NURSING and HEALTHCARE LEADERSHIP
UNIVERSITY of WASHINGTON | TACOMA

ACADEMIC PROGRAM REVIEW

University of Washington Tacoma
Nursing and Healthcare Leadership

Self study for the:

Bachelor of Science in Nursing

Master of Nursing

Bachelor of Arts, Healthcare Leadership (major)

Submitted to the Graduate School
University of Washington

By
Nursing and Healthcare Leadership
University of Washington Tacoma
Sharon Gavin Fought, Director

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Part A: Required Background for Review Committee

Section I: Overview of Organization

Mission & Organizational Structure

Mission, philosophy and goals: The University of Washington Tacoma (UWT) was established by the Washington State Legislature in 1989 to meet the educational needs of place-bound learners in south Puget Sound. Two newer campuses of the University of Washington (UW), UWT and University of Washington Bothell, opened in 1990. In 1992, the Bachelor of Science in Nursing (RN-BSN) was transferred from the Seattle campus. This degree served learners who were already Registered Nurses (RN). In 1996, a Master of Nursing (MN) degree was initiated. In 2009, authority was granted to offer the Bachelor of Arts (BA) degree with a major in Healthcare Leadership.

Mission: The Nursing Program shares the UWT values of excellence, community, diversity and innovation reflected in the campus mission:"…educates diverse learners and transforms communities by expanding the boundaries of knowledge and discovery." (http://www.tachoa.uw.edu/chancellor/mission-values-vision). As part of the top-ranked University of Washington School of Nursing on the Seattle campus, UWT shares accreditation by the Commission on Collegiate Nursing Education (CCNE). The UWT Nursing Program adheres to the published standards of CCNE and the State of Washington as stated in Chapter 246-840 WAC. Following the April 2009 accreditation visit, the School of Nursing's BSN and MN programs at Seattle, Bothell and UWT were accredited through 2019.

The Program supports the interdisciplinary mission of the campus through teaching and scholarly inquiry. Within the overall mission of the campus, the Program focuses on the discovery and dissemination of knowledge that promotes health within an ethic of social justice. The curriculum emphasizes and fosters the integration of teaching, inquiry and service through a community of learners. Partnerships with the community assist the program in providing learning environments in which learners build upon their skills and knowledge to strengthen their understanding of local, national and global health issues (http://www.tacoma.uw.edunursing/mission).

The RN-BSN and MN degrees on all three UW campuses fulfill the mission and goals of the University, the School, and the particular campus. Shared CCNE accreditation supports a unique, tri-campus relationship that enhances access and assures excellence in nursing education.

Unit goals:

- Provide innovative, high quality and accessible academic programs.
- Promote outstanding faculty scholarship.
- Extend faculty expertise and interest through service to communities and professional organizations.

- Promote partnerships with healthcare agencies and communities of the South Puget Sound region.
- Maintain a quality work environment by balancing teaching, service, and scholarship.
- Build educational offerings that meet professionals' and regional healthcare communities' needs.
- Support interdisciplinary education.
- Promote and support diversity within its student population and faculty members. (http://www.tacoma.washington.edu/nursing/about/)

Philosophy: The Nursing faculty believes that the purpose of university-based undergraduate nursing education is to prepare professional nurses whose practice is informed by theory and research. The philosophy of the undergraduate curriculum is rooted in values of excellence, diversity, community, social justice, integrity, and creativity. Preparation for the various roles in practice requires knowledge of the arts, sciences, and humanities, together with content and processes specific to the discipline. An interdisciplinary emphasis engages students in a broad range of ideas and knowledge. Ultimately, professional nursing requires a commitment to scholarly inquiry, social equity, advocacy, and life-long learning.

Faculty believe that their teaching styles need to take into account the diverse nature of how students learn. We are a community of learners and scholars— a community that is created in collaboration with students.

The RN-BSN curriculum focuses on critical thinking and analysis, communication, and diversity. The baccalaureate degree enables a nurse to assume a leadership role and practice from an evidence base. Graduates collaborate with transdisciplinary teams in complex organizational systems to improve health care access, cost, and quality. The curriculum prepares graduates to competently work in partnership with individuals, families, communities, and populations to promote health locally and globally (*1/22/08 http://www.tacoma.uw.edu/nursing/philosophy-undergraduate-education).*

As part of the School of Nursing, UWT faculty believe graduate education denotes the critical appraisal of the concepts and theories that underlie the nature and practice of nursing and the extension of the processes of inquiry (problem solving, critical thinking and research) for the development and testing of knowledge and for the translation of evidence to practice. The organization of graduate programs recognizes the diverse areas of specialized and advanced practice in nursing, is guided by the current state of knowledge and societal needs, and provides a foundation for the continuing evolution of new knowledge both in nursing and in other disciplines, and fosters leadership.

The faculty also believe that the diverse and varying educational, personal, and cultural experiences students bring to their graduate studies are valuable to the programs and that the strengths of such background must be fostered and nurtured within educational environments that are characterized by free interchange among scholar/teachers. Furthermore, graduate study requires that scholarly exchange, objectivity, and creativity must prevail in the learning environments of the classroom and the laboratory. The

faculty believes that the goals of graduate education require that a high level of inquiry be attained through the development of a collaborative role that involves both faculty and students in the discovery and refinement of knowledge. Further, graduate education requires learning experiences and environments that represent the multicultural composition of the world and reflect the broad range of interests and concerns of faculty and students and the communities they serve.

The faculty recognizes that each student also comes with individual goals and that the attainment of these goals will be achieved in various ways. Scholarly inquiry is a component of all graduate programs in the School. *Approved by UW School of Nursing Graduate Faculty in 1986 (revised 2000) and by UW Tacoma Nursing Faculty 2/2000, reviewed 10/2007*. (http://www.tacoma.uw.edu/nursing/philosophy-graduate-education)

With respect to the BA in Healthcare Leadership, the faculty believe the purpose of university-based undergraduate education is to prepare healthcare professionals whose practice is informed by theory and research. Preparation for various roles requires knowledge of the arts, sciences, and humanities, together with content and processes specific to leadership. An interdisciplinary emphasis engages students in a broad range of ideas and knowledge. The members of the faculty believe that their teaching styles need to take into account the diverse nature of how students learn. We are a community of learners and scholars— a community that is created in collaboration with students.

The Bachelor of Arts in Healthcare Leadership curriculum focuses on critical thinking and analysis, communication, and diversity. The baccalaureate degree enables individuals to assume a range of professional roles in which they can exercise leadership. Graduates collaborate with interdisciplinary teams in complex organizational systems to improve health care access, cost, and quality (http://www.tacoma.uw.edu/healthcare-leadership/philosophy-undergraduate-education),

Programs of study offered: Programs of study offered in Nursing are the BSN for learners who are RNs (RN-BSN) and the MN. Within the MN, students select non transcripted curriculum options, with many students completing more than one. A new BA with a major in Healthcare Leadership (BA-HCL) commenced autumn 2009. A minor in health and society is offered to nonmajors. Finally, the tricampus post masters certificate in for nurse educators is approved, but not yet offered due to funding.

Programs of Study

Degree	**Pathways/options**
BSN	RN-BSN BSN: ADN-MN
MN	Communities, Populations and Health Nurse Educator Leadership
Post masters certificate: nurse educator	Approved; not yet offered
BA, Healthcare Leadership	
Health Minor	

RN-BSN enrollment and graduation: With respect to the RN-BSN program, new enrollments average about 70 per year for the past several years. In 2007-08, RN-BSN students 34 were dually admitted to and enrolled simultaneously in UWT and OC; 7 continued at UWT. This program was in support of OC developing a RN-BSN program, the first such program in a community college on the west coast. For 2008-09, the number of newly admitted students was elevated, related to a partnership with Providence St. Peter Hospital (PSPH). In summary, for autumn 2011, 99 new students were enrolled, including an offsite cohort at Providence St Peter Hospital, the third such cohort. Overall RN-BSN enrollment was 164, an increase of 31 students in the last two years. For the past five years, 82% (72% to 95% annually) of students were retained or graduated. This is within with the wide range (49%-100%)reported for 14 California programs http://offcampus.lib.washington.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2010622929&site=ehost-live. Nationally, there is significant momentum to require a bachelor's degree for continued licensure as a RN. The Master Plan for Nursing Education for Washington State as well as the Institute of Medicine have called for increasing numbers of RNs to be prepared at the bachelor's level, given the complexity of healthcare and demands on the profession today. Should these movements gain traction, we will see tremendous demand to expand enrollments.

MN enrollment and graduation: For the MN program, the number of new students admitted ranges from the mid 30s to mid 40s for the past six years. With its current curriculum, we find that the MN program enrollments have reached a "steady state". With a new MN curriculum planned for 2013-14, we anticipate a modest enrollment growth. The current economic situation has resulted in potential applicants and those offered admission delaying matriculation related to concerns about the economy as well as person and family members' job security and serious illness. Tuition increases have sorely taxed our potential student applicant pool, with many indicating they are currently "priced out" of graduate school.

That said, masters-prepared nurses continue to be in demand, both in healthcare agencies, state government, and community college nursing programs. The shortage of nurse educators is at a critical stage nationally and in Washington State. Current enrollment does not reflect this need, as the need is balanced by the harsh economic realities of today's job market. MN student headcount was at a peak of 93 in autumn 2008, decreased, and has since grown again to 84 (autumn 2011) and has been relatively stable for the past three years.

ADN-MN enrollment and graduation: For high achieving students admitted to this option, enabling them to take selected graduate credits in their final quarter of study, 36 of 112 potential participants accepted the invitation. 92% or 33 completed or are completing their BSN. Of those who completed the BSN (N=25), 88% are in or have completed the MN at UWT or elsewhere.

BA in Healthcare Leadership enrollment and graduation: With respect to the relatively new BA in Healthcare Leadership, enrollments are increasing. From the first year, 2009-10, admissions of 23 the program continues to grow as planned. Autumn 2011

enrollment is 69, steadily increasing each of the last two years. For the first two years of the program, 85% were either retaining or have graduated.

Health and Society minor graduation**:** This minor was created due to the increasing requests from non BSN majors to enroll in electives and required courses on a space available basis. Since 2007-08, about four students per year have completed the minor, with a high of nine the first year. Courses in the minor also serve other curricula. While there is a low number of students completing the minor, enrollment in individual courses is high.

See Appendix D for additional information about enrollment and graduation patterns for all programs.

Staffing and organizational structure: The unit has dual reporting relationships. Within UWT, the Program Director reports to the Vice Chancellor for Academic Affairs. In addition, with respect to CCNE accreditation requirements, the Program reports to the Dean, UWS School of Nursing or designate. Regular nursing leadership and curriculum committee collaboration are essential. Academic leaders from the three campuses meet monthly as a tricouncil to discuss issues of shared concern. UWT faculty participate and represent the Program's interests on the tri-campus BSN and MN curriculum committees. Resulting collaborations include UWT faculty participating in the Center for Research in Women Studies and Gender Relations research mentorship program. Two faculty have an adjunct appointments with the School of Nursing in Seattle; on each campus, there is support for graduate student cross-campus enrollment. At UWT, there is individual advising and information sessions about opportunities for doctoral study in Seattle.

There are nine tenure track faculty, one full time and one part time senior lecturer and four or more part time lecturers. A full professor serves as graduate program coordinator. Staff report to the Program Administrator, who reports to the Program Director. The advisor/recruiter has responsibility for the RN-BSN and MN applicants and students. One program staff is currently on long term military leave. Staff and faculty have absorbed responsibilities of this role. In summer 2011, most undergraduate advising on the campus was centralized, resulting in Healthcare Leadership students being advised centrally.

Please refer to the organization chart in Appendix A.

Shared governance and soliciting advice: Within the unit, BSN, MN and the BA in Healthcare Leadership committees consider student violations of program standards and "essential behaviors" and petitions for exception to program requirements, review admission and progression standards and the curriculum, and consider results of surveys from alums, graduating students and employers. The committee chair and at least one additional faculty review applications for admission. Student representatives and an advisor are voting members of committees. Recommendations from committees go to faculty for a vote on matters such as curriculum changes. To fully inform faculty, minutes are distributed electronically, even in the absence of need for a faculty vote.

Faculty and staff share decisions around teaching assignments. A scheduling committee considers written preferences for teaching assignments, crafts a schedule

and assignments for the coming academic year, and shares this draft with faculty. The scheduling committee includes the chairs of the three program committees.

Merit review involves faculty reviewing one another, regardless of rank. Recommendations go to the director. Plans for growth in student enrollment, mandated budget cuts, and opportunities to request additional faculty lines are discussed at meetings of the academic unit. Currently, a faculty committee receives and approves requests for use of the Nursing Founders Fund. Summer quarter revenues have just begun to be shared with academic units and faculty are beginning to craft guidelines for use of funds.

This academic unit fully participates in campus and University governance. There are faculty representatives from the unit on the four UWT faculty governance committees and campus curriculum committee. At the University level, in recent years, a faculty member was chair of the UW tricampus council and another was a faculty senator, for example.

Please refer to Appendix E.

Soliciting advice of external constituents: The unit solicits external constituents' advice using several mechanisms. We survey graduates at the end of their academic program to determine students' perceptions of the extent to which they met program goals. Next, we survey graduates at one, three, and five years post graduation. Finally, we also survey employers at the same time intervals to determine how effectively our graduates, their employees, are prepared for professional practice.

Our advisory council meets annually and we distribute results of the most recent surveys of employers of alums, alums, and of graduates at the end of their academic program. In addition, we solicit input from stakeholders, including our community college and major employers and seek suggestions of how to continue to improve "seamless articulation" for RN-BSN learners. We also provide to community colleges the number of their alums who have completed a BSN.

Some factors, such as new accreditation standards or consideration of a new degree offering, motivate additional external consolidation. With new BSN accreditation standards, we surveyed regional community colleges to determine content covered in the associate degree community college program vs content for the RN-BSN curriculum. We are working with community college stakeholders to craft effective articulation agreements for those interested in the Healthcare Leadership program. As UWT considered the need for an Ed.D., advisory committee members and other stakeholders participated in focus groups and review of initial concepts proposed for such a curriculum.

Budget & Resources

In recent years, ongoing reductions in state support resulted in an extremely conservative approach to managing fiscal resources. In many budget cycles, there was an imperative to "save, don't spend", with a serious reduction in the ability to use funds, for example, to support faculty and staff development. Funding for the clinical placement position was cut; the academic unit responded by allocating lecturer funds to support some percent of this vital position, which needs to be full time.

Ninety-seven percent of the $2.3 to $2.5 million budget for the past three biennia is allocated for salaries. Approximately 3% remains for operations. The priority for funding and human resources has been to insure required courses are offered, provide assistant professors with release from teaching duties for a research quarter in their third year, support sabbaticals, and support tenured faculty requests for temporary reduction in FTE, as in the recent case of an associate professor completing a book, since published.

With respect to effective use of human resources, nearly all faculty resources are used in teaching. The scheduling committee insures faculty input and that faculty as "teaching resources" are used effectively and fairly. Decisions to request a new faculty line are discussed in faculty meeting as are the parameters for qualifications for searches. When new resources are available, faculty and staff are consulted. In the case of summer quarter revenue now available to academic units, faculty will be drafting principles for use in determining allocation of funds.

In spite of constrained resources, the Program has continued to expand access to higher education, with approximately 35% increase in headcount of majors from autumn 2008 through autumn 2011 and only modest increases (approximately 8%) in budgeted salaries. The program has sustained increased BSN student headcount by adding part-time faculty, particularly to supervise students' community health practicums.

Additional funding: A partnership and grant from Providence St. Peter Hospital (PSPH) in Olympia, provides support and additional access for RN-BSN students, the third such cohort. Funding for instruction, advising, travel, and benefits are sufficient for expenses. There is no net financial gain for the academic unit. Similarly, a partnership with Olympic College provided funding to support joint course offerings and access for students.

The Nursing Program Founders Endowment receives and approves applications for funding. The Marjorie Dobratz Endowment has recently produced revenue as well, and funding will be available to support faculty and students. Applications for funding are reviewed and recommendations made by a faculty committee.

The Physicians' Scholarship and other endowed scholarships provide up to $20,000 per year of financial support to students.

Unfortunately, federal funding decisions to cancel RFPs have had adverse effects on the program, including our inability to submit on two occasions a proposal for a three-campus post master's certificate program.

Please refer to Appendix B, F and L for additional funding information.

Section II: Teaching and Learning

Student Learning Goals and Outcomes

Student learning goals: The BA in Healthcare Leadership prepares the graduate to:

- Use multiple communication strategies that enhance positive human relationships considering both healthcare clients/customers and workforce personnel
- Demonstrate the ability to integrate both theoretical and experiential knowledge relevant to leadership in the healthcare environment.
- Integrate ethical behaviors into healthcare leadership practice.
- Demonstrate knowledge of the healthcare environment that includes synthesis of the cost, access, and quality challenges and the ability to generate solutions to these challenges.
- Demonstrate basic budgeting, outcomes measurement, and information management. http://www.tacoma.uw.edu/healthcare-leadership/program-goals

The RN-BSN Program prepares the graduate to:

- Integrate concepts from the Arts and Sciences in promoting health and managing complex nursing care situations.
- Apply leadership concepts, skills, and decision making in the provision, and oversight of nursing practice in a variety of settings.
- Translate principles of patient safety and quality improvement into the delivery of high quality of care.
- Appraise, critically summarize and translate current evidence into nursing practice.
- Integrate knowledge, processes, and skills from nursing science; information and patient care technologies; and communication tools to facilitate clinical decision-making, and the delivery of safe and effective nursing care.
- Describe the effects of health policy, economic, legal, political, and socio-cultural factors on the delivery of and advocacy for equitable health care.
- Demonstrate effective professional communication and collaboration to optimize health outcomes.
- Deliver and advocate for health promotion and disease prevention strategies at the individual, family, community and population levels.
- Demonstrate value-based, professional behaviors that integrate altruism, autonomy, integrity, social justice and respect for diversity and human dignity.
- Demonstrate critical thinking, clinical decision making, and psychomotor skills necessary for the delivery of competent, evidence-based, holistic, and compassionate care to patients across the life span. *Approved in February 2010.* http://www.tacoma.uw.edu/nursing/bsn-program-goals

The MN Program prepares the graduate to:

- Evaluate the adequacy of underlying knowledge from nursing science, related fields, and professional foundations as it informs nursing practice.
- Competently assess, manage health-related issues with a defined population or

care system, and evaluate the effectiveness of these nursing practices.
- Utilize knowledge and skills in professional practice among diverse and multi-cultural populations.
- Demonstrate competence in development of inquiry relevant to practice, education, or administration.
- Develop and utilize leadership strategies that foster improvement of healthcare.
- Articulate ethical issues and responsibilities involved in nursing practice.
  Approved by Graduate Faculty in 2008 and by UW Tacoma Nursing Faculty in 2009.
  http://www.tacoma.uw.edu/nursing/program-goals-0

Evaluation of student learning

For all degree programs, faculty evaluate student learning through a variety of mechanisms, including written assignments, papers, in class participation, presentations, and/or tests. In their final quarter, students evaluate the extent to which they met degree learning outcomes. All three degree programs require fieldwork experience, which conceptually is a "capstone". Fieldwork facilitators or preceptors and the course faculty evaluate the student's ability to meet selected program outcomes. Students must successfully complete the fieldwork experience to graduate.

