

# College of Nursing Self Study Report

January, 2025

Karen Dunn Lopez, Professor, Chair of Self-study committee

## Committee Members:

Sandy Daack-Hirsch, Professor, Executive Associate Dean

Val Garr, College of Nursing Director of Access, Opportunity and Diversity

Laura Goddard, Clinical Program Coordinator, Co-chair staff council

Brenda Krogh-Duree, Professor of Instruction

Maria Lofgren, Clinical Professor

Ann Marie McCarthy, Professor Emeritus

Scott Miller, Director of Business and Operations

Lin Pierce, Staff Coordinator for Self-study committee

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## **Introduction**

This Self-study report is in response to the provost's notification sent April 1, 2024, that the College of Nursing is due for an internal review. The report was composed by a self-study committee of faculty and staff members who worked in cooperation with the College of Nursing's Deans office. In addition to the items noted in the University of Iowa Policy Manual, we addressed issues suggested in your April 1 letter, referred to in this report as the "Provost's Charge."

## **SECTION 1: Provost's Charge**

In addition to the areas of interest noted in the Policy Manual, the self-study should address the following issues:

1. The College has developed a new administrative structure. Please provide early feedback and plans for review.
2. The College received money from the state, and it is requested that the self-study provide an update about progress.
3. Several things from the last review should be addressed:
  - 3.1. Development and implementation of the U2G program.
  - 3.2. Development of new master's programs – what has been accomplished and what do enrollments look like?
  - 3.3. Progress on the development of partnerships with community colleges to allow entry into BSN program.
  - 3.4. Assessment of loss of tenure track faculty and where the college stands with recruitments into the tenure track.
  - 3.5. Strategies for replacing retiring faculty who lead key programs.
4. Evaluation of research productivity and trajectory, especially given retirements, **particularly** focused on tenure track faculty.
5. Evaluation of space for teaching and research with a focus on capacity for growth.

## **SECTION 2: College of Nursing Mission and Vision**

### Mission:

The mission of the College of Nursing is to prepare nurse leaders to advocate and advance healthcare across the lifespan for the people of Iowa, our nation, and the world. As part of an interrelated community of diverse cultures and social groups, the College demonstrates exemplary leadership through innovative and impactful education, research, clinical scholarship, service, and professional practice.

### Vision:

Leaders in improving the health of all through discovery, innovation, and evidence translation.

### **SECTION 3: Strategic Plan**

The College of Nursing developed the strategic plan in Spring 2019 utilizing an external consultant, Laurie Schulte, from the Clarion Consulting group (Appendix A). Once the University of Iowa developed the current university strategic plan, the college revised our template to utilize the university's format and reaffirmed that the College of Nursing strategic plan was consistent with the university plan. Prior to the college reorganization, the Strategic Leadership committee monitored progress in the strategic plan. Starting Fall 2024, Dr. Sandy Daack-Hirsch, executive associate dean, was asked to monitor progress in the strategic plan and adjust as needed. Please see appendix A for a review of the current strategic plan and progress toward its application.

Recently the provost shared that the university strategic plan will run through June 2026 and an updated/refreshed plan will start July 1, 2027. It is anticipated that most colleges will update and launch a strategic plan in 2028. However, colleges will be free to launch a plan at any point in the process. To that end, our plan is for Dr. Daack-Hirsch to review the CON's state of implementation for our existing strategic plan with each workgroup to update our progress and benchmark our plan compared to the UI's plan so that we can modify our plan accordingly.

### **SECTION 4: Undergraduate Education**

#### Background:

The CON offers two Bachelor of Science in Nursing (BSN) programs: the traditional BSN and the Registered Nurse-BSN (RN-BSN) program. The RN-BSN is designed for individuals who have obtained an associate degree in nursing from a community college. Students accepted to the RN-BSN program can complete requirements for the BSN degree in 1-2 years through an online program. See Section 13 for a description of the RN-BSN 3+1 programs with partnering community colleges.

The traditional BSN program is a four-year curriculum. Upon graduation, students hold the degree Bachelor of Science in Nursing and are eligible to sit for the National Council Licensure Examination (NCLEX) to obtain their license as a Registered Nurse. The college admits 84 freshmen each Fall and 84 juniors each Spring. This is an increase from 72 students in each class prior to 2018, 80 students in each class between 2018-2024, and 84 students in Fall 2024.

#### Outcomes:

The BSN program was ranked by US News and World Report as #10 in 2022, #4 in 2023 and #4 in 2024. The Pomerantz Center reports 97% of graduates have jobs within 6 months of graduation. Overall, 99% are employed, seeking further education or not seeking employment. The BSN program has over 450 qualified applicants for the 84 spots each year and over 250 applicants for the January start for juniors. The juniors are primarily in the nursing interest major in the College of Liberal Arts and Sciences at UI.

See Appendix B for sample program plans.

See Appendix C for enrollment information.

## **SECTION 5: Graduate Education**

At the graduate level, the College of Nursing offers multiple graduate programs: three Master of Science in Nursing (MSN), eight specialties in the Doctor of Nursing Practice (DNP), and the PhD.

*MSN-Entry into Practice (MSN-EIP).* The MSN-EIP is a new program that is designed to recruit individuals who have a degree in another field into nursing. It is a five-semester program that was launched with the first class in 2023.  
See Section 12 for more information.

*MSN-Clinical Nurse Leader (MSN-CNL).* This is a post-licensure program primarily online.

