

University of Washington Seattle
School of Nursing

Bachelor of Science in Nursing
Master of Nursing
Master of Science
Doctor of Nursing Practice
Doctor of Philosophy in Nursing Science
Graduate Certificates

Last Full Review: 2005

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List of Acronyms

| Acronym | Meaning |
|---------|---|
| AAB | Advancement Advisory Board |
| ABSN | Accelerated Bachelor of Science in Nursing |
| ADAA | Associate Dean for Academic Affairs |
| ADR | Associate Dean for Research |
| AGAC | Adult/Gerontology Acute Care |
| AIDS | Acquired Immune Deficiency Syndrome |
| APRN | Advanced Practice Registered Nurse |
| ARCS | Achievement Rewards for College Scientists |
| AY | Academic Year |
| BI | Biennium |
| BNHS | Biobehavioral Nursing and Health Systems Department |
| BSN | Bachelor of Science in Nursing |
| CC | Coordinating Committee |
| CCAB | Community and Clinical Advisory Board |
| CDC | Centers for Disease Control and Prevention |
| CEO | Chief Executive Officer |
| CHSIRP | Center for Health Sciences IPE, Research & Practice |
| CIPCT | Clinical Informatics and Patient-Centered Technologies |
| CNO | Chief Nursing Officer |
| COO | Chief Operating Officer |
| CTL | UW Center for Teaching and Learning |
| CV | Curriculum Vitae |
| DC | Diversity Committee |
| DEI | Diversity , Equity, and Inclusion |
| DNP | Doctor of Nursing Practice |
| DOF | Designated Operating Fund |
| EAD | Executive Associate Dean |
| EMR | Electronic Medical Record |
| ET | Executive Team |
| FAA | Faculty Academic Advisor |
| FC | Faculty Council |
| FY | Fiscal Year |
| GEPN | Graduate Entry into Professional Nursing |
| GHN | Global Health Nursing |
| GOF | General Operating Fund |
| GO-MAP | Graduate Opportunities and Minority Achievement Program |
| GRE | Graduate Record Examinations |
| HIMSS | Healthcare Information Management Systems |
| HR | Human Resources |
| HRSA | Health Resources and Services Administration |
| ICR | Indirect Cost Recovery |
| IMH | Infant Mental Health |
| IOM | Institute of Medicine |
| IPE | Interprofessional Education |
| ITHS | Institute of Translational Health Sciences |
| M | Million |

List of Acronyms

| Acronym | Meaning |
|----------------|---|
| MD | Multi-Disciplinary |
| MEPN | Master's Entry into Professional Nursing |
| MN | Master of Nursing |
| MS | Master of Science |
| NAHN | National Association of Hispanic Nurses |
| NGNA | National Gerontological Nursing Association |
| NIH | National Institutes of Health |
| NINR | National Institute of Nursing Research |
| NP | Nurse Practitioner |
| NRC | Northwest Roybal Center |
| ONR | Office of Nursing Research |
| PCE | Professional and Continuing Education |
| PFR | Promoting First Relationships |
| PH | Public Health |
| PhD | Doctor of Philosophy |
| PSD | Prospective Student Days |
| qEEG | Quantitative Electroencephalography |
| RA | Research Assistant |
| RIFP | Research & Intramural Funding Program |
| RN | Registered Nurse |
| RWJF | Robert Wood Johnson Foundation |
| SC | Staff Council |
| SEMP | Strategic Enrollment Management Plan |
| SLC | Shared Leadership Council |
| TA | Teaching Assistant |
| URM | Underrepresented Minority |
| UW | University of Washington |
| UWB | University of Washington Bothell campus |
| UWMC | University of Washington Medical Center |
| UWT | University of Washington Tacoma campus |
| VCE | Vice Chair for Education |
| VCR | Vice Chair for Research |
| WA | Washington |
| WAC | Washington Administrative Code |
| WWAMI | Washington, Wyoming, Alaska, Montana, Idaho |
| WW-NAHN | Western Washington Chapter, National Association of Hispanic Nurses |

University of Washington School of Nursing

Graduate School Review Self-Study

Part A

Section I: Overview of Organization

Mission & Organizational Structure

The mission of the School of Nursing (the School) is to advance nursing science and practice through generating knowledge and preparing future leaders to improve health. The School's values are collaboration, social responsibility, access, integrity, respect, accountability, diversity, equity, inclusion, and excellence. The School's goals are updated annually with input from all members and reflected in the three-year strategy map (see Appendix A), and the strategic priorities for 2015-16, framed around alignment, leverage, impact, and distinction, are found in Appendix B.

The School offers the following degrees and graduate certificates, all of which (except for PhD and some graduate certificates) are accredited by the Commission on Collegiate Nursing Education: Bachelor of Science in Nursing (BSN) (tuition-based) and a fee-based option, the Accelerated Bachelor of Science in Nursing (ABSN); Master of Nursing (MN) (tuition-based) for the community health nursing track; Master of Science (MS) (fee-based) for the clinical informatics and patient centered technologies track; the Doctor of Nursing Practice (DNP) (multiple tracks; some tuition-based and some fee-based; see [here](#)); the Doctor of Philosophy (PhD) in Nursing Science (tuition-based); and several graduate certificates (some tuition-based, some fee-based; see [here](#) and [here](#)).

The DNP degree program was significantly revised, and the first cohort was admitted in Autumn quarter 2013. All **goals** articulated in the **DNP Implementation** Workgroup Final Report (see Appendix C) that were under the purview of the workgroup have been met. Among these goals, a consolidated program totaling 93 credits (previous range 98-135 credits) was implemented on time; all new courses or course revisions were approved and, by Winter 2016, will have been taught at least once; total program cost to students were decreased by up to approximately \$25,000; and DNP tracks were able to continue delivering specialty content while the DNP was administered as a schoolwide program. Importantly, DNP 1.0 students were successfully supported during the transition per the transition plan (see Appendix D), and all MN and DNP 1.0 students who intended to finish are on track to do so. One opportunity (although not a formal goal of the implementation plan) with DNP 2.0 was the potential for "rebalancing" faculty workload. Progress on this is still being assessed, given that Faculty Council is still working toward establishment of a faculty workload plan and the final courses of DNP 2.0 (NMETH 801 and NCLIN 802 capstone courses) are underway.

The School plans to launch a revised BSN program in 2017. The impetus to revise the curriculum was based on feedback from our clinical and community partners in terms of how to better prepare our graduates to address challenges in nursing practice (clinical reasoning, leadership, communication skills, and professionalism and accountability); increasing challenges with

clinical placements; challenges in maintaining excellent clinical instructors; meeting diverse needs of millennials and digital natives; and, UW's commitment to undergraduate education experience by "flipping the classroom." The proposed model is a Teach for Transfer pedagogy in which there are core foundational content elements; content that exists within an ecological framework; and, learning across target vectors. (See Appendix E.) Didactic/theory courses (NURS and NMETH) and clinical (NCLIN) courses will continue (but be substantially revised or new courses), but a new series of simulation courses (NSIM) will be introduced. With the introduction of "BSN 2.0," a stand-alone ABSN program will need to be developed and introduced around the same time, as the current ABSN program has some overlap with the existing BSN curriculum.

Detailed enrollment and graduation patterns for all educational offerings are found in Appendix F. Enrollment has remained steady and graduation rates are consistently high. For most degrees, the application process is very competitive. In the past 10 years, there have been many changes that explain variations in enrollment in and graduation from the degree programs and graduate certificate options. The most changes have occurred with the MN and DNP. For many years, advanced practice registered nursing (APRN) tracks were offered through the MN. The School started offering the DNP in 2008; some tracks offered admission through both the MN and DNP. Given a systematic schoolwide assessment of the school's entire portfolio of educational offerings and [consensus](#) at the national level that APRNs be prepared at the doctoral level by 2015, faculty voted that, starting Autumn 2012, the DNP be the only entry point for APRN preparation. Other major changes to note are brief periods when programs were available for second-degree students to do Master's or Graduate Entry into Professional Nursing (MEPN and GEPN) before the School settled on the ABSN option. The BSN curriculum has been thoroughly re-envisioned, and plans are underway to implement BSN 2.0 in Autumn 2017, with changes to the ABSN also planned to make it free-standing while continuing as fee-based. A [Strategic Enrollment Management Plan](#) (SEMP) is in progress during which a re-evaluation of the School's entire educational portfolio and any new options that should be considered will be conducted in order to inform a comprehensive 5-year SEMP.

Academic and non-academic staffing are distributed within the School as follows. (See also Appendix G.) The School (tri-campus) is led by an executive dean. There are three departments, each led by a chairperson. All faculty, regardless of position (such as dean) or classification (tenure-line, non-tenure line, or temporary) and some staff are located in one of the three departments and ultimately report to the department chair. There are some units in the School that are solely comprised of staff. The associate dean for academic affairs (ADAA) oversees all-staff units. The associate dean for research (ADR) oversees the Office for Nursing Research (ONR). The School employs graduate students as research assistants (RAs), teaching assistants (TAs), and graduate student assistants. The School also employs work-study students. The School has six centers which are described later.

Shared governance is actualized through the Shared Leadership Council (SLC), consisting of the Executive Team (ET), Faculty Council (FC), and Staff Council (SC). The ET consists of the dean, executive associate dean (EAD), associates deans for academic affairs and research, department chairs, chief operating officer, director for Continuing Nursing Education, and assistant dean for

advancement. The FC, per [SoN by-laws](#), has six members who serve two-year terms, consisting of one chair, one chair-elect, three department representatives, and one representative from the department not represented by the chair or chair-elect. FC has responsibility for advising the dean on matters of policy regarding faculty promotion and tenure, including priorities, resource and salary allocation, and budgets. [Staff Council](#), per [by-laws of the staff council](#), consists of representatives from each department and/or unit. Currently, there are 12 representatives who serve two-year terms. The ET meets weekly during the calendar year with few exceptions; FC and SC meet monthly during the academic year (AY). To facilitate shared governance, communication, and decision-making, FC and SC chairs attend an ET meeting each month. The quarterly SLC meeting agenda is set by the EAD and the FC and SC chairs. In addition, an SLC retreat is held at least annually, with the agenda set as above, for the purpose of updating the School's [three-year strategy map](#) and moving forward on major strategic initiatives. The FC and SC chairs each meet monthly with the dean during the academic year; additional meetings between the dean and FC and SC chairs are held as needed or requested.