In addition, for the RN-BSN and BA in Healthcare Leadership students, a portfolio with exemplars or evidence of meeting program learning outcomes is required.

For MN students, an additional requirement engages learners in scholarly inquiry through two graduate research courses and in part by completion of a thesis, scholarly inquiry project or completion of selected coursework. The master's supervisory committee verifies that MN students have met relevant outcomes.

Methods used to assess student satisfaction

Students complete evaluation of teaching surveys for every course taken within the program. To some extent, this provides evidence of student satisfaction with teaching. In general, for all courses, students' evaluation of the quality of teaching is very good with, on average, a summary score of greater than 4.0 on a scale of one to five (1= low, 5 = high) in the standard UW form; please see Appendix G.

Student ratings of the extent to which they met program learning outcomes at the end of their program of study are also a useful gauge of student satisfaction with the program In addition, for the newer academic program, seven of 11 BA in HCL students completing their degrees in June and December 2011 responded to related questions. This early in the history of an academic unit, one might also assume learners are satisfied when they can meet program goals. Seven HCL students rated the individualized program plan as very important; library workshop as important, and group and new student orientation as not very important.

Surveys of all alumni are conducted at one, three, and five years post graduation to gauge satisfaction and extent to which program goals were met. For BSN alums surveyed in 2009, 2010 and 2011 (N=69) in response to the item on how well the program met their own individual educational goals, mean ratings were 4.32, 4.79 and 4.45. In response to "how well did the program provide access to higher education?", means were 4.68, 4.60 and 4.45. (1 = not at all, 5 = a great deal). This latter item is

important as UWT was established on the premise that it would provide additional access to higher education.

Surveys of MN alumni at one, three, and five years post graduation gauge satisfaction. For MN alums surveyed in 2009, 2010, and 2011 (N=57) for the question asking the extent to which the academic program met alums' own educational goals, responses were 4.5, 4.71, and 4.67. In responses to "how well did the program provide access to higher education, means were 4.82, 4.81 and 4.94. (1 = not at all, 5 = a great deal). These ratings indicate satisfaction with the program in terms of alums having met their own, individual learning goals. See Appendix J.

Results of assessment of student learning in each program of study

Student learning at end of program: As a means to assess learning, the academic unit asks graduating students to rate the extent to which they met program goals. (1 = strongly disagree to 5 = strongly agree). This rating is particularly important in the new BA in Healthcare Leadership degree as it is the first group of graduates. For five program goals, four were rated 4.1 or higher and one at 3.86 (round to 4.0).

During their final quarter, graduating BSN students rated the extent to which they met program goals. For 197 students graduating spring 2011, 2010, and 2009, all ratings were 4.2 or higher (scale 1 = low, 5 = high).

Graduating MN students' self assessments of learning was collected during their final quarter. For 57 graduating MN students for spring 2011, 2010, and 2009, all ratings of the extent to which students felt they met program goals were 4.3 or higher.

In summary, these mean ratings indicate that graduating Healthcare Leadership, BSN and MN students perceived they met program goals at a high level. See Appendix H.

Finally, student representatives on the MN, BSN and BA in HCL committees are requested to bring concerns to the respective group with respect to learning.

Summary of Healthcare Leadership, BSN portfolios: For Healthcare Leadership students, a structured portfolio will be undertaken this year. Specific suggestions for structure will be provided in the relevant course syllabus, including direction to address all program goals. This has evolved from analysis of fieldwork weekly logs and reports used for June and December 2011 graduates. Analysis of logs provides evidence of activity indicating all goals were met. See Appendix I for evidence of effective communication with individuals and teams, ability to collect and analyze information, capacity to integrate knowledge of theoretical and experiential learning.

RN-BSN students complete portfolios during their final quarter of study. For 2010-2011, analysis of 59 portfolios was based on BSN program goals Analysis indicated for example, "almost all students reported improved communication style and skills since starting the BSN program. Improved communication skills appear to influence both personal and professional relationships including the students' ability to work collaboratively and resolve conflict in the workplace. The major themes found included:

- Increase ability to communicate and collaborate with peers, staff, patients, families, and other health professionals.

- Improved conflict management skills and ability to work towards common goals in the clinical environment."

One student commented that "*The diversity course helped me to view other cultures that I interact with differently, as well as take into account various ethnic medical backgrounds and practices. I think that a commitment to continue to expand the diversity of nursing will create a profession that is capable of delivering the best possible care to every patient. The University of Washington has given me the courage to try and pursue this goal."* The majority indicated they have improved research and writing skills, enhanced leadership abilities and share a desire to continue their professional nursing education. (75%).

Surveys of alums: Ratings of the extent to which BSN and MN alums perceived they met program goals at one, three, and five years post graduation can also serve as an indicator of satisfaction as well as learning. Mean ratings for 2009, 2010 and 2011 for BSN alums were all 4.0 or greater (rating of 3.88, 3.95 rounded to 4.0). Some items (scholarly writing) are not program goals but are important to faculty. For MN alums for the same time frame, all mean ratings were 4.0 or higher. (1 = not at all, 5 = a great deal). These are extremely high ratings, indicating satisfaction with the program. See Appendix J.

Surveys of Employers and Colleagues**:** At one, three, and five years post graduation, supervisors of BSN alums and supervisors or colleagues of MN alums are surveyed to determine the extent to which alums meet program goals.

For BSN alums, the return rate is less than desired. However, for those responding (N=23), feedback is very positive. For 11 statements for which supervisors rate alum competencies, all ratings are 4.14 or higher. Among strengths mentioned are accountability, leadership, communication, critical thinking, using evidence base and research in practice. Among areas suggested for improvement are additional focus on management and healthcare economics. New leadership courses in the BSN program should address these isolated concerns.

For MN alums, the return rate is less than desired. However, for those responding (N=24 in last 3 surveys), the feedback is very positive. In responses to 11 items, only one mean rating was less than 4.0, and that was 3.67 (round to 4) among the strengths mentioned were critical analysis, problem solving, teaching skills, negotiation, systems thinking, use of the research process. Among suggestions for content that should be included in the program to further support graduates were program evaluation and more research. There are currently courses in program and clinical evaluation which MN students may or may not take, depending on their preferred area of study. Currently, students take at least six credits in research, with many taking an additional six credits in planning and conducting scholarly inquiry. In the new MN curriculum, there will be additional content on leadership topics and program assessment. See Appendix J.

Failure to progress: In general, failure to progress academically or inability to demonstrate learning outcomes is not documented as major issue across the three programs. For 2006-2011, the RN-BSN program, retention is 70-90% (82% average); for MN students, 61-91% (76% average) are retained or graduate.

In the last six years, eight MN students did not complete their degree due to academic issues; however, in many of these cases, there were serious medical issues and/or the student could have continued to complete the program, but elected to not do so. Students in all three academic programs are held to a high professional standard of essential behaviors to which they agree to adhere as a condition of admission. For the last six years, seven students have documented violations of the "essentials". Three students had no further violations and were awarded their degrees, three elected to not continue the program in the following quarter, and one student was dropped from the major.

Given that the majority of students are in a professional role where shift and weekend work are expected and of a stage in life where they care for small children or aging parents, personal factors do enter into students' abilities to remain in school. Advisors and faculty work closely with students at risk for not completing to adjust degree plans, provide support, and craft a plan for returning. For both BSN and MN students, academic, personal and family medical, financial, work schedules, other personal factors and being activated for military service resulted in not completing their academic degrees. To support student retention, classes are scheduled late afternoons and evenings and on one day of the week to accommodate working nurses. Academic plans are also revised to allow students to attend on a very part-time basis by enrolling in only one class per quarter.

We currently have no separate mechanism to gauge the satisfaction of students from under-represented groups with respect to the population of licensed RNs. However, we do currently enroll about 30% of our students from underrepresented groups with respect to Nursing, with 4-17% not indicating their ethnicity. From 20-39% of students from 2006-2011 indicated they were from underrepresented groups. If one considers only those who identified with an ethnic group, the percent from underrepresented groups could be as high as 40%. Men are also underrepresented in nursing. The percent who report as male ranges from 8 to 19% since 2006-2007. See Appendix K.

Program Improvements and curricular changes: For Healthcare Leadership students, a major-specific section of THLEAD 350 and THLEAD 451 were created, based on input from students. Having a dedicated course section of Critical Analysis and Writing, for example, seems to be better serving learners' needs. The number of credits for fieldwork was altered to accommodate support for the required portfolio, and the dilemma of overlapping content in a required course THLTH 440 Business of Healthcare and elective course TNURS 412 Healthcare Systems was addressed. In addition, Dr. A Wilson supported the development of a student organization.

For the BSN program, alumni and employer survey data were reviewed in addition to the analysis of student portfolios from 2010- 2011. Areas for improvement were identified and included: adding clinical care/acute care classes (solution: content added to curriculum, including a chronic illness focus in new family course, and access to "special topics" course emphasizing clinical topics, new genetics course). We have altered the survey used to solicit input from employers, deleting questions that may lead respondents to believe they are with the aim of increasing the response rate. Input for "more admin" options (leadership content) is addressed via the new content in TNURS 435 Nursing Leadership, as well as in TNURS 430 Interpersonal Communication, and

TNURS 412 Healthcare Systems. In the case of all BSN courses, decisions about content were based, too, on results of a survey of community college partners and concepts covered in their curricula, to provide for efficient, non overlapping, effective programs of learning.

With respect to the MN program, committee recommendations to faculty resulted in a reduction in the number of required courses in the Community, Populations and Health option to align the number of required credits across options. Content in the relevant course will be redistributed (14 Oct 2010 and 27 Jan 2011). Also, the TNURS 503 Advanced Fieldwork course syllabus was standardized with respect to expectations and requirements (2 Dec 2010). Related procedures for fieldwork planning were clarified and posted (December 2010). The “Independent Study Option” was eliminated as a focus option (27 Jan 2011). With respect to support for students, MN advising methods were reviewed and it was decided that group advising sessions were valuable and would continue (10 Mar 2011). Procedures were clarified for approval of substitutes for core or curriculum option courses (4 Oct 2011) and if independent could be used to meet selected degree requirements (Scholarly Inquiry: coursework option) (4 Oct 2011). Finally, a review of evaluation surveys resulted in changes to the Colleague or Supervisory Survey to delete potentially identifiable links between respondents and alumni, with the aim of increasing response rates (18 Oct 2011).

In recent years, students have had increasing interest in taking courses across curriculum options, to both provide breadth and depth to their knowledge base. As a result, the “coursework option” for the scholarly inquiry requirement was described in greater detail and advising sessions included relevant information in support of this growing trend. In addition, students requested courses with a more traditional “clinical” focus. As result, a TNURS 538 Concepts of Clinical Care and TNURS 590 Special Topics, with an emphasis on physiologic and pathophysiologic responses to illness and injury, are offered as the new MN curriculum is developed. The new MN curriculum will provide additional content on physical assessment, pathophysiology, pharmacology and leadership beginning autumn 2013.

Courses typically taken by undergraduate nonmajors: In THLTH courses, open to all majors, the learning goals/learning outcomes for students are appropriate for non majors; therefore, there is not a need for additional steps to accommodate non majors. In the few courses designed for majors that are open for nonmajors on a space available basis, there are not separate sets of learning outcomes. In the case of the THLTH 360 Healthcare Leadership Strategies and 380 Healthcare Budgetary Analysis and Financial Decision Making, these courses are open to nonmajors on a space available basis; students must obtain permission of the instruction, thereby providing an option to insure the student has the knowledge required to succeed in the course. There have been only three nonmajors enrolled in the 380 course and none in the 360 course to date. As these courses are currently offered, the nonmajors seem to meet course objectives, which are written in such a way as to accommodate learners from a range of professional experiential backgrounds.

Instructional Effectiveness

Methods used to evaluate quality of instruction: Peer evaluation of teaching is required annually and for the merit review and promotion and tenure processes. Overall, student evaluation of teaching in all academic programs is very good. Using a standard UW evaluation of teaching form, the "grand mean" for each quarter is greater than 4.0 on a 1-5 scale. See Appendix G.

During the year, the Teaching Learning Center and the Faculty Assembly have supported professional development activities available to program faculty. Topics range from providing feedback on written assignments to current and future use of educational technology. In addition, on occasion, faculty meetings are used to discuss teaching topics and a BlackBoard site has been established to share resources, all of which are available to those teaching in the program. In addition, the Teaching Learning Center has supported participatory seminars on teaching and evaluating writing (spring 2011) and the Faculty Assembly has supported seminars on using educational technology (autumn 2011) and teaching critical thinking (winter 2012), to share a few recent examples. Through internal funds, the Nursing and Healthcare Leadership program has supported faculty to participate in conferences to support not only scholarly inquiry, but also to enhance content and innovation in teaching.

Funds for updating course/methods: A number of faculty have been funded to upgrade or modify courses. For example, Dr. Janet Primomo received competitive internal funding to transition TNURS 523 Community Health Assessment to a hybrid course. She also revised THLTH 372 Environmental Health: Local to Global, with curriculum enhancement funds from the Milgard Center for Leadership and Social Responsibility. The revised course integrated a policy component and experiential learning, taking learners to the state legislature. New technology, such as BlackBoard's blog feature, was used to support learners sharing their assignments with others. Approximately $28,500 was used to support teaching excellence in the last five years. See Appendix L.

Instructional changes to enhance teaching: The major instructional change across programs in the unit has been to offer more courses in a hybrid fashion. In addition, elective options have been constructed to respond to student requests. For example, TNURS 345: Genetics, Genomics, and Nursing Practice and TNURS 451 Portfolio Completion are offered as hybrid courses. New courses, such as THLTH 490A Special Topics in Healthcare—Human Resources, are offered as hybrid courses in response to student requests. Nearly all faculty place syllabi and other course material online to support student learning. As a result of curricular changes and increased class size and student input, the number of "writing"-designated courses has decreased and a more realistic faculty to student ratio supported for those course. This provides the instructor with a more reasonable student load and the opportunity to provide more individualized feedback.

Teaching and Mentoring Outside the Classroom

For Healthcare Leadership majors, a required capstone experience involves significant experiential learning and regular seminars as well as online learning. Students are paired with experienced staff in a range of settings related to healthcare leadership,

including community clinics, healthcare organizations, risk management offices, private practice physician groups, and public health departments. See Appendix I.

In the RN-BSN program, faculty work with students in a required, five credit RN-BSN course, TNURS 414 Health, Communities, and Populations. Groups of students work with faculty and community organizations to ”apply community and public health nursing principles to prevent disease and promote health”. While there is a lecture component to the course, about six hours/week are spent in the field in practicum to support learning.

The topics of practicum projects are diverse and often develop based on the faculty member’s involvement with community agencies. For example, one BSN practicum group worked with the Tacoma Pierce County Health Department to assess school nurses’ needs related to managing asthma in the school setting; specific emphasis was placed on how school nurses might use the air quality index to the minimize exposure to small particle air pollution caused by wood smoke and other sources. The Tacoma Pierce County Health Department provided another group an opportunity to address the problem of low birth weight in the county. Students are meeting with community members to obtain their perspectives on how to recruit community health workers who will provide outreach to pregnant women. Another group, along with an MN fieldwork student, is working with the Cross Cultural Collaborative to conduct stakeholder interviews about transportation issues and health equity. Still another group of students is working at ethnic meal sites to understand the needs and strengths of diverse populations. Student groups also worked with Tacoma Community House on project “Be safe”, on a health families teaching module, and on a “tobacco free” approach to health.

With MN students, course faculty not only support students in two fieldwork courses, but also chair MN supervisory committees. Fieldwork and other courses often result in direct benefits for a healthcare agency or in a publication. See Appendix M.

In general, faculty have worked to reduce the excessive number of independent studies with students, given the number of requests and the need to chair MN supervisory committees. In a few cases, students collaborate with faculty on faculty service or scholarship. For example, one faculty worked with a Healthcare Leadership student who conducted an extensive search of current health-related legislation and presented a summary of 11 bills that was used at a summer “nurse camp” for high school students, sponsored by a number of educational institutions and MultiCare Health System.

Recruitment and retention of students from underrepresented groups: To encourage students from underrepresented groups to consider baccalaureate and graduate education, the Nursing Program advisor visits community college nursing courses (where students from underrepresented groups are more numerous); the academic program collaborates with community college academic leaders for seamless transition to the BSN and now for the BA in HCL. The advisor visits work sites/hospitals and we encourage alums to refer colleagues. In addition, there are visits to Madigan Army Medical Center to recruit those from the military (an underrepresented group). The advisor and program director visit educational administrators and leaders at other educational institutions to craft articulation agreements and share program developments. The academic program supports the Mary Mahoney Professional Nurses

Association for African American Nurses, through participation in the association's event and sharing and supporting information about scholarship opportunities.

To retain students, classes are scheduled late afternoons and evenings to accommodate working nurses. Individual academic plans are reviewed and revised quarterly, providing a clear description for students, enabling them to juggle professional and personal roles and to adjust to a more part time or full time student status as needed. There are options to revise an individual student's plan to allow less of an academic work load, attending on a very part-time basis by enrolling in only class per quarter.

Ensuring students' steady academic progress and success in the program: Due to reorganization of academic advising for most majors last summer, advising for Healthcare Leadership students is accomplished centrally, via the advising center. Special sessions on planning for fieldwork, for example, are provided by the academic unit. For BSN and MN students, the academic unit provides advising group sessions quarterly, and individual appointments as needed. In addition, a warning is providing in writing at mid quarter if satisfactory progress is not being made in a course. The program academic unit also engages in quarterly review of all majors to determine if they are making satisfactory progress toward the degree. The review considers any violation of the program's "essential behaviors" for all majors and if there is a grade of <2.0 or cumulative gpa<2.0 for BSN and Healthcare Leadership students. For MN students, the review monitors for individual course grades of <2.7 and cumulative gpa < 3.0 as well as satisfactory progress on scholarly inquiry project or thesis. Each MN student has a faculty advisor as well as staff advisor, based on the preferred study option, until a chair for the supervisory committee is selected.

Working with undergraduate and graduate students to prepare them for the next phase of their professional or work lives: From the survey of BSN alums, respondents indicated the extent to which the program prepared them for graduate education. BSN alums responding in with strongly positive mean ratings in 2009 (4.55) 2010 (4.52) and 2011 (3.95) (scale 1 = not at all and 5 = a great deal). Respondents clearly indicated they felt prepared for advanced education.

