Health Sciences, Department of Psychiatry and Behavioral Sciences

**Marlene M. von Friederichs-Fitzwater, Ph.D., M.P.H.**, Adjunct Associate Professor of Hematology and Oncology, Department of Internal Medicine; Director of Outreach Research and Education Program, UC Davis Cancer Center

**Deborah Ward, Ph.D., R.N., F.A.A.N.**, Associate Dean for Academics and Clinical Professor, Betty Irene Moore School of Nursing

**Peter Yellowlees, M.B.B.S., M.D.**, Director, Health Informatics; Professor of Clinical Psychiatry, Department of Psychiatry and Behavioral Sciences

**Heather M. Young, Ph.D., R.N., F.A.A.N.**, Associate Vice Chancellor for Nursing, UC Davis; Dean and Professor, Betty Irene Moore School of Nursing

**Sheri Zidenberg-Cherr, Ph.D.**, Chair, Graduate Group in Nutritional Biology; Co-Director, UC Davis Center for Nutrition in Schools; Cooperative Extension Specialist/Lecturer, Department of Nutrition
Graduate Group in Nursing Science & Health-Care Leadership
Bylaws

Administrative Home: Betty Irene Moore School of Nursing
Approved by Graduate Council: May 6, 2009
REQUESTING APPROVAL OF PENDING CHANGES
(Clean copy available upon request)

ARTICLE I. OBJECTIVE

The Nursing Science and Health-Care Leadership (NSHL) Graduate Group (hereafter referred to as the Graduate Group) will offer graduate studies leading to the Master of Science (M.S.) degree for the Leadership Track and Nurse Practitioner Track, the Master of Health Services (M.H.S.) Physician Assistant Studies degree, the Master of Science in Nursing (M.S.N.) degree for the Master’s Entry Program in Nursing (MEPN) and Doctor of Philosophy (Ph.D.) degree, in conformance with the rules and procedures of the Graduate Council and the Office of Graduate Studies of the Davis Campus of the University of California.

Discipline: The Graduate Group provides the academic and administrative structure for delivery of advanced research and clinical training education in Nursing Science and Health-Care Leadership. The NSHL curriculum will be interdisciplinary and inter-professional, focused on advanced education in population health and health systems. The research goals of the NSHL program will focus on two elements critical to advancing health: 1) population and community health, especially among the aging, populations of color, and in rural communities and 2) system-level analysis and improvement. Graduates of the NSHL program will be prepared to assume positions in academia as faculty researchers and educators, expert clinicians or as leaders in health systems.

Mission: The organization and operational characteristics of the Graduate Group are construed broadly to support the educational purpose of the NSHL degree program and administer the graduate group. The Graduate Group functions as a mechanism for curricular structure in educating and mentoring students in nursing science and health-care leadership at UC Davis and fosters interactions and collaborations among faculty pursuing research in population health and health systems through different academic departments. The educational mission of the NSHL Graduate Group will be delivered by faculty with expertise not only in the field of nursing science, but also with strength in health informatics, medicine, nutrition, sociology, law, business administration among and other fields. The NSHL program is intended to produce doctoral graduates that will be prepared as researchers in nursing science and health care systems and educators competent to assume full academic roles as faculty. The NSHL program Ph.D. graduates will have the expertise to transform health-care delivery and policy through research and education. The M.S.-Leadership degree level graduates of the NSHL programs will have enhanced capability in the delivery of health-care and system change, as well as preparation to be leaders in nursing-health-care practice or faculty for community college nursing or health care programs. The MHS-PAS and MS-NP degrees prepare graduates to deliver care as physician assistants and nurse practitioners to improve the availability of culturally relevant primary care to underserved populations and educate clinicians to deliver care as a member of a health-care team. The MSN-MEPN degree will prepare students with a bachelor's degree in a field other than nursing to become professional registered nurses and to serve as leaders in a wide variety of health-care settings.
ARTICLE II. MEMBERSHIP

A. Criteria for Membership in the Graduate Group

1. Members must hold an appropriate academic title:

   (a) Member of the Academic Senate of the University of California (includes Professors, Lecturers with Security of Employment, Professors in Residence, Professors of Clinical “___”, Professors Emeritus).
   (b) Members of the Academic Federation (includes but not limited to Adjunct Professor, Health Sciences Clinical Professor, and Lecturers)

   **Academic staff with primary appointments as Cooperative Extension Specialists or in the Professional Research series are not eligible to be members of graduate programs unless they also hold an appropriate instructional title (normally Lecturer Without Salary).**

2. Members must have a track record of expertise in a discipline relevant to the goals of the Group, so that they can contribute to the teaching and/or research mentoring missions of the Group

   The membership is expected to draw from existing campus faculty with health system, population health and/or nursing expertise, existing faculty with expertise in other relevant areas (e.g. statistics, informatics, business) and nursing faculty who will be hired in the Betty Irene Moore School of Nursing. The Graduate Group consists of those faculty members of the Davis campus qualified to guide candidates for the M.S. and Ph.D. degrees in Nursing Science and Health-Care Leadership.

3. Members must state a willingness to actively participate in the administration of the NSHL graduate degree programs.

   **Voting rights, per Graduate Council policy and Academic Senate Rule 55.**
   All active members are eligible to vote on graduate matters and have the full rights and privileges accorded to other members, with the exception of Emeritus faculty members. Emeritus faculty members can participate in the NSHL Graduate Group by serving on committees, attending meetings and participating in other Group activities, but may not vote on policy or bylaws issues.

B. Application Process

Potential NSHL faculty may self-nominate or be nominated by an existing member of the Graduate Group. After approval of a membership application by the Executive Committee, the names and qualifications of applicants shall be made available to the entire membership of the Graduate Group for comment.
Applicants for NSHL Graduate Group membership must prepare an application that includes:

1) A current biosketch which includes professorial rank, highest degrees received, other professional qualifications, department affiliation, email contact, and a citation of relevant publications
2) Curriculum Vita which includes academic title, departmental affiliation, email contact, publication list, research funding record, and relevant teaching experience
3) A Statement of research interests
4) A Statement of willingness to participate in Group functions, including, but not limited to:

Will the proposed program be your primary graduate program affiliation?
Will you teach a course in the proposed program and if so what course?
How many graduate programs are you currently a member of?
How many courses do you currently teach?
How many graduate students are you currently mentoring?
Address how participation in the proposed program will affect your participation in other graduate programs.

- Qualifying exam or thesis/dissertation committee participation.
- Delivery of group curriculum that is taken by MS and PhD candidates in completion of their NSHL degree requirements.
- Committee service in the Group, service as a graduate program adviser, or related service that furthers the goals of the Graduate Group.

C. Emeritus
Faculty who wish to serve the Graduate Group as emeritus faculty must reapply for membership upon retirement from the University. Emeritus faculty who are no longer active members of the Graduate Group may attend and participate in Graduate Group activities, including meetings, but may not vote on policy or Bylaw issues related to the Graduate Group.

D. Continued Membership
Membership in the Graduate Group must be renewed every three years. Each faculty member’s contributions to the NSHL shall be reviewed once every three years for the purpose of identifying faculty members who are not providing an appropriate level of service to the Graduate Group. This review will be conducted by the NSHL Executive Committee, who will provide members written notification of renewal or non-renewal, including a justification for non-renewal. Continued membership requires that the member contribute significantly to Graduate Group functions, as listed in section B above. Membership will be renewed after consideration of the member’s contributions as defined in section B. These include, but are not limited to:

- Qualifying exam or thesis/dissertation committee participation.
- Delivery of group curriculum that is taken by MS and PhD candidates in completion of their NSHL degree requirements.
- Committee service in the Graduate Group, service as a graduate program adviser, or related service that furthers the goals of the Graduate Group.

A member will be considered to have resigned from the NSHL under the following circumstances:

☐ A written letter of resignation to the Chair of the Program.
Failure to submit renewal notification.
Resignation from the University.

E. Membership Appeal Process
Individuals denied membership or renewal of membership may appeal directly to the Executive Committee by contacting the Graduate Group chair. A written rebuttal to the reasons for denial must accompany the appeal within 30 days of written notice of denial and submitted to the Group Chair. The Chair will review all appeals and present them to the Executive Committee for resolution. The Graduate Group chair will respond for the Graduate Group and notify all applicants who have filed an appeal. Applicants denied membership or renewal of membership may make a final appeal to the Dean of Graduate Studies.

ARTICLE III. ADMINISTRATION
The academic leadership and management of the Graduate Group shall be vested in the group Chair, the Executive Committee and the Dean of the School of Nursing. The academic leadership and management of the Group shall be open and democratic.

ARTICLE IV. GROUP CHAIR
A. Appointment of the Chair.

The NSHL Chair will be appointed in accordance with the Academic Personnel Manual policy UCD-245.B (http://manuals.ucdavis.edu/apm/245b.htm) and the policies and procedures of the Graduate Council and the Office of Graduate Studies. A "Chair Nominating Committee" shall be named by the Executive Committee to solicit from the faculty members and graduate students of the group, names of nominees for Graduate Group Chair. Nominees will be asked if they are willing to serve. To ensure confidentiality and objectivity, willing nominees, if members of the nominating committee, must withdraw from subsequent participation in the nomination process.

The names of all nominees who have indicated a willingness to serve will then be submitted to the Graduate Group’s members and graduate students for comments. Comments will be collected in a manner that ensures 1) that the nominee is a graduate group member, and 2) the nominator’s identity is separated from the comments, to ensure confidentiality. An “envelope within an envelope” approach, as used in faculty senate voting, is an example of this mechanism. The nominating committee is charged with ensuring the confidentiality of the comments.

The Nominating Committee will forward at least one name to the Dean of Graduate Studies along with all comments received on the nominees. All comments solicited from faculty and students of the group will be treated as confidential information by the Office of Graduate Studies. If two or more names are forwarded, the Nominating Committee may express a preference and, if it does, should indicate the basis for determining that preference. After interviewing the nominees the Dean of Graduate Studies will forward his/her recommendation to the Chancellor. The normal term of the Chair’s appointment is three years, however the recommended term of service will be based on each nominees’ willingness to serve.
B. Duties of the Chair.

The Chair will provide overall academic leadership for the NSHL program, in conjunction with assistance from the Executive Committee. The Chair will be the spokesperson for the program and represent the interests of the program to the campus and University administrators. The chair will be responsible for oversight of program publications and the coordination of administrative matters with the Office of Graduate Studies. The Chair shall be the chief officer for the Group and for the Executive Committee. The Chair shall:

- Call and preside over meetings of the standing and special committees.
- Appoint, with approval of the Executive Committee, standing committees and special committees.
- Nominate the graduate program advisors for appointment.
- Maintain a liaison relationship with related groups on the Davis campus.

C. Vice Chair

The Vice Chair will be nominated by the Group Chair from the Executive Committee and will be approved by a majority vote of the Executive Committee for a three year term. The name of the nominee indicating a willingness to serve will then be submitted to a vote of the entire Group. The duties of the Vice Chair includes;

- Serving as an ex officio a member of the Executive Committee.
- Assisting NSHL Chair in activities, and in Chair’s absence preside over meetings.
- Serving as chief officer of the Group in the absence of the Chair, for absences less than a quarter (APM UCD-245B). If the Chair will be absent from campus for more than a quarter, the Chair appointment procedures must be followed.

ARTICLE V. COMMITTEES

There shall be three standing committees:

- Executive Committee
- Recruitment, Admissions and Fellowship Committee
- Education Policy and Curriculum—Development Committee

1. Executive Committee

The Executive Committee shall consist of five voting members that include:

a. Group Chair—
b. Group Vice Chair
c. Chair of the Recruitment, Admissions & Fellowship Committee
d. Chair of the Educational Policy and Curriculum Development Committee
e. One additional faculty member, if as needed—
f. One non-voting student representative appointed by the Group Chair for a 1-year term—
The Chair of the **Graduate** Group will serve as Chair of the Executive Committee. The three or four other faculty members of the Executive Committee shall be elected by the **Graduate** Group membership: Elections shall be completed two weeks prior to the end of Spring Quarter as needed. Several of the positions will be filled by the roles of the Chairs of the committees listed above. Other positions will be filled by voting as needed.

As needed, early in Spring Quarter of alternating years, the Group Chair will issue an email call for nominations for the Executive Committee. Faculty candidates for membership to the Executive Committee may be self-nominated, or nominated by Group members. The Chair will contact eligible nominees to ensure a willingness to serve. A ballot of all willing and eligible nominees will prepared by the Chair, and sent by email to all Group members at least three weeks prior to the end of Spring Quarter. Each member of the Group shall vote for not more than the number of positions to be filled, without weighting of choice. Those receiving the most votes will be declared elected. Ties will be resolved by lot. The Chair will ensure that election results are e-mailed to group members.

The Student Representative will be appointed by the Group Chair, upon recommendation from the graduate students as a whole, and the term will be for one year. Reappointment of a Student representative is possible for up to two years.

Elected members shall assume their duties on July 1, except in the case of special elections held to fill unexpected vacancies.

The term of appointment for all committee members will normally be for three years. However, because continuity in function will be better achieved by having Executive Committee membership terms staggered, the first election will have two seats elected to two year terms, and two seats elected to three years terms.

All faculty members on the committee are eligible to vote.

No member may serve more than three consecutive 3 year terms on the Executive Committee. A special election will be held to fill unexpectedly vacated seats on the Executive Committee. The election should be completed within 1 month of the seat being vacated, using the same election protocol described for regular elections.

Duties of the Executive Committee will include the following:

- Act as the Membership Committee: Approval of new members and review of continuing members for retention in the group.
- Upon recommendation from the Educational Policy and Curriculum Development Committee will submit curriculum changes to Graduate Council for review and approval.
- Determine and implement policy for the good of the Program and to represent the interests of the Program generally to various University and other agencies.
- Address other Group issues as needed.
The Executive Committee will meet at least once twice per year quarter. Additional meetings and executive sessions may be held as deemed necessary, or upon petition by five members of the Program.

The Executive Committee may call for a vote of the Group membership when consultation with the Group as a whole is deemed necessary.

A quorum of the Executive Committee will consist of 3 voting members.

2. Recruitment, Admissions and Fellowship Committee

The Recruitment, Admissions and Fellowship Committee shall consist of at least three faculty members appointed by the Group Chair in consultation with the Executive Committee. The Admissions Officer is Chair of the Admissions and Fellowship Committee.

The term of appointment for all committee members will be three years. However, because continuity in function will be better achieved by having Recruitment, Admissions and Fellowship Committee membership terms staggered, the first election will have one or two seats elected to two year terms, and one or two seats elected to three year terms. A member may not serve for more than two consecutive terms. All faculty members are eligible to vote. One senior student representative will be appointed by the Group Chair for a one year term, and will be not eligible to vote. The functions of this committee shall include:

□ Recommending to the Executive CommitteeSelects Recommends students to the Office of Graduate Studies students for admission. The committee is charged with making recommendations regarding the admission of students to the program and for financial assistance for students within the program.
□ The committee shall also be responsible for recruiting graduate students, and shall enlist the services of an ad hoc recruitment committee for this task.
□ Other activities include student mentorship, making recommendations regarding the mentored research component of the program, including pairing students with mentors, development of the Mentorship Handbook, and mentor/mentee orientation.

3. Education Policy and Curriculum Development Committee

Education Policy and Curriculum Development Committee shall consist of at least three faculty members appointed by the Group Chair in consultation with the Executive Committee. and also all Graduate Advisors.

The term of appointment for all committee members will be three years. However, because continuity in function will be better achieved by having Education Policy and Curriculum Development Committee membership terms staggered, the first election will have one or two seats elected to two year terms, and one or two seats elected to three year terms. A member may not serve for more than two consecutive terms. All members are eligible to vote. One senior student representative will be appointed by the Group Chair for a one year term, and will be not eligible to vote.
This Committee is charged with making recommendations regarding the educational policy and curriculum development of the group. The committee will forward suggested programmatic changes to the Executive Committee for review, before sending out to the NSHL membership for vote. If the Group members vote by email to adopt changes, the Executive Committee will submit them to the Graduate Council for final approval. All members will be notified when changes have been approved by Graduate Council.

Other Educational Policy and Curriculum Development committee member’s activities include:

- Developing, coordinating, and facilitating the additional graduate program series offerings such as integrated workshops and seminars.

- Monitoring the quality of courses offered under the auspices of the Graduate Group in Nursing Science and Health-Care Leadership, supervision of teaching assignments and teaching experience of graduate students and overseeing the qualifying examination process.

ARTICLE VI. STUDENT REPRESENTATIVES

The Chair will appoint, upon recommendation from the graduate students as a whole, a representative(s) to serve as an ex officio member(s) of the graduate group on the Executive Committee and a representative to serve on the Recruitment, Admission and Fellowship Education, Policy, and Curriculum Development Committee for a term of not more than two years. In addition, the Chair will appoint one graduate student representative to attend the biannual Graduate Group meetings. The Student Representatives will be nominated and elected by the students by email. The Student Representatives will be non-voting members of the Education, Policy and Curriculum Development Committee, the Executive Committee and at the Graduate Group biannual meetings of the Executive Committee and the Admissions and Fellowship Committee.

The chair of any committee with a student member must excuse the student representatives from meetings during discussion about personnel actions or disciplinary issues relating to faculty, during rankings of existing students for funding, and for disciplinary issues related to students, or for any other discussion in which student presence creates a conflict of interest or violation of personnel/privacy rights.

ARTICLE VII. GRADUATE ADVISORS

Graduate Advisers are appointed, in compliance with the policies and procedures of the Graduate Council and the Office of Graduate Studies. The Executive Committee will provide nominations of NSHL Graduate Advisers to the Office of Graduate Studies. Advisers will be appointed to a 2-year term, which can be renewed. The ratio of Graduate Advisor to NSHL graduate students shall be at least 1:10. The Graduate Advisers represent the Group in its dealings with graduate students, with the following specific duties:

- Serve on the Educational Policy and Curriculum Development Committee.
Keep track of the progress of each graduate student in the Program.
Provide advice on how the student may best complete the requirements of the Program.
Determine whether and how graduate student work satisfies the Program's requirements.
Meet twice a year (January and May) as a group with other Group Advisors to review the progress of each graduate student in the Program.
If the graduate student’s work does not satisfy the Program’s requirements, write up a remediation plan and submit to the Associate Dean for Academics for approval.
Place or remove students in the Nurse Practitioner and Physician Assistant programs on academic warning or academic probation based on the student’s academic or clinical standing.
Recommend dismissal or disqualification of students in the Nurse Practitioner and Physician Assistant programs based on academic or clinical grounds, conduct to the Associate Dean for Academics and the Senior Director of the Nurse Practitioner and Physician Assistant Clinical Education and Practice. Dean of the Office of Graduate Studies has final dismissal authority for all graduate programs.
Nominate the Chair of a Qualifying Examination Committee.
Advise the Group concerning scheduling of courses relevant to the NSHL Graduate Group.
Communicate to students their standing in the Program.

ARTICLE VIII. MEETINGS

An annual meeting of the full membership shall be held during the spring quarter. The Group Chair will call the meeting. This meeting should include an annual report from each Committee chair. The Chair will ensure that minutes are recorded. The minutes shall include a written record of subcommittee reports, for the purpose of historical record of group decisions, and subsequent reference. Other meetings may be called as frequently and for such purposes as deemed desirable by the Executive Committee or at the request of five members of the program. To call a meeting by petition, 5 members of the Group must submit a written request to the Group Chair. The Chair will notify the Executive Committee and follow the procedure for notifying Graduate Group members.

Graduate Group members will be notified via email at least 15 days prior to any meeting. Members who cannot be present onsite may participate via a telephone bridge or teleconference link, if available. Faculty members of the Group who are away from campus may participate in meetings by submitting in advance written comments, and by casting proxy votes. Minutes of the meetings shall be distributed upon request and made available at the next annual meeting.

ARTICLE IX. QUORUM

A Group quorum for the purpose of modifying bylaws or establishing graduate program policy must be 50% plus 1, or greater, of the faculty members who are eligible to vote. Passage of proposals requires a supporting vote greater than 50% of the members who actually vote—Balloting will be done via e-mail. A one-week time for expression of opinions about the proposal must be allowed prior to the acceptance of votes, and a deadline for vote submission must be clearly articulated.

ARTICLE X. ORDER OF BUSINESS
At all regular meetings, the normal order of business shall be:

1. Call to Order
2. Approval of Minutes
3. Reports of Officers
4. Reports of Standing Committees
5. Reports of Special Committees
6. Unfinished Business
7. New Business
8. Adjournment
9. In the event of adjournment before all business is complete, another regular meeting shall be held on the next available date.

ARTICLE XI. AMENDMENTS

The Bylaws of the Group may be amended in the following manner:

☐ Amendments to the bylaws may be proposed by any member of the Group by submitting the proposed amendment to the Group Chair. The Chair shall notify all members of the group of the proposed amendment. Members will be given the option of providing Pro and Con statements to be included on the ballot.

☐ A email ballot will be circulated to all members of the Group a full week before the deadline for voting on the amendment. The ballot shall contain the proposed amendment(s), including material to be added or deleted from the Bylaws, as well as Pro and Con statements submitted by voting members. The amendment passes only if it is approved by a quorum as defined in Article IX.

☐ The Executive Committee shall administer and oversee the email balloting and inform the Group of the outcome.

☐ All amendments and revisions approved by the membership must be submitted to Graduate Council for review and approval.
Nursing Science and Health-Care Leadership Graduate Group (NSHL)
Master’s Entry Program in Nursing (MEPN)
MASTER OF SCIENCE IN NURSING DEGREE REQUIREMENTS
Graduate Council Approval: ____________

Master’s Degree Requirements

1) Admissions requirements:

Consideration for program admission requires the following:

- Submit the completed UC Davis Office of Graduate Studies online application
- Satisfaction of the UC Davis requirements for graduate admission
- A bachelor’s degree with at least a 3.0 grade point average
- A minimum 2.7 GPA in all prerequisite science courses
- Three letters of recommendation
- A statement of purpose and personal history describing the applicant’s background and experiences, rationale for seeking the degree and intentions for applying the newly-obtained knowledge and skills
- An interview may be required
- The GRE will not be required.

Admissions decisions are made on a case-by-case basis. Meeting some or all of these criteria does not guarantee admission, but merely eligibility. The decision to recommend admission to the Dean of Graduate Studies will be made by the Recruitment, Admissions, and Fellowships Committee on the basis of available space and the competitiveness of applicants compared to the eligible pool.

a) Prerequisites: In addition to the above requirements applicants are expected to have satisfied the content and minimum units of the following UC Davis courses as prerequisites (See Appendix F – CSU AB 1295):

- Chemistry (CHE 2A & 2B, 8A & 8B) – 5 quarter units
- Human Anatomy w/ Lab (CHA 101 & 101L) – 5 units w/lab
- Human Physiology w/ Lab (NPB 101 & 101L) – 5 units w/lab
- Microbiology w/ Lab (MIC 101 or 104& 104L) – 5 units w/lab
- Statistics (STA 13 or 100) or Epidemiology – 4 units
- General Psychology (PSC 1) – 4 units
- Introduction to Sociology OR Cultural Anthropology (SOC 1 or ANT 2) – 4 units

A 2.7 minimum grade point average in prerequisite science courses allows for some flexibility in building a diverse cohort that is appropriate to the goals of the program. However, it is expected that, due to the size and strength of the applicant pool, applicants will need grade point averages over the minimum to be competitive.
• Human Development Across the Lifespan (HDE 100A, B & C) – 4 units

b) Deficiencies: Deficiencies must be completed before matriculation to MEPN by earning a grade of C or better in each course and a cumulative GPA of 2.7 in science prerequisites.

2) Degree Title and Plan

M.S.N. (Master of Science in Nursing) Plan II. This degree requires the completion of at least 36 units of graduate and upper division courses, of which at least 18 units must be graduate courses in the major field. Not more than 9 units of research (299 or equivalent) may be used to satisfy the 18-unit requirement. A comprehensive final examination in the major subject is required of each candidate. No thesis is required.

3) Course Requirements for the Master of Science in Nursing

a) Academic Core

<table>
<thead>
<tr>
<th>Number</th>
<th>Course Title</th>
<th>Units</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRS 201</td>
<td>Health Status &amp; Care Systems</td>
<td>4</td>
<td>LEC/DIS</td>
</tr>
<tr>
<td>NRS 202</td>
<td>Implementation Science &amp; System Change</td>
<td>3</td>
<td>LEC/DIS</td>
</tr>
<tr>
<td>NRS 203</td>
<td>Leadership in Health Care</td>
<td>4</td>
<td>LEC/DIS</td>
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</table>

Didactic and Clinical Core

<table>
<thead>
<tr>
<th>Number</th>
<th>Course Title</th>
<th>Units</th>
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</tr>
</thead>
<tbody>
<tr>
<td>NRS 212</td>
<td>Technology and Innovations</td>
<td>2</td>
<td>LEC/HYBRID</td>
</tr>
<tr>
<td>NRS 221</td>
<td>Biophysical Concepts</td>
<td>3</td>
<td>LECTURE</td>
</tr>
<tr>
<td>NRS 222</td>
<td>Social, Cultural &amp; Behavioral Determinants of Health</td>
<td>2</td>
<td>LECTURE</td>
</tr>
<tr>
<td>NRS 223</td>
<td>Pharmacology in Nursing</td>
<td>2</td>
<td>LECTURE</td>
</tr>
<tr>
<td>NRS 224</td>
<td>Research and Evidence Based Practice</td>
<td>3</td>
<td>LECTURE</td>
</tr>
<tr>
<td>NRS 225</td>
<td>Developing Future Nurse Leaders</td>
<td>2</td>
<td>LECTURE</td>
</tr>
<tr>
<td>NRS 226</td>
<td>Quality and Safety Education in Health Care</td>
<td>2</td>
<td>LEC/HYBRID</td>
</tr>
<tr>
<td>NRS 227</td>
<td>Gerontology</td>
<td>2</td>
<td>LECTURE</td>
</tr>
<tr>
<td>NRS 228</td>
<td>Professional Nursing Role Formation</td>
<td>3</td>
<td>LECTURE</td>
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<tr>
<td>NRS 270</td>
<td>Foundations of Pharmacology</td>
<td>1</td>
<td>LECTURE</td>
</tr>
<tr>
<td>NRS 420</td>
<td>Foundations of Clinical Nursing Practice</td>
<td>3</td>
<td>LAB</td>
</tr>
<tr>
<td>NRS 421</td>
<td>Health Assessment across the Lifespan</td>
<td>3</td>
<td>LAB</td>
</tr>
<tr>
<td>NRS 422</td>
<td>Care of Adults with Chronic Conditions</td>
<td>6</td>
<td>LEC/CLINIC</td>
</tr>
<tr>
<td>NRS 423</td>
<td>Psychosocial Wellness &amp; Illness</td>
<td>5</td>
<td>LEC/CLINIC</td>
</tr>
<tr>
<td>NRS 424</td>
<td>Family Focused Nursing</td>
<td>9</td>
<td>LEC/CLINIC</td>
</tr>
<tr>
<td>NRS 425</td>
<td>Nursing Care of Adults with Complex Illness or Injury</td>
<td>8</td>
<td>LEC/CLINIC</td>
</tr>
<tr>
<td>NRS 426</td>
<td>Fostering Healthy Communities</td>
<td>8</td>
<td>LEC/CLINIC</td>
</tr>
<tr>
<td>NRS 427</td>
<td>Information Management and Patient Care Technology</td>
<td>1</td>
<td>LAB</td>
</tr>
<tr>
<td>NRS 428</td>
<td>Clinical Nursing Practicum</td>
<td>7</td>
<td>CLINIC</td>
</tr>
<tr>
<td>NRS 429A-F</td>
<td>Collaborative Practice I - VI</td>
<td>6</td>
<td>LAB</td>
</tr>
</tbody>
</table>

TOTAL 89
b) Elective Courses (0 units)

Elective courses are optional and include content in Telehealth, Health Informatics, Teaching Methods, and Special Topics.

c) Summary

Required courses for the MEPN include four existing graduate-level NSHL core courses – NRS 201 Health Status and Care Systems, NRS 202 Implementation Science, NRS 203 Leadership in Health Care, and 270 Foundations of Pharmacology. New graduate and professional practice courses are currently being developed and will be submitted for UC Davis approval by summer 2014. Courses will prepare students for the changing demands of clinical nursing as defined by current research by the Institute of Medicine, the Robert Wood Johnson Foundation, and the American Association of Colleges of Nursing. Content will include professional values, ethics, and leadership; social determinants of health; population and community health; quality improvement and safety; research and evidence-based practice; informatics and health-care technologies; interprofessional collaboration; and the theory and application of clinical nursing science to diverse patients of all ages in a variety of health-care settings.

Required courses include 27 units of graduate core courses plus 34 units of clinical and 28 units of theory courses at the graduate (200-299) and professional practice (400-499) levels required by the California Board of Registered Nursing. There are no electives in the requirements. Full-time students must enroll for 13-16 units per quarter for six consecutive quarters including academic, clinical, lab, and seminar units. Courses that fulfill any of the program course requirements may not be taken S/U unless the course is only graded S/U.

4) Special requirements

Before entering clinical sites, students are required to complete a criminal background check, health screening, and immunizations. The MEPN staff will ensure that students are aware of and satisfy these special requirements.

5) Committees

**NSHL Executive Committee**

Duties of the Executive Committee include the following: Act as the Membership Committee: Approval of new members and review of continuing members for retention in the Graduate Group. Upon recommendation from the Educational Policy and Curriculum Development Committee, the Executive Committee will submit curriculum changes to UC Davis Graduate Council for review and approval. Determine and implement policy for the good of the Program and to represent the interests of the Program generally to various University and other agencies. Address other Graduate Group issues as needed.

**NSHL Recruitment, Admissions and Fellowship Committee**

Duties of the Recruitment, Admissions and Fellowship Committee include the following: select students for admission, and for financial assistance within the program. Responsible for recruiting graduate students, and shall enlist the services of an ad hoc recruitment committee as needed.

Once the completed Graduate Studies application, all supporting material, and the application fee have been received by UC Davis, the application will be submitted to the Recruitment,
Admissions and Fellowship Committee. The Recruitment, Admissions and Fellowship Committee consists of at least 3 graduate group faculty members including a chair. Based on a review of the entire application, a recommendation is made to accept or decline an applicant’s request for admission. That recommendation is forwarded to the Office of Graduate Studies for final approval of admission. Notification of admissions decisions will be sent by Graduate Studies.

**NSHL Education Policy and Curriculum Development Committee**

Duties of the Education Policy and Curriculum Development Committee include the following: Recommendations regarding the educational policy and curriculum development of the group. Monitoring and evaluating the quality of courses and curriculum offered under the auspices of the Graduate Group in Nursing Science and Health-Care Leadership. Supervision of teaching assignments and teaching experiences of graduate students. Oversee the qualifying examination process. Developing, coordinating, and facilitating the graduate program series of integrated workshops and seminars.

6) **Advising Structure and Mentoring**

The student’s Graduate Adviser, who is appointed by the Chair of the program, is a resource for information on academic requirements, policies and procedures and registration information. Mentoring Guidelines can be found in the graduate student guide, available on the Nursing Science and Health-Care Leadership and/or the MEPN Program web site. MEPN students will have an adviser from the MEPN program faculty for the purposes of advising on clinical didactic coursework and clinical training.

7) **Advancement to Candidacy**

Master’s degree students are expected to advance to candidacy during fifth quarter of the program. Every student must file an official application for Candidacy for the Degree of Master of Science in Nursing after completing one-half of their course requirements and at least one quarter before completing all degree requirements.

The Candidacy for the Degree of Master form can be found online at: [http://www.gradstudies.ucdavis.edu/forms/](http://www.gradstudies.ucdavis.edu/forms/). A completed form includes a list of courses the student will take to complete degree requirements. If changes must be made to the student’s course plan after s/he has advanced to candidacy, the Graduate Adviser must recommend these changes to Graduate Studies. Students must have their Graduate Adviser sign the candidacy form before it can be submitted to Graduate Studies. If the candidacy is approved, the Office of Graduate Studies will send a copy to the Graduate Adviser, the appropriate graduate staff person, and the student. If the Office of Graduate Studies determines that a student is not eligible for advancement, the department and the student will be told the reasons for the application’s deferral. Some reasons for deferring an application include: grade point average below 3.0, outstanding “I” grades in required courses, or insufficient units.

8) **Comprehensive Examination (Plan II)**

Fulfillment of the Comprehensive Examination is the last requirement of the M.S. Plan II. A student may take the comprehensive examination once they have advanced to candidacy and completed all required coursework; for most students, the exam is taken at the end of the 6th quarter.

The comprehensive examination requirement includes both the submission of a portfolio to the Comprehensive Examination Committee and passing a written exam administered by that
same committee. The portfolio is to be written under the direction of a faculty mentor, who must be a member of the NSHL Graduate Group. The scope of the written exam is the candidate’s coursework as well as the portfolio work. The Comprehensive Examination Committee’s unanimous vote is required to pass a student on the exam and portfolio. If a student does not pass the exam and portfolio, the committee may recommend that the student be reexamined one more time, but only if the Graduate Adviser concurs with the committee. The second exam must take place within one quarter of the first exam. The format of the second exam is the same as that of the first exam and may include the submission of an amended version of the portfolio. The examination may not be repeated more than once. A student who does not pass on the second attempt is subject to disqualification from further graduate work in the program.

Once passed, the Master’s Report Form is signed by the Program Graduate Adviser and then forwarded to the Office of Graduate Studies. The deadlines for completing this requirement are listed each quarter in the campus General Catalog (available online at the website of the Office of the Registrar or from the Bookstore). A candidate must be a registered student at the time the program submits the form. The program must file the report with Graduate Studies within one week of the end of the quarter in which the student’s degree will be conferred.

9) **Normative Time to Degree**: Normative time from matriculation to graduation is six (6) consecutive quarters (18 months).
10) Typical Time Line and Sequence of Events

<table>
<thead>
<tr>
<th>1st Year Courses</th>
<th>2nd Year Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1st quarter Summer</strong> (Orientation)</td>
<td><strong>4th quarter Spring</strong> (Apply for Candidacy)</td>
</tr>
<tr>
<td>Lecture</td>
<td>Lab</td>
</tr>
<tr>
<td>NRS 420</td>
<td><strong>Foundations of Clinical Nursing Practice</strong></td>
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<tr>
<td>1</td>
<td>2</td>
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<tr>
<td>NRS 421</td>
<td><strong>Health Assessment across the Lifespan</strong></td>
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<td>1</td>
<td>2</td>
</tr>
<tr>
<td>NRS 224</td>
<td><strong>Research and Evidence-based Practice</strong></td>
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<tr>
<td>NRS 222</td>
<td><strong>Social, Cultural &amp; Behavioral Determinants of Health</strong></td>
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<td>2</td>
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<tr>
<td>NRS 270</td>
<td><strong>Foundations of Pharmacology</strong></td>
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<td>1</td>
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<tr>
<td>NRS 221</td>
<td><strong>Biophysical Concepts</strong></td>
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<td>3</td>
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<tr>
<td>NRS 429A</td>
<td><strong>Collaborative Practice I</strong></td>
</tr>
<tr>
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<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
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<table>
<thead>
<tr>
<th><strong>2nd quarter Fall</strong></th>
<th><strong>5th quarter Summer</strong></th>
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<tr>
<td>Lecture</td>
<td>Lab</td>
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<td><strong>Care of Adults with Chronic Conditions</strong></td>
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<td>NRS 423</td>
<td><strong>Psychosocial Wellness &amp; Illness</strong></td>
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<td>2</td>
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<td>NRS 427</td>
<td><strong>Information Management and Patient Care Technology</strong></td>
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<td>NRS 429B</td>
<td><strong>Collaborative Practice II</strong></td>
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<td><strong>Total</strong></td>
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<table>
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<tr>
<th><strong>3rd quarter Winter</strong></th>
<th><strong>6th quarter Fall</strong> (Comprehensive Exam)</th>
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<tbody>
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<td>NRS 424</td>
<td><strong>Family Focused Nursing</strong></td>
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<td>5</td>
<td>4</td>
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<tr>
<td>NRS 212</td>
<td><strong>Technology and Innovations in Health Care</strong></td>
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<td>2</td>
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<td>NRS 203</td>
<td><strong>Leadership in Health Care</strong></td>
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<td><strong>Collaborative Practice III</strong></td>
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<tr>
<td><strong>Total</strong></td>
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</table>

**Bold** is used to indicate content required by California Board of Registered Nursing

*Italicics* are used to indicate new courses being developed.

**Shaded** courses are those that are shared with other NSHL programs (funding details are located in Attachment 10. SSPD Additional Information)
11) **Sources of funding**

As a land grant university, affordability and accessibility are important to our campus. Our success in achieving these goals will be measured by size of applicant pool, diversity of applicant pool and student cohorts, and level of student debt upon graduation.

**Return to Aid, Awards, and Fellowships**

Our primary goal for student support is to ensure that financial issues do not prevent talented students from matriculating and graduating from the MEPN program. To this end, the School of Nursing includes in the MEPN budget 20%\(^2\) of tuition revenues for direct MEPN student support. Financial Aid staff will provide prospective and enrolled students with information and resources to facilitate access to their educational needs. The School of Nursing will award aid to students based on the program’s mission as well as student financial need, ensuring federal, state, and university compliance. These awards will include a combination of need-based and merit-based grants and scholarships.