*MSN- Nursing Systems Administration (MSN-NSA).* This is a post-licensure program primarily online.

*DNP.* The DNP admits students who have an MSN and those who have a BSN. The program's length depends on whether they have a graduate degree and are certified as a nurse practitioner. The DNP has multiple specialties:

- Family Nurse Practitioner
- Adult Gerontology Primary Care
- Adult Gerontology Acute Care
- Pediatric Primary Care
- Pediatric Acute Care
- Psych Mental Health
- Nurse Anesthesia
- Health Systems Administration Executive Leadership

*PhD.* The PhD is a research focused doctorate.

See Appendix B for sample program plans.  
See Appendix C for enrollment information.

## **SECTION 6: Faculty**

Please see Appendix D for information about the number of faculty, tracks and ranks from 2018 to 2024. The data shows significant growth in instructional track faculty. Although the number of faculty in instructional track has grown over the years this is primarily due to more purposely hiring faculty into instructional track versus clinical track. In addition, instructional track faculty are often part-time. Instructional track faculty may have appointments in the hospital working as either staff nurses or nurse practitioners. At the beginning of AY24-25 the college employed 34.6 FTE for tenure track faculty, 22.85 FTE for clinical track faculty, and 29.4 FTE for instructional track faculty. Only 18% of instructional track faculty have full-time appointments in the college of nursing compared to 97% tenure track and 69% of clinical track faculty.

Strategies for replacing retiring/ faculty who lead key programs:

The academic programs are divided into three major categories a) undergraduate and prelicensure programs, b) graduate practice programs, and c) the PhD program. The Associate Dean for Undergraduate Programs and MSN-EIP Program, Associate Dean for Graduate Practice programs, and PhD director lead these programs respectively.

Our succession plan includes creating and enhancing program director positions within the undergraduate and graduate programs. For example, the graduate professional programs consist of eight doctor of nursing practice (DNP) sub-tracks and two master's tracks. Each track has a faculty director. In AY 23-24 the Executive Associate Dean in collaboration with the faculty, revised the track director's position description to grant more accountability to the director for their track program in terms of recruitment, enrollment, and student progression. In other words, they have more active leadership responsibilities. The roles were revised to be collaborative with the Associate Dean of Graduate Practice Programs and provide leadership development for faculty while in a mid-level leadership role.

Similarly, the undergraduate and prelicensure programs has three tracks the bachelor of science in nursing (BSN), registered nurse - bachelor of science in nursing (RN-BSN), and master's of science in nursing-entry into practice (MSN-EIP). Of these programs, only the MSN-EIP has a director who reports to and collaborates with the respective associate dean. We are in the process of creating other track director positions (e.g. BSN and RN-BSN). These directors will also assume accountability for of recruitment, enrollment, and student progression in their respective track. Ultimately, we are preparing for succession from within the college as well as ensuring coverage when an associate dean steps down or needs to be out for a period of time.

Under the new CON structure, the PhD Program Director now reports to the Associate Dean for Research. This move was also to help prepare faculty to take on an associate dean role in the future and to provide temporary coverage for each other as needed. We also rotate the chair of PhD admissions and progression committee to expose faculty to PhD program leadership and to work closely with the director for a focused period.

## **SECTION 7: Collegiate Operations**

Faculty governance:

The College of Nursing has a robust Faculty Organization that includes all faculty members whose primary appointment is in the CON. Its leaders are determined through annual elections and all members are equal regardless of rank or title. The Faculty Organization meets monthly during the academic year and is a self-governing organization whose object is to develop and maintain high quality educational programs. The Faculty Organization governs itself through its bylaws, which can only be altered with the consent of its members. The Organization is charged with making recommendations about policies to the Dean related to the teaching, scholarship, practice and service missions of the College of Nursing as well as policies concerned with faculty welfare and development as well as establishing criteria for reappointment, promotion and tenure. Recent initiatives have included: altering the Peer Group Committee from membership by all eligible faculty members to elected membership in the Promotion and Tenure

Committee (complete) and organizational restructuring of the Faculty Organization committees and councils (in progress).

#### Staff governance:

The College of Nursing Staff Org serves multiple purposes. It facilitates communication between staff and college administration, advocates changes or improvements for staff, promotes, and develops activities and opportunities enhancing the quality of work life for staff and encourages community building within staff and faculty. Monthly meetings are open to all staff holding an appointment within the CON. Two members of the staff are elected by their peers to serve as the Staff Org leaders.

Recent past initiatives have included: the creation of a new position (an Online Liaison, whose role is to assist with facilitating hybrid meetings), updating the election process for CON Staff Org representatives. Current committee projects include drafting a mission statement and evaluating opportunities for formalization of the CON Staff Org structure.

In addition to these internal initiatives, annual events have been updated to partner across the faculty-staff divide.

### **SECTION 8: Financial Resources**

The financial resources of the College have risen steadily over the past six years with the exception of 2021. Tuition increases have been steady, averaging approximately 3.25% during this period. Year 2021 had no increases due to the impact of COVID. In addition to tuition increases, the College received supplemental state support to increase the number of new nurses. The \$2.8 million state funding is on-going as the College is on plan to meet the targets included in the funding proposal.

The College has also benefited from continued student enrollment increases. BSN undergraduate program cohort sizes increased starting in 2018 from 72 students to 80 students. This program increased cohort sizes again to 84 students in AY 2024. In addition, the student enrollments were positively impacted by the initiation of the MSN-EIP program.