Currently, the unit offers qualified RN-BSN students the option to enroll in selected graduate courses. In this way, senior undergraduate students are not only exposed to the opportunities graduate education affords, but also obtain the confidence required for qualified RN-BSN students to apply for graduate study. In a minor way, this shortens the number of credits required for a MN. This option has had sufficient success that the criteria for participation have been broadened slightly, to invite more participation. See Appendix D and Appendix N for enrollment information.

In addition, UW Seattle School of Nursing (SON) faculty come to the campus to share information about the Doctor of Nursing Practice options and the option in advanced practice in community health nursing. Intensive discussion and collaboration resulted in a document identifying "articulation options" between the MN offered at UWT and the SON DNP (http://www.son.washington.edu/faculty/support/docs/Tacoma-DNP.pdf). Finally, RN-BSN students are routinely invited to MN information sessions and to attend "scholarship day" during which MN theses and projects are formally presented.

Section III: Scholarly Impact

The broad impact of faculty members' scholarship: The impact of faculty scholarship is broad and diverse. For example, Dr. Christine Stevens' work with homeless youth led her to volunteer at Healthcare for the Homeless (HCH) in Tacoma and this service informs her classroom teaching. Dr. Stevens' BSN students in a required fieldwork course conducted a community assessment based on preliminary plans to develop a mobile healthcare clinic in a van. After six months of collaborative student work and report to the community, the students' findings and report and Dr. Stevens' work resulted in initiation of the "Mobile Medical van", a successful addition to services for the homeless of Tacoma. The following year, Dr. Stevens' MN students conducting focus groups in homeless shelters community-wide. As a result of their efforts and report, Dr. Stevens and the Healthcare for the Homeless Director conducted a workshop at the National Healthcare for the Homeless conference in Washington DC. Dr. Stevens was awarded grant funding to produce a movie that supports communication about university and agency partnerships. Dr. Stevens is now integrating this set of activities into her Social Marketing course, extending the opportunity to learn to non majors.

Dr. Katie Adamson worked in Botswana with the Mochudi HIV Prevention Project, an ongoing investigation into a multi- faceted approach to HIV prevention. The inventory of existing HIV prevention strategies that she helped complete will be used to develop a comprehensive package of HIV prevention tools within the village of Mochudi and more broadly if it is successful. This work will be presented at the Western Institute for Nursing research conference this spring.

Dr. Sharon Fought provided intensive consultation to Olympic College's Nursing programs to develop a BSN program, the first such degree in a community college on the west coast. Adhering to community college, nursing accreditation, state law, and other standards, a "dual admission/dual enrollment" option was crafted to enable students to start their BSN earlier than Olympic College could have independently. Engaging administrators, advisors, librarians, faculty and staff, Dr. Fought and her counterpart at Olympic College worked with colleagues to develop publications, standards and procedures for recruitment, admission and graduation; a curriculum designed to meet regional needs and national accreditation standards. UWT faculty were engaged in faculty development of and joint teaching with their colleagues. As a result, the geographically isolated Kitsap Peninsula has now a BSN program, vital to the delivery of healthcare in that region.

Dr. Janet Primomo has been an active member of both local and statewide asthma partnerships. In her asthma prevention work, she advises both groups on program evaluation, has organized a regional educational program on asthma, and has linked graduate students to fieldwork activities, including a tribal community. She recently served on a regional task force to address air quality issues and has involved TNURS 414 practicum students in this work.

Dr. Denise Drevahl and Dr. Kathleen Shannon Dorcy provided consultation to the School of Nursing at UC Davis, sharing their expertise via a keynote address at the University of California System Wide Faculty Development Event at the Moore School

of Nursing (March 2011). They shared their expertise in teaching, fieldwork and research with respect to facilitating learning of “Doing Justice to Social Justice”.

Dr. Marjorie Dobratz, in conjunction with Dr. Janet Primomo, analyzed MN students’ scholarly inquiry from 2004-2009. A publication of this analysis is scheduled for summer 2012 and confirmed the program’s mission of maintaining community partnerships, preparing future faculty, and improving healthcare outcomes in regional healthcare settings. An abstract that she submitted on how MN students’ scholarly projects are translated into practice to improve healthcare outcomes was accepted for an international presentation. Dr. Dobratz’ publications on end-of-life issues and her work on advancing the theoretical concepts of the Roy Adaptation Model (RAM) continue to be used and cited nationally and internationally. She is contributing a chapter on loss to a forth-coming RAM-based textbook that is focused on middle-range theories. The end-of-life concepts that she has researched (pain, spirituality, psychological adaptation), as well as RAM holistic nursing concepts are used to inform her teaching in courses that she has developed on chronic illness, clinical care, and hospice/palliative care.

See Appendix C.

Students’ impact on the field: There are no postdoctoral fellows in this unit. MN program graduates provide a significant number of faculty in regional community college programs. Exemplars of MN students’ group work in TNURS 509 Evaluation and Decision Making in Healthcare that are now being implemented in regional practice settings and that are now institutional wide policies include protocols aimed at reducing violent/disruptive patient behavior in Emergency Departments (EDs), a policy for decreasing catheter assisted urinary tract infections, and admission of sepsis patients from the ED, for example. MN students’ scholarly inquiry projects are most often applicable in practice settings. Exemplars include development of asthma education and home visit training, simulation case studies on transfusion related acute lung injury for nursing students, and implementation of protocols to improve end of life care in one major health care agency. MN alums administrators, educators, school nurses and practice in hospitals, hospice, and the community. See Appendix M.

Disciplinary advances, changing funding patterns, and trends as influences: The increasing complexity of healthcare ,with emphasis on decreasing healthcare costs, is pushing changes in the curriculum which will begin to influence scholarly inquiry. Advances in the field, changing CCNE accreditation standards, and the expectations from the Master Plan for Nursing Education in Washington State and the Institute of Medicine (IOM) are forces that are pushing the need for more RNs to be prepared as BSNs. In response, we must consider ways to expand access to the BSN, particularly in more remote areas of the state. Resulting creative activity includes a manuscript on the BSN in the community college setting, currently under review, and a proposal to RWJ focusing on the BSN in the community college setting. The interest in being designated as a magnet hospital has also added to the interest in the RN-BSN program, evidenced by the offsite cohort in Olympia and requests from other agencies.

For those electing to pursue nurse educator roles, content will added in physical assessment, pathophysiology, and pharmacology. Reduction in national funding for research and training grants, which would have supported this study option and related

curriculum change, have had an adverse effect. For example, a tricampus post masters nurse certificate's RFP was significantly altered or cancelled twice, resulting in no option to request funding for a proposal in which significant work had been invested. That said, the program has worked to support scholarship with internal funds.

Both the Master Plan and IOM reports call for nursing to focus on significantly increasing the number of nurses with a BSN. UWT's role in this is vital, as we are the South Puget Sound region's BSN program for RNs with an associate degree. In addition, these two influential organizations call for increasing the number of RNs with graduate degree to serve as faculty and influence the direction of research. This, too, will influence faculty research in coming years.

The need for predictable, flexible options for learning has resulted in development of a number of hybrid course options. Faculty's increasing interest in and use of educational technology in teaching and research continue will continue to grow. The challenge for faculty is to determine the best match of in-class vs online and hybrid learning in the context of course content and learners' requests for a blend of face to face and online learning.

Collaborative and/or interdisciplinary efforts: With faculty from Social Work, Dr D Drevahl engaged in research, presentations and a publication, supported by the Research Royalty Fund, on "Women, abuse, and the welfare bureaucracy".

For a new major in law/justice in Interdisciplinary Arts and Sciences (IAS), several faculty provided input. As a result, an option in health policy using courses housed in this academic unit will be offered.

Collaborating with faculty from two academic units (Education and IAS), Dr. D Drevdahl and education faculty collaborated to co-teach a freshman core course and also teaches an ongoing elective with IAS faculty.

With faculty from Social Work, Dr. J Moceri co authored a published manuscript on "The importance of social connectedness in building age-friendly communities.

With faculty from Pacific Lutheran University and the University of Puget Sound, Dr. C Stevens and C Tashiro collaborated to conduct the evaluation for a large, urban housing redevelopment area. As a result, regional and international presentations have been shared and a book manuscript is underway.

For graduate students in IAS, faculty shared their expertise through membership on supervisory committees. As a result, theses were developed in more depth, with an interdisciplinary contribution, and in compliance with IRB regulations.

Most important, the academic unit offers a number of number of courses open to nonmajors, in which faculty expertise can be shared across disciplines.

Supporting new Assistant Professors: For at least our most recent three Assistant Professors, the Program organized its resources to grant a quarter off from teaching responsibilities, to focus on research for faculty not yet tenured. In addition, some priority for in-program funding to support research has been possible. During the first year, Assistant Professors meet at least quarterly with the Director and steps are taken to reduce committee service expectations. Finally, during the quarter before submission

of the tenure packet, some release from teaching responsibilities and the support of staff to assembly tenure packets has been provided.

This year, with a new Assistant Professor and larger class enrollments, we partnered the new faculty for at least one course per quarter with a more experienced faculty. In this way, the new faculty develop professional peers, engage in informal peer evaluation of teaching, and have support, if needed, in the classroom and during evaluation activities. This autumn, the more experienced faculty provided teaching evaluations of the new faculty's performance; the new assistant professor is now beginning to teach independently each of the courses that she co-taught with experienced faculty. A similar approach is used in orienting new Assistant Professors to the role of chair of supervisory MN committees.

For the current experienced and the new Assistant Professor, regular informal meetings are held with the program Director to address topics that can maximize success.

Strategies to recruit and support faculty from underrepresented groups: In Nursing and Healthcare Leadership, steps taken include: advertising in selected journals, including those focused on Hispanic and African American Nurses; using our professional networks to identify and reach out to prospects from underrepresented groups; and encouraging our highly capable MN grads to pursue doctoral education.

We have had some success in this area: until June 2011, a tenured Associate Professor C Tashiro was on faculty, and is now Emeritus. Until December 2011, lecturer J Edwards was a lecturer. Currently, Dr R Evans-Agnew, a male, is a part time lecturer.

Section IV: Future Directions

Related to changes in national accreditation standards, we have developed and are now beginning to implement a new BSN curriculum. Additional changes to the curriculum will be influenced by alum and employer ratings, most of which won't be available until 2013-2014. In addition, we are beginning to plan for mandated changes to the MN curriculum, which will be deployed in autumn 2013.

The Master Plan for Nursing Education (www.wacenterfornurisng.org, March, 2008) states that by 2020, all newly licensed RNs have or obtain a BSN within 10 years, and that Washington State must take several steps to address the faculty shortage in nursing. In addition, the Institute of Medicine's recommends "seamless transition to higher degree programs" for all nurses, with an eye toward increasing the number of qualified faculty as well as having a "greater number of nurses enter the workforce with a baccalaureate degree…"or to earn such a degree early in their professional career (http://www.nap.edu/openbook.php?record_id=12956&page=7). These mandates are driven by the complexity of health care and near-retirement age for a significant percentage of RNs and faculty. We have invited two of our partner community college nursing programs to discuss new options for increasing enrollment in the RN-BSN program, building on existing highly functional articulation agreements and pilots with "dual enrollment" options. In addition, faculty are again considering expanding access to the ADN to MN option, providing efficient career advancement for more highly qualified RNs.

We anticipate expansion of the RN-BSN program and possibly the MN, using hybrid approaches in support of additional access to higher education. In addition, the academic unit has just begun to acknowledge the possible need for graduate study for current HCL majors, to support their career progression.

With the UWT Education program, we have submitted a proposal to initiate an EdD. Should this be approved, we would be developing curricular materials and the associated infrastructure required. We are beginning discussions with the Physicians' Assistant program, interested in operating a cohort at UW Tacoma.

We continue to identify opportunities to apply for funding to support faculty scholarship and innovations in teaching.

How does the unit intend to seize these opportunities and reach these goals? We would pursue the goals above and others in collaboration with others on campus. For example, we will collaborate with the Education program to offer the proposed EdD. With respect to a graduate program in healthcare leadership or administration, we would likely consult with the Business Administration as well as the Computing and Software Systems Program, given the importance of informatics. With respect to the MEDEX program, we are in very early stages of discussion.

In all cases, clear, ongoing communication and collaboration are essential not only to effectively reach mutual goals, but also to enhance innovation in teaching, scholarly inquiry and service.

We will continue to use as resources key staff at UWT to support competitive

applications for funding. In addition, we will collaborate with the other UWS School of Nursing and UWB Nursing as in the case of recent applications to RWJ and a pending contract with a higher education institution in Saudi Arabia.

Our current benefit and impact regionally, statewide, nationally, and internationally: The adoption of student-developed protocols by regional healthcare institutions, development of curricula and patient education resources by graduate students, and the number of UWT alumni currently employed as community college faculty in the region serve as examples of the regional impact of the BSN and MN programs. In the case of academic nursing programs at two regional community colleges, the faculty were instrumental in collaborating to plan and implement new degree programs. At Pierce College, faculty and graduate students designed the plan for program evaluation, a critical step in the path to national accreditation. In the case of the BSN at Olympic College, UWT Nursing faculty collaborated to plan recruitment, advising and admission policies, curriculum, teaching approaches, evaluation, and faculty development. BSN students made key contributions to one medical center's being awarded MAGNET status.

On the national level, Drs. Drevdahl and Shannon Dorcy presented on social justice and nursing education at the University of California System-wide Nursing Faculty Development meeting. They had a NINR funded grant in which they studied the decision making of patients and their family caregivers as they made the decision to participate in research at a quaternary cancer research center. Findings from this study were recently published in Cancer Nursing. In general, patients and family members make the decision to enroll in clinical trials well before they participate in any consulting conferences in which the risks and benefits of the various trials are explained. Findings from the study have national and international implications for the role and timing of informed consent conferences.

Dr. Stevens has consulted at national conferences on healthcare for the homeless and provides consultation for other academics planning to engage their students in providing healthcare to this under served group.

The recognition of Dr. Dobratz's work on development of the Life Closure scale and work with the Roy Adaptation theory has been recognized with national awards and publications.

On a global and international basis, the work of faculty continues to advance nursing science and promote interdisciplinarity, For example, the work with the homeless by Drs. Stevens and Adamson's work with HIV patients in Africa is benefiting these populations. As well, the Life Closure Scale developed by Dr. Dobratz is being used by internationally psychologists, clergy, and physicians. She is involved in a significant contract on nursing education pending with the Saudi government. The work by Drevdahl and Shannon Dorcy has significant global implications.

The recently published book on elderly adults of mixed race and the presentations about healthcare for the homeless in Washington DC are influential factors at a national level. Stevens' and Tashiro's scheduled international presentation in Sweden about the evaluation and impact of the Salishan area redevelopment project adds to the examples demonstrating the unit's impact and commitment to social justice.

Part B: Unit Defined Questions

1. To what extent are Master of Nursing alumni prepared to:

- Evaluate the adequacy of underlying knowledge from nursing science, related fields, and professional foundations as it informs nursing practice.
- Competently assess, manage health-related issues with a defined population or care system, and evaluate the effectiveness of these nursing practices.
- Utilize knowledge and skills in professional practice among diverse and multi-cultural populations.
- Demonstrate competence in development of inquiry relevant to practice, education, or administration.
- Develop and utilize leadership strategies that foster improvement of healthcare.
- Articulate ethical issues and responsibilities involved in nursing practice.

Outcomes indicating MN alumni were prepared to demonstrate program goals can be based on alumni survey responses at one, three, and five years. With mean ratings of 4.13 (1=not at all, 5=a great deal) for 2009, 2010 and 2011, responding alums believe their abilities were augmented or enhanced with respect to program goals. In addition, we reviewed alums' colleague or supervisor ratings. Unfortunately, the number of responses is low. That said, only one response was less than 4.0, and that was in the area of 'do what extent does the graduate develop and utilize leadership strategies…". With a rating of 3.67 (round to 4), this rating is certainly respectable, but not as high as we'd like. With the implementation of significantly more required content on leadership in the new MN curriculum, to be implemented in 2013, all students will be required to demonstrate learning outcomes related to leadership theory and practice. With respect to qualitative comments of responding colleagues and supervisors, strengths of graduates included strong research perspective, cultural sensitivity and humility, critical analysis clinical judgment, communication and diagnostic skills, teaching skills, systems thinking, leadership. Suggestions for content to be added included program evaluation, additional research, and teaching experience. We have also altered the survey of colleagues and supervisors, deleting potentially identifiable information with the aim of improving response rates.

Though we are pleased when our students complete the MN, we wondered if engagement in graduate study influences students' decisions to stay in nursing. Given the current and projected shortage of RNs, especially those with graduate degrees, we hoped pursuing a MN degree motivated alums to continue working as a RN. Mean ratings were 3.94, 3.86 and 4.0. From this, we can assume pursuing the MN may be a positive influence on the decision to remain a nursing professional.

2. To what extent are the scholarly inquiry products designed to have the potential to improve health outcomes? Outcomes from this program self study that respond to the question include exemplars of scholarly inquiry products used in practice and publications. If one assumes that practice-oriented publications resulting from MN scholarly inquiry or course activities have the potential to improve practice, there is

evidence. To systematically collect evidence to respond to this question, we have ask graduating students about use of their scholarly inquiry and fieldwork activity and if these are used in practice to improve health. Currently available examples of such products are available in Appendix M. Selected publications resulting from student work include the following publications in scholarly journals. As this self study request we do not use student names, we are listing the articles below without author names,

- Ethnic and Racial Differences of Baseline Stroke Knowledge in a "Stroke Belt" Community
- Maternal Navigational Strategies: Examining Mother-Daughter Dyads in Adolescent Families of Color
- Prenatal Care Disparities and the Migrant Farm Worker Community
- Children in Foster Care: A vulnerable Population at Risk
- Developmental Health of Infants and Children Subsequent to Foster Care
- The Dying Neonate: Family-Centered End-of-Life Care
- An Ecological Model of Workplace Bullying: A Guide for Intervention and Research
- International perspectives on workplace bullying among nurses: a review
- Videophone utilization as an alternative to directly observed therapy for tuberculosis
- Respectful Death: A Model for End-of-Life Care
- A Resident Survey Study of Orthopedic Fellowship Specialty Decision Making and Views on Arthroplasty as a Career
- A Translational Research Evaluation of the Stay Active and Independent for Life (SAIL) Community-Based Fall Prevention Exercise and Education Program
- The utilization of geographic information systems to create a site selection strategy to disseminate an older adult fall prevention program
- Role-Governed Behaviors of Stepfathers in Families With a Child With Chronic Illness
- Leading Change During an Inpatient Critical Care Unit Expansion: Kotter's Eight Steps Provide a Framework for Success.