The SON will encourage MEPN students to compete for campus, state, federal, and foundation awards and fellowships. As is true for all graduate programs, MEPN students will be eligible to compete for campus-wide fellowships. Additionally, the vigorous development campaign has established endowments to fund additional stipends and scholarships, and other funding sources are available to nursing students. Students in graduate nursing education programs are eligible for targeted financial aid programs in addition to those available to all UC Davis graduate students.

**Loan Repayment and Scholarships**

There are several ways that MEPN graduates from a master’s degree program can repay debt - through loan repayment programs such as NURSE Corps Loan Repayment, AmeriCorps, and the U.S. Indian Health Services as well as state and federal funding sources. The NURSE Corps Loan Repayment Program is a competitive federal program that funds students dedicated to practicing nursing in underserved communities. The program offers repayment of up to 85% of student loans in exchange for three years of service in a Health Provider Shortage Area, such as many clinics and non-profit hospitals in the Greater Sacramento region including the UC Davis Medical Center.

The Indian Health Service scholarships provide financial assistance for American Indians and Alaskan Natives enrolled in health and allied health professions. AmeriCorps helps pay for education in exchange for a year of service. The Army and Navy also have programs for students who serve in the military after graduation. Additionally, Health Resources and Services Administration (HRSA) has opportunities for loan repayment, scholarships and grants for registered nurses.

**Additional Financial Aid Programs**

- The Robert Wood Johnson Foundation [New Careers in Nursing](#), a scholarship program to help alleviate the nursing shortage and increase the diversity of nursing professionals. Through grants to schools of nursing, the program provides scholarships to college graduates without

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\(^2\) Return to Aid was increased from 10% of tuition to 20%, subsequent to the proposal sent for External Review.
nursing degrees who are enrolled in accelerated baccalaureate and master's degree nursing programs.

- **Scholarships for Disadvantaged Students** provides scholarships for full-time, financially needy students from disadvantaged backgrounds who are enrolled in health professions programs, including undergraduate and graduate nursing education programs. Participating schools select scholarship recipients, make reasonable determinations of need, and provide scholarships that do not exceed the cost of tuition, reasonable educational expenses and reasonable living expenses.³

- **NURSE Corps Loan Repayment Program** helps alleviate the shortage of nurses across the country by offering loan repayment assistance to registered nurses and advanced practice nurses, such as nurse practitioners, working at Critical Shortage facilities and nurse faculty employed at accredited schools of nursing. Program participants receive up to 60 percent of their qualifying student loans in exchange for a 2-year service commitment – and an additional 25 percent of their original loan balance for an optional third year.

- **NURSE Corps Scholarship Program** helps students complete their nursing education by paying tuition, fees, other education costs, while providing a monthly living stipend. The program is open to full-time nursing students accepted or enrolled in diploma, associate, baccalaureate or graduate nursing programs at accredited schools located in the U.S. Upon graduation, scholarship program members fulfill a service commitment at a Critical Shortage Facility.⁴

- The **Nursing Student Loan Program** provides long-term, low-interest rate loans to full-time and half-time financially needy students pursuing a course of study leading to a diploma, associate, baccalaureate or graduate degree in nursing. Participating schools are responsible for selecting loan recipients and for determining the amount of assistance a student requires.

12) **PELP, In Absentia and Filing Fee status**

Information about PELP (Planned Educational Leave) and In Absentia (reduced fees when researching out of state), can be found in the Graduate Student Guide: [http://www.gradstudies.ucdavis.edu/publications/](http://www.gradstudies.ucdavis.edu/publications/). The policy regarding Filing Fee status in a Self-Supporting Degree Program is currently under Campus review.

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Memorandum of Understanding
Center for Virtual Care, UC Davis Health System
Nursing Science and Health Care Leadership Graduate Group, UC Davis Health System
November 25, 2013

The Center for Virtual Care (CVC) has reviewed the Nursing Science and Health-Care Leadership (NSHL) Graduate Group proposal for the Master’s Entry Program in Nursing (MEPN-MSN) at the Betty Irene Moore School of Nursing. Students in this proposed degree program will be required to take courses in a simulated clinical setting provided by the CVC. The CVC is in agreement pending our continued work on the details of the course schedule and resource requirements necessary.

This MOU should be understood as a cooperative agreement between the Center for Virtual Care and the NSHL Graduate Group’s proposed Master’s Entry Program in Nursing.

This MOU and its effectiveness will be evaluated during program reviews, and may be amended as needed after evaluation. This agreement shall remain in force until otherwise agreed.

Jana Katz-Bell
Assistant Dean for Interprofessional Programs, UC Davis School of Medicine

Deborah Ward, PhD
Professor and Associate Dean for Academics, Betty Irene Moore School of Nursing

11/25/13  11/25/13
Memorandum of Understanding
Graduate Group in Health Informatics, UC Davis Health System
Nursing Science and Health-Care Leadership, UC Davis Health System
November 25, 2013

As Chair of the Health Informatics (HI) Graduate Group, I have reviewed the Nursing Science and Health-Care Leadership (NSHL) Graduate Group proposal for the Master’s Entry Program in Nursing (MEPN-MSN) at the Betty Irene Moore School of Nursing. Students in this proposed degree program will take appropriate interdisciplinary courses provided by the HI Graduate Group. The HI Graduate Group is in agreement pending our continued work on the details of the course schedule and necessary resource requirements.

This MOU should be understood as a cooperative agreement between the Health Informatics Graduate Group and the NSHL Graduate Group’s proposed Master’s Entry Program in Nursing.

This MOU and its effectiveness will be evaluated during program reviews, and may be renewed as needed after evaluation. This agreement shall remain in force until otherwise agreed.

Peter Yellowlees, MD
Professor of Psychiatry and Director of Health Informatics, UC Davis Health System

Deborah Ward, PhD, RN, FAAN
Professor and Associate Dean for Academics, Betty Irene Moore School of Nursing

Date: 12/2/13
Date: 11/25/13
Memorandum of Understanding  
School of Medicine, UC Davis Health System  
Nursing Science and Health-Care Leadership, UC Davis Health System  
November 25, 2013

As Interim Dean of the School of Medicine, I have reviewed the Nursing Science and Health-Care Leadership (NSHL) Graduate Group proposal for the Master’s Entry Program in Nursing (MEPN-MSN) at the Betty Irene Moore School of Nursing. Students in this proposed degree program will take appropriate interdisciplinary courses provided by the School of Medicine. The School of Medicine is in agreement pending our continued work on the details of the course schedule and necessary resource requirements.

This MOU should be understood as a cooperative agreement between the School of Medicine and the NSHL Graduate Group’s proposed Master’s Entry Program in Nursing.

This MOU and its effectiveness will be evaluated during program reviews, and may be renewed as needed after evaluation. This agreement shall remain in force until otherwise agreed.

Thomas Nesbitt, MD, MPH  
Interim Vice Chancellor, Human Health Sciences and Dean, UC Davis School of Medicine  

Deborah Ward, PhD, RN, FAAN  
Professor and Associate Dean for Academics, Betty Irene Moore School of Nursing
Faculty Membership and Abbreviated CVs

KUPIRI W. ACKERMAN-BARGER, Ph.D., R.N.
Assistant Adjunct Professor

Areas of expertise: health disparities, rural health

Recent and current research topics include:
- increasing racial and ethnic diversity in nursing workforce
- promoting comprehensive access to health care

Recent Publications and Scholarship

2011 Ackerman-Barger K. {Accepted Abstract} Mixing in mixed race. In V. Lea, Constructing Critical Consciousness: Narratives that Unmask Hegemony and Ideas for Creating Greater Equity in Education. Peter Lang Publishing.


ESTER CAROLINA APESOA-VARANO, Ph.D.
Assistant Professor

Areas of expertise: health disparities, geriatric health

Recent and current research topics include:
- Depression in older men
- Late-life depression among minority women

Recent Publications and Scholarship


DEBRA BAKERJIAN, Ph.D., F.N.P., R.N., F.A.A.N.P.
Senior Director for Nurse Practitioner and Physician Assistant Clinical Education and Practice Assistant Adjunct Professor

Areas of expertise: quality improvement in nursing homes
Recent and current research topics include:
- Advanced practice nursing and quality of care
- Transitions of care between health-care settings
- Chronic disease management

Recent Publications and Scholarship

2013 **Bakerjian D**, Zisberg A. Applying the Advancing Excellence in America’s Nursing Homes circles of Success to improving and sustaining quality. *Geriatric Nursing*, IN-PRESS.


**JANICE F. BELL, Ph.D., M.P.H., M.N.**

Assistant Professor

**Areas of expertise:** health services

Recent and current research topics include:
- Quality and accessibility of health services for vulnerable populations
- Disparities in primary care quality among children with mental health needs
- Geographic factors that contribute to childhood obesity

Recent Publications and Scholarship


**JERI L. BIGBEE, Ph.D., R.N., F.N.P.-B.C., F.A.A.N.**

Adjunct Professor

**Areas of expertise:** rural population health, community-based interventions

Recent and current research topics include:
- Relationship between the nurse per capita ratio and community health
- Family health promotion
- Advanced practice nursing

**Recent Publications and Scholarship**


2012 **Bigbee J**. Nursing 2012 and Beyond (Keynote) 10th Annual AMSA ARC/UCD Pre-medical & Pre-Health Professions National Conference Davis, CA

**MARK CHRISTIANSEN, Ph.D., P.A.-C.**
Physician Assistant Program Director and Health Sciences Clinical Assistant Professor

*Areas of expertise:* rural medicine, emergency medicine, medical education

*Recent and current research topics include:*
- Evaluation of attitudes toward underserved patients among health-care providers
- Pain management in primary care

**Recent Publications and Scholarship**

2012 Silvershein DI, **Christiansen MP**. Managing Chronic Pain in Primary Care: From Disease Mechanisms to Individualized Multidimensional Care. Practicing Clinicians Exchange Symposium Series, Norwood, MA.

2012 Milner MM, **Christiansen MP**. The Primary Care Office as a Portal to Men’s Health: Improving Awareness, Screening, Diagnosis, and Treatment. Practicing Clinicians Exchange Symposium Series, Tampa, FL

2011 Largay J, **Christiansen MP**. The Clinical Use of Incretin-Based Therapy in Type 2 Diabetes. Practicing Clinicians Exchange Symposium Series, Austin, TX

**PHILIPPE GOLDIN, Ph.D.**
Associate Professor

*Areas of expertise:* psychosocial interventions, cognitive regulation, research design

*Recent and current research topics include:*
- Cognitive-behavioral therapies
- Social anxiety disorders

**Recent Publications and Scholarship**


**VIRGINIA HASS, D.N.P., R.N., F.N.P.-C., P.A.-C., M.S.N.**
Nurse Practitioner Program Director and Health Sciences Clinical Assistant Professor

**Areas of expertise:** chronic illness, family medicine, medical education

**Recent and current research topics include:**
- Chronic illness and pain management
- Self-care and wellness

**Recent Publications and Scholarship**


2011 Bunnage C, Hass VM, Clerfond A, Papa, J, Hardball C. Proven Examples of Distance Learning in PA Education: An Expert Panel on Video Conferences and Online Learning. Presentation for physician assistant faculty at annual meeting of the Physician Assistant Education Association, New Orleans, LA.


**SHELLY HENDERSON, Ph.D.**
Assistant Clinical Professor

**Areas of expertise:** clinical psychology, behavioral medicine

**Recent and current research topics include:**
- Psychological approaches to chronic disease management
- Integration of behavior and primary care

**Recent Publications and Scholarship**


MARGARET (PEGGY) HODGE, Ed.D., M.S.N., R.N.
Clinical Educator and MEPN Interim Director

Areas of expertise: Nursing education, high stress work environments

Recent and current research topics include:
- Impact of minimum nurse to patient ratios on quality of care
- Translational research in critical care
- Integration of simulation in nursing education

Recent Publications and Scholarship


JILL G. JOSEPH, M.D., Ph.D., M.P.H.
Associate Dean for Research and Professor

Areas of expertise: clinical and translational science, health disparities

Recent and current research topics include:
- Health disparities
- Cancer health services research
- Interprofessional responses to adverse health-care incidents

Recent Publications and Scholarship


TAE YOUN KIM, Ph.D., R.N.
Associate Professor

Areas of expertise: health and nursing informatics

Recent and current research topics include:
- Data standardization and exchange
- Improving the quality of care using health information technology
- The impact of care coordination on patient outcomes

Recent Publications and Scholarship


JANN MURRAY-GARCIA, M.D., M.P.H.
Assistant Adjunct Professor

Areas of expertise: race and health

Recent and current research topics include:
- The impact of racial stratification on health-related decisions
- Cultural competency in health care
- Racial disparities in infant mortality rates

Recent Publications and Scholarship

2012 Murray-Garcia J. Building Strong Teams: Effects of a Medical Student/Nurse Shadowing Experience, Association of American Medical Colleagues, Research in Medical Education Annual Conference, San Francisco, CA, November.

2011 Murray-García J. From the Community to the Classroom: A Youth-Directed Documentary About How Davis Young People Led Their Community Closer To Educational Equity, CD ROM, Murray-Garcia Producer/Writer National Release.


ALBERTO ODOR, M.D., M.S.
Associate Adjunct Professor

Areas of expertise: health informatics
 Recent and current research topics include:
- Clinical health informatics
- The use of virtual environments for diagnosis, treatment and clinician training
- Web-based electronic health records

Recent Publications and Scholarship


MICHELLE O'ROURKE, F.N.P.-C., M.S.N.
Clinical Educator
Areas of expertise: gerontology, quality improvement and safety

Recent and current research topics include:
- Geriatrics
- Renal and pulmonary disease
- Women’s health

Recent Publications and Scholarship


Health Sciences Clinical Assistant Professor
Areas of expertise: mental health, community health

Recent and current research topics include:
- Improving HIV education and intervention among homeless populations
- Racial, ethnic, and linguistic minority health

Recent Publications and Scholarship


2010 Jaja C, Parés-Avila JA, Wolpin S, Berry DL. Usability Evaluation of the Community Use Interactive Personal Patient Profile - Prostate (P4) Decision Support System with
MARY LOU DE LEON SIANTZ, Ph.D., R.N., F.A.A.N.
Professor

Areas of expertise: migrant health, health leadership and policy

Recent and current research topics include:
- The impacts of migration on health among Hispanic migrant/immigrant families
- Reproductive health among Hispanic immigrant adolescents
- Obesity prevention among Hispanic children and adolescents

Recent Publications and Scholarship


ELENA O. SIEGEL, Ph.D., R.N.
Assistant Professor

Areas of expertise: workforce capacity, long-term care

Recent and current research topics include:
- The influence of organizational and leadership factors on quality improvement
- Education, training and experience of nursing home administrators
- The administrative and managerial roles of directors of nursing

Recent Publications and Scholarship


DEBORAH WARD, Ph.D., R.N., F.A.A.N.
Associate Dean for Academics and Health Sciences Clinical Professor

Areas of expertise: health policy, health system design

Recent and current research topics include:
- Pain management
- Interprofessional responses to adverse health-care incidents
- Technology-supported care

Recent Publications


HEATHER M. YOUNG, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, Dean and Professor, Betty Irene Moore School of Nursing

Areas of expertise: gerontological nursing, rural health care

Recent and current research topics include:
- Healthy aging
- Telehealth and community-based strategies to promote health for rural older adults and caregivers
- Medication management and safety

Recent Publications and Scholarship


Faculty Letters of Commitment

CVs and letters of commitment to teach courses and mentor students in the Master’s Entry Program in Nursing from the following School of Nursing faculty are included.

Kupiri Ackerman-Barger, Ph.D., R.N., Assistant Adjunct Professor, Betty Irene Moore School of Nursing

Debra Bakerjian, Ph.D., R.N., Assistant Adjunct Professor, Betty Irene Moore School of Nursing

Jeri Bigbee, Ph.D., R.N., F.A.A.N., Adjunct Professor, Betty Irene Moore School of Nursing

Margaret (Peggy) Hodge, Ed.D., M.S.N., R.N., Assistant Adjunct Professor, Betty Irene Moore School of Nursing

Elena O. Siegel, Ph.D., R.N., Assistant Professor, Betty Irene Moore School of Nursing

Deborah Ward, Ph.D., R.N., F.A.A.N., Associate Dean for Academics and Clinical Professor, Betty Irene Moore School of Nursing

Heather M. Young, Ph.D., R.N., F.A.A.N., Associate Vice Chancellor for Nursing, UC Davis; Dean and Professor, Betty Irene Moore School of Nursing
10/14/2013

TO: Paul FitzGerald, PhD
    Chair, Graduate Group in Nursing Science and Health-Care Leadership

RE: MEPN Program

I would be glad to teach in your proposed Master’s Entry Program in Nursing.

Will the proposed program be your primary graduate program affiliation? Yes, NSHL is my primary graduate program affiliation.

Will you teach a course in the proposed program and if so what course? I will teach Social and Cultural Determinants of Health.

How many graduate programs are you currently a member of? 1

How many courses do you currently teach? 3

How many graduate students are you currently mentoring? 6

Address how participation in the proposed program will affect your participation in other graduate programs. No effect.

Sincerely,

[Signature]

Kupiri W. Ackerman-Barger, Ph.D., R.N.
Assistant Adjunct Professor
Betty Irene Moore School of Nursing
Kupiri “Piri” W. Ackerman-Barger, RN, PhD

P.O. Box 154, Blue Lake, CA 95525 (707) 845-1616

Education

PhD in Nursing Education University of Northern Colorado, Greeley Colorado. May, 2012.

Dissertation title: Educational Narratives of Nurses of Color: A Qualitative Study

Master of Science in Nursing Education. Sacramento State University, Sacramento, Ca, May, 2006

Bachelor of Science in Nursing. Humboldt State University, Arcata, Ca. May, 1996. Cum Laude.

Licensure/Certifications

Registered Nurse in State of California # 525703

CCRN through American Association of Critical Care Nurses exp. 2014

BLS provider exp. 2013

Current Nursing Role

Director of Nursing. United Indian Health Services, Arcata, CA. Executive nurse leader for a rural health clinic serving 11,000 clients. Clinic includes several satellite sites. July, 2012-present

Teaching experience

Assistant Professor in Nursing. Humboldt State University, Arcata, CA. Baccalaureate Program. 2006-August, 2012

Courses Included:
- Medical Surgical Adult Nursing Theory and Clinical
- Nursing Research (including creating an on-line version)
- Leadership and Decision Making
- Application and Trends in Clinical Care
- Professional Nursing Outcomes
- Success in Nursing for pre-nursing students
Collateral duties included:
- Former Chair of Curriculum Committee and member
- Chair of Scholarship Committee
- Member of 3 Search Committees
- Member of scheduling taskforce
- Member of university WASC Theme II (Improving the success of students from underrepresented groups)
- Departmental WASC coordinator
- Student advising

**Teaching Assistant.** University of Northern Colorado School of Nursing, Greeley, CO. Online assistant teaching for second year PhD students. Course: Nurs702 Vulnerable Populations. *Fall 2011*

**Nursing On-line Adjunct Faculty.** Trinity College of Nursing, Rockland, IL. *Jan.* Nursing Research for RN to BSN students. Jan. 2010-June 2010

**Nursing Instructor.** College of the Redwood, Eureka, CA. *Fall, 2001-summer 2010*

Courses included:
- LVN pharmacology skills
- RN pharmacology skills
- Neurological portion of LVN theory
- Advanced Medical Surgical clinical.

Clinical Nursing Experience

**House Supervisor.** Mad River Community Hospital, Arcata, CA & St. Joseph Hospital, Eureka, CA. Nursing Administrative Supervisor for 85-110 bed hospitals. Duties included, but are not limited to staffing and oversight of all in-hospital acute care departments, clinical and administrative resource, break relief for staff, patient care, problem solving patient and employee complaints, participation in all hospital emergencies. Dec. 2004-April, 2011

**PACU/GI Pre and Post Procedure.** Mad River Community Hospital, Arcata. CA. Relief Staff. May, 2005-Feb. 2010

**Critical Care.** Mad River Community Hospital, Arcata, CA. Identify complex multi-system problems and potential complications for critical care patients. Establish collaborative interventions observing reaction and progress. Effective utilization and monitoring of invasive devices such as arterial lines, CVP monitors, Swan-Ganz, and ICP monitors. Demonstrate competency in critical management skills such as: cardiac monitoring, dysrhythmia recognition and accurate implementation, management and titration of IV medications. Responder to code blue situations using ACLS guidelines. April 2000-May 2007

**Emergency Room.** University of Washington Medical Center, Seattle, WA. Staff and Charge nurse in a research based teaching hospital specializing in major organ transplant, cardiothoracic surgeries and cancer treatment. Duties include assessment, triage, and stabilization of emergent patients. Jan. 1999-March 2000

**Registry.** HRN, Seattle, WA. With flexibility and critical nursing skills perform excellent patient care in numerous unfamiliar hospitals. Adapt to a variety of policies and procedures while fulfilling nursing duties adeptly, quickly and with minimal supervision. Jan. 1999-March 2000

**IV Therapy Nurse.** Swedish Medical Center, Seattle, WA. Insertion of peripheral lines and evaluation of current and old sites for phlebitis and infiltration. Nov. 1998-March 2000

**Telemetry/PCU.** Swedish Medical Center, Seattle, WA. & St. Joseph’s Hospital, Eureka, CA. Provide critical care for post-MI, heart catheterization, pacemaker placement, coronary artery bypass graft, valve replacement and angioplasty patients. Team leading up to six patients while charge nurse for up to 30 patients. Feb. 97-March 2000

**Medical /Surgical.** General Hospital, Eureka, CA. Staff and charge nurse roles. Management of busy 20 bed medical/surgical unit. Responsibilities include, staff management, duty delegation, patient bed assignment, problem solving and troubleshooting, in addition to team leading up to ten patients. June 1996-July 1997
Scholarship


- February, 2012 Abstract reviewer for the Nurse Educator’s Conference of the Rockies.

- October, 2009 research assistant to Dr. Michelle Kelly on project titled “Improve Care for People in California with Chronic Conditions” funded by California health Care Foundation.

- November, 2007 Editing Chapter 2 and 5 of *Nursing Leadership and Management: Reviews and Rationales*. Prentice Hall


**Presentations/Awards**

- September, 2011 recipient of the Education Nurse Traineeship Grant through University of Northern Colorado.

- May, 2011 presentation at Humboldt State University’s Institute for Student Success entitled, “Teaching On-line: Discovery from a Multidisciplinary Panel”.

- May, 2010 presentation at Humboldt State University’s Diversity in Learning and Teaching Conference titled, “Making Excellence Inclusive: Classroom Strategies and a Departmental Model”.

- May, 2010 recipient of Humboldt State University’s Course Transformation Grant though the Center for Excellence in Learning and Teaching to create an online nursing research course. (Development of course completed Dec. 2010).

- Summer, 2009 recipient of University of Northern Colorado School of Nursing Scholarship.

- May, 2008 presentation at the Humboldt State University “Spring Teaching Showcase”.

- April 25, 2008 collaboration with Nursing Leadership course, N464, to present an in-service to community nurses entitled, “Healthcare and the Native American Client”.

- April 15, 2008 presentation at 11th annual CSU Regional Symposium at CSU-Pomona.

- February 26, 2008 Receipt of Faculty Development Grant

- April, 2005 Vision Scholarship from the American Association of Critical Care Nurses.
Service

- Member of Campus Dialogue on Race Committee at Humboldt State University. Spring 2010-May 2012

- Coordinator for Humboldt State University Department of Nursing Western Association of Schools and Colleges (WASC): during accreditation nursing was chosen as one of three departments on campus to exemplify excellence in learning outcomes and served as a university model for best practices for inclusiveness. Fall 2007-Spring 2010.

- Member of Humboldt State University’s Making Excellence Inclusive Team, responsible for recruitment and retention of under-represented students. Fall 2008- Spring 2010.

- Coordination of local webcast of the UC Davis Betty Irene Moore special meeting on the recommendations of the Institute of Medicine and Robert Wood Johnson Foundation Initiative on the Future of Nursing Nov. 2010.

- Coordination of Clinical Instructor course for community nurses in collaboration with CINHC. July 2010.

- October, 2008-Fall 2009 Development and instruction of Nursing 280: Success in Nursing. This course was designed to prepare underrepresented pre-nursing students for success in entering the nursing major

- April 25, 2008 collaboration with N464 to present an in-service to community nurses entitled, “Healthcare and the Native American Client”

- Coordination of Student run first aid booth for PaddleFest. Fall 2007 & 2008.

- Coordination of Student participation in Latino Health Fair. Fall 2007 & 2008.

Professional Affiliations

- American Association of Critical Care Nurses member since 1997

- Redwood Empire Chapter of AACN member since 2003 and chapter president (2005/2006)

- Redwood Empire Chapter of AACN newsletter editor (2006/2007)

- Sigma Theta Tau member since 1996
10/10/2013

TO: Paul FitzGerald, PhD  
    Chair, Graduate Group in Nursing Science and Health-Care Leadership

RE: Proposed Master’s Entry Program in Nursing

I am writing to express my heartfelt commitment to teaching in the proposed Master’s Entry Program in Nursing (MEPN).

*Will the proposed program be your primary graduate program affiliation?* Yes.

*Will you teach a course in the proposed program and if so what course?* I will be glad to teach in this important program. Quality and Safety in Health Care

*How many graduate programs are you currently a member of?* 1

*How many courses do you currently teach?* 4

*How many graduate students are you currently mentoring?* 11

*Address how participation in the proposed program will affect your participation in other graduate programs.* There will be no effect.

Sincerely,

[Signature]

Debra Bakerjian PhD, FNP, RN, FAANP  
Senior Director for Nurse Practitioner and Physician Assistant Clinical Education and Practice

Assistant Adjunct Professor  
Betty Irene Moore School of Nursing
CURRICULUM VITAE

Debra Bakerjian

Personal Information

Work Address: Betty Irene Moore School of Nursing at UC Davis
4610 X Street, Suite 4202
Sacramento, CA 95817
Phone: 916-734-7124
Cell Phone: 415-302-9500
Email: debra.bakerjian@ucdmc.ucdavis.edu
Web Site: http://www.ucdmc.ucdavis.edu/nursing/
Date of Birth: 05/11/1951
U.S Citizen: Yes

Education

Education and Training

1974-1977 Evergreen Valley College, AD, Nursing, With Honors
1981-1983 University of Phoenix, BS, Health Services Administration with honors
1989-1991 University of California, Davis, School of Medicine, Sacramento, CA, FNP/PA
1991-1992 University of CA, San Francisco, MSN, Nursing (Sally Rankin)
2002-2006 University of CA, San Francisco, PhD, Gerontology and Health Policy (Charlene Harrington)
2006-2009 University of California, San Francisco, Postdoctoral Fellow
2009-2010 University of California, Davis, Sacramento, CA, Postdoctoral Fellow

Licenses and Certifications

1977 Registered Nurse License
1989 Nurse Practitioner License
1989 Nurse Practitioner Drug Furnishing
1998 DEA Certificate
1992 ANCC FNP Board Certification
1991 Physician Assistant Board Certification
1983 CCRN Certification
1978 ACLS Certified
1985 ACLS/BLS Instructor

Employment

Employment History

1977-1980 Los Gatos Community Hospital, California, Staff Nurse
<table>
<thead>
<tr>
<th>Year</th>
<th>Position</th>
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<tbody>
<tr>
<td>1980-1981</td>
<td>San Jose Hospital, Surgical Intensive Care, Assistant Head Nurse</td>
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<tr>
<td>1981-1986</td>
<td>Wheeler Hospital, Gilroy, California, Head Nurse ICU/CCU</td>
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<tr>
<td>1986-1986</td>
<td>Peter Gregor, MD, Cardiology and Internal Medicine, Clinical Coordinator</td>
</tr>
<tr>
<td>1989-1991</td>
<td>Peter Gregor, MD, Cardiology and Internal Medicine, Nurse Practitioner</td>
</tr>
<tr>
<td>1991-1993</td>
<td>Samaritan Family Practice, California, Nurse Practitioner</td>
</tr>
<tr>
<td>1991-1993</td>
<td>Robert Marx, MD, California, Nurse Practitioner</td>
</tr>
<tr>
<td>1993-1995</td>
<td>South Valley Heart, California, Nurse Practitioner</td>
</tr>
<tr>
<td>1993-1998</td>
<td>Geriatric Health Care, California, Nurse Practitioner</td>
</tr>
<tr>
<td>1995-1998</td>
<td>United States Army Reserve, Active Duty, California, Nurse Operations Officer</td>
</tr>
<tr>
<td>1990-2007</td>
<td>geriHEALTHcare, California, Nurse Practitioner</td>
</tr>
<tr>
<td>1998-2007</td>
<td>geriMEDcare, California, Owner</td>
</tr>
<tr>
<td>2007-present</td>
<td>geriHEALTHsolutions, Inc, California, President</td>
</tr>
<tr>
<td>2007-2009</td>
<td>University of CA, San Francisco, San Francisco, CA, Assistant Adjunct Professor</td>
</tr>
<tr>
<td>2009-present</td>
<td>Betty Irene Moore School of Nursing, University of California, Davis, Assistant Adjunct Professor</td>
</tr>
<tr>
<td>06/14-present</td>
<td>Betty Irene Moore School of Nursing, Sacramento, CA, Senior Director for NP/PA Clinical Education and Practice</td>
</tr>
</tbody>
</table>

**Extending Knowledge**

**Workshops, Conferences, Presentations and Short Courses**

2. This Year in Review, Invited Speaker, Plenary session American Medical Director’s Association Annual Convention, Dallas, TX, 2006.
5. This Year in Review, Invited Speaker, Plenary presentation at American Medical Directors Association, Hollywood, FL, 2007.
8. Improving Pressure Ulcer Care; Advancing Excellence in America’s Nursing Homes, Invited Speaker, Plenary session, Dallas, TX, 2007.
10. APNs and Long Term Care: Their emerging Role as Catalysts in Creating a New Paradigm, Invited Speaker, University of CA, San Francisco Trailblazers, San Francisco, CA, 2008.

11. Treatment of Pressure Ulcers in Nursing Homes; Advancing Excellence in America’s Nursing Homes, Invited Speaker, 2008.

12. This Year in Review, Invited Speaker, Plenary presentation at American Medical Directors Association, Salt Lake City, UT, 2008.


15. Working Together to Improve Care in Older Adults: It’s a Team Effort, Invited Speaker, Advancing Excellence in America’s Nursing Homes, Dallas, TX, 2008.

16. Advancing Excellence and Quality Improvement in Pressure Ulcer Care, Invited Speaker, One day Seminar, Beacon Institute, Baltimore, MD, 2009.

17. Improving Quality in Nursing Homes, Invited Speaker, One day Seminar, Beacon Institute, Madison, WI, 2009.


19. Continuing Education, Invited Speaker, Certified Nursing Assistants (CNAs) and Certified Home Health Aides (HHAs), SCAN Health Foundation Convening, Sacramento, CA, 2009.


22. Nurses Involvement in Nursing Home Culture Change, Invited Speaker, American Association of Housing and Services for the Aged, Los Angeles, CA, 2010.


Grants and Contracts

Grants Active

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Amount</th>
<th>Role</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/01/2010</td>
<td>01/31/2014</td>
<td>$143,000</td>
<td>Co-Investigator</td>
<td>Nursing Home Pain Collaborative Phase 2, Keela Herr (Principal Investigator), Mayday Funds in collaboration with Sigma Theta Tau</td>
</tr>
</tbody>
</table>
09/30/2011 - Grant #D57HP23248, $646,275, Principal Investigator, Physician Assistant Training in Primary Care, HRSA

Grants Completed

06/01/2009 - $65,000, Principal Investigator, New Goals, New Partnerships, Commonwealth Funds
12/31/2009

03/01/2009 - $40,000, Principal Investigator, Collaborative to Increase Performance in Nursing Homess, Commonwealth Funds
08/31/2009

08/01/2007 - $200,000, Co-Investigator, Nursing Home Pain Collaborative, Herr, Keela (Principal Investigator), Mayday Funds
08/31/2009

09/01/2007 - $1,115,000, Principal Investigator, Congressionally mandated "External Review of the Military Quality Improvement Program, TRICARE Management Activity
08/01/2008

10/01/2004 - $120,000, Principal Investigator, NP and MD Differences in Transfer Rates to Emergency Rooms and Hospitals in Nursing Home Residents, John A. Hartford Foundation
07/31/2006

06/01/2012 - Grant #177, $59,959, Co-Investigator, On Demand Telemonitoring for Independent Living Older Adults, N (Principal Investigator), CITRIS
06/30/2013

Honors & Awards

1987 US Army - Army Achievement Medal
1989 American Association of Family Physicians - Active Teacher in Family Practice
1989 US Army - Army Achievement Medal
1991 National Association on Certification of Physician's Assistants - Proficiency in Primary Care
1991 US Army- Army Achievement Medal
1992 Outstanding Nurse of the Year, Army Reserve Unit
1992 U.S. Army – Army Commendation Medal
1994 Meritorious Service Medal, U.S. Army
1994 Outstanding Junior Officer, Reserve Officer Association
1995 U.S. Army Achievement Medal, 4th Oak Leaf Cluster
1995 U.S. Army – Army Commendation Medal, 2nd Oak Leaf Cluster
1996 U.S. Army Service Ribbon, 2nd Oak Leaf Cluster
1996 U.S. Army – Army Commendation Medal, 3rd Oak Leaf Cluster
1998 Meritorious Service Medal, U.S. Army, 2nd Oak Leaf Cluster
1998 U.S. Army – Army Commendation Medal, 4th Oak Leaf Cluster
2000 American Association of Family Physicians-Active Teacher in Family Practice Award; University of CA, Davis
2000 U.S. Army Service Ribbon, 3rd Oak Leaf Cluster
2004 John A. Hartford Foundation Scholarship BACGNE Scholar
2004-2006 Pre-Doctoral Dissertation – Nurse Practitioners in Nursing Homes
2006  UCSF Graduate Student Research Award
2006  UCSF Alumni Association Dissertation Scholarship
2006  Wendy and Morton Kirsch Scholarship
2006  Third Place Award, NCGNP - Oral Research Presentation
2006  UCSF School of Nursing Century Club Award for Dissertation
2007  Distinguished Dissertation, University of CA, San Francisco, School of Nursing
2007-2009  Claire M. Fagin Postdoctoral Fellowship
2009  First Place Award for Poster Presentation, California Long Term Care Medicine
2011  Western Institute of Nursing's New Investigator in Geriatric Nursing
2011  Gerontological Society of America/Hartford Foundation Policy Leadership Fellowship

List of Evaluations

<table>
<thead>
<tr>
<th>Term</th>
<th>Course Name</th>
<th>Instructor Score</th>
<th>Course Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2008</td>
<td>S210: Proseminar in Health Policy</td>
<td>(Complete)</td>
<td></td>
</tr>
<tr>
<td>Winter 2009</td>
<td>S210: Proseminar in Health Policy</td>
<td>(Complete)</td>
<td></td>
</tr>
<tr>
<td>Fall 2009</td>
<td>N241: Dimensions of Advanced Practice Nursing</td>
<td>(Summary)</td>
<td></td>
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<tr>
<td>Fall 2010</td>
<td>NRS 206: Community Connections</td>
<td>Total Responses: 24 (Summary), Instructor Score: 4.26</td>
<td></td>
</tr>
<tr>
<td>Winter 2011</td>
<td>NRS 206: Community Connections</td>
<td>Total Responses: 24 (Summary), Instructor Score: 3.71</td>
<td></td>
</tr>
<tr>
<td>Spring 2011</td>
<td>NRS 206: Community Connections</td>
<td>Total Responses: 24 (Summary), Instructor Score: 4.44</td>
<td></td>
</tr>
<tr>
<td>Spring 2011</td>
<td>NRS 204: Quantitative Skills</td>
<td>Total Responses: 23 (Summary), Instructor Score: 4.41</td>
<td></td>
</tr>
<tr>
<td>Summer 2011</td>
<td>CALTCM 37 Annual Meeting: Challenges in Quality Assurance Performance Improvement QAPI) in Long-Term Care</td>
<td>Total Responses: 74 (Summary), Instructor Score: 4.5, Course Score: 4.6</td>
<td></td>
</tr>
<tr>
<td>Fall 2011</td>
<td>FAP 353: Geriatric Medicine: Continuum of Care</td>
<td>Total Enrollment: 3, Total Responses: 3, % of Return: 100.00% (Summary), Instructor Score: 4.25, Course Score: 1-5</td>
<td></td>
</tr>
<tr>
<td>Fall 2011</td>
<td>NRS 206: Community Connections</td>
<td>(Summary)</td>
<td></td>
</tr>
<tr>
<td>1/1/12-1/7/13</td>
<td>NRS 203: Leadership in Healthcare</td>
<td>Total Enrollment: 32, Total Responses: 32, % of Return: 100.00% (Summary), Instructor Score: 4.53, Course Score: 1-5</td>
<td></td>
</tr>
<tr>
<td>1/1/12-1/7/13</td>
<td>NRS 290: Master's Seminar</td>
<td>Total Enrollment: 18, Total Responses: 18, % of Return: 100.00% (Summary), Instructor Score: 4.67, Course Score: 1-5</td>
<td></td>
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<tr>
<td>1/1/12-1/7/13</td>
<td>NRS 493A: Improving Quality in Healthcare</td>
<td>Total Enrollment: 12, Total Responses: 12, % of Return: 100.00% (Summary), Instructor Score: 4.59, Course Score: 1-5</td>
<td></td>
</tr>
</tbody>
</table>
Publications

Journals

2004

2008

2009

2010

2011

2011

2011

2012

2012

Book Chapters

2007
Bakerjian D: Chapter 1 Introduction: The Nurse Practitioner in the Skilled Nursing Facility. The Long Term Care Nurse Practitioner: Guidelines for Clinical Practice, Truax, D and White, B; Jones and Bartlett, 3-24.
**Limited Distribution**

<table>
<thead>
<tr>
<th>Year</th>
<th>Title</th>
<th>Details</th>
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<tbody>
<tr>
<td>2009</td>
<td>Chapman S, Bakerjian D. Continuing Education for Certified Nursing</td>
<td>Assistants (CNAs) and Certified Home Health Aides (HHAs). SCAN Health Foundation, August.</td>
</tr>
<tr>
<td>2009</td>
<td>Bakerjian D. Update on Nursing Home Quality Initiatives.</td>
<td>UCSF Hartford Geriatric Nursing Center of Excellence; Trailblazing Topics in Gerontology, Mar.</td>
</tr>
<tr>
<td>2009</td>
<td>Bakerjian D. APN Roles in Advancing Excellence.</td>
<td>GAPNA Newsletter.</td>
</tr>
<tr>
<td>2011</td>
<td>Bakerjian D. GAPNA Foundation Update.</td>
<td>GAPNA Spring Newsletter.</td>
</tr>
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**Alternative Media**

<table>
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<tr>
<th>Year</th>
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<th>Details</th>
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<tbody>
<tr>
<td>2008</td>
<td>Bakerjian, D.: Systematic Approach to Pressure Ulcer Care in the</td>
<td>WEBEX, Advancing Excellence in America’s Nursing Homes-6,000 signed on nationally.</td>
</tr>
<tr>
<td>2010</td>
<td>Bakerjian, D.: Nurse Practitioner Protocols and Collaborative Practice in Long Term Care, Guest Interview: ReachMD, XM Radio; Host - Eric Tangalos, MD, CMD.</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>Bakerjian, D: You’re a Member of Advancing Excellence, Now What?,</td>
<td>California Local Area Network for Excellence Webinar.</td>
</tr>
</tbody>
</table>
2010  Bakerjian D: Pressure Ulcer Prevention in Nursing Homes, Insight with Jeffrey Callison, NPR Capital Radio, Sacramento, CA.