The School solicits advice from external consultants through formal and informal means. Regularly, the School solicits advice from the Advancement Advisory Board (AAB), the Chief Nursing Officers (CNO) group, the Community and Clinical Advisory Board (CCAB), alumni, and retired faculty, as well as thought leaders throughout the nation and world. The AAB consists of individuals found in Appendix H, along with newly-added board member [Rogelio Riojas](#), president and CEO of Sea Mar Community Services. The ET meets with the broader, State idea CNO group (once) and CCAB (twice) groups during the academic year to solicit feedback and counsel about trends in nursing and health care, issues of shared concern, and how we might better prepare our students for Nursing profession. For example, the CNO group is collaborating with School leaders to strengthen the relationship between the School and UW Medicine academic health centers, while the CCAB is collaborating with School leaders to advise us on better preparation of students for roles that align with health care reform and other major influences, such as the [IOM/RWJF Future of Nursing](#) report. Alumni from all degree programs are surveyed one, three, and five years after graduation. Our Advancement team seeks to actively engage alumni and solicit their advice through events such as the annual [Nursing Recognition Banquet](#) (including the Distinguished Alumni Award) and through connecting currently-enrolled students with alumni for role modeling and mentoring. External consultants are engaged as needed. The School regularly reaches out to federal and state legislators. For example, on a monthly basis, the dean sends a letter containing updates on work by faculty and students related to research, education and service. We also thank the legislators for their advocacy and support, as well as provide them with tangible examples of the School's impact in the local, national, and global community.

Budget & Resources

Fiscal Resources. The School's fiscal resources support its mission to advance nursing science and practice through generating knowledge and preparing future leaders to address health. The School engages in careful budget planning based on comprehensive strategic initiatives, aligned with those of UW.

Budget Summary. UW operates on a biennium (BI), which is a two-year budgeting period beginning July 1st in odd-numbered years and ending June 30th of odd-numbered years. A summary of the School's three most recent biennia is found in Appendix I. The School receives funding from the State, grants and contracts, gifts and discretionary, and self-sustaining operations. The School averages approximately \$83 million dollars of funding across all sources per biennium; however, the main operating budget consists of state funds, which account for 32% of total funding. State funds cover salaries and operations, are appropriated by the State legislature, and consist of General Operating Funds (GOF) - tax support and operating fee revenue (portion of tuition); Designated Operating Funds (DOF) - composed of interest income, summer quarter revenue, clinical revenue, administrative overhead, indirect costs (or overhead) charged to self-sustaining budgets and grants, and miscellaneous fees; and Indirect Cost Recovery (ICR) - revenue returned to academic units that generate the research activity.

Over the previous three BI, the School's State funds have grown 13%, from \$23.4M (BI 2010-2011) to \$26.4M (BI 2014-2015). This is largely due to an increase in the School's state supplement. Expenditures over this period have also increased by roughly the same, 14%, from \$21.5M (BI 2010-2011) to \$24.5M (BI 2014-2015). There are additional expenditures coming from central administration, such as the requirement that schools fund merit increases and, for example, the School paying its portion of a payroll modernization initiative. Remaining sources of funding (grants and contracts, gifts, and self-sustaining) are generally restricted for a specific purpose, project, or activity. (Self-sustaining funds include fee-based student revenue through [UW Professional and Continuing Education](#).)

As of December 2015, the School ranked third in the nation for NIH research funding (\$20,807,491) over the prior three year period. Research funding accounts for almost 50% of total BI funding. Over the last six years, the national trend has seen a steady decrease in federal research funding, which is depicted in the overall research figures. This decrease has put more strain on state funding, as faculty are not receiving as many teaching "buyouts" from research funds that have been more abundant in the past. Funds generated through gifts and advancement also provide a critical source of funds. The dean and ET have set goals for the School's next capital campaign, which focuses on recruiting faculty, updating aging facilities, and developing a Center for Global Health Nursing (GHN). The School's campaign target is \$40M over the next 5 years. Many of these gifts directly support students to successfully complete their programs. In BI 14-15, the School awarded \$2.67 million in student financial aid.

As before, the School has educational offerings that operate through the PCE fee-based mechanism. Generated revenue directly supports these programs, and any surplus is distributed to departments and school reserves designated for high priority initiatives that align with the School's goals. (See Appendix I for School of Nursing Biennium Funding Trends and Funding Composition.) Between 2009 and 2012, some DNP tracks were moved to fee-base because of financial challenges faced by the School. Halfway through the process, UW put a moratorium on moving existing programs into fee-base through PCE. Having DNP tracks in different support mechanisms adversely affects the student experience and creates inefficiencies for faculty and staff and confusion for current and prospective students. A plan is

underway to migrate all DNP tracks to tuition-base by fiscal year (FY) 19. The School will need to address the resulting gap in revenue before then. (See Appendix I.)

In 2015, the state legislature granted the School \$4 Million to renovate and expand its clinical simulation lab. The School is working closely with UW experts and an architectural firm to renovate and expand from approximately 2,500 square feet to 10,000 square feet. Recent interest from the Schools of Dentistry and Pharmacy to “go in” on this project has created the possibility of adding an interprofessional (IP) education (IPE) component for a “shared simulation lab” and, with their support, possible expansion to 14,000 square feet.

The School’s strategic financing philosophy is the alignment of resources under the mission and strategic plan, with a focus on monitoring and controlling costs (both for academics and operations); targeting resources toward goal achievement; prioritizing investments in strategic opportunities; transparency, accountability, and linked budgeting; strategic planning; and, academic programming. This philosophy is inherent in our budgeting and decision-making process to better serve the School. It leads us to consider affordability, accountability, and alignment with the school’s strategic goals in all of our budget actions.

The School currently faces several challenges related to budgeting and revenue generation. First, nursing is one of the most expensive undergraduate programs on campus, due to its small clinical sections limited to eight students per instructor. This limiting factor makes undergraduate growth difficult without additional university supplement. Declining clinical placement opportunities are also a barrier to additional revenue from enrollment growth. Without growth in clinical sites or simulation capability, program enrollment will remain static. Other challenges include decreases in research funding, space and technology limitations, and faculty workload strain.

The School has several methods to evaluate the use of financial and human resources:

- 1) The *Funding Request Process* is a schoolwide initiative which allows faculty and staff to submit requests for funding through department chairs or unit leads;
- 2) *Position Control* is a process by which the School’s reviews all proposals to permanently fill new staff positions, refill existing staff positions, or provide staff promotion; and,
- 3) *School of Nursing metrics* are a dashboard of key performance indicators in various areas across the school that align with the strategy map. Based on how the school is performing in each area, funds may be allocated or changed depending on results.

In addition, the School’s Finance and Administration team meets with every department and unit leader on a quarterly basis to review budgets, HR actions, future projections, and the overall activities of the department or unit to evaluate use of financial and human resources.

The School employs various strategies to raise funds/conduct development (advancement) and secure grants and contracts. The AAB is described above. Members of the AAB stay informed about critical issues impacting nursing, provide formal or informal advocacy for the School, and help create opportunities to engage other stakeholders. AAB members support fundraising efforts as well as other School initiatives. For example, with regard to the \$4M grant from the legislature for the simulation lab, some board members have been actively engaged with not only how the renovation/expansion may be done, but how the money can be leveraged to get

additional monies and donated equipment for the lab. In addition, feasibility studies are underway to either renovate the existing building or build a new building; some AAB members are actively working with the dean, COO, and facilities feasibility workgroup on how to get such work funded. The development plan is led by the dean and assistant dean for advancement. In addition, the School is about to move into the active portion of the UW Capital Campaign; priorities for that campaign are being finalized and, as noted above, focus on recruiting faculty, updating aging facilities, and creating a Center for GHN. Other fundraising is done through relationship-building by way of meetings with donors and potential donors and foundation officers and appeals through email and U.S. mail, the School's website (which has undergone a *major* overhaul and will be unveiled in the coming months) and social media outlets, such as Facebook, Twitter, and Instagram. The recently created #HuskyNurse social media hashtag strategy has been enormously successful, creating a sense of community among alumni, friends, supporters, faculty, and staff. The hashtag has become an integral part of branding, marketing, and communications and wholeheartedly embraced by the School and UW Nursing community.

Grants and contracts that fund student scholarships, faculty development, educational program development or expansion, IPE, and other non-research-related activities are sought through a combination of staying engaged with funding agencies (such as the Jonas, Robert Wood Johnson (RWJF), and Macy foundations), as well as applications to government agencies, such as the Health Resources and Services Administration (HRSA). **Scholarships.** Scholarship support is not only provided by our generous donors, but also through other sources. Centrally, grants for student support are prepared and submitted. As an example, in 2014, the School was awarded two RWJF *Future of Nursing Scholar* awards that provide \$75K to each of two incoming PhD students (with a match from the School of \$50K each), as well as leadership training and formal internal and external mentoring for the scholars. The School has now competitively secured two additional awards for 2016 incoming students; these monies can be used to recruit the best and brightest PhD students. **Faculty Development.** UW provides opportunities for faculty development through, for example, the [UW Center for Teaching and Learning \(CTL\)](#) and the [Faculty Fellows program](#). The School provides support for faculty development through formal activities, such as contracted support from CTL, and also through informal but sustained support not only from department chairs, but from the Vice Chairs for Education (VCE) and Vice Chairs for Research (VCR). To create innovative teaching and learning experiences that drive and sustain pedagogical and technological excellence, the School is hiring into a new, permanently-funded tenure-track position for an Innovative Educator. The vision for this position is to have a faculty member who has the expertise and vision to generate evidence-based ways to guide faculty in enhancing their knowledge and skill-set in teaching and learning; works proactively and comprehensively with faculty to integrate cutting-edge pedagogical models into educational delivery; is well informed about generational perspectives in learning and how our educational deliveries can meet the expectations of current and future generations of students; works strategically and with vision to create an infrastructure and supportive environment for faculty to maximize the outcomes of their teaching while using smart, efficient, and cost-effective teaching methods; works strategically to integrate our distinctive signature research orientation as an overarching perspective in our educational

delivery and work strategically and proactively in eliminating the dichotomy of interests in research versus education versus practice; and commits to working strategically to align our education with current and future health care needs through close partnership with our clinical and community partners with an IP perspective. While one individual cannot fulfill this entire vision, this person will work with experts both within and outside the School and UW to actualize as much of this vision as possible.

Robust support for faculty development is offered through [ONR](#), including but not limited to consultation services, the [Research & Intramural Funding Program](#), and activities such as [Research for Lunch](#). For many years, faculty has secured important extramural sources of funding for development. For example, over its history, faculty has secured prestigious awards for early or mid-career development, such as RWJF Executive Nurse Fellows and Nurse Faculty Scholars, Agency for Health Care Research and Quality Fellows, and an Institute of Medicine of the National Academies Distinguished Nurse Scholar-in-Residence. **Educational Program Development.** The School has been very successful in competing for HRSA grants (especially the Advanced Nursing Education and the Nurse Education, Practice, Quality, and Retention mechanisms) and other sources that support educational programs for workforce development. For example, faculty members secured funding to develop the DNP program in 2006 and, since then, have continued to secure robust funding to further development, implement, evaluate, and refine the DNP program. Another example is the School's leadership around IPE. The School has been a leader in IPE amongst the six UW health sciences schools since 1997, when EAD Mitchell was a founding member and lead of the Health Sciences Interdisciplinary Clinical Education with seed money from the UW Initiatives Fund. Drs. Mitchell, Zierler, and others have, since 1996, provided significant leadership of IPE and practice initiatives, including sustained grant funding through HRSA, The Josiah Macy Foundation, the Department of Veterans Affairs, and The Hearst Foundations. Currently, four of six health sciences schools are responding to a proposal by IPE leads to strengthen the commitment to and sustained support of IPE through a new organizational model that would support IP activities in the classroom/simulation labs, the community, and practice. (See Appendix J.)