3. To what extent does the BSN prepare alums for graduate study? To respond to this question, we considered if the BSN, with respect to curriculum and accreditation, prepares one for graduate study and, clearly, it does. The emphasis on research, scholarly writing and critical thinking effectively prepares BSN graduates to succeed in an advanced degree program. The ADN-MN option encourages qualified students to enroll in a graduate course, to experience graduate education, and embark on a slightly more efficient path to MN degree.

We analyzed data to describe the number of BSN alums (N=1064) who are currently enrolled in or complete a degree on a UW or other campus. For the MN degree, 184 earned the MN at UWT, UWB or UW Seattle. Eleven additional students are in or have completed the DNP or PhD at UW Seattle. We are aware of nine additional BSN alums who have earned a graduate degree and two who are in doctoral study elsewhere. We can verify that 19% of BSN graduates are in or have completed additional graduate study. Given the complexity of healthcare, we should aim to increase that percent.

4. What efforts have been under taken to best prepare our students for graduate education? We examined our BSN curriculum with respect to the new accreditation

standards, assuming that compliance with the standards would adequately prepare BSN alumni for graduate study. Our new curriculum is being implemented and addresses all standards. The BSN curriculum includes courses emphasizing scholarly writing, critical thinking, and using an evidence base in practice. In addition, effective communication and the capacity to work with diverse colleagues, policy and emerging topics such as genetics and genomics are addressed in the curriculum. Review of available data indicates that for BSN alums enrolled in the UWT MN program, none failed to progress based on academic ability. The academic unit does not have the capacity to obtain such information from other institutions. It would appear that for those BSN alums who enroll in graduate education, there has been adequate preparation via the BSN program.

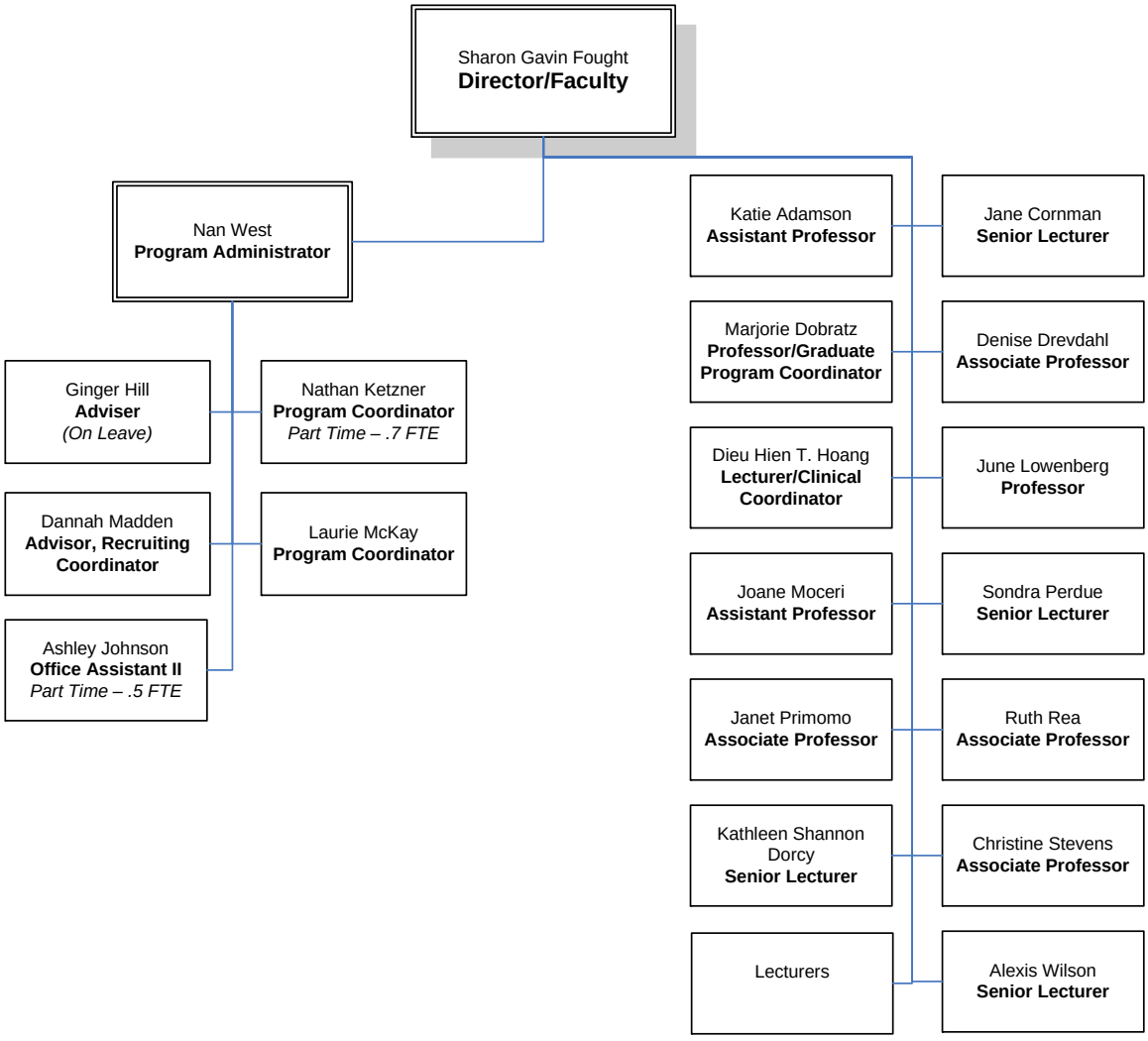
Efforts and plans to best prepare our students for graduate study include encouraging qualified students to consider the ADN-MN option. We are currently considering plans to make this option available to part time as well as full time students. We would prefer more qualified students take advantage of this opportunity.

On occasion, a highly qualified BSN student is encouraged to enter doctoral study; our experience is one of the student being very successful. In some cases, we have encouraged BSN students to take graduate courses in anticipation the course contributing to their program of study in the Doctor of Nursing Practice (DNP) program, for example. Intended primarily to assist current MN students, BSN students have expressed interest in direct admission to the DNP, Drs. Primomo and Tashiro collaborated with UWS School of Nursing colleagues to craft an "articulation analysis" of UWT courses that might be best suited for those intending to pursue the DNP in community health systems. http://www.son.washington.edu/faculty/support/docs/Tacoma-DNP.pdf In addition, UWT faculty collaborate with Seattle colleagues to plan and offer DNP information sessions on our campus. Faculty provide advice, support, and consultation for BSNs interested in graduate study and also provide support to those ADN-MN students enrolled in graduate courses.

5. For the new BA in healthcare leadership, what plans are there for the continuing evolution and development for this degree option? The academic program has committed to exploring the option to offer a graduate degree. Such a degree would respond to requests from current Healthcare Leadership students and alums as well as stakeholders from regional healthcare systems. Discussion of this new graduate degree is very preliminary. Continued planning must first identify and engage others on campus and key stakeholders in the community, even at this early stage. With a MBA program and UWT faculty expertise in data analysis, policy, and economics, there are some "natural partnerships" to be pursued. In addition, a new degree offering could take advantage of existing graduate nursing courses emphasizing research and policy. Courses created to support a new degree would also provide options to MN students. For the academic unit, logical next steps include a clear commitment to determine the need and interest, creating a planning group, consulting with key stakeholders, consideration of possible accreditation requirements, and preliminary discussion of funding.

Part C: Appendices

Appendix A: Nursing and Healthcare Leadership Program Organization Chart



Appendix B: Budget Summary

UW Tacoma Nursing and Healthcare Leadership Programs
State Budget

(GOF funds includes permanent and temporary funding)

Budget Categories	2007-09 Bieniennum	2009-11 Bieniennum	2011-13 Bieniennum
Salaries 01			
Faculty & Staff	$2,300,307.00	$2,491,610.00	$2,502,750.00
Operations			
02, 03, 04, 05, 06	$69,345.00	$76,269.00	$78,676.00
Total	$2,369,652.00	$2,567,879.00	$2,581,426.00

Appendix C: Faculty

University of Washington Tacoma Nursing Faculty 2010-11

Name	Rank	Appt. Type	Affiliation with Other UW units
Dobratz, Marjorie	Professor	Tenure Track	
Drevdahl, Denise	Associate Professor	Tenure Track	
Fought, Sharon	Associate Professor	Tenure Track	UWS, School of Nursing-Biobehavorial
Landenburger, Karen	Professor	Tenure Track	UWT, Education
Lowenberg, June	Professor	Tenure Track	
Moceri, Joane	Assistant Professor	Tenure Track	
Primomo, Janet	Associate Professor	Tenure Track	
Rea, Ruth	Associate Professor	Tenure Track	
Stevens, Christine	Associate Professor	Tenure Track	
Tashiro, Cathy	Associate Professor	Tenure Track	
Bray, Heidi	Lecturer	Non-Tenure Track	
Brooks, Jayna	Lecturer	Non-Tenure Track	
Cornman, B. Jane	Senior Lecturer	Non-Tenure Track	UWS, School of Nursing-Family & Child
Edwards, Jillian	Lecturer	Non-Tenure Track	
Flint, Ruth	Lecturer	Non-Tenure Track	
Hoang, Dieu-Hien	Lecturer	Non-Tenure Track	UWS, School of Nursing-Biobehavorial
Johnson, Susan	Lecturer	Non-Tenure Track	
Magnuson-Whyte, Sarah	Lecturer	Non-Tenure Track	
Perdue, Sondra	Senior Lecturer	Non-Tenure Track	UWT, Education
Shannon Dorcy, Kathleen	Senior Lecturer	Non-Tenure Track	
Wilson, Alexis	Senior Lecturer	Non-Tenure Track	

for faculty CV's go to:
http://www.tacoma.uw.edu/nursing/faculty-review

Appendix D: HEC Board Summary

Existing Program Review: HEC Board Summary

Name of unit	Nursing and Healthcare Leadership
Name of school/college	University of Washington Tacoma
Degree title(s)	Bachelor of Science in Nursing
	Master of Nursing
	Bachelor of Arts (Major in Healthcare Leadership)
Year of last review	Final report issued June, 2002
Current date	February 29, 2012

A. Documentation of continuing need, including reference to the statewide and regional needs assessment:

Continuing need for the MN and BSN: faculty shortage: The Master Plan for Nursing Education was developed in 2008 by the Washington Center for Nursing under a contract from the Department of Health. The report describes priorities, including reducing the nursing faculty shortage. The report cites the National League for Nursing (2005) study indicating 75% of the nurses currently in faculty roles in the US would likely retire by 2019. We have seen this in our state, with 40% of deans and directors of nursing programs reporting they expected to retire in 2010 (Master Plan for Nursing Education http://www.wacenterfornursing.org/nursing-education/master-plan-for-nursing-education/ .The report estimated, too, that Washington state required 150 new nursing faculty positions, based on 2008 data, to support the needed expansion of prelicensure programs to address the looming shortage of RNs. The 2011 Update to the Master plan described implementation strategies to increase the number of RNs prepared as faculty, as the shortage of faculty continues. Currently, each quarter UWT Nursing receives requests to post ads for faculty, as our community college colleagues are challenged to fill these positions. In addition, the increasing complexity of healthcare and the Institute of Medicine report also call for more nurses to be prepared at higher levels of education, underscoring the need for the master's program at UWT. (http://www.nap.edu/openbook.php?record_id=12956&page=7). The 2011 Update to the Master Plan again described implementation strategies to increase the number of Registered Nurses prepared as faculty, as the shortage of faculty continues.

Need for RN-BSN education: Nationally, there is significant momentum to require a bachelor's degree for continued licensure as a RN, with 80% of all RNs to have a bachelor's degree by 2020 as a national goal established by the Institute of Medicine. The Master Plan for Nursing Education for Washington State, as well as the Institute of Medicine, called for increasing numbers of RNs to be prepared at the bachelor's level, given the complexity of healthcare and demands on the profession today. The movement for hospitals to acquire "magnet status" also mandates that a high percent of RNs hold the bachelor's degree. Support of a partially offsite cohort of RN-BSN students in Olympia was in response to this standard. The RN-BSN at UWT has

efficient, effective articulation agreements with regional community colleges, enabling students and their families and academic advisors to plan for professional development, one step at a time. As these forces gain momentum, we will see demand to expand enrollments.

The need for RN-BSN programs--building on associate degree education: Critical to educating more nurses to assume faculty roles is providing a career and academic ladder for the increasing number of associate degree-prepared RN. To respond to the need for more faculty, for the nursing workforce to reflect the ethnicity of our population, and to respond to the Master Plan priority of "BSN within 10 years of licensure by 2020" http://www.wacenterfornursing.org/uploads/file/master-plan-nursing-education/WCN%20MP%204_2_08.pdf , the RN-BSN program has expanded and must continue to do so.

The need for RN-BSN programs: workforce needs: As RNs are the largest employee group in the healthcare sector, our healthcare system would be at risk, should there be insufficient RNs, both in quantity, quality and educational preparation to support the system. The Washington State employment data projects over 2800 annual job openings for RNs 2014-2019, a clear indication of the need for the BSN and MN programs. http://www.wtb.wa.gov/HighDemandMidLevelHealthOccupations.asp

Continuing need for BA in Healthcare Leadership program: To establish the need for this new program, currently enrolled UW Tacoma students, Community Advisory Board and stakeholders were consulted. The interest in the program from these sectors continues.

In 2011, two of the top five and three of the top 21 employers were healthcare organizations, excluding Madigan Medical Center. Clearly, healthcare is a significant employment sector in our region.
http://wwwb.thenewstribune.com/databases/top_employers/index.php

We are in the third year of the program and have had only one cohort graduate. The headcount for year three of the program or autumn 2011, projected at 25, is nearly 70. We projected 10 graduations by June of year 2 (2011) and posted 7. However, there were four additional graduates in December 2011, placing us on target. The fieldwork experiences of these students have been productive and resulted in service to the agencies in which they are placed. While we won't survey graduates and their employers until summer 2012, we are aware informally that most are employed, one was recently employed to open and manage a new healthcare clinic and two more are finalists for new roles. We are in discussion with community college partners about how to better advise students so that their eventual transition to upper division work is smooth and seamless.

B. Assessment information related to expected student learning outcomes and the achievement of the program's objectives

Results of assessment of student learning in each program of study

Student learning at end of program: As a means to assess learning, the academic unit asks graduating students to rate the extent to which they met program goals (1 = strongly disagree to 5 = strongly agree). This rating is particularly important in the new

BA in Healthcare Leadership degree as it is the first group of graduates. For five program goals, four were rated 4.1 or higher and one at 3.86 (round to 4.0).

During their final quarter, graduating BSN students rated the extent to which they met program goals. For 197 students graduating spring 2011, 2010, and 2009, all ratings were 4.2 or higher (scale 1 = low, 5 = high).

Graduating MN students' self assessments of learning was collected during their final quarter. For 57 graduating MN students for spring 2011, 2010, and 2009, all ratings of the extent to which students felt they met program goals were 4.3 or higher.

In summary, these mean ratings indicate that graduating Healthcare Leadership, BSN and MN students perceived they met program goals at a high level. Please refer to the table below for mean ratings.

Graduating Healthcare Leadership student satisfaction and learning based on achievement of program goals

(Scale: 1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5= strongly agree)

Survey year Total responses *Results are mean ratings*	2011 N=7
Use multiple communication strategies that enhance positive human relationships considering both healthcare clients/customers and workforce personnel.	4.14
Demonstrate the ability to integrate both theoretical and experiential knowledge relevant to leadership in the healthcare environment.	4.14
Integrate ethical behaviors into healthcare leadership practice.	4.71
Demonstrate knowledge of the healthcare environment that includes synthesis of the cost, access, and quality challenges and the ability to generate solutions to these challenges.	4.29
Demonstrate basic budgeting, outcomes measurement, and information management.	3.86

Graduating BSN student satisfaction and learning based on achievement of program goals

(Scale: 1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5= strongly agree)

Survey year Total responses *Results are mean ratings*	2011 N=75	2010 N=55	2009 N=67
Communicate clearly and succinctly in speech and writing.	4.2	4.3	4.3
Promote effective communication between clients from various socio-cultural and linguistic backgrounds and representatives of the health care and social service systems.	4.2	4.2	4.3
Demonstrate critical thinking, clinical decision-making and psychomotor skills necessary for safe and competent practice.	4.3	4.5	4.5
Demonstrate cultural sensitivity as shown by thought processes and behavior.	4.3	4.4	4.5

Provide nursing care that preserves and enhances client's dignity and perceived goodness of fit with the immediate and expected environments.	4.3	4.4	4.6
Integrate methods of research and scholarship in making and prioritizing diagnoses, and in planning, implementing and evaluating care of individuals, groups, and communities.	4.3	4.4	4.5
Assess health and incorporate principles and methods of health promotion and health education in nursing care of individuals, groups, and communities.	4.3	4.4	4.5
Accept accountability for own expertise and for using that expertise to influence systems of care and health care policy.	4.4	4.3	4.5
Demonstrate comfort with requirements for adaptation to changes in care settings.	4.3	4.3	4.6
Demonstrate awareness of limitations in knowledge and activity seek learning opportunities to continue competent practice.	4.3	4.5	4.8

Graduating MN student satisfaction and learning based on achievement of program goals

(Scale: 1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5= strongly agree)

Survey year Total responses *Results are mean ratings*	2011 N=18	2010 N=17	2009 N=22
Evaluate the adequacy of underlying knowledge from nursing science, related fields, and professional foundations as it informs nursing practice.	4.3	4.7	4.5
Competently assess, manage health related issues with a defined population or care system, and evaluate the effectiveness of these nursing practices.	4.4	4.6	4.5
Utilize knowledge and skills in professional practice among diverse and socio-cultural populations.	4.3	4.8	4.6
Demonstrate competence in development of inquiry relevant to practice, education, or administration.	4.3	4.7	4.6
Develop and utilize leadership strategies that foster improvement of health care.	4.4	4.5	4.4
Articulate ethical issues and responsibilities involved in nursing practice.	4.4	4.7	4.7

Summary of Healthcare Leadership, BSN portfolios: An analysis of fieldwork weekly logs and reports used for June and December 2011 graduates revealed student learning activities consistent with meet program goals, including evidence of effective communication with individuals and teams, ability to collect and analyze information, capacity to integrate knowledge of theoretical and experiential learning, and definition of and action to address ethical challenges. Students were placed in fieldwork sites and

completed fieldwork-based projects and learning activities consistent with program goals and learning outcomes. Please refer to the list of examples on the table below.