Abstracts


2008  Bakerjian D. NP and MD Differences in Transfer Rates to Emergency Rooms and Hospitals in Nursing Home Residents. Hartford Leadership Conference.


2009  Brahmbatt F, Bakerjian D. Communicating and Managing Black Box Warnings in Effectively in Nursing Homes. CALTCM Annual Conference.

2010  Bakerjian D, Bonner A, Benner C, Koren MJ. Reducing perceived Barriers to nursing Home Data Entry: the Role of the Advancing Excellence LANEs. CALTCM.

2010  Bakerjian D. The “Ins and Outs” of Care Transitions in Nursing Homes: Health Policy Challenges. Western Institute of Nursing.


2011  Bakerjian D. Ethical Challenges When Implementing Research into Business. Western Institute of Nursing Annual Meeting.


**Presentations**

2006  April, Billing and Coding 2005 – A New Frontier, California Long Term Care, Medicine Annual Conference.

2006  April, NPs on the Move: Entrepreneurs in Action, National Conference of Gerontological Nurse Practitioners, Ponte Vedra, FL.

2006  September, The Utilization of Nurse Practitioners in Nursing Homes: A Comparison with Physicians, National Conference of Gerontological Nurse Practitioners, Ponte Vedra, FL.

2006  November, Utilizing NPs and MDs in Nursing Homes, Gerontological Society of America, Dallas, TX.

2007  Nurse Practitioners in Nursing Homes: A Systematic Approach, Podium Symposium Presentation, Western Institute of Nursing, Anaheim, CA.


2007 November, Differences in NPs and MDs in ER Visits and Acute Hospitalizations in Nursing Home Patients, Podium presentation, Gerontological Society of America, Washington, DC.

2008 September, President’s Address, Organizational Change: The Future of the Gerontological Advanced Practice Nurse’s, Gerontological Advanced Practice Nurse’s Association; St Louis, MO.

2009 May, Overview of the National Conference of Gerontological Nurse Practitioners, Invited presentation to the Nurses Section of the American Geriatrics Society.

2009 October, Strategies to Initiate an Independent APN Business, Gerontological Advance Practice Nurses Association, Savannah, GA.

2009 November, Advancing Nursing Home Excellence: A Collaborative Formula That Works, Gerontological Society of America, Atlanta, GA.

2010 March, Updates in Advancing Excellence: The NH Quality Campaign, American Medical Director’s Association, Long Beach, CA.

2010 March, Challenges in Managing a Collaborative NP/MD Practice, American Medical Director’s Association, Long Beach, CA.

2011 March, The Nuts and Bolts of NP/Physician Collaboration Agreements in Long Term Care, American Medical Directors Association, Tampa, FL.

2011 April, Ethical Challenges in Implementing Research into Business Practice, Confronting Ethical Issues Throughout the Research Process Symposium, Western Institute of Nursing Conference, Las Vegas, NV.


2011 August, Innovative Models of NP Practice in Nursing Homes, Executive Directors Forum, Milwaukee, WI.

2011 November, Optimizing Healthy Behaviors to Maximize Lifespan: Intersectons of Research, Education and Practice, GSA, Boston, MA.

2012 May, Special Update on Medicare Payment Policy, the Patient Protection and Affordable Care Act and What it Means for Home Care Medicine Providers, American Academy of Home Care Physicians Annual Meeting, Seattle.

2012 September, The APN Role in Improving Quality and Safety in LTC;
2012 October, Gaps in the Geriatric APN Workforce, APHA, San Francisco, CA.

Service

**Administrative Activities**

2011-2012 Vice Chair, Department of Family and Community FNP/PA Program.

**Committees**

**Department/Section**

2011-present Member - Department of Family and Community Medicine FNP/PA Admissions Committee.

2011-present Member - Department of Family and Community Medicine FNP/PA Executive Committee.

**School/College/Division**

2011-present Member - Betty Irene Moore School of Nursing Admissions Committee.

2011-present Member - Nursing Science and Healthcare Leadership Graduate Group.

2011-present Member - Center for Health Policy and Research at UC Davis.

**Campus**

2011-present Co-Chair - FCM Strategic Goal #1 - Interprofessional Education.

2012-present Champion - University Strategic Goals Committee, Goal 5B: Excellence in Students.

**Other Non-University**

2001-2006 Legislative Affairs Member - National Conference of Gerontological Nurse Practitioners (NCGNP).


2001-present Education Committee Member - CA Long Term Care Medicine (CALTCM).

2003-present Board Member - California Long Term Care Medicine.
2005-2006  Editor-in-Chief - Newsline, CALTCM, Quarterly State Newsletter.
2005-2007  Treasureer, BOD - NCGNP.
2005-2008  Education Chair - California Long Term Care Medicine.
2006-2007  Treasurer, BOD - ADMA Long Term Care Direct.
2007-2008  President - Gerontological Advanced Practice Nurses.
2007-2010  Steering Committee Member - Advance Excellence Campaign (AEC).
2007-present Member - California AE LANE.
2008       Guest Editor - NCGNP Pages, Gerontological Nursing.
2008-2009  Vice Chair Steering Committee - Advancing Excellence Campaign.
2008-2009  Member - Gerontological Advanced Practice Nurses.
2008-2009  Chair, Goals Task Force - Advancing Excellence in America's Nursing Homes.
2009-present Chair - GAPNA Nursing Home SIG.
2009-present Reviewer - Research in Gerontological Nursing.
2009-present Reviewer - Journal of the American Medical Directors Association.
2009-present Reviewer - Geriatric Nursing.
2010       Reviewer - American Journal of Managed Care.
2010-present Executive Committee - Gerontological Society of America Health Sciences Section.
2010-present Member - American Geriatrics Quality Measures Committee.
2010-present Member - BOD Advancing Excellence in America’s Nursing Homes.
2011-2013  Consultant - Quality Improvement, Golden Living Corporation, Plano, TX.
2011-present Reviewer - The Gerontologist.
2011-present Representative - Health Sciences Section, GSA Publications Committee.
2012-present Reviewer - Journal of Gerontological Nursing.

**Editorial and Advisory Boards**
2008-present  Advisory Board Member, Center for Excellence in Assisted Living.
2009-present  Board Member, GAPNA Foundation
2010  Member, National Quality Forum's Skilled Nursing Facilities Technical Advisory Panel for the Serious Reportable Events in Healthcare.
2010-present  Advisory Committee Member, Sigma Theta Tau - The Center for Nursing Excellence in Long-Term Care.
2010-present  Advisory Board Member, AMDA Clinical Practice Guidelines.
2010-present  Advisory Board Member, California Culture Change Coalition.
2010-present  Member, American Medical Directors' Association Clinical Practice Guidelines Advisory Board.
2011-present  Member, National Quality Forum Technical Advisory Panel for Common Formats.
2011-present  President of the Board, GAPNA Foundation.
2012  Section Editor, Geriatric Nursing Editorial Board on Gerontological Advanced Practice Nurses Association.

Service: Additional Information

PROFESSIONAL ORGANIZATIONS

1977-present  Member, American Nurses Association
1989-present  Member, American Association of Nurse Practitioners (California)
1991-present  Member, Sigma Theta Tau
1996-present  Member, American Nurses Association (California)
1999-present  Member, California Long Term Care Medicine
2000-present  Member, Gerontological Advanced Practice Nurses Association
2001-present  Member, American Geriatrics Society
2002-present  Member, The Gerontological Society of America
2002-present  Member, American Medical Directors Association
2003-present  Member, American Public Health Association
2009-present  Member, Western Institute of Nursing
2010-present  Member, Academy of Health
2011-present  Member, Council for Advancement of Nursing Science

Teaching

Courses

2008  Winter Quarter, Course Number=S210, Health Policy Seminar, UCSF, Undergraduate Count=0, Graduate Count=12
2008  Fall Quarter, Course Number=S210, Health Policy Seminar, UCSF, Undergraduate Count=0, Graduate Count=21
2009 Winter Quarter, Course Number=S210, Health Policy Seminar, UCSF, Undergraduate Count=0, Graduate Count=12
2009 Fall Quarter, Course Number=S210, Health Policy Seminar, UCSF, Undergraduate Count=0, Graduate Count=20
2009 Fall Quarter, Course Number=S210, Health Policy Seminar, UCSF, Undergraduate Count=0, Graduate Count=15
2010 Fall Quarter, Course Number=NRS 206, Community Connections, Units=2-5, Undergraduate Count=0, Graduate Count=25, Percentage Effort=75
2011 Winter Quarter, Course Number=NRS 206, Community Connections, Units=2-5, Undergraduate Count=0, Graduate Count=25, Percentage Effort=75
2011 Spring Quarter, Course Number=NRS 206, Community Connections, Units=2-5, Undergraduate Count=0, Graduate Count=25, Percentage Effort=75
2011 Fall Quarter, Course Number=FP 353, Geriatric Medicine: Continuum of Care, Undergraduate Count=0, Graduate Count=45
2012 Winter Quarter, Course Number=NRS 203, Leadership in Healthcare, Units=4, Undergraduate Count=0, Graduate Count=39
2012 Fall Quarter, Course Number=NRS 290, Master's Seminar, Units=2, Undergraduate Count=0, Graduate Count=24
2012 Fall Quarter, Course Number=NRS 493A, Improving Quality in Healthcare, Units=3, Undergraduate Count=0, Graduate Count=13
2012 Fall Quarter, Course Number=FAP 353, Continuum of Care, Undergraduate Count=0, Graduate Count=0
2012 Fall Quarter, Course Number=FAP 353, Case Presentation in Geriatrics, Undergraduate Count=0, Graduate Count=0
2013 Winter Quarter, Course Number=NRS 203, Leadership in Healthcare, Units=4, Undergraduate Count=0, Graduate Count=41
2013 Spring Quarter, Course Number=FAP 252B, Professional Development, Undergraduate Count=0, Graduate Count=0
2013 Spring Quarter, Course Number=NRS 493C, Improving Quality in Healthcare, Units=3, Undergraduate Count=0, Graduate Count=0

Curricular Development

2006 Co-developed course with Ruth Malone PhD, RN on Theory of Health Policy for masters and doctoral students. This course became the Theory requirement.
2010 NRS 206 - Community Connections: Developed a 3-5 unit course for master's student field work.
2011 NRS 203 - Ladership in Healthcare: Assistant with the development of this 4 unit core course.
2012 NRS 493: Health Care QI: Designed 6 unit special studies module for medical nursing, informatics, and public health students.
2012 Leadership Role for Nurse Practitioners: Designed a 4 unit course for FNP students.

Lecture/Seminar/Lab/Other (by term)

2006 Spring Quarter
Seminar: Health Policy and Economics, UCSF Masters students
2007 Spring Quarter
Lecture: Health Policy and Economics, UCSF Masters Nurse Practitioner Students
2009 Winter Quarter
Lecture: Billing, Coding, and Documentation for Nurse Practitioners, UCSF Masters Nurse Practitioner students
2010 Fall Quarter
Lecture: NRS 201 Health Status and Care Systems, Betty Irene Moore School of Nursing at UC Davis
2011 Spring Quarter
Lecture: NRS 204 Quantitative Skills guest lecture, Betty Irene Moore School of Nursing at UC Davis
2011 Fall Quarter
Seminar: FAP 353: Geriatric Medicine Continuum of Care, UC Davis Health System
10/11/2013

TO: Paul FitzGerald, PhD
Chair, Graduate Group in Nursing Science and Health-Care Leadership

RE: Teaching in Master’s Entry Program in Nursing

I am pleased to commit to teaching in the proposed MEPN.

Will the proposed program be your primary graduate program affiliation? Yes.

Will you teach a course in the proposed program and if so what course? I will teach Fostering Healthy Communities and/or Family Focused Nursing

How many graduate programs are you currently a member of? 1

How many courses do you currently teach? 3

How many graduate students are you currently mentoring? 6

Address how participation in the proposed program will affect your participation in other graduate programs. No effect.

Sincerely,

Jeri L. Bigbee, PhD, RN, FNP-BC, FAAN
Adjunct Professor
Betty Irene Moore School of Nursing
CURRICULUM VITAE

Jeri L. Bigbee, PhD, RN, FNP-BC, FAAN
1704 Michigan Avenue
Boise, ID 83706
jeribigbee@boisestate.edu

EDUCATIONAL PREPARATION

University of Texas at Austin, Austin, Texas
School of Nursing
Nursing Research Major
Degree: Ph.D.
Graduation Date: December 1985

University of Washington, Seattle, Washington
School of Nursing
Department of Community Health Care Systems
Family Nurse Practitioner Pathway
Degree: Master of Nursing
Graduation Date: December 1979

Columbia University, New York, New York
School of Nursing
Degree: B.S. Nursing
Graduation Date: June 1975

University of California, Santa Cruz, California
Pre-nursing Major
Dates of Attendance: September 1971 - June 1973

EXPERIENCE

8/10 – present
Nurse Practitioner
Boise State University, University Health Services, Boise, ID
Providing primary care services to University students

8/06 – present
Jody DeMeyer Endowed Chair
Boise State University, School of Nursing, Boise, ID
Providing leadership and mentoring related to research and scholarship for faculty and students, with an emphasis on public health nursing

1/00 – 5/01, 8/05 – 7/06
Adjunct Professor/Visiting Lecturer/Consultant
California State University, Stanislaus, Turlock, CA
Taught undergraduate nursing courses and provided consultation regarding new program development and national accreditation (CCNE)

6/04 – 5/05
Director of Clinical Services
Delta Health Care, Stockton, CA
Administered two reproductive health clinics within a multidisciplinary non-profit community-based organization serving low-income individuals and families. Included personnel and fiscal management, grant writing and administration as well as direct clinical practice as a nurse practitioner

7/01 – 5/04
Orvis Endowed Professor
Orvis School of Nursing, University of Nevada, Reno, NV
Taught graduate and undergraduate courses, conducted research, and mentored students and faculty in research, grant writing, and distance learning

4/92 – 6/04  School Nurse/Consultant/Mentor
Lincoln Unified School District, Stockton, CA
Provided clinical services, consultation and mentoring for school nursing staff

7/92 – 12/99  Professor
Samuel Merritt College, Department of Nursing, Oakland, CA
Specific roles included:
• Outreach Coordinator – Development of off-campus RN-BSN program, including program marketing, student recruitment, and program coordination
• Director, Family Nurse Practitioner Program - Responsible for development and implementation of the Family Nurse Practitioner program

7/99 - 8/99  Camp Nurse
Tierra Del Oro Girl Scout Council, Camp Menses, Arnold, CA
Responsible for infirmary management and health maintenance in a 100 person residential summer camp

1/92 – 6/99  Adjunct Professor
University of the Pacific, School of Pharmacy, Stockton, CA
Provided interdisciplinary collaboration in research, teaching and service

3/91 - 6/92  Assistant Adjunct Professor
University of California, San Francisco, School of Nursing
University of California, Davis, School of Medicine
Taught in the Family Nurse Practitioner programs at UCSF and UC Davis (joint appointment), providing expertise in graduate nursing education and rural health care

3/91 - 11/91  Family Nurse Practitioner
San Joaquin General Hospital, Family Practice Clinic, Stockton, CA
Provided primary care to indigent and low-income families as well as served as a preceptor/consultant for graduate students, family practice residents and staff.

7/80 - 5/83  Associate Professor
University of Wyoming, School of Nursing, Laramie, WY
Involved in the development and implementation of a graduate program in Rural Family Nursing, along with undergraduate teaching, research, community service and clinical practice

4/88 - 12/90  Project Director
University of Wyoming School of Nursing, Nursing Center, Laramie, WY
Developed and implemented a model independent nursing center with a focus on family wellness promotion.

6/85 - 12/86  Nurse Practitioner
Albany County Family Planning, Laramie, WY
Provided women's health care and family planning services and precepted graduate nursing students

9/83 - 5/84  Research Assistant
University of Texas at Austin School of Nursing, Center for Research, Austin, TX
Provided research consultation and computer assistance to faculty and graduate students

9/80 - 5/83  Nurse Practitioner
University of Wyoming Student Health Services, Laramie, WY
Instituted a program for wellness care and health maintenance for student population. Also provided illness care.
1/80 - 4/80  Community Nurse Practitioner  
Five Valleys Health Care, Inc., Missoula, MT  
Responsible for development and implementation of a comprehensive community health  
program in a rural one-person county health department

6/78 - 8/78  Camp Nurse  
Metropolitan YMCA, Oakland, CA  
Responsible for infirmary management and health maintenance in a 200 person  
residential summer camp

12/75 - 6/78  Public Health Nurse  
Humboldt-Del Norte County Health Department, Eureka, CA  
Clinical coordinator of child health screening clinics (EPSDT) in two rural counties. Duties  
included clinic planning, implementation, and follow-up along with general P.H.N. duties.

7/77 - 9/77  Acting Deputy Director  
Child Health and Disability Prevention Program, Eureka, CA  
Acting administrator of a child health screening program (EPSDT) serving two rural  
counties. Responsibilities included staff supervision, fiscal planning and management.

HONORS AND AWARDS

Fulbright Specialist Scholar, 2011  
Exceptional Reviewer Award, The Journal of Rural Health, 2010  
Faculty Partner Award Nominee, Boise State University, Division of Student Affairs, December 2009  
Friend to Education Award, San Joaquin County Coordinating Council, May 1997  
Faculty Research Grant Award, Samuel Merritt College, 1993  
Fellow, American Academy of Nursing, 1990  
Faculty Growth Award, University of Wyoming Alumni Association, 1986  
Who's Who in American Nursing, 1984  
University of Wyoming, College of Health Sciences New Investigator Award, 1986  
University of Texas, Predoctoral Fellowship, 1984 - 1985  
Nurses Educational Foundation Scholarship, 1984  
National Research Service Predoctoral Fellowship, Division of Nursing, 1984 - 1985  
Inducted, Sigma Theta Tau, Alpha Zeta Chapter, 1975  
Margaret Elliot Prize - Columbia University, 1975  
Rose Driscol Award - Columbia University, 1974

PUBLICATIONS, PRESENTATIONS, GRANTS, AND OTHER SCHOLARLY ACTIVITIES

Book Chapters


Articles


**Reviews**


Published Abstracts

Resilience in Frontier Grandparents Raising Grandchildren (with H. Shaklee, M. Prengaman, & B. Vander Boegh)
Proceedings of the Communicating Nursing Research Conference and WIN Assembly, Glendale, AZ, April 2010

Development of the Nursing Community Apgar Questionnaire (with M. Prengaman, E. Baker & D. Schmitz)
Proceedings of the Communicating Nursing Research Conference and WIN Assembly, Glendale, AZ, April 2010

Mental Health of Caregiving Grandparents (with B. Vander Boegh)
Proceedings of the Communicating Nursing Research Conference and WIN Assembly, Glendale, AZ, April 2010

The Relationship Between Population Density and State Health Ranking
Proceedings of the Communicating Nursing Research Conference and WIN Assembly, Anaheim, CA, April 2008

Nurse-Directed Early Ambulation: A Descriptive Study (with K. Hoffman & M. Bohme)
Proceedings of the Communicating Nursing Research Conference and WIN Assembly, Anaheim, CA, April 2008

Student Participation in Research: Some Unintended Benefits!
Proceedings of the Communicating Nursing Research Conference and WIN Assembly, Portland, OR, April 2007

The Relationship Between Nurse to Population Ratio and County Health Indices.
Proceedings of the Communicating Nursing Research Conference and WIN Assembly, Phoenix, AZ, April 2003

Prevalence of Failed Hearing Screening in ESL School-aged Children
Proceedings of the Communicating Nursing Research Conference and WIN Assembly, Palm Springs, CA, April 2002

The Development of the Family Seriousness of Illness Scale
Proceedings of the International Family Nursing Conference, Montreal, Canada, May 1994

The Development of the Family Seriousness of Illness Scale
National Conference on Family Nursing, Portland, Oregon, September 1989

Hardiness, Stress & Illness in Rural Versus Urban Women

The Concept of Hardiness as Applied to Rural Versus Urban Women
International Nursing Research Conference, Edmonton, Alberta, May 1986

The Changing Role of Rural Women: Nursing Implications
A.N.A. Cabinet Meeting on Nursing Practice, Denver, Colorado, November 1983.
Other Publications


Bigbee, J.L. (1990) How can nurse practitioners identify the abused woman and encourage her to seek help? NP Dialogue, 1(3).

Monthly column in Peace Weaver, University of Wyoming Women's Newsletter:
"Herpes Revisited" -- November 1982
"Genital Herpes" -- October 1981
"Premenstrual Syndrome" -- January 1982
"Motherhood After Thirty" - December 1981
"Kegel Exercises" -- November 1981
"Menstrual Cramps" -- May 1981
"Infertility" -- April 1981
"Menopause" -- April 1981
"Endometriosis" -- February 1981
"Toxic Shock Syndrome" -- November 1980


Grants and Contracts

The Relationship Between Nurse-to-Population Ratio and the Population’s Health ($113,538)
National Council of State Boards of Nursing
To run October 2011 – September 2013

Adaptation of the Centering Pregnancy Model of Care for Implementation in Rural Areas Project Evaluation
(J. Grassley, PI) ($5,000)
Family Medicine Residency of Idaho/Idaho March of Dimes
December 2010 – present

Recruitment and Retention of Nursing Students from Rural & Frontier Backgrounds: A Five Year Retrospective Study ($5,000)
Boise State University Department of Nursing/Jody DeMeyer Endowment
May 2010 - present

Nursing Community APGAR Questionnaire Project – Phase II (M. Prengaman, PI) ($10,000)
Idaho Office of Rural Health and Primary Care
September 2009 – present

Development of a Strategy to Improve Health Outcomes and Reduce Premature Birth in Rural Idaho Through the Use of the Centering Pregnancy Model of Maternity Care – Evaluation Contract ($4,500)
Family Medicine Residency of Idaho/Idaho March of Dimes
October 2009 – June 2010

Centering Pregnancy Project Evaluation Contract ($6,500)
Family Medicine Residency of Idaho
March 2007 – June 2010

Development of the Nursing Community APGAR Questionnaire (M. Prengaman, PI) ($5,000)
Boise State University College of Health Sciences, Office of External Funding
May – September 2009
Health Promotion Intervention with Rural Custodial Grandparents: A Pilot Study ($5,000)
Boise State University Department of Nursing/Jody DeMeyer Endowment
November 2008 – August 2009

Idaho Public Health Nursing Study ($5,000)
Boise State University Department of Nursing/Jody DeMeyer Endowment
September 2006 – December 2007

Pharmacy Access Survey Study ($2,000)
Public Health Institute
(with R. Abood and S. Ravnan, University of the Pacific, School of Pharmacy)

Service Learning Faculty Enhancement Grant ($1,000)
University of Nevada, Reno
Center for Excellence in Teaching
August 2002 – June 2003

Assessment of Patient Oriented Service Activities in Chain Pharmacies ($52,000)
(with R. Abood, University of the Pacific, School of Pharmacy)
Funded by a consortium of ten national chain pharmacy companies
June - November 2002

Family Nurse Practitioner Program Training Grant ($715,044)
Division of Nursing, Department of Health and Human Services
July 1994 - June 1997

The Effect of a Hand Washing Education on Student Absenteeism in a Public School ($1,200)
Samuel Merritt College
March 1993 - February 1995

Nurse Practitioners in Family Medicine Education Study ($1,500) (with Roxie Harsy)
University of California, Davis
School of Medicine, Department of Family Practice
September 1991 - 1992

The Promotion of Rural Preventive Nursing Project ($230,686)
Special Projects Grant
Division of Nursing, Department of Health and Human Services
April 1988 - April 1991

The Concept of Hardiness as Applied to Family Health ($1,200)
New Investigator Award
University of Wyoming, College of Health Sciences
April 1986

Rural-Urban Differences in Hardiness Among Women ($8,000)
Individual National Research Service Award
Division of Nursing (DHHS)
October 1984

Attitudinal Assessment of Wyoming Health Professionals in Relation to Prescriptive Authority for Nurse Practitioners ($1,500)
January 1981
The University of Wyoming Office of Research and Schools of Nursing and Pharmacy

Dual Work Family Conference ($1,500)
The Wyoming Council for the Humanities
April 1981
Papers and Presentations


Resilience in Frontier Grandparents Raising Grandchildren (with H. Shaklee, M. Prengaman, & B. Vander Boegh), Western Institute of Nursing Communicating Nursing Research Conference, Glendale, AZ, April 2010

Development of the Nursing Community Apgar Questionnaire (poster with M. Prengaman, E. Baker & D. Schmitz), Western Institute of Nursing Communicating Nursing Research Conference, Glendale, AZ, April 2010

Mental Health of Caregiving Grandparents (poster with B. Vander Boegh), Western Institute of Nursing, Communicating Nursing Research Conference, Glendale, AZ, April 2010

Adapting Centering Pregnancy for Rural Practice: The Effects on Patient Satisfaction (poster with K. Cooperstein) Communicating Nursing Research Conference, Glendale, AZ, April 2010

Comparison of Rural Providers and Consumers Regarding Community Health Assets and Deficits (poster with D. Kenski), Communicating Nursing Research Conference, Glendale, AZ, April 2010

Factors Promoting Rural Nurse Retention and Recruitment (poster with J. Nelson & M. Prengaman), Communicating Nursing Research Conference, Glendale, AZ, April 2010


Growth and Development of Toddlers and Preschoolers in Foster Care (poster with J. Nelson). Western Institute of Nursing Communicating Nursing Research Conference, Salt Lake City, UT, April 2009.


The Relationship Between Population Density and State Health Ranking. Western Institute of Nursing Communicating Nursing Research Conference, Anaheim, CA, April 2008


Student Participation in Research: Some Unintended Benefits! (poster) (with Richard Abood). Western Institute of Nursing Communicating Nursing Research Conference, Portland, OR, April 2007


The Future of Nursing is Now! Keynote address, Sigma Theta Tau, Nu Iota Chapter Induction, Reno, NV, January 2004.

The Relationship Between Nurse-to-Population Ratios and Community Health Indices (poster), Western Institute of Nursing Communicating Nursing Research Conference, Phoenix, AZ, April 2003
Prevalence of Failed Health Screening in ESL School-aged Children (invited poster), Nursing Research Grand Rounds, American Nurses Association Convention, Philadelphia, PA, June 2002

The Nursing Shortage: Impact and Implications for Rural and Frontier Communities (poster) (with Julie Johnson), National Rural Health Association Annual Conference, Kansas City, MO, May 2002

Prevalence of Failed Health Screening in ESL School-aged Children (poster), Western Institute of Nursing Communicating Nursing Research Conference, Palm Springs, CA, April 2002

Promoting Diversity in Nurse Practitioner Education, NONPF Annual Meeting, Albuquerque, April 1997

Development of a Preceptor Recruitment Video (with Sarah Carroll and Nancy Fitzmaurice), NONPF Annual Meeting, Boston, April 1996

The Effect of Hand Washing Education on Student Absenteeism in a Public School (with Thelma Gray) (poster), California School Nurses Association Annual Conference, Fresno, CA, January 1996

The Effect of Hand Washing Education on Student Absenteeism in a Public School (with Thelma Gray) (poster), National School Nurses Association National Conference, Phoenix, AZ, June 1995

Rural Nursing in the 90s, Idaho Nurses Association, Pocatello, ID, April 1995

Family Stress, Hardiness and Illness Occurrence, International Family Nursing Conference, Montreal, Canada, May 1994

Nurse Practitioners in California: Distribution and Relationship to Health Status (poster), National Organization of Nurse Practitioner Faculties Annual Meeting, Portland, OR, April 1994

Nursing Diagnosis in an Academic Nursing Center, National Organization of Nurse Practitioner Faculties Annual Meeting, Chicago, IL, April 1993

Nurse Practitioners in Family Medicine Education (with Roxie Harsy) (poster), National Nurse Practitioner Symposium, Keystone, CO, July 1992

Family Stress, Hardiness and Illness Occurrence: A Pilot Study with a Nursing Center Population (poster), California Coalition of Nurse Practitioners Annual Conference, Marina Del Rey, CA, March 1992

Frontier Health Care: NP Territory (with Nancy Jansa), National Nurse Practitioner Symposium, Keystone, CO, August 1991

Nursing Centers: A Frontier Perspective, National Conference for Rural Nursing, Sarasota, FL, September 1990


Development and Implementation of a Computerized Charting System in a Nursing Center (poster), National Nursing Centers Conference, Atlanta, GA, May 1990

Perception of Community Health Problems in Ten Rural Communities National Rural Health Association Meeting, New Orleans, LA, May 1990

Rural Nurses: Leaders in Lean Times (Keynote Address), National Conference on Rural Nursing, Greeley, CO, April 1990

Rural Nursing: Moving into the 1990’s (Keynote Address), Dakota Conference on Rural Health, Fargo, ND, March 1990

Perception of Community Health Problems in Ten Rural Communities (with Betty Ide), Sigma Theta Tau Research Conference, Laramie, WY, February 1990

The Development of the Family Seriousness of Illness Scale (poster), National Family Nursing Conference, Portland, OR, September 1989
Nursing Centers: A Source of Rural Health Promotion Services, National Rural Health Association Meeting, Reno, NV, May 1989

The Uniqueness of Rural Nursing, National Rural Health Association Meeting, Reno, NV, May 1989

Nursing Centers: An Alternative in Rural Health Care, Rural Nursing Conference, Greeley, CO, May 1989

Coordinating Undergraduate and Practitioner Education in Well Child Care (with Jane Barnett), National Nurse Practitioner Faculties Meeting, Orlando, FL, April 1989

The Concept of Hardiness as Applied to Family Stress (Keynote Address), Sigma Theta Tau Research Conference, Laramie, WY, February 1988

The Family Seriousness of Illness Scale (poster), Western Institute of Nursing Research Conference, Salt Lake City, UT, May 1988


Hardiness, Stress and Illness in Rural Verses Urban Women (poster), Perinatal Conference, Laramie, WY, October 1987

Anemia Screening Tools: A Comparison of Methods, National Nurse Practitioner Symposium, Keystone, CO, July 1987


Hardiness, Stress and Illness in Rural Verses Urban Women, International Congress on Women's Health Issues, Halifax, Nova Scotia, November 1986

Stressful Life Events and Illness Occurrence in Rural Versus Urban Women, Annual Nurse Practitioner Symposium, Baltimore, MD, June 1986


The Effects of Consumer Education on Women's Health, Annual Nurse Practitioner Symposium, Baltimore, MD, June 1985

Rurality, Stress and Illness in Women: A Pilot Study, Rural Nursing Conference, Flagstaff, AZ, April 1985

The Changing Role of Rural Women: Nursing Implications, A.N.A. Cabinet Meeting on Nursing Practice, Denver, CO, November 1983


Attitudinal Assessment of Professionals Regarding Prescriptive Authority for Nurse Practitioners, American Pharmaceutical Association Annual Meeting, Las Vegas, NV, April 1982

Adolescent Obesity and Locus of Control, National Nurse Practitioner Symposium, Keystone, CO, June 1981

Nursing Needs Assessment in Wyoming, WICHEN Conference on Rural Mental Health Nursing, Cheyenne, WY, June 1981
PROFESSIONAL SERVICE

Reviewer

• Journals
  Journal of Health Care for the Poor and Underserved, 2007 - present
  Journal of the American Pharmacists Association, 2007 – present
  Nursing Research, 2003 – present
  Nursing Outlook, 2003 - present
  Journal of Rural Health, 1985 – present
• Tenure and Promotion External Reviewer, Montana State University, College of Nursing, September 2009
• American Public Health Association, Public Health Nursing Section, Student Poster Reviewer, November 2007
• University of North Dakota, College of Nursing, Sigma Theta Tau Nursing Research Conference Abstract Reviewer, May 2003
• Tenure and Promotion External Reviewer, Binghamton University, Decker School of Nursing, March 1999
• Tenure and Promotion External Reviewer, University of Texas, Houston, School of Nursing, December 1995
• National Organization of Nurse Practitioner Faculties Research Committee Member/Grant Reviewer, March 1992, June 1995
• Peer Reviewer, U.S. Public Health Service, Office of Allied Health, Interdisciplinary Rural Health Care Training Grants, March 1993
• Peer Reviewer, U.S. Public Health Service, Office of Rural Health Policy, Rural Health Care Outreach Grants, July 1991- 1992
• Manuscript Reviewer: North Dakota Center for Rural Health Research, 1990
• Peer Reviewer, U.S. Public Health Service, Division of Nursing, Nurse Practitioner & Nurse Midwifery Grants, August 1990

Consultations

• Rural Connection, Boise, ID, August 2007
• James Cook University, School of Nursing, Townsville, Australia, March 2007
• California State University, Stanislaus, Department of Nursing, Turlock, CA, 2000 - 2001, 2005 -2006
• Kent State University, College of Nursing, Kent, OH, September 2005
• Therapeutic Research Center, Stockton, CA, September 1999 – January 2000
• University of Nevada, Reno , FNP Program, May 1990, March 1995, August 1995
• Idaho State University FNP Program, Pocatello, ID, March 1992, April 1995
• University of the Pacific, School of Pharmacy, Geographic Distribution of Health Professionals Research Project, Stockton, CA, September 1994 - December 1995
• University of North Dakota, College of Nursing, Grand Forks, ND, March 1994, June 1995
• California State University, Bakersfield, School of Nursing, FNP Program, October 1994
• State University of New York at Binghamton, School of Nursing, Binghamton, NY, May 1991, December 1992, June 1994
• MDS Pharmacy, Stockton, CA , June 1993 - August 1993
• Gonzaga University, Department of Nursing, Spokane, WA, August 1993
• Edison High School Health Center, Stockton, CA, August 1992
• Nebraska State Department of Health, Rural Breast Cancer Education Project, July 1992
• University of Maine, Bangor, ME, June 1991
• Samuel Merritt College, Department of Nursing, Oakland, CA, 1990 - 1991
• University of South Carolina, School of Nursing, Columbia, South Carolina, January 1991
• Georgia Southern University, School of Nursing, Statesboro, Georgia, October 1989
• Oregon Health Sciences University, School of Nursing, Portland, OR, September 1989
• Natrona County Health Department, Casper, WY, November 1985 - February 1986
Other