Other funding including Federal and non-Federal Grants, Foundation Gifts and designated centers within the College have been relatively flat over the five-year period. See Appendix E for detailed information about CON revenue.

Expenditures have not increased at the pace of revenues. This has allowed the College to accumulate a savings fund of \$4.1 million. Potential negative impacts to the College's financial future impacting this fund include space renovation to increase the Nursing Clinical Education Center footprint, impact of the high school graduation cliff and salary increases to attract and retain faculty. Personnel costs consistently account for over 90% of all collegiate expenses.

The College has intentionally developed strategies to raise the financial literacy of staff and faculty in the college. Each year the dean includes a description of the financial health of the college in the faculty and staff retreat prior to the start of the Fall semester. In addition, the

business officer of the college offers to all faculty and staff a session titled “Finance 101” every year. This is a discussion of how the college generates revenue, expenditures, and the college’s financial picture over time. We have created a new budgeting process for all units and budget meetings are held with the unit and senior administration to discuss budget planning every Spring. The business team works closely with each unit to ensure the unit understands how to monitor expenses throughout the year and then plan for the next year.

## **SECTION 9: New organizational structure**

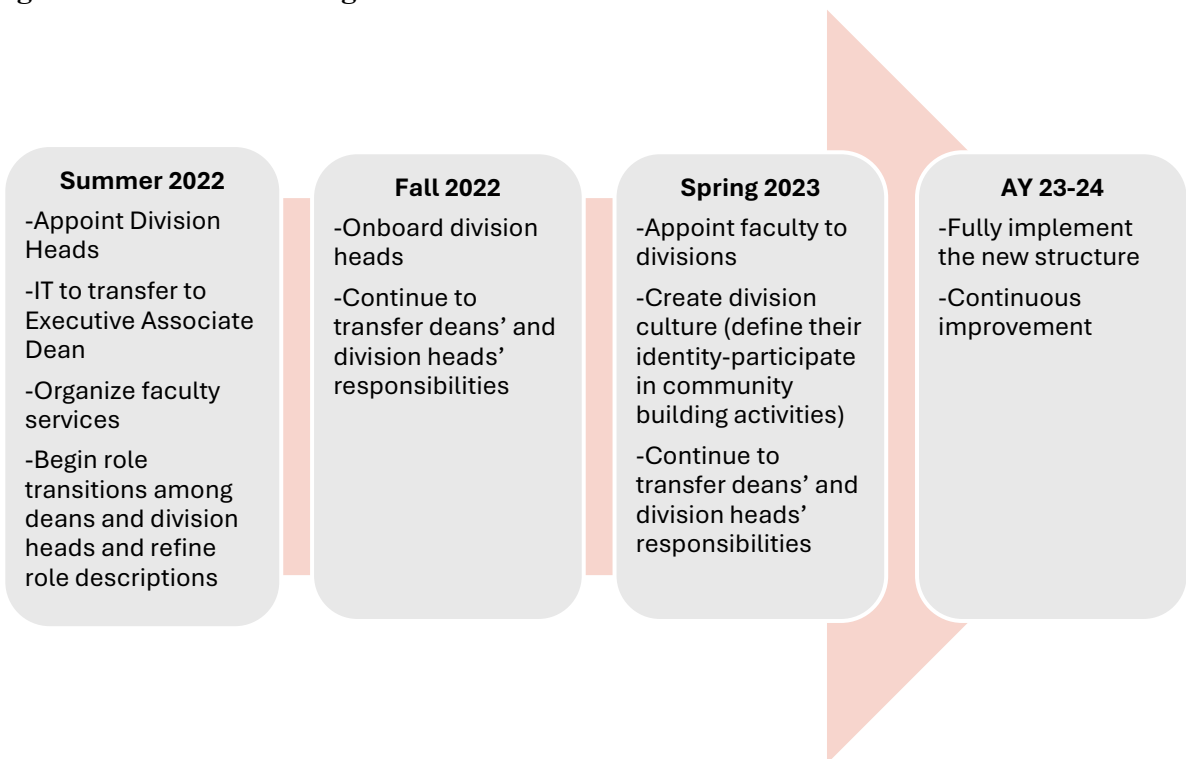
In 2011, the CON changed the organizational structure and eliminated the “Areas,” a structure similar to departments. In response, some faculty expressed dissatisfaction because they no longer reported to a single individual, they lost connections with faculty across tracks, and they did not receive mentoring for their professional development. This varied depending on the faculty track, with tenure track faculty having the greatest career support. Administrative leaders expressed frustration because it was not clear who was responsible for which aspects of faculty development and evaluation.

In the Fall of 2019, we asked faculty and staff to volunteer to discuss a possible restructuring of the College of Nursing’s organization. This committee was co-chaired by two faculty members, Julie Stanik-Hutt and Ann Rhodes. They launched a faculty and staff survey in the Fall of 2020 to gather feedback. This was a challenging period due to the COVID pandemic and the complexity of the work of faculty and staff during this period. We did not set a timeline for the reorganization's completion in recognition of what was happening during this period.

In Spring 2021 we retained Dr. Dorie Fontaine, dean emerita of the University of Virginia College of Nursing to consult on the organizational structure. Dr. Fontaine examined current and prior organizational structure, reviewed the survey data, and conducted interviews with key informants. She presented Dean Zerwic with her feedback on strengths and weaknesses of current structure and opportunities for change. At the faculty retreat in August 2021, Sandy Daack-Hirsch presented different organizational structures and faculty engaged in robust conversations about the strengths and weaknesses. She and the Dean then conducted a series of focus groups with faculty based on their track. During the focus groups faculty weighed in on proposed structures and summarized the conversation using the feedback to develop an organizational structure.