Academic Unit Diversity

The School has a diversity strategic plan; a revised plan (see Appendix K) is currently undergoing review by stakeholders and is more fully described later. The School's [Diversity Committee](#) (DC) is set in the [bylaws](#). The committee's responsibility shall be to promote an environment of respect, teamwork, and mutual understanding among students, staff, and faculty, bringing increased attention to diversity and resulting in more equitable treatment of all individuals in the School. The Committee is composed of a chair, at least one staff member appointed by SC, and at least one faculty member appointed by FC, all of whom serve one-year terms. Others may join as interested. The chairperson shall be a faculty member, student, post-doc fellow, or staff member who shall be elected by DC members for a two-year term. The DC currently has 28 members. Two faculty members who serve on the School of Medicine Center for Equity, Diversity, and Inclusion Expansion Planning Team were recently invited to join.

Data available as of January 1, 2015 about tenure-track faculty and staff diversity is race, ethnicity, and gender. See Appendix L Table 1. By race and ethnicity, tenure-track faculty is

somewhat homogeneous as White and Non-Hispanic. When compared to race, ethnicity, and gender of U.S. registered nurses (RNs) (Budden et al., 2013) and Washington (WA) State demographics ([Census 2014](#)), tenure-track faculty demographics do not compare favorably except for White and Asian RNs and WA State population and male gender. (See Appendix L, Table 2.) By gender, the School has 9% male tenure-track faculty, higher than the national average. The School is employing strategies to increase racial/ethnic diversity in the faculty. It consulted with UW resources on ways to increase faculty and staff diversity, including an educational session with the former [associate vice provost for faculty advancement](#) to counsel faculty and administrators on how to increase faculty inclusivity. Strategies learned during the session have since been employed in faculty searches. Of tenure-track faculty hired since September 16, 2009, 3 of 10 identify as a person of color, multiracial, and/or male. Of all faculty holding professorial titles across research, tenure, and without tenure tracks hired, five of 16 (20%) identify as a person of color, multiracial, and/or male.

When compared with tenure-track faculty demographics, evaluation of *staff* demographics reveals slightly more racial and ethnic diversity and a greater percentage of male staff members, although the percentage of staff who identify as Hispanic is still well below WA State census data from 2010. See Appendix L and Tables 3 and 4.

The School employs robust outreach strategies to recruit diverse students; strategies exist on a continuum starting with high school students. In addition, the School uses institutional resources or partners with organizations such as the Graduate Opportunities and Minority Achievement Program (GO-MAP) to conduct outreach and to recruit and retain under-represented minority (URM) students. Through the [acclaimed](#) (pp. 42-43) [UW Nurse Camp](#) annual summer program, the School interests and inspires high school students to pursue nursing and other health care careers. Nurse Camp gives URM high school students an opportunity to familiarize themselves with UW and the School, “shadow” nurses, see where they might fit, and what it will take to succeed academically as a nursing student. Once applicants are admitted, the School seeks to frame nursing education as something students will pursue through graduate school. The School fosters a sense of professional purpose and leadership through creation of a leadership milieu and intensive mentorship and supports those efforts with culturally-sensitive retention services. This internal outreach program is one of the most promising resources for increasing the diversity of the graduate student body (and the profession). It is also where the availability of GO-MAP support plays a crucial role. Nationally, the School actively recruits URM students annually at conferences for Latino, Native American, and African American nurses. In addition to the National and Western Name Exchange programs, prospective URM graduate students are recruited from undergraduate nursing programs through collaboration with other nationally-ranked schools of nursing. In May 2014, the School partnered with local community members and the National Association of Hispanic Nurses (NAHN) to become a founding member and sponsor of the Western WA chapter of NAHN (WW-NAHN). As a result of this, we are cultivating trust with Hispanic nurses and growing relationships that are effectively leading toward future Hispanic graduate applicants. The School contributes scholarship money to WW-NAHN, and its members provide mentorship and community support to scholarship recipients. The ultimate success of outreach efforts depend in large part on the availability of financial aid; GO-MAP assistance has been crucial.

The School employs initiatives to create an environment that supports the academic success of URM students, men, students with disabilities, and Lesbian, Gay, Bisexual, Transgender, and Queer students. Virtually all well-qualified diverse candidates will be courted by multiple major schools of nursing, each offering significant financial aid. Often, the decision will come down to personal relationships established during the application process. Diverse pre-applicants to the School's graduate degree programs are offered individualized advising so that their recruitment is based on personal as well as institutional effort. Faculty and staff personally call with offers of admission. URM admitted applicants are invited to GO-MAP's [Prospective Student Days](#) (PSD). The School partners with PSD to have new admits meet with faculty, staff, and students during visits to ensure exposure to the School's community. Admitted students also meet with our financial support specialist to go over support options. Scholarship funding packages include partial tuition, stipends (anywhere from \$500-\$1000 monthly), and student insurance for those who receive stipends of \$800 or more. Funding packages are first offered to incoming PhD students, then to DNP students. There are usually seven to eight packages. There are also three [Top Scholar Awards](#), where the Graduate School pays full tuition (no student fees), and the School matches with a \$1000 monthly stipend and student insurance. Every other year, we receive an [ARCS](#) award for a PhD student. This award is matched with a \$900-\$1000 monthly stipend and student insurance. Applicants may present any information or explanation they think is relevant, but not covered in other sections of the application, such as being the first in their family to attend college or graduate school. All of these recruiting efforts are tightly-articulated and well-coordinated so that each student feels respected, informed, and warmly invited to join the School community.

In terms of supporting student success, there is considerable emphasis on the student experience. Numerous student leadership groups are funded and supported by the School, including the [Diversity Awareness Group](#) (which organizes and implements Nurse Camp), the [WW-NAHN](#), [Queers and Allies](#), the [Mary Mahoney Professional Nurses Organization](#), the [Network of Doctoral Nursing Students](#), and the [Professional Organization of Nursing Students](#). Each of these groups provide mentoring support. The commitment to student success begins at the top, with the dean hosting regular fireside chats, town halls, quarterly student council meetings, and other open channels of communication so that she hears unfiltered input reflecting the day-to-day personal and academic experiences of diverse students. All Coordinating Committees (CC) have student representation. This provides another mechanism for students to raise concerns about content and presentation. For example, more diverse case studies were added to curricula based on feedback from student representatives. The School fosters inclusiveness at almost every turn, reflecting a strong commitment by the dean that inclusiveness be embraced, not only because it is at the core of good nursing practice, but also because a diverse student population provides opportunities for all students to acquire the cultural sensitivity that informs practice and leadership. Inclusiveness is a continuous message from the dean, faculty, and student leaders and promoted through regularly scheduled events and messaging, as well as by having students as part of the solution. Education about inclusiveness begins at orientation. The School creates an environment where discussion about diversity, equity, and inclusion (DEI) is encouraged and where issues can be raised without fear of compromise or retaliation. The School also makes available regular opportunities for

students to respond anonymously, via survey, to further assist in identifying areas that need attention. Faculty members not only recognize the moral correctness of having a diverse student body, but also the absolute necessity of doing so if we are to continue being one of the nation's leading schools of nursing. For the School, diversity is a *professional* as well as a personal issue, and the faculty has been strongly supportive of efforts to recruit and retain from URM populations. Their support is expressed in many ways, from active and extensive participation in national recruiting of URM students, to engagement with potential graduate students prior to admission. They also provide intense mentoring that provides an important counterbalance to the isolation and alienation students from the non-majority population can often experience.

Over the years, the School has employed various strategies to support the career success of faculty members from URM groups and male faculty members. However, there is much work to be done. Goal 4 of the above-referenced *School of Nursing Strategic Plan: Diversity, Equity, and Inclusion* proposes new, robust strategies.

Section II: Teaching & Learning

Student Learning Goals and Outcomes. Student learning goals are noted in Appendix M by degree program and graduate certificate. The School evaluates student learning in multiple ways. For theory and seminar courses, learning may be evaluated through, for example, quizzes, tests, group projects, in-class or on-line discussions, unfolding case studies, polling, assigned papers, and portfolios. In clinical courses, learning may be evaluated through demonstration of skills in the simulation lab, scenario-based simulations using low- and/or high-fidelity simulation or the use of standardized patients, viewing of and reflection of self-recorded clinical performance in the simulation lab, and/or evaluation of the student in the clinical or community site by the course instructor and preceptor. At each level, students have capstone course(s) and/or expected culminating product: BSN/ABSN [NCLIN 411](#); MN and MS [NMETH 598](#) or [NMETH 700](#); DNP [NMETH 801/NCLIN 801](#); PhD [NMETH 800](#); Graduate Certificate – example from Advanced Practice Environmental Health – capstone as noted [here](#).

The School evaluates student learning and satisfaction in many ways. See Appendix N for a grid of formal student learning and satisfaction evaluation methods. Student satisfaction is also assessed through informal methods, such as feedback to faculty, [staff advisors](#), [student and academic services](#), the [online education team](#), and the clinical education director. Student satisfaction is also assessed through quarterly meetings by the dean with the [student council](#) and through student representatives to the CCs. The satisfaction of students from URM groups is formally gauged through student representative feedback on [SON DAWG](#) (Diversity Awareness Group) and the [Diversity Committee](#) and informally through student feedback to individual faculty or staff members. For example, feedback to a staff member about a student's need and desire to have faculty and staff improve their response to transgender students resulted in the School being the first on campus to develop and publish a [Diversity Statement on Gender Identity and Expression](#).

Examples of findings of assessment of student learning in each degree program are found in the resource room. Surveys are designed to elicit both quantitative and qualitative data from

students. In the report(s), quantitative data is compared to previous years. The School uses findings to improve programs, effect curricular changes, and/or make decisions about resource allocation. For example, the DNP 2.0 curricular revision was in response to student feedback about the cost and quality of the program, while also informing decisions about resources.

Course evaluations are received by the instructor and their chairperson. Findings are used by chairs and VCEs for faculty development. Results from student forums and program evaluations are shared with administrators, faculty, staff, and students as appropriate for improvement. For example, formative program-level evaluation during the first years of DNP 2.0 include student forums and online surveys. Results are synthesized into a report used by DNPCC and other stakeholders to improve program quality. Program-level issues are also taken up in the CCs.

A course typically taken by undergraduates who are non-majors is [NURS 201](#) Growth and Development through the Life Span. It is a prerequisite for majors, though many undergrads take the course. (There are at least 300 enrolled each year.) Some of the students may take the course solely for general education requirements credit. Student achievement is assessed through course evaluations. Two such evaluations will be available in the resource room.