- Editorial Board Member, Journal of Rural Health, 11/09 – present
- Advisory Board member, Family Medicine Residency of Idaho, Boise, ID, 2/09 - present
- Board member, Family Justice Foundation of Idaho, Nampa, ID, 1/09 – present
- Treasurer – Idaho Nurses Association 5/08 – present
- Advisory Board member, Ada County Cooperative Extension Service, Boise, ID, 5/08- present
- Roundtable Moderator, American Public Health Association Convention, Public Health Nursing Section, Washington, DC, November 2007
- Idaho Nurse Educator Conference planning committee, 2006 – 2007
- Governance Chair, Mu Gamma Chapter, Sigma Theta Tau, 2006 – 2008
- Accreditation Visitor, Commission on Collegiate Nursing Education (CCNE), 1999 - 2006
- Rural Interdisciplinary Education Project, Faculty advisor, University of Nevada, School of Medicine, 2002 - 2004
- Planning Committee Member: Nevada Rural Health Conference, 2003
- Invited Participant: California Subject Matter Project (Health and Physical Education), Costa Del Sur Institute, California State University, San Luis Obispo, CA, 2000 – 2001
- Invited Participant: Conference on Primary Care Research Networks, Orlando, FL, November, 1996
- Summit Medical Center Interdisciplinary Practice Committee, Oakland, CA, 1993 - 1994
- Member, American Academy of Nursing Expert Panel on Rural Health, 1992 – 1994
- Lecturer: UC Davis FNP/PA Program, UC Davis Medical Center, Sacramento, CA, June 1994
- Presenter: Nursing Research Conference, University of California, Davis Medical Center, Sacramento, CA, March 1992, September 1992, June 1993
- Invited Participant: Childhood Agricultural Injury Prevention Symposium, Marshfield, WI, April 1992
- Advisory Board Member, DPASS Evaluation Grant, University of Wyoming School of Nursing, 1988 - 1990
- American Nurses Association Council of Primary Care Nurse Practitioners Executive Committee Member at Large (elected), 1987-1989.
- Wyoming Council of Primary Care Nurse Practitioners, Vice-President 1981-2, Secretary 1986 to 1987, Vice-Chairperson 1987 to 1989, newsletter editor, 1986-1989
- Presenter: Fitness Assessment, Adolescent Health Assessment Conference, Casper, WY, January 1989
- Wyoming Nurses Association, District 12, Nominating Committee, November 1985 to 1988
- Presenter: Rural Nursing Conference, University of Wyoming School of Nursing, Laramie, WY, April 1988
- Lecturer and Moderator: Hypertension: Prevention, Detection and Management, Wyoming Heart Association Scientific Session, Casper, WY, September 1987
- Lecturer: Conference on Genetics for Health Professionals, University of Wyoming, College of Education, Laramie, WY, January 1987
- Presenter: Rural Health Conference, University of Wyoming, School of Nursing, Laramie, WY, May 1985
- Discussion Leader: Sigma Theta Tau Annual Research Conference, Laramie, WY, April 1985
- Consultant: High Plains Home Health Care, Inservice on Problem Oriented Records, Laramie, WY, November 1984
- Co-Chairperson: Wyoming State Board of Nursing Advisory Committee on developing rules and regulations for advanced practitioners of nursing, Cheyenne, WY, May 1983
- Presenter: Conference on Children and Mental Health, Buffalo, WY, March 1983
- Instructor: Wyoming Heart Association, Topic: Physical Assessment of the Chest, Jackson, WY, September 1982
- Presenter: Wyoming State Board of Nursing, Topic: Prescriptive Authority for Nurse Practitioners Cheyenne, WY, March 1982
- Discussion Leader: Sigma Theta Tau Annual Research Conference, Laramie, WY, April 1982
- Wyoming Rural Primary Care Conference, Assisted in conference coordination in conjunction with the College of Human Medicine and the Wyoming Health Systems Agency, September, 1980
COMMUNITY SERVICE

- Judge, Ada County Fair 4-H, Boise, ID 7/09
- Volunteer, Life Doors Hospice Camp Erin program, Boise, ID, 4/08- 8/08
- Appointed member, WASC Accreditation team member, Tokay High School, Lodi, CA, 9/05 – 5/06
- Senior Project Reviewer, Tokay High School, Lodi, CA, 1999 – 2006
- Parish nurse, committee chair, bookstore coordinator, religious education volunteer, and parent support group facilitator, First Unitarian Universalist Church, Stockton, California, 1991 - 2006
- Parent volunteer, Club Stockton Volleyball, Stockton, CA 2003 – 2004
- PTA member, Morada Middle School, 1998 – 2002; Secretary July 1998 – June 1999; Student Store Manager 2001 - 2002
- Member, Immediate Intervention/Underperforming Schools Program Committee, Morada Middle School, Stockton, CA, 2001
- Member, Lodi Unified School District Superintendent’s Advisory Committee, Lodi, CA, 2000 – 2001
- School Site Council Member, Morada Middle School, Stockton, CA, 2000 – 2001
- Nurse/Parent Volunteer, Tierra Del Oro Girl Scout Council, Stockton, CA, September 1997 - 2001
- Parent Volunteer/PTA member, John Muir Elementary School, Stockton, CA, July 1994 - 1999
- Parent Volunteer, Morada Little League, Stockton, CA, 1992 - 1996
- Su Salud Health Fair Volunteer, Stockton, California, July 1994
- Parent Volunteer, Blue Dolphin Swim Club, Stockton, CA, 1993 - 1995
- Presenter: Well Child Care, University of Wyoming Adult Reentry Program, Laramie, WY, November 1988
- Discussion Leader: Keeping Children Healthy, Mothers of Preschoolers, Laramie, WY, November 1988
- Presenter: Women and Wellness, Wyoming Union, Laramie, WY, September 1987
- Discussion Leader: Women and Stress, Mothers of Preschoolers, Laramie, WY, March 1987
- Discussion Leader: Stress Management and Weight Control, University of Wyoming Adult Reentry Program, Laramie, WY, April 1987
- Discussion Leader: Wyoming Health Roundtable Conference, Cheyenne, WY, September 1986
- Member, Albany County Family Planning Board of Directors, Laramie, WY, 1981 - 1986
- Coordinator and presenter: Premenstrual Syndrome Conference, University of Wyoming Women's Center, Laramie, WY, November 1984
- Consultant: Ranchester School District, Conference on Sexuality and the Disabled, Ranchester, WY, April 1983
- Co-Presenter: Big Horn Basin Children's Center, Topic: Sexuality and the Developmentally Disabled in a Residential Facility, Thermopolis, WY, March 1982
- Guest Speaker: University of Wyoming Women's Center, Topic: Women and Depression, February 1982
- Guest Speaker: University of Wyoming Women's Center, Topic: Sexually Transmitted Disease, November 1981
- Guest Speaker: McIntyre Dormitory, University of Wyoming, Topic: Sexually Transmitted Diseases, October 1981
- Guest Speaker: United Common Ministry, Laramie, WY, Topic: Sexuality and Venereal Disease, October 1981
- Chairperson: Dual Work Family Conference, Laramie, WY, April 1981
- Guest Speaker: Hill Hall Dormitory, University of Wyoming, Topic: Weight Control and Management, March 1981

PROFESSIONAL ORGANIZATIONS

American Academy of Nursing
American Nurses Association
National Rural Health Association
Idaho Nurses Association

PROFESSIONAL LICENSURE AND CERTIFICATION

Idaho R.N. and A.P.P.N. License # NP-940A
California P.H.N. Certificate
American Nurses Credentialing Center Family Nurse Practitioner Certification
10/16/2013

TO: Paul FitzGerald, PhD
   Chair, Graduate Group in Nursing Science and Health-Care Leadership

RE: Teaching in Proposed Master’s Entry Program in Nursing (MEPN)

I am writing to confirm my enthusiastic commitment to teaching in the proposed MEPN program.

Will the proposed program be your primary graduate program affiliation? Yes.

Will you teach a course in the proposed program and if so what course? I am prepared to teach Foundations of Clinical Nursing Practice, Developing Future Leaders, as well as co-teaching in the Collaborative Practice series.

How many graduate programs are you currently a member of? 1

How many courses do you currently teach? 3.

How many graduate students are you currently mentoring? 0

Address how participation in the proposed program will affect your participation in other graduate programs. No effect.

Sincerely,

[Signature]

Margaret (Peggy) Hodge, EdD, RN
Associate Adjunct Professor
Betty Irene Moore School of Nursing
MARGARET B. HODGE, RN, MSN, EdD

EDUCATION

1997  Doctor of Education, Educational Leadership
      University of Southern California
1990  Master of Science, Nursing
      California State University, Sacramento
1976  Bachelor of Science, Nursing
      California State University, Sacramento

RESEARCH INTERESTS

High Stress Work Environments
Nursing Education

PROFESSIONAL EXPERIENCE

2011 – Present  Clinical Nurse Scientist, Center for Nursing Research
               University of California Davis Health System
2007 – 2011    Director, School of Nursing
               California State University, Stanislaus
2003 – 2011    Professor, School of Nursing
               Marion Palmer Endowed Chair
               California State University, Stanislaus
1997 – 2003    Clinical Nurse Scientist: Center for Nursing Research
               University of California, Davis, Medical Center
1999 – 2002    Assistant Professor, Division of Nursing
               California State University, Sacramento
1991 – 1999    Clinical Faculty, Division of Nursing
               California State University, Sacramento
1991 – 1997    Staff Nurse, Surgical Intensive Care Unit
               University of California, Davis, Medical Center
1980 - 1991    Staff Nurse/Nurse Educator/Nurse Manager
               Kaiser Permanente Medical Center
1979 - 1980    Emergency Department staff nurse
               University of California, Davis, Medical Center
1976 - 1979  Charge Nurse, Intensive Care Unit  
Sutter General Hospital

**RESEARCH & GRANTS**

2011 – Present  Co-investigator, California Department of Public Health grant to evaluate the impact of AB 394, minimum nurse to patient ratios, on quality of Care. Dr. Patrick Romano is the PI on this $558,501 grant.

2011  California Office of Statewide Health Planning and Development grant to develop an innovative Accelerated 2nd Degree Bachelor of Science in Nursing to be offered in collaboration with CSU Sacramento. Principle investigator on this $125,000 grant.

2011  California State University grant to develop an innovative Accelerated 2nd Degree Bachelor of Science in Nursing to be offered in collaboration with CSU Sacramento. Principle investigator on this $100,000 grant.

**TEACHING EXPERIENCE**

**Graduate Courses Taught – CSU Stanislaus Master of Science in Nursing**
In collaboration with two faculty members from the School of Nursing at CSU Stanislaus, I was responsible for developing the curriculum and all course proposals for a new Master of Science in Nursing program. The first cohort of students was admitted Spring 2009. Following is a list of courses that I developed and taught in this program.

**Fall 2009**
Health Systems and Policy – The purpose of this course was examine the influence nurses can have over public policy and methods of achieving change in those policies. Contemporary health policy issues were explored and students developed strategies for shaping health care policy at the local, regional and national level.

**Spring 2010**
Teaching and Learning in Nursing – Used evidence based strategies to create an active learning environment. Content focused on role development, principles of adult learning, evidence based teaching and learning strategies, assessment of student learning, and use of technology.

**Fall 2010**
Curricula, Design, and Evaluation - Focus was on institutional purposes, goals, curriculum and program design, and program evaluation in both academic and staff development settings. Introduced the internal and external factors influencing curriculum development, implementation, and evaluation. Attention was given to program evaluation, methods of data collection, and the ethics and standards of evaluation practices. Matters of diversity, workforce development, ethical/legal issues in curriculum planning and education were also included.
Fall 2011
Seminar in Nursing Education This seminar was designed to complement the Education Practicum. Guided discussion format was used to evaluate the role of the nurse educator as leader, teacher, and scholar in a variety of practice settings. Issues included classroom management, mentorship, student socialization, assessment and evaluation of student competency, counseling, and issues in teaching diverse student populations.

Fall 2011
Education Practicum - This practicum provided the student with a guided experience in the process of teaching. Focus was on assessing learners; planning, developing, and implementing instruction; and the evaluation of student learning. The role of the nurse educator was implemented with participation in all phases of the teaching role, including clinical instruction in an area of specialization and implementation of a variety of teaching methods across educational settings and with diverse populations.

Undergraduate Courses Taught
Following is a list of courses taught over the past 20 years in both RN-BSN and prelicensure nursing program.

RN – BSN Program

<table>
<thead>
<tr>
<th>Course</th>
<th>Institution</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Research</td>
<td>CSU Sacramento</td>
<td>2000 - 2003</td>
</tr>
<tr>
<td>Nursing Research</td>
<td>CSU Stanislaus</td>
<td>2003 - 2009</td>
</tr>
<tr>
<td>Leadership &amp; Management</td>
<td>CSU Stanislaus</td>
<td>Spring 2008</td>
</tr>
</tbody>
</table>

Pre-Licensure Nursing

<table>
<thead>
<tr>
<th>Course</th>
<th>Institution</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Skills/Health Assessment</td>
<td>CSU Sacramento</td>
<td>1991 – 2000</td>
</tr>
<tr>
<td>Nursing Skills</td>
<td>CSU Stanislaus</td>
<td>2003 - 2004</td>
</tr>
<tr>
<td>Nursing Research</td>
<td>CSU Sacramento</td>
<td>2000 – 2003</td>
</tr>
<tr>
<td>Nursing Research</td>
<td>Samuel Merritt College</td>
<td>2001 - 2004</td>
</tr>
<tr>
<td>Nursing Research</td>
<td>CSU Stanislaus</td>
<td>2004 – 2009</td>
</tr>
<tr>
<td>Senior Practicum</td>
<td>CSU Stanislaus</td>
<td>2003 – 2010</td>
</tr>
<tr>
<td>Introduction to Nursing</td>
<td>CSU Sacramento</td>
<td>1998 – 2003</td>
</tr>
</tbody>
</table>
**PUBLICATIONS**


**POSTER & PODIUM PRESENTATIONS**

5/10  Poster presentation: A Nursing Department Faculty Mentored Research Project. Western Institute of Nursing annual conference, Las Vegas, Nevada.

4/08  Poster presentation: Integrating Simulation Across the Curriculum. AACN Hot Topics Conference, Denver, Colorado

9/07  Podium presentation: The Effect of Work-site Acupressure/Massage on Employees in High Stress Work Environments. Sigma Theta Tau Research Conference. Modesto, CA. *(Invited presentation)*

5/06  Podium presentation: Post-Anesthesia Nursing - Identifying Nursing Sensitive Indicators. American Society of Post-Anesthesia Care Nurses National Conference. Orlando, Fla. *(Invited presentation)*

10/05 Podium presentation: From Research to Policy: Transforming California’s Emergency Healthcare System. UC Davis Center for Health Services Research and the Institute of Governmental Affairs, Sacramento, CA. *(Invited presentation)*

7/03  Poster Presentation: Implementing Research Utilization in Acute Care. Sigma Theta Tau International Evidence Based Nursing Conference, Virgin Islands. *(Refereed presentation)*

9/02  Podium presentation: Identifying Indicators of Nursing Care Quality. Society of Otorhinolaryngology and Head-Neck Nurses Annual Congress and Nursing Symposium, San Diego, CA *(Invited presentation)*

6/02  Poster Presentation: Factors affecting cognitive function in acute care nurses working 12 hour shifts. Academy for Health Services Research and Health Policy Conference, Washington D.C. *(Refereed presentation)*

6/02  Poster Presentation: Developing Indicators of Nursing Quality to Evaluate Nurse Staffing Ratios. Academy for Health Services Research and Health Policy Conference, Washington D.C. *(Refereed presentation)*

5/02  Podium Presentation: Implementing Research Utilization in Critical Care. American Association of Critical Care Nurses National Teaching Institute, Atlanta, GA. *(Refereed presentation)*

4/02  Developing Indicators of Nursing Quality to Evaluate Nurse Staffing Ratios. 2002, American Society of Peri-anesthesia Nurses National Conference, San Diego, CA *(Refereed presentation)*


4/01  Poster Presentation: The Effect of 12 Hour Shifts on Cognition, Fatigue and Mood in Acute Care Nurses.  Western Institute of Nursing Conference, Seattle, Washington. (Refereed presentation)

6/00  Podium presentation: Alternative Therapies: Teaching students to assess patient’s use, motivation, and risks.  MCP Hahnemann Nursing Education Conference, Washington, D.C. (Refereed presentation)


1/99  Poster Presentation: Anxiety, math self-efficacy and gender: Do they affect drug dosage calculations of nursing students.  University of Allegheny Conference on Nursing Education, Orlando, Fla. (Refereed presentation)


5/98  Poster Presentation: Research Utilization – Putting Science into Practice.  Annual Conference on Research Utilization, Cedar Rapids, Iowa. (Refereed presentation)

4/98  Poster Presentation: Personal Attributes Associated with Dosage Calculation Errors.  Communicating Nursing Research Conference Proceedings, 31(6), Western Institute of Nursing Assembly, Phoenix, AZ. (Refereed presentation)
Community Activities

2011 – Present  Co-lead Workgroup #7, California Action Coalition, charged with the IOM recommendation to prepare and enable nurses to lead change to advance health.

10/05  Research Utilization Course offered to nurses and nurse managers at Emanual Medical Center.

8/05 – 2009  Red Cross Volunteer, included participation in Hurricane Katrina relief efforts

10/05 – 11/05  Community Outreach: Quest for Magnate Recognition. Developed and implemented a 4 day course on Implementing Evidence Based Nursing Practice. This course was offered to participants from an area community hospital.

1/03 – 2006  American Association of Critical Care Nurses Board Advisory Team

10/02  "Work-site acupressure massage" Presentation to the Rotary Club of Rancho Cordova.

3/02  “Massage Therapy – Research Findings” Interview for “Pulse,” a locally produced news program aired on KXTV–Channel 10

9/99 – 12/00  Volunteer for “Every 15 Minutes”, a program designed to educate high school students about the dangers of drinking and driving.

10/98 – 4/99  Member of the Research Utilization Sub-Committee charged with organizing and presenting the second annual Visiting Nurse Scholar Conference; Using Research in Practice.

9/98 – 4/99  Co-Developer: Research Utilization Self-Study Module

11/98  “Examining the effects of work-site acupressure/massage on employees in a high stress work environment.” Interview for “Pulse,” a locally produced news program aired on KXTV–Channel 10.

6/98 – 1/01  Research Consultant for nurses interested in developing and implementing clinical research projects.

7/98  “Women and Stress” by Thea Root, Interview for Sacramento Magazine

6/98  Participant at the “Future Fair” a community event spotlighting recent advances in health care.
Professional Committees and Activities

2011 – Present  UC Davis Medical Center Patient Care Services Council member
2011 – Present  UC Davis Medical Center Professional Development Committee member
2007 – 2011  College of Human and Health Sciences Executive Council
2006 – 2011  University Assessment Leadership Team
2006 - 2011  Chair, Department of Nursing RPT Committee
2005 – 2008  Program Assessment Coordinator for the Department of Nursing
2005 - 2008  Assessment of Student Learning Committee, CSU Stanislaus
2004 – 2005  Student Health Advisory Council, CSU Stanislaus
2003 – Present  IMPAC Committee, CSU Stanislaus
2001 - 2003  Patient Care Services Council, University of California Davis, Medical Center
2000 – 2003  Operations & Practices Critical Care Subcommittee, University of California Davis Medical Center

10/14/2013

TO: Paul FitzGerald, PhD
   Chair, Graduate Group in Nursing Science and Health-Care Leadership

RE: Proposed Master’s Entry Program in Nursing

I am writing to inform you of my commitment to teach in the proposed MEPN program.

*Will the proposed program be your primary graduate program affiliation? Yes.*

*Will you teach a course in the proposed program and if so what course?* I will teach Implementation Science in MEPN.

*How many graduate programs are you currently a member of?* 1

*How many courses do you currently teach?* 3

*How many graduate students are you currently mentoring?* 7

*Address how participation in the proposed program will affect your participation in other graduate programs.* No effect.

Sincerely,

[Signature]

Elena O. Siegel, PhD, RN
Assistant Professor
Betty Irene Moore School of Nursing
CURRICULUM VITAE
ELENA O. SIEGEL, PhD, BS-Bus Adm, RN, CPA (inactive)
(office) 916/703-5177  elena.siegel@ucdmc.ucdavis.edu

EDUCATION
Doctor of Philosophy
June 2006, University of Washington School of Nursing, Seattle, WA

Master of Nursing (Focal areas: Care Systems Management, Gerontology)
December 2003, University of Washington School of Nursing, Seattle, WA

Bachelor of Science, Nursing, with distinction
June 2002, University of Washington School of Nursing, Seattle, WA

Bachelor of Science, Business Administration (Accounting)
May 1980, California State University, Northridge, CA

POST-DOCTORAL FELLOWSHIP
2007-2009 JAHF/Atlantic Philanthropies Claire M. Fagin Fellow

POST-GRADUATE PROFESSIONAL DEVELOPMENT
2009 The John A. Hartford Foundation Interdisciplinary Scholars Communication Conference, Chicago, IL
2007 Hartford Institute Geriatric Nursing Research Scholars Program, New York, NY

PROFESSIONAL LICENSING
Registered Nurse: Oregon #200741076RN, active
Certified Public Accountant: California #35569E, inactive

HONORS
2009 Springer Publishing Award in Geriatric/Gerontologic Nursing
2008 John A. Hartford Foundation/Western Institute of Nursing Geriatric Nursing New Researcher Award
2005-2006 deTornyay Center for Healthy Aging Doctoral Research Scholarship
2004-2006 John A. Hartford Foundation Building Academic Geriatric Nursing Capacity - pre-doctoral scholarship
2003 deTornyay Center for Healthy Aging Master’s Research Scholarship
2002 Sigma Theta Tau, Chapter-at-Large, Seattle, Washington
2001-2002 BSN Honor’s Program, University of Washington School of Nursing

PROFESSIONAL EMPLOYMENT

Academic positions:
Mar 2010 - Present  Department of Internal Medicine, UC Davis School of Medicine, Betty Irene Moore School of Nursing, Sacramento, CA

Assistant Professor in Residence: Mar 2010 to June 2012
Assistant Professor: July 2012 to present

Oct 2006 - Oct 2009 Oregon Health & Science University School of Nursing, Portland, OR

Assistant Professor

July 2002 - June 2006 University of Washington School of Nursing, Seattle, WA

Research Assistant-Gerontology (2002-6)
Project Manager, Continuing Nursing Education (2005-6) “Nursing Leadership & Management in Long Term Care”
Non-academic positions:

May 1998 - Oct 1998 Waterways Cruises, Inc., Seattle, WA, **Interim Controller** *(Yacht chartering/event planning services for five venues)*

Jan 1995 - Apr 1998 Health Marketing Solutions, Inc., Bainbridge Island, WA, **Controller** *(Wellness/disease prevention/early detection educational products and marketing programs for healthcare provider organizations)*

Mar 1993 - Dec 1994 Kiana Lodge, Inc., Poulsbo, WA, **Controller** *(Catering/banquet facility services – change in ownership Dec ’94)*

Mar 1991 - Feb 1993 Leave of absence re: family relocation from Los Angeles to Seattle

Jan 1984 - Feb 1991 Parks, Palmer, Turner, & Yemenidjian, Los Angeles, CA, **Senior Tax Accountant** *(large local CPA firm specializing in entertainment/business management)*

Mar 1979 - Dec 1983 KPMG Peat Marwick, Los Angeles, CA, **Intern & Staff Tax/Audit Accountant** *(major international CPA firm)*

RESEARCH ACTIVITIES & FUNDING

2011-2014 Organizational Commitment to Quality Improvement in Nursing Homes (PI) Robert Wood Johnson Foundation Nurse Faculty Scholars award, RWJF #69350. $349,795

2010-2011 Exploring the Management & Administrative Roles of the Director of Nursing Position Nursing Homes (PI) American Nurses Foundation Grants program. $3,485.

2007-2009 Post-doctoral Fellowship Nursing Home Administrators: Education, Training, & Experiences that Support Role Performance (PI) and Job Analysis of Directors of Nursing in Nursing Homes-pilot data (PI) JAHF/Atlantic Philanthropies Claire M. Fagin Fellowship. $120,000


2003 Thesis A Descriptive Study of Licensed Nurse-Nursing Assistant Communication: Managing Care of Older Adults in a Long-Term Care Setting. Chairs: Heather Young, David Keepsnews

2002 BSN Honors Project (guided research project – secondary analysis) Bedtime Bright Light Therapy & Sleep Consolidation in Institutionalized, Cognitively Impaired, Older Adults. Advisors: Margaret Dimond, Martha Lentz
Grant submissions not funded

2012 Innovative Cancer Care Management Utilizing Novel healthcare Informatics Technology: Preliminary and Formative Research Activities (co-I) UC Davis Clinical and Translational Science Center – Call for Highly Innovative Awards #5 (J. Joseph, PI) – not awarded

2011 Leadership Support for Quality Improvement and Change in Nursing Homes (PI)
(direct costs $313,730, indirects $168,818, total $482,548.00)
Agency for Health Care Research and Quality (PAR-08-136, Researching Implementation and Change while Improving Quality - R18) – not scored

OTHER RESEARCH ACTIVITIES:
2009-present Manuscript reviewer
The Gerontologist (2009-2012)
Qualitative Research (2012)
Aging and Mental Health (2012)
Journal of Applied Gerontology (2010)
2007-2012 Abstract reviewer
Gerontological Society of America Annual Scientific Conference (2012)
Western Institute of Nursing (2007-9)
2009-2011 Qualitative methodology consultant to Glenise McKenzie, PhD, Identification and Management of Psychological and Behavioral Symptoms of Dementia: A Qualitative Study of Strengths and Gaps in Assisted Living Facilities
2009 Oregon Partnership for Alzheimer’s Research (OPAR), Community Advisory Committee representative for grant proposal review

PUBLICATIONS
Franklin, P.D., Archbold, P.G., Fagin, C.M., Galik, E., Siegel, E. Sofiaer, S., Firminger, K. (2011) Building Academic Geriatric Nursing Capacity: Where we were, where we are, and where we need to be. Nursing Outlook, 59(4), Special Issue 198-206.
*2009 Springer Publishing Award in Geriatric/Gerontologic Nursing, as a single distinguished work of research in applied geriatric nursing

Abstracts (peer reviewed):
Siegel, E.O., Castle, N (2011) Symposium: Nursing home capacity to deliver quality care: a closer look at top management. 64th Annual Scientific Meeting Gerontological Society of America


PRESENTATIONS

Podium Presentations (peer reviewed):


Siegel, E.O., Young, H.E., Leo, M. (2012) Nursing home director of nursing: administration and management of nursing services. 45th Annual Communicating Nursing Research Conference/20th Annual Western Institute of Nursing Assembly. Portland, OR

Siegel, E.O., Young, H.E., Leo, M. (2011) Nursing home administrators: education, training, and experience to support role performance. 64th Annual Scientific Meeting Gerontological Society of America. Boston, MA


Siegel, E.O., Shannon, S., Young, H.M., Mitchell, P. H. (2011) Health services research: dissemination and protection of human subjects, 44th Annual Communicating Nursing Research Conference/19th Annual Western Institute of Nursing Assembly. Las Vegas, NV

Siegel, E.O. (2009) Conceptualizing the roles of nursing home management & generating a program of research. 42nd Annual Communicating Nursing Research Conference/17th Annual Western Institute of Nursing Assembly.

Siegel, E.O., Pate, M. F. (2009) Pedagogy to support DNP participation in executive decision making: building the case. 42nd Annual Communicating Nursing Research Conference/17th Annual Western Institute of Nursing Assembly.

Pate, M.F., Siegel, E.O. (2009) From the bedside to the boardroom: educating and socializing DNP graduates to shape the health system of the future. The Second Annual Conference on the Doctor of Nursing Practice: “The Dialogue Continues.” Presented by M. Pate.


Poster Presentations (peer-reviewed):


Poster Presentations (by invitation):


Other presentations (by invitation):

65th Annual Scientific Meeting Gerontological Society of America, San Diego, CA (2012) “Methodological issues in conducting research with older adults: challenges faced by Building Academic Geriatric Nursing Capacity alumni,” Discussant

UC Davis Health System Qualitative Health Symposium - Using Qualitative Methods to Advance Health Research Sacramento, CA (2012) “Health Systems and Organizations” Roundtable leader

California Association of Health Facilities Leadership Academy Networking Session, Sacramento, CA (2012) “Leadership Factors that Contribute to Successful Quality Improvement” Discussion leader


International Scientific Meeting: Value of the RN in LTC (2011), Toronto, Canada “Understanding the LTC systems that influence RN effectiveness”

OHSU SON Faculty Research Council Seminar (2009), Portland, OR “An Introduction to Exploring the Health Care Economics and Financial Implications of Your Intervention”

Advancing Excellence in America’s Nursing Homes Interchange (2008), Dallas, TX “Quality Improvement: Maintaining and Sustaining Success – A Systems Level Model” Podium presentation
Building Academic Geriatric Nursing Capacity Leadership Conference (2008), National Harbor, MD
Mentoring discussion roundtable. Co-discussant with Dr. Heather Young
Oregon Health Care Association, Annual Convention (2008), Portland OR
“Administrator-Nurse Team Effectiveness: Working Together for a Brighter Future”
John A. Hartford Foundation Trustees, Annual Site Visit-University of Washington (2008), Seattle, WA
“My Career Journey: From Accounting to Nursing”
Oregon’s Local Area Network of Excellence (2008), Portland, OR
A series of 3 telephone conferences entitled, “50 Minutes to Improve Staff Retention” (Co-moderator with D. White)
Advancing Excellence in America’s Nursing Homes Interchange (2007), Ft. Worth, TX
“Using your Academic Institutions as your LANE Partner” (Co-presenter with C. Beverly)
Northwest Coalition for Excellence in Geriatric Nursing Education (2006), Tacoma WA
“Gerontologic PowerPoint Nursing Modules: Easy, Plug & Play and Available Online!” (Presented by R. Craven, co-author)

Other
American College of Healthcare Administrators Winter Market Place Conference (2010)
Round Table Discussion session: Advancing Academic-Practice Dialogues: How Can Nursing Home Researchers Serve as a Resource to Nursing Home Leadership and Management Teams?

GRANT WRITING EXPERIENCE:
University of Washington School of Nursing, Office of Continuing Education Seattle, WA (2005).
Health Resources & Services Administration (HRSA) grant: substantial contributions to the submission of a grant proposal for a continuing nursing education project, entitled “Nursing Leadership in Skilled Nursing Facilities.” Project Director: Ruth F. Craven. Project period: 2006-2009. (total, including direct & indirect costs = $1,022,707) #1D11HP07311-01-00

STUDENT ADVISING AND RESEARCH SUPERVISION:
Betty Irene Moore School of Nursing at UC Davis
2010- present PhD program
Advisor: Lori Madden, Perry Gee, Frances Patmon, Barbara Hanna, Kristine Himmerick, Robin Jensen
Qualifying examination chair: Deborah Greenwood (2012)
Qualifying examination committee: Perry Gee (2012), Kelley Jaeger-Jackson (in process)
MS program
Thesis committee chair
(2011-12): Maureen Murphy, Mary Spelis, MaryBeth Burrell (partial)
Thesis committee member
(2011-12): Kay Behan, Laura Jones, Mary Manaloto
(2012-13): Franco Herrera (in process)

Oregon Health & Science University School of Nursing
2008 to 2010 PhD dissertation committee member: Achara Suksamran (T. Harvath, Chair)

University of Wisconsin School of Nursing, with Visiting Faculty appointment March 2010 - March 2011
2009 to 2010 PhD dissertation committee member: Melanie Krause (B. Bowers, Chair)

TEACHING EXPERIENCE:
2010 - present Betty Irene Moore School of Nursing at UC Davis,
Nursing Science and Healthcare Leadership
PhD and MS programs, combined core course: curriculum development, teaching
NRS 202 Implementation Science and Change (4 cr) – Winter ’11, Spring ’12
**PhD program**

NRS 291: PhD Seminar (2 cr) – Winter ‘11, Spring ‘11, Fall ‘11, Fall ‘12 (co-teaching w/L. Leehu)

**MS program**

NRS 290(2): MS Seminar (2 cr) – Wi ’12 (co-teaching w/D. Ward), Wi ’13 (co-teaching w/ L. Zysberg)

**PhD program: Independent study**

NRS 299 (2 cr): Qualitative interviewing techniques, Fall ‘11- Susan Perez
NRS 299 (2 cr): Methodological approaches to qualitative inquiry, Wi ‘12- Susan Perez
NRS 299 (2 cr): Methodological approaches to qualitative inquiry, Wi ‘12-Kathy Kim
NRS 299 (5 cr): Comprehensive literature review, Wi ’12-Frances Patmon
NRS 299 (4 cr): Comprehensive literature review, Wi ’12 – Perry Gee
NRS 299 (3 cr): Methodological approaches to qualitative inquiry, Wi ’13-Kelley Jaeger-Jackson (in process)
NRS 299 (2 cr): Manuscript preparation (including literature review/synthesis), Wi ’13-Kristine Himmerick

**MS program: Independent study**

NRS 299: Thesis -MaryBeth Burrell (6 cr Fall ’11)

**Guest lectures**

NRS 206 MS Community Connections – Fall ‘11 “Innovative approaches to QI: drawing from business & mgmt sciences to improve the quality of care in nursing homes”
NRS 204 MS Research methods course – Wi ’12 “Qualitative research”
NRS 291(1) PhD Seminar – two classes Wi ‘12
School of Medicine Special Studies module: Quality & Safety: “Making the Business Case, two sessions) Wi ’13

2006-2009

**Oregon Health & Science University, School of Nursing**

**Doctor in Nursing Practice program: curriculum development, teaching**

NURS 735 Applied Health Care Economics and Finance – Summer 08
NURS 733 Health Systems: Organization and Change – Fall 07

**Co-teaching – doctoral course:**

NURS 607E Issues in Research Related to Nursing Care of Older People
Fall 06, Wi 07, Sp 07, Fall 07, Wi 08, Sp 08, Fall 08, WI 09, SP 09

**Program accreditation – Doctor in Nursing Practice:**

Site Visit Preparation Work Group - participation in development of the self study report for CCNE accreditation of the DNP program (Summer 09)

**Guest lectures – doctoral course:**

NURS 616B: Qualitative Methods II:
Ethnography & Systems Research, Fall 07, Fall 08

**Guest lectures/mentored teaching – undergraduate courses:**

NURS 354/NURS 211 Chronic Illness and Family:
Introduction to Medicare & Medicaid - Fall 06, Wi 07
NURS 476 Ethical Issues and Legal Aspects for Nursing & Health Care:
End of Life – Wi 07
NURS 424 Immersion I: Nursing Role in Delegation/Supervision in LTC - Wi 07

2002-2006

**University of Washington School of Nursing, Seattle**

**Continuing Nursing Education offering – Planning Committee and Core Course Faculty (’04-’06):** “Nursing Leadership & Management in Long Term Care” Program curriculum development; select lectures, discussion facilitation
**Curriculum activities** (‘02-‘05): Needs assessment/curriculum mapping for gerontological nursing content in BSN program; development of stand-alone undergraduate gerontological nursing course; development of gerontological nursing lecture materials & other teaching/learning resources for faculty & students

**Guest lectures - undergraduate courses:**
- NCLIN 409 Partnerships in Community Health: Ecological Environmental Perspective - Fall 05, Wi 06
- NCLIN 406 Practicum: Care in Illness II: Normal age-related changes and implications for nursing assessments - Spr 05
- NURS 412 Health Care Systems: Intro to Medicare & Medicaid - Spr 05, 06

1992 - 1995

**Bainbridge Island Community Schools, Bainbridge Island, WA**
*(Community-based, adult classes, sponsored by B.I. Chamber of Commerce)*

**Course Development and Instructor:** Basic Booking for Small Business: An 8-week (24-clock hours) course offering a practical overview of the basic principals and procedures of bookkeeping and accounting for the small business owner.

**NON-ACADEMIC EXPERIENCE** (Certified Public Accountant & Controller positions)

**Financial Management:** Profit center reporting and internal financial statements; budgeting and forecasting; product pricing/job costing; cash management and cash flow analyses; payroll; loan packaging; cost benefit analyses; internal audit/financial documentation; implementation of computerized accounting systems; general business management services.

**Human Resources Management:** Implementation and administration of employee compensation/benefits packages and independent agent contracts; development of employment policies and benefits manuals; COBRA administration; compliance with federal and state employment reporting.

**Operations:** Strategic business planning, new product development/contract negotiations; general administrative oversight of accounting and business operations including hiring, training, and supervision of support personnel; development & maintenance of policies, procedures, and internal controls for day-to-day operations in accounting and production departments; assistance with transitions related to changes in management and ownership.

**Tax research, regulatory compliance and audit:** Federal, state, and local tax compliance and audit documentation for corporate (single and consolidated), individual, trust, and profit sharing entities; tax research; staff auditing.