Examples of Activities of Healthcare Leadership Students in Fieldwork

Participation in **"**The National Association of Free Clinics (NAFC), in partnership with the Washington Free Clinic Association, (WFCA) will be holding a one-day free clinic … in the Tacoma Dome, providing free primary and preventative health care services to an estimated 1,200 uninsured adult residents of the Seattle-Tacoma area. http://www.tacomadome.org/shared/event_detail.aspx?EventID=57702890&WebLink=4C1.2613D7D3 The student oversaw the "vision" health aspect of the event and following the event, distributed glasses to those in need.
Risk management activities, participated in surveying across 5 hospitals what "safety equipment" (oversized wheelchairs, weights) were present.
Human resources department: reviewed and wrote up responses to complaints; the union was involved, so there was the opportunity to learn how to work with and respond when collective bargaining agreements are in place
Epidemiology at the Health Department: worked on the "tobacco" section of the "Pierce County risky behaviors" report; analyzed data, created graphic displays (graphs) and presented the information
Analyzed data about demands for and needs for new clinic
Focusing on variance analysis, analyzed data at a clinic, focused also on JCAHO requirements
Human resources/payroll: worked with staff in a major clinic management/admin office with a focus on managing physicians' payroll
Policy: revised HIPAA policy and procedures so that it was compliance with new regulations
Responded to patient complaints: analyzed the situation and drafted a response and proposed action

RN-BSN students complete portfolios during their final quarter of study. For 2010-2011, for example, analysis of 59 portfolios was based on BSN program goals and indicated, "…students reported improved communication style and skills since starting the BSN program. Improved communication skills appear to influence both personal and professional relationships including the students' ability to work collaboratively and resolve conflict in the workplace. The major themes related to this goal were:

- Increase ability to communicate and collaborate with peers, staff, patients, families, and other health professionals.
- Improved conflict management skills and ability to work towards common goals in the clinical environment."
- Improved research and writing skills, enhanced leadership abilities and share a desire to continue their professional nursing education.

Assessing alumni satisfaction: Surveys of all alumni are conducted at one, three, and five years post graduation to gauge satisfaction and extent to which program goals were met. For BSN alums surveyed in 2009, 2010 and 2011 (N=69) in response to the item on how well the program met their own individual educational goals, mean ratings were 4.32, 4.79 and 4.45. In response to "how well did the program provide access to higher education?", means were 4.68, 4.60 and 4.45. (1 = not at all, 5 = a great deal). This

latter item is important as UWT was established on the premise that it would provide additional access to higher education.

Surveys of MN alumni at one, three, and five years post graduation gauge satisfaction. For MN alums surveyed in 2009, 2010, and 2011 (N=57) for the question asking the extent to which the academic program met alums' own educational goals, responses were 4.5, 4.71, and 4.67. In responses to "how well did the program provide access to higher education, means were 4.82, 4.81 and 4.94. (1 = not at all, 5 = a great deal). These ratings indicate satisfaction with the program in terms of alums having met their own, individual learning goals.

Surveys of alums: Ratings of the extent to which BSN and MN alums perceived they met program goals at one, three, and five years post graduation can also serve as an indicator of satisfaction as well as learning. Mean ratings for 2009, 2010 and 2011 for BSN alums were all 4.0 or greater (one rating of 3.95 rounded to 4.0). For MN alums for the same time frame, all mean ratings were 4.0 or higher. (1 = not at all, 5 = a great deal). These are extremely high ratings, indicating satisfaction with the program. Please refer to table below. Pursing their degrees appears to have motivated BSN and MN Alums to continue working as an RN.

Surveys of Employers and Colleagues: At one, three, and five years post graduation, supervisors of BSN alums and supervisors or colleagues of MN alums are surveyed to determine the extent to which alums meet program goals.

For BSN alums, the return rate is less than desired. However, for those responding (N=23), feedback is very positive. For 11 statements for which supervisors rate alum competencies, all ratings are 4.14 or higher. Among strengths mentioned are accountability, leadership, communication, critical thinking, using evidence base and research in practice. Among areas suggested for improvement are additional focus on management and healthcare economics. New leadership courses in the BSN program should address these isolated concerns.

For MN alums, the return rate is less than desired. However, for those responding (N=24 in last 3 surveys), the feedback is very positive. In responses to 11 items, only one mean rating was less than 4.0, and that was 3.67 (round to 4) Among the strengths mentioned were critical analysis, problem solving, teaching skills, negotiation, systems thinking, use of the research process. Among suggestions for content that should be included in the program to further support graduates were program evaluation and more research. There are currently courses in program and clinical evaluation which MN students may or may not take, depending on their preferred area of study. Currently, students take at least six credits in research, with many taking an additional six credits in planning and conducting scholarly inquiry. In the new MN curriculum, there will be additional content on leadership topics and program assessment. Please refer to the tables below.

Bachelor of Nursing Alumni – Satisfaction with Program and Achievement of Goals

(Scale: 1=not at all, 2=a little, 3=some, 4=quite a bit, 5=a great deal)

Survey year **Total responses** *Results are mean ratings*	**2011** **N=22**	**2010** **N=25**	**2009** **N=22**
How well did the program meet your educational goals?	4.45	4.79	4.32
UW Tacoma is designed to provide access to higher education. How well did the program provide access to education for you?	4.45	4.60	4.68
To what extent did the program prepare you for advanced education?	3.95	4.52	4.55
To what extent did pursuing your degree motivate you to continue working as a registered nurse?	4.05	3.96	3.73
Extent to which program enhanced or augmented your ability to:			
Address conflict in my professional practice.	4.05	3.64	4.23
Incorporate family strengths in designing interventions when working with families.	3.86	3.88	4.10
Identify human responses to illness, injury, or life events and define appropriate therapies.	4.29	4.08	3.73
Provide care beyond the individual, to families, community, and/or populations.	4.14	3.96	3.68
Build collaborative partnerships and relationships to promote health.	4.15	4.12	3.95
Write scholarly papers.	4.60	3.75	4.14
Communicate clearly and succinctly in speech and writing.	4.30	4.38	4.45
Promote effective communication between clients from various sociocultural, linguistic, and other diverse backgrounds and representatives of the health care and social service systems.	4.15	4.17	3.95
Demonstrate critical thinking, clinical decision-making and psychomotor necessary for safe and competent practice.	4.45	4.59	4.41
Demonstrate cultural sensitivity as shown by thought processes and behavior.	4.60	4.33	4.19
Provide nursing care that preserves and enhances client's dignity and perceived goodness of fit with the immediate and expected environments.	4.45	4.35	4.00
Integrate methods of research and scholarship in making and prioritizing diagnoses and in planning, implementing and evaluating care of individuals, groups and communities.	4.55	3.96	4.05
Assess health and incorporate principles and methods of health promotion and health education in nursing care of individuals, groups, and communities.	4.20	4.05	4.00
Accept accountability for own expertise and for using that expertise to influence systems of care and healthcare policy.	4.32	3.96	4.15

Demonstrate comfort with requirements for adaptation to changes in care settings.	4.45	4.09	4.11
Demonstrate awareness of limitations in knowledge and actively seek learning opportunities to continue competent practice.	4.45	4.35	4.05

Responses from surveys conducted in 2011, 2010, and 2009 of alums at 1, 3, 5 years post graduation

Master of Nursing Alumni – Satisfaction with Program and Achievement of Goals

(Scale: 1=not at all, 2=a little, 3=some, 4=quite a bit, 5=a great deal)

Survey year Total responses Results are mean ratings	**2011 N=18**	**2010 N=21**	**2009 N=23**
How well did the program meet your educational goals?	4.67	4.71	4.5
The Tacoma campus was designed to increase access to higher education. How well did the program increase your access to education?	4.94	4.81	4.82
To what extent did pursuing your degree motivate you to continue working as a registered nurse?	3.94	3.86	4.0
Extent to which program enhanced or augmented your ability to:			
Evaluate the adequacy of underlying knowledge from nursing science, related fields, and professional foundations as it informs nursing practice.	4.50	4.62	4.57
Competently assess, manage health-related issues with a defined population or care system, and evaluate the effectiveness of these nursing practices.	4.28	4.48	4.35
Utilize knowledge and skills in professional practice among diverse and multi-cultural populations.	4.22	4.24	4.39
Demonstrate competence in development of inquiry relevant to practice, education, or administration.	4.50	4.67	4.43
Develop and utilize leadership strategies that foster improvement of health care.	4.22	4.19	4.13
Articulate ethical issues and responsibilities involved in nursing practice.	4.33	4.19	4.48

Responses from surveys conducted in 2011, 2010, and 2009 of alums at 1, 3, 5 years post graduation

Bachelor of Nursing – Supervisor Survey Summary

(Scale: 1 = very low 2 = low 3 = moderate 4 = high 5 = very high)

Survey year Total Responses Results are mean ratings	**2011 N=11**	**2010 N=7**	**2009 N=5**
Communicates clearly and succinctly in speech.	4.64	4.57	4.60
Communicates clearly and succinctly in writing.	4.27	4.57	4.60
Promotes effective communication effectively with clients from various socio-cultural, linguistic, other diverse backgrounds and with representatives with the healthcare and social service systems.	4.36	4.57	4.80
Demonstrates critical thinking, clinical decision-making, and psychomotor skills necessary for safe and competent practice.	4.73	4.57	4.40

Demonstrates cultural sensitivity as shown by thought processes and behavior.	4.73	4.86	4.80
Provides nursing care that preserves and enhances the clients' dignity and perceived goodness of fit with immediate and expected environments within the context of a complex environment.	4.91	4.86	4.60
Integrates methods of research and scholarship in making and prioritizing diagnoses, and in planning, implementing and evaluating care of individuals, groups, and communities.	4.36	4.43	4.20
Assesses health and incorporates principles and methods of health promotion and health education in nursing care of individuals, groups, families and communities.	4.55	4.57	4.40
Accepts accountability for own expertise and for using that expertise to influence systems of care and health care policy.	4.82	4.57	4.60
Demonstrates comfort with requirements for adaptation to changes in care settings.	4.70	4.43	4.60
Demonstrates awareness of limitations in knowledge and actively seek learning opportunities to continue competent practice.	4.82	4.14	4.40

Responses from surveys conducted in 2011, 2010, and 2009 of alums at 1, 3, 5 years post graduation

Master of Nursing – Colleague or Supervisor Survey Summary

(Scale: 1 = very low 2 = low 3 = moderate 4 = high 5 = very high)

Survey year **Total Responses** *Results are mean ratings*	**2011** **N=3**	**2010** **N=11**	**2009** **N=10**
Demonstrates critical thinking in assessing and managing health issues with client populations, communities or health care systems and in evaluating the effectiveness of interventions.	4.33	4.82	4.90
Uses credible research findings, knowledge, and theories to influence quality of care, refine existing practice, or develop new strategies that are beneficial and cost effective.	4.33	4.55	4.60
With diverse populations or communities, incorporates their values, beliefs, and experiences in a collaborative manner.	4.67	4.82	5.00
Use knowledge of cultural, social, and political influences on health in assessing, planning, implementing, and evaluating client populations, communities, and health systems.	4.67	4.82	4.90
Uses principles and skills of negotiation, communication, and group dynamics in eliminating, minimizing, or managing conflicts as health programs and services are designed, implemented, and evaluated.	4.33	5.00	4.40

How well does this graduate demonstrate critical examination of the state of current knowledge and research findings to formulate independent and ethical practice decisions?	4.67	4.80	4.30
How well does this graduate reflect the appreciation for life-long learning directed toward ongoing research-based refinement of advanced and specialized practice?	4.33	4.91	4.80
To what extent does the graduate develop and utilize leadership strategies that foster improvement of health and health care?	3.67	4.82	4.60
How well does the graduate demonstrate knowledge, skills, and understanding of practice as it informs problem solving, critical analysis, and systematic assessment into heath issues?	4.33	4.55	4.80
How well does the graduate demonstrate ability in developing, designing, or implementing problem solving, critical analysis, and systematic assessment relevant to culturally competent practice, education, or administration?	4.00	4.55	4.70
To what extent does the graduate meet the demands of the position?	4.33	4.82	4.56

Responses from surveys conducted in 2011, 2010, and 2009 of alums at 1, 3, 5 years post graduation

C. Plans to improve the quality and productivity of the program

Future directions: where we are headed: Related to changes in national accreditation standards, we have developed and are now beginning to implement a new BSN curriculum. Additional changes to the curriculum will be influenced by alum and employer ratings, most of which won't be available until 2013-2014. In addition, we are beginning to plan for mandated changes to the MN curriculum, which will be deployed in autumn 2013. New content in the BSN program includes genetics, leadership, and family in the context of chronic illness. The new MN curriculum will include significantly more required content on leadership, assessment of populations, pathophysiology and physical assessment as well as pharmacology; additional research content will include emphasis on evidence based practice and application of findings to practice. For the Healthcare Leadership program, we will continue to develop new fieldwork sites and implement spring 2012 a more structured approach to the end of program portfolio.

The Master Plan for Nursing Education (www.wacenterfornurisng.org, March, 2008) states that by 2020, all newly licensed RNs have or obtain a BSN within 10 years, and that Washington State must take several steps to address the faculty shortage in nursing. In addition, the Institute of Medicine's recommends "seamless transition to higher degree programs" for all nurses, with an eye toward increasing the number of qualified faculty as well as having a "greater number of nurses enter the workforce with a baccalaureate degree…"or to earn such a degree early in their professional career (http://www.nap.edu/openbook.php?record_id=12956&page=7). These mandates are driven by the complexity of health care and near-retirement age for a significant percentage of RNs and faculty. We have invited two of our partner community college nursing programs to discuss new option for increasing enrollment in the RN-BSN

program, building on existing highly functional articulation agreements and pilots with "dual enrollment" options. In addition, faculty are again considering expanding access to the ADN to MN option, providing efficient career advancement for more highly qualified RNs.

Opportunities we wish to pursue and how to seize these opportunities: We anticipate expansion of the RN-BSN program and possibly the MN, using hybrid approaches. We will begin by determining the need for such a program, resources required, and optimal mechanisms for offering such a degree.

With respect to our interest in more efficient pathways to the BSN, we plan to continue our work with community college colleagues to determine if dual enrollment or other options are most effective approaches for associate degree students.

The academic unit has just begun to acknowledge the possible need for graduate study for current HCL majors, to support their career progression. We will need to determine the demand, how to best use available resources on campus, and identify key stakeholders and possible practicum sites.

With the UWT Education program, we have submitted a proposal to initiate an EdD. Should this be approved, we would be developing curricular materials and the associated infrastructure required.

We are beginning exploratory discussions with the faculty from the physicians assistant/MEDEX program at UW Seattle, as they have some interest in expanding to Tacoma. Conversation has just begun and will continue in coming months. For Nursing and Healthcare Leadership, this situation provides opportunity to support access to education as well as for collaboration.

How does the unit intend to seize these opportunities and reach these goals? We would pursue the goals above with careful planning in collaboration with others on campus and key stakeholders. For example, we will collaborate with the Education program to offer the proposed EdD. With respect to a graduate program in healthcare leadership or administration, we would consult with the Business Administration as well as the Computing and Software Systems Program, given the importance of informatics. With respect to the MEDEX program, we are in very early stages of discussion.

In all cases, clear, ongoing communication and collaboration are essential not only to effectively reach mutual goals, but also to enhance innovation in teaching, scholarly inquiry and service. New initiatives would need to be consistent with the campus and unit mission, the need to provide access to education, and available resources.

Describe the unit's current benefit and impact regionally, statewide, nationally, and internationally. Given the unit's envisioned future, describe how reaching this future will augment that benefit and impact. The adoption of student-developed protocols by regional healthcare institutions, development of curricula and patient education resources by graduate students, and the number of UWT alumni currently employed as community college faculty in the region serve as examples of the regional impact of the BSN and MN programs. In the case of academic nursing programs at two of our regional community colleges, the faculty were instrumental in collaborating to plan and implement new degree programs. At Pierce College, faculty and graduate

students designed the plan for program evaluation, a critical step in the path to national accreditation. In the case of the BSN at Olympic College, UWT Nursing faculty collaborated to plan recruitment, advising and admission policies, curriculum, teaching approaches, and the evaluation plan. There was a structured faculty development initiative as well. Clearly, the influence of faculty is evident in the region. These, too, are mechanisms to expand access to higher education and of the influence of UWT Nursing on the region.

On the national level, Drs. Drevdahl and Shannon Dorcy presented on social justice and nursing education at the University of California System-wide Nursing Faculty Development meeting. Their presentation was based, to a large extent, on their work with undergraduate and graduate students in fieldwork and in the classroom setting, sharing teaching and evaluation strategies. Shannon Dorcy and Drevdahl also had a NINR funded grant in which they studied the decision making of patients and their family caregivers as they made the decision to participate in research at a quaternary cancer research center. Findings from this study were recently published in Cancer Nursing. In general patients and family members make the decision to enroll in clinical trials well before they participate in any consulting conferences in which the risks and benefits of the various trials are explained. Findings from the study have national and international implications for the role and timing of informed consent conferences. Findings and the research topic have made their way into course content at UWT as well.

Dr Stevens has consulted at national conferences on healthcare for the homeless and provides consultation for other academics planning to engage their students in providing healthcare to this under served group. Her presentations build up on her work in classroom based courses, faculty service to the community, and her supervision of fieldwork experiences. Clearly, her work in the classroom grown to have a national voice.

The recognition of Dr. Dobratz's work on development of the Life Closure scale and work with the Roy Adaptation theory has been acknowledge through national awards and honors and invited lectures. Dr. Dobratz shares this work in a number of courses she teaches, influencing nursing practice locally and nationally.

Drs. Moceri and Stevens provided intensive workshops to Highline Community College Nursing Program to help them envision and strategize a successful curriculum revision, directly influencing the direction of nursing education in this part of Washington state. In addition, Moceri sits on the Advisory Board of Pierce College Nursing program and has assisted them in making curricular decisions to support underrepresented students based on evidence from the literature and best practices. Dr. Fought also sits on the advisory boards of four of the regional nursing education programs.

On a global and international basis, the work of faculty continues to advance nursing science and promote interdisciplinarity, For example, the work with the homeless by Dr. Christine Stevens and Dr. Katie Adamson's work with HIV patients in Africa is benefiting these populations. As well, the Life Closure Scale developed by Dr. Marjorie Dobratz is being used by internationally psychologists, clergy, and physicians. The work by Drevdahl and Shannon Dorcy has significant implications for those managing clinical trials with cancer patients. Dr. Fought has joined her counterpart from Olympic College

to provide consultation to community college administrators from other states interested in developing a BSN program.

The recently published book on elderly adults of mixed race and the presentations about healthcare for the homeless in Washington DC are influential factors at a national level. Stevens' and Tashiro's scheduled international presentation in Sweden about the evaluation and impact of the Salishan area redevelopment project adds to the examples demonstrating the unit's impact. These examples also emphasize the program's commitment to social justice.

