University of Nebraska Medical Center
College of Nursing
Long Range Plan

2005 - 2015
February 4, 2005

Dear Colleague:

After 8 months of intensive analysis and focused planning, the University of Nebraska Medical Center College of Nursing is pleased to present this Long Range Plan for the years 2005 - 2015.

The plan is divided into two main components. The key elements of the plan, such as the overall goals, objectives, and measurable indicators, come first. This body of the plan is followed by appendices that contain details about the planning procedures, demographic trends that will affect the future, and small group reports. The Table of Contents and the divider tabs can move the reader quickly to sections of interest.

All of the College’s over 200 faculty and staff participated in crafting and endorsing the plan through one or more of several contributing paths, including surveys, large and small work groups, and full faculty/staff meetings. I deeply appreciate their hard work and generous contributions. Good spirit and a sense of excitement about the College’s opportunities and challenges of the future pervaded the process from beginning to end.

I want especially to thank Dr. Catherine Bevil, Director of Continuing Nursing Education and Evaluation in the College, who served so effectively as the Long Range Planning Coordinator. I also wish to acknowledge the support of consultant Susan Ogborn and editor Sandra Benson.

Chancellor Harold Maurer’s energetic vision for the future of the University of Nebraska Medical Center inspired the College of Nursing to undertake this initiative.

GrATEFULLY, AND WITH EXCITEMENT FOR THE FUTURE,

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INTRODUCTION

The University of Nebraska Medical Center College of Nursing engaged in long range planning of the College’s goals targeted to the years 2010 and 2015. The College believes that proactive planning will allow it to create a preferred future in a time of great opportunity, great societal change, and rapidly advancing technology for education and health care.

Futurists have identified several trends relevant to long range planning: societal trends (e.g., information technology, globalization, environmental hazards, changing demographics, and disease patterns); health care trends (e.g., development of new therapies and techniques, empowerment of the health care consumer, growing emphasis on community health, disparities in health care, and the increased use of alternative medicine); and trends in the health professions (e.g., workforce shortages, interdisciplinary collaboration, student profiles, and competency-based education). The College undertook a thorough analysis of such issues while developing the strategic goals contained in this report.
EXECUTIVE SUMMARY

Overall Long Range Goal of the College of Nursing

By the year 2010 and beyond, the UNMC College of Nursing will be

- positioned in the top 10% of peer institution schools of nursing in the country. Peer institutions are defined as colleges of nursing recognized as outstanding as measured by rankings in NIH funding and other national data sources.
- widely recognized for the use of technology in advancing the missions of education, research, and practice.

Key Strategic Areas

The College identified six strategic areas within which ambitious goals have been set. These strategic areas reflect the opportunities and strengths of the College, and support the University’s and the College’s mission and vision. The six areas are:

- educating professional nurses for the future,
- expanding research and scholarship,
- expanding faculty practices and community partnerships,
- seizing international nursing education opportunities,
- harnessing future technology as a tool for education, research, and practice, and
- addressing impending workforce shortages in nursing education.

For each strategic area, a long range objective has been identified that represents the overall strategic position the College will reach. Each of these objectives has specific measurable indicators that represent the critical milestones that must be reached by 2010 and 2015 to achieve that objective.
Overall Long Range Objectives

1. Offer high quality, cost-effective educational programs that prepare nurse leaders to shape a preferred health care future.

2. Achieve and sustain a pervasive culture of research and scholarship throughout the College.

3. Reduce health disparities in Nebraska and the region through faculty practices and community partnerships that focus on health promotion and disease prevention, chronic care management, behavioral/mental health services, and other emerging health issues.

4. Be a global leader in international nursing education utilizing innovative online partnership models.

5. Advance technologies and information systems to support education, research, practice, and administrative operations of the College.

6. Enhance the recruitment, retention and satisfaction of underrepresented minority students, faculty and staff; strategically align faculty and staff with the missions of the College of Nursing so as to optimize their role satisfaction, talents, interests, productivity, and loyalty.
SCOPE OF THE COLLEGE IN NEBRASKA AND BEYOND

The College of Nursing has an 87-year history of nursing education serving the citizens of Nebraska and the nation. The College began as a School of Nursing in Omaha in 1917. In 1972, the Nebraska legislature approved a change of status from School to College, and authorized the extension of the program to Lincoln. Later, Divisions in Scottsbluff (1986) and Kearney (1991) joined the College. Both structurally and philosophically, the College is one academic unit (e.g., one faculty, one student body, one curriculum in each of several programs, one mission statement, one set of bylaws) with four bricks-and-mortar locations spanning the state.

Beyond the many commonalities of the four Divisions, each is distinguished by characteristics unique to its location. Lincoln offers the advantages of a general, comprehensive university campus environment; Kearney serves the center of the State, including faculty practices that particularly serve the Latino community; Scottsbluff is the major provider of nurses to health facilities in the western region; and Omaha is the site of the College’s administration and graduate programs. The Omaha and Lincoln Divisions serve the urban corridor of Nebraska. The Kearney and Scottsbluff Divisions are in more sparsely populated areas, where future demographic changes may require reconsideration of the focus of those Divisions.

The mandate to offer the baccalaureate program through all four Divisions is clear as long as a shortage of registered nurses persists in the region and the applicant pool for each campus is robust both in numbers and qualifications. Nebraskan communities are protective of their UNMC College of Nursing Divisions, based on a long history of positive regard for College faculty, students, and graduates. In the future, should the nursing shortage ease or other factors change, the Divisions in Kearney and Scottsbluff, with their sparse populations, may segue to exclusive RN-BSN and graduate education. Throughout the state but particularly in the western half and the surrounding region, the College is the major provider of advanced practice nurses (nurse practitioners, clinical nurse specialists, administrators) and future nurse faculty. Health care trends in the United States forecast greater reliance on nurse practitioners to deliver primary care and health promotion to underserved regions. The shortage of faculty to teach in Associate Degree and Baccalaureate programs in the western region is well-known. Thus, the long range plan for the College recognizes that the focus of its Divisions may evolve in response to regional demand for nurses at levels ranging from the baccalaureate nurse to doctorally prepared nurse faculty.

In addition to the four Divisions, the College of Nursing has a long history of delivering courses by distance education. As early as the 1970s the RN to BSN Program was offered across Nebraska. Today, programs are delivered not only across the state but also across the nation and as far away as Armenia and Jordan. The College’s online RN to BSN program is appealing to the working RN, whether accessing the program at a distance or engaging in on-site computer-based courses as a more flexible option for study. In addition, all graduate programs, both master’s and doctoral, are offered to students at a distance.
TOWARD 2010: OVERALL OBJECTIVES, MEASURABLE INDICATORS, AND RATIONALE STATEMENTS

STRATEGIC AREA: EDUCATING PROFESSIONAL NURSES FOR THE FUTURE

Objective 1. Offer high quality, cost-effective educational programs that prepare nurse leaders to shape a preferred health care future.

Measurable Indicators

A. At the baccalaureate (BSN) level, prepare competent, compassionate, and technologically adept clinical nurses who are engaged in evidence-based practice in the complex health care systems of the future.

B. Transform the master’s degree (MSN) program to produce advanced practice nurses who target the specific unmet health needs of Nebraskans via a curriculum that is adaptive, flexible, innovative, and efficient.

C. At the PhD level, attract the best and brightest national and international applicants who seek this program because of faculty accomplishments and program recognition.

D. Initiate a postdoctoral research training program based on an infrastructure of faculty’s funded research and the College’s research centers.

E. Enhance a service-learning environment in which undergraduate and graduate students are embedded in College of Nursing faculty practices, community partnerships, and other care settings.

F. Generate sustainable sources of funding for student scholarships and fellowships as one strategy for attracting outstanding students and increasing student diversity.

Rationale

Futurists predict that the health care environment of 2010 will be characterized by increasingly complex care delivery settings, greater patient acuity, and extended longevity with attendant chronic illnesses. Major policy-shaping bodies, including the Institute of Medicine and the American Association of Colleges of Nursing, recommend that entry-level baccalaureate nurses be prepared with a strong orientation toward community-based and primary health care, and a focus on health promotion and maintenance. Other essential educational outcomes include providing patient-centered, cost-effective, coordinated care; working in interdisciplinary teams; employing evidence-based practices; applying quality improvement; utilizing informatics; employing therapeutic communication; demonstrating sensitivity to the needs of culturally diverse and underserved populations; and using critical thinking and ethical decision-making skills. The College’s baccalaureate program is characterized by a strong clinical curriculum that uses innovative delivery systems. It is well positioned to make the continuing updates in content and delivery systems that will be needed to prepare baccalaureate nurses for future clinical leadership.
The master’s degree program prepares nurses for advanced practice and systems leadership, and builds a scholarly foundation for PhD study. Advanced practice nurses who graduate from the College’s program are equipped with the knowledge and skills to meet important health needs of Nebraskans, including management of an aging population and increasing numbers of individuals with chronic illnesses and behavioral and mental disorders. The College’s master’s program has grown in numbers of students and numbers of specialty options available for study. Often, these specialties were developed in isolation in response to funding opportunities or expressed need for advanced practice nurses in certain specialties. This has resulted in some duplication of effort in teaching and diminished the sense of an overarching structure and vision for the program. A redesign of the curriculum is planned to target the areas described above and to promote interdisciplinary collaboration and cross-specialty integration so that students learn with students from other disciplines and from other nursing specialties. In addition, joint degree options, such as the MSN/MPH, will be planned.

This new master’s curriculum will incorporate emerging technologies and provide options for tomorrow’s learners, who will demand flexible education programs that can be tailored to their specific learning needs, career objectives, and lifestyle situations. Societal trends driving curriculum change include emerging technologies (for example, telehealth, genomics, informatics), health care disparities, increasing numbers of elderly persons and persons with chronic illness, shortage of mental health/behavioral health care, movement of care from the institution to the home, focus on interdisciplinary education for health care professionals, and increased need for collaboration among health professionals.

With respect to interdisciplinary education, many national bodies, including AACN, AAMC, the Association of Academic Health Centers, and the Robert Wood Johnson Foundation, have called for interprofessional education, particularly targeting medical and graduate nursing students, as a strategy for crossing what the Institute of Medicine calls the “quality chasm.” The collaborative climate at UNMC between the College of Nursing and the College of Medicine, including the School of Allied Health, makes it likely that joint programming in appropriate content or skills areas can be in place by 2010.

All top 10 schools of nursing in the nation have thriving postdoctoral research training programs. As the College expands its research initiatives, attracts active nurse researchers to the faculty, and secures external grant support for specific research studies and research centers, the environment necessary to initiate and nurture an active postdoctoral program will be in place. Active programs of research attract postdoctoral students who will also assist with these investigations and enrich the environment.

Service-learning educational experiences, which equally benefit the College and the organization where service is provided, will be important for undergraduate and graduate nursing students in the health care system of the future. Throughout the state, inpatient clinical practice sites are diminishing, competition for existing practice sites is increasing, and community-based practice sites are insufficient in number. The College’s proposed statewide network of clinical practices will be a rich resource where students can be exposed to the full scope of nursing practice, as well as clinical research, scholarship, and entrepreneurial nursing models. Students, in turn, will be involved in clinical, administrative, and evaluation activities in the practices and will be a valuable resource for the practices.
Lack of funds to pay tuition and cost of living expenses is a major barrier to full-time study for most graduate and many undergraduate students. Outdated federal regulations deny loans for living expenses to students who are receiving educational programs via distance technology. Augmenting the College’s scholarships, fellowships, and other funding sources for students will facilitate the recruitment and retention of outstanding and ethnically diverse students to all of the College’s programs. Furthermore, as the research capacity of the College is increased, it will become possible to support more full-time students in graduate assistantships, which will also contribute to their development as scholars.

STRATEGIC AREA: EXPANDING RESEARCH AND SCHOLARSHIP

Objective 2. Achieve and sustain a pervasive culture of research and scholarship throughout the College of Nursing.

Measurable Indicators

A. Rank in the top 10 schools of nursing that receive NIH funding.

B. Establish and maintain two or more funded research centers (symptom management and health promotion/disease prevention in vulnerable populations).

C. Garner national recognition through scholarly contributions.

Rationale

UNMC’s research agenda creates an ideal environment for the College of Nursing to move into the top echelon of research-intensive schools of nursing in the country. There is significant need for College of Nursing faculty to secure external grant revenue for research, not only because research is largely self-supporting, but also because funding is a reliable indicator of scientific rigor and the primary benchmark for ranking schools nationally. In addition to NIH, funding sources such as the Department of Defense, the Agency for Healthcare Research and Quality, and private foundations will be vigorously pursued.

Moving into the top 10 schools of nursing in NIH funding will require substantial effort. Research programs of current faculty must be supported with time and resources; young faculty must be mentored to plan a program of research; and new research-oriented faculty must be recruited. In 2004, the College of Nursing created five research-intensive faculty positions, and is actively recruiting funded researchers who will help achieve this objective.

College of Nursing faculty have identified focused research priorities that are congruent with UNMC, state, and national research goals and are responsive to future demographic and health trends in the state and nation. The College now is well positioned to seek funding for research centers. Two existing areas of research strength, symptom management and health promotion, will be targeted for center funding.
Robust growth in the research mission lends strength to the PhD and the planned postdoctoral programs. Students and fellows are attracted to programs where faculty are nationally known for their programs of research. Thus, growth in this area concurrently feeds growth in the education area.

**STRATEGIC AREA: EXPANDING FACULTY PRACTICE AND COMMUNITY PARTNERSHIPS**

**Objective 3.** Reduce health disparities in Nebraska and the region through faculty practices and community partnerships that focus on chronic care management, health promotion and disease prevention, behavioral/mental health services, and other emerging health issues.

**Measurable Indicators**

A. Implement innovative health care delivery systems focused on health promotion/disease prevention, chronic care management, and behavioral/mental health through a statewide network of advanced practice nurses sharing delivery models, information systems, and a database for benchmarking.

B. Improve the health of children and older adults through expanded interdisciplinary and community partnerships, including the new state public health system.

C. Improve the care of people with chronic behavioral and mental illnesses through an active partnership with the evolving state mental health system.

**Rationale**

College of Nursing faculty practice models have the potential to address many of the future health needs of Nebraskans, particularly those related to rural access to care and the increasing need for chronic care management, health promotion/disease prevention services, and behavioral and mental health services. Faculty have the expertise to develop and sustain an advanced practice nursing network focused on these areas of need, and they are poised for an entrepreneurial expansion of existing faculty practices. The network would not only employ College of Nursing faculty but would also contract advanced practice nursing services to the community. The network would emphasize nursing strengths in chronic care management, identify and implement novel options for managing health care system problems, and promote collaborative partnerships with other health disciplines. Self-support will be possible through a mixture of grants, foundation support, private sector support such as local or regional businesses, and clinical revenues.

The College is also well positioned to expand its numerous interdisciplinary and community partnerships, particularly those targeting children, the elderly, and persons with behavioral and mental illness. Children are targeted because a major responsibility of nursing is to assist people across the life span to adjust lifestyles to maximize health, and lifestyle patterns are rooted in
childhood and young adulthood. Because the majority of Nebraska children and youth attend school, they are a population accessible for nursing outreach. Working with schools will extend the College’s sphere of influence to parents, other family members, teachers, and other school staff.

The number of older adults in Nebraska is expected to grow considerably over the next 10 years. The College can build on its current programs for older adults in Lincoln and elsewhere to expand its community partnerships and offer health services, particularly through senior centers, senior meal sites, and senior retirement communities.

The recent development and strengthening of the local and regional State public health system through LB 692 affords the College the opportunity to serve older adults and children in multiple ways, including direct services, community assessment and diagnosis, and health system consultation. The provisions of LB 692 related to minority health offer another potential shared opportunity for partnerships and promotion of health outcomes in those populations.

The mental health reform bill of 2004, LB 1083, was intended to change the fundamental way in which mental health needs of Nebraskans are met. The bill created a public behavioral health system within the Department of Health and Human Services and moved most of the care provided from regional centers to a community-based system. Because the College already offers behavioral and mental health services to older adults in Lincoln, and to people with severe, persistent mental illness at the Family Health Care Center in South Omaha, it is well positioned to partner with the state mental health system to expand services.

**STRATEGIC AREA: SEIZING INTERNATIONAL NURSING EDUCATION OPPORTUNITIES**

**Objective 4.** Be a global leader in international nursing education utilizing innovative online partnership models.

**Measurable Indicators**

A. Develop profitable international technology-based partnerships in four to six countries.

B. Advance cultural competence and sensitivity in the College through activities related to international partnerships and exchanges.

**Rationale**

Nations are becoming increasingly interdependent, and health for all is a worldwide goal. The framework of health care should not be constrained by national boundaries, and access to information must be shared globally. A global focus will be necessary for success in tomorrow’s business, agriculture, information technology and health care sectors. Global partnerships present opportunities to reduce the worldwide shortage of nurses, raise the worldwide professional stature and standards of nursing, and prepare nurse leaders for emerging health care roles in an increasingly diverse population.
Information technology is increasingly accessible abroad. As international travel carries increasing security risks and restrictions, delivery of education via technology will allow advanced education in countries that do not have such programs. All of the nation’s top 10 schools of nursing have some programming in global and international studies, yet only one peer institution has an articulated global focus. Further, none of the peer schools has the extensive online tele-education capacity and experience of the UNMC College of Nursing. Already recognized as a leader in distance education, the College has the capacity to provide nursing education globally. Many of the College’s master’s degree specialties already are online. Also, the College offers unique “combined generalist” programs that incorporate areas of need for developing countries, such as public/community health, nursing informatics, psychiatric/mental health nursing, and administration/management.

With the expectation of a continued shortage of nursing faculty, a global model of distance education has the potential to increase the number of faculty internationally; increase student, faculty, and staff diversity; and provide substantial opportunities for cross-cultural exchanges and greater cultural sensitivity. Also, global distance education could generate significant revenue for the College.

**STRATEGIC AREA: HARNESSING FUTURE TECHNOLOGY TO IMPLEMENT THE MISSION**

**Objective 5.** Advance technologies and information systems to support education, research, practice, and administrative operations of the College.

**Measurable Indicators**

A. Develop an efficient and effective technological infrastructure for the management of all College of Nursing activities.

B. Adopt, deploy, and evaluate selected emerging technologies, in cooperation with UNMC Information Technology Services and other appropriate partners and vendors.

C. Integrate the College’s databases for effective management of data, information, and knowledge.

D. Use state-of-the-art technology to provide “anytime anyplace” learning (e.g., distance education, simulation programs).

**Rationale**

Faculty and staff have acquired knowledge and skill over many years in the development of distance education, simulation, and information systems. By 2010, technology for delivery of education programs, health informatics, public health surveillance (i.e., bioterrorism, disaster preparedness) and clinical information systems will become pervasive. The College can capitalize on its existing strengths by developing and augmenting resources in this area.
To expand recognition as a leader in the use of technology, the College must forge a robust infrastructure that will support innovation, new technologies, and rapid change. The College will develop, implement, evaluate, and annually update an integrated Technology Management Action Plan covering the needed hardware and software infrastructure. The plan will include cooperative partnerships within and beyond UNMC to implement and evaluate emerging technologies; develop training programs for faculty, staff, and students who will be expected to use the new technologies; and provide the associated personnel necessary to support and enhance implementation. In addition, an integrated information system to manage data that supports education, research, practice, and administrative operations must be a key priority.

In the next 10 years, distance education programs are expected to increase and become even more flexible in response to increasing numbers of older and nontraditional learners and traditional students who will demand the benefits distance education affords. Nursing students of tomorrow will be different learners than students today. Children growing up in digital environments are socialized differently and have different learning styles. Learning experiences using technology, such as clinical simulations, will be important not only because they will be a highly effective way to reach learners and because learners will demand them, but because competition for “live” clinical facilities will continue unabated.