**PROFESSIONAL ORGANIZATIONS**
- Gerontological Society of America
- Western Institute of Nursing
- AcademyHealth
- Academy of Management (past)
- American Institute of Certified Public Accountants (past)
- American College of Healthcare Administrators (past)
- California Society of CPAs (past)

**CITIZENSHIP**

*Betty Irene Moore School of Nursing at UC Davis Health System*
- 2012 – School of Medicine Endowed Chair Ad Hoc Committee, member
- 2011 – Team Engagement Committee
- 2011 – Center for Healthcare Policy and Research - Healthcare costs/health economics interest group, member
- 2011, 2012 UC Davis Interdisciplinary Graduate and Professional Symposium – Judge
- 2010- Faculty recruitment
  - 2011- Healthcare Innovation & Technology Search Committee, member
  - 2010-2012 Adjunct Faculty Search Committee, member
  - 2010-2011 Health Systems Search Committee, member
  - 2010-2011 Population Health Search Committee, member
- 2010- NSHL Graduate Group, member
2011 Executive Committee, member
2010- Recruitment, Admissions, and Fellowship Committee
2011- present: Chair
2010-2011 : Member

2010- Graduate Advisor
2010-2011 Internal Curriculum Development Team
2010 Institutional Capacity Strategy Design Team

**OHSU School of Nursing**

2008-2009 PhD Admissions & Progressions Committee Member
2007-2009 Grievance & Student Conduct Committee member
2007-2009 Doctor in Nursing Practice, Core Faculty Member
2007 PhD Ad Hoc Student Recruitment Workgroup
2007 Doctoral Student Comprehensive Exam Subcommittee, Reader
2007-2009 “Early-Career Doctoral Faculty” (informal group), Co-convener
2006-2009 Hartford Center for Geriatric Nursing Excellence Faculty Member

**Community – local, national, international**

2011-present BAGNC Alumni Group, Peer-mentoring Committee, Chair
2011-present Systems Research in Long-term Care informal interest group, Gerontological Society of America, Convener
2010- International Scientific Meeting: Value of the RN in LTC (2011), Toronto, Canada Planning committee member
2006-2010 Oregon Center for Nursing: Long Term Care Leadership Development Taskforce, Core committee Member Planning committee member, Co-Faculty for “Nursing Leadership & Management in Long Term Care” continuing nursing education 7-day workshop (2008)
2008 Western Institute of Nursing Roundtable luncheon, Co-organizer with K. Lasater. “So You Finished the Dissertation: Now What?” Moderated by H. Young
2008 Western Institute of Nursing symposium organizer for “Building Geriatric Nursing Knowledge: Physical Activity and Functional Status.”
2007-2009 Oregon Partnership for Alzheimer’s Research (OPAR), Community Advisory Committee Member
2007-2009 Oregon Local Area Network for Excellence, the state affiliate of the Advancing Excellence in America’s Nursing Homes national initiative. Steering Committee Member and Staff Retention Sub-committee Member
2007-2008 Hartford Centers of Geriatric Nursing Excellence Nursing Home Collaborative: Convener: Recommendations, Marketing workgroups Participant: Organizational Readiness workgroup

**University of Washington School of Nursing**

2006 Continuing Nursing Education, Planning Committee Member for 1-day workshop, “Aging in 2006: What’s New About Growing Old?”
2004-2006 Gerontological Nursing Network, Education Sub-committee Member
2004-2006 Northwest Coalition for Excellence in Geriatric Nursing Education, Education Sub-committee Member

**Other**

2005 Oregon Technical Assistance Corporation (Oregon project manager for ‘Better Jobs Better Care’), Planning Committee Member. Participation in development of a 1-day workshop, “Leadership & Empowerment for Community Based Care Nurses”
1998-2000 Hospice of Kitsap County, Silverdale, WA, Respite Care & Companionship Volunteer
1999 Swedish Hospital, Seattle, WA, Oncology Unit Volunteer (June – December)
10/16/2013

TO:  Paul FitzGerald, PhD
     Chair, Graduate Group in Nursing Science and Health-Care Leadership

RE: Master’s Entry Program in Nursing

I am happy to teach in the proposed Master’s Entry Program in Nursing. I moved here from a long career in nursing at the University of Washington to be a founding member of the Nursing Science and Health-Care Leadership graduate group and am delighted to contribute to this important program.

Will the proposed program be your primary graduate program affiliation? Yes, the graduate group in Nursing Science and Health-Care Leadership is my primary graduate program affiliation.

Will you teach a course in the proposed program and if so what course? I will teach a graduate course in Health-Care Leadership in the proposed program.

How many graduate programs are you currently a member of? Only NSHL.

How many courses do you currently teach? 3

How many graduate students are you currently mentoring? 11

Address how participation in the proposed program will affect your participation in other graduate programs. With no other program commitment there will be no effect.

Sincerely,

[Signature]

Deborah Ward, Ph.D., R.N., F.A.A.N.
Associate Dean for Academics and Clinical Professor
Betty Irene Moore School of Nursing
CURRICULUM VITAE

Deborah H Ward

Personal Information

Work Address: Betty Irene Moore School of Nursing at UC Davis
4610 X Street, Suite 4202
Sacramento, CA 95817
Phone: (916) 734-2215
Fax: (916) 734-3257
Cell Phone: 
Email: deborah.ward@ucdmc.ucdavis.edu
Web Site: http://www.ucdmc.ucdavis.edu/nursing/
U.S Citizen: Yes

Education

Education and Training

1964-1968 Oberlin College, Oberlin, Ohio, BA, Government
1975-1977 Yale University School of Nursing, New Haven, Connecticut, MSN, Family Nurse Practitioner in Community Health
1984-1988 Boston University, Boston, MA, PhD, Health Policy

Licenses and Certifications

2009-2014 State of California RN License

Employment

Employment History

1971-1974 Housatonic Home Health Agency, Cornwall, Connecticut, Home Health Aide
1976-1976 Yale University, School of Nursing, New Haven, Connecticut, Instructor in Writing
1977-1979 Yale University School of Nursing, New Haven, Connecticut, Community Health Nursing Instructor
1977-1983 Yale-new Haven Hospital Primary Care Center, New Haven, Connecticut, Nurse Practitioner
1979-1985 Yale University, School of Nursing, New Haven, Connecticut, Assistant Professor, Community Health Nursing
1983-1985, Division of Health Services, West Hartford, Connecticut, Nurse Practitioner
1985-1987, Boston University, Boston, MA, Pew Doctoral Fellow
1987-1994, University of Washington School of Nursing, Seattle, WA, Associate Professor
1990-2008, University of Washington, School of Nursing, Seattle, WA, Associate Adjunct Professor
1991-2001, University of Washington, School of Nursing, Seattle, WA, Coordinator, Family Nurse Practitioner Program
1994-1994, University of Washington, School of Nursing, Seattle, WA, Coordinator, Primary Health Care Programs
1996-1997, Psychosocial & Community Health Department, University of Washington, School of Nursing, Acting Department Chair
1999-2004, Psychosocial & Community Health Department, University of Washington, School of Nursing, Departmental Vice Chair
2001-2002, University of Washington School of Nursing, Seattle, WA, Acting Director, de Tornyay Center on Healthy Aging
2003-2003, University of Basel, Institute fuer Pflegewissenschaft, Switzerland, Visiting Professor, Nursing Science Institute
2004-2008, University of Washington, School of Nursing, Seattle, WA, Director, Master’s Entry Program in Nursing
2008-present, Betty Irene Moore School of Nursing at UC Davis, Sacramento, CA, Health Sciences Associate Clinical Professor
2009-present, Betty Irene Moore School of Nursing at UC Davis, Sacramento, CA, Associate Dean

**Extending Knowledge**

**Workshops, Conferences, Presentations and Short Courses**

8. Mission and Vision of the Betty Irene Moore School of Nursing at UC Davis, Invited Speaker, Davis Senior Center, Davis, CA, 2009.
15. The aging of america and the new face of nursing, Invited Speaker, Retired Nurses's Club at Sun City, Roseville, CA, 2009.
17. What's new at the Betty Irene Moore School of Nursing, Invited Speaker, Community Advisory Board, Sacramento, CA, 2011.
20. Nursing Leaders of Color for Black History Month, Invited Speaker, Community and Interprofessional Audience, University of California, Davis Medical Center, 2012.

Grants and Contracts

Grants Active

2010 - 2012 Grant #K181636, $429,810, Principal Investigator, Workforce Investment Act (WIA) Nurses Education Initiative Phase II, State of CA, Employment Development Department, Percentage Effort=40%

Grants Completed
1999 - 2001  $30,000, Principal Investigator, Building a Managed Care Curriculum for Primary Care Clinicians, Partnerships for Quality Educations/RWJFoundation

2000 - 2002  Collaborator, HSPICE Health Sciences Partnerships in Interdisciplinary Clinical Education, University Initiatives Fund, Percentage Effort=12%

2002 - 2004  $300,000, Co-Investigator, Take Care to Learn, RWJFoundation

2002 - 2006  Collaborator, FLIEPPS (Faculty Leadership in Interprofessional Education to Promote Patient Safety, Bureau of Health Professions, HSRA, Percentage Effort=10%

12/31/03 - 12/31/03  $20,000, Principal Investigator, Breast Cancer Buddy Program, Susan G. Komen Breast Cancer Foundation Seattle Affiliate

12/31/04 - 12/31/04  $2500, Co-Investigator, Fund for Innovations in Nursing Education

2007 - 2009  $300,000, Collaborator, Quality and Safety Education for Nurses, Robert Wood Johnson (RWJ) Foundation

2009 - 2011  $300,000, Principal Investigator, Nurse-led Intervention to Facilitate Patient Activation for Pain Self-Management, Robert Wood Johnson Foundation

2009 - 2011  $599,019, Co-Investigator, Increasing Rural Community Engagement in Telehealth Research: Improving Health in Diabetes, Lars Bergland (Principal Investigator), NCRR

**Honors & Awards**

1982  Annie Goodrich Award for Excellence in Teaching Yale University School of Nursing

1982-1985  Fellow, Erza Stiles College, Yale University

1985-1987  Doctoral Fellow in Health Policy, Pew Memorial Trust

1991  Distinguished Teaching Award, University of Washington School of Nursing

1997  Award for Excellence in Graduate Teaching, University of Washington School of Nursing

2002  Fellow, American Academy of Nursing

2002  Distinguished Alumna Award, Yale University School of Nursing

2003  Rheba de Tornyay Excellence in Undergraduate Teaching Award, University of Washington School of Nursing

2009  None

2011  UC Davis School of Medicine Dean’s Award for Excellence in Education, In recognition of outstanding contributions as a transformative leader in the mission area of education.
## List of Evaluations

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Details</th>
</tr>
</thead>
</table>
| Fall 2007 | Study Abroad: Thailand  
(Summary) |
| Spring 2008 | NURS 303A: Nursing, Univ of WA  
(Summary) |
| Winter 2008 | NCLIN 409 AE: Clinical Nursing, Univ of WA  
(Summary) |
| Winter 2008 | NURS 568A: Nursing, Univ of WA  
(Summary) |
| Winter 2009 | 00: Nurses, Nursing and Building a Healthy Nation  
Total Responses: 470  
(Summary) |
| Fall 2010 | NRS 201: Heath Status and Care Systems  
Total Responses: 33  
(Summary), Instructor Score: 4.85, Course Score: 1-5 |
| Fall 2011 | NRS 201: Health Status and Care Systems  
Total Responses: 34  
(Summary), Instructor Score: 4.80, Course Score: 1-5 |
| Spring 2011 | NRS 290: Master's Seminar  
Total Responses: 25  
(Summary), Instructor Score: 4.79, Course Score: 1-5 |
| Winter 2011 | NRS 299: Nursing Science and Health-Care Leadership  
Total Responses: 1  
(Summary), Instructor Score: 5, Course Score: 1-5 |
| Winter 2012 | NRS 290: Master's Seminar (MS2)  
Total Responses: 20  
(Summary), Instructor Score: 4.86, Course Score: 1-5 |
| Winter 2012 | NRS 291: Doctoral Seminar (guest lecture)  
Total Responses: 7  
(Summary), Instructor Score: 4.89, Course Score: 1-5 |

## Publications

### Journals

<table>
<thead>
<tr>
<th>Year</th>
<th>Authors</th>
<th>Title</th>
</tr>
</thead>
</table>


Journals In Press


Book Chapters


Limited Distribution


Abstracts

2002 Ward D, Berkowitz B. The challenge of reforming education and practice to foster the delivery of primary care and public health services through interdisciplinary teams. Second annual report to the Secretary of the USDHHS and to Congress, from the Advisory Committee on Training in Primary Care Medicine and Dentistry.


Presentations

2000 August, "What are Payors looking for In Primary Care Providers?" (Plenary) Invitational Conference on Advanced Practice Nursing, American Hospital of Paris Neuilly-sur- Seine, France.


2001 March, Health Policy Perspectives on the Futures of Swiss Nursing (Plenary), Nursing Science Congress Aarau, Switzerland.

2001 March, Moving Beyond Patient Care: Understanding and Changing the Systems In which We Work. (Day-long Workshop), Swiss Nursing Association Zurich, Switzerland.

2001 April, "Why Nurses Can (and Should) Lead the Health Improvement Movement " (Annual Meeting Keynote) Union for the Promotion of Nursing Science (Verein sur Foederung der Pflegewissenschaft), Basel, Switzerland.


2002 February, “Elder Caregiving in the New Millenium” (Work/Life program, University of Washington), Seattle, WA.

2002 June, “Teaching and Learning in Diverse Classrooms” Presentation to UW Institute for Teaching Excellence, Forks, WA.

<table>
<thead>
<tr>
<th>Year</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>September, “Teaching and Learning in Diverse Classrooms” Presentation to UW Institute for Teaching Excellence UW Faculty Fellows, Seattle, WA.</td>
</tr>
<tr>
<td>2003</td>
<td>May, “Nurses Make the Difference.” Public Health Seattle King County Nurses’ Day Seminar, Renton, Washington.</td>
</tr>
<tr>
<td>2003</td>
<td>August, “Give and Take: Life in the classroom” Washington State Achievers Scholars, University of Washington, Seattle, WA.</td>
</tr>
<tr>
<td>2003</td>
<td>September, Faculty Connections seminar Undergraduate Orientation University of Washington, Seattle, WA.</td>
</tr>
<tr>
<td>2005</td>
<td>April, “Increasing Quality Care” Rainier Institute Health Care Conference, Seattle, WA.</td>
</tr>
<tr>
<td>2005</td>
<td>April, “Finding the Good in an Imperfect System” Invited keynote, Ambulatory Care Nursing Conference, Shoreline, WA.</td>
</tr>
<tr>
<td>2005</td>
<td>September, Using Discomfort and Intense Conversation in Teaching and Learning. Provost’s Workshop, University Dean’s Office.</td>
</tr>
<tr>
<td>2005</td>
<td>September, The US health care system. Kings Fund workshop for UK health leaders, Vashon Island, WA.</td>
</tr>
<tr>
<td>2005</td>
<td>September, “Surviving Public Speaking” Interprofessional Health Science Students Leadership conference, Seattle, WA.</td>
</tr>
<tr>
<td>2005</td>
<td>October, “Finding the Good” Invited keynote, Hall Health Staff Retreat University of Washington, Seattle, WA.</td>
</tr>
<tr>
<td>2005</td>
<td>October, “Finding the Good in an Imperfect system”. Invited keynote, Annual National Conference: Advanced Practice in Primary and Acute Care., Seattle, WA.</td>
</tr>
<tr>
<td>2005</td>
<td>November, Healthy Aging. Kinship Care Gathering, Casey Family Foundation, Seattle, WA.</td>
</tr>
</tbody>
</table>
2006 March, Why the US Health Care System is the Way it is. Students for Equal Healthcare, Seattle, WA.

2007 March, Supporting the Public’s Health: New directions for the US illness care system. LaSor Endowed Lectureship, Ashland, OR.

2007 September, Expanded Nurse Practice: Crossing some boundaries. Careum Congress on Education in Healthcare, Zuerich, Switzerland.

2009 January 26, Nurses, Nursing and Building a Healthy Nation. Keynote Address. Mississippi Nurses’ Association Nursing Summit, Jackson, MS.

Service

Administrative Activities

2009-2012 Associate Dean, Betty Irene Moore School of Nursing, 50% effort

Committees

School/College/Division

2008-present Member - Architectural Planning Committee.

2008-present Member - UCDHS Community Engagement Committee.

2009 Member - Executive Planning Committee, Betty Irene Moore School of Nursing at UC Davis.

2009-2011 Member - Population Health Faculty Search Committee, Betty Irene Moore School of Nursing at UC Davis.

2009-2011 Member - Health Systems Faculty Search Committee, Betty Irene Moore School of Nursing at UC Davis.

2009-present Chair - Education Policy and Curriculum Development Committee, Nursing Science and Health-Care Leadership Graduate Group, Betty Irene Moore School of Nursing at UC Davis.

2010-present Member - Nursing Science and Health-Care Leadership Graduate Group Executive Committee, UC Davis.

2010-present Member - Nursing Science and Health-Care Leadership Graduate Group Recruitment, Admissions and Fellowship Committee.

2011 Participant Multiple Mini Interview Circuts - School of Medicine Admissions.
<table>
<thead>
<tr>
<th>Year(s)</th>
<th>Role Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-2012</td>
<td>Member - Health-Care Innovation and Technology Faculty Search Committee, Betty Irene Moore School of Nursing.</td>
</tr>
<tr>
<td>2011-present</td>
<td>Member - Adjunct Search Committee, Betty Irene Moore School of Nursing at UC Davis.</td>
</tr>
<tr>
<td>2011-present</td>
<td>Co-Champion - Interprofessional Education to Shape the Future, UCDHS Strategic Plan.</td>
</tr>
<tr>
<td>2012</td>
<td>Reviewer - Limited Submission Grant Program, UCDHS School of Medicine Office of Research.</td>
</tr>
</tbody>
</table>

**Campus**

<table>
<thead>
<tr>
<th>Year(s)</th>
<th>Role Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2011</td>
<td>Member - Campus Community Book Project Selection Committee.</td>
</tr>
<tr>
<td>2011-present</td>
<td>Member - Enrollment Management Task Force, UC Davis.</td>
</tr>
</tbody>
</table>

**Other University**

<table>
<thead>
<tr>
<th>Year(s)</th>
<th>Role Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991-1999</td>
<td>Member - University of WA Cross-Department Primary Care subcommittee.</td>
</tr>
<tr>
<td>1993-1995</td>
<td>University of WA PhD Committee.</td>
</tr>
<tr>
<td>1998-2000</td>
<td>Member - University of WA PhD Committee.</td>
</tr>
<tr>
<td>1999-2005</td>
<td>Member - University of WA Appointments, Promotions, and Tenure Committee.</td>
</tr>
<tr>
<td>2000-2003</td>
<td>Invited Consultant - Columbia University School of Nursing, National task force on the DrNP.</td>
</tr>
<tr>
<td>2001-2007</td>
<td>Member - University of WA Governing Council.</td>
</tr>
<tr>
<td>2001-2007</td>
<td>Member - University of WA Faculty Council.</td>
</tr>
<tr>
<td>2001-present</td>
<td>Curriculum Consultant - University of Basel, Switzerland, Institut fuer Pflegewissenschaft, Nursing Science Institute.</td>
</tr>
<tr>
<td>2002</td>
<td>Chair - University of WA Program Review Committee for Master's of Health Administration Program, Graduate School.</td>
</tr>
<tr>
<td>2002-2003</td>
<td>Chair - University of WA Master's Coordinating Committee.</td>
</tr>
<tr>
<td>2003-2008</td>
<td>Member - University of WA MEPN subcommittee.</td>
</tr>
<tr>
<td>2004</td>
<td>Chair - University of WA Program Review committee for Nutrition Sciences Program, UW Graduate School.</td>
</tr>
<tr>
<td>2005</td>
<td>Member - University of WA Faculty Review of Holistic Application Process.</td>
</tr>
</tbody>
</table>
2005-2008 Member - University of WA Faculty Senate Committee on Legislative Matters.

2006 Member - University of WA Special Committee on Council/Committee Restructure.

2006 Member - University of WA Cross-Department Primary Care Subcommittee.

2007-2008 Member - University of WA Faculty Committee on Instructional Quality.

Summer 2002 Chair - University of WA 2010 Curricular Task Force.

**Other Non-University**


1995-2005 Volunteer - Teen Feed Volunteer, Seattle Homeless Youth Project, Seattle, WA.


1997 Vice Chair of Trustee Board - Group Health Cooperative of Puget Sound, Seattle, WA.

1997-2000 Member - Kaiser/Group Health Board of Directors, Seattle, WA.


2001 Invited Participant - National task force on the Future of Primary Care, Robert Wood Johnson Foundation.

2004 Member - Search Committee for CEO, Group Health Cooperative, Seattle, WA.

2004-2005 Member - Health Care Advisory Task Force, King County Executive Office, Seattle, WA.

2004-2008 Member - Pharmacy and Therapeutics Committee, Group Health Cooperative, Seattle, WA.
2005-present  Manuscript Reviewer - Policy, Politics, and Nursing Practice.
2006-present  Manuscript Reviewer - The American Journal of Managed Care.

Editorial and Advisory Boards

2010-present  Member, Haitian Healthcare Advisory Board, UC Davis.

Service: Additional Information

Professional Memberships

1981-present  American Public Health Association
2002-present American Academy of Nursing
Western Institute of Nursing
Association of California Nursing Leaders

Teaching

Contact Hours

<table>
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<tr>
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Courses

2009  Fall Quarter, Course Number=FRS 004, Healthcare Reform Freshman Seminar, Units=2, Undergraduate Count=0, Graduate Count=15
2010  Fall Quarter, Course Number=NRS 201, Health Status and Care Delivery, Units=4, Undergraduate Count=0, Graduate Count=33
2011  Winter Quarter, Course Number=NRS 299, Nursing Science and Health-Care Leadership, Units=4, Undergraduate Count=0, Graduate Count=1
2011  Spring Quarter, Course Number=NRS 290, Master's Seminar, Units=2, Undergraduate Count=0, Graduate Count=25
2011  Fall Quarter, Course Number=NRS 201, Health Status and Care Delivery, Units=4, Undergraduate Count=0, Graduate Count=34
Curricular Development

2009 Dr. Ward led the curriculum development for the new Betty Irene Moore School of Nursing. With a team of staff, consultants, and visiting professors, Dr. Ward developed the graduate studies program in Nursing Science and Healthcare Leadership and prepared the graduate program application, which is now under consideration by the Academic Senate. Dr. Ward also completed the course approval applications for 7 core courses (NRS 201 Health Status and Care Systems, NRS 202 Implementation Science, NRS 203 Leadership, NRS 204 Quantitative skills for change, NRS 205 Research Design, NRS 290 Doctoral Seminar 4, NRS 291 Masters’ seminar) and 3 electives (NRS 300 Methods for teaching nursing and health sciences - Use of simulation, NRS 301 Methods for teaching nursing and health sciences -- Curriculum and Instruction, NRS 302, Methods for teaching nursing and health sciences -- Assessment/Evaluation of Learning), which are now also in the approval process.

2012 Dr. Ward designed the following curriculum to greatly improve clinical outcomes and have a significant impact on overall health. NRS 201: Health Status and Care Systems was piloted in fall 2010. This was the first core course for the inaugural cohort of graduate students and remains as one of the top rated courses in the School of Nursing graduate program. NRS 206: Community Connections was designed as a year-long fieldwork course for all MS students, which involves community partnerships to allow the students to work in settings outside their own expertise to conduct organization change. Dr. Ward conducted intensive outreach to establish community partners to work with the students in this intensive experience and continues to develop new community partnerships to help expand this course each year. Dr. Ward also designed the seminar series for the MS students (NRS 290). In 2012, Dr. Ward developed a new elective course NRS 298 to showcase the Nursing Science and Health-Care Leadership graduate group faculty. The goal of this new course is to develop mentoring relationships between the graduate group faculty and the SON graduate students.

Lecture/Seminar/Lab/Other (by term)

2009 Winter Quarter
Seminar: SPH 290 Seminar Series, Nurses' work for healthy aging: from patients to policy, Department of Public Health and Science, Davis Campus

2009 Spring Quarter
Seminar: MDS430 A-D Doctoring 3, UCDHS, Sacramento, CA, 1 hour

2009 Summer Quarter
Seminar: MDS430 A-D Doctoring 3, UCDHS, Sacramento, CA, 1 hours
2009 Fall Quarter
Seminar: Making Health Systems Healthy: Healthcare Regulatory Update, Center for Nursing Education, UCDHS, Sacramento, CA, 1 hours
2011 Winter Quarter
Lecture: Nursing in Public Health-From Patients to Policy, MPH Program course: SPH 290 -Topics in Public Health Seminar, UCD MPH Program, Davis, CA, 1 hours
2012 Winter Quarter
Lecture: Guest Lecture NRS 291 Doctoral Seminar-Defining the Research Topic, Betty Irene Moore School of Nursing at UC Davis, 1 hours
2012 Winter Quarter
Seminar: Nursing in Public Health-From Patients to Policy, MPH Program Course SPH 290-Topics in Public Health Seminar, UC Davis Department of Public Health Sciences, Davis, CA, 1 hours
2012 Winter Quarter
Lecture: NRS 291 Doctoral Seminar (guest lecture), Betty Irene Moore School of Nursing at UC Davis, Sacramento, CA, 1 hours

**Student Advising**

2009 - 2010 Number of undergraduate advisees: (1), Number of graduate advisees: (2)
2010 - 2011 Number of undergraduate advisees: (0), Number of graduate advisees: (27)
2011 - 2012 Number of undergraduate advisees: (0), Number of graduate advisees: (52)

**Thesis Committees**

2008-2009 Sarah Matthews, Member, Ph.D., Awarded
2008-2009 Melissa Edward, Member, Ph.D., Awarded
2009-2010 Teri Wolber, Member, Ph.D., Awarded
2009-2010 Susan Kline, Member, Ph.D., Awarded
2009-2010 Heidi Bray, Member, Ph.D., Awarded
2009-2010 Christine Capone, Member, Ph.D., Awarded
2009-2010 Patricia Abbot, Member, Ph.D., Awarded
2009-2010 Susan Foster-Zdon, Member, Masters, Awarded
2009-2010 Katrina McCoy, Member, Ph.D., Awarded
2009-2010 Cece Beckwith, Member, Ph.D., In Progress
2009-2010 Mei-rong Chen, Member, Ph.D., Awarded

**Trainees**
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<tr>
<td>2009-2010</td>
<td>Debra Bakerjian, PhD</td>
<td>Postdoctoral Scholar, Assistant Adjunct</td>
<td>Betty Irene Moore School of Nursing at UC Davis</td>
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<td>Professor</td>
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<td>2009-2011</td>
<td>Dian Baker, PhD</td>
<td>Postdoctoral Scholar, Professor</td>
<td>CSUS</td>
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<td>2010-2012</td>
<td>Casey Shillam, PhD</td>
<td>Postdoctoral Scholar, Assistant Professor</td>
<td>Johns Hopkins</td>
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<td>2010-present</td>
<td>Debra Bakerjian, PhD</td>
<td>Faculty, Assistant Adjunct Professor</td>
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<td>2011-2013</td>
<td>Lori Miller, PhD</td>
<td>Postdoctoral Scholar, Postdoctoral Scholar</td>
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<td>2011-present</td>
<td>Holli DeVon, PhD</td>
<td>Faculty, Associate Professor-in-Residence</td>
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<td>2011-present</td>
<td>Jann Murray-Garcia, MD</td>
<td>Faculty, Assistant Adjunct Professor</td>
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<td>2012</td>
<td>Mary Lou de Leon Siantz, PhD</td>
<td>Faculty, Professor</td>
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<td>2012</td>
<td>Jeri Bigbee, PhD</td>
<td>Faculty, Assistant Adjunct Professor</td>
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<td>2012</td>
<td>Peter Reed, PhD</td>
<td>Faculty, Associate Adjunct Professor</td>
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<td>2012-13</td>
<td>Michelle Fennessy, PhD</td>
<td>Postdoctoral Scholar, Postdoctoral Scholar</td>
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10/15/2013

TO: Paul FitzGerald, PhD
Chair, Graduate Group in Nursing Science and Health-Care Leadership

RE: Proposed Master’s Entry Program in Nursing

I am writing to express my commitment and enthusiasm to teach in the proposed Master’s Entry Program in Nursing.

*Will the proposed program be your primary graduate program affiliation?* Yes, the graduate group in Nursing Science and Health-Care Leadership (NSHL) is my primary graduate program affiliation.

*Will you teach a course in the proposed program and if so what course?* I am happy to teach in the MEPN degree program and expect to teach Gerontology.

*How many graduate programs are you currently a member of?* I am a member of four graduate programs: NSHL, Nutritional Biology, Health Policy and Research, and Health Informatics.

*How many courses do you currently teach?* 3

*How many graduate students are you currently mentoring?* 2

*Address how participation in the proposed program will affect your participation in other graduate programs.* No effect.

Sincerely,

[Signature]

Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing
CURRICULUM VITAE
August 2010
Heather M. Young, PhD, RN, GNP, FAAN
Associate Vice Chancellor for Nursing
Dean, Betty Irene Moore School of Nursing
Professor in Residence, Department of Internal Medicine, School of Medicine

Address: 4610 X Street, Suite 4202, Sacramento, CA 95616

Telephone: (916) 734-4745 (work) E-mail: heather.young@ucdmc.ucdavis.edu

Academic Preparation
1977-1981 University of California, Davis, CA
Bachelor of Science, cum laude, Dietetics

1981-1983 Sacramento City College, Sacramento, CA
Associate Degree in Nursing

1983-1986 Southern Oregon State College, Ashland, OR
Bachelor of Science in Nursing

1988-1989 University of Washington, Seattle, WA
Master of Nursing with specialty in Gerontology

1986-1991 University of Washington, Seattle, WA
Doctor of Philosophy, School of Nursing

Post-Graduate Coursework
2002 Applied Drug Therapy in Nursing, 30 hour course, University of Washington School of Nursing Continuing Education

2004 Integrating Cost-effectiveness Analysis in Research (NINR/NIH), 3-day course at NIH, Bethesda MD


Certifications
1989-2004 Gerontological Nurse Practitioner, Certification number 0138238-23
American Nurses Credentialing Center

Licensure:
California State Registered Nurse, active (2008 – present)
Oregon State Registered Nurse, active (1983 – present)
Oregon State Geriatric Nurse Practitioner, active (2003 – present)
Washington State Advanced Registered Nurse Practitioner, inactive (1990-2004)
Professional Experience

2009-present University of California Davis, Sacramento, CA
Dean, Betty Irene Moore School of Nursing
Professor in Residence, Department of Internal Medicine, School of Medicine

2008-present University of California Davis, Sacramento, CA
Associate Vice Chancellor for Nursing

2003-2008 Oregon Health and Sciences University, Ashland, OR
Grace Phelps Distinguished Professor
Director of Rural Health Research Development (tenured 2005)

2005-2008 Director of the John A. Hartford Center for Geriatric Nursing Excellence

2003-2006 Director of the Geriatric Nurse Practitioner Program

2003-present University of Washington, Seattle, WA
Department of Biobehavioral Nursing and Health Systems, Adjunct Professor

1997-2003 University of Washington, Seattle, WA
Department of Biobehavioral Nursing and Health Systems, Research Associate Professor

2002-3 Director of the de Tornyay Center for Healthy Aging.

1996-2001 ERA Care Communities, Seattle, WA
Chief Operations Officer

Executive Director

1995-1997 University of Washington, Seattle, WA
Department of Biobehavioral Nursing and Health Systems, Research Assistant Professor

1991-1995 University of Washington, Seattle, WA
Department of Community Health Care Systems, Research Assistant Professor

1990-1992 Ida Culver House Broadview, Seattle, WA
Director of Community Health

1989-1991 University of Washington, Seattle, WA
Department of Psychiatry and Behavioral Science, Research Assistant

1986-1990 University of Washington, Seattle, WA
Department of Community Health Care Systems, Teaching Assistant, Research Assistant

1986-1989 Harborview Medical Center, Seattle, WA
Nurse Practitioner II

1983-1986 Bay Area Hospital, Coos Bay, OR
Research and other Grant-Related Activities

2010-2011  Principal Investigator  
Influence of social support and network on caregiver mental and physical health.  
NIH, Alzheimer's Disease Center Pilot Grant Program (total direct costs $31,650)

2010-2012  Principal Investigator  
Leadership Scholarship Program.  
Jonas Center for Nursing Excellence (total direct costs: $36,000)

2009-2011  Principal Investigator  
Increasing Rural Community Engagement in Telehealth Research: Improving Health in Diabetes  
NIH, UC Davis Clinical and Translational Science Center/Supplement for Collaborative Community Engagement Research (total direct costs $600,000)

2008-2010 Consultant  
Nurse Delegation in NJ Home and Community Settings  
Rutgers, The State University of NJ Sub-Award, NJ Dept of Health Services (total direct costs, $13,438)

2009-2010  Principal Investigator  
Sacramento Valley ADN to BSN/MSN Planning Project  
Sierra Health Foundation (total direct costs $20,000)

2009-2012  Co-Investigator  
INQRI: Nurse-led Intervention to Facilitate Patient Activation for Pain Self-Management.  
Robert Wood Johnson (PI: Ward) (Total direct costs, $300,000)

2007-2010  Co-Investigator  
RxSafe: Shared Medication Management and Decision Support for Rural Clinicians.  
Agency of Healthcare Research and Quality. PI: Gorman. (Total direct costs: $890,000)

2006-2008  Principal Investigator, Evaluation Sub-contract  
Heart Health: A Rural Prevention & Treatment Program.  
Health Resources and Services Administration (HRSA) Office of Rural Health Policy (subcontract: $19,624)

2007  Principal Investigator  
Sigma Theta Tau Geriatric Nursing Leadership Academy.  
John A. Hartford Foundation, $19,800

2007-2010  Principal Investigator  
Oregon Geriatric Education Center Consortium (OGEC)  
Health Resources and Services Administration, $962,000
2007-2009  Co-Investigator, PI: Harvath  
Nursing Home Collaborative  
Atlantic Philanthropies/American Academy of Nursing (Total direct costs: $53,923)

2006 – 2008  Co-Principal Investigator  
The Energy Balance Study-Rural.  
Center for Healthy Aging, OHSU School of Nursing ($115,000).

2005-2010  Principal Investigator/Director  
John A. Hartford Center of Geriatric Nursing Excellence  
John A. Hartford Foundation. (Total direct costs: $1,050,000)

2004-2008  Co-Investigator/Evaluation Director  
Using IT to Improve Medication Safety for Rural Elders  
Agency for Healthcare Research and Quality. PI: Gorman. (Total direct costs: $2,659,984)

2004-2007  Principal Investigator  
Medication Management in Rural Assisted Living  
National Institute for Nursing Research. (Total direct costs: $300,000)

2004-2007  Co-Investigator/Research Principal Investigator  
Medication Management: A Closed Computerized Loop  
Agency for Healthcare Research and Quality. PI: Hetz. (Total direct costs: $2,990,637)

2004-2006  Co-Investigator  
CHOICE by Phone: Encouraging Exercise in Rural Adults  
National Cancer Institute, NIH. PI: Bennett. (Total direct costs: $100,000).

2004  Co-Investigator  
Personal Assistant Recruitment and Retention Project.  
Washington State Department of Social and Health Services. PI: Sikma. (Total Direct Costs: $35,000).

2005  Co-Investigator  
Educating Homebound Older Adults Using Cable Television  
Oregon State University Human Development and Family Sciences. PI: Johnson. ($5,000)

2005-6  Co-Investigator  
The Energy Balance Study-Rural Aging Well Through Nutrition and Activity.  
PI: Winters. Betty Gray Rural Health Development Fund, OHSU School of Nursing ($19,100).

2005  Qualitative Methods Consultant.  
Community Based Collaborative Research in Long-Term Care: Ethical Issues.  
Greenwall Foundation. PI: Hickman. ($74,042).

2001-2002  Co-Investigator  
Nursing Delegation of Medication for Elders in Assisted Living
American Nurses Foundation. PI: Reinhard. (Total cost: $9,973)

1999-2002  **Principal Investigator**
Evaluation of Self-Directed Care in Washington State
Washington State Department of Health and Department of Social and Health Services. (Total cost: $150,000)

1996-2002  **Co-Investigator**
Patterns of Long-Term Care Utilization in Japanese Americans

1998-1999  **Principal Investigator**
Assessing Risk for Changes in Functional Ability among Frail Elderly
University of Washington de Tornyay Center for Healthy Aging. (Total cost: $10,000)

1995-1998  **Principal Investigator**
Evaluation of Nurse Delegation in Washington State
Washington State Department of Health and Department of Social and Health Services. (Total cost: $250,000)

1994-1996  **Co-Investigator**
Long-Term Care Use in Japanese American Elderly
National Institute for Aging, PI: McCormick. (Total cost: $870,981).