By Spring semester 2022 a final structure was proposed and endorsed by faculty. The college now has two divisions: the Division of Community and Primary Care and the Division of Acute and Critical Care. In the Fall of 2022 the division heads, Dr. Lisa Segre (Community and Primary Care) and Dr. Sue Gardner (Acute and Critical Care), were identified and began to orient to their new role. Faculty were asked if they wanted to a). self-identify to one of the divisions or b). be invited to a division. They chose to be invited. Once invited, faculty had the option to move to the other division. Only one person asked to be transferred to the other division. In January 2023, Drs. Sue Gardner and Lisa Segre started to engage faculty in division activities and participated in faculty administrative reviews. In Fall of 2023 the organizational structure was fully implemented. See timeline summary in Figure 1 and Appendix F for organization chart.

**Figure 1: Timeline of reorganization**



The college was asked by the Provost to provide plans for review of the new organizational structure. AY 24-25 will be the first full year in which the new structure will include the shifting the former associate dean of faculty's (ADF) responsibilities to the executive associate dean (Dr. Sandy Daack-Hirsch) and the two division heads (Drs. Sue Gardner and Lisa Segre). The shifting of the ADF's responsibilities is a work in progress. The impact of the restructure is under continuous assessment and improvement via the Faculty Focuses Leadership Collaborative (FFLC). Dr. Daack-Hirsch assembled the FFLC to include the college's Dean, Associate Deans (research, graduate practice programs, and undergraduate/prelicensure programs), Division Heads, and Director of Faculty Practice. This groups meets monthly (including summers) to discuss structure and process impacts on the faculty. They problem solve and are developing collaborative approaches to address faculty workload, engagement, and development. This first year we are focusing on recruitment and hiring mid-career tenure track faculty, awards, and annual review processes always with an ultimate goal of faculty development and success. We have not discussed a more formal college-wide review of the administrative structure. Thank you for the question; we will begin planning for a formal college-wide review.

The other major reorganization for the college was in the student services office. In anticipation of the reorganization, we rebranded student services to the Felton Student Success Center and hired a director who had 30 years of professional experience in higher education, Corey Landstrom. Staff in the Felton Student Success Center now report to Mr. Landstrom rather than one of the associate deans. Mr. Landstrom is leading a capable team of student affairs staff through the process of reimagining how to organize their unit to more efficiently deliver support to our nursing students based on the college's needs and the staff's talents. The teams are organized around recruitment, advising, and compliance.

## SECTION 10: Funding received from the State of Iowa

### Background:

In the Fall of 2022, university leadership invited the College to submit a proposal included in a request to the Iowa Legislature for additional funding. Our proposal included a \$7 million request with \$6 million allocated to expansion of the Nursing Clinical Education Center and \$1 million to increase faculty to launch the Master of Science in Nursing – Entry into Practice program. During the legislative session, we were told that the legislature would not entertain a remodel/renovation request but would allow a revision in our faculty proposal. The request was revised to \$2.8 million focused on recruitment and retention of faculty in order to increase the number of new nurses that graduate each year. That proposal was funded by the legislature.

### Outcomes:

This funding allowed the college to give competitive salary increases to all faculty and increase our salary offers to faculty newly recruited to the college. We benchmark faculty salary using the American Association Colleges of Nursing and compare to institutions that have an academic health center. See Tabel 1 below. Ninety-eight percent of CON faculty across the three tracks and all ranks are above the median compared to faculty in similar tracks, ranks, and degrees. We also benchmark tenure track faculty salary using peer institutions for comparison (data provided by UI). The funding is supporting faculty retention. One year after the initial funding we have increased the total number of faculty by 4 which represents growth after replacement of faculty who retired or resigned (see Table 2).

**Table 1: Percent of Faculty at or Above the AACN\* Salary Mid-point**

	2018	2019	2020	2021 <sup>a</sup>	2022	2023	2024	2025
<b>All Tracks and Ranks</b>	48%	49%	66%	57%	75%	82%	95%	98%

\* Comparison is to institutions that are part of academic health centers

<sup>a</sup> No raises were given this year due to COVID

See Appendix D for information on numbers of faculty across tracks and ranks.

**Table 2: Overview of Faculty Retention and Hires After Legislative Funding**

<b>AY 23-24</b>	<b>AY 24-25</b>
Total faculty fall 2023 N=101	Total faculty fall 2024 N=105 <b>Net gain N=4</b>
Retired N=5	
Resigned N=3	
Hires for AY 24/25 N=12	

We have been able to increase students through the following actions:

1. Expand and reorganize student services.
  - a. Director 1 FTE
  - b. .6 FTE advisor through a phased retirement offer (1 year transition)
2. Contract with Hanover Research to evaluate marketing for MSN Entry into Practice, and Health Systems Leadership.
3. Increase faculty recruitment and retention strategies.

4. Add teaching support to large classes. This included instructional track faculty and PhD students as teaching assistants. Increased PhD students to 50% appointment.
5. Contract with Magid Center for writing support.
6. Evaluate adding additional staff in NCEC. This will include a focus on mentoring faculty to gain teaching skills.
7. Evaluate space in NCEC. Develop architectural remodel plans. Develop funding plan. Long term we are going to need to address overall College space. We are short of offices, classrooms and the NCEC is not a long-term solution. There are significant barriers to manage education within the hospital.