STRATEGIC AREA: ADDRESSING IMPENDING WORKFORCE SHORTAGES IN NURSING EDUCATION

Objective 6. Enhance the recruitment, retention and satisfaction of underrepresented minority students, faculty and staff; strategically align faculty and staff with the missions of the College of Nursing so as to optimize their role satisfaction, talents, interests, productivity, and loyalty.

Measurable Indicators

A. Build diversity in the College of Nursing by enhancing recruitment, retention and satisfaction of underrepresented minority students, faculty, and staff.

B. Align faculty and staff with the mission of the College of Nursing through a process of role differentiation.

C. Determine the number, percentage, and ratio of master’s and doctorally prepared faculty that optimize the College’s goals and objectives.

D. Develop incentives for recruiting and retaining faculty and staff.

E. Sustain an environment of continual learning, personal wellness, and professional development.
Rationale

The profile of faculty, staff and students within the College of Nursing needs to reflect the growing racial and ethnic diversity of the nation. The nation's increasing ethnic diversity will require a more diverse health care work force, skilled in communication strategies based on principles of cultural sensitivity. These skills are best taught by a diverse faculty, well versed in cultural competency skills, who themselves reflect the face of America. The College will evaluate and strengthen its recruitment plans for students, faculty and staff to assure they reflect and embrace a deep and enduring commitment to diversity.

There is a need for faculty role differentiation so that faculty’s individual training, talents, and interests can be focused effectively to enhance productivity and career development. All faculty teach and provide service to the University, the College, and the discipline. In addition, faculty whose passions and talent lie with research should be “research-intensive,” while those focused on advanced practice should be “practice-intensive.” In addition, the College will need to determine the preferred ratio of master’s and doctorally prepared faculty.

Consistent with national trends, the College’s workforce is aging and retirements are increasing. Of 106 current faculty, 18 (17%) will be 65 within 5 years and 50 (47%) will reach 65 within 10 years. As the number of faculty approaching retirement increases and the pool of new candidates for faculty positions remains low, two priorities will be paramount: successful recruitment of qualified persons and retention of faculty through adoption of strategies that optimize their talents, interests, productivity, and loyalty. Assuring an attractive work environment will be crucial to the success of both priorities.

The College will incorporate information from national trends as well as from its own workforce to develop effective faculty and staff recruitment and retention plans. An internal survey of faculty and staff conducted in summer 2004 indicated they would consider delaying retirement if certain conditions were present, such as “true” part-time positions; job sharing; decreased workload expectations, more autonomy in determining workload; a feeling of being valued and making a contribution; a supportive work environment; and a greater focus on promoting health in the workplace. These findings reflect major national and international trends in the workplace and confirm the need for proactive planning in the face of looming retirements.

The College will design and implement formalized, systematic orientation and professional development programs for new faculty and staff as well as mentoring programs for teaching and research. Mentoring programs will enable personnel to develop and improve skills and achieve personal growth, thus enhancing their success and improving retention. Formalized opportunities for awards and recognition within the College will be assessed and expanded. Finally, personal wellness programs within UNMC will be examined for fit with the expressed needs of College of Nursing personnel and augmented with College-based programs as necessary.
TOWARD 2015: OVERALL OBJECTIVES, MEASURABLE INDICATORS, AND RATIONALE STATEMENTS

Introduction

Predictions about 2015 are constrained by the anticipated rapid, transformative changes in society in general and health care specifically. When projecting long-range objectives and measurable indicators for 2015, we assume that the College achieves its measurable indicators for 2010 objectives in all six strategic areas. Achievement of 2010 measurable indicators will affect the nature of the challenges and opportunities the College addresses in 2015, the measurable indicators the College sets, and the strategies selected to address them. For example, the successes of the College’s educational programs, research activities, international outreach, and workforce initiatives will be increasingly dependent upon the information technology infrastructure the College builds and maintains through 2010. The projected growth of international initiatives through 2010 will impact the characteristics of faculty, staff, and students, as well as the nature of research programs and research centers. Thus, 2015 measurable indicators depend upon and build on the achievements attained by 2010.

STRATEGIC AREA: EDUCATING PROFESSIONAL NURSES FOR THE FUTURE

Objective 1. Offer high quality, cost-effective educational programs that prepare nurse leaders to shape a preferred health care future.

Measurable Indicators

A. Transform education across all Divisions by developing and implementing virtual learning experiences and clinical simulation scenarios that capture the unique clinical opportunities at each site, thus standardizing clinical learning, capitalizing on strengths, and conserving scarce clinical resources across Divisions.

B. Develop virtual global community health nursing experiences that prepare baccalaureate nurse leaders to play leadership roles addressing global health issues.

C. Prepare graduate students and postdoctoral fellows as educators and researchers who will alleviate the faculty shortage, and/or as advanced practice nurses who possess skill sets to address the emerging health problems of 2015, such as infectious diseases and health behaviors.

D. Replace the master’s degree program with a post baccalaureate program leading to the practice doctorate degree for entry into advanced practice.

E. Deliver undergraduate and graduate curricula that are not bound by time or place to national and international students via cutting-edge technology.

F. Attract students and faculty from the nation and the world who represent diverse cultures and ethnic groups.
Rationale

The 2015 education objectives incorporate the anticipated globalization of the health care environment and increasing dependence upon technology as a tool for health care professionals and a delivery mechanism for education. At the baccalaureate level, the ongoing shortage of and competition for clinical learning sites will force faculty to develop simulated learning experiences that assure that students are fully prepared for “live” clinical learning experiences, which will be used primarily for capstone learning. The College, already a leader in using technology as a vehicle for learning, will capitalize on this strength along with increasing international activities, to educate baccalaureate nurse leaders for sophisticated clinical opportunities in the state, nation, and world.

The skill sets of graduates with the practice doctorate and/or the PhD will be consistent with the College’s areas of strength in clinical practice and research. The practice doctorate will be consistent with guidelines published in 2004 by the American Association of Colleges of Nursing, which recommends replacement of the MSN with the practice doctorate by 2015.

STRATEGIC AREA: EXPANDING RESEARCH AND SCHOLARSHIP

Objective 2. Achieve and sustain a pervasive culture of research and scholarship throughout the College of Nursing.

Measurable Indicators

A. Rank among the top nine schools of nursing receiving NIH funding.

B. Expand the College’s research emphasis to include minority health, health disparities, use of telehealth, and emerging global health problems, as the College’s faculty becomes more diverse and international.

C. Bolster the College’s expanded research activities with state-of-the-art physical and information technology infrastructures.

Rationale

The College’s research emphasis on health promotion/disease prevention, chronic care, and behavioral/mental health will expand to include emerging areas such as health disparities, minority health, and use of telehealth to deliver care. Also, the College’s research programs will be enriched and strengthened by the increasingly diverse and international nature of the College’s faculty and students, thus improving funding opportunities. As research activities and funding increase, so will the need for supportive physical and information technology infrastructures.
STRATEGIC AREA: EXPANDING FACULTY PRACTICE AND COMMUNITY PARTNERSHIPS

Objective 3. Improve health in Nebraska and the region through faculty practices and community partnerships that focus on chronic care management, health promotion and disease prevention, behavioral/mental health services, and other emerging health issues.

Measurable Indicators

A. Provide leadership through advanced practice nursing models that address health disparities, minority health, access to health care particularly in rural areas, and other evolving health issues of 2015.

B. Be the preeminent provider of health information for school children, teachers, consumers over the age of 70, personnel of institutions serving the elderly, and people with mental illnesses by creating an encyclopedia of health information designed to be disseminated through evolving handheld technology.

Rationale

By 2015, the College of Nursing clinical enterprises will have become a fiscally sound network for delivery of health care statewide, positioned to build upon the College’s international initiatives and technology and information infrastructures to address emerging health problems, including problems related to access and quality, particularly for poor and rural populations.

Demographic predictions in Nebraska for 2015 include significant increases in the numbers of children and older adults and a decreasing adult population although one suffering from lifestyle and stress-related illnesses. A high priority will be placed upon health promotion and disease prevention initiatives. Health care consumers will be actively involved in promotion and maintenance of their own health and will seek credible sources of health care information. The College will build upon its numerous statewide partnerships with schools, senior citizen centers, and behavioral and mental health organizations as well as on its own technological expertise and infrastructure to develop an encyclopedia of health information that will be portable, handheld, and available to persons throughout Nebraska and across the region.

STRATEGIC AREA: SEIZING INTERNATIONAL NURSING EDUCATION OPPORTUNITIES

Objective 4. Be a global leader in international nursing education utilizing innovative online partnership models.

Measurable Indicators

A. Expand the College’s international sites to serve multidisciplinary research and education needs.
B. Develop multidisciplinary online specialty programs on selected international topics such as emerging infections, HIV/AIDS, and maternal child health outcomes improvement.

C. Embed a global perspective in all College of Nursing programs in response to the increased diversity of faculty, staff, and students from many countries.

**Rationale**

By 2015, the College of Nursing will be a global leader in international online nursing education with partnerships in at least four other countries. These College of Nursing “hub sites” will support research and education in several ways. They will serve as centers to expand the College’s populations for nursing research and foster multidisciplinary studies, thus enriching the College’s research programs. The College will play a proactive role with other UNMC health professions programs to develop online courses for credit and continuing professional education and make these available internationally to multidisciplinary audiences.

Because of the rapidly increasing diversity of College of Nursing faculty, staff, and students, promoting a culturally sensitive environment will be important and will require specific planning. Including a global focus in all curricula will be one means of enhancing cultural competence. Also, resources will be sought to implement faculty and student exchanges to enable all students to have an international learning experience in one nursing course prior to graduation.

**STRATEGIC AREA: HARNESSING FUTURE TECHNOLOGY TO IMPLEMENT THE MISSION**

**Objective 5. Advance technologies and information systems to support education, research, practice, and administrative operations of the College.**

**Measurable Indicator**

A. Support the College’s world-class education, research, practice, and administrative operations with dynamic technology and information systems.

**Rationale**

Evolving technology will prompt enhancements to the College’s technology infrastructure. Ubiquitous computing and new communication options and devices not yet imagined will allow individuals to connect to the network anywhere, anytime. Data, images, voice, and video will move easily and rapidly across the network. Greater flexibility will occur in working environments, including the option of telecommuting for some jobs. Security measures will make use of such technology as retinal scan, voice pattern recognition, and encryption of data. Biometric computing will be employed in research, education, administration, practice, and international initiatives.
STRATEGIC AREA: ADDRESSING IMPENDING WORKFORCE SHORTAGES IN NURSING EDUCATION

Objective 6. Enhance the recruitment, retention and satisfaction of underrepresented minority students, faculty and staff; strategically align faculty and staff with the missions of the College of Nursing so as to optimize their role satisfaction, talents, interests, productivity, and loyalty.

Measurable Indicators

A. Increase the percent of faculty and staff who are ethnic minority and culturally or internationally diverse.

B. Customize state-of-the-art physical and information technology infrastructures for College of Nursing faculty and staff, who will be a global, virtual community, heavily dependent upon communication systems for support.

C. Expand professional development, mentoring, and support processes to address the increasingly diverse and international nature of the College’s students, faculty, and staff.

Rationale

The globalization of education, practice, and research will profoundly change the College’s work environment. As the College achieves its 2010 measurable indicators, it will be viewed increasingly in the international arena as a place where faculty, staff, and students desire to be, physically or virtually. Employment practices will encourage and support faculty and staff not bound by place and time, many of whom will have nontraditional formal employment relationships, such as contracts. Personnel will have substantial need for an infrastructure, technological and other resources, and support services that facilitate coordination, communication, and collegiality among the College’s diverse and international work force and student populations.
Appendix A

Future Trends Affecting the Long Range Plan

Predicting future trends is important for understanding the forces most likely to shape the future and for determining opportunities and challenges that will be presented to the College of Nursing. Trends in demographics, health status, the health care system, and socioeconomics have important implications when making decisions about the College’s future directions and priorities encompassed in its long-range goals.

Demographics

Dramatic growth is predicted in the world population, with highest growth in developing and poor countries, where the highest birth rates are predicted to continue. There will be significant increases in the number and proportion of elderly persons worldwide, including the oldest-old, those who are over 80 years of age. These population changes will lead to greater immigration from developing countries to developed countries that need low-wage labor; increased urbanization with associated safety and health issues in the developed world; and a rise in the chronic health problems and disabilities associated with aging. Several trends, including immigration and the aging of the population, will coalesce, increasing the racial and cultural diversity of the nation as well as the numbers and proportion of persons who are vulnerable and poor.

Demographic predictions for Nebraska generally mirror those for the world and nation. The 2000 Census shows the population of Nebraska to be 1,711,263 persons, of whom 51% are female. By 2015, the Nebraska population is projected to increase by 15% to 1,977,000. Nebraska’s residents are becoming increasingly middle-aged and elderly, a trend that should continue well into the future. The median age of Nebraskans is 35.7 years, with 26.3% of Nebraskans under 18 years old (compared to 25.7% of the U.S. population) and 13.4% at least 65 years and older (compared to 12.4% of the U.S. population). By 2015, the number of Nebraskans age 65 and older is expected to grow by 28% to represent 16.4% of the population. A more significant figure is the number of those over 80 (the oldest-old and frail elderly), which stood at 68,505 in 2000 and is projected to be 82,220 in 2010, a 20% increase. This cohort will require a disproportionately large share of informal care, formal health care services, other special services, and public support.

The racial and cultural diversity of Nebraska residents is expected to increase as Nebraska’s minority population grows more rapidly than the white population. Between 1990 and 2000, Nebraska’s minority population increased by 68.3%. In contrast, the overall population grew by 8.4% and the white population by only 3.6%. In 2002, 3,850 persons, almost half from Mexico, immigrated legally to Nebraska for intended residence. Other immigrant groups include Southeast Asians and Sudanese.

One of Nebraska's most distinguishing features is its prominent rural character. In 2000, 30.2% of Nebraskans lived in rural areas. Eleven of the 93 Nebraska counties had fewer than 1,000 residents, and median county population was 6,601. One-third of Nebraska counties are frontier counties, with fewer than six residents per square mile. Only six counties are considered part of a
Metropolitan Statistical Area; the remaining 87 counties contain nearly half (47.4%) of the state’s total population. Although a substantial portion of Nebraskans live in rural areas, only 1.6% of the population is engaged in farming. The continuing rural nature of the state will remain a barrier to residents’ access to health care. Further, the economic profile of Nebraska is weaker than many states. In 2003, the per capita income in Nebraska was $30,758 compared to the U.S. per capita income of $31,632.

**Health Status**

Lifestyle and aging are two primary factors that will affect the future health of the U.S. population. Five lifestyle indicators are expected to have a major impact on the future health of Americans: physical activity, overweight and obesity, tobacco use, substance abuse, and sexual behavior. The aging population is expected to experience an even greater incidence of multiple chronic illnesses, including cancer, heart disease, diabetes, strokes, and dementias, not only because of age but also because of lifestyle factors. New and emerging health problems will also be of concern. These include bioterrorism, new antibiotic-resistant infections, and other new “plagues” such as avian influenza.

Obesity and smoking are the two leading causes of preventable death in the U.S. Obesity is predicted to surpass smoking unless Americans modify their lifestyle patterns. More than 60% of American adults do not exercise at the federally recommended amount of 30 minutes daily, and 25% do not exercise at all despite its proven health benefits. Without lifestyle changes, it is estimated that 39% of Americans will be obese by 2008. The direct and indirect health care costs resulting from diseases related to obesity are estimated to rise to $160 billion by 2010.

The current situation and future expectations for Nebraskans’ health status mirror national trends related to unhealthy lifestyle. Twenty percent of Nebraska adults smoke cigarettes. The proportion of Nebraska adults who are obese has almost doubled since 1990. Among Nebraska adults who participated in a health survey in 2001, 59% were categorized as either obese or overweight, and 30% reported that they had engaged in no leisure-time physical activity during the past month. These statistics compare unfavorably to national statistics.

Obesity also threatens children and adolescents of the state. In addition, the youth of Nebraska engage in many risky lifestyle behaviors. If continued, these will have a negative impact on their health into adulthood and old age. According to the 1999 Youth Risk Behavior Survey, Nebraska’s youth are more likely than their counterparts elsewhere to drink alcohol, participate in binge drinking, drink and drive, and ride in a vehicle with a drinking driver. Adolescents in Nebraska are more likely to report tobacco use (31%) than their national counterparts (29%).

Similar to national statistics, the number of Nebraskans reporting mental health symptoms is high, yet there is a severe shortage of behavioral health practitioners in the state, particularly in rural areas. At least 28% of the urban and 21% of the rural population reported symptoms. The highest incidence was among African Americans, with 44% reporting symptoms.

**The Health Care System**

Within the next 15 years, it is predicted that the causes of cancer and AIDS will be discovered
and developments in genomics will propel health care to higher levels, and new antibiotics and other therapeutic agents will limit the spread of new and old diseases. Although the health care industry has lagged behind other industries in adopting technological innovations, information technology is predicted to be the prime catalyst of health care change over the next decade. Resources will be expended not only on technology for health care, but also on addressing global environmental hazards and public health issues. Unfortunately, the gap between the affluent and the poor is predicted to worsen, making new technological and scientific resources available to the affluent, but not to others.

Over the next decade, concerns about high cost, limited access, and poor quality are expected to plague the health care industry. Financial pressures to limit health care costs will continue unabated. It is likely that the health care system will be restructured in response to ongoing financial pressures. Restructuring may provide nurses with increased recognition as full partners in a cost-effective health care delivery system. Concomitantly, a new public policy emphasis on community may facilitate growth of community-based health care, providing an important niche for nurses, particularly advanced practice nurses. The increased diversity of the U.S. population may result in greater use of alternative providers and more reliance on combinations of alternative and conventional health care practices.

Nationwide, access to the health care system is limited for the growing number of Americans who lack health insurance. Without fundamental change, the numbers of uninsured are predicted to climb as the numbers of immigrants, poor, and elderly increase. The current situation in Nebraska is somewhat better than in other parts of the nation. In 2002, 89.9% of Nebraskans were covered by some type of health care insurance, with 77% of these covered by private insurance. However, vast disparities exist between the state’s white and minority populations. Between 1998 and 2002, 32.1% of adult Hispanic Nebraskans had no health insurance compared to only 9.1% of white Nebraskans.

Futurists predict that ever-increasing numbers of chronically ill and/or elderly individuals will receive care from lay caregivers in the home in both rural and urban environments. Nurses will play a crucial role in educating and supporting lay caregivers. Concomitantly, the trend toward empowerment of the consumer is anticipated to continue. Persons will take a more active role in their personal health, self-managing their care in consultation with health care providers and utilizing home testing and monitoring systems that involve online access to health care services.

**The Work Place**

Advances in technology will facilitate the global diffusion of knowledge, bringing many changes to the work place, including higher education and health care settings. Workers will need to adapt so quickly that there will be difficulty differentiating between work and learning. New forms of work organization are expected, characterized by decreased bureaucracy, speedier decision-making, and heavy dependence on the skills, knowledge, and problem solving of the workforce. Workers will expect increased autonomy in the patterns and locations of their work, and they will seek to balance work, leisure, and their personal and professional goals. Alternative work arrangements such as job-sharing and working from home are becoming more prevalent. Employers are also recognizing that retention and recruitment of employees can be enhanced when an organization implements a complex structure of rewards heavily supported by non-financial benefits, such as awards and recognition for excellence and special contributions.
Nationally, physical and mental health are increasing concerns in the work place, and work place wellness programs have been found to promote mental and physical well-being. Nevertheless, wellness programs are limited, and workers and their employers do not always value them.