1999-2004  **Co-Investigator**
Behavior Management Techniques in the Treatment of Alzheimer's Disease in assisted living settings
Alzheimer's Association, PI: Teri. (Total cost: $999,565)

1988-1994  **Co-Investigator**
Correlates of Mental Health in Dementia of the Alzheimer's Type Spouses.
National Institute for Mental Health. PI: Vitaliano. (Total cost: $469,377)

1988-1991  **Predoctoral fellow**
Individual National Research Service Award
National Center for Nursing Research, National Institutes for Health ($36,000)

1987-1989  **Co-Investigator**
Hardiness among Caregivers of Spouses with Alzheimer's Disease,
The Alzheimer's Disease and Related Disorders Association and the School of Medicine, University of Washington. PI: Wagnild. ($15,000)

1987-1988  **Predoctoral fellow**
Psychophysiological Nursing Traineeship, National Institutes for Mental Health

**Other Research and Consultation Activities**
2010  Member, External Advisory Board, Oregon Clinical and Translational Research Institute (OCTRI), Oregon Health and Sciences University

2010  Member, National Institutes for Health/NHLBI Working Group on Transitional Care in Chronic Heart, Lung, and Blood Diseases
2010  External Reviewer, Institute of Medicine, Future of Nursing: Leading Change, Advancing Health
2010  Co-Chair, Quality Measurement Workgroup, Long Term Care Quality Alliance
2010  External Reviewer, Alzheimer’s Association Research Grants
2010  Consultant and speaker, HSR&D/RR&D Research Center of Excellence, James A. Haley Veteran’s Hospital, Tampa Florida
2010  Reviewer, Stage 2 Distinguished Review Panel, RC4 Community Infrastructure, National Institutes of Health Center for Scientific Review
2010  External Reviewer for academic promotion and tenure, University of Michigan School of Nursing/School of Social Work, University of Wisconsin, University of Pennsylvania, University of California Los Angeles
2009-2010  Co-Editor, Special Issue on Research in Gerontological Nursing, Journal of Nursing Scholarship
2010-present  Manuscript Reviewer, Nursing Outlook
2009-present  Manuscript Reviewer, Journal of Rural Health
2008-present  Consultant and Visiting Scholar, University of Oklahoma Reynold’s Center of Geriatric Nursing Excellence
2009  Visiting Scholar, Distinguished Leader in Nursing, University of Arkansas Medical Sciences, John A. Hartford Center for Geriatric Nursing Excellence
2008  Visiting Scholar, University of Minnesota John A. Hartford Center for Geriatric Nursing Excellence
2008  External Reviewer, University of Pennsylvania Center for Geriatric Nursing Research
2008  Consultant, University of Oklahoma School of Nursing, Application for Reynold’s Center in Geriatric Nursing
2007  Visiting Faculty, New York University John A. Hartford Institute, Summer Institute in Gerontological Nursing Research
2007  Reviewer, John A. Hartford Foundation, New Centers in Geriatric Nursing Excellence
2007-present  Member of the Editorial Board, Journal of Research in Gerontological Nursing
2007-present  Manuscript reviewer, The Gerontologist
2007-present  Manuscript reviewer, Journal of Applied Gerontology
2008  External reviewer for promotion and tenure -- University of California Los Angeles, University of Medicine and Dentistry New Jersey, University of California San Francisco

2007  External reviewer for promotion and tenure -- University of Colorado, Seattle University, University of Pennsylvania, New York University

2006  Visiting Scholar, University of Montana Institute for Gerontology Education Student, faculty and community presentations on aging issues and senior housing

2006  Visiting Professor, Mahidol University, Bangkok, Thailand. Taught doctoral course: Leadership in Nursing

2006-present Manuscript reviewer, Advances in Nursing Science

2006-present Manuscript reviewer, Research in Nursing and Health

2006  External reviewer for promotion and tenure - University of Washington

2005-present Manuscript reviewer, Social Science and Medicine

2005-present Member, National Advisory Board to John A. Hartford Building Academic Geriatric Nursing Capacity

2005-present Member, National Selection Committee for John A. Hartford Building Academic Geriatric Nursing Capacity Predoctoral and Post-Doctoral Awards

2005  External reviewer for promotion and tenure - Oregon State University

2004  External reviewer for promotion and tenure –University of Pennsylvania, University of Wisconsin-Milwaukee

2004-present Manuscript reviewer, Journal of the American Geriatric Society

2003-5 Peer Reviewer, Division of Independent Review, Health Resources and Services Administration (HRSA), Comprehensive Geriatrics Education Program Review

2003  Expert Panel Member, National Nursing Home Improvement Collaborative: Pressure Ulcer Management, Qualis Health

2003  Co-chair, Poster Session, American Academy of Nursing Annual Meeting: Aging Across the Lifespan: Living Well into your 90’s

2002-present Manuscript reviewer, Journal of Nursing Scholarship

2002-7 Abstract reviewer, Western Institute of Nursing

2001  Consultant, Hong Kong Housing Society, Hong Kong

1996-2001 Advisory Board, Community Residential Care Study funded by John A. Hartford Foundation, Susan Hedrick PhD, PI.
1997-8 Expert consultant to Gesund in Alter Project, Andreas Stuck MD, Hamburg, Germany.


1995 Qualitative Methodological Consultant to Dr. G. Powell-Cope, Health service perceptions of persons with AIDS.

1994-present External referee for grants submitted to the BC Health Research Foundation, distributing research funds from the Government of British Columbia

1991 Consultation to American Association of Retired Persons, Quality of Life in Nursing Homes study

Awards, Scholarships, Honors
2007 Geriatric Nursing Research Award as Senior Researcher
Western Institute of Nursing
2006 Faculty Senate Recognition for Outstanding Research
Oregon Health & Sciences University
2005 Sigma Theta Tau
2003 Grace Phelps Distinguished Professor
Oregon Health & Sciences School of Nursing
1999 Nurse of the Year Award, King County Nurses Association
1997 Fellow, American Academy of Nursing
1996 Distinguished Alumna, University of Washington School of Nursing
1994 Fellow, Western Academy of Nursing
1991 Mildred Disbrow Award for Theory Development, University of Washington
1986 Outstanding Student, Southern Oregon State College
1983 American Legion Auxiliary Scholarship
1982-1983 Sacramento City College Faculty Outstanding Student Award
1983 American Association for Retired Persons’ Scholarship
1983 President’s Highest Honors, Sacramento City College.
1982-1983 Sacramento-El Dorado Medical Society Auxiliary Scholarship

Publications
Refereed Journal Articles


Young, HM, Gorman, P, Bianco, TS, Gray, SL, McCormick, WC, Kraemer, DF, Allen TL. (accepted for publication) Medication Safety in Long Term Care: Current Research and Future Directions. Consulting Pharmacist


Books

Book Chapters


Non-refereed articles


Reports

http://www.cshp.rutgers.edu/PDF/Nurse%20Delegation%20of%20Med%20Admin%20for%20Elders%20in%20AL.pdf


http://www.doh.wa.gov/hsqa/uwstudy.doc

Unpublished Research


Young, HM (1985). The relationship between descriptive factors in patients who are either resuscitated or not resuscitated and involvement of patient or family in the resuscitation decision. Bachelors research project, Southern Oregon State College, Ashland, OR.

Abstracts


Sikma, SK and Young, HM. (2007). The RN Role in Assisted Living: A Community Health Nursing Role? Western Institute of Nursing


Loop. Agency for Healthcare Quality and Research 2005 Annual Patient Safety and Health Information Technology Conference.


Young, HM and Sikma, SK (2001). Nurse Delegation: Practice Implications for Community Based Long-Term Care. International Association of Gerontology 17th Congress, Vancouver, BC.

Belza, B, Young, HM and Sikma, SK (2001). Community Based Long-Term Care: Building Links between Education and Practice. International Association of Gerontology 17th Congress, Vancouver, BC.

Sikma, SK, and Young, HM (2001). Community Based Long-Term Care: A Framework. International Association of Gerontology 17th Congress, Vancouver, BC.


Shaver, J & Young, HM (1993). Partners in Care: Nursing Academic and Practice Connection. Communicating Nursing Research, 26: 23


Research Papers Presented

2010 HSR&D/RR&D Research Center of Excellence, James A. Haley Veteran’s Hospital, Tampa Florida
Special Issues Associated with Qualitative Research in Rehabilitation

2010 University of California Berkeley, CITRIS Exchange Research Lecture Series, Berkeley, CA
Advancing Health Through Technology

2009 National Institute on Aging, Summer Institute on Aging Research, Pre-conference (closing address)
Research Leadership: Sustaining a Career in Aging Research as Nurse and Scientist

2009 University of Arkansas Medical Sciences, Research Day Keynote Address, Little Rock, AR (invited presentation)
Nurse Delegation: A Program of Research Influencing Policy

2008 Gerontological Society of America, Washington, DC
Resilience and Aging: Theoretical and Empirical Perspectives

2008 John A. Hartford Geriatric Nursing Leadership Conference, Washington, DC
Influencing Policy through Research

2008 Western Institute of Nursing, Anaheim, CA
Building Geriatric Nursing Knowledge: Physical Activity and Functional Status (symposium)
2008  Western Institute of Nursing, Anaheim, CA
Community Based Rural Health Research (Symposium)

2008  Western Institute of Nursing, Anaheim, CA
Health Behaviors, Physical Fitness, and Physical Function in Rural Adults

2008  Western Institute of Nursing, Anaheim, CA
Electronic Medication System Improves Patient Safety in a Rural Hospital

2008  Western Institute of Nursing, Anaheim, CA
Communication Pathways for Medications for Older Adults in Long-Term Care

2008  Nebraska Assisted Living Association, Lincoln NB
Medication Safety in Assisted Living: Best Practices (invited presentation)

2007  Western Institute of Nursing, Portland OR.
Structures and Processes that Promote Medication Safety in Assisted Living

2007  Community Living Exchange, Rutgers Center for State Health Policy, Princeton, NJ
Research Highlights: Nurse Delegation (invited presentation)

2007  American Society on Aging, Chicago, IL
Medication Safety in Assisted Living: Cause for Concern? (invited presentation)

2007  Oregon Health Care Association, Eugene, OR
Medication Management in Assisted Living: Lessons from staff and residents (invited presentation)

2006  Gerontological Society of America, Dallas, TX
Medication Management in Assisted Living: Challenges and Recommendations (symposium)

2006  Oregon Health Care Association Surveyor Provider Forum, Wilsonville, OR
Medication Management in Assisted Living: Preliminary findings (invited presentation)

2006  American Society on Aging, Anaheim, CA
What's the "Prescription" for Medication Safety in Assisted Living? (invited presentation)

2006  World Parkinson Congress, Washington, DC
Living Environments: Helping Families through the Process of Change (invited presentation)

2006  World Parkinson Congress, Washington, DC
Choosing a Care Facility (invited presentation)

2006  International Nursing Conference on Chronic Illness and Conditions, Thailand
Family Care for Older Adults (invited keynote presentation)
2006 International Nursing Conference on Chronic Illness and Conditions, Thailand
Medication Management of Chronically Ill Older Adults in Assisted Living (invited presentation)

2005 American Society on Aging, Philadelphia, PA
Adapting to the Changing Face of Aging: Using Research Findings to Improve Assisted Living: Medication Management (invited presentation)

2004 Oregon Health Care Association Annual Meeting, Portland OR
Research Update: Medication Management in Assisted Living. (invited presentation)

2004 Western Institute for Nursing, Portland, OR
Enhancing Understanding of Healthy Aging for Undergraduate Students (poster)

2004 Western Institute for Nursing, Portland, OR
Functional Assessment Tool for Persons with Dementia: Development and Psychometric Testing

2004 Nurse Delegation New Jersey Summit, New Brunswick, NJ
Nurse Delegation in Washington State: Practice and Policy Implications (invited presentation)

2004 Nurse Delegation National Summit, Washington DC
Nurse Delegation in Washington State: Practice and Policy Implications (invited presentation)

2004 American Society on Aging, San Francisco, CA
Is there a Nurse in Assisted Living? Research on Nurse Delegation (invited presentation)

2003 Gerontological Society of America, Annual Meeting, San Diego, CA
Nursing Special Interest Group Podium presentation, The Work of Nursing: Delegating to Others

2003 Gerontological Society of America, Annual Meeting, San Diego, CA
Podium presentation, I get to do it my way: Self-directed care in Washington State

2003 American Academy of Nursing, Annual Meeting, San Diego, CA
Poster presentation, Self-directed Care: Implications for Direct Care Workers

2003 Western Institute for Nursing, Annual Meeting, Phoenix, AZ
Podium presentation, I get to do it my way: An Evaluation of Self-Directed Care in Washington State.

2001 Hong Kong Housing Society, Hong Kong
International panel presentation, Housing for Older Adults in the USA: Issues and Opportunities. (invited presentation)

2002 Gerontological Society of America, Annual Meeting, Boston, MA
Pre-conference workshop, STAR project – Training for Staff in Assisted Living for
dementia care.

2000
The American Association of Geriatric Psychiatry, Washington, DC
Podium presentation, Organizational Perspectives on the Impact of Mental Illness on Resident Communities, Staff, and Systems. Providing Optimal Mental Health Services in Long term care. (invited presentation)

2000
WIN/WSRN Annual Meeting, Seattle, WA
Symposium presentation, Nurse Delegation: Practice Implications for Community Health Nursing

1999

1999

1999

1998
University of Arizona Research Conference, Tuscon, AZ. Podium presentation, “Resilience and Successful Moving.”

1998
The American Academy of Nursing, Acapulco, Mexico. Podium presentation, “The Single Most Important Innovation in Nursing Practice in the past 25 years.” (invited presentation)

1995
WIN/WSRN Annual Meeting, San Diego, CA
Western Academy of Nurses panel presentation, “Collaboration with the Consumer.”

1995
WIN/WSRN Annual Meeting, San Diego, CA
Podium presentation, “A Collaborative Model of Program Development.”

1993
The Annual Meetings of the Gerontological Society of America, Washington DC.
Podium presentation, “The Last Chosen Home: Moving to Congregate Housing.”

1993
WIN/WSRN Annual Meeting, Seattle WA
Podium presentation, “Situational adjustment to retirement housing.”

1992
Washington State Geriatric Society, Seattle, WA
“Psychological Adjustment to Moving to Congregate Housing.”

1992
Western Society for Nursing Research, San Diego, CA
Podium presentation, “Moving to Congregate Housing: The Last Chosen Home

1991
The Annual Meetings of the Gerontological Society of America, San Francisco, CA.
Podium presentation, “Life Events, Caregiver Status, and Distress.”
1990 The Annual Meetings of the Gerontological Society of America, Boston, MA Podium presentation, “Caregiver Factors as Predictors of Nursing Home Placement
1989 Theory and Research-Based Nursing Practice Conference, Seattle, WA Podium presentation, “Psychosocial Factors in Nutritional Risk among Hospitalized Elderly.”
1989 American Nurses' Association Council of Nurse Researchers, Chicago, IL Podium presentation, "Methodological Issues in Operationalizing the Theory of Reasoned Action."

Professional Memberships
American Gerontological Society
American Nurses' Association/Washington State Nurses' Association
American Academy of Nursing, Expert Panel on Aging
American Society on Aging
Western Institute of Nursing/Western Society of Research in Nursing
Sigma Theta Tau

Professional Community Activities
2010-2011 CTSA - Community Engagement KFC Workgroup
2006-present Ovations Professional Advisory Board (United Healthcare)
2010-present CTSA Nurse Scientists Special Interest Group
2010-present Co-Chair, Long-Term Quality Alliance Quality Measurement/Key Indicator Workgroup
2009-11 Convener, Nursing Care of Older Adults Special Interest Group, Gerontological Society of America
2007-9 Co-Convener, Nursing Special Interest Group, Gerontological Society of America
2004-8 Health Status Workgroup, Oregon Health Policy Commission, Member
2002-2009 Co-Chair, Expert Panel on Aging, American Academy of Nursing
1999-present Member, Expert Panel on Aging, American Academy of Nursing
2006-7 Convener, Joint Task Force on Mental Health and Aging, American Academy of Nursing
1999-2001 Member, Washington State Certified Professional Guardian Board
1994-present Member, Advisory Board, Certificate in Aging program, University of Washington Institute on Aging
1991-2003 Research and Special Projects Review Board, ERA Care communities
1998-2002 Advisory Board for the de Tornyay Center for Healthy Aging, Member
1991-2002 Ethics Committee, Ida Culver House Broadview
1995-1998  Vice President, Alzheimer’s Association of Western and Central Washington.
1994-1998  Alzheimer's Association of Western and Central Washington, Board of Directors
1992-1994  University of Washington Nursing Alumni Association, Board of Directors
1990-1994  Patient and Family Services Committee, Alzheimer's Association of Western and Central Washington

Citizenship Activities

**UC Davis Health System (2008-2010)**

- 2010   Chief Financial Officer Recruitment Committee
- 2008-present  CTSC Executive Committee
- 2008-present  CTSC’s Research Resource Committee
- 2010   Associate Director, Community Engagement, CTSC
- 2008-present  CTSC Internal Advisory Board
- 2008-present  Education Advisory Board, School of Medicine
- 2010   Executive Director for Human Resources Interview Panel
- 2008-present  Executive Leadership Committee
- 2008-present  Center for Healthy Aging Advisory Committee
- 2010   Health Sciences Advancement Consultant Interview Panel
- 2008-present  Health System Administrative Leaders
- 2008-present  Dean's Council
- 2008-present  Health Policy and Research Graduate Group
- 2008-present  Health Informatics Graduate Group
- 2008-present  Information and Technology Oversight committee
- 2009-10  Mentored Clinical Research Training Program Review Committee
- 2008-present  Advisory Committee and Mentor, Building Interdisciplinary Research in Women's Health (BIRCWH)
- 2008-present  Rural PRIME Evaluation Group
- 2008-present  Strategic Planning Executive Committee
- 2009-present  Nursing Science and Health Care Leadership, Executive Committee member
- 2009-present  Nursing Science and Health Care Leadership, Admissions Committee chair

**UC Davis – Campus-wide (2008-2010)**

- 2008-present  Administrative Coordinating Council of Deans
- 2008-present  Carnegie Classification Task-Force
- 2008-present  Council of Deans
- 2008-present  Council of Deans/Vice Chancellors
- 2010   Faculty Workgroup to Frame Long-Term Vision for UC Davis/Mars Partnership
- 2008-present  Nutritional Biology Graduate Group
- 2009-present  Nutritional Biology Graduate Group, Student Support Committee
- 2010-present  Organizational Excellence Steering Group
- 2010   Vice Chancellor for Development Recruitment Committee

**University of California System-Wide (2008-2010)**

- 2008-present  Academic Programs – UCOP
- 2008-present  UCOP Nursing School Deans

**Community Outreach (2008-2010)**

- 2008-10  College of the Siskiyous and California Telehealth Advisory Committee
- 2009   School of Veterinary Medicine - Tulare Outreach/One Health
Sutter Health/UC Davis Health System Collaborations
Tahoe Forest Health System/UC Davis Health System Collaborations

Oregon Health & Science University (2003-2008)
2007-8 Member, OHSU Search Committee for School of Nursing Dean
2007-8 Co-Chair, School of Medicine Visiting Professor in Geriatrics Committee
2006-9 Chair, OHSU SON Appointment, Promotion and Tenure Committee
2006-7 Chair, OHSU SON Faculty Affairs Committee
2006 Chair, OHSU SON Search Committee for Assistant Dean of Finance/CFO
2006 OHSU School of Nursing Council member
2005-6 Chair, Faculty Governance Task Force, OHSU School of Nursing
2005-6 OHSU SON Administrative Council Member
2003-4 OHSU SON Faculty Search Committee
2003-5 Oregon Rural Practice Research Network Steering Committee Member
2003-4 Oregon Rural Practice Research Network Scientific Review Committee Chair
2004-5 OHSU SON Graduate Council
2003-9 OHSU SON Doctoral Faculty
2003-8 JAHF Center for Geriatric Nursing Excellence Faculty Member
2004-6 OHSU SON Doctoral Admissions and Progression Committee Member
2003-6 OHSU SON Advanced Practice Nursing Leadership Group
2003-6 OHSU SON Research Council Member
2003-8 Northwest Coalition for Geriatric Nursing Education Excellence Committee Member
2003-8 Center for Healthy Aging Faculty Member
2004-6 OHSU Gerontological Nurse Practitioner Program Task Force Chair

Student and Fellow Research Supervision
UC Davis
2010-12 Post-doctoral Fellow Co-Mentor, Claire Fagin Post-Doctoral Fellow, John A. Hartford
BAGNC Program: Linda Edelman, RN, PhD
2009-11 Post-doctoral Fellow Co-Mentor, Claire Fagin Post-Doctoral Fellow, John A. Hartford
BAGNC Program: Glenise McKenzie, RN, PhD
2009-2011 Post-doctoral Fellow Mentor, Samira Jones, PhD
2009-2011 BIRCWH Scholar, Sam Sankaran, MD
2008-10 Doctoral committee member and faculty preceptor for Doctor of Nursing Practice student (Tuoro University), Janet Van Gelder
2008-10 Post-doctoral Fellow Mentor, Claire Fagin Post-Doctoral Fellow, John A. Hartford
BAGNC Program: Tara Sharpp, RN, PhD
2009-2011 Master’s in Health Informatics thesis advisor, Kathleen Guiney

Oregon Health & Sciences University
2007-9 Post-doctoral Fellow Mentor, Claire Fagin Post-Doctoral Fellow, John A. Hartford
BAGNC Program: Elena Siegel, PhD, RN
2007-8 Doctoral Committee Chair, Student: Carol Kemp
2007-8 Doctoral Committee Member, Student: Kathryn Sexson
2005-9 Doctoral Committee Chair/Hartford Predoctoral Scholar Mentor
Student: Elizabeth Caley
2006-9 Doctoral Committee Chair/Hartford Predoctoral Scholar Mentor/NRSA mentor
Student: Colleen Casey
2005-6 Doctoral Committee member, Student: Linda Torma
2005-7 Doctoral Committee member/NRSA mentor, Student: Laura Criddle
2005-6 Doctoral Committee member, Student: Anna Lythgoe
2004-5  Post-Doctoral Fellow Mentor, Post Doc: Suzanne Sikma
2004-6  Doctoral Committee Chair/John A. Hartford Predoctoral Scholar Mentor
         Cost-effectiveness of Intensive Home Care for Older Veterans
         Student: Nancy Benton
2004-6  Doctoral Committee Chair/John A. Hartford Predoctoral Scholar Mentor
         Autonomy among nursing staff in nursing homes, Student: Jeannette O’Brien
2004-5  Comprehensive Examination Committee/Doctoral Committee member
         An exploration of end-of-life decision making with Japanese American families
         Student: Yoshiko Colclough
2006-7  Master’s project advisor Satisfaction with medication management by unlicensed personnel in assisted living
         Student: Barbara Hinds
2005-7  Master’s project advisor Diabetic care in assisted living, Student: Katy Patton
2005-7  Master’s project advisor Treatment of hypertension in assisted living,
         Student: Nancy Erb
2005-7  Master’s project advisor Psychotropic drug use in assisted living,
         Student: Pamela Rivera
2004-6  Master’s project advisor Return admissions to hospital among rural elders,
         Student: Debra Minchow

**Southern Oregon University**

2004-5  McNair Undergraduate Scholar Mentor, Student: River Walker

**University of Washington, School of Nursing**

2002-6  Pre-doctoral JAHF Scholar mentor and Dissertation committee member
         An Ethnography of nursing supervision of nursing assistants in nursing homes.
         Student: Elena Siegel
2003-5  Master of Public Health thesis committee member
         Adult day care services and policy. Student: Ya-Mei Chen
2003-5  Doctoral Committee Member
         Spirituality and Comfort among Taiwanese Elderly, Student: Feng Ping Lee
2003-4  Master’s Thesis Committee member
         Chronic Stress and Psychosocial Factors in Health Services Utilization of Older Adults, Student: Alyson Falwell
2003-4  Visiting scholar doctoral advisor
         Health Promotion among older Taiwanese, Student: Yen-Chun Lin
2003  de Tornyay Healthy Aging Scholar mentor
         Culturally Competent Care Practices in a Long-term Care Facility Serving Primarily Chinese Clients, Student: Irawati Lam
2003  de Tornyay Healthy Aging Scholar mentor
         Recommendations for transitioning into a nursing home or assisted living facility
         Tawnya Horsley
2002-3  Master’s thesis chair
         Resolution of Elder Mistreatment Complaints. Student: Katharine Dexter
2002-3  Master’s thesis chair
         Community based long term care in a rural community, Student: Karen Gilbert
2002-3  Master’s thesis chair
         Relationship of Nursing Assistant Satisfaction and Quality of care in nursing homes. Student: Karla Heath
2002-5  Doctoral dissertation chair
         Functional decline among hospitalized elderly, Student: Anna Zisberg
2002-5  Master’s thesis chair
Nursing supervision of nursing assistants in nursing homes, Student: Elena Siegel
2002-3 Master’s thesis committee member
The experience of caregiving among Vietnamese Families. Student: Diana Schaefer
2002-3 Master’s thesis committee member
Moving to assisted living. Student: Cheryl Bauermeister
2000-4 Doctoral dissertation committee member
Long-term care policy. Student: Ya-Mei Chen
2001-2 Master’s thesis committee member
Staff training for dementia in assisted living settings. Student: Huda Piraz
1999-2000 Master’s thesis committee member
A Qualitative Investigation of the Occupational Health and Safety Risk Perceptions of Nursing Assistants in a Long Term Care Facility. Student: Jennifer Sofie
1999-2000 Master’s thesis committee member
Exploring the Decision-making process of older adults who have chosen to move into a continuing care retirement community, Student: Linda McCain
1998-9 Master’s project committee member
Resilience and Depression among Senior Students. Student: Beth Copley
1997-8 Master’s project committee member
Managing Sexual Behavior of Persons with Dementia. Student: Po Dixon
1997-9 Post-Doctoral Fellow Advisor and MPH thesis committee member
Exploring Risk Among Frail Elders. Fellow: Blythe Strong, PhD.
1996-8 Thesis committee member
Dementia among older women, Student: Heidi Petry
1993-4 Thesis committee member
Spiritual Care of Older Adults, Student: Carol Story
1992-5 Dissertation committee member
Family Caregiving for Individuals with Alzheimer's Disease. Student: Jo Ann Perry
1991 – 3 Sponsor/Mentor for Post-doctoral fellow
Computer technology in older adults. Fellow: Val Coxon, PhD

University of Newcastle, Australia
2002-3 Doctoral dissertation committee member
The Experience of Pain in Nursing Home Residents. Student: Isabel Higgins

Bastyr College, Department of Nutrition
1995-6 Thesis committee member
A Nutrition Education Intervention among Older Adults. Student: Linda Wild

Antioch University
2007-8 Doctoral dissertation external reviewer
Nurses’ Experience of Leadership in Assisted Living: A Situational Analysis
Student: Carole Bergenon

Teaching responsibilities
University of California Davis
2009-2010 MHI 299, Health Informatics and Nursing independent study (Fall/Winter/Spring)

Oregon Health & Science University
2007-8 NURS 607E, Gerontological Nursing Doctoral Seminar (Fall/Winter/Spring)
2006-7 NURS 542, Aging Person and Family: Health Promotion
NURS 543, Understanding/Intervening for Common Geriatric Syndromes
NURS 546, Health Systems in Care of the Older Adult
NURS 607E, Gerontological Nursing Doctoral Seminar (Winter/Spring)
NURS 605 – Resilience and Health – Independent Study with doctoral student L Torma
NURS 605 – Research in Critical Care – Independent Study with doctoral student C Casey
NURS 605 – Adverse Drug Events in Assisted Living – Independent study with doctoral student L Caley
NURS 543, Understanding/Intervening for Common Geriatric Syndromes

2005-6
NURS 650: Contemporary Policy Issues in Gerontology (doctoral course)
NURS 503: Research Practicum (Summer 2005, Fall 2005 and Winter 2006)
N 605 Economics and Long Term Care –Independent Study with doctoral student N Benton
N 605 Rural Health Policy and Financing –Independent Study with doctoral student C. Ellis
NURS 650: Contemporary Policy Issues in Gerontology (doctoral course)

2004-5
NURS 509Z: Long Term Care Practicum (GNP program)

University of Washington School of Nursing
2002
NURS 540: Biology of Aging graduate seminar
UCONJ 440: Biology of Aging

Selected guest lectures
2010
University of California Davis
IST 190, Integrated Studies Seminar – Healthcare: Opportunities and Complications
CME, Vascular Care, Trends and Issues for the Future from an Interprofessional Perspective
CME, Vascular Care, Leadership and career development in nursing

2009
University of Arkansas, Little Rock, AR
Master’s/PhD Nursing Administration – Nursing leadership

2006
Montana State University, Missoula MT
N445 Care Management II - Nursing delegation
Social Work/Pharmacy students – Senior housing
N418 Seminar - Issues in Health Policy & Healthcare Economics

2006
Mahidol University, Bangkok, Thailand
NSID 551: Nursing Leadership in the Health Care System
Week-long Doctoral Course Intensive

2003-5
Oregon Health & Science University
N476 - Ethical Issues & Legal Aspects for Nursing & Health Care
N354 - Chronic/Family Nursing Care

1993-2003
University of Washington School of Nursing
NURS 408, Working with families of older adults. Instructor, Patty Gordon, MN
NURS 418, Ethical Issues in Long-term care. Instructor: Sarah Shannon, PhD
HSERV 515/NURS 412, Health care and society. Instructor: Sue Hegyvary, PhD
Ethics in gerontology and long-term care for Nurse Practitioner students.
Instructor, Basia Belza, PhD
CHCS 574, Managing Effective Access and Utilization within Care Systems.
Instructor, Nancy Packard, PhD
PSN 501, Mental Health Issues with Older Adults, Instructor David Allen, PhD
CHCS 552, Health Promotion in the Elderly, Instructor, Mary Ann Draye, MN
PCN 201, Life span growth and development: Older Adulthood, Instructors, Sandy
Eyres, PhD, Barbara Cochrane, PhD, Louise Martell, MN
CHCS 529, Seminar in Care Systems Management, Instructor, Phyllis Schultz, PhD
NURS 526, Care Systems Management, Instructor, Kathy Graham, PhD
NURS 524, Conceptual Foundations in Care Systems Management, Instructor,
Kathy Graham, PhD
NURS 589, Nursing Theory, Instructor, Basia Belza, PhD
NURS 506, Foundations in Psychosocial Nursing, Instructor, M. Kennedy, PhD
1996-2003 University of Washington Bothell
BNURS 526, Program planning and evaluation in a retirement community.
Instructor: Suzanne Sikma, PhD
BNURS 412, Nursing Care Systems, Instructor, Carol Leppa, PhD

**Selected Recent Community Presentations**

2010 Transforming Nursing Practice Through Technology-Education Panel, Healthcare
Information and Management Systems Society
2010 Interprofessional Education: Imperatives for the Next Generation. WGEA Plenary
Session, Asilomar, CA
2010 The Vision and Mission of the Betty Irene Moore School of Nursing, UC Davis
Clinical and Translational Science Center External Advisory Board
2010 Advancing Health Through Technology, CITRIS Exchange Research Lecture
Series
2010 Healthy Systems, Healthy People: Community Strategies for Older Adults and
Rural Dwellers. Public Health Forum: A Healthier America-One Community at a
Time: Celebrating National Public Health Week, UC Davis, Davis, CA
2010 Interdisciplinary and Interprofessional Research Training: The Graduate Group
Concept, American Interprofessional Health Collaborative (AIHC) Inaugural
Meeting
2010 Leadership and Career Development in Nursing, Vascular Care Conference 2010
2010 Trends and Issues for the Future from an Interprofessional Perspective, Vascular
Care Conference 2010
2010 Healthy Aging, Mini-Medical School, UC Davis, Davis CA
2010 Interprofessional Opportunities with the Betty Irene Moore School of Nursing,
Graduate Group for Nutritional Biology, UC Davis
2010 The first major initiative in the second century of UC Davis, Sutter Health Patient
Care Council
2009 Leadership in Geriatric Nursing, John A. Hartford Foundation Board of Directors,
New York, NY
2009 The Future of Nursing, Mayday Foundation Board of Directors, New York, NY
2009 Research Leadership: Sustaining a Career in Aging Research as Nurse and
Scientist, National Institute on Aging Research Nurses Pre-conference Workshop
2009 When the Age Wave Hits the Shore: Implications for Caring for Aging Baby
Boomers, University of Arkansas Medical Sciences, Little Rock, AR
2009
Family Caregiving in the Context of Alzheimer’s Disease, Alzheimer’s Disease
Center Annual Meeting, UC Davis
2009
Unleashing the Power and Passion of Nursing, Jiangnan University Delegates from
China
2008
When the Age Wave Hits the Shore: Implications for Caring for Aging Baby
Boomers, University of Minnesota, Minneapolis, MN
2008
When the Age Wave Hits the Shore: Implications for Caring for Aging Baby
Boomers, de Tornyay Center for Healthy Aging, University of Washington, Seattle,
WA
2008
Aging Thoughtfully: Optimizing Housing and Care Decisions, de Tornyay Center for
Healthy Aging, University of Washington, Seattle, WA
2008
When the Age Wave Hits the Shore: Implications for Caring for Aging Baby
Boomers, Oregon State University Annual Gerontology Conference, Corvallis, OR
2008
Caring for Others, 5th Annual Women’s Health Day, Southern Coos Health District,
Bandon, OR
2006
Addressing Issues Faced by Older Adults and Their Caregivers, 3rd Biennial
Mental Health and Primary Care Conference, St. Charles Medical Center, Bend,
OR
2006
The Culture Change Journey: Our Challenges as Leading Edge Leadership
Teams. Leading Edge Network, OMPRO, Portland, OR
2006
Community Planning for the Future: Senior Housing, Montana State University,
Missoula, MT
2006
Our Aging Society: Choices in Housing and Health, Montana State University,
Missoula, MT
2005
Making Healthy Headlines. Research!America and Oregon Health & Sciences
University. Portland, OR
2006
Creating an Environment to Support Person-centered Care. Better Jobs, Better
Care, Portland, OR
2005
Making Choices: Assisted Living. The Jefferson Exchange, Jefferson Public Radio,
Ashland, OR
2005
Transitions for Older Adults and their Families. Rogue Valley TV/OSU Extension,
Ashland, OR
2004
Transitions in Community Based Housing: Choices for Older Adults and their
Families. Keynote address, OSU Annual Gerontology Conference, Corvallis, OR
2004
Transitions in Community Based Housing: Workshop , OSU Annual Gerontology
Conference, Corvallis, OR
2004
Healthy Aging OHSU Development Conference, Palm Springs, CA
2004
Family Care: Managing the Trajectory of Illness. OHSU Rural Health Conference,
La Grande, OR
2004
Creating an Environment to Support Person-Centered Care. Best Practices
Retreat, John A. Hartford Center for Geriatric Nursing Excellence, Salem. OR
2003
Living with Changing Decisional Capacity: Case Studies from Long-Term Care.
9th Annual Nursing Ethics Conference, University of Washington School of Nursing,
Seattle, WA
2003
Implications of Self-directed Care for Individual Providers. Presentation to the
Health Care Quality Authority Board, Olympia, WA
2003
Healthy Aging. Horizon House Retirement Community, Seattle WA
2003
Healthy Aging. Bayview Manor Retirement Community, Seattle WA.
2003
Interpreting Health Information Relative to Capacity to Work. Department of Social
and Health Services, Region 5, Tacoma, WA
2002
The Power of Family Dynamics: Choices for Aging Family Members. University of
2002
Washington Continuing Nursing Education, Seattle, WA
Self-Directed Care: Individual Provider Issues. Presentation to the Health Care Quality Authority Board, Olympia, WA
Self-Directed Care: Evaluation of the Program. Presentation to the Governor's Committee on Disability Issues and Employment Board, Renton, WA
Self-Directed Care: Preliminary Findings. Stakeholder's Group, SeaTac, WA
Embracing the Changes in your Life. Eleventh Annual Northwest Wellness Conference for Seniors, Seaside, OR
Issues for Caregivers of persons with Alzheimer's Disease. Alzheimer's Disease Research Center Annual Public Lecture. Seattle, WA
2001
The Experience of Caregiving. Care for the Caregiver Workshop. Washington Health Foundation, Seattle, WA
Trends in retirement housing, services and financing in the US: Strategies for the future. Hong Kong Housing Society Conference on Elderly Housing, Hong Kong.
Choices in Senior Housing, Tenth Annual Northwest Wellness Conference for Seniors, Seaside OR.
2000
Keys to Healthy Aging: Factors Promoting Health in Late Life. 1st Annual Pacific Northwest Conference on Strategies for Promoting Healthy Aging in Older Adults. University of Washington Continuing Education, Seattle, WA
The Dream of University Affiliated Retirement Housing. 7th International Annual Conference on Retirement in Higher Education, San Diego, CA
2000
Nurse Delegation. North End Coalition Meeting. Seattle, WA.
1999
The Graying of America: Implications for Financial Planning. Puget Sound Society of Institute of Certified Financial Planners Regional Meeting, Seattle WA
1998
Impact of Alzheimer's Disease for Families and Caregivers, HealthCare Innovations Preceptorships, Seattle, WA
1998
Healthy Aging: Caring for Ourselves as We Age, Bay Area Hospital Wellness Series, Coos Bay, OR
RE: PROPOSED MASTER OF SCIENCE IN NURSING Degree Program

Dear Dean Young,

As Chair of the Health Informatics Graduate Group at UC Davis, I have reviewed the proposal for the addition of the Master’s Entry Program in Nursing (MEPN) – a graduate studies program leading to the Master of Science in Nursing (MSN) degree – to the Nursing Science and Health-Care Leadership graduate programs in the Betty Irene Moore School of Nursing.

The MEPN proposal is comprehensive, well described and fills an important need, allowing graduates to qualify as nurses through this 18 month program, and thereby help to alleviate the national shortage of registered nurses.

In order to support the introduction of the MEPN we have agreed on the continued collaboration between our two programs, and I look forward to assisting MEPN students, in particular through the research mentoring and informatics teaching opportunities provided by the Graduate Program in Health Informatics. The establishment of the MEPN will strengthen the offerings of the School of Nursing and should be of mutual benefit. I welcome and will continue to accept NSHL graduate students in Health Informatics courses and am fully in support of this proposal and will continue to be actively involved in supporting this program.