Instructional Effectiveness. Methods used to evaluate quality of instruction vary by degree program ([BSN](#), [MN](#), [MS](#), [DNP](#), and [PhD](#)), such as in-class formative evaluations, course evaluations (indexed examples available in resource room), quarterly program level assessments (e.g., quarterly assessment of [Essential Qualifications for BSN/ABSN students](#)), and through “connected teaching” meetings. Program-level evaluation is also done at scheduled intervals, with surveys sent to students and alumni. (Students in graduate certificate options receive the survey that is sent to the DNP students). In the past year, the School discontinued surveys of employers because response rates were so low. Instead, focused efforts are made by faculty and administrators to collect information from employers during group (e.g., CCAB meetings, DNP track meetings with employers) and individual interactions. Annually, each student is evaluated for “satisfactory progress” by the relevant CC. Program level evaluation is through mid-program, end-of-program, and alumni survey data. By all measures and in degree programs, assessment of student learning verifies that student learning goals are met.

There are many opportunities at UW and in the School for training in teaching. Faculty is encouraged to take advantage of trainings offered by UW. For example, each year, new faculty are invited to participate in the [Faculty Fellows](#) program. In addition, the [Center for Teaching and Learning](#) (CTL) offers both open sessions and individual consultations. When implementation of the DNP 2.0 curriculum was being planned as a first-year hybrid program, the School contracted with CTL to help DNP first-year course faculty with pedagogical aspects of and best practices in online education. In addition, the School invested in a two-year trial of a three-person [Online Education Team](#) (which was so successful it was renewed for two years). The School’s commitment to innovative teaching is so strong that the School sought and was awarded permanent funding by the Provost for a permanent tenure-line Innovative Educator faculty position. Each department has a VCE whose role it is to, for example, make teaching assignments, but also to mentor and develop faculty in their teaching. For example, one VCE held “mini-teach” sessions after monthly faculty meetings to develop faculty in particular areas.

Graduate students have opportunities to teach (and learn about teaching) through, for example, federal Graduate Assistance for Areas of National Need fellowships and mentored teaching assistantships (e.g., the simulation lab has eight TAs [seven DNP students and one PhD student]). Graduate students also have access to campus-wide resources, such as information and resources “[just for TAs](#)” and CTL resources. Graduate students may also volunteer to teach or participate on research teams. For example, a PhD student volunteered to help an instructor with [NMETH 403](#); the instructor said that the student “lectured, developed activities for students in class, facilitated discussion, correct short assignments, and gave useful feedback.”

Examples of specific instructional changes made by instructors in response to evaluation of teaching are provided here. **MS Program Example.** In [NMETH 524 Healthcare Information Systems & the Electronic Health Record](#), examples of Electronic Medical Record (EMR) systems were presented. Many students wished to have more hands-on experience with EMR software, in addition to covering in-depth conceptual approaches to designing and implementing such systems. The instructors started using various educational EMR versions and integrated these into the course. **DNP Program Example.** In clinical course sequence [NCLIN 516, 517](#) the Adult/Gerontology Acute Care (AGAC) Nurse Practitioner (NP) students noted in evaluations that they would like more discussion/work with pharmacology. In [NCLIN 518](#), the two instructors for the AG Primary Care NP sections developed additional cases for discussion during seminar that featured more complex pharmacology and prescribing decision-making. Also, in [NMETH 801](#) Capstone Planning in Fall 2015, the plan was for weeks seven and eight to be large group session (one hour) followed by one hour of small group work. Students noted how valuable the small group sessions were and wanted more time in them. As a result, faculty quickly accommodated this request and moved these two weeks to all small group format. **PhD Program Example.** PhD students raised concerns that it was difficult to find research methods courses within the school and across campus. Not only did the department chairs try to increase the number of courses by offering them in Summer quarter (many of which got cancelled for low enrollment), but also student representatives on PhDCC undertook a project to raise the profile of the issue and identify school and campus alternatives for students. Their work was eventually shared on the program webpage as a [guide](#) for students and faculty.

Teaching and Mentoring Outside the Classroom. Faculty is involved in student learning and development in many ways other than classroom teaching. Eligible BSN students have the opportunity to participate in an [honors program](#). Their efforts culminate in [poster presentations](#) at the Undergraduate Research Symposium each Spring. The honors program seminar is co-led; students (approximately 20 each year) work in dyads with faculty research mentors throughout the School. Undergraduate and graduate students may do independent studies. All students are welcome to attend “[Research for Lunch](#)” and lectures and grand rounds throughout UW, especially throughout the health sciences. Faculty mentor and develop graduate students through either chairing or being a member of scholarly project, thesis, DNP capstone, and dissertation supervisory committees. Many faculty have adjunct appointments in other schools, such as medicine and public health, which enrich connections and opportunities for students. They also coach students who work as TAs, RAs, or academic student employees.

The School ensures steady academic progress and overall success in the degree program and graduate certificates in various ways. It starts with a transparent recruitment and admissions process whereby prospective students and applicants have access to information (e.g., in-person and online information sessions, access to outreach counselors and faculty) about what it takes to succeed. Admissions standards are robust, based on evidence (e.g., the School stopped requiring GREs as an admission requirement because they were not predictors of success and have been shown to disadvantage URM applicants) and best practices and reviewed annually by the CCs. At orientation, students are provided with information about campus-wide and school-specific resources, such as School of [Nursing-specific library liaisons](#), the School's mental health counselor, and program-specific counselors. Undergraduate and graduate students are connected with staff academic counselors from Student and Academic Services and, for undergraduate students, a nurse professional role counselor (Marley), while each graduate student is assigned an individual faculty academic advisor (FAA) before admission. FAAs follow graduate students throughout their program of study until the student forms a supervisory committee, at which time the chair becomes the student's advisor. The School encourages faculty to work with the student and other support services early on when a student has difficulty with courses and/or essentials qualifications or behaviors. Another level of oversight of student progress is that the CCs conduct an annual review of student progress based on established criteria for "satisfactory progress" given feedback from the student's FAA. Additional efforts to support URM students were noted earlier in this report. Other student diversity support is linked [here](#).

In the BSN, DNP, and PhD programs, there are role transition courses that help students prepare for the next phases of their academic or professional lives: respectively, [NURS 419 Transition to Professional Practice](#); [NSG 530 Leadership, Communication, and Professional Identity](#); and, [NURS 587 Role Transition Seminar](#). FAAs work 1:1 and, sometimes, in group advising sessions, to help students prepare for next phases. Staff advisors ([Mau](#) and [Tong](#) – graduate; [Shafer](#) – undergraduate) and the Director for Clinical Education ([Marley](#)) also work with students on preparation for next phases.

Section III: Scholarly Impact

The School's faculty members' research has broad impact. In FY15, faculty secured \$9,224,769 in NIH funding, \$2,408,975 in non-NIH research funding, and \$3,068,815 in non-federal funding, for a total of over \$14.7 million in research funding. Faculty members also secured over \$2.6 million in educational and practice initiative grants.

Faculty members lead and participate in intra- and interdisciplinary research. Faculty members' scholarly work is not only disseminated through, for example, publications and presentations locally, nationally, and internationally, but scholarship affects public policy and practice. Faculty are also able to attract students who, upon graduation, go on to leadership and/or faculty roles.

Faculty scholarly activity distinguishes us from peer institutions. For example, the School has long-term strength in biobehavioral research, with one such Center funded by NIH for 25 years. The School has a bench science lab infrastructure that allows faculty to do cutting-edge research that is unlike that of many of our peer institutions. The sheer breadth and depth of

research done by faculty, being at or near the top of NIH-funding for years, distinguishes us from other top schools. (Acceptance of post-baccalaureate students into our DNP and PhD programs also distinguishes us from many other institutions.)

There are *many* examples of the broad impact of faculty scholarship, some of which are offered here by department. (Please see Appendix O for additional detailed information on faculty scholarship activities.) **Family and Child Nursing.** *Ward* (and *C. Landis* – BNHS) worked with a group of people who were advocating, based on evidence, for later start times to high schools in the Seattle School District. Dr. *Ward*'s work was referenced in a 2014 analysis report that went to the Seattle School District and, in 2015, she co-authored an op-ed piece in the [Seattle Times](#). In November 2015, the Seattle School Board voted to enact a [policy](#) for later start times to high schools effective Fall 2016. *Spieker* and *Oxford* are using the evidence-based Promoting First Relationships (PFR) program to influence interventions by care providers in public health and child welfare systems to reduce foster home placements. This intervention is also being tested for implementation in pediatric primary care settings. *Booth-LaForce* is also testing PFR for implementation with First Nations members in Montana. *R. O'Connor* is working with Seattle Children's Hospital on how to recruit children from URM and their families into research so they are better represented in research studies. *Lewis* gave a powerful [TEDx talk](#) about caring for caregivers for a regional library system based on her long-standing program of research in this area. **Psychosocial and Community Health.** *E. Thompson* and *Walsh* have a long-standing program of research on suicide prevention. Dr. *Walsh* is an affiliate faculty member with [Forefront](#), a collaboration of the UW Schools of Social Work, Communication, Nursing, and Education. She was also part of a statewide stakeholder group convened by Forefront that shared concerns and pursued solutions about suicide prevention, including [policy](#) and advocacy work that has resulted in new laws that have made WA one of the nation's most proactive states in terms of suicide prevention. *Bekemeier* is influencing funding for public health because her research ties population outcomes to public health funding. *Tsai* is working with Chinese immigrants and the businesses they start to motivate them to get health insurance for employees. *Teri* and her research team influence the quality of care for people with dementia in nursing homes by training staff through the [STAR](#) program. This work is now being tested in the Veterans Administration and internationally. The STAR intervention was recently translated into Chinese by a visiting professor to the School and into Spanish by a colleague at the Federal University of Rio De Janeiro. *Barrington* is collaborating with the Seattle Cancer Care Alliance to work with African American breast cancer survivors to encourage other African American women to participate in early breast cancer screening. She is also using a similar model to encourage African American men to undergo early screening for prostate cancer. *Kozuki* is employing an educational component to help young mothers with mental illness understand the care they need while also helping APRNs provide the right treatment for these women during pregnancy and post-partum. *McCurry* is working with older adults at senior centers in Seattle's Pike Place Market area to identify people with dementia who are homeless and the services they need and get, if any. *Josephine Ensign*'s forthcoming book, [Catching Homelessness: A Nurse's Story of Falling Through the Safety Net](#) (She Writes Press/pub date August 9, 2016) is a personal policy narrative that tells the story of her work as an NP providing health care to people who are homeless, while navigating her own passage

through homelessness. **Biobehavioral Nursing and Health Systems.** For over 10 years, *Heitkemper* led the Center for Women's Health and Gender Research. More recently, (2009-2014), she was principal investigator for the Center for Research on Self-Management of Sleep Disturbances. Her research team (*Jarrett* and others) focused on studying stress and gastrointestinal function, which led to a series of intervention trials to test the effectiveness of a nurse-delivered self-management program in individuals with chronic abdominal pain. *Belza* and colleagues have translated her healthy aging/health promotion research into nationwide mallwalking programs that have been featured in [national media](#). *Bridges* is not only the editor of the [Battlefield and Disaster Nursing Pocket Guide](#) used by thousands in the tri-services, but her research on *en route* care in austere environments has been translated into practice, improving outcomes in transport of injured service members. *H. Thompson* and *Demiris* are pilot-testing smart home/smart environment technologies with the goal of enhancing aging in place. *Doorenbos* leads research and initiatives in palliative care, particularly focused on pain management. She is co-director of the Center of Excellence in Pain Education and works closely with colleagues in medicine to deliver telemedicine for pain management. She is co-chair of research operations for the [Cambria Palliative Care Center of Excellence](#). *Dougherty* conducts research to enhance physical functioning, self-care, and quality of life in patients with implanted cardiac defibrillators and heart failure. *Zierler* is working with UW Medical Center health professionals in translating [TeamSTEPPS](#) into practice to improve outcomes for people with acute heart failure. *Shannon* leads extensive efforts around IPE.