Increased diversity among staff, faculty, and students in higher education will mirror growing diversity within the U.S. and Nebraska populations. Faculty, staff, students, and health care providers will be required to utilize effective communication skills based on principles of cultural sensitivity. Nursing students of tomorrow will be different learners than the students of today. Greater numbers of students will enroll in distance education programs because of the convenience and will demand technological tools as a part of their learning environment. From an early age children growing up in our current digital environment are socialized differently and have different learning styles. Prensky (2001) calls this new generation of learners “digital natives” and proposes that even their brains have developed differently, which will require new learning approaches using technology.

As changes in health care settings are initiated, educational programs will need to keep pace, insuring that graduates are capable of functioning in the future environment. Nursing education programs will need to prepare graduates to address multiple new issues, including empowerment of consumers, more informal and home care, greater use of community-based primary care, greater emphasis on health promotion and maintenance, and development of high-tech therapies and techniques for care. Nursing graduates at all levels must be prepared for a different practice world than exists today.

Within public higher education, the trend toward reduced financial support from budget-constrained states is expected to continue. Reduced funding in turn will affect decisions about resources, including the ideal mix of staff and faculty to achieve quality in cost-effective ways. Faculty will feel increased pressure to augment the school’s resources with external funding from grants and contracts to support research and clinical practice initiatives.

**The Work Force**

Current estimates predict a looming national shortage of physicians, especially in medical specialty areas. In addition, rural regions of the country, such as greater Nebraska, face a deep shortage of primary care physicians due to maldistribution. Shortages of nurses and other allied health personnel are likely to continue well into this century. Compounding the shortage of nurses at the bedside will be a stressful working environment with declining resources.

Nationwide, nursing faculty, already in short supply, are aging. Nursing faculty shortages are expected to intensify over the next 20 years because a significant portion of the current work force will be nearing retirement and because a continuing shortage of master’s and doctorally prepared nurses is anticipated. Only 10% of the nursing work force will possess an earned MSN or PhD. Recruitment of faculty to the academic environment, though challenging now, is expected to become more so. Several factors contribute to this, including 1) abundant employment opportunities for the limited number of MSN and PhD nurses in practice and education; 2) salaries in practice positions which are almost double academic salaries, especially for experienced nurses; 3) the length of graduate training required for advanced practice and teaching, and 4) compressed raises for current faculty who earn a PhD. Faculty workload,
unrealistic role expectations, and low compensation are contributing factors to the faculty shortage.

Future scientific, health-related, and technologic advances will require rapid changes in what and how faculty teach. Additionally, as the U.S. population diversifies, faculty and staff will work with colleagues and students of diverse cultures. All personnel will need to display culturally competent and sophisticated communication and interpersonal skills. Also, new technologies will change what and how faculty teach, and will create corresponding needs for faculty and staff education and development.

National data indicate that individuals nearing retirement may want to continue working. Currently, 20% of persons with pensions are working part-time and one-third of early retirees have returned to the workforce. These trends have important implications for the workforce in nursing practice and education.

**Globalization**

Globalization, or the increasing exchange among and interdependence of nations, is an important trend that will have broad effects on all aspects of health care. Immigration, increased travel among persons of all nations, and improved communication worldwide using advanced technology will bring benefits and challenges. For example, globalization should increase mutual understanding and a sense of global, rather than nation-state, identity. On the other hand, concerns about the rapid spread of contagious diseases among large, highly mobile populations will increase.

In summary, an understanding of current and future trends related to demography, health status, the health care system, and the work place underpin the development of a viable long-range plan. The long-range objectives proposed by the College of Nursing aim to address top priority health-related issues predicted at the state, national, and international levels and to capitalize on future opportunities as well as predicted areas of strength within the College.

Note: Data cited in this section have been abstracted from the extensive demographic reports included in Appendices D-K. Bibliographic citations for all data can be found in those reports.
Appendix B

Long Range Planning Process

Charged by Chancellor Maurer to develop a Long Range Plan, the College launched a planning process in May 2004 and completed its plan in December 2004. The Long Range Plan focused on two time targets: 2010 and 2015. In consultation with Dean Tilden, eight strategic areas were identified for deliberation: undergraduate education, graduate education, research, clinical practice, community partnerships, and international initiatives, technology, and personnel issues. Work groups were formed to study each area and make recommendations for long range objectives. The Dean selected individuals with particular qualifications and interests in each strategic area to serve as group leaders. Work group members were selected using several methods to assure broad representation from faculty and staff across the College’s four Divisions as well as from the College’s Faculty Coordinating Committee and Executive Council. All faculty and staff were invited to volunteer for service on a specific work group. The final decision making process to determine work group composition took into account the above factors and sought to assure a balance of knowledge, experience, and interest on each of the eight work groups. A total of 75 faculty and staff served on work groups.

The year 2010 was selected as the first target for specifying long range objectives because scenarios and objectives could be projected with some certainty and specificity. The year 2015 was selected as a long range target that allowed for only general scenarios and objectives. Each work group began by conducting an environmental scan, including reading the futures literature and benchmarking against other top colleges of nursing; forecasting changes and trends in areas related to nursing education; analyzing the College’s strengths, weaknesses, opportunities, and challenges; and specifying long range objectives related to the work group’s strategic area.

Work groups were provided with reading lists focused on the future. Packets of materials, including books and periodicals, were made available to every work group. Work groups were also provided with written guidelines (Appendix C) to facilitate their deliberations and the development of their final reports.

The long range planning deliberation began on May 17, 2004, with a retreat that included the College’s Executive Council, group leaders, and an organizational consultant-facilitator. Immediately following the retreat, group leaders met with their work groups to organize their work and set meeting dates. On June 28, work group leaders and Executive Council members met in retreat a second time to share interim findings, develop consensus about strategic issues, and finalize a work plan for the final stages of strategic planning. On September 17, all work group leaders and members, along with the Executive Committee, met in the morning to hear the final reports from the eight work groups. In the afternoon, work group leaders and the Executive Committee met to deliberate on the findings and devise a list of the long range objectives that would be put forward for the College. Again on October 12 and October 20, work group leaders and Executive Council members met to refine the list of objectives. The Long Range Plan was presented to faculty and staff on December 13, 2004. A quorum was present, and 100% of faculty and 100% of staff voted to endorse the plan.
Appendix C

Long Range Planning Work Group Guidelines

Work Group Guidelines:

1. Conduct an Environmental Scan (environmental scanning is the acquisition and use of information about events and relationships in the environment, the knowledge of which would assist in planning the future course of action), including current benchmarking and constituent feedback (new or existing survey data), to identify trends.

   a. Read the “futures” literature to project what the external and internal environments will be like. Include “scanning sources” such as publications (periodicals, magazines, newsletter, newspapers), media, Internet, observation, experience.

   b. Consider the following elements of the external environment, at a minimum:

      Global
      Demographics
      Social
      Workplace and Workforce
      Science and Technology, including health care system
      Economic
      Business
      Government and Regulation
      Nursing profession, including nursing education

   c. Consider the following elements of the internal environment

      University of Nebraska
      UNMC
      The Nebraska Medical Center
      College of Nursing

   d. Benchmark with other institutions with similarities to the College of Nursing which we identify as our role models. Contact other top institutions and determine their current initiatives, priorities and future plans. Compare how we are doing to data obtained.

   e. Obtain constituent feedback on the current environment and future challenges.

   f. Based on the past ten years, forecast trends (the direction of change) for the phenomenon over the next decade.

2. Analyze data obtained in the environmental scan and evaluate for relevance to the College; identify opportunities and threats, strengths and limitations as related to the College.
3. Based on forecasted trends and analysis of critical strategic issues, make recommendations (related to your work group area) that will position the College in the “top 10” by 2010 and 2015. State your recommendations as no more than three objectives. Provide justification for each objective.

4. Based on identified long-term objectives, state specifically what resources (space, people, infrastructure) are likely to be needed to achieve them by 2010 and 2015.

Work Group Products:

1. By June 28, complete an interim report of no more than five pages summarizing findings from steps #1 and #2 above. Include bullets and use outline format if helpful. Include benchmarking matrices as appropriate. These papers will be shared on the morning of June 28 and used to kick off the next phase of the long range planning process.

2. By September 17, complete a “Work Group Final Report” of no more than five pages addressing #3 and #4 above. These will be shared on the morning of September 17 and used that afternoon to begin compilation of a long-range plan for the College.

Retreat Dates and Agendas:

May 17:

8:45AM   Long-Range Planning, The Big Picture   Susan Ogborn, facilitator

**Dean’s Team & Work Group Leaders**

PM   Work Group Meetings   All work groups, with telephone and hook-ups as needed
     Launch Project
     Set agenda and future meeting dates
     Set goals and make work decisions


June 28:

By June 28, work groups should complete the Environmental Scan activities, including analysis and identification of trends, and summarize findings in writing.

8:15 AM  Continental breakfast

8:30  Report from attendees at Seven Revolutions meeting

AM  ES, Analysis and Trends – Presentation Of Interim Reports  (each group will have 20 minutes to present)
8:50-12:15  Consensus-building; Feedback to Groups;
12:15  Working lunch
Beginning Identification of Key Strategic Issues for the College at large

Dean’s Team & Work Group Leaders

2:00  Adjournment
PM  Work Group Meetings if needed after 2 PM  Work groups, with telephone hook ups as needed
Identify Key Issues in Area of Charge

September 17:

By September 17, work groups should have completed their analysis of issues, identification of objectives and necessary resources and finished their Work Group Final Report.

AM  Presentation of Work Group Final Reports
   Work Group Leaders & Members; Dean’s Team

PM  Finalize the long range plan for presentation to full faculty

Dean’s Team & Work Group Leaders

References

Appendix D
Long Range Planning Personnel

The chair and members of each of the eight long-range planning work groups are listed below.

**Coordinators**
- Dr. Virginia Tilden, Dean
- Dr. Catherine Bevil, Long Range Planning Coordinator
- LaDonna Tworek, Staff

**Executive Council**
- Dr. Catherine Bevil
- Dr. Judy Billings
- Patricia Carstens
- Dr. Kathryn Fiandt
- Dr. Martha Foxall
- Dr. Gloria Gross
- Larry Hewitt
- Dr. Polly Hulme
- Robert Mancuso
- Dr. Carol Pullen
- Dr. Sheila Ryan
- Dr. Virginia Tilden
- Dr. Catherine Todero
- LaDonna Tworek
- Dr. Susan Noble Walker
- Dr. Margaret Wilson
- Dr. Bernice Yates
- Dr. Lani Zimmerman

**Work Groups**

**Graduate Education**
- Dr. Margaret Wilson, (Chair)
- Dr. Cecilia Barron
- Dr. Diane Brage-Hudson
- Dr. Barbara Friesth
- Dr. Barbara Head
- Dr. Judith Heermann
- Dr. Bunny Pozehl
- Dr. Donna Westmoreland

**Undergraduate Education**
- Dr. Catherine Todero, (Chair)
- Dr. Joyce Black
- Patricia Carstens
- Dr. Janet Cuddigan
- Larry Hewitt
- Dr. Margaret Kaiser
- Dr. Rebecca Keating-Lefler
- Dr. Louise LaFramboise
- Dr. Janet Nieveen
- Patricia Trausch
- Dr. Shirley Wiggins
- Dr. Susan Wilhelm

**Research**
- Dr. Bernice Yates, (Chair)
- Dr. Jan Atwood
- Dr. Susan Barnason
- Dr. Ann Berger
- Dr. Julia Houfek
- Dr. Susan Noble Walker
- Dr. Nancy Waltman
- Dr. Lani Zimmerman

**Clinical Enterprises**
- Dr. Kathryn Fiandt, (Chair)
- Jane Brown
- Dr. Lynne Buchanan
- Stephanie Burge
- Dr. Katherine Kaiser
- Marlene Lindeman
- Dr. Susan Muhlbauer
- Barbara Sand
- Dr. Janice Twiss
Community Partnerships
Dr. Gloria Gross, (Chair)
Teresa Barry
Dr. Marie Kreman
Nancy Meier
Dr. Kathryn Nickel
Dr. Linda Sather

International Initiatives
Dr. Sheila Ryan, (Chair)
Dr. Mary Cramer
Dannette Eveloff
Dr. Polly Hulme
Dr. Peggy Tidikis - Menck
Dr. Rosaline Olade
Dr. Barbara Piper

Technology
Dr. Carol Pullen, (Chair)
Dr. Christie Campbell-Grossman
Patricia Carstens
Lissa Clark
Dr. Kathleen Duncan
Diane Feldman
Steven Pitkin
Dr. Kim Rodehorst
Myra Schwaderer
Stephen Smith
Dr. Cheryl Thompson
Alan Wass

Faculty/Staff Affairs, Needs and Issues
Dr. Martha Foxall, (Chair)
Dr. Judy Billings
Debra Flearl,
Dr. Karen Grigsby
Gail Hille
Tara Kuipers
Thomas Mason
Dr. Mary Megel
Dr. Audrey Nelson
Jill Thewke
Cheryl West
Objective 1: Prepare competent, compassionate, clinical scholars to provide the best evidence-based nursing practice, incorporating cutting-edge research, technology, and principles of cost efficacy.

Objectives for 2010:
1. Admit well-prepared students with the likelihood for success in the UG program.
3. Provide online, efficient, flexible, high standard education.
4. Integrate “concept mapping” into the armamentarium of teaching strategies to improve student comprehension of multiple integrated concepts and their linkages.
5. Adapt teaching-learning strategies to individual styles of learning.
6. Explore the use of PDAs or their technological equivalent (for clinical reference materials) in order to make students more technologically proficient in managing “knowledge” and “clinical decision support” needs.
7. Integrate cost-effective evidence-based practice throughout all levels of the curriculum.
8. Investigate the use of automated clinical information systems (e.g., ECLIPSY) as a method of integrating evidence-based practice into the curriculum and enhancing clinical scholarship.
9. Develop an undergraduate honors tract that would offer exceptional nursing students options for demonstrating scholarly and innovative learning including experiences in research.

Rationale:
1. In developing objectives for undergraduate nursing education for 2010, the members of this long range planning committee reviewed recommendations for the future of nursing
education and relevant trends in the larger society, health care, and the nursing profession. Cognizant of the current and predicted nursing shortage, the committee carefully considered these recommendation and trends in developing the objectives that will guide the college’s course over the next 10 years. Our primary objective is to prepare competent, compassionate, nurses to serve the health care needs of the state and beyond, now and in the future.

2. The American Association of Colleges of Nursing (AACN) recommends that the entry level professional nurse be prepared with a strong orientation toward community-based and primary health care, and a focus on health promotion and maintenance (AACN, 2002). Nurses should be prepared to provide cost-effective coordinated care responsive to the needs of culturally diverse and underserved populations. Critical skills include “critical thinking; ethical decision-making, information seeking, sorting and selection; establishing and maintaining nurse-client relationships; therapeutic communication, including teaching and advocacy; design, management and coordination of care; interdisciplinary team participation; sensitivity to socioeconomic, religious, lifestyle, and cultural diversity, and critical self-assessment” (AACN, 2002, page 7).

3. The AACN further recommends that nursing schools review their missions for relevance to the future health care needs of local regional, national and global communities (AACN, 2002). Nurse futurists have identified relevant trends in (1) the larger society (i.e. information technology, social change/unrest, globalization, environmental hazards, and changing demographic and disease patterns), (2) health care (i.e. economic-driven health care reform, use of technology and caring, research and development of new therapies and techniques, empowerment of the health consumer, growing emphasis on community health, disparities in health care and the increased use of alternative medicine) and (3) nursing (i.e. changes in nursing education, advances in nursing, turmoil in the profession, working environments for nurses, regulation and governance of nursing, and nursing relationships with other health professions) (ICN, 1997).

4. University of Nebraska is the premier research institution in the state. Its undergraduate nursing program should produce competent, compassionate, clinical scholars who bring the best research, technology, and cost-effective evidence-based practice to the bedside. Scholarship is a life-long commitment. Graduates should be equipped with the skills to maintain currency in evidence-based practice. By linking nursing students to faculty mentors and scholarly learning experiences, graduates will demonstrate the UNMC-CON commitment to excellence and knowledge development throughout their professional careers.
### Resources:

**Physical and Material (in addition to current resources):**

- Secure or develop adequate learning laboratory space for self-study and competency building/testing on all four campuses. *Note: Before committing funds, investigate creative scheduling and utilization of current space and planned (already budgeted) space. Some remodeling may be necessary on some campuses.*

- Develop or purchase programs and products for self-study on all four campuses (e.g., commercial and university-authored CD ROMs, simulations, etc). *Note: Assume that all four campuses should have the same software (or licensing rights). Assume $250-500 per program; budget $10,000 for new software. Faculty may create or develop software with instructional designer and simulations expert. Marketing/sale of CON-developed software will be investigated to recoup costs.*

- Purchase additional simulation models for increased use (i.e. wear and tear) with competency practice and testing. *Assume adequate availability of models on all four campuses and routine replacement costs. Assume $2,000-3,000 for each model and $200 for replacement skins on IV arms. (Immersion caves are $250,000 - $300,000 and may be beyond current resources without outside funding.) Following initial investment of models, plan to replace one model per year per campus. HPS Meti-Man is $40,000 (x4 campuses) and warranty fee is $3,700 for each.*

### Human (in addition to current resources):

- **Instructional Designer (1.0 FTE)** Knowledge of instructional design and technology to travel and work with faculty on all four campuses to develop instructional materials. *Recently funded*

- **Clinical Simulations Coordinator (1.0 FTE)** Work with faculty on all four campuses to develop clinical simulations. Must have knowledge of clinical simulation development and implementation. Will be asked to travel to all four campuses.

- **Full-time Competency Lab Director/Coordinator on each campus (4 FTEs @ $45,000 per FTE).** MSN preferred. Duties include facilitating competency practice, conducting competency testing, providing prepared clinical simulations, maintaining lab supplies and equipment, counseling students regarding MEDS testing and competency testing outcomes, scheduling faculty, graduate students and nurse volunteers to staff lab as needed. *$180,000*
Full time Instructional Technician on each campus. In Scottsbluff and Kearney, the instructional technician/LRC coordinator can be a dual role. (2 FTEs @ $35,000 per technician) $70,000

Staffing to keep Practice Labs/LRCs open on some evenings and weekends. The Competency Lab Directors will schedule graduate assistants, faculty, and possibly alumni volunteers to cover practice labs on all four campuses. Additional funds may be necessary to staff extended hours of LRC and Practice Labs. ?

Financial
- Funding to upgrade simulators and/or replace equipment on a routine basis assumed by greater use of models in practice and competency labs.
- Servers, hardware and software

Other
- Multiple consultants over time to provide specific workshops, training, or consultation on new educational strategies, designs, techniques (e.g., Concept Mapping, PDA use, learning styles, gifted learners, new course development, curriculum revision). Faculty visits to Centers of Excellence in specific areas.
- As new educational technologies are introduced, we need to develop a permanent support capacity among existing staff to maintain these technologies. This should be developed on a broad basis, in all departments and divisions.

$25,000

Objective 2: Develop professional nursing leaders to shape and sustain a vision-driven, preferred future of health care.

To achieve this objective, it is recommended that the College of Nursing:
- Incorporate leadership training throughout the curriculum with the implementation of the “Leadership Academy”.
- Enhance student learning and role development as collaborating members and leaders within interdisciplinary health care teams and within their communities.
- Build on current partnerships with clinical agencies and develop new partnerships as need.
- Build on current partnerships with the local and regional community entities and develop new partnerships as needed.
- Provide students with opportunity and experiences to develop an international vision of health care issues and systems.
- Develop a community advisory board for the College of Nursing to provide expert advice regarding the broad goals of the College, but providing networking and specific guidance on the opportunities for community/international experiences.
**Rationale:**

Strong leadership skills will be required to shape and sustain a vision-driven, preferred future of health care. In addition to leadership skills, the ability to collaborate with other disciplines and institutions will be critical in achieving any meaningful progress. The preferred vision of health care should be based on an understanding, appreciation and respect of the resources, needs and inherent rights of local, regional, national, and international communities.