#### Background:

In the Fall of 2023 university leadership focused the legislative budget request on rural health. The college proposed two priority areas: the first was to expand Psych Mental Health Nurse Practitioners and the second was to expand Primary Care Nurse Practitioners in rural Iowa. A portion of the funding would be used to provide scholarships to students who were living or working in rural communities. Students would spend most of their clinical experiences in rural settings, attend rural health-focused seminars, and focus projects on problems encountered in rural communities. Additional faculty and staff would be hired to help recruit students and provide clinical placements in rural settings. The legislature provided additional funding (unrestricted) to the university for FY 2025. The university allocated \$1.25 million to the College of Nursing to focus on increasing Psych Mental Health Nurse Practitioners beginning FY25.

#### Outcomes:

In anticipation of this program, we began in the Fall of 2023 to recruit nurse practitioners in rural areas and invited them to apply for the post-graduate certificate program in psych mental health. This is a 14-month program that allows the individual upon completion to be dually certified in psych mental health as well as their original certification. We identified 11 Iowa applicants who lived or worked in rural communities and met the admission requirements. They were given \$13,000 scholarships which covered the cost of the program. We initially designated an unrestricted donor gift for scholarships to launch the project before we had received the legislative funds. Once we received funding from the state, we transferred some of those scholarships to state funding.

We also identified six students who are currently enrolled in the BSN-DNP Psych Mental Health nurse practitioner program who are living or working with rural communities. They were invited to apply for scholarship support. All six students subsequently received funding that covered between 58-95% of their tuition.

Associate Dean Dan Crawford, Dr. Amalia Gedney-Lose (director of the family nurse practitioner track) and Dr. Dan Wesemann (director of the psych mental health nurse practitioner track) are collaborating to develop a proposal for the budget and a plan for recruitment of students, faculty and staff.

## **SECTION 11: Development and Implementation of U2G program**

### Background:

U2G is an undergraduate-to-graduate program that allows students to graduate with both the Bachelor of Science in Nursing and Doctor of Nursing Practice (DNP) in as little as 6 years. This program option is available to students in the RN-BSN program. Students choose one of several sub programs: Adult Gerontology Primary Care, Pediatric Primary Care, Family Nurse Practitioner, Psych Mental Health Nurse Practitioner, or Health Systems Administration.

### Outcomes:

There have only been 1-2 students that have completed the combined RN-DNP program. Although there is interest in the program, many students find the timeline too long to commit to. Another barrier is that the students right out of the community college really don't have a clear understanding of the track they want to pursue or even what a nurse practitioner does. This past fall we had about 8 students interested, and we ended up with one in the combined program.

## **SECTION 12: Master of Science in Nursing – Entry into Practice**

### Background:

The Master of Science in Nursing-Entry into Practice (MSN-EIP) program is designed for individuals who have a degree in a field other than nursing and have decided to pursue a career in nursing. This is the only master entry nursing program in Iowa, although there are similar programs in other states. The students bring a variety of different backgrounds including high school teachers, paramedics, emergency medical technicians, and pharmacists. Students have degrees in health and human physiology, accounting, criminal justice, biochemistry, psychology, business, and theater arts. The majority of students in this program are already living and working in Iowa and intend to remain in Iowa after graduation. This will provide a significant increase in the nursing workforce.

### Outcomes:

We admitted the first class of 15 in January 2023 and 14 graduated after 5 semesters in July 2024. One student withdrew in the second semester (93% retention). The second class of 22 students started in January 2024 and we anticipate the third class of 35 starting in January 2025. The goal is to admit 48 students in each cohort. Prior to adding this program, we graduated approximately 155-158 new nurses each year. When this program is at capacity in the next 2-3 years, we will increase our graduates of new nurses to 208, a 30% increase.

The majority of students are from Iowa and live within driving distance to Iowa City with students commuting from as far away as Ankeny. Twelve of the 14 graduates stayed in Iowa to work (one went into the military and one to Minnesota), two went to work in Des Moines and 10 are working at UIHC.

## **SECTION 13: RN-BSN program and collaboration with community colleges**

In 2017 the college launched our first 3+1 agreement with the Des Moines Area Community College. RN-BSN 3+1 agreements allow qualifying nursing graduates from associate degree

programs to seamlessly transfer to UI's College of Nursing to finish their BSN degree in three semesters. Under the 3+1 structure, nursing students can stay at their community college program to complete their general education and nursing courses and then complete their BSN degree in only one year (three semesters) through the online RN-BSN program. The 3+1 partnership allows students to continue working in their communities while they complete their degrees. Over 85% of students admitted to the RN-BSN program come from our 3+1 partners.

1. Des Moines Area Community College
2. Eastern Iowa Community College
3. Hawkeye Community College
4. Iowa Lakes Community College
5. Iowa Valley Community College
6. Indian Hills Community College
7. Kirkwood Community College
8. North Iowa Area Community College
9. Northeast Iowa Community College
10. Southwestern Community College
11. Southeastern Community College
12. Iowa Central Community College
13. Western Iowa Tech Community College (in progress)

#### **SECTION 14: Tenure track faculty**

In 2018, the CON had 18 tenured faculty. Since that time ten have fully retired, one has a reduced appointment and is planning retirement, one switched to a different college, one transferred to a different institution, and one is deceased. This left the college with four full-time senior faculty who have been here more than five years. The college has been active in recruiting faculty, 21 of 34 faculty or 62% have been recruited since 2019. Every year 35-40% of the faculty are at the Assistant Professor rank. This has created a situation where full Professors have a significant mentoring workload. Therefore, over the past five years we have prioritized associate and full professors for recruitment. This has resulted in five key hires, two full professors and three associate professors (one of who was promoted to full professor AY 23-24). Of these five professors, two were hired to lead centers in addition to their faculty role and one as the associate dean of research. All five currently have research grant funding. While the college has been successful in our plan to hire productive tenured faculty who have active, funded, research, we believe we could be even more successful recruiting tenured faculty with more incentives including leadership appointments, protected time, and endowed professorships.