Undergraduate and graduate students have, over the years, received significant awards, made noteworthy presentations, or done activities that have had an impact on the field while in the program. For example, since the Honors Program was restarted in AY 2013-14, almost 50 students have gone on to successfully complete the program. Their efforts culminate in [poster presentations](#) at the Undergraduate Research Symposium each Spring. Graduate students not only present capstone work or defend dissertations, but many publish and/or present their peer-reviewed work while in the program. Multiple examples are available in the resource room. Students also make presentations at local, national, and international conferences. Examples may be found in faculty CVs. Examples of student awards during a three-year period are found in Appendix P. Some of our students have gone on to receive extraordinary awards. For example, a current student (*Pintye*) recently became the second nursing student to earn a research award from the UW Center for AIDS/Sexually Transmitted Diseases. (The first nursing student to receive this award was also a student from the School who not only went on to earn tenured positions at the UW School of Nursing and New York University College of Nursing, but who is now dean at Yale School of Nursing.) Four MS-Clinical Informatics and Patient Centered Technologies (CIPCT) students have earned the School's Outstanding Master's student award, while one of them (*Chung*, who then completed the PhD program) also won the [Dan David Prize](#). A DNP graduate, *Hilderman*, was recently awarded the Distinguished Service Award by the National Gerontological Nursing Association (NGNA), an award for outstanding leadership, participation, and contributions towards achieving NGNA goals. In 2012, PhD graduate *Zaslavsky* was awarded the first annual American Association of Colleges of Nursing Excellence in Advancing Nursing Science Award for an outstanding dissertation from a student in a PhD program.

Postdoctoral fellows have, for many years, participated in the research and teaching activities of the School. In the current [NINR-funded Aging and Informatics T32 Training Program](#), postdoc trainees engage full time in research activities. This includes both contributing to ongoing research projects led by training grant faculty as well as initiating their own research projects mentored by faculty. Trainees are required to attend a weekly seminar on aging and informatics and complete the Biomedical Research Integrity Training offered each summer by the School of Medicine. Their performance is evaluated annually based on deliverables such as manuscripts in preparation, submitted, and accepted; potentially grants prepared and submitted; and other research-related activities. Given that this is a research fellowship, our T32 postdoc trainees are not required to engage in teaching activities. They are, however, asked to present their ongoing work periodically during the seminar series.

Graduates have gone on to impact the field academically and professionally with important research, practice, education, policy, and leadership roles. For example, a [graduate](#) of the BSN program volunteers for international relief efforts on floating hospitals. An MS-CIPCT graduate (Hiner) worked at Harborview Medical Center for a number of years in positions of increasing responsibility. In 2014, he started working for [nVog](#), a company that develops speech recognition software for healthcare. He began as the Healthcare Industry Solutions Director and is now the Executive Director, Healthcare. In addition, he is now a member of the board of directors (and chair of advocacy) for Healthcare Information Management Systems ([HIMSS](#)) Washington Chapter. In this position, he provides input to other HIMSS members and members of Congress to advance improvements in health care quality, safety, and efficiency and collaborates with chairs of advocacy in other states. A graduate of our DNP program (Fathi) developed lung cancer screening programs and smoking cessation programs. Patients use her [self-guided video](#) and booklet to learn how to confidentially and successfully stop smoking. She does extensive clinical work managing smokers and former smokers. Fathi recently returned from being a visiting professor at [MD Anderson Cancer Center](#) and presents anywhere from international conferences to television interviews. A [graduate](#) of our PhD program went on to start a nursing education program in Swaziland, a country with one of the world's highest HIV/AIDS rates. Many graduates of our PhD program have gone on to become deans and/or fill other nursing leadership roles throughout the nation and world.

Advances in nursing, changing paradigms, changing funding patterns, new technologies and trends, and other changes have influenced research and scholarship in the School. For example, faculty undertook a major effort in AY14-15 to sustain the School's research direction and strength. Project goals were to identify current and future thematic research areas; establish priority areas to sustain and build on current strengths; and identify priority areas for future research development over next five years. Through an iterative process, faculty identified four thematic areas: health equity; innovative methods; lifespan health; and symptom science. (See Appendix Q.) In Autumn 2015, further refinement was done to establish short- and long-term goals. Since these research priority areas were identified, two grants have been submitted for centers that are related to the priorities, and [Research for Lunch](#) presentations have focused on these priorities. In addition, ONR now aligns calls for internal pilot awards around the priorities and, last summer, Summer Fellows were funded to do work relative to a priority area.

Advances in and emphasis on big data, omics, self-management, symptom science, innovative methods, aging, and global health have influenced research and scholarly direction, faculty development (e.g., participation in NINR-sponsored and other institutes [e.g., Ward – proteomics; Tang – qEEG training; Tang - Big Data]), and funding allocations. The [CDC One Health](#) and [RWJF Culture of Health](#) initiatives have prompted faculty to more closely consider environmental factors and factors that promote or discourage health and healthy lifestyles. More faculty is including patients or community members as part of the research team.

Given extremely competitive funding environments, faculty is looking for funding through non-traditional sources, including donors and foundations, business and industry, and innovative opportunities such as [CoMotion](#). Faculty is also working more in teams and collaborating with clinical partners. For example, faculty in the Family and Child Nursing department is actively working with colleagues at Seattle Children’s Hospital to extend academic-service partnerships as a way to continue to do science as funding gets more competitive.

Given innovations and trends in technology, faculty are increasingly submitting grants and conducting research using apps and other technology to engage people in self-management. While our wet labs need to be upgraded, the ONR recently converted the biobehavioral labs into a cost center as a way of building our network within and outside UW, sharing resources, and generating revenue so that faculty can continue with cutting-edge work using biological measures. Given the emphasis on Big Data, the School is working with [ITHS](#) and [UW Medicine](#), which have the right platforms to support such work, while supporting faculty development. The School is currently in discussions with UW bioengineering, mechanical engineering, other disciplines, and clinical partners to discover innovative ways that technology can be used clinically. For example, a faculty member is working with colleagues at Harborview Medical Center to use 3-D imaging to create dressings that would fit a stoma more accurately, thus potentially improving outcomes, decreasing cost, and enhancing patient experience.

The faculty’s research and other scholarship and service are regarded nationally and internationally as a defining area of excellence for the School. The Master’s programs ranks 4th in the nation according to the U.S. New and World Report annual survey and consistently ranks in the top five in the nation for NIH funding. These collaborative and/or interdisciplinary efforts have had positive impact. Some examples are listed in Appendix O, while full information is available in faculty CVs [here](#) and will be available in hard copies in the resource room.

The School works with junior faculty to maximize their success by appointing a faculty mentor before arrival. New faculty receive startup packages that include funding (particularly summer funding) and lighter teaching loads or co-teaching assignments. The VCEs and VCRs work with new faculty about teaching and research, respectively. Chairs regularly monitor new faculty to see what else they may do to support their research. Junior faculty may attend a monthly research session where they can bring proposals or manuscripts in progress and get feedback and support to move their work forward. VCRs and the ADR meet with junior faculty monthly to discuss works-in-progress, manuscripts, grants, and career development topics. Another department holds a quarterly “write a paper in a day” session that has shown great success in terms of published papers. The ONR employs five consultants who offer expert consultation on methods, statistics, and study design. ONR also organizes “modeling parties” for faculty to get

feedback as they develop research proposals. New faculty get mentoring outside the School by connecting with other Centers (e.g., H. Thompson and the Harborview Injury and Prevention Center) or programs (e.g., Rebecca O'Connor and Rising Stars program). Lastly, the School is expanding partnerships with clinical and non-profit organizations to establish joint positions, including but not limited to Seattle Children's Hospital, Hope Heart Institute, UW Medical Center, and Seattle Cancer Care Alliance to help them develop evidence-based practice, joint research studies, increased research productivity, and professional development for nurses.

Section IV: Future Directions

The School is excited about its future and has identified goals that it wishes to reach and opportunities to pursue. The School has four strategic foci as identified on its strategy map. With regard to strengthening our research infrastructure and support to advance research excellence, the School must continue to implement the new research infrastructure, tying all activity around the four pillars. (See Appendix Q for a 2015 report on updates, priorities, and future plans for research.) Continued faculty development and support, as well as recruitment of the best and brightest new faculty, will be key. The School must also continue to invest in and develop our graduate programs, making them signature programs. For this, we have a strong platform in both our research-oriented and practice-inquiry-oriented expertise. Both the DNP and PhD programs should be focused on evidence-based discovery and knowledge production. Tying our doctoral programs to the four pillars and the agendas of the School's [Centers](#) will strengthen the ability of faculty to grow research programs and help students to learn not only from courses, but from being active members of research and/or clinical teams. Student work should not only link to the four pillars, but also to the School's initiatives around global (local to international) initiatives and impact.

Several challenges need to be addressed to keep the School in a competitive position. With regard to research funding, the School must continue to support faculty in being as competitive as possible for a range of funding opportunities. Faculty workload issues are being addressed for all faculty; for tenure-line faculty, this will contribute to their ability to better focus on their scholarship, streamline service responsibilities, and have well-funded programs of research. The PhD program is in need of update and revision. Now that the DNP program is graduating its first cohort of DNP 2.0 students (who started in 2012) and the BSN curriculum revision implementation is in its earliest stages, work can begin on revision of the PhD program. The School must also redouble its efforts through connections with government agencies, foundations, and donors, as well as through opportunities created through research funding and creative revenue streams, to provide at least 50% funding for PhD students in order to compete for talented, diverse PhD students. (Our peer institutions provide full funding to their PhD students, making our program less competitive.) Also, currently, the School's Centers continue to support scholarship activities. Center directors regularly meet to coordinate activities and create synergies. To advance synergies between the Centers, the vision is for Centers (and the beneficiaries of their work) and the School and its stakeholders to benefit from a more centralized organizational structure, including a centralized understanding of the mission of each Center; the vision for each Center over the next 5-10 years; a strategic plan for the next 1-5 years; estimated operating budgets for the next 1-3 years; and a centralized web

presence. The School needs continued investment in human capital, physical space, and technology resources around innovative teaching, cutting-edge pedagogy, active learning, and learning communities.