**Resources:**

<table>
<thead>
<tr>
<th><strong>Physical and Material</strong></th>
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<tr>
<td>o <strong>Web-based interactive database</strong> Development and maintenance to match community leadership opportunities with student leadership activities. See Appendix A for database specifications.</td>
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<tr>
<th><strong>Human</strong></th>
<th><strong>$22,500</strong></th>
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<tr>
<td>o <strong>Leadership Academy Coordinator (0.5 FTE)</strong> in Student Services Department. Duties include identifying, soliciting and evaluating community leadership opportunities, counseling students in leadership activity selections and portfolio development, maintaining database with technical assistance, tracking student progress, arranging recognition mechanisms/events (e.g. luncheons, motivational speakers, bronze-silver-gold certificates of recognition for graduating students at Convocation).</td>
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<td>o <strong>Faculty</strong> to serve as role models in these activities. Service-learning projects can serve as examples of leadership and service.</td>
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<tr>
<td>o Need an active <strong>sponsor/champion</strong> to work with the coordinator for leadership activities on each campus.</td>
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<tr>
<td>o Task force to develop details of Leadership Academy</td>
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<td>o Task force to develop details of international experiences, chaired by Dr. Sheila Ryan.</td>
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<tr>
<th><strong>Financial</strong></th>
<th><strong>$20,000</strong></th>
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<tr>
<td>o Recognition events for Leadership Academy and “Lunch and Learn” to share international experiences.</td>
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<td>o Partial support of international student exchanges (e.g., travel stipends).</td>
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<td>o Hosting expenses and tuition waivers for visiting international students.</td>
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<tr>
<td>o Meeting expenses for community advisory board.</td>
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Objectives for 2015:
The 2015 scenario includes a world graced by competent, confident, and compassionate nurses who assume the professional responsibility to bring cutting-edge research, technology, and cost-effective, evidence-based practice to recipients of their care. They are acutely aware of local, regional, and international health care needs. They function as clinical leaders collaborating on interdisciplinary teams to proactively shape a preferred future for health care.

This long-term horizon differs from the five-year plan in several respects. Technological advances have exploded over the intervening five years, in terms of remote assessment and monitoring devices, specific therapies available to patients, and the sophistication of artificial intelligence-based decision support systems designed to guide care. Hospital may become “large intensive care units” with the majority of care delivered in communities. Specific patient therapies may include less invasive diagnostic and treatment modalities, as well as, the growth of gene therapies. All of these therapies come at personal and financial costs, while promising varying degrees of benefit to individual patients. Health care providers must be equipped with the scientific evidence and cost efficacy analyses to guide ethical decisions in allocating increasingly limited health care dollars. An appreciation of the needs of the global community and ethical principles of distributive justice should guide these decisions. Educational experiences should help to prepare technology savvy future health professionals and individuals who can recognize and balance health care disparities.

Data from large patient databases have been analyzed to construct algorithms, clinical alerts, and decision support systems to guide health care for individuals, families and communities. Remote assessment and monitoring devices will be used to monitor (and manage) large groups of patients with chronic diseases. The nurse of the future must understand and judiciously apply the recommendations of decision support systems to individual patients. Case management of large groups of patients will require high-level decision-making and critical thinking skills, balanced with sensitive communication skills, a respect and appreciation of the individual patient, and ethical principles.

Future nurses will reside at the intersection of “High Tech” and “High Touch”, with highly developed skills in both venues. With the increasing availability of “high tech” options, the humanizing influence of “high touch” will become even more critical for psychological and spiritual health. As a greater proportion of our population becomes elderly and/or disabled, nurses will be challenged to blend “high touch” and “high tech” aspects of palliative care, possess the knowledge and wisdom to understand the advantages and limitations of high tech therapies, and the communication skills, human sensitivity, and ethics to guide and support patients and families through the maze of difficult decisions involved in balancing high tech and high touch. To achieve the objectives of 2015, the 2010 objectives should be expanded/altered to foster these skills and abilities.
Reference List and List of Contacts:

Objective 1: (tied with objective 2 for first place) The College of Nursing will be the premier institution for the focus on telehealth technologies in education, practice, and research.

Rationale:

1. Telehealth technologies is a concept that connects our currently funded R01s and was the basis for our currently pending T32 application. Telehealth technologies are defined very broadly to include technologies for delivering care in the home, technologies for delivering health and health professions education, clinical information systems, and technologies used to deliver or monitor research interventions.

2. CON faculty have acquired knowledge and skill in the development of our distance education efforts that will undergird a focus on telehealth technologies.

3. Consumer health informatics, health informatics, clinical information systems, telehealth technologies for home care, and technology for delivery of educational programs will become pervasive in next five to ten years.

4. Futurist readings point to ever increasing numbers of chronically ill and/or elderly individuals receiving care from lay caregivers in the home. This is true in both rural and urban environments. CON experience in intervening with rural populations at a distance from our divisions positions us well to develop this focus.

5. This focus would include 4 of the 6 NINR Research Themes for the Future:
   a. Harnessing Advanced Technologies to Serve Human Needs
   b. Identifying Effective Strategies to Reduce Health Disparities
c. Informal (family) caregiving

d. Self-management of chronic illness symptoms and treatment

6. The numbers of non-traditional students is increasing with their desire for more flexible courses.

7. Our efforts in the international arena are dependent on technologies

**Resources:**

- Continuous upgrading of technology infrastructure including increased service we receive from UNMC ITS, provision for ongoing purchases of cutting edge technologies for education, research and practice, connection to the Internet II, access to clinical information systems for education, research and practice
- Additional faculty with funded research that incorporates telehealth technologies.
- Technical support staff
- Instructional support staff
- Formal evaluation systems for effectiveness and efficiency of distance delivery of education.
- Support systems for students not physically connected to our campus

**Objective 2:** (tied with objective 1 for first place) Innovative model for the focus, content and pedagogy of the MSN program to prepare nurses to provide leadership in transforming the health care delivery system to meet changing population health care needs.

**Rationale:**

1. Current MSN specialties have been developed in isolation, often in response to funding opportunities. This has resulted in duplication of effort in teaching and a loss of the sense of an overarching structure and vision for the program.

2. Innovative models for some specialties have already been developed (HSNS and FNP/PMH-APN)

3. Students of the 21st century seek flexible educational programs that can be tailored to their specific learning needs.
4. Trends driving this choice include emerging technologies (for example, telehealth, genomics, informatics), health care disparities, increasing numbers of elderly persons and persons with chronic illness, movement of care from the institution to the home, focus on interdisciplinary education for health care professional, increased need for collaboration among health professionals, increasing recognition of the importance of psychoneuroimmunology, and focus on outcomes.

5. Current AACN emphasis on the clinical nurse leader and the practice doctorate. Of the top schools we surveyed, only one (University of Washington) was developing a practice doctorate and they are planning for it to be a replacement for their MSN program rather than an additional program. Many respondents stated that we have too many degrees already and another will just confuse the public more. Respondents at some top schools commented that PhD programs are flexible enough that people interested in a practice doctorate should be encouraged to enroll in the PhD program instead of creating new programs.

6. Recognition of the potential for nursing and public health sciences to influence problems in population health.

**Resources:**

- Our current classroom configuration may be inadequate to accommodate a new model of graduate education.

- This objective would depend, in part, on faculty role differentiation. We would need faculty with expertise in some of the areas named above. This may require faculty development and/or recruitment of new faculty.

- This would require changing faculty attitudes, letting go of old models of master’s education and re-envisioning how we work together.

- This would require breaking down some of the existing walls between departments.

- Current faculty would need time and space to consider this reconceptualization of the curriculum. This would be work beyond what the Graduate Committee can achieve.

**Objective 3:** **Sustainable sources of funding for student scholarships/fellowships at both MSN and PhD levels (revised at September 17 retreat to include postdoctoral fellowships)**

**Rationale:**

1. Lack of funds to pay BOTH tuition and cost of living expenses is a major barrier to full-time study for most of our students. Archaic federal regulations deny loans for living expenses to students who are receiving educational programs via distance technologies.
2. Adequate scholarships monies are an excellent recruiting tool that will help attract outstanding students and increase the diversity of our student population.

3. Every school we surveyed identified this as an issue. UCSF School of Nursing has made developing student funding a number one priority.

**Resources:**

- More FTE devoted to development work and grant writing.

**Objective 4: A pervasive culture of research and scholarship across programs and divisions of the CON**

**Rationale:**

1. When students and faculty at all levels are engaged in research and other forms of scholarship, the value of scholarship becomes self-evident. Students at all levels value research. This, coupled with the scholarship of teaching, “entices the future scholar” (Boyer, 1990).

2. The faculty shortage highlights the need to create excitement about nursing scholarship from the beginning of students’ professional education.

**Resources:**

- Space for enlarged research teams to work together.

- Space for scholarly events that can be attended by all students on all campuses

- Commitment by all faculty that might include:
  - Incorporating Research Day into course requirements;
  - Devising other course requirements that would encourage BSN and MSN students to interact with faculty engaged in research.
  - Recruitment of high school students to summer research experiences;
  - Development of postdoctoral fellowship opportunities;
  - Development of an undergraduate honors program that includes participation in research.
  - More cross program student contact.
Objectives for 2015

The health care delivery system may have changed in dramatic ways. The university will continue to diversify. The increase in knowledge particularly in regard to genomics and biological therapies will lead us to develop ways of meeting the educational needs of nurses in practice who are not in formal training programs. How will we develop the infrastructure and models to be a major player in the life-long learning that is now required? Our telehealth focus may be adapted to include continuing education for health professionals and education for the general public to increase health literacy. Informatics will dominate our thinking about all aspects of our work. As we re-envision our work, our physical workspace may become increasingly inadequate and reconfiguring existing space has only limited usefulness. In ten years we may need new physical space. The model of MSN education developed for 2010 may be outmoded by 2015 by increasing microspecialization, explosion of knowledge, and changes in the health care delivery system. The “half-life” of a new curriculum will probably be shortened and in 2015 we will need another process of reconceptualizing the curriculum. The need for monies for student scholarships will increase with decreasing state funding. This objective can move into the future. The objective of creating a culture of scholarship and research, when achieved, must be constantly nourished so that activities/programs do not become so routine that they are ineffective.
Reference List


Informing the Future – Critical Issues in Health (2003), 2nd Ed., Institute of Medicine of the National Academies, Washington, DC.

Administration on Aging – Aging into the 21st Century – Demography


IOM Report – “In the Nation’s Compelling Interest: Ensuring Diversity in Health Professions”


Graduate Program

Environmental Scan

Consumer of nursing care
- Aging population
- Care more likely to take place in the home/community (and increasingly cared for by informal caregivers)
- Chronic diseases
- Emerging infectious diseases
- Obesity
- Underinsured and non-insured – continuing health disparities
- Population increasingly diverse
- More use of alternative therapies
- More educated
- Half of America adults are “health illiterate”

Student of tomorrow
- Changing career trajectories (more 2nd and 3rd career students)
- Need for financial support to study full-time
- Life-long learners
- Less willing to move self and family for education
- More comfortable with (and sometimes eager to embrace) distance technologies for education

Health Care Delivery Systems
- Limited contact with patients
- Interdisciplinary teams
- Quality improvement approaches
- Public health infrastructure in resurgence as health care moves out of the hospital, health promotion and disease prevention receive more attention with population focused outcomes, and global threats to health increase (terrorism, emerging infectious diseases, environmental concerns)
- Critical shortages of providers in mental health and gerontology
- Technological advances have increased longevity
- Most health care dollars spent in the last 6 weeks of life
- Informatics has increasing role in management of information
- Telehealth technologies hold promise of care at a distance
- Genomics is changing approaches to disease prevention and management
- Patient safety is the critical issue in health care today and into the near future
Nursing Education

- Shortage of faculty
- Increasing numbers of programs (MSN and PhD) are offered at a distance.
- AACN is calling for a new role at MSN level (Clinical nurse leader)
- Decreasing state dollars
- AACN is calling for consideration of a practice doctorate
Graduate Program

SLOT Analysis

Strengths

- Already have some innovative programs in place that will address needs of the future
- Cutting edge programs
- Qualified faculty
- Experts in distance technologies
- Four divisions
- Initiatives in cultural competency are a strength
- Focus on health systems in core courses and HSNS curriculum
- Loan forgiveness programs that encourage nurses to stay in nursing
- Nurses “humanizing” technology
- Nurses now more likely to be recognized as full partners

Limitations

- Graduate program is so large and diversified that cross program cooperation/collaboration is complex.
- Research programs are not fully developed
- Lack of financial resources for students
- Small numbers of diverse students and faculty
- Not recruiting potential nurses at an early enough age
- Stress in society (immigration/terrorism/economics etc)
- Increased numbers of uninsured/underinsured
- Lack of role differentiation in faculty
- Organizational structure does not encourage cooperation
- Aging workforce (nurses in general and nurse faculty in particular)
- Lack of coordination in health care in general
- No vehicle in CON for genomics educations

**Opportunities**

- Movement of care to home
- Health illiteracy
- Technology
  - Students/learning
  - Consumer health informatics
  - Clinical health informatics
  - Health information systems
  - Telehealth technologies for home care
- Focus on quality/patient safety/evidence based practice
- Chronic illness
- Health promotion/disease prevention
- Geographic distribution of providers in specialty care
- Emerging infrastructure for public health in Nebraska
- Genomics
- Shortage of mental health providers in Nebraska
- Shortage of geriatric health care providers in Nebraska

**Threats**

- Lack of financial resources for students coupled with increased tuition and decreased state dollars
- Aging faculty
- Increased numbers of PhD and MSN programs offered at a distance
- Proliferation of on-line universities
- Glut of physicians (i.e. for every MD who retires there are 3 new medical school grads)
Graduate Program

Trends

- Number of elderly will increase
- National health information infrastructure is developing
- Move care will move to the home/community
- Focus on prevention will increase
- Use of Internet will increase as major resource for consumers and providers
- More mental health care will be delivered by primary care providers
- Primary care providers will form partnerships with mental health providers
- Increasing diversity in society
- Increasing numbers of uninsured/underinsured people
- More CONs will develop practice doctorates
- CONs develop more “micro-specialties”
- Distance education will increase
- Increasing numbers of virtual universities
- Inpatient LOS will continue to decrease
- Increasing concern for patient safety in hospital and at home
- Increasing delivery of care at a distance
- The growing field of genomics will change health care
- Increasing threat of terrorism
- Increasing numbers of faith-based health care organizations
Questions for Graduate Programs at other Universities

How much clinical content (for example, health assessment) is taught to students in all specialties together? Or is available in modules that faculty from any specialty can use?

- University of California San Francisco: They have 7-8 NP specialties. All take one lecture course together and then have individual practice labs for each specialty area.

- University of Iowa: Physical assessment “theoretical” content is taught to all MSN specialties together in classes that have students return demonstrations. Course in “Clinical Applications,” builds on the theory course to provide a lab experience for courses in PA and Health Promotion/Intervention. Pharmacology is also taught for all specialties that need it in a single course. Subspecialty courses follow with more specific application of PA and Pharm (e.g. Illness in Pediatrics)

- University of Washington: About two thirds of the students are in some NP program, they all take a 5 credit hour course together, then the pedi people take a 3 credit hour course separate. Most take the same pharm course.

- Indiana University: Have 12 majors—looking for more ways to bring them together. Presently, Pathophysiology has 3 hours together and separate for 1 hour. Pharmacology: not as fully developed for specific tracks or majors. 3 Credit Research Program: described as a capstone. Administration collaborating with Clarion Health Center which has a huge database. 4-5 students worked together to answer questions for the organization. (14 week experience). Community Health does research in conjunction with where they do their practicum.

- University of Pittsburg: Research, pathophysiology, pharmacology

Typical credit hours for specialty programs?

- University of California San Francisco: Great deal of variability on this ranging from 36 units to 90 (midwifery). There is not a great deal of consistency on the number of units across programs. Some of this is driven by CA state board requirements that have increased the numbers. There is discussion about curricular changes to decrease the numbers taking resources and faculty time into consideration.

- University of Iowa: NP specialties are highest, with maximum of 49 credit hours for Gero. A “basic” MSN course is also taught that requires only 33 credit hours (4 core courses: informatics, research & theory, health policy & economics, leadership). Basic specialties include community health nursing and administration. There is no thesis requirement and most MSN students select a project. NP students usually elect to complete a portfolio.
- University of Washington: Great deal of variability on this ranging from 38-91 (for midwifery).
- **Indiana University:** MS-42 hours. Core is 12 hours (Policy [2hr], Legal [2 hrs], Roles [2 hrs], Research [3 hrs], Theory [3 hrs]). 15-21 hrs for Majors (CNS, CH); 6-12 hrs for focus area (Oncology, epidemiology).
- University of Pittsburg: Low 40’s, informatics – slightly fewer

**What is your ratio of part-time to full-time students?**

- University of California San Francisco: Most are full time students, however most of them also continue to work full time as well. The program is 2 years long, though some stretch it out to 3.
- University of Iowa: More part time students, although there is a requirement for NP students that they be full-time when they begin specialty theory and clinical practicum courses. Most common length of time for NP students is 3 calendar years including a summer capstone course.
- University of Washington: Not sure of the ratio. Many are full time. A number switch to part time at the end of the program during their research project.
- Indiana University: 7 PT : 1 FT over last 3 years.
- University of Pittsburg: Doctoral program – 2/3 are part time, Master’s program – most are part time

**Which specialties are in high demand?**

- University of California San Francisco: Midwifery, FNP (though the most recent data look like this one is flattening out), adult NP, PNP and NNP
- University of Iowa: High demand – FNP (8-9 students/yr) & PNP (5-7 students/yr).
- University of Washington: FNP, PNP, ANP and midwifery
- **Indiana University:** FNP and ANP—Adult CNS is picking up. Administration has increased with Executive Week-end program (1x/mo. Fri night, Saturday, and Sunday AM—8-10 students come to campus)
- University of Pittsburg: Anesthesia, family NP, education – a growing specialty area
Which specialties are in low demand?

- University of California San Francisco: Gero, acute care NP, trauma, cardiovascular, occupational health, psych-mental health, and nursing education. Some of these are popular as minors, but not as majors.

- University of Iowa: Gerontology NP is lowest in demand, and the College has applied for funding to stimulate the program (Keela Herr, director).

- University of Washington: Leadership, education, CNS, neonatal and forensics.

- Indiana University: Psych—adult & child. Low in NNP. Peds CNS consistently small with only 3-4 students

- University of Pittsburg: Adult health, pediatrics, psychiatric, informatics, research

Are you considering a practice doctorate?

- University of California San Francisco: NO!!! Too much alphabet soup already. She talked of previously having the DNSc at their school and how the faculty are pretty adamant about not starting another doctoral degree.

- University of Iowa: Yes, but see it as belonging with the master’s program. UI doctoral program is focused on research. Viewed as most important for programs with many clinical hours such as Nurse Anesthetist. Faculty resistance and concern that potential students for the PhD program will be diverted; proposal will be submitted soon.

- University of Washington: Yes – have a task force that has been working on the development for about a year. For NP’s. Will likely be a 3 year full time commitment. Will have a masters exit point while in transition to the new program.

- Indiana University: NO-NO-Not thinking about it. There is flexibility in the PhD program. Practice doesn’t serve nursing as discussed by AACN. More than a title to level the playing field.

- University of Pittsburg: A committee is considering especially because of their anesthesia program. Need to think how the practice doctorate articulates with the PhD. Practice doctorate isn’t tenurable.

Are you considering a Clinical Nurse Leader program?

- University of California San Francisco: Not at the moment
• University of Iowa: Melanie Dreher, Iowa Dean, is very interested in promoting this and has worked on development with the ANCC. Faculty has had some dialogue, nothing proposed formally at this time. Have an accelerated program for non-nurses called professional master’s in nursing & health care practice (MNHP) – not a “real” master’s degree, but may become the basis for a proposal for a clinical nurse leader-like degree. Mentioned concerns of CNS groups over the ANCC proposal.