Overall, from AY 18-19 to AY 23-24 the college has received 93 applications across all ranks of tenure track. Thirty-three of those were not selected for an interview (incomplete application, not qualified for the track); 48 were interviewed and of those 38 were made an offer. Of the 38 offered a position 15 declined and 20 accepted. Although we do not survey candidates formally after they decline an offer, the past associate dean of faculty did correspond with candidates and anecdotally noted that reasons for decline were a desire for 12-month appointments, spouses unable to find a position, taking a non-academic position in research, and better fit in another institution.

**Table 3: Number of Tenure Track Faculty 2018-2024**

	2018	2019	2020	2021	2022	2023	2024
<b>Assistant Professor</b>	10	12 (4)	11 (1)	10	12 (4)	13 (2)	15 (4)
<b>Associate Professor</b>	8	8 (1)	9 (1)	8	9	10 (2)	10
<b>Professor</b>	10	10	10 (1)	10	9	9	9 (1)
<b>Total tenure track</b>	28	30	30	28	30	32	34

Note: Numbers in ( ) are the new faculty hired into that tenure track rank. Data are from November 1<sup>st</sup> of each year and does not include the Dean in the tenure track count.

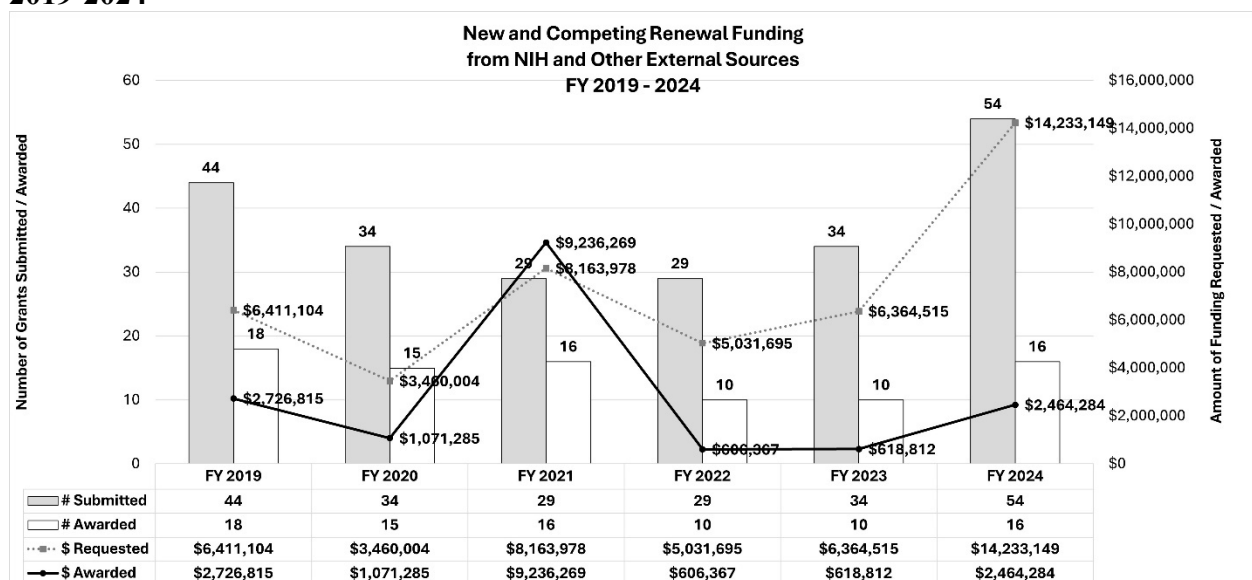
## SECTION 15: Research productivity

### Introduction:

The University of Iowa College of Nursing (CON) is nationally recognized for its sustained research in gerontology. In this section we will outline grant funding since 2019, challenges experienced that have impacted grant funding and other research outcomes, as well as strategies that have been implemented to increase research productivity. The primary challenge is the loss of senior tenure track faculty to retirements, and this was outlined in Section 14.

### Grants:

Over the past five years FY19-24, the CON secured between \$4.2 to \$13.1 million per year in total external funding from NIH and other external sources (see Figure 2). The totals in Figure 2 are calculated each year at the three public Regents institutions and reported to the Board of Regents. Total external funding for each college is captured using the same methodology and includes non-competitive renewal increments of multi-year grants as well as incoming funds from the UI Center for Advancement (UICA).

**Figure 2: New and Competing Renewal Funding from NIH and Other External Sources FY 2019-2024**

Source: Division of Sponsored Programs <https://data.uiowa.edu/item/470398275/discovery>

**Total number of external grant submissions by CON faculty.** CON researchers have submitted proposals to a diverse array of sponsors, including federal sponsors such as NIH, AHRQ and more recently ARPA-H, other federal sponsors (HRSA, Department of Labor) and other external nonfederal (Alzheimer’s Association, American Heart Association).