Yours Sincerely,

Peter Yellowlees, MBBS, M.D.
Professor of Psychiatry and Director of Health Informatics
2450 48th Street, Ste. 2856
Sacramento, CA 95817

Phone: 916-734-8581
peter.yellowlees@ucdmc.ucdavis.edu
October 14, 2013

RE: Proposed Master’s Entry Program in Nursing (MEPN) Degree Program at UC Davis

Dear Colleagues,

As Interim Dean of the School of Medicine at UC Davis, I am in support of the proposal for the Master’s Entry Program in Nursing (MPEN) in the Nursing Science and Health-Care Leadership Graduate Group.

I have reviewed the proposal for the MEPN program and agree with the graduate level curriculum the program has designed. I am supportive of collaboration with the School of Medicine and will welcome MEPN students into interprofessional courses at UC Davis. The SOM will benefit from these new educational collaborations.

I fully support this proposal.

Sincerely,

[Signature]

Thomas Nesbitt, M.D., M.P.H.
Interim Vice Chancellor for Human Health Sciences and
Dean of the School of Medicine
UC Davis Health System
April 09, 2013

Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing
Dean and Professor
Betty Irene Moore School of Nursing at UC Davis
4610 X Street, Suite 4202
Sacramento, CA 95817

Dear Dr. Young:

The UC Davis Medical Center supports the establishment of a Master’s Entry Program in Nursing at the UC Davis Betty Irene Moore School of Nursing. By increasing access to innovative university level nursing education, the program aligns with the goals of the 2011-2016 Strategic Plan as well as our work toward Magnet Hospital designation, providing a valuable resource for the health-care community and professional nursing.

New registered nurses are desperately needed in the greater Sacramento region to support evidence-based practice in complex health-care systems serving our culturally diverse population. An entry-level master’s program at UC Davis will provide the science and research base to give graduates the critical thinking skills, scholarly values, and leadership qualities that are crucial to the current health-care environment. Graduates of this program will be uniquely prepared for roles in health-care facilities as unit supervisors, case managers, and staff nurses, as well as pursuing advanced degrees in clinical specialities, nursing science, and health-care research.

We look forward to future collaborations as this program develops.

Sincerely,

Ann Madden Rice
Chief Executive Officer
UC Davis Medical Center

Carol Robinson, R.N., M.P.A., F.A.A.N.
Chief Patient Care Services Officer
Patient Care Services
UC Davis Medical Center
June 10, 2013

Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X St., Suite 4202
Sacramento, CA 95817

Dear Dr. Young:

We are writing to confirm our support for the establishment of a new prelicensure nursing education program at the Betty Irene Moore School of Nursing. As partners across the UC Davis Health System, we share a commitment to increase the availability of efficient delivery of high quality health care through technological innovations.

Technology is transforming the practice of medicine and changing the way health-care professionals are being trained. The Master’s Entry Program in Nursing at UC Davis will introduce student nurses to an unprecedented array of sophisticated technology-based teaching aides and interventions that will improve access to care, patient safety, and quality of health outcomes. The new Center for Health and Technology building brings together under one roof simulation education, telehealth, media production and broadcast capabilities. This 52,141 gross square foot four-story building annexed to the existing Education building provides over $11M in the latest technology. The facility design provides an interprofessional learning environment that fosters the hands-on experience necessary to translate into practice technology-enabled health.

The creation of this Master’s Entry Program in Nursing is very important for UC Davis. We are extremely committed to interprofessional programs and education as a key vision for the future and we look forward to meaningful collaborations that will advance health care.

Sincerely,

[Signature]

Aaron E. Bair, MD, MSc, FAAEM, FACEP
Associate Professor, Emergency Medicine
Medical Director, Center for Virtual Care
Medical Director, Center for Health and Technology
UC Davis Health System
Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X St., Suite 4202
Sacramento, CA 95817

April 19, 2013

Dear Heather,

I am writing to confirm our support of the establishment the Master’s Entry Program in Nursing at the UC Davis Betty Irene Moore School of Nursing. The UC Davis University Library has developed strong collections in health sciences and related areas (e.g., public health, social sciences, statistics, basic sciences, education) that will serve the proposed clinical nursing program.

The Health Sciences Libraries collections, comprised of over 380,000 volumes and 900 serials, is housed in two locations, the Carlson Health Sciences Library (HSL) in Davis and the Blaisdell Medical Library (BML) in Sacramento. Located in the Sacramento Medical Center campus Education Building, the Blaisdell Medical Library serves faculty, staff and students affiliated with the School of Medicine and UCD Health System (UCDHS) and supports the School of Nursing’s curricula. In addition to the traditional print books and journals, the Library provides access to over 39,000 electronic full-text journals covering all disciplines and to over 400 electronic databases, such as CINAHL (Cumulative Index of Nursing and Allied Health Literature), MEDLINE, Embase, and ERIC (Education Resources Information Center). In addition to providing remote access (e.g. access from home, office, or lab) to resources, the library also obtains materials held in the UC system or nationwide through its interlibrary loan services. Librarians are also available to provide assistance with literature reviews, the use of citation management software, such as EndNote, and other library services. Lastly, a librarian has been designated as the primary liaison to the School of Nursing to ensure that library services are designed to support the school’s curricula and research agenda.

The UC Davis librarians look forward to providing excellent collections and services to students of the proposed Master’s Entry Program in Nursing.

Sincerely,

MacKenzie Smith
University Librarian, University of California, Davis
Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X Street, Suite 4202
Sacramento, CA 95817

Dear Heather:

I am writing to express my support of a Master’s Entry Program in Nursing at the UC Davis Betty Irene Moore School of Nursing. This entry-level nursing program will complement the University’s Vision of Excellence and its role as a public university, providing a new educational pathway for California’s broad population of health sciences students, responding to the health care needs of the state’s diverse population, and disseminating new knowledge, innovations and developments in the delivery of health care throughout the Greater Sacramento Region and beyond.

In today’s context of a severe nursing workforce shortage in California and changing health-care systems, the need for university-educated nurses is unprecedented. By expanding educational options for baccalaureate prepared pre-nursing students, the Master’s Entry Program in Nursing will be a valuable resource in creating new nurse-leaders and positioning them for the profession’s dynamic future. Building on the University’s existing strengths in biological, social, and information sciences, UC Davis will provide the interprofessional and research base to give new nurses the critical thinking skills, scholarly values, and leadership qualities that are crucial to the current health-care environment. Graduates of the program will be uniquely prepared for leadership roles in health-care facilities as well as for the pursuit of advanced degrees in clinical specialties, nursing science, and health-care research.

I look forward to following the development of this important program.

Sincerely,

Ralph J. Hexter
Provost and Executive Vice Chancellor
April 15, 2013

Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X St., Suite 4202
Sacramento, CA 95817

Dear Heather:

I am writing to confirm our support of the establishment of a Master's Entry Program in Nursing at the UC Davis Betty Irene Moore School of Nursing. As partners across the UC system we share a commitment to increasing the number of baccalaureate and master's prepared Registered Nurses for California. In today's context of changing health care systems and a well-documented, severe nursing workforce shortage in California, the need for Registered Nurses is unprecedented. By expanding educational options for individuals who have previously earned a baccalaureate in another field of study, to enter the profession of nursing through an entry-level master's program at UC Davis, will serve as valuable resource toward increasing the number of Registered Nurses in California and positioning the state's new nurses for the future.

While nursing education must prepare expert practitioners, schools also have the responsibility to produce nursing professionals who can participate as full partners in health care delivery. An entry-level master's program at UC Davis will provide the interprofessional science and research base to give new nurses the critical thinking skills, scholarly values, and leadership qualities that are crucial to the current and ever-changing health-care environment. Graduates of this program will be uniquely prepared for roles in health-care facilities as unit supervisors, case managers, and staff nurses, as well as pursuing advanced roles in primary care; and degrees nursing science and health-care research.

We would be very pleased to serve on the program's Community Advisory Committee should one be established. We look forward to seeing this much-needed program become a reality.

Sincerely,

David Vlahov, PhD, RN, FAAN
Dean and Professor of Nursing Education
April 10th, 2013

Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X St., Suite 4202
Sacramento, CA 95817

Dear Heather:

This letter is written in support of the establishment the Master's Entry Program in Nursing at the UC Davis Betty Irene Moore School of Nursing. As members of the UC system we seek to obtain the goal of increasing the number of nurses in California with advanced and graduate degrees. The nursing workforce shortage in California, along with constantly changing healthcare systems, has created an unprecedented need for college educated nurses. The entry-level master's program expands current educational options for baccalaureate prepared pre-nursing students and will be a valuable resource towards achieving these ends.

In addition to nursing education preparing expert practitioners, schools must produce nursing professionals who are able to participate as full partners in health care delivery. An entry-level master's program at UC Davis will provide the interprofessional science and research base to educate new nurses with the critical thinking skills, scholarly values, and leadership qualities that are crucial to the current healthcare environment. Graduates of this program will be uniquely prepared for roles in healthcare facilities as unit supervisors, case managers, and staff nurses, as well as pursuing advanced degrees in clinical specialties, nursing science, and healthcare research.

We would be very pleased to serve on the program's Community Advisory Committee should one be established. We look forward to seeing this much-needed program become a reality.

Sincerely,

Courtney H. Lyder, ND, ScD(H), FAAN
Dean and Assistant Director, UCLA Health System
Professor of Nursing, Geriatric Medicine & Public Health
Executive Director, UCLA Health System Patient Safety Institute
University of California, Los Angeles School of Nursing
May 9, 2013

Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X St., Suite 4202
Sacramento, CA 95817

Dear Dean Young:

I am writing to enthusiastically support your proposed Master’s Entry Program in Nursing at the UC Davis Betty Irene Moore School of Nursing. This program is an exciting complement to our mission. As partners across the UC system we share a commitment to increasing the number of university educated nurses in California. A severe nursing workforce shortage in California and changing health care systems, requires more university educated nurses. The entry-level master’s program will be a valuable resource for increasing the number of nurse leaders within the nursing workforce.

Nursing schools must prepare their students to be expert practitioners and nursing professionals who can participate as full partners in health care delivery. Nursing is an interdisciplinary and collaborative profession, and an entry-level master’s program at UC Davis will provide the interprofessional science and research base to give new nurses the critical thinking skills, scholarly values, and leadership qualities that are crucial to the current health-care environment. Graduates of this program will be uniquely prepared for roles in health-care facilities as unit supervisors, case managers, and staff nurses, as well as pursuing advanced degrees in clinical specialties, nursing science, and health-care research.

We fully support the development of this program and look forward to seeing this much-needed program become a reality.

Sincerely,

Ellen Olshansky, PhD, RN, WHNP-BC, FAAN
Professor and Director
Program in Nursing Science
UC Irvine
April 15, 2013

Heather M. Young, Ph.D., R.N., F.A.A.N.
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis
4610 X Street, Suite 4202
Sacramento, California  95817

Dear Heather:

I am writing to indicate our support for the Master’s Entry Program in Nursing at the UC Davis Betty Irene Moore School of Nursing. As partners across the UC system we share a commitment to improve essential health services in California. In today’s context of changing health care delivery, the need for university educated nurses is critical. By expanding educational options for baccalaureate prepared pre-nursing students, the entry-level master’s program will be a much needed resource for meeting the health care needs of all Californians.

We would be very pleased to serve on the program’s Community Advisory Committee should one be established. We look forward to seeing this much-needed program become a reality.

Sincerely,

Stephen M. Shortell, Ph.D., M.P.H., M.B.A.
Blue Cross of California
Distinguished Professor of
Health Policy and Management
Dean, School of Public Health
Self-Supporting Degree Program (SSDP) Additional Information

1. The academic unit proposing to offer the SSDP completes a proposal following the requirements and guidelines provided in the Compendium of Universitywide Review Processes for Academic Programs, Academic Units, and Research Units, Appendix D.2. The proposal must also contain the following additional information:

   a. A teaching and compensation policy that defines how teaching responsibilities for the program will be accomplished; taking into consideration faculty workload in non-SSDPs to ensure no negative impact on faculty participation in any state-supported program.

   b. A market analysis that demonstrates the viability of the program, including clear target audience, demand for the program, assessment of the level of fees potential students may be willing to pay, review of other programs competing for the target audience, and potential program enrollment.

   c. A cost analysis including proposed budget assessment, review of market analysis, review of enrollment and revenue assumptions, evaluation of business model, evaluation of non-state fund sources, evaluation of financial accessibility goal, and a student financial support plan.

   d. Memoranda of Understanding (MOU) with any other units expected to provide academic or administrative services to the SSDP, outlining roles, responsibilities, financial distributions, risks incurred and expiration date.

a. Teaching and Compensation Policy

The Betty Irene Moore School of Nursing at UC Davis understands that no public funds are to be used for Self-Supporting Degree Programs. The NSHL Master of Science and Master of Health Services programs are Professional Degree Supplement Tuition (PDST) programs with courses that will include students from MEPN. A new workload policy that will address the appropriate allocation of resources across differently funded programs is being developed and will be vetted with SON faculty input in spring 2014. Following that process the workload policy will be submitted to the UC Davis Office of Graduate Studies.

The SON has submitted the MEPN SSDP budget and a draft of the new workload policy to the Business and Institutional Analysis (BIA) division at UC Davis. Preliminary conversations with the BIA are underway to create a sophisticated financial management system that includes a model for academic workload as it applies to each faculty series. The intent is to have a very rigorous set of accounting principles based on enrollment in each course that allows the SON to

1 Excerpt from UC Davis Policy and Procedure Manual Chapter 200, Campus Organization and Management Section 26, Self-Supporting Degree Programs, 4/11/13
attribute effort based on enrollment in the course. Included in this system is a methodology to
define the percent of each faculty FTE that is associated with each course. For example, a
hypothetical course with 50 enrolled students might include 40 students from a SSDP. Through
the workload policy it is (hypothetically) determined that the course is worth 10% FTE.
Therefore, 8% of effort would be attributed to SSDP tuition and 2% effort to other appropriate
funds. Based on this analysis, the SON is prepared to account for faculty workload associated
with the MEPN degree program to ensure that it is appropriately applied to the SSDP accounts.
The specific accounting methodology will be established with BIA guidance and input.

To ensure that students receive an education rich in experience with diversely-prepared faculty,
all SON faculty contribute to all degree programs. There will not be a subgroup of faculty who
only teach in the MEPN degree program. This also allows for interprofessional integration in
courses throughout the SON. Again, the workload model and accounting mechanisms are in
place to appropriately assign faculty expenses to the SSDP program.

The California Board of Registered Nursing requires that courses for licensure as a Registered
Nurse be taught by a “qualified content expert” who, in addition to having at least a master’s
degree, must hold a clear and active RN license in California with recent clinical experience in
the content area. The School of Nursing will hire new SON faculty in the Clinical Professor
series to teach these specialty courses which account for two-thirds of the total MEPN units. In
addition to licensure courses, the MEPN degree will require 27 units of School of Nursing
graduate courses. These courses are or will be taught by interprofessional faculty in the SON.

Competitive faculty salaries are paramount in attracting and retaining expert educators and
investigators. The School of Nursing currently participates in a Clinical Compensation Plan that
pays market-based salaries set annually by the dean. Faculty members are paid an “x”
component of their salary designated by their rank and step. The dean then defines a “y”
payment to address market equity. The salary is negotiated during a structured, annual meeting
between the faculty member and the dean. The Gordon and Betty Moore Foundation grant funds
the “y” component of all salaries as well as faculty salaries not funded by state/federal
enrollment revenue. These funds will be supplanted over time by other revenue sources such as
endowments, SSDP tuition margins, grant cost recovery and other revenue generating initiatives.
By these means, faculty salaries at the School of Nursing are competitive with the School of
Medicine primary care departments and with top-ranked nursing schools.

b. Market Analysis

The shortage of registered nurses is well chronicled. The U.S. Bureau of Labor Statistics’
Occupational Outlook Handbook, 2010-11 Edition, estimates that by 2018 the country will need
nurses to fill 581,500 new positions and will have to replace the hundreds of thousands of
positions that will open as experienced nurses leave the profession. Additionally, there exists a
shortage of space in nursing education programs. In California alone nearly 25,000 qualified
applicants were turned away in 2011 from undergraduate nursing programs and 13,198 qualified
applicants were turned away from master’s programs, because programs lack sufficient faculty to accommodate qualified students. ²

According to the U.S. Bureau of Labor, employment of registered nurses is expected to grow 26 percent from 2010 to 2020, faster than the average for all occupations. Growth will occur primarily because of technological advancements, an increased emphasis on preventative care, and the large, aging baby-boomer population who will demand more healthcare services as they live longer and more active lives ³.

National initiatives are also driving demand for RNs with at least a bachelor’s degree. The nation’s Magnet hospitals, which are recognized for nursing excellence and superior patient outcomes, have moved to require all nurse managers and nurse leaders to hold a baccalaureate or graduate degree in nursing by 2013. Hospitals applying for Magnet designation must also show what plans are in place to achieve the IOM recommendation of having an 80% baccalaureate prepared RN workforce by 2020.

The prelicensure MEPN program will attract individuals with a non-nursing bachelor’s degree who want to become clinical nurses, academic faculty or assume leadership roles in a wide variety of health care settings. To date some 3,000 prospective prelicensure students have joined the Betty Irene Moore School of Nursing listserv. There are currently 16 entry-level master’s (ELM) prelicensure programs across California. In 2011-2012, 65.5% of California’s 2,365 qualified applicants were denied admissions to these programs due to lack of space. Thus this program will fill a need for additional access to high demand nursing programs. The chart below summarizes market research findings.

## Comparable California Entry-Level Master’s Nursing Programs

<table>
<thead>
<tr>
<th>Institution/ELM Type</th>
<th>Notes</th>
<th>2013 Cost of Degree</th>
<th>³Estimated 2015 Cost of Degree</th>
<th>ELM Program Length</th>
<th>Applications: Enrollments</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Francisco State University (MSN-RN)</td>
<td>State-supported; $3858/semester plus fees</td>
<td>$31,510</td>
<td>$33,429</td>
<td>91 semester units; 6 terms (24 months)</td>
<td>350:45</td>
</tr>
<tr>
<td>UCLA (MSN-CNL)</td>
<td>State-supported; $7936/qtr w/PDST plus $339/unit (summer) plus fees</td>
<td>$52,663</td>
<td>$55,870</td>
<td>110 quarter units; 7 terms (21 months)</td>
<td>600:75</td>
</tr>
<tr>
<td>University of San Francisco (MSN-CNL)</td>
<td>Private; $1175/unit plus $180/lab</td>
<td>$81,150</td>
<td>$86,092</td>
<td>68 semester units; 6 terms (18 months)</td>
<td>300:40</td>
</tr>
</tbody>
</table>


c. Cost Analysis

As an SSDP, the MEPN degree program will be supported by tuition revenue and grants. The $100 million dollar Gordon and Betty Moore Foundation (GBMF) grant affords the SON the capacity to create the MEPN program. These funds will support the development and first three years of the program. The grant is flexible as it can be used to support nearly all areas of the launch and operations, with the exception of endowments. During the formative phase and launch of the MEPN program, the GBMF grant will provide the majority of funding for faculty recruitment packages, staff operations, and curriculum development. The MEPN program will be self-supporting by the fourth year, 2018-19. Upon matriculation of 48 students per year, the SON anticipates the student fees will be sufficient to sustain the program. The GBMF grant will continue to augment the funds to accomplish the vision of the School. Sufficient funds are available to launch and sustain the program until it reaches self-sustaining enrollments.

The budget includes 20% of tuition set aside for student financial support. Our primary goal for student support is to ensure that financial issues do not prevent talented students from matriculating and graduating from the MEPN program. Financial Aid staff will provide prospective and enrolled students with information and resources to facilitate access to their educational needs. The School will award aid to students based on the program’s mission as well as student financial need, ensuring federal, state, and university compliance. These awards will include a combination of need-based and merit-based grants and scholarships.

Staff and faculty from the Betty Irene Moore School of Nursing and the Graduate Group in Nursing Science and Health-care Leadership will work very closely with staff in Financial Aid to describe financial aid opportunities to prospective, admitted and enrolled students. The marketing will be via the School of Nursing web site, collateral material, the listserv, the Health System Financial Aid office, sessions during interview days, and one-on-one conversations with admitted and enrolled students.
Additional financial aid programs for nursing students include:

- **The Robert Wood Johnson Foundation New Careers in Nursing**, a scholarship program to help alleviate the nursing shortage and increase the diversity of nursing professionals. Through grants to schools of nursing, the program provides scholarships to college graduates without nursing degrees who are enrolled in accelerated baccalaureate and master's degree nursing programs.

- **Scholarships for Disadvantaged Students** provides scholarships to full-time, financially needy students from disadvantaged backgrounds who are enrolled in health professions programs, including undergraduate and graduate nursing education programs. Participating schools select scholarship recipients, make reasonable determinations of need, and provide scholarships that do not exceed the cost of tuition, reasonable educational expenses and reasonable living expenses.⁴

- **NURSE Corps Loan Repayment Program** helps alleviate the shortage of nurses across the country by offering loan repayment assistance to registered nurses and advance practice nurses, such as nurse practitioners, working at Critical Shortage facilities and nurse faculty employed at accredited schools of nursing. Program participants receive up to 60 percent of their qualifying student loans in exchange for a 2-year service commitment – and an additional 25 percent of their original loan balance for an optional third year.

- **NURSE Corps Scholarship Program** helps students complete their nursing education by paying tuition, fees, other education costs, while providing a monthly living stipend. The program is open to full-time nursing students accepted or enrolled in diploma, associate, baccalaureate or graduate nursing programs at accredited schools located in the U.S. Upon graduation, scholarship program members fulfill a service commitment at a Critical Shortage Facility.⁵

- The **Nursing Student Loan Program** provides long-term, low-interest rate loans to full-time and half-time financially needy students pursuing a course of study leading to a diploma, associate, baccalaureate or graduate degree in nursing. Participating schools are responsible for selecting loan recipients and for determining the amount of assistance a student requires.

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⁴ Health Resources and Services Administration. Scholarships for Disadvantaged Students [http://bhpr.hrsa.gov/dsa/sds.htm](http://bhpr.hrsa.gov/dsa/sds.htm) and [http://bhpr.hrsa.gov/dsa/sfag/PDFs/3sdnscom.pdf](http://bhpr.hrsa.gov/dsa/sfag/PDFs/3sdnscom.pdf)

MEPN Program Estimate Budget Overview (as of 12/11/2013)

<table>
<thead>
<tr>
<th>Academic/Fiscal Year</th>
<th>14/15</th>
<th>15/16</th>
<th>16/17</th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEPN Tuition</td>
<td>$1,440,000</td>
<td>$2,217,600</td>
<td>$2,825,472</td>
<td>$4,277,944</td>
<td>$4,988,997</td>
<td></td>
</tr>
<tr>
<td>GBMF Launch Funds</td>
<td>$1,788,421</td>
<td>1,000,212</td>
<td>637,544</td>
<td>330,836</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Return to Aid (Student Financial Aid)</td>
<td>288,000</td>
<td>443,520</td>
<td>565,094</td>
<td>855,589</td>
<td>997,799</td>
<td></td>
</tr>
<tr>
<td>Program Expenses</td>
<td>1,788,421</td>
<td>2,440,212</td>
<td>2,855,144</td>
<td>3,156,308</td>
<td>4,244,369</td>
<td>4,621,740</td>
</tr>
<tr>
<td><strong>NET</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$33,575</td>
<td>$367,257</td>
</tr>
</tbody>
</table>

*Program expenses are detailed in the following MEPN Budget Assumptions table.*

**MEPN Budget Assumptions**

- **Tuition**: The MEPN program will be a Self-supporting Degree Program, with total tuition set at $90,000 per student in 2015/16, increasing 5% per cohort. This is $15,000 per quarter, with 4 quarters in the first year and 2 quarters in the second year for each student.

- **Student Support**: Return to aid will be 20% of tuition.

- **Number of students**: There will be 24 students admitted in years 1 and 2, 32 in year 3, and 48 in years 4 – 10.

- **Number of Faculty**
  - Director: 1
  - Research: 1.2
  - Clinical: 4.8
  - TOTAL: 7.0

  In year 5 the faculty reaches a steady state, and the faculty remains at 10.6 through year 10. Because the faculty is shared with other SON programs, the numbers show the portions of faculty assigned to the MEPN program.

- **Faculty Salaries**: Average faculty salaries are $130,000 for research faculty, $120,000 for clinical faculty in 2013/14; salaries increase at 3% annually.

- **Professional & Administrative Staff Salaries**: Staff includes 1 Program Representative, .5 Financial Aid Assistant, 1 Clinical Placement Coordinator, 1 Education Tech Specialist (for the first two years only); salaries increase at 3% annually.

- **Benefits**: Benefit rates for 2015/16 are research faculty, 33.3%, clinical faculty 40.4%, staff 54.2%; these increase in 2016/17 to 35.5%, 42.5%, 56.7% respectively and hold at that rate going forward.
<table>
<thead>
<tr>
<th>Faculty Recruitment</th>
<th>Recruitment costs are $10,000 per faculty.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Investment</td>
<td>Research faculty receive an average of $200,000 including removal expenses, partner support, and start-up funds; clinical faculty receive an average of $25,000. Annual faculty support is $2,000 per research faculty and $5,000 per clinical faculty.</td>
</tr>
<tr>
<td>Clinical Instruction</td>
<td>39 units per year of specialty clinical instruction for 24 students; each additional 8 students will require an additional 22 units per year. Expense is $2,000 per unit, escalated at 3% annually.</td>
</tr>
<tr>
<td>Program Director expenses</td>
<td>$30,000 annually escalated at 3% annually.</td>
</tr>
<tr>
<td>Accreditation &amp; Membership</td>
<td>$10,000 annually escalated at 3% annually.</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>Office supplies of $20,000 annually, increasing 3% annually.</td>
</tr>
<tr>
<td>Laboratory Supplies</td>
<td>$300 per student.</td>
</tr>
<tr>
<td>Instructional equipment</td>
<td>Equipment required up front for the skills laboratory is $500,000; ongoing annual expenses are $25,000 annually. With move to new location in 2018, additional equipment costing $200,000 will be required.</td>
</tr>
<tr>
<td>Computing equipment</td>
<td>$45,000 up front investment in server and computers; annual expenses of approximately $15,000.</td>
</tr>
<tr>
<td>Office equipment &amp; furnishings</td>
<td>Upfront investments of $40,000 will be required for office equipment, including copiers and office furnishings. In 2018, and additional investment of $25,000 will be required as the program moves to new space.</td>
</tr>
<tr>
<td>Other Operating Expenses</td>
<td>This includes telephones, mail, travel, software, etc.</td>
</tr>
<tr>
<td>Access to Student Services Level II fees paid to Campus</td>
<td>$441.24 annually per student.</td>
</tr>
<tr>
<td>Administrative fees paid to Campus</td>
<td>Administrative fees paid to campus are 5% of expenses.</td>
</tr>
<tr>
<td>Space</td>
<td>One-third of SON space maintenance expenses will be allocated to this program.</td>
</tr>
<tr>
<td>Administrative fees paid to Office of the President</td>
<td>Administrative fees paid to Office of the President are 1.54% of expenses.</td>
</tr>
<tr>
<td>Funding</td>
<td>Expenses not covered by tuition revenue will be funded by a grant from the Gordon and Betty Irene Moore Foundation and other philanthropic sources.</td>
</tr>
</tbody>
</table>
**d. Memoranda of Understanding (MOU)**

MOUs are included as ATTACHMENT 6 in this proposal packet. The School of Nursing will provide funding to support the programs in the Graduate Group in Nursing Science and Health-Care Leadership. This support will continue until the Master’s Entry Program in Nursing is at an enrollment sufficient to be self-sustaining or 2019, whichever comes first.

The UC Davis School of Medicine provides Financial Aid services to the students enrolled in NSHL graduate programs. The MOU has been revised to include MEPN in the agreement.

The UC Davis Office of Graduate Studies provides oversight and Registrar services to all NSHL programs. The addition of MEPN has been included in this arrangement.

The UC Davis Center for Virtual Care (CVC) on the Sacramento campus provides clinical simulation facilities for the SON. An MOU has been developed to officially state this arrangement.
Response to External Reviewer Reports

As part of the expedited review process, the School of Nursing invited seven nurse educators to review the Proposal for the Master of Science in Nursing Degree Program. Six reviewers submitted thorough reports offering compliments, enthusiasm, and constructive suggestions. Each report was read and discussed by members of the MEPN Steering Committee. All suggestions are addressed below and many were incorporated into the final proposal as noted.

Program Strengths
The curriculum was described by several reviewers as innovative (3 reviewers), outstanding (1), high-quality (2), excellent (2), and of appropriate rigor for graduate students (2). Reviewers identified specific strengths of the program: its emphasis on leadership (4); a view to technology (2); electives in teaching (3); focus on vulnerable populations (4); ongoing interprofessional education (6); and its alignment with recommendations of the Institute of Medicine, the American Association of Colleges of Nursing, and other authorities (4).

Reviewers agreed that the program would attract “more qualified applicants than can be accommodated,” and that applicants will be “highly talented and motivated learners” who will “enrich the workforce with their leadership” and “contribute to the future quality of healthcare.”

The faculty was commended for its strong expertise, and comprehensive, collaborative, and interprofessional mix. The number of faculty was thought to be appropriate to the program’s current and future needs. Facilities and resources were found by all reviewers to be more than sufficient to support the program.

Suggestions
1) Employment as Faculty – Several reviewers (4) noted that the proposal does not emphasize enough the contributions this program will make to the number of nursing faculty in California. In response, we have noted in Section 3.2 “Opportunities for graduates” that graduates of this program will, after one year of full-time employment as registered nurses, meet the Board of Registered Nursing requirements to teach in prelicensure programs at the college and university levels.

2) Electives – Two (2) reviewers found strength in the program’s three elective courses (NRS 301, 302, and 303 Methods for Teaching Nursing and Health Sciences), but were concerned that the curriculum does not allow time for students to take them. The NSHL faculty is currently looking at ways to make these courses, which are now delivered as hybrids across three quarters, accessible to more students. The school is considering offering these courses entirely online so that MEPN students (along with other health professionals) may take these courses during their first year of employment to strengthen their qualifications for faculty positions and enrich the region’s pool of nurse educators.

3) Certification Option – Reviewers (2) suggested the program might attract a stronger pool of applicants if it offered, in addition to certification as a Public Health Nurse, an option such as Certified Nurse Leader or Nurse Practitioner. The MEPN Steering Committee and faculty are actively considering both these options as potential future phases of the proposed program. MEPN is envisioned as a generalist pathway to immediate employment, though it is expected that many MEPN graduates will choose to continue their education in advanced specializations or research. Admission to the SON’s Nurse Practitioner program is among several possibilities to be considered.
4) **Interprofessional Team Teaching** – The emphasis on interdisciplinary/interprofessional education (IPE) was consistently mentioned as a differentiating strength of the program by all reviewers. However, one reviewer suggested stressing the value of IPE and team teaching to students and faculty. In response, a paragraph describing the pedagogical benefits of IPE was added to Section 3.6.

5) **Depth of Curriculum** – Another reviewer offered several excellent suggestions for emphasizing depth in specific areas of the curriculum to address the unique needs of adult learners in an accelerated program. However, the Board of Registered Nursing has very specific content requirements covering a breadth of topics (see Appendix E) which are mandated for all California nursing prelicensure programs. We have included all California BRN requirements. In addition to these mandates, NSHL faculty will take each of these suggestions under serious consideration as the MEPN program develops over time.

6) **Community Involvement** – Involving community nurse leaders and managers in the MEPN admissions process was suggested by one reviewer as a means to increase the visibility of our program to employers. The SON currently has the dedicated involvement of many community health-care leaders as members of the Regional Advisory Group (which also serves as the Advisory Board for MEPN), as mentors in our Community Connections series in our Master of Science program, and as preceptors to students in our Nurse Practitioner and Physician Assistant graduate programs. Community employers also play an important role in our program evaluation process (Section 1.7) and will be critical to placing MEPN students in clinical experiences (Section 5). This recommendation has been forwarded to the SON’s Recruitment, Admission, and Fellowships Committee to consider as they continue their work on the details of the MEPN admission process.

7) **Minimum Science GPA** – It was suggested by one reviewer that the science grade point average of 2.7 minimum for admission was too low and could result in unsuccessful students. Another reviewer was supportive of the 2.7 science GPA noting that students with a strong liberal arts background have much to offer the nursing profession. There is general disagreement among nurse educators on the appropriate predictors of student success in the art and science of nursing¹. NSHL faculty gave careful thought and deliberate discussion to the admission criteria for this program. A 2.7 minimum grade point average in prerequisite science courses allows for some flexibility in building a diverse cohort that is appropriate to the goals of the program. However, it is expected that, due to the size and strength of the applicant pool, competitive applicants will need grade point averages above the minimum.

8) **Faculty FTE** – One reviewer found the description of the projected number of faculty versus the number of faculty FTE to be unclear. This has been addressed in Section 4, Section 6.1, and in the Budget located in Appendix B.

9) **Student Support** – It was noted by one reviewer that the 10% Return to Aid (RTA) for student support was not clear in the budget. The RTA is in the budget (Appendix B) as a line item underneath Tuition and is described in Section 7.1. RTA was later increased to 20% of MEPN tuition revenue.

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November 26, 2013

To: Coordinating Committee on Graduate Affairs (CCGA)

From: Ellen Olshansky, PhD, RN, FAAN
       Professor and Founding Director
       Program in Nursing Science
       University of California, Irvine

Subj: Review of the Master’s Entry Program in Nursing at the Betty Irene Moore School of Nursing

The following is a review of the Master's-Entry Program in Nursing (MEPN) that is proposed at the Betty Irene Moore School of Nursing at the University of California Davis. My review is based on reading and reviewing the actual proposal with all the appendices. After a thorough review of these materials, I write in strong support of the MEPN Program. The MEPN Program is worthy of approval and will make an important contribution to nursing education in the state of California.

This is a well-crafted and well thought-out proposal that has important positive implications for nursing education and for nursing practice and health care. It is in concert with major reports, such as the Institute of Medicine’s various reports, on recommendations to improve health care in the United States as well as with the Affordable Care Act.

The quality and academic rigor of this proposed new graduate program is outstanding. This program builds on the Nursing Science Leadership in Healthcare (NSLH) program already initiated at UC Davis and it also builds on the work of the Graduate Group, focusing on interdisciplinary/interprofessional education. The quality is evident in the coursework that is both required and offered as electives. The proposal notes that there are three elective courses in teaching, which is a strength. The only concern is how students will fit such electives into their program, but that is a minor concern as I am sure this is possible and including content on teaching is very important.

The program size and expertise of the faculty are definitely adequate to administer this program. The faculty expertise is not only strong, but reflects several areas of expertise. In other words,
there is a comprehensive collective expertise among the faculty, with individual expertise in specific areas. The size of the program is adequate and is very much helped by having the graduate group.

The facilities appear to be adequate, as UC Davis is located in an area that has access to many clinical sites, including rural sites as noted in the proposal. The budget is adequate and clearly feasible through the generous donation from the Gordon and Betty Moore Foundation. In addition, this MEPN program is designed to be a self-sufficient, revenue-generating program. The projected time frame for it to be revenue-generating is prudent and feasible.

I anticipate that this new program will attract many more qualified applicants than it will be able to accept. As noted in the proposal, an overwhelming number of qualified nursing student applicants in California are turned away each year due to lack of capacity. This proposed program will help to increase this capacity, but there will still be many more qualified applicants than spaces available. Therefore, I can confidently state that the applicant pool is more than adequate.

Placement prospects for graduates are also projected to be more than adequate. It is projected that we will see another nursing shortage as the economy continues to improve. In fact, a recent survey from the American Association Colleges of Nursing noted that graduates from entry level BSN and masters program have a much greater chance of receiving job offers at the time they graduate as compared with graduates in other fields. This fact, coupled with the increasing need for health care workers in primary care and, in particular in rural areas, bodes well for employment prospects for graduates of this new MEPN program.

As Director of the Program in Nursing Science at the University of California, Irvine, I am in strong support of this proposed program at UC Davis School of Nursing. In fact, we are exploring a similar program and what is significant is that I do not even view the proposed program at UC Davis as competing with us. There is such a critical need for more entry-level masters programs and the University of California system is the perfect educational institution to offer such graduate education. I applaud Dean Heather Young and her colleagues for the outstanding proposal they have developed and I offer my enthusiastic support.

Sincerely,

Ellen Olshansky, PhD, RN, FAAN
Professor and Director
Program in Nursing Science
UC Irvine
November 27, 2013

Regan Ronayne
Education Program Analyst
Betty Irene Moore School of Nursing
UC Davis Health System

Dear Ms. Ronayne,

As Dean of the UCSF School of Nursing, you have requested and I am responding with an evaluation of the proposal for a Masters Entry Program in Nursing (MEPN) to be started at the University of California, Davis School of Nursing. I asked my Associate Dean for Education who has our MEPN program under her jurisdiction to review the proposal alongside me. In brief, we were favorably impressed with your proposal and believe it will be a valuable contribution to the health care service needs for the state of California.