With regard to strengthening global strategic relationships and collaborative partnerships, the School recently made significant headway with establishment of a Center for GHN. Two co-directors (Kohler, Gimbel) (40% FTE each) were recently appointed and will assume their leadership positions soon. In order to set these two new co-directors up for success, the administrative leadership of the Center will reside for now with the EAD, and staff support will be transferred (along with the salary line) from Student and Academic Services to the new center. The goal is for the Center to be self-sustaining within three years. This new Center will build on a rich history of IP global health research, practice, scholarship, and advocacy by faculty. The co-directors will establish and work with an advisory group and the School's leadership to be pioneers and build capacity for appropriate and sustainable improvements in health and health care through innovative nursing science, education, and practice across differing cultural contexts, both locally and internationally. They will also work to increase the School's participation in GHN. In support of accelerating the School's strategic relationships and collaborative partnerships, the dean has engaged a world-recognized GHN leader and visionary, Afaf Meleis, as a visiting professor and consultant. Lastly, the dean and others are working to strengthen relationships and further collaborative efforts with the [Department of Global Health](#), GHN groups locally, nationally, and internationally, and foundations whose mission it is to improve global health.

Lastly, in terms of the School's direction, the School has placed strategic emphasis on ensuring that all research, education, and service reflects our values around DEI. The recent, robust, and thoughtful proposed (draft) strategic plan for DEI (see Appendix K) from the School's Diversity Committee, if adopted, could significantly advance this strategic priority and position the School as a campus leader in terms of alignment with President Cauce's [Race and Equity Initiative](#). The plan would establish an organizational structure within the School that is committed to DEI across all aspects of teaching, research, service, and practice; collect, collate, analyze, and disseminate data to promote DEI across all aspects of research, teaching, service, and practice; actively recruit, retain, and promote a diverse faculty, staff, and student body; cultivate an institutional climate that promotes DEI within the School; and infuse the values of DEI throughout all teaching, learning, and service opportunities offered within the School.

The School faces several challenges in terms of its ability to provide cutting-edge programs, grow enrollment, advance research and practice-based inquiry, and attract the best and brightest faculty, staff, and students. One challenge is financial sustainability of the School. Initiatives are underway to create a SEMP that will inform everything from outreach to resource allocation. The School is also focused on multi-year financial forecasting with associated plans to reduce cost and/or enhance revenue. Another challenge is our aging physical facilities in the School and throughout the Health Sciences with near- or at-capacity spaces that are, many times, suboptimal or inappropriate for cutting-edge pedagogies (e.g., flipping the classroom) and technologies or limited in terms of space for growth in enrollment and the teaching and research missions of the School. An Academic Space Plan and Feasibility Study is underway to

articulate possibilities for either a new or renovated building. The vision and guiding principles for a new or renovated facility were created through an iterative input from stakeholders and reflect the School's future in terms of its vision to pioneer improvements in health and health care through innovative nursing science, education, and practice and its emphasis on academic excellence and GHN research and practice. The vision and guiding principles for a new or renovated facility are as follows:

- 1) We prepare students to be leaders in nursing practice, research, and IPE by providing research facilities needed to maintain the School's status as a leader in nursing research; providing resources needed for educating tomorrow's students to be leaders in the health care field, including a focused use of simulation technology; attracting and retaining top faculty and students; and, highlighting the importance of patient safety and preparing students for real-world experiences by accommodating IP learning environments.
- 2) We celebrate our role as nurses in the complex and ever-changing health care environment by establishing a notable physical presence on the Health Sciences campus that is reflective of the School's identity and global reputation for innovation; providing welcoming and inviting spaces; having facilities that respond to future teaching and research directions through minimal intervention in both short- and long-term use; designing spaces that encourage IP learning opportunities; providing open spaces and amenities which facilitate spontaneous interactions among nursing faculty, staff, and students, as well as other members of the Health Sciences schools; (e.g., a space that could be a "center of Centers"); organizing programmatic needs to encourage cross-pollination across the health sciences disciplines; and, internally connecting the School of Nursing to the rest of the T-wing.
- 3) We recognize our social responsibility to provide quality, equitable care to all member of society by accommodate an anticipated enrollment growth of 10-15%; creating a barrier-free environment; providing a welcoming facility easily accessible to the community; enhancing person well-being by providing equitable access to exterior views and natural light; designing spaces that accommodate a diverse range of physical comfort needs and incorporate user controllability; removing known hazardous materials and mitigate the incorporation of future environmental contaminants; and, providing a connection between interior and exterior spaces to encourage use.

The School is about to enter the public phase of the UW's capital campaign, and updating the School's aging facility is one focus of the campaign. Advancement is working closely with the dean, the AAB, faculty, staff, students, and other stakeholders with regard to the campaign.

Currently, the School benefits and impacts the region, nation, state, and globe by producing expert, creative, productive, impactful graduates who enter the workforce as clinicians, leaders, educators, researchers, policy makers, and change agents. Our faculty conducts cutting-edge basic and applied research and practice inquiry that leads to knowledge discovery and translation of research into practice and policy. The School's impact and that of its faculty is well described in Section III and related appendices. Given the School's envisioned future, reaching this future will augment that benefit and impact by producing more graduates to meet global needs for nurses, providers, educators, researchers, and leaders; who are diverse and

value DEI; and, who are socially responsible. We produce nurse leaders who lead change in the U.S. health care system in terms of structure, operations, and policy. PhD graduates will focus on critical issues and, in carrying on the legacy of the School, lead successful programs of research and be collaborators in team science with global impact, while mentoring future generations of nurse scientists.

Part B. Supplemental questions

1. Does the PhD program prepare scientists for the multidisciplinary research environment of the 21st century?

The PhD program prepares scientists for the multidisciplinary (MD) research environment of the 21st century. Students work as RAs, fellows, or volunteers on MD teams. In addition, the resources at this research-intensive university lend themselves to preparing our students for the MD research environment of the 21st Century. For example, students may access [resources](#) throughout the campus offered by multiple disciplines. The [Institute for Translational Health Sciences](#) has a wealth of MD resources and opportunities for students, especially the self-directed learning center and pre-doc opportunities, including the [TL1 predoctoral multidisciplinary clinical research training experience](#). Students are exposed to translational science and MD team science methods and have the opportunity to increase their skills for future MD roles. The [Center for Health Sciences IPE, Research & Practice](#) has robust resources that are described later. Many research teams (e.g., Bekemeier; H. Thompson; Ward) that our faculty lead or in which our faculty are involved are MD, thereby providing opportunities for students to work with and/or be influenced by MD team science. The School is always looking to establish relationships with other disciplines; for example, the School is in talks with engineering (mechanical, bio, industrial and systems, chemical, computer science, and electrical) about an “Engineering in Nursing” initiative. Lastly, with the launch of the Center for GHN, we expect MD research efforts by faculty and doctoral students to increase given synergies and enhanced resources. There are also opportunities to consider enhanced and expanded MD research experiences for PhD students during revision of the PhD curriculum.

2. What kind of practical experiences work best for assuring that PhD students achieve the competencies of a nurse scientist for future? Should the School use simulation learning for our PhD program?

Practical experiences that work best for assuring that PhD students achieve the competencies of a nurse scientist for the future include being members of research teams starting in Year 1; getting extra training and education through elective courses both within and outside the School; taking part in special opportunities (such as summer institutes); education and experience in teaching and mentoring; and for some, participation in community-based participatory research. We encourage PhD students to submit abstracts and manuscripts about their pilot work as well as members of research teams to national conferences and journals. Currently, every effort is made to recruit PhD students whose interests closely align with the research interests of faculty. With the recent finalization of the “four pillars” and launch of a new website that will explicitly highlight these four pillars and enhanced up-to-date faculty bios, inclusion of students as members of research teams at enrollment will be strengthened. There is general support that all PhD students should have mentored experiences in teaching,

whether through paid TA positions and/or volunteer teaching experiences. The School is working among its three campuses to retool the Graduate Certificate in Nursing Education and encourage our doctoral students, especially PhD students, to avail themselves of this opportunity for formal education (including capstone work) in teaching/learning. With the re-envisioning of the PhD program, faculty will consider ideas from a 2013 White Paper from PhDCC (“The Future of Doctoral Education in Nursing Science, SON, UW”) to further enhance practical experiences. As for whether the School should use simulation learning in the PhD program, simulation is already used for enhanced web-based instruction, to augment lectures, and for role play in courses such as role development and synthesis, mock manuscript reviews, and issues around research, bioethics, and authorship. The extent to which simulation may be used above and beyond what is already being done is amenable to discussion during the re-envisioning of the PhD program.

3. How can the School address public health workforce needs in the context of the DNP and what is the impact of the existing MN and MS programs?

The School can and does address public health (PH) workforce needs in the context of the DNP by producing doctorally-prepared community health (CH) nurse leaders. In the DNP “[Dawg Path](#),” DNP 2.0 curriculum designers intentionally created an Advanced Systems and Population Health Core to not only allow for the current community health nurse (CHN) specialist track, but also for anticipated possibilities around PH, GH, and population health. Faculty in Psychosocial and Community Health initiated an examination of global CHN and concluded a summer-long process with a report to ET. The workgroup asserted that offering a global CHN DNP track would be aligned with organizational priorities, interest, timing, and capacity; the School could leverage existing curriculum and faculty; it would enable the School to take a leadership role in community-based GHN education, research, and services; and, there would be significant positive impact locally in international communities, but also in all countries for contributions from global CHN. For this global CHN initiative, faculty are working on expanding undergraduate and graduate course content, outlining partnership and international opportunities, and establishing guidelines for competencies, with a goal of completing the work before AY end. Other ways that the School can address PH workforce needs is exposure of all DNP students to clinical and capstone opportunities. For example, through a reinvigorated relationship with Seattle/King County PH, two suggested initiatives for DNP student capstone work are a project called Familiar Faces, a community-based intervention for individuals who are repeatedly incarcerated due to lack of proper and well-organized community care, and a 0-5 child mental health and early learning initiative for underserved communities. Lastly, with the recent appointment of PCH faculty member Bekemeier as the new director of the Northwest Center for PH Practice, there may be additional ways that we can address PH workforce needs in the context of the DNP. The existing MN program continues to prepare CHN specialists, although this is not specifically preparation of PH workforce. The MN is considered a key opportunity for CHN students to get international clinical experience. Drs. Hosey and G. Johnson will lead international [Exploration Seminars](#) Summer 2016 for MN students. Eventually, faculty hopes to be able to provide clinical coursework with credits for students in international

sites. MS students, prepared in clinical informatics and patient centered technologies, can contribute in terms of systems that support the PH workforce, depending on student interest.

4. How is the impact of graduate education on underserved communities evaluated? Are future employment plans/actual employment tracked?