Research productivity metrics (external grant submissions, grant funding, and publications) primarily focus on the accomplishments of tenure track and tenured faculty. Tenure track faculty are expected to submit a minimum of two grants each year.

Over the past five years, clinical track faculty have made contributions to grant productivity, with 4-5 faculty submitting at least one external grant per year. Grants focus on service and outreach projects as well as provide students with scholarship support.

Between FY19-2024, the average number of grants submitted per tenure track faculty was slightly less than the benchmark of two grants per year due, in part, to COVID-related delays that limited the acquisition of the preliminary data needed to support larger, external grant submissions (Table 4). The success rate for external grant submissions has remained relatively high, with 30 to 40% of external proposal submissions being funded (Table 5).

**Table 4: Number of External Grants Submitted Per Tenured & Tenure Track Faculty (TTF)**

# External grants submitted / FY	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024
NIH/AHRQ (all roles)	25	18	16	21	18	36
Other federal	4	2	7	2	5	5
Other external nonfederal	22	16	20	14	16	15
<b>Total # of external grants submitted</b>	<b>51</b>	<b>36</b>	<b>43</b>	<b>38</b>	<b>39</b>	<b>56</b>
# of external grants submitted by TTF	36	26	34	31	29	48
# of TTF who submitted external grants	18	15	19	19	19	23
# of Grants per TTF	2.0	1.7	1.8	1.6	1.5	2.1

**Table 5: Success Rate of External Grant Submissions FY 2019 – FY 2024**

	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
<b>% Funded</b>	41%	44%	55%	34%	29%	30%

**Ranking in NIH Funding Among Schools/Colleges of Nursing.** Despite the rate for external grant submissions overall, the CON’s success rate for CON PI-led proposals to NIH/AHRQ falls below the national average of 21.3% for new NIH FY2023 research project grants. Between FY19-24, applications to NIH/AHRQ that were led by a CON PI or MPI had an average success rate of only 15.2% (range: 0% in FY2021, 30% in FY 2019). In contrast, during the same period, CON faculty included as co-investigators on NIH/AHRQ submissions by non-CON PI’s had an average success rate of 26.5% (range: 13% in FY21, 39% in FY20). Consequently, the CON’s ranking in NIH funding among colleges of nursing has remained in the middle of the field of

colleges/schools of nursing, ranging from an all-time high ranking of 20<sup>th</sup> in FY15 to 47<sup>th</sup> in FY21. Most recently the college was ranked 44 out of 84 schools ranked ([www.BRMIR.org](http://www.BRMIR.org)).

**Research Productivity Outcomes and Strategies for Improvement.** Investments by the CON and ONRS in improving proposal submissions to NIH/AHRQ have been reflected in favorable grant reviews: 2/3's of CON PI's proposals are being scored (indicating that reviewers judged these proposals to be in the top 50% of proposals received). However, as shown in Table 6, only 15% of proposals are being funded, indicating that although faculty are being scored, the scores are not in a fundable range. The discrepancy between the percentage of proposals scored versus funded suggests that additional strategies are needed, such as improving the scientific approach sections (a strong driver of overall Impact scores) to improve proposal scores on their first submission and helping faculty to address reviewer critiques upon resubmission. Both topics have been the focus of presentations given during the annual grants workshop organized by the ONRS. Continuing to recruit mid-career faculty with NIH experience may also improve grant outcomes: 82% of the applications submitted by full professors were scored compared to 53% and 58% of the applications submitted by Associate and Assistant Professors, respectively.

Another challenge standing in the way of nurse scientists being funded by NIH/AHRQ is finding a fit for nursing research within the Institutes/Centers (I/C) at NIH. The NINR strategic plan was significantly revised in 2022 to increase its focus on health equity and informing practice and policy and decrease the emphasis on specialty topics, which many considered to be signature areas of research at NINR, such pain and symptom science. Coupled with the fact that 35% of NINR's funding is awarded to non-nurse PI's<sup>1</sup>, changes in NINR's strategic emphasis and funding priorities are leading CON faculty to explore how their research fits with other NIH institutes and Centers such as AHRQ, NIA, and NICHD. The CON also has an emerging area of emphasis in "Inclusive, Community-Focused Healthcare for Individuals with Complex Health Needs" which encompasses much of the grant-funded community service work with underserved populations that is being led by clinical faculty. This work is critical to establishing the community partnerships necessary to be responsive to NINR's current strategic aims, which suggests that increasing the number of partnerships between tenure and clinical track faculty will be an important strategy for improving success proposal rates at NIH.

**Table 6: Percent of Proposals to NIH/AHRQ by CON PI's that were Scored / Funded**

NIH/AHRQ proposals	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024
Number submitted as PI	14	10	6	8	8	21
Number scored	6	7	4	4	5	10
Percentage scored	42.9% (6/14)	70.0% (7/10)	66.7% (4/6)	50.0% (4/8)	62.5% (5/8)	66.7% * (10/15)
Percentage funded	28.6% (4/14)	10.0% (1/10)	0.0% (0/6)	25% (2/8)	12.5% (1/8)	pending

\* As of 8/13/24, there are 6 FY2024 grants by CON PI's awaiting review.

<sup>1</sup> Schnall, R. (2020). National Institute of Health (NIH) funding patterns in Schools of Nursing: Who is funding nursing science research and who is conducting research at Schools of Nursing? *Journal of Professional Nursing*, 36(1), 34-41. doi: 10.1016/j.profnurs.2019.07.003.