You framed the evaluation as responding to a series of questions. The questions with responses are presented here:

**Quality and academic rigor of the program:** Except for the low science pre-requisite GPA, the program appears to be rigorous. The ELM programs must address all BRN pre-licensure requirements for curriculum content. It was difficult to determine where all content will be found since the courses appear to integrate content. This will need to be clear for the BRN approval. The gerontology course is sequenced in year 2 and is not a clinical course. Where is the geriatric clinical experience that must be completed concurrently with the theory? If it is included in another course, this needs to be stated.

**Adequacy of the size and expertise of faculty to administer the program:** The size and expertise of the faculty is appropriate. The BRN also requires an Assistant Director. It is not clear how the Assistant Director will be chosen or the duties of the Assistant (perhaps not needed in this document).

**Adequacy of the facilities and budgets:** Resources appear adequate and described clearly. The 10% student support is not obvious in the budget.

**Applicant pool and placement prospects for the graduates:** Diverse and large applicant pool is described. Clinical site support and table showing sites and availability is encouraging since a shortage of placements is a national problem.
Questions:

1. What are the employment prospects for MEPN students? In your view, how do MEPN graduates satisfy the regional and/or national demand in nursing?

Employment prospects for MEPN graduates are good at the completion of the master's degree. MEPN graduates will satisfy the regional and national demand for nursing since they have a graduate degree and can serve in many nursing and healthcare roles. Graduate prepared nurses are desired by most hospitals and systems seeking market advantage through achieving Magnet or other national/international designations. MEPN graduates are eligible after a year of clinical practice to teach in any pre-licensure program as well as in the master's degree program.

2. How does the UC Davis curriculum compare with the top programs in the country? Do the depth and breadth of the required coursework at the Betty Irene Moore School of Nursing at UC Davis meet the standards set by those programs?

The UCD MEPN curriculum has some unique components compared to more mature MEPN programs. The opportunity to take elective courses in teaching, focus on rural health, and interprofessional course work required each quarter are strengths of the proposed MEPN program. The aim is to prepare a generalist nurse. Some programs prepare generalist or clinical nurse leader master’s prepared nurses and others, like UCSF, prepare advanced practice nurses in several specialty areas. The integrated curriculum is a strength, but the required prelicensure content must be clearly described.

I hope these responses are helpful and we are available for further consultation. Best of luck and wishes for a successful program.

Sincerely,

David Vlahov Ph.D., R.N.
Dean and Professor
November 11, 2013

Heather M. Young, PhD, RN, FAAN
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor
Betty Irene Moore School of Nursing
UC Davis Health System
4610 X Street, Suite 4202
Sacramento, California 95817

Dear Dr. Young:

I have reviewed and evaluated the Betty Irene Moore School of Nursing at UC Davis proposal for the prelicensure Master of Science in Nursing (MSN) degree program – the Master’s Entry Program in Nursing (MEPN). My comments are organized with the following four Coordinating Committee on Graduate Affairs (CCGA) categories: 1. Quality and academic rigor of the program; 2. Adequacy of the size and expertise of faculty to administer the program; 3. Adequacy of the facilities and budgets; and 4. Applicant pool and placement prospects for the graduates.

Quality and academic rigor of the program

This six-quarter (18 month) excellent, prelicensure nursing graduate program is uniquely designed to prepare new nurses (who have undergraduate degrees in non-nursing fields) who will be able:

- to respond to evolving changes in health care systems, be involved in quality improvement, and provide nursing practice in a variety of settings;
- to lead interprofessional health care teams;
- to be involved in innovative advancements in health care;
- to provide nursing scholarship and evidence-based practice; and
- to promote social justice, cultural inclusiveness, and the elimination of health care disparities.

This new degree program is a natural pathway within the existing accredited master’s degree that the School offers in nursing science and health care leadership (NSHL). The prelicensure portion of the curriculum was designed to meet the standards of the California Board of Registered Nursing (CBRN); thus, allowing graduates of this program to sit for the examination for RN licensure. The curriculum was designed to meets both American Association of Colleges of Nursing essentials for baccalaureate education in nursing (2008) and essentials for masters education in nursing (2011), as well as, the Commission on Collegiate Nursing Education (CCNE) standards for accreditation (2008). In January, 2014, CCNE has published a revised set of standards that will be required for programs that will be accredited after that date.
The following are curricular threads that have been woven throughout the courses in the proposed MEPN curriculum: provision of person centered care, interprofessional teamwork, evidence-based practice, quality and safety principles, and utilization of informatics and technology to improve health and health care. Emphasis has been placed on addressing health-care disparities, cultural inclusiveness, caring for an aging population, and rural/community health.

The MEPN requires a total of 92 graduate units to complete the MSN degree, including a minimum of 36 units of upper division and graduate courses (At least 18 of the 36 units in graduate courses in the major field), and a comprehensive final exam. Thus, students enroll in 15-16 units per quarter for six consecutive quarters. The course work combines graduate courses in NSHL with graduate level clinical nursing courses (classroom and practice in both the laboratory using simulation and clinical settings) to satisfy the requirements for the master’s degree and examination for licensure as an RN (84 units, including prerequisites).

Content in pathophysiology, pharmacology, gerontology, pediatrics, obstetrics, psychiatry, and medical-surgical nursing, as required by the CBRN, can be found in the course descriptions in the program of study. Content of the proposed courses include professional values, ethics, and leadership; social determinants of health; population and community health; quality improvement and safety; research and evidence-based practice; informatics and health-care technologies; interprofessional collaboration; and the theory and application of clinical nursing science to diverse patients of all ages in a variety of health-care settings. Required courses include four graduate-level NSHL core courses: Health Status and Care Systems, Implementation Science, Leadership in Health Care, and Applied Health Informatics. New and existing graduate-level courses are currently being developed to prepare students for the changing demands of clinical nursing as defined by current research by the Institute of Medicine, the Robert Wood Johnson Foundation, and the American Association of Colleges of Nursing.

There are several evaluation processes ongoing to ensure continuous quality improvement:

• Process and summative evaluations of program content, teaching, graduate satisfaction, and faculty satisfaction;
• Annual UC Davis Health System Research Education Outcomes Evaluation (REOE) plan for critical feedback and
• Regularly scheduled program review by the UC Davis Graduate Council.

In addition, the School of Nursing has an extensive MEPN evaluation plan that includes the following: specific student satisfaction and outcomes measures, student and alumni ratings of interprofessional and leadership activities, student and alumni ratings of courses and overall program, time to graduation rates, NCLEX-RN passing rates, faculty assessment of student progress, measured change in skills inventory, changes in graduates’ employment, and employer and community partners’ satisfaction with graduates. A mix of qualitative and quantitative data collection methods and analysis with a focused goal to triangulate evaluation findings will be used: program record review; focus groups; feedback sessions; interviews; surveys; and skills inventory. These data will ensure continuous quality improvement of this rigorous program.
2. Adequacy of the size and expertise of faculty to administer the program

As required, faculty members must have experience in medical/surgical nursing, pediatrics, obstetrics, psychiatric and mental health, and gerontology. Thus, the school is recruiting six additional faculty members, plus a director for this program. A number of part-time faculty members will also be hired to teach clinical courses. These clinical instructors are usually employed by the clinical facility while they teach part-time, and the SON is working with clinical agencies to identify mechanisms for recruiting and hiring part-time clinical faculty. The faculty expertise and size is sufficient to meet current and future needs of the program.

3. Adequacy of the facilities and budgets

Due to the high cost of prelicensure nursing instruction, this program will be a self-supported degree program (SSDP) with tuition set at a level sufficient to reach sustainability within five years. The program is scheduled to matriculate the first cohort of 24 students in summer 2015. It is anticipated that by 2018 the program will be fully enrolled and sustainable with plans to admit 48 new students per year. The proposed budget provided is adequate to meet the needs of the program, and the costs are comparable with other similar fee-based MEPN programs. The facilities and academic support services are excellent, and will enable the program to meet the MEPN goals.

4. Applicant pool and placement prospects for the graduates

The MEPN will meet the educational needs of individuals with non-nursing baccalaureate or higher degrees who want to enter the health-care field in leadership roles as master’s prepared RNs. There are currently 16 entry-level master’s in leadership roles in California and in 2011-2012 academic year, more than 65% of 2,365 qualified applicants to these programs were denied admission. With only two universities in the region offering nursing degrees at the BSN or master’s level, regional workforce demands are not being met. Student demand for these programs in the Sacramento area is very high; UCSF receives over 600 applications for 80 spaces; and Samuel Merritt receives nearly 200 applications for 44 spaces at the Sacramento campus. In 2012, over 85% of 4,750 qualified applicants were denied admission to Sacramento prelicensure programs. According to the schools, approximately one third of the applicants already have a bachelor’s degree. For these students, the MEPN would better serve their educational needs. With full implementation, the proposed MEPN at UC Davis in Sacramento will annually add 48 new master’s degree nurses to Sacramento’s numbers. This MEPN program will attract graduate students who want to become registered nurses, academic faculty, or assume leadership roles in a wide variety of health care settings. Over 3,000 prospective students have joined the school’s listserv. This proposed high-quality program will help to meet their educational need by providing additional access to this type of prelicensure programs.

1. What are the employment prospects for MEPN students? In your view, how do MEPN graduates satisfy the regional and/or national demand in nursing?
These graduates have been educated to meet the needs of the region’s underserved communities. This program focuses on building competence in addressing the health needs of underserved communities, and graduates of this program will enter the nursing workforce with the skills, knowledge, and motivation to make a difference in the lives of Sacramento’s most vulnerable populations.

It is estimated that by 2018 the country will need nurses to fill 581,500 new positions as we replace the hundreds of thousands of positions that will open as experienced nurses leave the profession.

Additionally, there is a faculty shortage and these graduates can teach in community colleges or go on for doctoral degrees and teach in university settings. In California, nearly 25,000 qualified applicants were turned away in 2011 from prelicensure nursing programs and, nearly 65% were turned away from entry level master's degree programs because programs lack sufficient faculty to accommodate qualified students. To prepare providers to meet California’s population needs, greater diversity among faculty is needed. The MEPN program recruitment efforts will target potential students from diverse backgrounds and contribute to the capacity of California to offer high quality nursing education that meets the needs of the diverse population. This MEPN program will prepare new nurses for leadership roles in health systems, community-based settings and role models in advanced clinical roles.

2. How does the UC Davis curriculum compare with the top programs in the country? Do the depth and breadth of the required coursework at the Betty Irene Moore School of Nursing at UC Davis meet the standards set by those programs?

While many excellent MEPN programs have similar content (due to state board and accreditation requirements), the proposed MEPN program at UC Davis is unique in many ways. The UC Davis graduate group tradition, and the NSHL graduate group specifically, offers an ideal environment for the interprofessional goals of the nursing program. Also, there is a focus (curricular thread) related to aging, rural health, diverse populations, interprofessional leadership, and health technologies. The MEPN program will complement and benefit from the physician assistants and NP programs, as interprofessional clinical and didactic education opportunities are created. The MEPN program will complement and benefit from the PhD program, as well.

Other MEPN programs have evolved over time to have two parts: accelerated BSN program followed by a graduate program, which could be a master’s degree, doctor of nursing practice degree, or a PhD degree. This program evolution allows the graduate more educational choices and allows them to sit for RN licensure and possibly work while completing the second part of the program. You need a degree in nursing to sit for RN licensure. Other MEPN programs are similar to the one proposed here but offer an advanced practice curriculum as an option on admission. As this program matures, there will be many opportunities to consider these possibilities.

Sincerely yours,
Susan L. Woods, PhD, RN, FAAN
Professor Emerita
Department of Biobehavioral Nursing and Health Systems
University of Washington
Seattle, Washington 98195
MEMORANDUM

To: Coordinating Committee on Graduate Affairs  
Betty Irene Moore School of Nursing at UC Davis

From: Nilda (Nena) Peragallo Montano, DrPH, RN, FAAN  
Dean and Professor  
University of Miami School of Nursing and Health Studies

RE: Review of MPEN Proposal

Date: November 27, 2013

Thank you for the opportunity to review the Master’s Entry Program in Nursing (MEPN) proposal. This 6 quarter (18 months) master’s entry program in nursing will prepare graduates for general nursing practice.

1) Quality and academic rigor of the program:

The proposed program is based on the Betty Irene Moore School of Nursing’s 5 core attributes: (1) inter-professional approach to nursing education; (2) scientific rigor, educating nurses in conducting research, thinking critically and making decisions based on evidence; (3) innovative, patient centered technology; (4) leadership and (5) cultural inclusiveness.

The program has sought wide support through the UC Davis campus and the University of California system as evidenced by support letters attached in the proposal. The program is a graduate entry program that will provide students with a baccalaureate degree and a master’s degree in nursing. The baccalaureate portion of the program is inclusive of all the specialty areas required of a baccalaureate education. Students admitted to this program will have a baccalaureate degree and will have met the usual pre-requisites for BSN programs, a minimum GPA of 3.0 plus the UC Davis admission requirements. The goal will be to matriculate 24 students by 2014 and increase to 48 by the Fall 2018. This program is will emphasize the preparation of graduates for leadership and the next generation of nurse educators.

The curriculum is distributed in 6 quarters followed by a required qualifying comprehensive examination at the end of the sixth quarter which they can only repeat once. Course credits/units and descriptions appear adequate. This curriculum is very innovative, aside from the pre-licensure content (which most ELM curricula reflect) there is a combination of
leadership with 6 units of collaborative practice (inter-professional education); 2 units of quality and safety education in healthcare; 4 units of health status and care systems; 3 units of technology; and 4 units of implementation science and system change. In my opinion, this is one of the most innovative curricula available to date.

In my view, another unique feature is the 3 elective courses that would prepare students as nurse educators. These courses are NUR 300 Methods for Teaching Nursing and Health Sciences: Use of Simulation; NUR 301 Methods for Teaching Nursing and Health Sciences: Curriculum and Instruction and NUR 302: Methods for Teaching Nursing and Health Sciences: Assessment/Evaluation of Learning. Unfortunately, these courses cannot be taken within the 6 quarter plan. It would be advisable to offer the students another quarter to be able to complete this preparation that would prepare them as nurse educators given the extreme national and local need for nurse faculty.

The Standards of Accreditation of Baccalaureate and Masters nursing programs of the Commission on Collegiate Nursing Education (CCNE) as well as the Essentials of Masters Education in Nursing of the American Association of Colleges of Nursing (AACN) are clearly threaded throughout the curriculum.

There is an evaluation process outlined that is conducted by UC Davis Research and Education Outcomes Evaluation Unit (REOE). This unit conducts an arms-length assessment evaluation of the School of Nursing using various evaluation data collected annually from individual students through surveys and focus groups. Plans for evaluation include program record review: the evaluation team will access records of the MEPN students annually to monitor graduation, retention, time to graduation, and NCLEX-RN passing rates. Quarterly focus groups and feedback sessions groups will be conducted with MEPN students. In-depth interviews using the success case method selecting a sample of successful MEPN students following the same sampling that they follow for the rest of the School of Nursing, surveys and skills inventory.

2) Adequacy of the size and expertise of faculty to administer the program:

Currently there are 48 faculty FTE’s at the School of Nursing for 450 students. The SON proposes to hire content experts in the Health Sciences clinical professor series as follows:

1 program director,
2 medical surgical faculty,
1 mental health faculty,
1 women’s health/reproductive health faculty,
1 pediatric faculty,
1 community health faculty,
plus part time clinical to supervise students during their clinical courses.

There are 4 existing core courses that already have assigned faculty and 3 existing clinical courses also with assigned faculty.

It is not clear how many clinical faculty will be hired but obviously this would be dependent on the number of clinical groups needed which will vary by clinical site requirements. In Appendix I, there are faculty letters of commitment to teach and mentor students in the MEPN program 3
of which are adjunct professors. Dr. Hodge is a clinical educator and MEPN Interim Director and Drs. Siegel, Ward and Young who are already part of the SON faculty. My assumption is that Drs. Barger, Bakerjian and Bigby will be hired full time for the program and it is not clear whether they will be part of the new 6 or 7 to be hired.

Size of faculty has been addressed in the proposal and it is well known that there is a shortage of nurse faculty nationwide and in particularly in the West. Although the School is producing PhD graduates and future faculty, the 2012-2013 AACN faculty vacancy survey reports a 7.8% faculty vacancy nationwide and a 12% vacancy in the West.

There are strategies to manage this shortage and one would be to partner with clinical sites to have their own nurses teach clinical groups or have clinical days on evenings or weekends. Another would be to grow your own part-time faculty from your alumni or alumni from within the UC system.

There are no concerns with regard to the expertise of faculty to administer the program.

3) Adequacy of facilities and budgets:

Space and facilities are appropriate. I have had the opportunity to visit the campus and was impressed. The MEPN program will utilize the UC Davis Health Sciences complex in the Sacramento campus. The classroom space and simulations labs in the Education building and the center for virtual care would be utilized through the 2016-2017 academic year. Plans are underway for re-fitting the Administrative Services building to provide additional classroom, lab, and simulation space for the MEPN program from 2015 through 2018. Also, plans are underway for a new educational building on the Sacramento campus to expand classroom space, simulation facilities, small group learning and clinical skills lab. This space will be shared with other Health Sciences Programs for inter-professional education and will accommodate MEPN space needs at full capacity in 2018. The facilities have the latest in educational and communications technologies from wireless connectivity to high-quality projection and video-streaming equipment including a UC Davis Health System library. There is also a state-of-the-art clinical skills center and a center for health and technology. There is a center for virtual care (CVC) with simulation space for pre-licensure RN and inter-professional team education. The CVC is accredited as a level 1 comprehensive education institute through the American College of Surgeons.

There are 14 clinical facilities listed that incorporate all specialty areas needed for rotations. Support letters are included from every facility ranging from in-patient to ambulatory and public health and extended care. These appear to be sufficient in number and variety for the planned future number of students in the program.

I think the operational budget presented is adequate. The tuition is set at $90,000 per student. The budget shows that will be an investment in the program for the first 3 to 4 years which is appropriate for a new program and in my estimation this is a program that will attract very talented students and will be highly sought after and a worthy investment for UC Davis, the community and the profession. Any funding shortage will be remediated by the GBMF grant.
Students in this program will have a variety of public and private tuition funding sources including but not limited to a 10% of tuition revenue for direct MEPN student support for financial aid based on need. There are loan repayment programs such as AmeriCorps, NURSE Corps Loan Repayment and the US Indian Health Service. Robert Wood Johnson New Careers in Nursing, Nurse Corps Scholarship program and other minority nursing associations can also provide scholarships.

For example, the loan repayment program provides 85% of funding if the student pays back with 3 years of service in a health provider shortage area which many clinics and non-profit hospitals in the greater Sacramento area including UC Davis Medical Center qualify for.

4) Applicant pool and placement prospects for the graduates:

Nationally there is a shortage of nurses. By 2018, there will be a half million new nursing positions that will have to replace nurses that leave the profession. Currently, there is a shortage in enrollment in nursing education programs especially at the baccalaureate and graduate programs. Hospitals nationally are hiring RN’s with at least a bachelor’s degree.

In California alone, 25,000 qualified applicants were turned away from pre-licensure nursing programs and 65% from entry level master’s degree programs because programs do not have enough faculty to accommodate qualified students. Thus, the issue is not the lack of applicants.

The mean age of nurses today is 46 years old and more than 50% of today’s nurses are close to retirement. In California, more than one-third (34.5%) of all nursing faculty are over 55 thus qualifying them for retirement within the decade and roughly 90% of the state’s nursing faculty is white. In the 15 mile radius from UC Davis, there are 9 programs of which 2 are BSN programs. In these BSN programs the acceptance rates are 20% and 35%, respectively, of applicants. The importance of this pool of applicants is that it will be a diverse pool reflecting the population of California and will better serve the population’s needs.

In 2012 in Sacramento, over 85% of almost 5,000 qualified applicants were denied admission to pre-licensure programs. According to these schools, as many as one-third of these applicants already hold a bachelor’s degree. For these students, the proposed MEPN would better serve their educational needs. According to the US Bureau of Labor, employment of registered nurses is expected to grow 26% from 2010 to 2020, faster than the average for all occupations. This demonstrates that employment will not be an issue for these graduates.

Graduates of the MEPN will be highly sought after for clinical leadership and academic positions in hospitals, clinics and colleges. Hospital nurse executives are constantly inquiring about master’s prepared nurses strong leadership skills, information management, quality and safety, nursing education and evidenced based practice and research and knowledgeable about healthcare systems educated in a collaborative practice and team environment.

Employment prospects for the MEPN graduates:

It is my opinion that these graduates will fulfill many needs in the workplace. In our institution we have an accelerated program that started with an enrollment of 30 students and currently has grown to an average of 120 to 140 graduates per year. These graduates all secure employment and are the ones that come back to our graduate and PhD programs. This is a
talented group of students that have a particular set of skills and different professional backgrounds that are enriching the nursing workforce and are contributing to provide the quality of healthcare for the future. These are self-directed individuals that have already been successful in achieving a college degree and will be an asset to the healthcare delivery system.

How does the UC Davis curriculum compare with the top programs in the country?

After reviewing some of the top national ELM programs, it is my conclusion that the MPEN is a very unique and innovative curriculum. It has a combination of preparing leaders with an interdisciplinary curriculum, patient centered with a futuristic view to technology, health systems and healthcare innovations in a collaborative practice environment with the additional possibility of preparing the future nurse educators which are critically needed on a national level. The current survey of faculty vacancy from the AACN is 7.8% nationally and 12% in the West.

This program will attract highly talented, under-represented groups which can then go on to serve vulnerable populations and are highly needed.

Recommendations:

Provide students with funding to complete the 3 electives in an extra semester for special preparation for careers as nurse faculty.

Strengths/Weaknesses

Initially, having to recruit faculty would be a program weakness which having this program would then result into a strength and asset by preparing future faculty.

In summary, the MEPN has the potential to be a very strong program for UC Davis. The strength will be in the access to a pool of talented, diverse applicants and a program that is very innovative in an environment of inter-disciplinary education which according to 2013 IOM report is a requirement for accreditation for medical schools an already part of nursing curricula.

I hope that you will find my comments useful. Thank you for the opportunity to conduct this review. If you have any questions regarding my comments, please don’t hesitate to contact me for clarification. I wish you every success with this new program.
Heather M. Young, PhD, RN, FAAN
Associate Vice Chancellor for Nursing, UC Davis
Dean and Professor, Betty Irene Moore School of Nursing at UC Davis

December 1, 2013

Dr. Young,

It is with pleasure that I send to you my review of the Betty Irene Moore School of Nursing at UC Davis proposal for the prelicensure Master of Science in Nursing degree program (MEPN). I have found the proposal in the overall to be of a very high quality, meeting academic standards and with the associated rigor needed to graduate students prepared to enter a highly competitive and changing health care market.

The Quality and Rigor of the program as outlined in the documents meet the standards of content, pedagogy and assessment. The content outlined in the curricula places emphasis on the skills and knowledge required to respond to the wide reaching changes needed throughout our health care system.

The pedagogy throughout the curriculum incorporates teaching learning strategies that blend the use of technology, adult learning principles and considers the kinds of situations students will face within the nursing profession, with the kind of pedagogies that best support their development to cope in these situations. While program assessment is a long standing requirement within nursing, the evaluation processes as well as those projected within the program are sufficient to provide data to support the focus, coherence and challenge for the graduates. The program as outlined is demanding, engenders critical thinking skills and provides appropriate content knowledge.

The faculty administering the program is adequate in size, and expertise. The program is to be commended on the collaborative, interprofessional faculty mix which is essential in enriching nursing education. The concept of interprofessional education is detailed throughout the document however consideration may be given to describing the value of a team teaching model that benefits both student and educator colleagues.

The proposed budget is well defined and considers the strategic plans for program implementation. Although details are evident regarding facility resources the program planners are encouraged to move forward with the plans for a new education building to accommodate the full implementation of the program. The shared space concept is an efficient business model however certain clinical outcomes and nursing related challenges may best be addressed in an environment that is designed for and supports the single cohort of MEPN students.

The proposal details data in regards to the availability of the applicant pool. The demand for nursing education remains high in the Sacramento area. As a specific example, the School of Nursing at Sacramento State admits approximately 22% of qualified applicants each semester to the pre-licensure program, the graduate program applicant pool has doubled over the past two semesters and the Accelerated Second Bachelor's Degree program applicant pool tripled in the first and final year of the program. The MEPN program is needed in the Sacramento area and will attract more than a sufficient number of qualified applicants.
Additionally the proposal provides an excellent plan for placement opportunities. The support from the nursing placement systems such as the Health Community Forum (HCF) provides the opportunity to dialogue between and among other programs to ensure that placements are coordinated and that students are accommodated. While clinical placements remain a challenge the phase in plan for the MEPN provides for the development of strategies to accommodate the students. Exploring non-traditional settings and scheduling may benefit all of the programs in the area.

In the Executive Summary, Program Overview there is mention of an applicant pool of “clinical nurses, academic faculty or .... leadership roles......”. This appears to be the only mention of academia in the remainder of the document other than the opportunities for employment in the Associate Degree programs. Although the MEPN program cannot meet every need it may be judicious to provide additional mention of the potential for the graduates to pursue this as a career option and how the program would support advancement opportunities for teaching within a university setting.

In Section 2.10 there is mention of Special preparation for careers in nursing. It is unclear to the reader where these elective courses fit into the sample program should a student elect to pursue additional options. This also considers the comment above found in the Executive Summary.

In response to your inquiry regarding the employment prospects for the MEPN students, it is my view that employment for students with their BSN or Masters are far better than for graduates of Associate degree programs and in fact, in our area, employment prospects have eased. Although it still takes several months for employment in the acute care setting, if the graduate is persistent and well prepared, employment can be realized. Opportunities for employment of graduates with leadership skills abound in the community setting, long term care facilities and in education. The MEPN curriculum appears to provide the structure to encourage students to pursue these options for employment and is supportive of the goals outlined in the IOM study and the Affordable Care act.

The proposed curriculum is innovative, it addresses the strategic vision for nursing and it plans to graduate students prepared to provide leadership within the health care system. The coursework meets the standards set forth by the nursing accreditation bodies and has adopted a concept based approach to program design. The curriculum incorporates current societal and health care trends and issues, innovative practices, as well as a global perspective. The curriculum provides for adequate learning activities that enhance students’ abilities to think critically, reflect thoughtfully, and provide culturally-sensitive, evidence-based nursing care to diverse populations.

The UC Davis, Betty Irene Moore School of Nursing faculty is to be commended for their thoughtful approach to the design of the MEPN program. I anticipate that the program will be an asset to the education of nursing in the Sacramento region.

Thank you for the opportunity to review the program proposal, it has been a pleasure participating in this process.

Carolynn Goetz, RN, PhD
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December 1, 2013

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Dear Heather,

Thank you for the opportunity to review the UC Davis MEPN Proposal. As I have shared with you I am especially pleased the faculty have undertaken this effort. The School will have a great deal to offer these students and I have great confidence that the graduate will make substantial contributions to the profession and notably, in their ability to meet the local community’s health care needs. Guided by the questions posed by the Coordinating Committee on Graduate Affairs (CCGA), please see my review and recommendations below.

1. Quality and academic rigor of the program

   Location
   As a health science campus, UC Davis is an excellent location for a MEPN program given the rich learning environment of a health science campus. Additionally Davis and nearby communities will surely benefit from an infusion of nurses prepared for leadership roles. Lastly, given a PhD program is already in place at the School, the MEPN students will benefit from directly and indirectly interfacing with those engaged in scientific discovery.

   Curriculum
   The framework of prelicensure education as well as leadership content is clearly evident in the curriculum plan. An additional strength is the integration of interprofessional educational experiences from the onset to the final quarter of the program. Based on my review there are opportunities to add greater challenge and rigor that should provide students with a sense of significant accomplishment early in the program. This will also support the leadership expectations that clear mount as the curriculum progresses. Below are recommended curriculum revisions:

   1st Quarter Summer
   - Create an intensive immersion in this first quarter emphasizes pharmacology, health assessment, pathophysiology, foundations, and collaborative practice.
   - The end clinical goal for this 1st quarter should include 1.) total care for one adult medical-surgical patient 2.) medication administration for that patient and 3.) documenting the nursing care provided. Reduce the unit value of health assessment (down to 8 hour/week) and increase the direct patient care experiences to two consecutive 8 hour clinical days in an acute care setting. Streamline the range of courses taught during the 1st two quarters to enable students to focus and meet a high challenge clinical
outcome the students will value that will also provide evidence of their rapid professional growth.

- Align course content in pathophysiology (not currently in the curriculum plan), physical assessment, pharmacology and the foundations courses so there is repetition each week in each course relating to the same organ system (e.g. week 1 musculoskeletal, week 2 cardiac, week 3 pulmonary, etc.).

- Teaching across the lifespan has theoretical appeal for faculty but it is challenging for faculty to effectively teach. Commonly teaching across the life span within one course ultimately leads to more of a survey of many topics rather than depth of knowledge for the specific population the students are working with. Students routinely want direct hands-on experiences to apply what they have learned. Consider crafting courses that teach to depth for the population students have direct care experience with rather than teaching across the life span.

- Remove the Introduction to Professional Nursing course from the curriculum. Integrate essential elements (e.g. professional values, ethical comportment, professional engagement) into the Foundations course. Content seen as essential from this course can be taught at a higher level in a graduate-level professional roles course, allow MEPN students to take this later in their program with the masters students.

2nd Quarter Fall

- Allow the end clinical goal for Nursing Care of Adults with Complex Illness or Injury to be that students will provide total nursing care for 2/3 of a new graduate nurse’s workload assignment. Ensure students are not exposed to a multitude of clinical sites/agencies but learn in one familiar environment. Ideally each students’ clinical experience during quarter 1 and quarter 2 would be at the same clinical agency on the same nursing unit. Given the complexities of organizing and prioritizing nursing care for clients with increasing acuity, being in a familiar setting with familiar nursing staff will supports deeper learning and greater success. This level of familiarity will also enable students to learn how to navigate the politics of a nursing unit.

- It may be possible to integrate the Gerontology course into the Concepts in the Care of Adults with Chronic Illness. Of importance, the California BRN will require that all faculty teaching the course will need to meet BRN faculty approval criteria for medical surgical and geriatric nursing.

- Move Psychosocial Wellness and Illness to another quarter (e.g. 4th quarter). Whenever possible, avoid running multiple clinical courses at one time. Students in an accelerated program experience this as chaotic rather than thoughtful immersion.

3rd Quarter Winter

- Specific to Family Focused Nursing, teach focused content for each body of knowledge (separate OB, pediatrics, women’s health). Consider running these as separate immersion courses (3-4 weeks) rather than blending this content to run concurrently over the quarter.

4th Quarter Spring
• Consider moving the Psychosocial Wellness & Illness course to this quarter and deleting the Nursing Care of Adults with Complex Illness or Injury course.

Curriculum in general
• Accelerated programs need to be highly organized for the learner. What is experienced by students as chaotic leads to high-levels of frustration for students. Faculty need to remain vigilant to the demands students are under as they work to keep up with the accelerated pace of the program. Ideally courses taught during the same quarter have some level of interrelatedness. Alternately a course taught during a quarter may have little relatedness to other courses but should have its own value because context has been established for why the content is being taught at that time. Focused intensity with clear meaningful outcomes should be the hallmark of accelerated programming. Second career students thrive in challenging learning environments and they are very willing to work hard when they see value in what is being asked of them.
• Time in class and clinical for an accelerated program typically hovers around 37-40 hours/week, not accounting for time reading or studying.
• Ensure course numbers fit to graduate level courses. Should UC Davis in the future consider starting a BSN program, avoid blending MEPN and BSN students in prelicensure courses.
• Consider revising the curriculum to meet AACN’s Clinical Nurse Leader requirements. With increasing prevalence, masters programs are configured to qualify graduates for eligibility for national certification. Student will likely value a program that leads to national certification seeing it as parity with APRN education and overall greater credibility. This would also support progression to the DNP if UC Davis includes this as a future program option. http://www.aacn.nche.edu/cnl/CNL-Competencies-October-2013.pdf
• Create context for IPE experiences. Students come with preconceived notions that they know their career role and that they are strong communicators. Learning how to communicate often meets with resistance unless students understand there is something of value the currently do not know. If what is being taught appears too basic or has no meaning student will voice their frustration and dismiss what could be critical content. Faculty therefore need to create teachable moments for some content. High volume clinical learning experiences in the curriculum will create the necessary context that IPE experiences can readily build upon.

2. Adequacy of the size and expertise of faculty to administer the program

Faculty accomplishments align will with the clinical and leadership learning needs of the MEPN students. It is wise to have in place a full time program administrator who ideally also has a small MEPN teaching load.

At a number of clinical agencies it appears the potential for individual preceptorships exist (Table 4). Frequently during lean economic times at Medical Centers, these resources dwindle. In instances when
students need to be in groups for direct patient care learning experience the ideal faculty:student ratio is 1:7-8. MEPN student flourish in a rich faculty:student ratio and struggle with groups larger that 9 or 10. They are apprehensive learners who need reassurance but of key value supporting their success are clinical instructors who possess current strong clinical skills. BSN prepared staff nurses who have a designated faculty mentor supporting them in this faculty role can be a valuable model supporting MEPN student learning needs.

3. Adequacy of the facilities and budgets

Existing and future buildings on the UC Davis campus will offer a sound learning environment for students. Faculty no doubt flourish in this environment as well.

Initial costs of the program appear to be on target and plans for increasing tuition fit with what will be added costs over time. A key cost to account for is adjustments in faculty salaries that come with merit and promotion. Lastly, anticipate possible student attrition in the first year that could be as high as 20% but routinely should range from 0-5%. It may not be necessary to annually increase the budget 4% but this will be better understood during the first five years of the program.

4. Applicant pool and placement prospects for the graduates

Admissions Process

A strength of the admission process will be to include an interview. This will be especially helpful during the early development years of the program. The process should be constructed as an opportunity for the School to learn about the applicant but also for the applicant to genuinely learn about the School and the nursing profession. Ideally, involve nursing leaders from the local community to participate in the interview process. These finalist candidates usually are impressive interviewers. Local nursing leaders (e.g. nurse managers) who are responsible for hiring nurses will be impressed with most of the finalist and will be interested in hiring theses students upon graduation.

Pre-requisites

In an effort to attract student who may be less familiar and in some instances avoidant of science courses, consider reducing the number of sciences prerequisite courses. Routinely students who major in the humanities are less comfortable with dense science courses. These applicants though have a great deal to offer the nursing profession and should be equally sought after. The screening committee should work to admit a class cohort that represents the diversity of liberal arts education. Related, admission procedures should not overly value grades earned in science courses.

Recommendations below:

- Keep prerequisites to a minimum-its is reasonable to require only anatomy, physiology and a course in statistics.
Microbiology could be integrated into the curriculum so it is relevant to professional knowledge needs. Chemistry if necessary could also be integrated into the curriculum but whatever content is viewed as critical again could be integrated into the curriculum. A course in psychology and science courses are required by the California BRN to be eligible for licensure. Rather than a program requirement these requirements can be advertised as a BRN requirement that some students may have met in direct or less direct ways during their undergraduate education. This avenue offers greater flexibility for applicants.

1. What are the employment prospects for MEPN students? In your view, how do MEPN graduates satisfy the regional and/or national demand in nursing?

MEPN students can meet entry level staff RN needs in the short-term as well as formal leadership needs in the long-term. What is critical is that the local nursing community has more than just general knowledge about the program and its student. Those in formal nursing leadership roles should have routine exposure to these students. As described above, including nurse managers in the interview process for applicants will help community leaders understand the potential these graduates have to offer. When culminating projects are presented, members of the local community should be strategically invited to again understand the unique strengths MEPN graduates offer.

Second career students routinely bring both passion and commitment to nursing along with leadership skills. Many are, in particular, committed to meeting the health care needs of underserved vulnerable populations. If these characteristics align with the School’s value system, the application essay for the MEPN program should address their alignment to working with these populations. The leadership qualities 2nd careers students also bring will serve the Sacramento Valley especially given the increasing need for nurses with the enactment of the Affordable Care Act.

2. How does the UC Davis curriculum compare with the top programs in the country? Do the depth and breadth of the required coursework at the Betty Irene Moore School of Nursing at UC Davis meet the standards set by those programs?

Overall the UC Davis curriculum does indeed offer favorable contributions and is comparable to top programs in the country. There will also be unique contributions the Betty Irene Moore School of Nursing at UC Davis undertakes in order to meet the needs of the local community as well.

**Final Recommendation**

The emphasis of the current curriculum aims to further the leadership potential many of the MEPN students will bring to the program; this is strength of the current curriculum. It appears that applicants have no direct option to preselect a Family Nurse Practitioner track instead of the NSHL track. Those new to the nursing profession often desire direct patient care roles. In programs I have reviewed, NP options are a significant draw for second career students. These are also some of the strongest applicants and highest performers in accelerated masters-entry programs. Revisions to the current proposal allowing up
to half of the applicant pool to apply to an FNP option would bring high quality and high volume to the applicant pool.

In closing it has been a delight to review the UC Davis MEPN proposal. I’ve appreciate the opportunity to learn more about the aspirations of the faculty and the impressive setting the Betty Irene Moore School of Nursing offers students and faculty alike. Again, please contact me should you need further clarification of my recommendations above. In the meantime I wish you and the faculty every success in the next steps that bring this much needed program to fruition.

Sincerely,

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