Number of instructional faculty, students enrolled, and degrees granted over last three years (Autumn-Summer)

	2008-09	**2009-10**	**2010-11**
FTE instructional faculty	11.5	10.33	12.5
FTE graduate teaching assistants	0	0	0
Degree Program	BSN		
Headcount of enrolled students	136	133	148
Number of degrees granted	56	66	69
Degree Program	MN		
Headcount of enrolled students	96	81	82
Number of degrees granted	36	25	28
Degree Program	BA (HCL)		
Headcount of enrolled students	---	23	41
Number of degrees granted	---	---	7

NOTE: "Headcount of enrolled students" (undergraduate) = number of declared majors as of 10th day of Autumn Quarter.

Appendix E: Shared Governance

Nursing Program and Healthcare Leadership Program
Guidelines for Course Approval

The UWT Nursing and Healthcare Leadership Programs offer Nursing courses in the BSN and MN degree programs (TNURS prefix) as well as interdisciplinary courses with a THLTH prefix, and Healthcare Leadership courses with a THLEAD prefix. The review process for the Nursing courses is complex due to the accreditation relationship with UW School of Nursing (SoN). Because of the accreditation affiliation, BSN and MN Nursing courses must be approved by the respective curriculum committees of the SoN and, therefore, follow different guidelines. Guidelines for the approval process of TNURS courses, THLTH courses, and THLEAD courses are below. The UWT Curriculum Committee procedures guide this process and should be referred to for details pertinent to campus-wide approval.

NURSING COURSES:

1. Faculty propose new or revised courses with syllabus to the BSN or MN Committee.
2. Committee reviews the course and makes recommendation to full Faculty.
3. Faculty votes and approves.
4. Director signs course application form and Administrator forwards, along with syllabus, to UWT Curriculum Committee.
5. Curriculum Committee reviews course, approves and forwards to UWT Vice Chancellor for Academic Affairs for approval.
6. Director or BSN/MN Committee Chair forwards course to UWSoN BSNCC or MNCC, who approves and notifies program via email.
7. Administrator forwards to the UW Seattle Curriculum Committee (UWSCC).
8. UWSCC grants final approval and notifies Administrator.

THLTH COURSES: Undergraduate and Graduate

1. Faculty propose new or revised undergraduate or graduate courses with syllabus to appropriate BSN or MN Committee.
2. The BSN or MN Committee reviews course and makes recommendation to full Faculty.
3. Faculty votes and approves.
4. Director signs course application form and Administrator forwards, along with the syllabus, to UWT Curriculum Committee for review.
5. Curriculum Committee reviews course, approves and forwards to the UWT Vice Chancellor for Academic Affairs for approval.
6. Administrator forwards to UWSCC.
7. The UWSCC grants final approval and notifies Administrator.

HEALTHCARE LEADERSHIP (THLEAD) COURSES

1. Faculty propose new or revised courses with syllabus to Healthcare Leadership Program (BAHCL) Committee.
2. BAHCL Committee reviews course and makes recommendation to full Faculty.

3. Faculty votes and approves.
4. Director signs course application form and Administrator forwards, along with syllabus, to UWT Curriculum Committee for review.
5. Curriculum Committee reviews course, approves and forwards to UWT Vice Chancellor for Academic Affairs for approval.
6. Administrator forwards to the UWSCC.
7. UWSCC Committee grants final approval and notifies Administrator.

Based on document approved by Tri-Council 11/29/99, edited September, 2011

Appendix E: Shared Governance (cont.)

UW Tacoma Nursing & Healthcare Leadership
Faculty Scheduling/Assignment Guidelines

Guiding Principle:
The needs of working, adult students are of prime importance in determining class schedules and faculty workloads. When the matrix of class schedules and faculty assignments are built, the needs of students, the program, and faculty are important considerations. Prior to faculty assignments, written requests are submitted to the Program Director two weeks after their initial distribution. Once faculty requests are received, a planning session is scheduled. The following individuals participate in the planning session: Program Director, Graduate Program Coordinator, MN Committee Chair, BSN Committee Chair, MN & BSN Program Advisors, and Program Administrator. The following criteria that relate to student and program needs as well as faculty preferences are considered in making faculty assignments over the course of the academic year (Autumn, Winter, and Spring quarters).

Students Needs:
1. To the extent possible, classes for part-time Nursing students are scheduled on one day per week. Full-time students will need to attend class more than one day per week.
2. The number of elective or related field courses and the specific courses needed by students is considered.

Program Needs and Campus Needs:
1. Scheduling considerations include the following: number of sections per course, number of students in a particular course, number of students who need a particular course offering, and "Writing" designation of undergraduate courses.
2. Number of FTEs needed in each program (TNURS, THLTH, THLEAD) are considered.
3. Budgetary constraints are factored into faculty assignments.
4. Curriculum changes such as new course offerings and changes in the curriculum are considered.
5. Number of courses taught by Nursing faculty in other programs are considered.

Faculty Preferences:
1. Faculty requests are considered in workloads and scheduling decisions. This includes faculty member's requests to teach courses that they have taught on a regular basis or a desire to teach new courses. Every effort should be made to have faculty teach courses in their area of scholarship and academic preparation.
2. Faculty requests for release time for scholarly inquiry or research, to write a grant, or to participate in a training grant, as well as requests for release from teaching responsibilities for program, campus or university service are considered; whether the program is compensated is also taken into account. With the exception of new full-time faculty, an attempt is made to limit new courses (new to the university) and existing courses that require new preparation

for the faculty member to one per academic year (Autumn, Winter, Spring quarters). Courses taught in summer sessions are excluded.

3. All attempts will be made to limit faculty to one evening per week. Special considerations should be given to faculty who are assigned to teach a 5-credit course that meets two evenings per week.
4. Number of credits (three credits versus five credits) taught per course is considered.
5. Interdisciplinary courses offerings that are taught in other programs are considered.
6. The estimated number of FTEs carried per quarter and per academic year by each faculty member should be calculated and included as a consideration.

Other Considerations (Dependent upon availability of program resources)

1. Coordinating and teaching clinical courses, particularly those that involve orienting part time faculty new to the course and arranging clinical experiences, may be considered.
2. Chairing Nursing Program (MN, BSN), campus or university committees may be considerations.

Appendix E: Shared Governance (cont.)

Principles and Procedures for Faculty Merit

This document outlines principles and procedures for merit. A review of Nursing Program meeting minutes and APT criteria guided its development.

Relevant sections of the Faculty Code can be found in:
http://www.washington.edu/faculty/facsenate/handbook/Volume2.html

Section 24-55. Procedure for Salary Increases Based Upon Merit

Faculty at the University of Washington shall be reviewed annually by their colleagues, according to the procedures detailed in this Section, to evaluate their merit and to arrive at a recommendation for an appropriate merit salary increase. Such reviews shall consider the faculty member's cumulative record, including contributions to research/scholarship, teaching, and service, and their impact on the department, school/college, university, and appropriate regional, national, and international communities.

A Brief History of Merit Decisions in the Nursing Program:

The Nursing Program's process of determining merit for full-time faculty has been to have all full-time tenure-line faculty regardless of rank evaluate each other (rather than using a hierarchical model). This decision was voted on and recorded in the minutes of meetings on April 18, 2001; February 13, 2002; and March 5, 2003. This process deviates from the Faculty Code Section 24-55:

"The merit and salary of each faculty member below the rank of professor shall be considered by the voting members of the department, or undepartmentalized college or school, who are his or her superiors in academic rank, and they shall recommend any salary increase which they deem merited."

Nursing Program Minutes of April 18, 2001 noted: "It is permissible to have local rules that are more inclusive, but full faculty would have to unanimously agree on any process that gave up "code rights." Janet is seeking documentation and advice from the UWT Faculty Executive Committee with respect to this process.

Suggested Procedures for Merit for Full-time Tenure Line Faculty are as follows:

- Merit resources, including relevant policies and procedures, program criteria for Appointment, Promotion and Tenure, a sample packet, and the Yearly Activity Form, are available in the share drive: S:/Nursing/Program Information/APT

- Merit materials submitted for review should include:
    - Yearly Activity Form
    - CV with recent additions highlighted
    - Publications (published abstracts) since last review
    - Teaching evaluations (peer and student) since last review
    - Individual faculty goals should be submitted with merit materials in order to more fully understand the faculty member's record. Rationale for this approach can be found in the Faculty Code: Section 24-32. Scholarly and Professional Qualifications of Faculty Members
      "The University faculty is committed to the full range of academic responsibilities: scholarship and research, teaching, and service. Individual faculty will, in the ordinary course of their development, determine the weight of these various commitments, and adjust them from time to time during their careers, in response to their individual, professional development and the changing needs of their profession, of their programs, departments, schools and colleges, and the University. Such versatility and flexibility are hallmarks of respected institutions of higher education because they are conducive to establishing and maintaining the excellence of a university and to fulfilling the educational and social role of the institution."
    - Other relevant material

- Definitions and criteria for evaluating merit:
  Faculty will use the UWT Nursing Program's Appointment, Promotion and Tenure (APT) Criteria to evaluate merit in a global manner (this has been our past practice). It should be noted that individual faculty may emphasize different aspects of the faculty role in their narrative, annual goals, and in the materials provided. As each faculty rates merit for colleagues, this should be taken into consideration.

  Meritorious: A "Meritorious" rating is defined as meeting the APT criteria *in current rank*, considering the criteria holistically, relative to the faculty member's goals.

  Highly meritorious: A "Highly Meritorious" rating is defined as meeting the APT criteria for the *next highest rank**, considering the criteria holistically, relative to the faculty member's goals. The faculty member's record demonstrates a highly significant impact to the program, campus or community.

(*The Faculty Code specifies that the chair or dean considers the merit and salary for full professors. If we want to determine highly meritorious criteria for full professor, we can do that at some point.)

Approved by UWT Nursing Faculty 2/1/2005

Definitions for Evaluating Merit

The following definitions for evaluating merit are based upon the University of Washington, Tacoma Nursing Program's APT Criteria. As defined in this document, evidence of **competence** and **mastery** are used as the framework to determine non-meritorious, meritorious, and highly meritorious faculty performance.

Non-Meritorious Performance (Non-Competence Level): Lacks evidence of possessing the qualifications, knowledge, and skills required to perform the identified teaching, scholarship, and service activities.

Meritorious Performance (Competence Level): Shows evidence of possessing the qualifications, knowledge, and skills required to perform the identified teaching, scholarship, and service activities.

Highly Meritorious Performance (Mastery Level): Shows evidence of expanded skills in teaching, scholarship, and service. These skills contribute to the broader academic and/or professional communities.

Criteria for Evaluating Merit

Scholarship of Teaching

Non-Meritorious:

- Low teaching effectiveness as evaluated by peers and student assessments
- Lacks evidence for teaching activities that are described in meritorious category

Meritorious:

- Demonstrates teaching effectiveness by way of peer and student assessments
- Works with colleagues to develop, revise, and evaluation course content and curriculum
- Develops, revises, and evaluates content of own assigned courses
- Directs independent studies and supervises scholarly projects
- Serves as guest lecturer in other nursing course
- Updates course content and adapts to new teaching techniques/modalities
- Advises and guides students
- Shows evidence of continued learning by attending conferences, workshops, or seminars to improve teaching

Highly Meritorious: In addition to the above meritorious performance, a highly meritorious faculty

- Provides leadership in working with colleagues to develop new program offerings, options, or initiatives.
- Participates in cross-discipline teaching
- Delivers guest lectures for other disciplines
- Mentors and counsels faculty

Scholarship of Discovery

Non-Meritorious: Lacks evidence of scholarly activity

Meritorious:

- Attends research, scholarly, or professional conferences
- Engages in some scholarly activity in area of expertise
- Publishes in non-peer reviewed journal or publication

Highly Meritorious:

- Presents research or scholarship at professional conference/meeting
- Publishes in peer-reviewed journal or publication
- Actively engages in research or scholarly activity
- Participates in grant or proposal/grant writing activity

Scholarship of Application

Non-Meritorious: Lacks evidence of program, campus, professional or community service.

Meritorious:

- Participates as a member of program and campus committee (s)
- Participates in professional organizations
- Provides community service

Highly Meritorious:

- Assumes leadership role in program, campus or university-wide committee (s)
- Contributes to professional organizations
- Serves as peer-reviewer for journals, conference abstracts, grants
- Serves community in leadership role

Notes to Criteria for Evaluating Merit Document:

Suggest that faculty provide evidence of meeting the criteria for two of the three categories to earn that level of merit. For example, if a faculty is highly meritorious in the categories of teaching and application, then they rank at this performance.

The above statements are meant to be exemplars and they are not inclusive.

Adopted by Nursing Faculty: April 4, 2007

Appendix E: Shared Governance (cont.)

UW Tacoma Nursing
Process for Awarding of Scholarships

DECISION

1. Gather, organize & number applications as they are received. Set up spreadsheet for merging letters later.
2. Send applicant names/student #s to Financial Aid to get check and verify EFC #s
    - After committee meeting (of course)
3. Distribute blind copies of applications to faculty committee
    - Committees rate the essays on the following criteria:
        i. Need addressed
        ii. Quality of writing
        iii. Clarity of goals
        iv. Passion for nursing/program
        v. Personal situation
4. By April 13, remind Program Administrator to get updated dollar amounts to be awarded for each scholarship
5. Meet with committee who will have reviewed applications/essays, compile data of awardees and dollar amounts.

AWARDING

6. Fill in spreadsheet with awardees and award amounts; merge into award and denial letters. Send those letters by June 15th.
7. Complete a send a separate spreadsheet with awardees names, student #'s, budget #'s for Student Affairs for dispersal into student accounts.

Appendix E: Shared Governance (cont.)

Nursing and Healthcare Leaderships Program
Committee Representation

UWT Committees

	2011-12
Academic Assessment	Christine Stevens
Academic Council	Sharon Fought
Admin Junque	Nan West
Council for Equity and Diversity	Joane Moceri
Curriculum	Janet Primomo
Distinguished Research Award	Katie Adamson
Distinguished Teaching Award	Marjorie Dobratz
Faculty Affairs	Denise Drevdahl
Faculty Assembly: Academic Policy	Joane Moceri
Faculty Assembly: Executive Council	Marjorie Dobratz
Faculty Committee on Appt., Promo. & Tenure	June Lowenberg
Global Honors Advisory Board	Janet Primomo
Health and Safety	Nathan Ketzner
International Programs Advisory	Denise Drevdahl
Space	Sharon Fought
Technology	Dieu Hien Hoang

UW & SoN Committees	**2011-12**	**2010-11**	**2009-10**
Faculty Council-Tri-Campus		Janet Primomo	Janet Primomo
UW Faculty Senate		Denise Drevdahl	Denise Drevdahl
SON BSN Coordinating	Christine Stevens		
SON Masters Coordinating	Ruth Rea		
SON Nursing Ed. Grant	Joane Moceri	Joane Moceri	Joane Moceri
SON Tri Council	Sharon Fought	Sharon Fought	Sharon Fought
SON DNP (APCHSN) Grant			Janet Primomo

Appendix F: Additional Funding

Sources of Funding for Faculty Research Projects and External Contracts

FACULTY MEMBER	PROJECT DESCRIPTIONS
Katie Adamson	Start-up Research Funds for Further Reliability Assessment of Simulation Evaluation Instruments $6000
Marjorie Dobratz	2012: Joint Agreement King Saud University, Saudi Arabia and University of Washington, $216, 171. (pending) 2011: Nursing Founder's award for Issues in Geriatric Medicine course, $945. 2008-2011: Program Grant, Agreement for off-site BSN classes at Providence St. Peter Hospital, Olympia, WA, $103,835 2008: Vice Chancellor's Award for course conversion to distance-learning , $3,000 2004-2005: Program Grant, Tacoma-Pierce County Workforce Development Council, Expansion of ADN-BSN Program, $57,138 2004: Nursing Founders', Analysis of Triangulated data $500 2003-2005: Program Grant, Tacoma-Pierce County Workforce Development Council, Increase Capacity of Nurse Educator Concentration, $55,400
Denise Drevdahl	2010-2011: Nurses' pain management decision making in the emergency department; Co-PI UWT Chancellor's Fund for Research & Scholarship Support ($4982) 2004-06: Decision making in a quaternary research center. Co-PI -NIH/NINR ($300,000) 2001-03: Founders' Endowment "The Self-Study of Classroom Conflict", $3,293 2000-03: Principle Investigator, Founders Endowment Award; University of Washington, Tacoma, Exploring methods researchers use to classify race and ethnicity, $3434 2000-03: The University of Washington's Royalty Research Fund, The journey from welfare to work: How women are faring under Work First, $22,123
Sharon Gavin Fought	2006-08: OC-UWT Partnership BSN startup, $82,795 2011-2014: Program Grant, Agreement for off-site BSN classes at Providence St. Peter Hospital, Olympia, WA, $107,162
June Lowenberg	2006-2007 Nursing Founders' Endowment Fund Award, UWT. Principal Investigator, Client Experiences with Cyber Health. $2368 (including $1000 faculty stipend over the summer).
Joane Moceri	2010-2011: Chancellor's Fund for Research and Scholarship Nurses; Pain management decision making in the Emergency Department Principal Investigator $4,982 2007 – 2009 Middleton Grant, Factors that influence new RN retention within the first two years following graduation $5000 2008: Nursing Founders; support for Workplace Bias Study

Sondra Perdue	1990-2008: One of the Principal Investigators in the NIH-funded (NIAID) San Antonio Sexually Transmitted Diseases Cooperative Research Center (CRC) – PI and Director of the Statistical and Computing Core, Co-investigator on other behavioral, clinical, and microbiology projects. Approximately $120,000-250,000 per year for Core, $4,000,000-8,000,000 per year for CRC overall.
Janet Primomo	2011-2012: HRSA ,UW Seattle, Prevention Effectiveness DNP, $5,000 2010: UWT Milgard Center for Leadership and Social Responsibility grant to add policy component to THLTH 372, Environmental Health – Local to Global, $1,000 2008: UWT Vice Chancellor's Office: Course Development Grant to Transition 2008: Health Care without Harm: Home Environment and Asthma Training for Nurses Caring for Older Adults, $600 (American Lung Association of Washington serves as the fiduciary agent) 2008: Nursing Founder's Endowment Fund Award, UWT: Research project - Changes in Political Astuteness Following Nurse Legislative Day, $400.
Ruth Rea	2008: Nursing Founders': Study on bullying ($1084) 2002: Founders' Endowment: The Study of Non-Caring Activities by Nurses, $9139
Christine Stevens	2011 – present National Healthcare for the Homeless Council ,Washington, DC,HRSA grant 2008-2009 Nursing founders: Salishan Evaluation 2007 – 2009 Middleton Nurse Retention Study, $5000 2006 – 2007 Center for the Advancement of Health Disparities Research, Exploring food insecurity among Female Head of Households, 15 -21 years $9937 2006 - 2007 Chancellor's fund for Research, Food Insecurity among Adolescent Women who are Parenting $1232 2005 – 2010 Salishan Hope IV Revitalization Evaluation, HUD Grant (Jami Bodonyi, P.I./Cathy Tashiro PI) $227,400. 2006 Nursing Founders, support material for research 2005 Nursing Founders, Photography equipment for research 2002 – 2004 Women's Health Research Nursing training grant T32-NRO7039(NINR)
Cathy Tashiro	2003-2004: Principle Investigator, Founders Endowment Award, University of Washington, Tacoma: An exploration of the health beliefs, needs, and experiences of racially mixed individuals and families. $1200. 2005 – 2008 Salishan Hope IV Revitalization Evaluation, HUD Grant (Jami Bodonyi, P.I./Cathy Tashiro PI) $227,400.