At this time, the impact of graduate education on underserved communities is not systematically evaluated. Future employment plans and actual employment are not tracked at the program level. Faculty who are HRSA grant directors or track leads may follow or know these outcomes. Faculty who supervise dissertation committees tend to stay in touch with mentees. Again, there is no systematic school-level tracking of these outcomes. (In keeping with accreditation requirements, we do track how many of our BSN, MN, MS, and DNP students find employment within one year.) Given the number of students who note in their applications their desire to work with underserved communities and the mission, vision, and values of the School and UW, it seems that an initiative to robustly evaluate the impact of our graduates on underserved communities and track future or actual employment should be implemented.

5. How are the School's Centers connected to our PhD and DNP programs?

All of the School's Centers are connected to our PhD and DNP students (and other students) to varying degrees depending on the mission and intent and/or requirements of their funders.

- The [Barnard Center for Infant Mental Health & Development](#) has, for years, attracted PhD students from nursing and other disciplines (e.g., school psychology, special education, social work, occupational therapy) to study with Drs. [Kathryn Barnard](#), Booth LaForce, Spieker, Kelly, Oxford, and others with their ground-breaking research, innovations, and evidence-based interventions (such as Promoting First Relationships, Keys to Caregiving, and NCAST program products) around care of pregnant women and children birth through five, with an additional focus on children with special needs and families dealing with adverse circumstances that affect child development and parenting. In addition, the Center offers the online Infant Mental Health Certificate to graduate students from many disciplines, including DNP and PhD students from UW and around the country. PhD students are on Center research teams and projects, and many PhD students do secondary analysis for their dissertation research using data generated by the Center's scientists. There has been some involvement of APRN students (at the MN or DNP level) doing capstone projects related to the Center's work or taking the work of the Center into practice. For example, a psychiatric/mental health NP student went to a site to develop an infant mental health (IMH) educational program, laying the groundwork for bringing an IMH program to that site. Another DNP student worked on a very unique program to evaluate an infant massage program for low-income depressed mothers. Center faculty either chair(ed) or serve(ed) on many dissertation and DNP capstone project committees and, when APRN preparation was at the MN level, many thesis and scholarly projects committees.
- [The Center for Research and Management of Sleep Disturbances](#) (NINR, NIH, 1 P30 NR 011400-01) has as its primary objectives to promote their research mission of addressing sleep disturbances through the development of interventions to improve sleep quality. The

Center, funded for five years, is the latest in a series of NINR-funded Centers going back more than 20 years. (Previously the Center for Women's Health and, then, the Center for Women's Health and Gender Research.) For years, the Center and its predecessors have supported PhD students, not only through pre- and post-doc fellowships, but also through mentoring by thought leaders in the field (e.g., [N. Woods, Heitkemper, C. Landis](#)); RA positions; and access to secondary data for theses, capstones, and dissertations. Along with support from UW, the School, and other sources, the Center's long-standing funding has helped to establish, sustain, and update an infrastructure that attracts and make available to students a host of biobehavioral [research services](#), including consultation and laboratory testing services.

- The [Northwest Roybal Center \(NRC\) on Translational Research and Aging](#) focuses on direct translation of research into practice. The NRC is a collaboration between the Northwest Research Group on Aging (clinicians and researchers), the School, and Group Health Cooperative Center for Health Studies. The NRC mainly attracts PhD students, but all students are invited to be involved.
- The [de Tornnyay Center for Healthy Aging](#) was established with a generous endowment from Dean Emeritus Rheba de Tornnyay. The Center has a robust array of activities and resources. It has not only, since 1999, supported all levels of students through the [Healthy Aging Scholars](#) program and its Conference Travel Scholarship program, but students are integrated into the Center's work and diverse networks. For example, the Center links Healthy Aging Scholars and other students with fellows and activities from the Aging and Informatics T32. In addition, the Center recently started providing [RIFP](#) funding of projects focused on aging, giving priority to RIFPs that support research assistantships for our PhD students. Center staff, including students, had a major role to play in starting a National Gerontological Nursing Association Northwest Chapter. The Center provides opportunities for all of the School's students to engage with the Gerontological Professionals Network and the NW Geriatrics Workforce Enhancement Center, in addition to co-sponsoring student scholarships and activities with the CDC Healthy Brain Research Network. As a member organization, it links students with the National Hartford Center of Gerontological Nursing Excellence; Gerontological Society of America; the Association for Gerontology in Higher Education; the NRC; and many other scholarly activities locally, nationally, and internationally. The Center employs students as staff and has included students in the development of the very successful [Elder Friendly Futures](#) conference (a collaboration among the UW Schools of Nursing, Social Work, and Pharmacy). One of the Center's longest collaborations has been with [Era Living Communities](#). Since 1990, the School has collaborated with Era Living to design and oversee health programs for older adults in independent living, assisted living, and the Nursing Care Center (skilled nursing). Era Living facilities have served as clinical sites for BSN, MN, and DNP students, and students have been able to do course-related projects, capstone projects, and dissertation-related work because of the strong relationships with Era Living. The Center helps to coordinate UW faculty and student awareness and participation in aging-related activities across campus.
- [Center for Health Sciences IPE, Research & Practice](#) (CHSIRP) is a health sciences center led by the School of Nursing and reporting to the Health Sciences Deans. The founding director of the predecessor to this center is EAD Mitchell, and a current co-director of CHSIRP is also

one of our own, Dr. Zierler. This center is another example of tremendous opportunities for doctoral students, including IP research, learning, and practice resources.

- The newly-created **Center for Global Health Nursing** is expected to provide vast local-to-international opportunities for our PhD and DNP students (and students in other programs) to be involved with research, translation of research into practice, clinical practice opportunities, quality improvement work, and policy work.

In total, the school's Centers and those with which the School is linked directly connect PhD and DNP (and many other) students to their mission-related work, and our students benefit from the resources of these Centers and connections made through these centers. At this time, the Centers are organizationally structured within the School's three departments. Because of space issues, two of the centers (NRC and Barnard) are not housed within the School. This year, the dean and EAD are leading an initiative to establish a more coherent way of conceptualizing and linking the Centers to each other and to the School's four pillars of research and, in a new or remodeled physical facility, potentially house the centers near each other.

6. How does our PhD program contribute to the SON's overall scientific production?

The School has intensified its effort to recruit PhD students whose research interests are aligned with those of our faculty and affiliated faculty throughout UW. Students are important members of research teams and the research enterprise at the School. They contribute to team discussions on a variety of topics, anywhere from conceptual phases to data analysis and interpretation. As volunteer or employed members of transdisciplinary research teams, students expand the research enterprise by leading on or contributing to manuscripts and presentations. Many students now produce dissertations that include publishable papers as chapters, and many students have several publications prior to graduation. There are many examples of the integration of PhD students on research teams and their contributions to overall scientific production. While the contributions of PhD students to scientific production are variable, some contributions are extremely robust. For example, Demiris chaired or was a member of PhD supervisory committees for many nursing, biomedical informatics, and other students over the past five years. In looking at the products of only seven of those students, Dr. Demiris's CV lists 41 papers, 19 abstracts, 8 presentations, and 2 invited presentations involving four of those students. In addition, economies of scale are realized when faculty collaborates. For example, Drs. Hilaire Thompson and Demiris together have a research team for [HEALTH-E](#); then, Dr. Demiris has a research team for his hospice research, while Dr. Thompson has a research team for her traumatic brain injury research. In the re-envisioned PhD, the workgroup will likely look for ways to enhance the contributions of the PhD program and its students to the School's overall scientific production, including the possibilities of setting goals or benchmarks for productivity, a systematic way to evaluate such contributions for the purposes of quality improvement, linking our PhD program directly to our research areas, and enrolling students directly to our existing research areas and programs.

University of Washington School of Nursing

Graduate School Review Self-Study

Part C: Appendices

SCHOOL OF NURSING (SoN), SEATTLE CAMPUS / STRATEGY MAP 2015-2017

MISSION

WHY

Advance nursing science and practice through generating knowledge and preparing future leaders to improve health.

VISION

WHY

Pioneer improvements in health and health care through innovative nursing science, education and practice

VALUES

WHY

Collaboration*, Social Responsibility, Access, Integrity*, Respect*, Accountability, Diversity*, Equity, Excellence*, Inclusion*

INTEGRATION OF OPERATIONS, FINANCE, CURRICULUM AND DECISION MAKING

ADVANCING RESEARCH, EDUCATION AND SERVICE (RES)

HOW

Strengthen research infrastructure and support to advance research excellence

RES1

Create innovative teaching and learning experiences that drive and sustain pedagogical and technological excellence.

RES2

Strengthen local to global strategic relationships and collaborative partnerships

RES3

Ensure that all research, education and service reflects our values around equity, diversity and inclusion.

RES4

ACHIEVING ORGANIZATIONAL EXCELLENCE (O)

HOW

Evaluate and base educational programs on availability of resources

O1

Invest strategically in SON Identified priorities

O2

Enhance accountability by measuring and monitoring School-wide performance

O3

Align operational infrastructure to support our vision

O4

SECURING OUR FINANCIAL FUTURE (F)

WHAT

Develop a sustainable, transparent and effective financial model

F1

Develop and implement an advancement plan to increase gifts and improve donor relations

F2

Increase funding for scholarships and student aid

F3

Diversify funding sources

F4

Optimize School-wide resources

F5

FACILITATING SUSTAINABLE OPERATIONS(S)

WHAT

Develop a faculty and staff to foster innovation and creativity

S1

Build SoN leadership & management capacity

S2

Establish effective decision making and implementation processes

S3

Align organizational structure and governance to position us for the future

S4

Cultivate a diverse and inclusive climate that embraces trust, collaboration, creativity, equity, and productivity

S5

VALUES: TIMELY-EFFICIENT-FLEXIBLE-TRANSPARENT-RESPONSIVE



STRATEGIC PRIORITIES 2015–2016

BUILDING A STRONGER UW SCHOOL OF NURSING

We are able to serve our communities, the nursing profession, the future generations of nurse leaders and nursing science because of *you*. These four principles are our framework for this service and for building a stronger UW School of Nursing.

Alignment. Create alignment between our mission, vision, strengths, resources and needs.

Leverage. Integrate, collaborate and concentrate efforts across all areas in order to best leverage human, fiscal and physical resources.

Impact. Define and measure our work and its impact on our school, our university, our profession and communities, both near and far.

Distinction. Seek to be unique in our research, education and service and be clear about our points of distinction. *Be boundless.*

OUR PRIORITIES THIS ACADEMIC YEAR WILL INCLUDE:

- **Fostering diversity, equity and inclusion** throughout the school and, ultimately, within the nursing profession.
- **Building momentum in the research priorities** defined last year, and supporting each other in extending our enviable legacy of research excellence.
- **Continuing development of a comprehensive global engagement strategy**, including development of a new Center for Global Health Nursing. Our goal is to become a clear national leader in this space.
- **Recommitting to the Sustainable Academic Business Plan** and master process.
- **Affirming the soundness of the Strategy Map** in visualizing our past achievements and present priorities.
- **Continuing to implement recommendations** and make improvements identified as part of the staff capacity study.
- **Developing and implementing a fundraising plan** to increase gifts and improve donor relations as part of the capital campaign.
- **Innovating in the ways we educate.** During the summer the legislature provided a \$4 million appropriation for a much-needed upgrade to our simulation lab. Planning has already begun. This is just one of many arenas where we will apply our collective knowledge and skills.