• University of Washington: They have one that is offered on one of the other campuses that she feels is like this. It’s a CNS role currently.

• Indiana University: No, most of us are not. IU-South Bend may put in a proposal. It is a resource issue, just can’t do it all.

• University of Pittsburg: Yes, meeting with people in clinical facilities. Will probably institute a pilot program. Will determine if there is a need.

In your geographic area, what specialties are in demand by employers?

• University of California San Francisco: Increase in need for CNS’s, acute care NP’s, Health Policy, Gero, and specialty NP’s (Kaiser their major employer of graduates is driving the latter).

• University of Iowa: Major potential employer of UI grads in Iowa City is University of Iowa Hospitals and Clinics, which for the most part not open to using NPs. Definitely Neonatal NP is in demand nationwide; new program at UI is partnering with UMKC to provide Neonatal NP content with Iowa providing core content (student receives degree from UI). Certain NPs are able to make arrangements after graduation w/ physicians who see them as alternative to medical residents.

• University of Washington: Nurse leaders, CNS, specialty areas, and PhD’s with research support. Working on dual appointments with PhD’s in agencies.

• Indiana University: FNP, ANP, Adult CNS, Administration

• University of Pittsburg: Anesthesia, family NP

Do you have financial support for students (MSN and PhD)? Source of funding?

• University of California San Francisco: This is Kathy Dracup’s number one goal – to have support for students. Federal traineeship, scholarships from development and endowments. They have the Betty Irene Moore scholarship for PhD students which pays students $60,000/year. Students be full time and complete their program in 3 years and then promise to teach nursing in the Bay area for 3 years. Hartford foundation money in gero, funds students for 2 years at $50,000/year.
• University of Iowa: PhD students are often supported by training grants and other resources; many international students receive governmental support. MSN students who are full time receive PHS traineeship funding ($40,000 to be divided among those who qualify); funds are limited because of the lack of diversity among UI students. Nursing Faculty Loan Program (NFLP) is a federal program that may help MSN or doctoral students who are interested in working as nursing faculty. Provided funds for 2 MSN and 2PhD students last year. Deadline for applications is in July. Scholarships generated by the UI Foundation are primarily for master’s students, although donor stipulations apply.

• University of Washington: Traineeship money, nurse faculty loan program, some endowments and gifts. Many students work as RA’s and TA’s, however most are not on any scholarship (state supported school and tuition is not that high).

• Indiana University: Federal traineeship monies; Struggle with this: several scholarships

• PhD—institutional training grant; IUP fellowships

• University of Pittsburg: Some traineeship funds; Faculty loan program (tuition support); Graduate research assistantships; Teaching fellow positions for doctoral students

Other information:

University of Washington: Have an MSN entry program for persons with degrees not in nursing. Non-nurses are admitted to their PhD program (social workers, occupational therapy, etc.).

Indiana University: Core courses all on-line but also teach them on campus 1x/yr. They have about 40-50 per core course class.
In majors—20-25 FNP and 20-25 ANP
Have 6-12 in other majors (here is cost)
Programs include 6 NP programs, 5 CNS programs, and Nursing Admin.

Have an acute care NP program—established in collaboration with Community Health. Can’t find faculty for clinical part—looking for 5 years.

Admission: RN-MSN—must have GRE of 400
No GRE if GPA 3.0 or higher (Been very good for enrollment)
Admit on probation for GRE not at 400
Appendix G

University of Nebraska Medical Center
College of Nursing

Research Work Group Report

September 17, 2004

Group Members: Bernice Yates, (Chair), Jan Atwood, Sue Barnason, Ann Berger, Julia Houfek, Nancy Waltman, Lani Zimmerman, Susan Noble Walker

Overall Objective: To be ranked in the top 10 of Schools of Nursing in the NIH rankings by 2010.

Rationale:

1. Need for nursing to contribute to the nation’s and state’s health care research agenda.

2. CON faculty have identified focused priorities (symptom management and health promotion) that are congruent with UNMC, state, and national (NINR and NCI) research goals.

3. In the past two years, CON faculty have increased our dissemination of research findings to support the development of future funding of grants. Much of CON research has high relevance for clinical practice and to improve health-related outcomes for many people.

4. We have created and are in the process of recruiting 5 research intensive faculty positions to achieve this objective.

5. We have been leaders in using emerging technologies in our research.

6. The recent creation of the Nebraska C.A.R.E.S. (Cancer Awareness, Research, Education, and Service) partnership – which is comprised of partners who serve rural, medically undeserved and minority populations in the state. CON faculty are members of this partnership. There are opportunities for them and others to partner for excellent research collaborations, including rural/urban, minority and rare populations.

7. The unveiling of the Nebraska Comprehensive Cancer Control Program (May, 2004) and its follow-up activities across the state -- designed to spearhead efforts in the state to control cancer, with ongoing inclusion of UNMC CON faculty to partner in this effort.

8. The recent statement by Tilden and Potempa (2003) that “nursing is not yet producing enough research to qualify as a high-impact science” and the call to increase the impact of
nursing research findings through more rapid dissemination and implementation of research evidence into practice.

9. Need to generate revenue to support the tri-fold mission of UNMC and the CON, specifically the research mission.

**Resources:**

1. **NEED MORE RESEARCH SPACE AND MATERIALS ON ALL FOUR CON DIVISIONS:**
   a. Need to allocate more space to funded research projects.
   
   b. In addition, personnel working on research projects need to be in close proximity to others who are doing research so that they can collaborate and learn from each other.
   
   c. We need to consider renting outside space and requesting funding for this in our research grants.
   
   d. We need to plan for 20 more offices in next 5 years for all 4 divisions (10 in Omaha, 5 in Lincoln, 2 in Kearney and 2 in Scottsbluff).
   
   e. Need to negotiate with campus research administration to acquire needed space and materials for bench research.
   
   f. Need to develop CON core facilities (e.g., biobehavioral equipment, actigraphs, etc.) and access UNMC core facilities (e.g., genetic core sequencing facility, Clinical Research Center).

2. **FACULTY ROLE DIFFERENTIATION/RESTRUCTURING.**
   a. One of the resources needed to achieve this objective is faculty role differentiation or a restructuring of faculty roles for faculty to excel in their areas of strength.
   
   b. We need to let go of our tradition of the “triple threat” described by Tilden and Potempa (2003) that requires “faculty to juggle all roles rather than to specialize in one.” (See Appendix A for information from several Colleges of Nursing who rank above us in the NIH rankings to see what their faculty workload is like for tenure track/research-intensive faculty.)
   
   c. In addition, there is a problem of research grants adding to load without relief from any teaching (heavy cumulative load) disincentive to doing research. Need to address the decreased workload versus the incentive of supplemental compensation.
3. **NEED DIFFERENT MIX OF DOCTORALLY AND MASTER'S PREPARED FACULTY.**

   a. Need more funded researchers (outside recruits + grow our own), senior mentors, infusion of new ideas from outside.

   b. Need to hire more clinical MSN-prepared faculty for clinical teaching who are great role-models for our students and who can move in and out of grants and in and out of teaching.

   c. Need more support staff in NNRC – editor and consultants are essential to review grant applications, another doctorally-prepared statistician, and, in addition, offer regular grant writing and manuscript writing groups.

   d. Need to create a research environment where research staff are valued.

   e. Need greater statistical consultation available on UNMC campus, specifically, health economist, and statistical and methodological experts in behavioral and population-based studies.

4. **NEED TO CREATE A RESEARCH-FOCUSED CULTURE WHERE DOCTORALLY PREPARED RESEARCHERS DEVELOP AND MAINTAIN A SUSTAINED FUNDED PROGRAM OF RESEARCH AND PUBLICATIONS.**

Financial (Estimate the financial costs of the objective):

Much of the financial costs can be obtained from shifting personnel lines. For example, hire more Master’s prepared nurses to teach clinical and recruit doctorally prepared faculty who can compete for NIH grants.

**Objective 2:** Increase the current number of CON faculty (n=12 per year for 2002-04) by a factor of 1.5 (to n=18) who receive research funding from diverse sources other than NIH (e.g., DOD, AHRQ, foundations, or internal funding) by 2010

**Rationale:**

1. Need to diversify our funding base beyond NIH to support the research scholarship of faculty (e.g., DOD, AHRQ, private foundations, etc.).

2. The number of CON faculty obtaining external (other than NIH) or internal funding for their research the past two fiscal years was 13 and 11 (average of 12 per year).

3. This funding includes pilot studies that will lead to significant national or international funding.
4. If beginning researchers are funded, their research skills will develop, which will lead to
greater research competency, more publications, and a track record of working with others
needed for larger funding requests.

5. Funding more pilot projects will result in many benefits to the College, for example, more
effective teaching, more opportunities to secure large extramural grants and greater ability to
attract the best and brightest students.

Resources:

1. **NEED SAME RESOURCES AS UNDER OBJECTIVE #1.**

2. **NEED A FORMALIZED MENTORING PROGRAM** -- to help faculty develop an
individualized plan to develop their research programs. Encourage and support faculty in joining
or forming research teams in the development of their research program.

3. **INCREASE INTERNAL FUNDING FOR PILOT PROJECTS**

**Objective 3: Establish two research centers in the current areas of research emphasis in
CON: symptom management and health promotion/disease prevention in vulnerable
populations.**

Rationale:

1. Need for Nursing to contribute to the Nation’s and State’s health-care research agenda in
the important areas identified in the objective.

2. Population: The 2000 Census shows the population of NE to be 1,711,263 persons, of
whom 51% are female. By 2015, the NE population is projected to be 1,977,000, approximately
is becoming increasingly middle-aged and elderly, and this trend should continue well into the
future. The Census Bureau projects that Nebraska's 45+ age group will grow to nearly 800,000
by 2020 when two of every five residents will be at least 45 years of age. (Nebraska

3. Age: By age 26.3% of the NE population is under 18 years old (compared to 25.7% of the
US population) and 13.42% are 65 years and older (compared to 12.4% of the US population).
The median age of Nebraskans is 35.7 years. (http://info.neded.org/statand/bsect7.htm.

4. Health behaviors: 20% of Nebraska adults smoke cigarettes. Barely more than 20% of
adults who participated in the 2000 BRFSS reported that they consumed recommended servings
of fruits and vegetables per day. 59% of Nebraska adults who participated in the BRFSS in 2001
were categorized as either obese or overweight. The proportion of Nebraska adults who are
obese has almost doubled since 1990. Physical activity: 30% of Nebraska adults surveyed in the 2001 BFRSS reported that they had engaged in no leisure-time physical activity during the past month. These figures suggest that the research agenda needs to focus on health promotion/disease prevention for individuals at the ends of the age continuum.

5. Vulnerable populations: Immigration: In 2002, 3,850 persons immigrated legally to NE for intended residence. Of these, almost half were from Mexico. The substantial numbers of immigrants from Mexico suggest the need to include Hispanics and other minority groups in our research focus (http://info.neded.org/stathand/bsecc6.gif, and http://info.neded.org/stathand/bsecc7.gif, Retrieved 5/27/04).

6. Rural: In 2000, 30.2% of Nebraskans lived in rural areas (http://info.neded.org/stathand/bsect1.htm, Retrieved 5/27/04). One of Nebraska’s most distinguishing features is its prominent rural character. Eleven of the 93 counties have fewer than 1,000 residents; median county population in 2000 was 6,601. Only six counties are considered part of a Metropolitan Statistical Area; the remaining 87 counties contain nearly half (47.4%) of the state’s total population. (Nebraska Comprehensive Cancer Control Plan 2004-2010, p. 1).


8. Income: The 2003 per capita NE income was $30,758 compared to the US per capita income of $31,632 (http://info.neded.org/stathand/dsect5.htm, Retrieved 5/27/04). Although only 1.6% of the population is engaged in farming, NE continues to have a substantial portion of the population (30.2%) living in rural areas. Thus, research agendas need to consider health-care needs of rural residents in our research focus. (http://info.neded.org/stathand/dsect12.htm, Retrieved 5/27/04).

9. Health-Care Insurance: In 2002, 89.9% of Nebraskans were covered by some type of health-care insurance, with 77% of these covered by private insurance. The substantial number of insured Nebraskans suggests that our research agenda capitalize on health-promotion/ disease prevention activities as well as symptom management that may be congruent with insurer’s plans for increasing the health of their insured (e.g., the Simply Well program here) as well as for cost-containment.

Resources:

1. ESTABLISH RESEARCH CENTERS TO BE LED BY SENIOR FACULTY.

All faculty actively engaging in research will be expected to participate in and contribute to a Center. Faculty will cluster for mentorship and shared resources. Faculty will value attending
because it will have a discernable outcome for them. Helps the college move forward in a more focused, systematic manner. Need to create a culture of scholarly infusion where faculty and doctoral students are competitive with research applications.

2. **NEED TO BE MORE STRATEGIC ABOUT OBTAINING RESEARCH FUNDING.**
   
a. Need to get all research faculty together with leadership team and decide who is going to write what grant, and when -- then free that faculty member up from teaching, and hold faculty accountable for producing the grant.

b. Organization needs to be flexible enough to create an environment where permission to have a semester off from teaching to write grants is approved and valued. Protect new doctorally prepared faculty (lighter teaching and service commitments) with clear expectations for launching research program.

3. **NEED TO UNITE OUR CLINICAL NURSING CENTERS AND RESEARCH EFFORTS.**
   
a. Need to merge more of our clinical practice efforts in our nursing centers with research to get funding for both efforts.

b. Need more links with clinical agencies for establishing research programs and better dissemination of research findings. This will afford better educational experiences for all students (BSN, MSN, PhD, post-docs) and improve the quality of our students, which, in turn, will increase our research efforts.

4. **REVISIT 12-MONTH CONTRACTS IN RELATION TO FACULTY ACCOUNTABILITY.**

**Objectives for 2015**

1. To be ranked in the top 9 of Schools of Nursing in the NIH rankings.
2. To double the current number of CON faculty (n=12 per year for 2002-04) who receive funding from diverse sources other than NIH (e.g., DOD, AHRQ, foundations, or internal); goal is n=24 faculty by 2015.
3. To secure federal funding for our two research centers.

We would like to maintain our position in the top 10 of Schools of Nursing in the country in NIH rankings. To do this, we will need to secure about $4 million a year in NIH funding. By 2015, our goal is to have our two CON research centers running and thriving and have secured federal funding to support the work of the centers which will in turn facilitate the submission and awarding of research grants, both NIH and other internal and external grants from diverse sources.
References List and List of Contacts


Research Group Benchmarking

To assist in accomplishing faculty role differentiation, we have obtained information from several Colleges of Nursing who rank above us in the NIH rankings to see what their faculty workload is like for research-intensive faculty (or tenure track faculty).

**School #1 – University of Missouri-Columbia.** Ranked #15 (2003 rankings at website [http://grants1.nih.gov/grants/award/trends/dhenrsg03.htm](http://grants1.nih.gov/grants/award/trends/dhenrsg03.htm)).

Contact person: Vicki Conn (Bernice Yates)

Faculty on the tenure track at the University of Missouri-Columbia, Sinclair School of Nursing created a specific faculty workload model to increase their funding. Faculty’s teaching load is limited to 6 credits per semester (12 clock hours). As part of this teaching assignment, they cannot coordinate a course or carry an undergraduate clinical. If they do an undergraduate clinical, it cannot exceed 6 hours a week and this is there only teaching assignment. The second and fourth year tenure track, faculty have reduced teaching assignments to submit grants. Once grants are funded, teaching and service is reduced by the percent that faculty are funded as PI on grants and 50% of the amount funded as co-investigator. Lack of scholarly productivity by tenured faculty for a period of three years, leads to a modification in percent of effort with reduction in time allocated to scholarship until evidence of scholarly productivity at rank for a two-year period occurs.

**School #2 – University of Texas-Austin.** Ranked #7 (2003 rankings).

Contact person: Pat Carter (Ann Berger)

For the first year, tenure track faculty (assistant professors) have a reduced workload. This translates to one masters or doctoral level class or two undergraduate classes per semester. They prefer to have them teach masters or doctoral level classes, but sometimes they will have them work in one of the skills labs for the beginning undergrads. They DO NOT teach undergraduate clinical (i.e. go out to the clinical setting with 10-12 undergrads). The only clinical they teach is at the master's level - these are precepted courses, so they only require an occasional site visit (2-3 times/semester) and telephone follow up with the preceptors. After the first year, the workload increases to two courses per semester. The same rules apply for clinical as in the first year. This workload continues for all tenured and tenure track faculty. If a faculty member is funded, they can buy out their time from teaching if they prefer or they can save the money to pay themselves over the summer. They have 9 month appointments - so the summer is free for scholarship. Faculty have to find their own funding if they wish to be paid during the summer. There are some teaching opportunities over the summer, but the faculty have to request to teach them, they are not expected to teach.

To further protect faculty time at UT-Austin so research funding can be sought, everyone is made aware of which faculty are seeking research funding. This way everyone works together to
protect those faculty member’s time. They are also given minimal committee assignments and
the teaching load may be lightened during the semester they are planning to submit the grant.
They also try to not assign new classes to prepare for to faculty that are writing grants - they give
them the same classes semester after semester, unless otherwise requested. Other things that are
done to help get a research program launched is to have a research center that is dedicated to
providing support to the tenured and tenure track faculty. This center includes our associate dean
for research, a full time statistician, a half time budget person, a half time editor, a full time
research administrator, and a full time IRB and miscellaneous others person. With these services
available, virtually all of the administrative functions of putting together, submitting and tracking
of grants are taken care of. The PI is freed to do the scientific development of the grant. They
also help to coordinate mock reviews and help with data safety and monitoring teams. One of the
most difficult tasks in getting a research program "off the ground" is finding small sources of
money to conduct pilot work to support NIH applications. The University of Texas at Austin and
the School of Nursing provide several opportunities for intramural funding. While these funding
sources are open to the entire campus and thus quite competitive, with the resources in the
research office, faculty in the SON have been quite successful in obtaining funding. Overall the
environment is supportive of research. It is expected that ALL faculty will engage in some sort
of research. The collaboration is exceptional. With a relatively small faculty, we can all be aware
of each other's areas of work and forward information, students, speaking and funding
opportunities, etc on to each other. There is no competition, just support.

**School #3 – University of Virginia-Charlottesville.** Ranked #16 (2003 rankings).

Contact person: Associate Dean for Research (Lani Zimmerman)

When asked: How do you increase in ranking the response was: No magic solutions. This school
had been ranked in top 10 until a few years ago. A goal for them was to get back into the top 10.
They had several planning meetings on how to build research. They have about 25 tenure track
faculty (with an expectation to do research) and 25 clinical faculty (teaching and clinical). They
looked at the strengths of the tenure track faculty and the Medical Center and then recruited
endowed chairs for those areas of expertise, for example aging, gerontology, and oncology.
Faculty told to cover 20% of their salary.

Workload formula: add up classes, clinical, 5 point scale (1 day/week). Everyone is expected to
教 at all levels--Undergraduate, graduate and doctoral. There are 2 funded faculty who do
undergraduate clinical and have an R01; however, they are in clinical areas that match their areas
of experience. Unrealistic to free up new faculty for research. Faculty are on a 9 month contract.
New positions for tenure leading faculty: 1 month summer salary (on 9 months) and teach one
course a semester a 3 credit Course. Very little team teaching for didactic courses. All graduate
courses are taught by one person for 45-90 students. For any course that has a clinical component
they have 1 clinical instructor for 8 students. We could call Catherine Kane or Sharon Utz
(academic deans) for more information on their workload formula if we so desired.