Appendix G: Course Evaluation

Mean Ratings of Teaching – 5 years

2006-2007

	Undergrad	Graduate
AUT 2006	4.1	4.5
WIN 2007	4.9	4.4
SPR 2007	4.6	4.1
SUM 2007	4.6	4.5

2007-2008

	Undergrad	Graduate
AUT 2007	4.5	4.7
WIN 2008	4.4	4.4
SPR 2008	4.4	4.4
SUM 2008	4.5	4.9

2008-2009

	Undergrad	Graduate
AUT 2008	4.3	4.6
WIN 2009	4.3	4.6
SPR 2009	4.4	4.5
SUM 2009	4.7	4.9

2009-2010

	Undergrad	Graduate
AUT 2009	4.2	4.7
WIN 2010	4.3	4.6
SPR 2010	4.3	4.6
SUM 2010	4.8	5

2010-2011

	Undergrad	Graduate
AUT 2010	4.4	4.6
WIN 2011	4.4	4.7
SPR 2011	4.3	4.5
SUM 2011	4.6	4.7

Appendix H: End of Program Student Satisfaction

Graduating Healthcare Leadership student satisfaction and learning based on achievement of program goals

(Scale: 1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5= strongly agree)

Survey year Total responses *Results are mean ratings*	2011 N=7
Use multiple communication strategies that enhance positive human relationships considering both healthcare clients/customers and workforce personnel.	4.14
Demonstrate the ability to integrate both theoretical and experiential knowledge relevant to leadership in the healthcare environment.	4.14
Integrate ethical behaviors into healthcare leadership practice.	4.71
Demonstrate knowledge of the healthcare environment that includes synthesis of the cost, access, and quality challenges and the ability to generate solutions to these challenges.	4.29
Demonstrate basic budgeting, outcomes measurement, and information management.	3.86

Graduating BSN student satisfaction and learning based on achievement of program goals

(Scale: 1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5= strongly agree)

Survey year Total responses *Results are mean ratings*	2011 N=75	2010 N=55	2009 N=67
Communicate clearly and succinctly in speech and writing.	4.2	4.3	4.3
Promote effective communication between clients from various socio-cultural and linguistic backgrounds and representatives of the health care and social service systems.	4.2	4.2	4.3
Demonstrate critical thinking, clinical decision-making and psychomotor skills necessary for safe and competent practice.	4.3	4.5	4.5
Demonstrate cultural sensitivity as shown by thought processes and behavior.	4.3	4.4	4.5
Provide nursing care that preserves and enhances client's dignity and perceived goodness of fit with the immediate and expected environments.	4.3	4.4	4.6
Integrate methods of research and scholarship in making and prioritizing diagnoses, and in planning, implementing and evaluating care of individuals, groups, and communities.	4.3	4.4	4.5
Assess health and incorporate principles and methods of health promotion and health education in nursing care of individuals, groups, and communities.	4.3	4.4	4.5
Accept accountability for own expertise and for using that expertise to influence systems of care and health care policy.	4.4	4.3	4.5
Demonstrate comfort with requirements for adaptation to changes in care settings.	4.3	4.3	4.6
Demonstrate awareness of limitations in knowledge and activity seek learning opportunities to continue competent practice.	4.3	4.5	4.8

Graduating MN student satisfaction and learning based on achievement of program goals

(Scale: 1=strongly disagree, 2= disagree, 3=neutral, 4=agree, 5= strongly agree)

Survey year Total responses *Results are mean ratings*	2011 N=18	2010 N=17	2009 N=22
Evaluate the adequacy of underlying knowledge from nursing science, related fields, and professional foundations as it informs nursing practice.	4.3	4.7	4.5
Competently assess, manage health related issues with a defined population or care system, and evaluate the effectiveness of these nursing practices.	4.4	4.6	4.5
Utilize knowledge and skills in professional practice among diverse and socio-cultural populations.	4.3	4.8	4.6
Demonstrate competence in development of inquiry relevant to practice, education, or administration.	4.3	4.7	4.6
Develop and utilize leadership strategies that foster improvement of health care.	4.4	4.5	4.4
Articulate ethical issues and responsibilities involved in nursing practice.	4.4	4.7	4.7

Appendix I: Examples of Healthcare Leadership Fieldwork

Examples of Activities of Healthcare Leadership Students in Fieldwork

- Participation in **"**The National Association of Free Clinics (NAFC), in partnership with the Washington Free Clinic Association, (WFCA) will be holding a one-day free clinic … in the Tacoma Dome, providing free primary and preventative health care services to an estimated 1,200 uninsured adult residents of the Seattle-Tacoma area. "http://www.tacomadome.org/shared/event_detail.aspx?EventID=57702890&WebLink=4C1.2613D7D3 The student oversaw the "vision" health aspect of the event and following the event, distributed glasses to those in need.
- Risk management activities, participated in surveying across 5 hospitals what "safety equipment" (oversized wheelchairs, weights) were present.
- Human resources department: reviewed and wrote up responses to complaints; the union was involved, so there was the opportunity to learn how to work with and respond when collective bargaining agreements are in place
- Epidemiology at the Health Department: worked on the "tobacco" section of the "Pierce County risky behaviors" report; analyzed data, created graphic displays (graphs) and presented the information
- Analyzed data about demands for, needs for new clinic
- Focusing on variance analysis, analyzed data at a clinic, focused also on JCAHO requirements
- Human resources/payroll: worked with staff in a major clinic management/admin office with a focus on managing physicians' payroll
- Policy: revised HIPAA policy and procedures so that it was compliance with new regulations
- Responded to patient complaints: analyzed the situation and drafted a response and proposed action

Examples of Student Reported Fieldwork Activities Related to Program Goals

Goal 1: Use Multiple communication strategies that enhance positive human relationships considering both healthcare clients/customers and workforce personnel.
I met with multiple departments (Rehab, L&D, DI, ICU & PCU) within the xxx facility to ask what specific equipment their department had to move patients and how many of each, the number of double and single rooms they have, and their average daily census. As well I asked whether they thought their department had enough equipment, adequate equipment and whether the equipment they had was being used, if it was not why.
…with a member of the safe patient handling (SPH) team…I began putting together my powerpoint for the SPH meeting at the end of May…as explaining what each facility feels would be helpful and the barriers to the devices use.
…lifting and transfer device matrixes for each facility with general info, the name of the device, Max weight, number of staff required to use the device. What the device is meant to be used for, where the device is located and any addition (sic) information mainly if it needs to continuously be charging or how to clean. These are going to be used by each

facility to be posted about the deportments to ensure people have access on information on how to use the equipment correctly and safely as well as an easy way to know where to find the information. (information collected through interview)
I also did normal phone calls with the customer concern line and gave my advice as to what I think should be the next step involving the patients (sic) issues.
…did some role playing (him as the upset patient and me and the patient advocate), and I entered some grievances into PADIS.
…to put together a chapter or two for the Behavioral Risk Factors booklet that they will be publishing this year.
We decided to review the internet usage policy due to the recent changes, how to actively promote teamwork, discuss the questions that are coming up on the Gallup survey to see if staff had questions, also discuss how to resolve conflict with other staff members.
During this patient rounding XXX and I were interrupted because of an email issue that was sending the wrong information to the wrong individuals. So majority of the day was fixed on this problem due to the severity of it.
We also discussed sexual harassment and how to deal with an employee who is intoxicated on the job. After the meeting I started on a new project, which was to comprise themes from the interviews conducted and then recommend what I believe should be done.
…the final trend report from the climate assessment conducted 3 weeks ago. A couple of my recommendations were actually used in the final report.
I did my fieldwork at Free Clinic event that took place April 30th at the Tacoma Dome. I was placed in the vision section and as people went through the line I was at the end to take down their information and give them dates, times, and directions to where their prescription for glasses can be picked up.

Goal 2: Demonstrate the ability to integrate both theoretical and experiential knowledge relevant to leadership in the healthcare environment
Business Acquisition Plan for a Clinic in Lakewood, WA. I send this out for initial review…
I also attended the 'Leadership development training' xxxx…invited me to.
I also did normal phone calls with the customer concern line and gave my advice as to what I think should be the next step involving the patients (sic) issues.
…did some role playing (him as the upset patient and me and the patient advocate), and I entered some grievances into PADIS.
Researching and updating current hospital policy in compliance with recent changes in HIPAA regarding restriction regulations and self-pay services…Help to develop an EMR on-line training manual, compiling training materials, developing and recommending on-line manual design.
…sit in on 2 staff meeting (sic)…The objective for each staff meeting was to teach the staff about AIDET, LEAN, customer service, and remind them about the dress code since spring is coming upon us. JW
I started my first project yesterday with is to comprise a resource sheet for new managers explaining the important human resource laws every manager should know and be aware of.
This week I participated in a major employee investigation…I will assist XXXX in comprising themes among the work environment and provide suggestions for a resolution…I also worked on my HR law resource sheet.
…researching the newly proposed regulations for Affirmative Action Plans for protected veterans…after researching the regulations I then educated Amy on the new changes and also learned from her as well.

…the final trend report from the climate assessment conducted 3 weeks ago. A couple of my recommendations were actually used in the final report.
…worked on the monthly budget and sent it out to providers as well as worked on the same tasks…

Goal 3: Integrate ethical behaviors into healthcare leadership practice.
…I was involved in a risk staff meeting.
…something new that I had not seen with the other patient advocates, I think that it was a good idea however, that way she is able to visit the 'problem' patients prior to an issues turning into a grievance.
Also I got to witness a risk manager re-writing a policy, that was very interesting and extremely detailed (it made sense why a nurse assumes that role). Xxxx healthcare care agency had been in the news for an alleged sexually (sic) incident, so the state was at the hospital.
During this patient rounding Jill and I were interrupted because of an email issue that was sending the wrong information to the wrong individuals. So majority of the day was fixed on this problem due to the severity of it.
This week I participated in a major employee investigation…I will assist xxxxx in comprising themes among the work environment and provide suggestions for a resolution…I also worked on my HR law resource sheet.
We also discussed sexual harassment and how to deal with an employee who is intoxicated on the job. After the meeting I started on a new project, which was to comprise themes from the interviews conducted and then recommend what I believe should be done.

Goal 4: Demonstrate knowledge of the healthcare environment that includes synthesis of the cost, access, and quality challenges and the ability to generate solutions to these challenges.
I did a presentation of my big project - Business Acquisition Plan to the business executive team. It was received really well. We had a discussion and questions/answer session after the presentation. I received some impressive feedbacks from the team.
Our first meeting was about the 'Washington State Medicaid Quality Incentive Reducing Preventable Emergency Room Visits'… a program that is trying to make it the Emergency room/hospitals (sic) responsibility to reduce the emergency room visits for preventable conditions… If a program is put in place and followed the facility will gain 1% in their Medicaid reimbursement. There is no tracking or requirement that they (sic) ER visits are reduced just that there is education in place. Some of the discussion was is this worth the 1%...Throughout the meeting the group went over the safe patient handling and movement gap analysis, at this meeting…The gap analysis went over engineering controls (SPH equipment inventory, matrixes of equipment, locations, storage maintenance policies and hazard assessments).
I also reviewed billing disputes vs. patient grievances. Reviewed the grievance process to claims process (the transitions). Litigation from a Risk Management standpoint. I learned about IP status and DC status and how this effects (sic) grievances.
…I have seen a budget or financial report each week of my fieldwork…as a supervisor we are required to explain why supply cost is up or why are RVU's for each patient visit are too high in some clinics or extremely low in other clinics.
I was given two separate projects to work on: modify and improve the current patient satisfaction survey, and modify specific aspects of the clinic's point of care policy.

Goal 5: Demonstrate basic budgeting, outcomes measurement, and information management.
I had a meeting… [with the] Director of business services for xxx. We discussed the acquisition process, what happens after the deal is done, the transitions process for the current staff and physician to the xxx systems, etc.
I did a presentation of my big project - Business Acquisition Plan to the business executive team. It was received really well. We had a discussion and questions/answer session after the presentation. I received some impressive feedbacks from the team.
Our first meeting was about the 'Washington State Medicaid Quality Incentive Reducing Preventable Emergency Room Visits'… a program that is trying to make it the Emergency room/hospitals (sic) responsibility to reduce the emergency room visits for preventable conditions… If a program is put in place and followed the facility will gain 1% in their Medicaid reimbursement. There is no tracking or requirement that they (sic) ER visits are reduced just that there is education in place. Some of the discussion was is this worth the 1%...Throughout the meeting the group went over the safe patient handling and movement gap analysis, at this meeting…The gap analysis went over engineering controls (SPH equipment inventory, matrixes of equipment, locations, storage maintenance policies and hazard assessments).
…they went over new procedures that will be in the emergency room, such as some form of (face detector) that should assist in proper identification for people who come into the ER and use different names etc. I also learned about how they report their expense reporting into a system that allows them to get reimbursed for things such as travelling between facilities, toll fees, out-of-pocket expenses, etc.
I also reviewed billing disputes vs. patient grievances. Reviewed the grievance process to claims process (the transitions). Litigation from a Risk Management standpoint. I learned about IP status and DC status and how this effects (sic) grievances.
…received an assignment to work on for the day about adverse childhood events data…I needed to analyze about childhood adverse events…avg numbers and the confidence intervals for the data. I created a chart then a table with the data to the questions and arranged it onto a word file where I also listed the questions I was working with, gave a definition of what a childhood adverse event was, and defined the properties of the table.
I helped her pull the important information out of the massive spreadsheet and re-locate it to another spreadsheet to give to the doctors in her clinics to explain how well they are doing. I also helped locate and explain the variances and prepared them to be sent for review in the finance department.
I am getting more proficient with completing payroll…I have been keeping an ongoing tally for the doctors on how many patients each sees per day so that they can have a monthly average to see where they are standing and so that their paychecks are not a surprise!
…worked on the monthly budget and sent it out to providers as well as worked on the same tasks…
…learning about the clinic's budgetary processes…I spent the rest of the morning session finishing the xxxx Clinic's new patient registry (which took a considerable amount of time because I had to familiarize myself with the program from which the data was taken).

Appendix J: BSN and MN Alum and Employer Surveys

Bachelor of Nursing Alumni – Satisfaction with Program and Achievement of Goals

(Scale: 1=not at all, 2=a little, 3=some, 4=quite a bit, 5=a great deal)

Survey year **Total responses** *Results are mean ratings*	**2011** **N=22**	**2010** **N=25**	**2009** **N=22**
How well did the program meet your educational goals?	4.45	4.79	4.32
UW Tacoma is designed to provide access to higher education. How well did the program provide access to education for you?	4.45	4.60	4.68
To what extent did the program prepare you for advanced education?	3.95	4.52	4.55
To what extent did pursuing your degree motivate you to continue working as a registered nurse?	4.05	3.96	3.73
Extent to which program enhanced or augmented your ability to:			
Address conflict in my professional practice.	4.05	3.64	4.23
Incorporate family strengths in designing interventions when working with families.	3.86	3.88	4.10
Identify human responses to illness, injury, or life events and define appropriate therapies.	4.29	4.08	3.73
Provide care beyond the individual, to families, community, and/or populations.	4.14	3.96	3.68
Build collaborative partnerships and relationships to promote health.	4.15	4.12	3.95
Write scholarly papers.	4.60	3.75	4.14
Communicate clearly and succinctly in speech and writing.	4.30	4.38	4.45
Promote effective communication between clients from various sociocultural, linguistic, and other diverse backgrounds and representatives of the health care and social service systems.	4.15	4.17	3.95
Demonstrate critical thinking, clinical decision-making and psychomotor necessary for safe and competent practice.	4.45	4.59	4.41
Demonstrate cultural sensitivity as shown by thought processes and behavior.	4.60	4.33	4.19
Provide nursing care that preserves and enhances client's dignity and perceived goodness of fit with the immediate and expected environments.	4.45	4.35	4.00

Integrate methods of research and scholarship in making and prioritizing diagnoses and in planning, implementing and evaluating care of individuals, groups and communities.	4.55	3.96	4.05
Assess health and incorporate principles and methods of health promotion and health education in nursing care of individuals, groups, and communities.	4.20	4.05	4.00
Accept accountability for own expertise and for using that expertise to influence systems of care and healthcare policy.	4.32	3.96	4.15
Demonstrate comfort with requirements for adaptation to changes in care settings.	4.45	4.09	4.11
Demonstrate awareness of limitations in knowledge and actively seek learning opportunities to continue competent practice.	4.45	4.35	4.05

Responses from surveys conducted in 2011, 2010, and 2009 of alums at 1, 3, 5 years post graduation

Master of Nursing Alumni – Satisfaction with Program and Achievement of Goals
(Scale: 1=not at all, 2=a little, 3=some, 4=quite a bit, 5=a great deal)

Survey year Total responses Results are mean ratings	2011 N=18	2010 N=21	2009 N=23
How well did the program meet your educational goals?	4.67	4.71	4.5
The Tacoma campus was designed to increase access to higher education. How well did the program increase your access to education?	4.94	4.81	4.82
To what extent did pursuing your degree motivate you to continue working as a registered nurse?	3.94	3.86	4.0
Extent to which program enhanced or augmented your ability to:			
Evaluate the adequacy of underlying knowledge from nursing science, related fields, and professional foundations as it informs nursing practice.	4.50	4.62	4.57
Competently assess, manage health-related issues with a defined population or care system, and evaluate the effectiveness of these nursing practices.	4.28	4.48	4.35
Utilize knowledge and skills in professional practice among diverse and multi-cultural populations.	4.22	4.24	4.39
Demonstrate competence in development of inquiry relevant to practice, education, or administration.	4.50	4.67	4.43
Develop and utilize leadership strategies that foster improvement of health care.	4.22	4.19	4.13
Articulate ethical issues and responsibilities involved in nursing practice.	4.33	4.19	4.48

Responses from surveys conducted in 2011, 2010, and 2009 of alums at 1, 3, 5 years post graduation