9-12-13

Final Report: DNP Implementation Work Group

Background/strategy priority.

In December 2011 and in October 2012 respectively, the graduate voting faculty of the School of Nursing (SoN) approved motions to consolidate the specialties in the DNP degree program and accepted the goals, assumptions and core elements for a revised curriculum proposed by the DNP 2.0 Phase summer workgroup. In October, the Shared Leadership Council (SLC) supported Faculty Council's (FC) recommendation to implement the revised DNP degree curriculum in Autumn 2013 noting that the continued work to revise curricula aligns with the School of Nursing priority of basing our educational programs on available resources. SLC crafted and members approved an Activity Scope for the DNP Implementation Work Group and approved membership of that group. See Appendix A for the Scope which included membership names.

Overall Mission of the activity:

Develop a timeline for and plan for implementation of the revised DNP degree program curriculum in three phases (e.g. years 1 [a], 2 [b] and 3 [c]; oversee the development of the curriculum grid for the program to include the names and credits for all courses in the program and the development of new and revised courses for Phase (a, year 1) implementation in Autumn 2013; prepare program change proposal to submit to the graduate school.

The Overall mission of the activity was begun December 10, 2012 with the first meeting of the work group and was completed during spring quarter 2013. This Final Report summarizes activities and outcomes for each of the Specific Objectives of the Activity Scope with greater detail provided in Appendices.

Specific Goals/Objectives * (designates components of the graduate school proposal)

Continued development of the curriculum (grid) and the New and Revised Courses:

*1. Finalize the **curriculum grid** to include the **names and number of credits for all courses in the program**, including the shared and unique specialty credits taught in years 2 and 3 of the program. *(Product)*

All 11 DNP Program track grids were completed with input of the track leads and faculty at large and are included in Appendix B.

*2. **List the names and credits for all new and revised courses required** for the program. Prioritize the development of course change forms for phase (a) year 1 of the revised curriculum. *(Products)*

All course names, credits, whether existing, revised or new are listed in the DNP 2.0 Crosswalk, Appendix C.

Members of the work group and the leads of the tracks reviewed their track grid against this crosswalk to insure accuracy.

3. Develop timelines and due dates for course change forms for each quarter of year 1 and work with FC to have these presented to faculty for approval this academic year. *(Product)*

All nine year one DNP Core Course forms (new/revised) were prepared by teaching faculty, presented to faculty at open forums and at a Faculty Meeting for discussion. All nine were presented by the DNP Coordinating Committee for faculty vote and all nine were approved during the Academic Year 2012-13. All have been submitted to the University Curriculum for final approval with first offering Autumn 2013.

4. Develop a plan for how best to maximize participation by DNPCC, interested specialty faculty and students in the development of new courses and revision of existing courses for the program. *(Process/product)*

Below are listed the various approaches used December 2012 to May 2013:

Plans relevant to all groups

DNPwrkgp email drop box open to all members of the university committee. Emails were reviewed and addressed weekly at the DNP work group meeting.

SoN Newsletter postings most weeks Jan-May 2013. (archives available on the SoN web page;
<http://www.nursing.uw.edu/>)

Weekly Open forums on the most immediate topics at hand with opportunity for call-in if physical presence not possible. Times and locations were listed in the SoN Newsletters. Minutes posted to a faculty and staff shared network drive. (O:\DNP Implementation Work Group\Forum Notes)

School of nursing web page provided up-dates when relevant

Dean announcements were sent via email to faculty, staff and at times, students.

Town Hall presentation to students and attending faculty by the co-lead of the DNP 2.0 Work Group to inform and encourage student participation in the email Dropbox and the Open Forums.

Approved work group meeting minutes were posted to a faculty and staff shared network drive in the SoN so they were available for review at any time. (O:\DNP Implementation Work Group\Approved Minutes)

Plans made with DNPCC

Joint membership of work group and committee(2 members)

Co-reviewed all year one DNP 2.0 autumn core course new/revised course change forms

Staggered review winter and spring core courses first by the work group and finally DNPCC

Jointly brought motions forward to the faculty for final vote

Met with FC Chair, DNPCC Chair, and Associate Dean for Academic to create a document listing

Met with DNPCC in final year retreat to insure plans to transition all further implementation work to the DNPCC for academic year 2013-14. See Appendix D.

Incorporation of Specialty Faculty

Open Forum attendance encouraged

Shared courses meetings were held in winter quarter 2013 so affected faculty could meet to dialog about the objectives, timing and sharing for these courses. Co-leads of DNP 2.0 began the first two meetings and met individually with any lead unable to attend. Subsequent meetings were arranged by affected faculty.

Faculty meeting discussion took place at each meeting and votes held wither at the meetings or via the regularly used SoN Catalyst approach.

Incorporation of Students

Student leadership meeting attendance by a co-lead of the workgroup to present the plan and answer questions

Individual meetings with currently enrolled students during pilot advising sessions

Offer of Graduate Student Advisor to meet individually with students at any time if they had questions

Responded to each student email submitted to the Dropbox.

5. Work with the chairs to identify faculty teams from across departments who will be assigned to create new courses and revise existing courses (with intent that faculty who do the heavy lifting on the development of these courses will be assigned to teach them, if possible, for the first few years of program implementation). (Process/product)

These assignments were done jointly after the chairs requested interested faculty submit a brief statement of interest in teaching these courses and rationale for why there would be a good fit for the hybrid approach to be used. Subsequent needed changes due to faculty attrition were presented and discussed with work group members.

*6. Finalize plans for capstone project (NMETH 801) requirements and recommend a plan for implementation that meets the graduate school requirements but reduces the need for an individual supervisory committee/student. (Product)

Discussed 2 options in meetings and at two Open Forums dedicated to this topic.

Consulted with Graduate School staff regarding interpretations and course naming requirements.

Discussed possible options with faculty at the April, 2013 Faculty Meeting. Because of on-going Graduate School/University Curriculum Committee/Time Scheduling discussion regarding proper titling of these courses no faculty vote was taken. DNPCC will appoint a faculty taskforce in fall 2013 to develop the courses needed to meet this professional doctorate requirement and bring this work to the faculty for a vote in Academic Year 2013-14. The Graduate School/University Curriculum Committee/Time Scheduling have indicated approval of this approach which was also detailed in the School's Transition Plan provided to the Graduate School.

7. With approval of the graduate voting faculty, specify the core courses that will be offered via hybrid/distance format and work with course faculty to develop plans to implement. *(Product)*
Faculty approved DNP 2.0 having this authority and the work group determined that all year one DNP Core courses will be offered in a hybrid format with 50% or greater of the content offered via off-campus methodologies.

8. Secure approval from the graduate voting faculty in the SON for all courses to be offered in Year 1, beginning with Autumn 2013 courses, by the end of Spring Quarter 2013. *(Outcome)*
Held weekly Open Forums to discuss each course.
Discussed courses in Faculty Meetings and voted in either these meetings or via Catalyst votes. All year one courses were approved by the graduate voting faculty as of May 20, 2013.

9. Work with FC in spring quarter to develop a timeline and plan for how to proceed to continue new course and course revisions for years 2 and 3 of the revised curriculum. *(Product)*
Plan is to have all courses come for a faculty vote during the Academic Year 2013-14 if possible. The FC Chair and DNPCC Chair have met to discuss this approach.
The FC Chair (past co-lead of the workgroup) has communicated with all 11 track leads to identify whether remaining courses will require minor or major revisions.
The FC Chair is meeting with leads of the 11 tracks during summer quarter to review course change forms and identify an agreed upon order and timeline for these forms to be completed and submitted to DNPCC for so they can be brought to Faculty Meetings for discussion and vote. See Appendix E for plan as of 9-1-13.

*10. Develop a plan for how students currently enrolled in the DNP degree program will meet the new requirements of the revised curriculum in accordance with graduate school policy. (Note: this plan needs to be included in the final proposal sent to the graduate school this year.)
Initial development of the plan was completed by Graduate Student Advisor and co-leads of DNPCC 2.0.
A draft plan was reviewed by the Graduate School February 2013 and revisions requested. Meetings were held with Graduate School representatives during the revision process.
The final Transition Plan reviewed by sponsors and submitted to the Graduate School in June 2013.
This Final Transition Plan was accepted by the Graduate School. See Appendix F for a copy of the approved plan Executive Summary and Graduate School Letter of acceptance. The full plan with appendices can be found at: O:\Doctor of Nursing Practice\DNP 2.0 Transition Plan.

Logistics for Implementation

11. Delineate who among the workgroup members will manage or be in charge of which products from the goals/objectives of the group.

This was done at each work group meeting and publicized at Open Forums.
A plan for on-going implementation activities, with responsible person identified was created by the FC Chair (sponsor of the workgroup). Workgroup members and DNPCC Chair and endorsed by the DNPCC members. Appendix D contains a copy of this plan.

12. Work with the Graduate School for planning implementation of the revised curriculum. *(Process)*
Work with the Graduate School was completed and will continue in the future via DNPCC & the Associate Dean for Academic Affairs.

*13. Prepare a draft revised curriculum proposal for the graduate school by the end of Autumn quarter 2012 and a final proposal by the beginning of Spring Quarter 2013.
This plan was completed, submitted and approved. See objective 10 for specifics.

*14. Oversee development of cost revenue scenarios so that appropriate enrollment targets can be implemented for Autumn 2013. *(Process/Product)*
Deemed by Sponsors to be out of work groups prerogative via email correspondence of the Dean 2/4/12

*15. Oversee development of plans to align resource needs with resources available (e.g. budget plan).
(Process/Product)
Deemed by Sponsors to be out of work group's prerogative via email correspondence of the Dean 2/4/13

16. List challenges for implementation of the revised curriculum beginning in Autumn 2013 and develop a plan to resolve them. *(Product)*
Work group members created a Concern Tracking Sheet as issues arose and were either handled or needed to be documented for future attention. This sheet contains a list of the concerns, discussion, resolution or suggested resolution and party to monitor/decide. This Concern Tracking Sheet has been provided to the DNPCC Chair for follow-up. See Appendix G for a copy of this sheet.

17. Collaborate with ET Enrollment Management Group and with DNPCC to assure alignment of activities, identify areas of overlap, and develop plans to resolve them. *(Process/product)*
Although work group members were available to provide input, the Executive Team Enrollment Management Group did not explicitly seek DNP 2.0 workgroup input as there did not appear overlap in areas of responsibility.

Having completed the activities listed on the Work Scope, the DNP 2.0 Implementation Work Group met for the final time May 28, 2013 with plans for the co-leads to prepare the Final Report to the sponsors and turn responsibility for on-going curricular implementation of the DNP 2.0 Program to DNPCC.