Contact person: Associate Dean for Research (Jan Atwood)

1. What is your workload/teaching assignment for the first few years of a tenure track appointment or new faculty appointment?

   a. New, untenured faculty on tenure track

      1. Reduced teaching load.

      a) 3 instead of 4 courses/year (9 month appointments for all teaching faculty).

      b) Plus 2 additional semesters off: First one is their first semester of employment; second one is timed and negotiated to coincide with heavy time before submission of their R01. ‘Off’ means off teaching, “not other responsibilities”. Doctoral advisees do not count in the teaching load nor do the concomitant independent study courses.

   2. Services of the SON Research Support Center and other centers as noted below.

      a. New, tenured faculty

      1. Reduced teaching load. Consists of 1 semester off: their first of their employment.

      2. Services of the SON Research Support Center and other centers as noted below.

      b. Faculty have 9-month appointments.

      c. Expected to work on their research without additional pay, as that is basically the only way they can get it in; --May teach for pay prn.

ISSUES:

1. Increasing workloads and budget crises are impinging. Time to do research is increasingly and seriously limited. (National trend)

2. Talent matters. The faculty member has to come with the talent and the will to do what it takes to do research. Some of the newer, younger faculty seem to be lacking this, especially for schools which cannot compete in terms of salary with the more monied schools.

3. How is faculty’s time protected so research funding can be sought?
a. See 1. above.
b. Department Heads’ (DH) involvement in research.

1. The DH works with the faculty and the Assoc. Dean. All concur on the goals for the year, then the faculty writes them up as the goals for the year. Another meeting occurs 1 year later with the Assoc. Dean, unless the DH finds that the goals are not being met and indicates same to Assoc. Dean.

2. Serious problem: With faculty pulled in so many directions, unless the DH steps in (a must) and says you have to meet your research goals and protects faculty from other assignments, the research does not happen. Faculty need a firm statement of what the CON needs from them. (Viewed as pivotal to success of the research endeavor.)

c. Some faculty miss 3-4 grant goal deadlines.

3. Other things the school does to help launch a faculty member’s research program?

   a. Some of the SON indirect cost dollars go into small grants: $5,000 x 5/year. Proposal is competitively reviewed within the SON.

   b. Three centers provide research support within the SON: Research Support Center, Biobehavioral Lab, CRCI (NINR-funded center for Chronic Illness). All 3 provide the following: Methods expertise: .15 FTE = 3 bodies. Expert faculty. Paid for a small FTE amount. 1@: Quantitative, Qualitative research, Biobehavioral, Systems; Statistician 1.25 FTE = 3 bodies (1 PhD @ .50 FTE; 1 ABD @ .50 FTE; 1 predoc at point of graduating @ .25 FTE). Rank: The first 2 are faculty; the student is a Research Instructor rank. Non-student Statisticians are funded for the rest of their 1.0 FTE by teaching (PhD only, 25% methods, instrumentation courses) and having their salaries partially bought out on the grants they help write and get funded. For the student, a senior statistician is put on the grant 2 % time, in case the experience and degree issues are a problem for reviewers. Statisticians participate in publications as applicable and are expected to do so as appropriate, as this matters when they are a co-investigator on a grant going in. Among the 3 of them, there are, by design, multiple types of expertise as needed among the faculty projects. Required to sit ‘in house’, not be in another college or department. Must keep office hours, meet the faculty in person, get to know the SON environment and its faculty, be seen as part of faculty.

   c. Research Support Center also provides research goals and faculty calendars -- As noted above with the DH’s, the Assoc. Dean works with faculty to set out a game plan, then does mid-course correction and, as a proposal is close to submission, a detailed calendar with firm deadlines for when which part is going to whom in the Center. Reworked many times but not so much toward submission time.
d. Mock Review. Available, strongly recommended, not required. SON has experienced important consequences of spending resources and not pulling the plug on a grant. Faculty privilege to decide.
e. Research Support Center Staff -- 3 staff. 2.75 FTE

1. Tasks: Format, submit proposals, monitor grants, annual reports, newsletter, assure compliance with IRB and HIPAA regs. Probably 2.0 FTE worth.

2. Other approx. 1.0 FTE for Research Center responsibilities: “Other duties as assigned”/other expectations, e.g., staffing search committee, supporting Assoc. Dean as department head of the Research faculty which means supporting their teaching mission, as well.

3. NOT done: Fiscal management. This is all done from the Dean’s office centrally. However, when there is insufficient staffing, the tasks fall to the Research Center.

4. Editing - not an in-house person: Retired faculty expert is retained on a consultant basis. Was on faculty. This was good.

f. Supports NOT provided

1. NO Research assistant work; no literature searches, etc. Faculty do the lit. searches or fund them from their intramural grants due to the corrupt file problem U N Carolina CH had with corrupt files from the Reference Software required by campus level IT to use throughout campus (Prosite, not Endnotes). SON can no longer afford to not be able to submit a grant or hold up others being submitted on the same deadline, due to corrupt reference files.

Additional statistics about the state of Nebraska support the need for research in relation to minority groups and rural populations.

Although once thought of as homogeneous, Nebraska's population is becoming increasingly racially and ethnically diverse. Nebraska's Hispanic population nearly tripled over the last decade. Six counties (Colfax, Dakota, Dawson, Hall, Morrill, and Scottsbluff) report 10% or more of their residents as Hispanics. African Americans, living primarily in Omaha, represent the largest racial minority group. They account for about 14% of Omaha's population and 5.7% of the state's population. Nebraska's Asian American population, concentrated in Omaha and Lincoln, nearly doubled during the last decade. Thurston County's population is 52% Native American and Sheridan and Knox Counties report more than 7% Native Americans. Nebraska, like many other states, is experiencing challenges in serving the increasing numbers of persons who do not speak English or do not speak English well. The median age of Caucasians in Nebraska is 36.9; Asian Americans, 28.2, African Americans, 27.0, Native Americans, 23.6, and Hispanics, 23.1. Thus, in Nebraska, Caucasians have the highest median age. (Nebraska Comprehensive Cancer Control Plan 2004-2010, p. 1 and 2)
Appendix H

University of Nebraska Medical Center
College of Nursing

Clinical Enterprises Work Group Report

September 17, 2004

**Group Members:** Kate Fiandt (Chair), Jane Brown, Lynne Buchanan, Stephanie Burge, Kathy Kaiser, Marlene Lindeman, Susan Muhlbauer, Barbara Sand, and Jan Twiss

**Objective 1:** Develop and operate a self-sustaining statewide entrepreneurial practice network of APNs (faculty, contracted clinicians, and collaborative partnerships) which will offer a broad range of services reflecting innovative nursing practice models of care across the healthcare continuum. The focus of the practice network will be on increasing access to care, chronic care management, mental health services, and health promotion/disease prevention services with an overall goal of eliminating healthcare disparities.

**Rationale:**

1. As a leader in nursing practice, it is essential that the CON activities reflect a vision of the potential of nursing practice.
2. Health care system gaps will continue to include decreasing rural access to care and increased need for mental health, health promotion/disease prevention services and self-management services (health literacy).
3. There will be persistent and expanding health disparities based on an aging population and an increasing percentage of children in low income and working poor families in the state.
4. The aging population will result in more people with chronic health problems; many of these people will have limited access to care due to rural living, poverty, low health literacy and no or inadequate health insurance coverage.
5. Nursing practice models are uniquely designed to address many of the current health care system problems.
6. The proposed statewide network would serve as a self-sustaining model for alternative means of delivering health care, specifically designed to emphasize nursing strengths, assist in identifying and/or implementing viable options for managing difficult health care system problems, promote collaborative partnerships with other health disciplines, and meeting needs of patients, families, and communities.
7. The CON has enough faculty practice experience and expertise to develop and sustain an APN network in the state and region and is poised for an entrepreneurial expansion of these practices.
8. The network must be self-sustaining due to limited resources within the CON to support practices. The network must become sufficiently fiscally viable through a mixture of
grants, foundation support, and revenue, to sustain clinical nursing practices, even those focused on the underserved.

9. In the future, the majority of health care will be delivered outside of in-patient settings. This network will include extensive use of community-based nursing practice.

10. Despite predicted “glut” of physicians, there will be a large pool of underserved people, especially in rural communities, the poor, minorities, and people with mental health problems.

11. The current fragmented system would benefit from a case management model for people with chronic health problems and from promotion and application of the Chronic Care Model (www.qualityhealthcare.com)

12. Today’s primary care model is acute care based and is not fulfilling its potential as a longitudinal, comprehensive, patient centered model.

13. The health care system will continue to be resistance to nursing practice models, therefore academic based alternative models are an important demonstration of nursing practice potential.

14. There will be a trend toward more contracting of services; as a result, this is an ideal time to develop an entrepreneurial model for contracting APN services to the community.

**Resources:**

See proposal for Morehead Center for Nursing Practice (attached).

**Physical and material:**
- Computers and software for database, electronic records, communication throughout the system

**Human:**
- Resolution of the problems with faculty role differentiation
- Faculty leaders dedicated to the implementation of the objectives
- Statewide system of support personnel to manage the business of practice and the database
- A network of community and business leaders to provide advice and assistance
- Faculty experts in clinical practice, health systems, informatics, administration and business

**Financial:**
- Start-up funding for personnel and infrastructure to provide at least a portion of network expenses for the first 5 years because a new business typically needs at least 5 years to see a profit

**Other:**
- Database that not only describes the clinical aspect, but also the business and financial aspects of the clinical practices
Objective 2: Become a national leader and, by 2015, an international leader in clinical scholarship known to both professional and consumer communities for our expertise in translating research into practice and developing and initiating innovative quality improvement practice models.

Rationale:

1. This objective builds on the CON’s position as a recognized leader in clinical scholarship, innovative practices, and quality improvement.
2. The clinical practices of the CON should demonstrate the impact of nursing practice on the patients served.
3. The types of clinical scholarship proposed, combined with the foci of practice, will support current CON research priorities: 1) symptom management and 2) health promotion/disease prevention in vulnerable populations.
4. Clinical scholarship activities have the potential for generating research grant funding to support the clinical practices.
5. Nursing needs to demonstrate the impact of nursing science on practice. Translational research and quality improvement models are designed to demonstrate the impact of research on practice.
6. We need additional data to justify reimbursement for nursing services. In the future health care will adopt a “pay for performance” model and we must demonstrate performance to survive.
7. Quality of care is a critical problem in health care and will continue to be so for many years to come. Nursing scholarship activities should reflect that priority in health care.

Resources:

See Proposal for Morehead Center for Nursing Practice (attached).

Human:

- Informatics personnel with the time and expertise to develop, implement, and manage a statewide data network and a centralized data repository.

Other:

- Mentoring program to support practicing faculty to expand their clinical scholarship activities
- Resources of the NNRC to support research, grant-writing and publication/presentation efforts
- A standardized database that reflects practice outcomes, business and financial processes, and supports nursing practice and health services research.
- Strategic plan with specific accountability to preparation of clinical scholarship manuscripts, monographs, and consumer literature and oral and media presentations to build the reputation of the CON re: clinical scholarship and TRIP (translational research)
Objective 3: Create a service learning environment in which students are a core part of the CON practice network from “day one” and, as graduates, are prepared to provide clinical leadership and demonstrate characteristics of clinical scholarship.

Rationale:

1. Faculty clinicians and selected contracted clinical experts can serve as a rich pool of potential preceptors and experts in their areas of clinical practice.
2. The clinical practices of the CON should serve as sites for service-learning education experiences for both graduate and undergraduate nursing students.
3. The proposed concept of a statewide network will assure that all students are exposed to CON clinical enterprises.
4. CON clinical practices should serve as learning laboratories for CON students in the entire scope of nursing practice.
5. CON clinical practices can make up for diminishing clinical practice sites for students.
6. Student participation in the service-learning of CON practices will assure that all students are exposed to practices focused on meeting the needs of underserved patients and addressing health disparities.
7. Students will be exposed to clinical scholarship, including research and quality improvement activities in clinical practices.
8. Students will serve as a valuable resource for the work of the practices, including administrative and evaluation activities as well as clinical services.
9. There is an urgent need to prepare nurses qualified to address gaps in health care system, especially in areas of rural access, mental health services, chronic care management, and health promotion/disease prevention and to address health disparities.
10. Our students must be prepared to provide clinical practice leadership.
11. The majority of health care is delivered outside of the in-patient setting. Current student placements do not support the need for practice experience in community-based settings.
12. As concept of a practice doctorate is explored, these practices would be ideal environment to support the role of the advanced practice nurse in the practice doctorate role.
13. Currently nurses lack business skills and fail to value the business side of practice; opportunities to participate in entrepreneurial nursing practice models will increase their skills and appreciation for the business aspects of practice.
14. Students need to be exposed to many diverse patients who are seen at CON practices.

Resources:

See proposal for Morehead Center for Nursing Practice (attached).

Human:
- Faculty with expertise in service learning
- CON practice sites across the state so that all students have sufficient opportunity to participate in CON practice activities
- Statewide system of support personnel to manage student clinical rotations
• Faculty experts in clinical practice, health systems, informatics, administration and business to work with students in the practice settings
• Graduate and undergraduate curricula that supports service learning as a concept and a clinical practice emphasis.

Other:
• Database that tracks student data to evaluate outcomes of clinical rotation
INTRODUCTION:
Nursing is a practice profession. Since the early history of nursing, academic leaders have provided a model of practice scholarship that has advanced the profession and met the health needs of our patients.

Today, responding to the health care needs of increasing numbers of vulnerable people, academic nursing practices provide care to clients bypassed by the costly, profit-based health care system. Faculty practices produce innovative nursing models designed to meet the challenges generated by the rapidly changing 21st century health care system as well as the complex needs of vulnerable patients. Advanced practice nursing faculty who are highly skilled at management, coordination and delivery of care offer viable alternatives to our current troubled health care system. Practicing within these alternative models, faculty provide direct patient care that is safe, effective, patient–centered, timely, efficient, and equitable. While faculty practicing from a systems perspective advance the overall goal of improving patient outcomes

Faculty practice embodies a commitment to an academic practice model in which clinical scholarship is central. Scholarship acknowledges the political, social, and economic environment of the health care system, and requires independent thinking and a sense of inquiry. Educating students in an environment of nursing faculty who practice prepares future nurses for the complex, integrative roles they will need to assume.

Faculty at UNMC College of Nursing have engaged in innovative faculty practice since the mid-1970s. In 1988, the Ambulatory Care Community Health Nursing Project began an ongoing collaboration with University Medical Associates’ primary care clinics to provide in-home nursing care for underserved or vulnerable clients who did qualify for home health service. In 1992, the Mobile Nursing Center and the Family Health Care Center became the first UNMC CON nursing centers. Located in Lincoln, NE, the Senior Health Promotion Center (then known as the Senior Nursing Clinic) opened in November 1999. The Panhandle Hispanic/Native American Diabetes Outreach Clinics opened February 2001 in Scottsbluff, NE. Since 1995, CON faculty have provided contracted services within their practice expertise throughout UNMC, Nebraska, and nationally in areas as diverse as pain management, evaluation of leadership models, and nursing informatics.

The CON faculty members who practice as a part of the clinical enterprise hold advanced practice certification in their practice specialties. Many have been appointed or elected to national organizations representing advanced practice nursing in their fields. Through faculty
clinical practice, scholarship, and teaching, the innovative CON faculty practice reflects the tripartite missions of research, education, and service of the College of Nursing.

**STATEMENT OF NEED:**
As a practice discipline, nursing is advanced through academic leadership in practice, scholarship, and policy. Today, academic nursing practice at UNMC provides leadership in reducing healthcare disparities and improving the quality of care throughout the state. The faculty at the CON, however, share a vision of the potential for academic nursing practice to expand faculty leadership in the areas of practice, scholarship, and policy at the regional, national and international level. The Morehead Center for Nursing Practice is proposed to assure the realization of the faculty vision.
VISION:
The Morehead Center for Nursing Practice (MCNP) will:

- Provide leadership in the development, implementation, and administration of innovative nursing practice models focused on increasing access to care, chronic care management, mental health services, and health promotion and disease prevention, and improved system and information management with an overall goal of eliminating health disparities.
- Be a nationally recognized leader in translational research and the development of innovative quality improvement models.
- Support a service-learning environment in which students are an essential part of the CON practice enterprise and graduates demonstrate the characteristics of clinical scholarship and leadership in the healthcare system.

MISSION:
The Morehead Center for Nursing Practice will position the UNMC CON as a leader in academic nursing practice which influences the evolving health care system of the 21st century. The MCNP will be committed to supporting innovative nursing practice models of patient-centered, quality health care that are effective, efficient, timely and equitable. The MCNP will support the UNMC mission by:

- Reducing health disparities by providing care to underserved patients in an environment focused on service learning and evidence-based practice.
- Demonstrating innovative, patient-centered models of nursing practice and health care
- Leading the translation of research into practice
- Supporting nursing education across the continuum preparing nurses for the diversity of experience that will be needed in the health care system of the future
- Improving information management at the patient, provider, and systems levels

PURPOSE:
The purpose of the MCNP is to support innovative academic nursing practice models, clinical scholarship and the CON missions of teaching, research and service.

TARGET AUDIENCE:

- Patients (individual, family, community and organizations) will benefit from advanced practice nursing services and the advancement in nursing science supported by the clinical scholarship generated by the MCNP
- Students (across the continuum of care and disciplines) will benefit from working with practicing faculty in innovative health care environments.
- Faculty will benefit from the support to build their innovative faculty practice models and their clinical scholarship activities.

STRUCTURE:
The Morehead Center for Nursing Practice will be based on a center model under the leadership of a Center Director. The Director will report directly to the Dean, CON. Regular coordinating meetings of CON clinical enterprise leadership will be called and chaired by the Director. The
Director will be an Ex Officio member of the Faculty Practice Committee, which supports faculty practice within the CON shared governance model. The Director will be a member of the Executive Council and represents academic nursing practice and the needs of the CON.
FUNCTIONS:

**Academic Nursing Practice**
- Provide quality health care to residents of Nebraska and beyond, especially underserved and vulnerable populations
- Support development, implementation and dissemination of innovative nursing practice models
- Coordinate and develop the state-wide network of CON clinical activities through supporting infrastructure, leadership, and business mentoring
- Advocate for academic nursing practice in all aspects of the strategic plan and mission of the CON to the Dean and CON leadership as well as the institution.
- Build capacity within current and future CON clinical enterprises through expanded revenue generation, identification of funding opportunities, and marketing of advanced practice nursing roles/skills throughout the state and elsewhere.
- Assist CON clinical enterprises to create and implement business plans, to establish and monitor standardized outcomes and quality benchmarks, and to obtain financial viability.
- Expand CON faculty contract practices through marketing, negotiating and managing contracts, provider credentialing and other support activities.

**Nursing and Health Professions Education**
- Advocate for and support a Service Learning philosophy of clinical nursing education
- Expand and monitor learning opportunities within CON academic nursing practices for nursing and other health professions students

**Scholarship**
- Coordinate with the Neidfeldt Nursing Research Center on research and evaluation activities which foster excellence in academic nursing practice
- Collect clinical, financial, and business data and serve as centralized data repository for CON academic nursing practice activities
- Support and monitor faculty clinical scholarship activities
- Work with faculty, clinicians, and students on the dissemination and application of nursing research findings as they apply to practice

**Community Partners**
- Collaborate with a MCNP Board of Directors composed of business and community leaders to:
  - identify ways to meet the health needs of the community
  - expand opportunities to expand practice opportunities
  - market the role and potential for nursing practice across the continuum of care at the individual and systems level
  - market the MCNP to potential donors

**Health Care Policy Resource**
- Advocate for public policy that supports nursing practice locally, state-wide, and nationally
• Provide leadership in the development of public policy to improve healthcare quality and eliminate health care disparities

**BENEFITS OF THE MOREHEAD CENTER FOR NURSING PRACTICE:**
The MCNP, with a dedicated staff, provides nursing leadership within the CON, UNMC and the community to address critical health care issues such as access to care and healthcare disparities. The MCNP provides a visible and stable resource for faculty regarding faculty practice and clinical scholarship. The MCNP supports the education mission of the CON and influences the quality of our graduates. As an advocate for innovative healthcare delivery models and the needs of vulnerable people, the MCNP provides leadership which impacts on healthcare delivery and policy at the local, regional, and national level.