Bachelor of Nursing – Supervisor Survey Summary

(Scale: 1 = very low 2 = low 3 = moderate 4 = high 5 = very high)

Survey year Total Responses Results are mean ratings	2011 N=11	2010 N=7	2009 N=5
Communicates clearly and succinctly in speech.	4.64	4.57	4.60
Communicates clearly and succinctly in writing.	4.27	4.57	4.60
Promotes effective communication effectively with clients from various socio-cultural, linguistic, other diverse backgrounds and with representatives with the healthcare and social service systems.	4.36	4.57	4.80
Demonstrates critical thinking, clinical decision-making, and psychomotor skills necessary for safe and competent practice.	4.73	4.57	4.40
Demonstrates cultural sensitivity as shown by thought processes and behavior.	4.73	4.86	4.80
Provides nursing care that preserves and enhances the clients' dignity and perceived goodness of fit with immediate and expected environments within the context of a complex environment.	4.91	4.86	4.60
Integrates methods of research and scholarship in making and prioritizing diagnoses, and in planning, implementing and evaluating care of individuals, groups, and communities.	4.36	4.43	4.20
Assesses health and incorporates principles and methods of health promotion and health education in nursing care of individuals, groups, families and communities.	4.55	4.57	4.40
Accepts accountability for own expertise and for using that expertise to influence systems of care and health care policy.	4.82	4.57	4.60
Demonstrates comfort with requirements for adaptation to changes in care settings.	4.70	4.43	4.60
Demonstrates awareness of limitations in knowledge and actively seek learning opportunities to continue competent practice.	4.82	4.14	4.40

Responses from surveys conducted in 2011, 2010, and 2009 of alums at 1, 3, 5 years post graduation

Master of Nursing – Colleague or Supervisor Survey Summary

(Scale: 1 = very low 2 = low 3 = moderate 4 = high 5 = very high)

Survey year **Total Responses** *Results are mean ratings*	**2011** **N=3**	**2010** **N=11**	**2009** **N=10**
Demonstrates critical thinking in assessing and managing health issues with client populations, communities or health care systems and in evaluating the effectiveness of interventions.	4.33	4.82	4.90
Uses credible research findings, knowledge, and theories to influence quality of care, refine existing practice, or develop new strategies that are beneficial and cost effective.	4.33	4.55	4.60
With diverse populations or communities, incorporates their values, beliefs, and experiences in a collaborative manner.	4.67	4.82	5.00
Use knowledge of cultural, social, and political influences on health in assessing, planning, implementing, and evaluating client populations, communities, and health systems.	4.67	4.82	4.90
Uses principles and skills of negotiation, communication, and group dynamics in eliminating, minimizing, or managing conflicts as health programs and services are designed, implemented, and evaluated.	4.33	5.00	4.40
How well does this graduate demonstrate critical examination of the state of current knowledge and research findings to formulate independent and ethical practice decisions?	4.67	4.80	4.30
How well does this graduate reflect the appreciation for life-long learning directed toward ongoing research-based refinement of advanced and specialized practice?	4.33	4.91	4.80
To what extent does the graduate develop and utilize leadership strategies that foster improvement of health and health care?	3.67	4.82	4.60
How well does the graduate demonstrate knowledge, skills, and understanding of practice as it informs problem solving, critical analysis, and systematic assessment into heath issues?	4.33	4.55	4.80
How well does the graduate demonstrate ability in developing, designing, or implementing problem solving, critical analysis, and systematic assessment relevant to culturally competent practice, education, or administration?	4.00	4.55	4.70
To what extent does the graduate meet the demands of the position?	4.33	4.82	4.56

Responses from surveys conducted in 2011, 2010, and 2009 of alums at 1, 3, 5 years post graduation

Qualitative Comments

What are the strengths this graduate brings to the position?

2011

- Calm, measured approach; strong research perspective
- Critical analysis, curiosity, desire to help others succeed, desire to help others identify and overcome challenges, cultural sensitivity and humility
- Ability to systematically plan a strategy to implement new - or modified - quality initiatives; great interpersonal skills.

2010

- Excellent clinical judgment and decision making skills
- Cutting edge research
- Great personality - good social & communication skills. Excellent critical thinking and diagnostic skills.
- Caring attitude and a good leader.
- Solid education foundation with evidenced based support.
- knowledge of the community, problem solving skills, negotiation skills
- Teaching skills, real life experiences, good understanding of the "big picture"
- Organized, efficient, utilizes research in practice
- Ability to communicate effectively- great negotiation skills. Ability to assess complicated situations & problem solve.

2009

- Self motivation and high academic achievement
- Systems thinking 2) problem solving 3) tenacious - doesn't give up 4) has a passion to address health inequities 5) Excellent networking abilities
- Works well with stuff, patients, students, faculty, medical team. Reliability, greater understanding of healthcare issues that effect new graduates and health care needs of general public.
- Positive outlook, teaching abilities, creative approaches, professional standards, collaborative in partnerships
- Compassion, leadership, respect from staff, excellent communication skills
- Flexibility, sense of humor

Are there areas of content or particular skills that could be included in our MN program that would assist our graduates to function more effectively?

2011

- Scientific reasoning (different from stats and quantitative reasoning)
- Classroom management; confidently maintaining a positive learning environment

2010

- Improve business acumen
- More emphasis on program evaluation. Working knowledge of the Omaha Standardized Documentation Language
- She is a well rounded professional and would be a great asset to your school [*sic*].
- Consider incorporating teaching as a competency validation aspect of the program. This would enhance candidates comfort in the actual teaching process.
- More on budgeting
- None that I know of.

2009

- Depending on the MN track the graduate chooses. For example in the education track, classes similar to evaluation educational & clinical competencies has proven to be the most useful in my area of work.

- Offer more research classes
- Classroom management

What do you consider the major strengths of the BSN graduate of the University of Washington Tacoma?

2011

- Shares her love for nursing with others and patients/families.
- Accountability, leadership, communication, safety/quality advocate.
- Excellent nurse; high skills
- Smaller class sizes for better hands on learning
- Out of the box thinking. Open to - but also questions ideas. Awareness of Quality and reasons for various indicators. More financially cognitive.
- Professional. Able to critically think.
- Highly motivated to learn new skills and advance knowledge
- Ability to think more global as it relates to our unit!

2010

- Excellent people skills
- Willingness to grow in knowledge and experience.
- Ability to see the big picture and always makes the patient's wishes her priority
- Good critical thinking; able to look "outside the box;" commands (and deserves) respect of those she works with
- Ability to incorporate research, EBP, and current data to evaluate and treat patients accordingly.
- Great staff and good school to attend for any program
- Well rounded - head, heart, and hand of nursing

2009

- Communication, Compassion, Team work, Clinical practice
- Enhances collaborative work processes - team aspect of nursing.
- This graduate is very book smart and has a passion for continued knowledge
- Critical thinking/ communication/ clinical decision making

What would you suggest as areas of improvement for the BSN program?

2011

- More focus on community nursing and impact of economy on healthcare.
- Nothing I enjoyed being at UWT…great program!

2010

- None, a pleasure to have as an employee
- No suggestions at this time.
- None. It was perfect.
- None
- Increase knowledge - end of life

2009

- Enhancing clinical skills
- More focus on management skills - at least an understanding of healthcare economics
- Clinical hours

Appendix K: Students from Underrepresented Groups

Healthcare Leadership Students from Underrepresented Groups

Year	2010-11 Graduates		2011-12 Current Students	
# of Students		**11**		**49**
CAUCASN	64%	7	59%	35
AFRO-AM	27%	3	5%	3
ASIAN	0%	0	15%	9
AMER-IND	0%	0	3%	2
HAW/PAC	0%	0	2%	1
HISPANIC	18%	2	14%	8
NOT IND	9%	1	15%	9
Total URM	**45%**		**39%**	

Female	91%	10	78%	46
Male	9%	1	22%	13

BSN Students from Underrepresented Groups

Grad Year	2006-07		2007-08		2008-09		2009-10		2010-11	
# of Grads		**48**		**49**		**56**		**68**		**69**
CAUCASN	58%	28	76%	37	54%	30	57%	39	67%	46
AFRO-AM	10%	5	8%	4	16%	9	15%	10	13%	9
ASIAN	10%	5	12%	6	21%	12	10%	7	9%	6
AMER-IND	4%	2	0%	0	0%	0	1%	1	0%	0
HAW/PAC	0%	0	0%	0	2%	1	0%	0	1%	1
HISPANIC	4%	2	0%	0	5%	3	9%	6	12%	8
NOT IND	17%	8	4%	2	7%	4	16%	11	10%	7
Total URM	**29%**		**20%**		**45%**		**35%**		**35%**	

Female	88%	42	90%	44	77%	43	51%	35	61%	42
Male	13%	6	8%	4	9%	5	19%	13	9%	6

MN Students from Underrepresented Groups

Grad Year	2006-07		2007-08		2008-09		2009-10		2010-11	
# of Grads		**22**		**19**		**36**		**25**		**28**
CAUCASN	73%	16	63%	12	64%	23	52%	13	64%	18
AFRO-AM	0%	0	5%	1	6%	2	8%	2	14%	4
ASIAN	14%	3	5%	1	14%	5	16%	4	14%	4
AMER-IND	0%	0	0%	0	3%	1	4%	1	0%	0
HAW/PAC	0%	0	0%	0	0%	0	0%	0	0%	0
HISPANIC	0%	0	0%	0	0%	0	0%	0	0%	0
NOT IND	14%	3	26%	5	14%	5	20%	5	7%	2
Total URM	**14%**		**11%**		**22%**		**28%**		**29%**	

Female	77%	17	100%	19	94%	34	92%	23	93%	26
Male	23%	5	0%	0	6%	2	8%	2	7%	2

Appendix L: Support of Teaching Excellence

Examples of Internal Funding for Improving Teaching and Learning & Support of Faculty Research

(2007-2012)

Internal Funding Description	Year	$$ Amt	Support for	Project or Examples
Chancellor's Awards	2010-11	4300	Fac. Research	research project
Vice Chancellor's Awards	2008	6000	Teaching & Learning	development of distance learning courses
Vice Chancellor Temp. Funding	2012	13000	Teaching & Learning	development of hybrid courses
Nursing Founders	2007-09	12950	Fac. Research	Salishan data gathering and analysis;
				faculty travel during travel freeze
	2009-11	7870	Fac. Research	Salishan data gathering and analysis;
				faculty travel during travel freeze
	2011-12	1900	Fac. Research	Nurse Legislative Day research;
				Homeless taping project
	2007-09	19540	Fac. Research	travel & conference fees
Nursing State Funds	2009-11	3232	Fac. Research	travel & conference fees
	2007-09	2895	Teaching & Learning	books, memberships, subscriptions
	2009-11	3080	Teaching & Learning	books, memberships, subscriptions
	2011-12	2500	Teaching & Learning	books, memberships, subscriptions (estimate)
	2011-12	14000	Fac. Research	travel & conference fees (estimate)
Summer School Revenue	2011-12	6000	Fac. Research	research project (estimate)

Appendix M: MN Student Contributions

MN Student Contributions

Impact of Graduate Student Projects: Exemplars from Scholarly Inquiry Projects

Topic	Impact or application in practice
Human papilloma virus resource pamphlet developed for parents	Distributed in practice settings
Development of transition team for adolescents with cystic fibrosis	Aspects are being implemented at Mary Bridge Hospital
Asthma Education and home visit training	Training implemented for the Suquamish Tribe
Evaluation of emergency department dental referral process for non urgent dental care	Implemented by regional agency with, cost savings.
A review of the literature on heart failure and discharge education	Published in Critical Care Quarterly
Website for palliative care, for children and families	Website is used by nurses and physicians at Mary Bridge Palliative care
Transfusion related acute lung injury: simulation case experience for nurse educators	Used currently in nursing education
Educational sheets for nursing staff on a medical surgical unit providing care for patients with mental illness	Currently in use on the unit.
Improving end of life care in the ICU	Implemented changes to improve end of life care at MultiCare
Decreasing falls in the elderly	Curriculum taught to nursing assistants in one LTC facility, improved outcomes.
Social justice and the need for healthcare for the uninsured with chronic diseases.	An alum is Director and founder of RotaCare Free Clinic of Tacoma, a specialty clinic for those without insurance who suffer from chronic disease, such as diabetes or hypertension. The all-volunteer staff includes physicians and advanced registered nurse practitioners from specialties scattered across the Tacoma area, as well as diabetic educators and eye care specialists

Protocol for end of life palliative sedation	Implemented in one healthcare organization to establish policy
Educating nurses in patient perceptions	Implemented in one area hospital
Improving the foster care system.	An alum created Pacific Northwest Alumni of Foster Care, which works to provide a voice for people who have been through foster care and to build awareness at community, state and local levels about the unique emotional, physical and social issues that they face

Impact of Graduate Student Projects: Exemplars from Graduate Student Course Work

Topic	Impact on Practice: Taught Staff, Professional Students in Work Setting	Impact on Practice: Taught Patients
Assessment, management of pain in pediatric patients (for nursing students	X	
Risks of exposure to secondhand smoke on children	X	X
Therapeutic play	X	X
Malignant hypertension	X	
orthopedic) pin site care		X
Blood cultures	X	
Group and individual patient education sessions for diabetics		X
Congestive heart failure management		X
Mechanical CPR	X	
Cardiac diet for Asian population		X
Hands/knees position for back pain in labor, rotation of fetal head	X	
Management of low back pain		X
Use of written action plans to reduce acute exacerabations in asthma patients.	X	
Perianesthesia fluid management	X	
Smoking cessation prior to pregnancy		X
Central line care and maintenance	X	
Components of competency based orientation for newly hired RNs	X	
Using POLST forms and end of life care discussion	X	X
Reducing selected hospital acquired infections	X	
Newborn cord gas interpretation	X	
CPR for CNAs	X	
Hourly rounding: case studies, training, prioritization	X	
Educational packet for school nurses: supporting teens who are pregnant or mothers	X	

Exemplars are from TNURS 513 Theories and Methods of Teaching and Learning (Au 11) and TNURS 514 Issues in Patient Education (Sp 11)

Appendix N: Enrollment and Graduation Data

Healthcare Leadership Enrollment and Graduation

Academic Year	2009-10	2010-11	TOTAL
HCL New Students Enrolled	**23**	**24**	**47**
Yearly Headcount (Based on 10th day reports)*	*23*	*41*	
Graduates			
HCL Graduates AUT 10 - SUM 11	7	0	7
HCL Graduates AUT 11 - SUM 12	4	0	4
Total Graduates	**11**	**0**	**11**
Withdrawn First Quarter	2	1	3
Withdrawn or Inactive (after 2nd Qtr)	3	1	4
Grad Date TBA (Student Active)	7	22	29
Grad/Retention Rate	**0.78**	**0.92**	**0.85**

*2009-10 10th day count based on winter 2010

BSN Enrollment and Graduation Data

Academic Year		2006-07	2007-08		2008-09	2009-10	2010-11	TOTAL
BSN New Students Enrolled		**50**	**70**	*	**93**	**54**	**86**	**353**
Yearly Headcount(Based on 10th day reports)		*125*	*147*		*136*	*133*	*148*	
Graduates	**							
BSN Graduates AUT 06 - SUM 07	37	11						48
BSN Graduates AUT 07 - SUM 08	19	18	12					49
BSN Graduates AUT 08 - SUM 09	9	5	28		14			56
BSN Graduates AUT 09 - SUM 10	9	1	8		36	14		68
BSN Graduates AUT 10 - SUM 11	5	1	1		16	21	25	69
Total Graduates per entering year:		**36**	**49**		**66**	**35**	**25**	**211**
Withdrawn First Quarter		3	4		6			13
Withdrawn or Inactive (after 2nd Qtr)		11	10		14	8	6	49
Grad Date TBA (Student Active)		0	3		8	12	57	80
Grad/Retention Rate		**0.72**	**0.74**		**0.80**	**0.87**	**0.95**	**0.82**

* 2007-08

Olympic College Program Enrollments not included except where OC students stayed at UW Tacoma
total of 34 students enrolled in OC/UWT cohort, 6 graduated from UW Tacoma, 1 active UW Tacoma student

** Graduates from entering classes before 2006-07

Associate Degree to MN Program Data

Admitted to A-B-M program	Admitted	Retained	Not Retained	BSN Retention Pct	MN Retention Pct
Number admitted to A-B-M program	**36**				
Completed BSN program		**25**			
Active BSN student		**8**		**92%**	
Inactive BSN student			**3**	**8%**	
Completed BSN and did not continue for MN			**3**		**12%**
Completed MN program at UW Tacoma		**7**			
Current Applicant to MN program		**3**			
Active MN student		**9**		**76%**	
Attended Graduate program elsewhere		**3**		**12%**	**88%**

UW Tacoma/Providence St Peter Hospital Off-Site Program

Academic Year	2005-06	2008-09	2011-12	TOTAL
BSN Students Enrolled in PSPH Program	**26**	**29**	**20**	**75**
Total Graduates per entering year	**18**	**12**		**30**
Withdrawn First Quarter	3	3	4	10
Withdrawn or Inactive (after 2nd Qtr)	5	8		13
Grad Date TBA (Student Active)	0	6	16	22
Grad/Retention Rate	**0.69**	**0.62**	**0.80**	**0.69**

UW Tacoma/Olympic College Partnership

Academic Year	2007-08
BSN Students Enrolled in OC Program	**34**
Total Graduates per entering year (from UWT)	**6**
Total Graduates per entering year (from OC)	**16**
Withdrawn First Quarter	2
Withdrawn or Inactive (after 2nd Qtr)	6
Grad Date TBA (Student Active at UWT)	1
Grad Date TBA (Student Active at OC)	3
Grad/Retention Rate	**0.76**

MN Enrollment and Graduation

Academic Year		2006-07	2007-08	2008-09	2009-10	2010-11	TOTAL
MN New Students Enrolled		**37**	**41**	**44**	**40**	**32**	**194**
Yearly Headcount(Based on 10th day reports)	**	*77*	*86*	*96*	*81*	*82*	
Graduates							
MN Graduates AUT 06 - SUM 07	22	0	0	0	0	0	22
MN Graduates AUT 07 - SUM 08	15	4	0	0	0	0	19
MN Graduates AUT 08 - SUM 09	13	11	12	0	0	0	36
MN Graduates AUT 09 - SUM 10	0	6	10	9	0	0	25
MN Graduates AUT 10 - SUM 11	0	3	5	6	14	0	28
Total Graduates per entering year		**24**	**27**	**15**	**14**	**0**	**80**
Withdrawn First Quarter		1	3	3	0	1	8
Withdrawn or Inactive (after 2nd Qtr)		9	5	14	7	2	37
Grad Date TBA (Student Active)		3	5	12	19	29	68
Grad/Retention Rate		**0.73**	**0.78**	**0.61**	**0.83**	**0.91**	**0.76**