**OUTCOMES:**
The following are a sample of the criteria for measuring the scholarly and business outcomes of the MCNP.

**QUALITY**
Each practice has an active program of quality improvement. Employers report a high degree of satisfaction with the practice and leadership skills of CON graduates. Business and patient outcome measures indicate that benchmarked standards of care and business practice are being met.

**GOVERNANCE**
An increased number of innovative practices are lead by CON faculty. Each practice is self-supporting through a mixture of service/practice grants, revenues and foundation support.

**LEADERSHIP**
An increased number of faculty on national boards, expert panels, etc. Consultations in the area of practice or clinical scholarship will increase. The number of publications and presentations describing innovative practice strategies, patient outcomes, and successful business strategies will increase. National recognition (e.g. awards) for practice and community partnership activities will be received by faculty. The number, variety, and location of contracted services will increase.

**KNOWLEDGE DEVELOPMENT**
The number of innovative practice based research models will increase. The number of translational research studies funded, implemented, and published will increase. The number of knowledge development research grants submitted and funded will increase. The number of health services research studies submitted and funded will increase.

**PROPOSED STAFFING:**
• 1.0 FTE director
• 1.0 FTE managerial/professional staff to manage the business activities of the MCNP and academic nursing practices activities across the CON
• 1.0 FTE support staff
• 1 graduate assistant
• 0.1 FTE for data management support to maintain and update database as well as move data across sites, work with IDX, and keep up to date with standards for advanced practice data.

PROPOSED SPACE REQUIREMENTS:
Full implementation of the MCNP requires dedicated office space for the MCNP Director and MCNP staff. In addition, a conference room, examination and counseling rooms are required to support clinical research and education functions.
VULNERABILITIES:

- Need for faculty with the willingness to provide leadership
- Initial significant expense with a fairly significant lag time prior to seeing impact of the MCNP on College of Nursing.
- Sustainability – it is anticipated that the MCNP will be developed and sustained by a combination of grant funding, practice revenues, and foundation support
- Faculty role differentiation

PROPOSED FIVE YEAR IMPLEMENTATION PLAN:

**Year 1 (2004-2005)**

**Staff:**
- 0.2 FTE Director (In Kind)
- 0.8 FTE Professional/Managerial staff

**Year 1 Goals:**
1. Develop Director and Professional/Managerial staff job descriptions
2. Hire staff
3. Delineate the specific functions and areas of accountability of the MCNP
4. Construct a Board of Directors including members from business and community leadership as well as leadership in UNMC and Nebraska Medical Center
5. Develop a Business Plan
7. As part of a comprehensive quality improvement plan, implement the minimum data dictionary across all clinical enterprises
8. Develop a standardized reporting (students, client, revenue, research) process for faculty practice activities
9. Submit a Practice-based Research Network (PBRN) grant with a focus on translating research into practice (TRIP).
10. Develop a long term, multi-stage plan for seeking external funding to support the MCNP.

**Year 2 (2005-2006)**

**Staff:**
- 0.4 FTE Director
- 1.0 FTE Professional/Managerial Staff
- 0.1 FTE for data management support to maintain and update database as well as move data across sites, work with IDX, and keep up to date with standards for advanced practice data
- 1 graduate assistant

**Year 2 Goals:**
1. Implement the PBRN infrastructure
2. Implement the first PBRN TRIP study
3. Identify and supply dedicated working space
4. Initiate on-going process of seeking additional funding
5. Develop a marketing material for contracted (clinical, evaluative, consultative, and informatics services) faculty
6. The quality improvement model developed for the PBRN is implemented cross all CON Clinical Enterprises
7. Implement standardized reporting process for all faculty practice
8. Collaborate with CON faculty in optimizing the role of the MCNP in clinical education across the learning continuum.
9. Begin partnership with CNE on practice based continuing education offerings

**Year 3 (2006-2007)**

**Staff:**
- 0.6 FTE Director
- 1.0 FTE Professional/Managerial Staff
- 0.1 FTE for data management support to maintain and update database as well as move data across sites, work with IDX, and keep up to date with standards for advanced practice data
- 1 graduate assistant

**Year 3 Goals:**
1. Assume accountability (contract negotiations, billing, credentialing, etc) for contracted faculty practices
2. Establish a pool of faculty-led clinicians who can be contracted for services.
3. Submit at least 2 additional TRIP studies to AHRQ through the PBRN.
4. Use data from faculty practice report to begin process of outcome documentation
5. Begin to generate revenue and foundation support for a portion of MCNP operational expenses.
6. Collaborate with UNMC and UMA for credentialing and billing for all CON Clinical Enterprises services

**Year 4 (2007-2008)**

**Staff:**
- 0.8 FTE Director
- 1.0 FTE Professional/Managerial Staff
- 0.1 FTE for data management support to maintain and update database as well as move data across sites, work with IDX, and keep up to date with standards for advanced practice data
- 0.4 FTE Clerical/Technical staff
- 1 graduate assistant

**Year 4 Goals:**
1. Evaluate MCNP activities and prepare an updated 5 year strategic plan
2. Continue generating revenue and foundation support for a portion of expenses
3. Collaborate with NNRC collaboration on an evaluation program
4. Serve as a regional, national, and international voice for nursing centers, care of vulnerable population, and rural healthcare issues

**Year 5 (2008-2009)**

**Staff:**
- 1.0 FTE Director
- 1.0 FTE Managerial Staff
0.1 FTE for data management support to maintain and update database as well as move data across sites, work with IDX, and keep up to date with standards for advanced practice data
1.0 FTE Clerical/Technical staff
1 graduate assistant

Year 5 Goals:
1. 100% proposed staff and function
2. Expand CON sphere of influence regarding practice and community partnerships
3. Update the MCNP business plan
Appendix I

University of Nebraska Medical Center
College of Nursing

Community Partnerships Work Group Report

September 17, 2004

Group Members: Gloria Gross (Chair), Teresa Barry, Marie Kreman, Nancy Meier, Kate Nickel, Linda Sather

Overall Objective: To position the College of Nursing as a whole in the top ten schools of nursing within the country by 2010, the CON will forge community partnerships to serve 80% of the children enrolled in pre-school programs, schools/home schools, and Head Start within a 50 mile radius of each of the four campuses in Omaha, Lincoln, Kearney and Scottsbluff; forge partnerships that will promote senior health throughout Nebraska; and forge partnerships, including Nebraska Health and Human Services System (NHHSS), to promote mental health across the life span.

Objective 1: To have community partnerships that will allow the CON to serve 80% of the children enrolled in pre-school programs, school/home schools, and Head Start within a 50 mile radius of each of the four campuses in Omaha, Lincoln, Kearney, and Scottsbluff.

Rationale:

Satcher’s (2003) “A Charge to Academic Health Centers: Putting Health Promotion and Disease Prevention on the Agenda,” details five lifestyle indicators that have a major impact on health for Americans: physical activity, overweight and obesity, tobacco use, substance abuse, and responsible sexual behavior. A major responsibility of nursing is to assist people across the life span to adjust lifestyles to maximize health. All five lifestyle patterns have their beginnings in childhood and young adulthood. The majority of Nebraska children and youth do attend school and therefore, present an accessible population for nursing outreach. According to the 1999 Youth Risk Behavior Survey (NHHSS), Nebraska youth are more likely than their counterparts elsewhere to currently drink alcohol, participate in binge drinking, drink and drive and to ride in a vehicle with a drinking driver. Adolescents in Nebraska are more likely to report tobacco use (31%) than the national reporters (29%). According to data collected by the Centers for Disease Control and Prevention, more than 60 percent of American adults do not exercise at the federally recommended amount of 30 minutes daily, and 25% of American adults do not exercise at all despite the proven health benefits of physical activity. With the decrease in physical activity levels and high abundance of energy dense foods, the average American has been gaining one to three pounds per year since the mid-1980s (BRFSS). More than 120 million Americans, or 64.5 percent of the adult population are overweight, and almost 59 million, (31%) are obese. The resulting incidence of more than 30 weight-related preventable illnesses has increased, driving
up healthcare costs and reducing workplace productivity. As a result, obesity is the second leading cause of preventable death after smoking and will surpass smoking if the deadly trend continues. In fact, Americans spend $117 billion per year on obesity-related diseases, and 300,000 Americans die of such diseases annually (US Department of Health and Human Services, 2003). The direct and indirect healthcare costs resulting from diseases related to obesity are estimated to rise to $160 billion by 2010. On a national level, the prevalence of obesity increased from 23% to 31% between 1988 and 1994. It’s estimated that by 2008, without changes, 39% of Americans will be obese.

Working with schools will allow our sphere of influence to encompass parents, other family members, teachers, and other school staff.

**Resources:**

**Physical and Material:**
- Age-appropriate educational materials on nutrition; exercise; smoking hazards, prevention, and cessation methods; responsible sexual behavior; and accurate information about alcohol, illegal drugs, glue sniffing, over-the-counter medications, and prescription drugs. These materials are available mostly free of charge in print, video, CD, and via the Internet from reputable private and government organizations. All campuses have physical resources available for use to present programs in conjunction with our community partners: video players, portable computers, access to the Internet.
- Pedometers-to distribute with our partners. The “Walk To and From School” program in Kearney is one such partnership; there is a Panhandle-wide program to get challenges going between 4th graders of different schools to encourage walking 10,000 steps.

**Human:**
- There would be no need for additional human resources. Current undergraduate and graduate faculty and students would participate in the partnerships to meet this goal.

**Financial:**
- Perhaps $1500.00 in travel reimbursement, hearing/vision screening and other supplies.

**Objective 2:** To have community partnerships with federal, state and local agencies to promote senior health throughout Nebraska.

**Rationale:**

Statewide, 13.6% of the population is aged 65 and older and that number is expected to grow by 28% by 2015 to represent 16.4% of the population. A more significant figure is the number of those over 80 (the so-called old old/frail elderly) which stood at 68,505 in 2000 and is projected to be 82,220 in 2010, a 20% increase (NHHSS, 2003). The College of Nursing already has many partnerships in place and has the expertise to address many of the concerns of the elderly: mobility impairments, hearing/vision difficulties, depression/suicide risk, chronic disease
management, polypharmacy management, foot care, recognition and referral for elder abuse, and need for assistance in choosing appropriate life care options. We propose to address this objective on two fronts:

- **Senior Centers:** Continue service through our established senior centers; establish a nurse-run senior center in Gering, NE. Use model similar to the Lincoln Senior Health Promotion Center with programs for transportation and interpreters (i.e., Bosnian, Vietnamese, Russian, Spanish). Maintain partnerships with housing authorities to provide services to those over 65. Explore partnerships that will promote healthy ‘aging in place’ for those who currently reside in their own homes.

- **Senior Meal Sites and Large (over 75 residents) senior retirement communities:** Establish computer kiosks in each of at least 15 rural senior meal sites across the state and in 10 large senior retirement communities. The system would have links to health-related Internet sites as well as to UNMC CON “Elder Wellness Web Site” to have a significant reach into rural communities. Establish partnerships with UNMC College of Medicine, College of Pharmacy, Occupational health, Physical Therapy, and UNOmaha’s Gerontology programs; statewide Area Agency on Aging; federal meal program and with computer science/technology programs at area 2 year and 4 year colleges.

**Resources:**

**Physical and Material:**
- **Senior Centers** - The senior centers require a space to conduct their clinics. Space has been established for the site in Lincoln and the proposed site in Gering, which is being built in partnership with Vetter Enterprises and the Alzheimer’s Association plus a grant from Regional West Foundation. Various sites are used in Omaha and Kearney.

- **Senior Meal Sites and Senior retirement communities:** 25 computers (donated?), 25 printers (donated?), kiosk space, and connection to the Internet, printer paper.

**Human:**
- **Senior Centers** - Faculty from FNP, GNP, UG community health and gerontology programs, undergraduate and graduate students. Part time clerical person at each clinic and transportation aide may be required.

- **Senior Meal Sites and Senior Retirement Communities** - Project director for grant. Webmaster to maintain Elder Wellness site. Computer maintenance provider/instructor.

**Financial:**
- $200,000 for equipment and salaries for first year. Should be grant funds available for both projects. (Potential sources: Nebraska Agency on Aging; Community Outreach Partnership Center Grant from the US Department of housing and Urban Development; Kellogg Foundation; Robert Wood Johnson Foundation)
**Objective 3:** To be a primary partner with the community mental health services established as a result of LB 1083-The mental health reform bill of 2004 (Nebraska Unicameral, 2004).

**Rationale:**

1. LB1083 was passed with the intent of changing the fundamental way that mental health needs of Nebraska citizens are met by creating the public behavioral health system within the department of Health and Human Services to move most of the care provided from regional centers to a community-based system. The number of Nebraskans reporting mental health problem symptoms represented 28% of the urban, 21% of the rural population, and 25% of the total population. Almost 44% of African Americans reported symptoms. An evaluation of the clients of the Lincoln Senior Health Center revealed that 1/3 exhibited signs of depression and/or anxiety. As a result, Michele Lemon, ARNP and Agnes Natale have started activity groups with pet therapy, reminiscence therapy, “drop in” day care, and one-on-one, and help with friendship cards and letters. Students from every UG course in the fourth level participate in the activities.

2. Nurses are in an excellent position to offer professional knowledge and skills as the community-based systems are put into place, both because of their sheer numbers and because of their holistic view of humans. The CON already has partnerships with many agencies that will participate in the establishment of a new infrastructure. The new model will provide a wider array of clinical experiences for students in mental health, community health, gerontology, and pediatrics as well as psychiatric/mental health nurse practitioners.

**Resources:**

**Physical and material:**
- Greeting cards, postage, pet food.

**Human:**
- No additional resources.

**Financial:**
- $500.00 for food, cards, stamps for group activities
Objectives for 2015

Schools: Objective 1: To maintain partnerships with schools and to become partners with post secondary schools to provide health information for college-aged students.

The group expects that there will have been significant school consolidation because of the decreasing number of children in rural areas. The trend toward more non-White students will accelerate. The antismoking trend will result in far fewer children/youth who smoke. However, there will continue to be significant substance abuse and many more children will be taking prescribed medications with the concomitant need for education. The current emphasis on reduction of obesity and increased activity may have had an impact before 11 years have passed so the emphasis of health education may need to be changed. There will be many more ‘survivors’ of premature births as the trend toward assisted fertility continues. These children have more health needs and will be mainstreamed so that school nurses will need to be prepared to deal effectively with them and the teachers and family members as well.

Senior Health: Objective 2: To be one of the preferred sources of information and assistance for consumers over the age of 70 and for the personnel of institutions serving the elderly.

The trend toward more and more elderly with more old old will continue. They will be computer literate and sophisticated consumers of both health care and health education. They will continue to be afflicted with chronic diseases although the nature of the chronic conditions may change as there are breakthroughs in pharmaceuticals and other therapeutics. There will be an increased emphasis on maintaining health in order for people to “age in place.” Nurses can play a prominent role in helping achieve this goal.

Mental Health Services: Objective 3: To be partners with, and primary providers for, those who are mentally ill and their families.

The generation that grew up using Prozac, etc. will be more willing to seek help for mental illness. There will continue to be a shift to medications that will show greater effectiveness and perhaps some cures for the chronic diseases of today. The fledgling community mental health infrastructure should have most of the problems solved and hopefully, third party payers will have increased payment equity so that nurses will be paid for their work with the mentally ill. There may be more world refugees from terrorism and natural disasters who will require work to help overcome stress-related illness.

Other:
1. There will be a significant shift in care if the promise (and problems) of genetics in medicine is realized. Even more care will be given in homes. Nurses must partner to assure that they are included in dialogue regarding ethics and care provision.
2. Technology advances will continue and the CON will require support so that partnerships can be formed not just locally, but globally.
3. Everyone will be taking medications and will require help learning to manage, afford, and use them effectively.

Objective 4: To be partners with members of the global community to promote health within our sphere of influence.

Note: The group examined the concept of service learning extensively. It might have value in achieving some of these objectives.
References and Contacts:


Corporation for National and Community Service: [www.cns.gov](http://www.cns.gov)

Ervin, Naomi, Ph.D., R.N., APRN, BC, FAAN., Assistant Dean, Family Community & Mental Health Nursing and Associate Professor, Wayne State University, College of Nursing, Detroit, Michigan.

[http://futurehealth.ucsf.edu](http://futurehealth.ucsf.edu)

National Service Learning Clearing House: [www.servicelearning.org/u.washington.edu](http://www.servicelearning.org/u.washington.edu)


Nebraska Health and Human Services System. (2000). *Nebraska’s plan to strengthen and transform public health in Nebraska.* Lincoln, Ne: author.


Rothman, Nancy, Ed.D., R.N., Independence Foundation Professor of Urban Community Health, Temple University, 3307 No Broad St. Philadelphia, PA. 19140  (215) 707 5436


Torres, Frederico. NAF Multicultural Human Development Corporation, Lincoln, NE (402) 434-2821.


[www.americaonthemove.org](http://www.americaonthemove.org)
Objective 1: Become the global leader in international nursing education utilizing innovative online partnership models.

Rationale:

1. Nations are becoming increasingly interdependent and health for all is a worldwide goal. Therefore the framework of health care should not be constrained by national boundaries and access to information must be shared globally (Messias, 2001).
2. There is an emerging consensus that the development of international nursing requires a global focus and international collaboration. There is a continued recognition that global health issues are consistent with a global perspective of nursing knowledge (Dougherty et al. 2004).
3. A global focus will continue to be a necessity for success in tomorrow’s business, agriculture, environmental, information technology and health care. It is crucial that nursing education should be prepared to participate in this global focus on health care.
4. Global partnerships serve as an opportunity to: reduce the international shortage of nurses existing in the world; raise the professional stature, standards, and values of nursing, prepare nurse leaders for emerging health care roles to an increasingly more diverse population.
5. The current top 10 Schools of Nursing all have explicitly focused on global and international studies and only one peer institution has an articulated global focus.

Strategic Activities by 2010:

- Identify university partnerships in four additional countries: Jordan, India, China and Mexico
- Develop satellite offices with appropriate faculty and staff in each;
- Phase in nursing education online programs based on the satellite country’s priority of needs (i.e., faculty capacity building, master’s specialty nursing, doctoral research, RN-BSN, etc).
- Phase in appropriate learning instructional technology (broadband, live TV capacity) and expand technological application of state-of-the-art technology
• Collaborate with PKI for broadband, world-wide, satellite (real-time) video/audio
• CON website to exceed (international) content and design compared to all top 15 schools and linked with all other international collaborators, both internal and external
• Create an online directory of universities offering health professions online educational programs to international sites

**Strategic Activities by 2015:**
• Expand satellite offices from nursing to include other disciplines
• Expand to other countries, especially in the southern hemisphere;
• Initiate MS and PhD multidisciplinary programs in international global health online

**Objective 2: Develop profitable and cost effective online tele-education for advancing nursing practice and research globally and internationally.**

**Rationale:**

1. Information technology is increasingly accessible in the international community, and as international travel becomes increasingly restricted, the global classroom model for education via technology allows advanced education in many countries not currently providing it.
2. The current top 10 schools in nursing all have an explicit focus on global and international studies; none have online tele-education models.
3. The College of Nursing is recognized as a leader in distance and distributive (online) education and has the strengths to provide nursing education globally.
4. With the expectation of continued shortage of nursing faculty, a global model of distance education could increase faculty preparation, minimize faculty workload, increase international student diversity and generate new and significant revenue.
5. The College of Nursing has many graduate specialty nursing programs available online; however, it offers some unique “combined; generalist” programs that incorporate areas of need for developing countries, such as public/community health, nursing informatics, psych/mental health and administration/management.
6. The University of Nebraska College of Nursing has existing international connections professionally, personally, and virtually—both internally and externally—that can be used to expand a global model for nursing education:

<table>
<thead>
<tr>
<th>Internal CON Resources</th>
<th>Johns Hopkins/Sweden</th>
</tr>
</thead>
<tbody>
<tr>
<td>India, Armenia, Jordan</td>
<td>(Dr. Sheila Ryan and Dr. Majeda El-Banna)</td>
</tr>
<tr>
<td>Iceland</td>
<td>(Dr. Martha Foxall)</td>
</tr>
<tr>
<td>WHO – previous project staff</td>
<td>(Dr. Polly Hulme)</td>
</tr>
<tr>
<td>WHO – previous project staff</td>
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<td>WHO – previous project staff</td>
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<td>WHO – previous project staff</td>
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Other Resources

<table>
<thead>
<tr>
<th>Nebraska Medical Center’s International Office (Nizar Mamdani)</th>
<th>Omaha Sister Cities</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNO International Studies Department (Tom Goutierre)</td>
<td>UNMC International Studies Program (Sara Pirtle)</td>
</tr>
</tbody>
</table>

Because of the College of Nursing’s well-developed distributive education staff, programs and content, many smaller units or modules could be exported as CE (Lewis, Bernard 2002).

**Strategic Activities by 2010**

- Increase students in all programs (in Omaha and in local home countries) from all partnering countries while training and/or utilizing clinical preceptors only.
- Explore and develop new financial models of cost plus royalties for extended international satellite offerings such as RN-BSN
- Work collaboratively with national and international professional organizations, societies and foundations (i.e., WHO, ICN [in oncology: ASCO, APOS, ONS, EONS, MASCC, ISNCC, CANO] to implement international programs

**Strategic Actions for 2015**

- Become a designated WHO collaborating center
- Develop online multidisciplinary health professions higher degree programs in international health topics, such as emerging infections, maternal-child health outcomes improvement etc
- Expand our current research into many nations’ sites as appropriate, especially in health promotion and symptom management.

**Objective 3:** Create a culturally-sensitive environment for our faculty, staff, students, patients/clients/people and communities we serve and to internationalize our curriculums accordingly.

**Rationale:**

1. There will be a continuing need to decrease national and international health disparities by preparing a nursing workforce that is culturally sensitive and ethnically diverse.
2. Nurses realize that Western science does not have answers in all areas of nursing practice (Holt et al. 2000) because knowledge and research development are embedded within cultural contexts (Lutzen, 2000). To function in a global nursing framework, nurses will need to increasingly and continuously embrace the concept of cultural sensitivity.
3. International comparison of cultural values are necessary because they help us change and grow internally and become aware of how different values influence the development of nursing knowledge and practice (Lutzen, 2000).
**Strategic Activities by 2010:**

- Promote and facilitate faculty and student exchanges; increase participation in existing international exchange programs.
- Work with institutions that UNMC already has agreements with, such as minority undergraduate institutions (i.e., Dillard University, Fort Lewis College, University of Arkansas at Pine Bluff, Morehouse College, Spellman College) and others to broaden our recruitment, retention and understanding of a more culturally and racially diverse population (link with Graduate Research, Education, and Training group (GREAT) of the American Association of Medical Colleges and Mary McNamee). These academic affiliation agreements, while established by Medicine, provide for student research opportunities during the summer, faculty exchanges for research, seminars and presentations; and collaborative grant applications and research (UNMC Today, 6/20/04).
- Work with international partner institutions of UNMC, The Nebraska Medical Center, and the State of Nebraska who also have programs in education, research, and/or patient care.
- Designate a space within the College of Nursing to promote international and culturally sensitive activities that serves as a campus resource, and houses the staff, faculty and Director of International Programs.
- Increase faculty international research presentations and publications, including representation at key meetings, such as ICN.
- Establish an international scholars program for nurse executives, scholars, researchers, and or practitioners from other countries to come here for study in compacted time frames, i.e., between semesters, summers, for non-degree programs.
-  “Internationalize” undergraduate, graduate, and continuing education in nursing courses. Insure that course descriptions reflect an international/global focus.
- Insure the CON’s mission statement and strategic plan reflect and embrace diversity and international programs.
- Develop an endowed, protected financial fund to provide assistance for international travel and expenses for CON students and faculty and international scholars exchanges;

**Strategic Activities by 2015:**

Have one third of all faculty be from international or ethnically diverse American populations.
Publish and present global classroom model evaluation at an average of 3 international educational meetings/yr.
Appendix K

University of Nebraska Medical Center
College of Nursing

Technology Work Group Report

September 17, 2004

Group Members: Carol Pullen (Chair), Christie Campbell-Grossman, Patricia Carstens
Lissa Clark, Kathleen Duncan, Diane Feldman, Steve Pitkin
Cindy Plate, Kim Rodehorst, Myra Schmaderer, Stephen Smith
Cheryl Thompson, Alan Wass

Vision: Using state-of-the-art technology, the University of Nebraska Medical Center (UNMC)
College of Nursing (CON) will be one of the top ten Colleges of Nursing in the United States.

Objective 1:
The College of Nursing will create a robust information technology infrastructure which
supports education, research, practice, and administrative operations by:

• creation of a formalized structure for planning and management of all information
technology,
• coordination of resources for the effective integration and management of data,
information, and knowledge resources across all enterprises,
• promotion of the deployment of emerging technology in a timely and responsible
manner,
• provision of educational programs which provide faculty, staff and students with
state of the art skill sets, and
• cooperation with internal entities such as University of Medical Center Information
Technology Services (ITS), Nebraska Medical Center, and University of Nebraska
and external entities such as partners and vendors, in deployment, use, and
evaluation of emerging technologies.

Rationale:
1. Information technology cuts across all areas of an academic environment and is the key to
innovation in education, practice and research. Information technology has transformed the way
people live and work and changes will continue to accelerate rapidly. Accurately predicting the future impact of technology is a daunting if not impossible task.

2. The Partnership for the 21st Century recommends that individuals become proficient in information technology skills for everyday life and workplace productivity and further defines these skills as “the interest, attitude, and ability of individuals to appropriately use digital technology and communication tools to access, manage, integrate and evaluate information, construct new knowledge, and communicate with others to participate effectively in society” (Learning for the 21st Century, 2004, p. 3). Faculty, staff, and students in the College of Nursing will of necessity develop these skill sets.

3. According to a report by the Institute of Medicine, the health care industry has lagged behind other industries in adopting technological innovations, but predictions are that information technology will be “the prime catalyst of health care change over the next 10 years (Institute for the Future, 2003, p.135 ). As changes in the health care industry are initiated, educational programs will need to keep pace to insure that graduates are capable of functioning in the future environment. The American Academy of Nursing has implemented a multi-phase project to address some of the technology implications for nursing education with several pilot projects currently underway (McClure, 2003). Our nursing graduates must be prepared for a different practice world than what currently exists today.

4. Nursing students of tomorrow will be different learners than the students of today. From an early age children growing up in our current digital environment are socialized differently and have different learning styles. Prensky (2001) calls this new generation of learners “digital natives” and proposes that even their brains have developed differently which will require new learning approaches using technology.

5. Technological advances will present not only challenges but many opportunities for nursing education, research, and practice. The College of Nursing is nationally recognized as a leader in distance education. To expand this recognition as a leader in the use of technology, the College must forge ahead with a robust structure that will support innovation, new technologies, and rapid change. In the next five years, it is imperative that the College of Nursing develop, implement, evaluate, and annually update an integrated Technology Management Action Plan that addresses the needed hardware and software infrastructure. The plan must also address the associated personnel necessary to support and enhance implementation across the research, practice, administrative, international, and educational missions of the college.

6. As important as hardware, software and personnel issues are, the information management techniques for delivering and maintaining data, information and knowledge resources also are essential and are often overlooked. An integrated information system to manage data that supports education, research, practice and administrative operations must be a key priority.

7. In summary the development of a comprehensive dynamic technology plan will effectively and efficiently deal with rapidly emerging changes. We propose that the plan guide the establishment of a line item budget and assist us in assuring that we remain good stewards of fiscal resources.
Resources:

Personnel:

- Estimates regarding the amount of human resources needed to support an information technology infrastructure vary. Recommendations vary from 1 person for every 50 computers to 1 person for every 250 computers. Many of these figures are based on helpdesk type support and do not include the Information Specialist and Instructional Technologist environment that the college maintains in support of our teaching, practice, and research missions. In addition, these estimates do not consider the number of individuals needed to support information management, separate from the hardware and software. An additional challenge for the College of Nursing is the 4 division structure across 500 miles.

- Using the Michigan Technology Staffing Guides available at http://techguide.merit.edu/worksheetcalculatesdraft.html, the recommendation was that we should have 15.02 people to support the various enterprises (See Appendix E ). It is important to note that guide was developed to help school district administrators, rather than higher education administrators, estimate the number of technical support staff needed.

- A final consideration for human resources may be for those individuals required to direct and guide CON initiatives, apart from maintenance of hardware and software. For example, use of experts in the use of instructional design and simulations, integration of databases, and other specific projects may be advisable. As the complexity of technology and information requirements increases, the CON will need to consider the need for a Director of Information Knowledge Management.

Current Information Technology Staffing:

- Currently we have 13 staff most of whom perform only some of their duties related to technology. Of these, four are grant supported, but grant personnel have very specific duties, such as a research technologist that is busy full time on one research grant. Two more persons are to be hired, one of which will be grant supported.. However, by the end of Academic Year 2004-05, we will have only one grant-funded instructional technologist. Full time state supported personnel working specifically with our enterprises related to technology comprise 3.00 FTE. All three of these people are located on the Omaha campus but serve the other campuses.

<table>
<thead>
<tr>
<th>Full Time State Funded</th>
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<tbody>
<tr>
<td>Information Specialist (1)</td>
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<tr>
<td>Database and Web Administrator (1)</td>
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<tr>
<td>Instructional Technologist (1)</td>
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<tr>
<td>Learning Center Coordinators (4)</td>
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<tr>
<td>Learning Resource Director</td>
<td></td>
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<tr>
<td>Clinical Simulation Specialist (to be hired)</td>
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Personnel Recommendations for Next 5-10 Years:

*It is important to note that present positions may have to be realigned. For example, one person is serving as web master, data base coordinator and has some instructional responsibilities.*

- Hire 1 Data Base Coordinator for the College of Nursing.
- Hire 1 Information Specialist to serve the Kearney and Scottsbluff Divisions.
- Hire 1 Instructional Technologist to serve the Kearney and Scottsbluff Divisions.
- Hire 1 Instructional Technologist for the Lincoln Division.
- Hire an additional Instructional Technologist for the Omaha Division.
- Hire a Director of Information Knowledge Management

*(Estimated costs for additional personnel: $350,000)*

Physical and Material:

- Upgrading existing computer hardware and software and the purchase of new technology will be an ongoing requirement. Specific costs related to these activities will depend upon baseline numbers and upon the specific technological innovations pursued. In addition, technology costs fluctuate more than most other sectors of concern to higher education. Newly available technology is often much more expensive than the technology it replaces. However, the use of older technology often decreases rapidly. ITS provides the network infrastructure and much of the standard software either free or at a reduced price. ITS also provides support for student computer clusters with the CON. The CON is responsible for upgrading and maintaining faculty and staff computer hardware and software and the purchase of new technology. Because UNMC ITS constructs its technology plan from the strategic plans of the colleges and centers they serve, their plan is often reactive rather than proactive. Funds for rapidly emerging technology is rarely available to ITS. Maintenance and support of new technology is also not consistently supported through ITS.

- There are no one-time information technology costs; all have an ongoing component. Based on technology expenditures for the last 10 years, we estimate the College will have to spend approximately $500,000 over the next five years and nearly $1,000,000 over 10 years to meet its technology goals. These expenditures will not be divided equally over this period of time. Table 1 provides a summary of the projected costs.
• Technology enhanced LRCs, including but not limited to, the inclusion of immersion simulation labs (Caves) would cost $250,000-$500,000 per site.
• Additional simulation equipment may cost $100,000-$300,000.

2015 Scenario:

The continued use of a dynamic technology plan that supports a robust infrastructure will position the College for the academic environment in 2015. The world we look at will be different than that which we see now. Technology will continue to evolve. We envision a world characterized by a University without walls; wireless networking will be the norm. Offices will be wherever whenever the worker registers with the network. Each person will have a computing device that will allow them to connect from a (walk up) station in the building. More communication options and devices will be used such as Global Positioning Satellite and wearable computers. This will allow for greater diversity in working environments including the option to telecommute depending on your job. Security issues will be resolved through the use of such technology as retinal scan, voice pattern recognition and encryption of data. Biometric computing will be employed in research, education, administration, practice and international initiatives.

| Table 1 |
|----------------------------------|--------|--------|
| **Desktop hardware replacement** | **Cost/year** | **5-year total** | **10-year total** |
| computing device (5-year replacement cycle) | 60000 | 300000 | 600000 |
| printers (7-year cycle) | 2000 | 10000 | 20000 |
| monitors (7-year cycle) | 6000 | 30000 | 60000 |

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<tr>
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<tr>
<td>wireless</td>
<td>20000</td>
<td>20000</td>
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<tr>
<td>gigabit speed/next technology</td>
<td>50000</td>
<td>100000</td>
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<th><strong>Software</strong></th>
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<td>Acrobat</td>
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<tr>
<td>specialty</td>
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Appendix L

University of Nebraska Medical Center
College of Nursing

Faculty/Staff Affairs, Needs and Issues Work Group Report

September 17, 2004

**Group Members:** Martha Foxall (Chair), Judy Billings, Debra Flearl, Karen Grigsby, Gail Hille, Tara Kuipers, Tom Mason, Mary Megel, Audrey Nelson, Jill Thewke, Cheryl West

**Overall Objective**: To position the College of Nursing as a whole in the top ten within the country by 2010.

**Objective 1**: Personnel* are strategically aligned to support the missions of the College of Nursing with each mission supported by faculty and staff of specific size and talent to optimize its advancement.

*Personnel = Faculty and Staff

**Rationale:**

1. The workforce is aging and retirements increasing: 17% (18/106) faculty will be 65 within 5 years; 47% (50/106) will reach 65 within 10 years.
2. Faculty shortages are expected to intensify over the next 20 years: only 10% of nursing work force will have a MSN or PhD.
3. The US workforce is growing more slowly and becoming more diverse.
4. Workload and workplace issues (pressure, burnout, unrealistic role expectations, low compensation) contribute to personnel turnover and shortage issues.
5. As the pool of new candidates for faculty positions shrinks, the new priority becomes retention of faculty.
6. Strong teaching, research, and practice roles demand a full time commitment to the faculty role. The need for clearer role differentiation and focus on individual’s strengths is emerging. Schools of nursing must redefine the scholarship and reward system for faculty to include teaching, research, practice and community and the integration of these roles. Practice should be viewed as scholarship and integrated within the faculty role.
7. Alternative work arrangements (e.g. job-sharing, working from home) are becoming more prevalent.
8. Recruitment of faculty to current academic environment is now more challenging because:
   a. There are abundant employment opportunities for MSN and PhD nurses in both practice and education.
   b. Salaries in practice are almost double CON salaries, especially for experienced nurses.
c. Raises for current faculty who earn a PhD are small and difficult to obtain.
d. Individuals nearing retirement may want to continue working (data show that 20% with pensions are working part-time; 1/3 early retirees returned to workforce).

9. Personnel would consider delaying retirement IF there were:
   a. Flexible scheduling
   b. “True” part time positions
   c. Job sharing
   d. Decreased workload expectations including less physically demanding schedules and fewer demands for productivity
   e. More autonomy in determining workload
   f. A feeling that “I” am valued and making a contribution
   g. A supportive work environment
   h. More focus on promoting health

10. Employees in their 20s and 30s prefer greater autonomy, less bureaucracy in the work setting and are loyal to the work rather than the employer

11. New forms of work organizations:
   a. draw heavily on skills, knowledge and problem solving capabilities of the workforce, including assignment of work to teams, looser job descriptions and multi-skilled involvement in decisions about the organization of work.
   b. require increasing speed in decision making (vote on it and forget it-get on with it).
   c. are characterized by decreased bureaucracy/top down management; individuals assume more personal accountability, autonomy, shared governance and appreciation of these qualities in workers.
   d. increasingly apply business models in academic settings.
   e. review/revise decision processes/forms to improve quality/timing of decision-making and reduce red tape and bureaucracy.

Resources:

Physical and material
- Adequate work space and technologies (all campus sites) for personnel.
- Adequate storage space (all campus sites) for personnel.

Human:
- Adequate cadre of personnel whose various talents/skills are sufficient to support CON programs and initiatives.
- Consultant to identify the best way of strategically aligning and personnel and evaluating workforce adequacy.

Financial:
- Adequate financial resources to recruit and hire personnel.
- Adequate financial support for developing personnel as leaders.
- Financial resources to hire consultant(s).
Objective 2: The College of Nursing sustains a healthy and safe work environment for personnel.

Assumption: A healthy lifestyle is an expectation of CON personnel.

Rationale:

1. Balancing work, leisure, personal and professional goals is an increasing issue.
2. Increased autonomy in work patterns and locations is necessary to promote mental and physical well-being.
3. Wellness programs are limited; what does exist is not always valued by workers or their employers.
4. People are increasingly motivated by a complex structure of rewards heavily supported by non-financial benefits. Few non-monetary reward methods exist to recognize the individual's contributions to the CON.
5. Formalized development/mentoring programs have not existed in the CON.
6. Physical and mental health are increasing concerns in the workplace.
7. Workload and workplace issues (pressure, burnout, unrealistic role expectations, low compensation) contribute to personnel turnover and shortage issues.

Resources:

Physical and material:
- There is a designated meditation room on each campus site.
- Adequate space and equipment for administering the wellness initiative.

Human:
- Adequate designated personnel to develop and evaluate wellness initiatives.

Financial:
- There are financial resources dedicated to incentives and awards for participation in designated wellness programs.
- Financial resources for the fiscal, material and human resources.

Objective 3: The College of Nursing sustains a dynamic continual learning organization.

Rationale:

1. The US population is becoming more diverse; therefore, students and personnel will be more diverse.
2. Personnel will need to be able to work with colleagues and students with diverse values and beliefs.
3. Nurses are being recruited by importation of nurses from countries to alleviate the nursing shortage.
4. Increasingly diverse workforce creates an increasing need for individuals to identify their
similarities/differences in values, competencies, strengths, skills, knowledge and development needs.
5. Personnel need to display judgment, leadership, initiative and increased skill development in communication and other interpersonal skills.
6. Recent changes in how/what faculty teach result in increased education expectations and development needs for both personnel.
7. Current trends support increased needs for personnel development:
8. Increasing clinical/community involvement.
10. Increasing interdisciplinary alliances.
11. Increasing trend to identify and work from individual's strengths.
12. New technologies increase demand for highly skilled personnel.
13. Systematic orientation, developmental and mentoring programs enable personnel to develop and improve needed skills, as well as achieve personal growth.
14. The US workforce is growing more slowly and becoming more diverse.

**Resources:**

**Physical and material:**
- Adequate space and equipment for administering, development and mentoring programs and initiatives.

**Human:**
- Adequate designated personnel to develop, implement and evaluate development and mentoring programs.

**Financial:**
- Financial support for development and mentoring programs for personnel.
Summary narration of the 2015 scenario:

Objective 1
- Increased alliance of contract personnel.
- Personnel not bound by space and time.
- Increased effort to build collegiality.
- Less space needed for personnel.
- Need for technology to support personnel will escalate.

Objective 2
- Increase in resources and infrastructure to support personnel and students.
- Need for resources for continued personnel development.

Objective 3
- Language requirements will change.
- Increase in international students, who have English as second language. Also need to address the time zone differences.