**Research trajectory of the College of Nursing's Areas of Distinction.** The UI CON has a long history of excellence in research in gerontology, health systems, and pain and symptom science (Table 7). Although increasing the absolute number of tenure track faculty is not a surefire way to increase the CON's NIH ranking, focused hires in CON Areas of Distinction between FY19-24 established a strong base of expertise and funding that led CON PI's to acquire larger external grant funding. In particular, recent increases in strength in the areas of gerontology and informatics have led to a series of recent grants being awarded to the CON from the Alzheimer's Association and AHRQ. The Csomay Center for Gerontological Excellence has provided an additional source of mentoring for junior faculty researchers in gerontology.

**Table 7: Areas of Excellence and Distinction in the College of Nursing 2019-2024**

Areas of Excellence 2019	Areas of Distinction 2022	Areas of Distinction 2024
Gerontology	Aging, Cognitive Health and Palliative Care	Aging, Cognitive Health and Palliative Care
Multimorbidity, Pain and Symptom Science	Pain, Symptoms, and Multimorbidity Science	Pain, Symptoms, and Multimorbidity Science
Health Systems, Technology and Informatics	Workforce Development for Healthcare Quality and Safety	Workforce Development for Healthcare Quality and Safety
		Informatics, Data Science, and Decision Support for Precision Health

The increased focus on informatics and inclusion of advanced analytics into research at the CON was sparked by a shift towards research using existing sources of data to answer questions about healthcare. In FY2018, the UI CON was awarded a \$1.9 million Exploratory Center grant from the National Institute of Nursing Research (NINR) to establish the University of Iowa Center for Advancing Multimorbidity Science (CAMS). From 2018-2024, the center established a network of nurse scientists, clinical experts, and experts in informatics and advanced analytic techniques such as machine learning, natural language processing to tackle the challenges of caring for patients with multiple chronic conditions. By harnessing the analytic tools to analyze large volumes of patient data, nurse scientists are able to discern patterns of common symptom clusters and subgroups of patients that will drive customization of therapies for patients with different disease burden. Although Center funding ended in May 2024, the network of researchers and datasets created during CAMS have encouraged CON faculty to continue collaborations with analytics experts in the Colleges of Medicine and Business and in the Departments of Engineering, Statistics, and Computer Science. Additional hires that have strengthened the informatics infrastructure at the CON include a full-time staff data analytics specialist in the ONRS and tenured associate professors with a track record of NIH funding. These faculty have become integrated into other informatics initiatives on campus, such as the Iowa Health Data Resource (IHDR), which is funded by university P3 grants from the OVPR. Increases in the number of faculty hired with expertise in the CON Areas of Distinction has coincided with growth in research productivity and funding in these areas and has helped to sustain the infrastructure created by CAMS.

**Publications and Other Scholarly Products.** College of Nursing faculty and students have increased their dissemination of publications showcasing their research, clinical practice, and

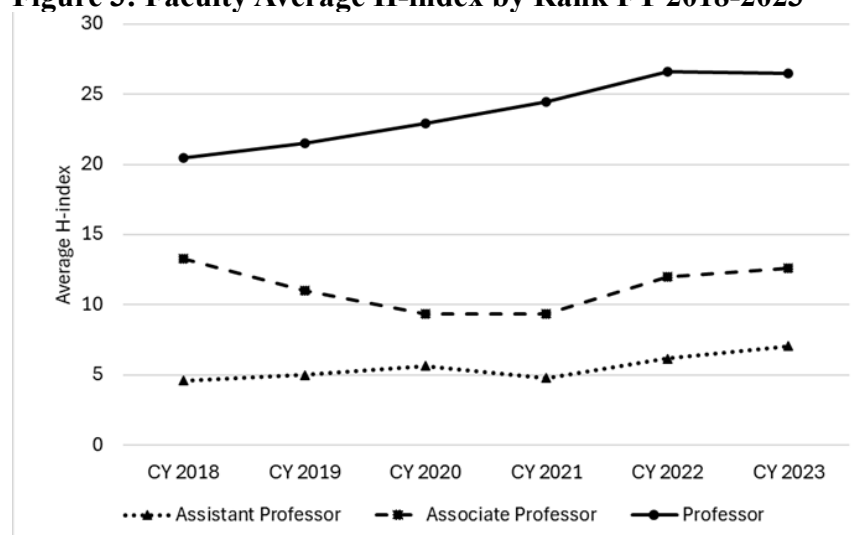
educational innovations (Table 8). Tenure track faculty are expected to publish two peer-reviewed articles per year while clinical faculty are expected to publish one manuscript per year. Journal publication productivity has increased over the past five years, which can be attributed to support from ONRS staff with manuscript submission, CON emeritus faculty contracted to mentor clinical faculty in publishing, and a collegiate scholarly interest group focusing on writing that is led by two senior faculty and is attended by both tenure and clinical track faculty. Other topical collegiate interest groups have also led to group publications.

**Table 8: Scholarly and Creative Products by CON Faculty, Postdocs and Students**

Scholarly Product	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Journal articles	93	107	108	112	139	138
Book chapters	1	8	2	7	2	16
Other	10	4	7	2	6	1
<b>Total # scholarly products</b>	<b>104</b>	<b>119</b>	<b>117</b>	<b>121</b>	<b>147</b>	<b>155</b>
<b>Total # TT + CT Faculty</b>	<b>54</b>	<b>60</b>	<b>61</b>	<b>60</b>	<b>59</b>	<b>61</b>
<b># products per faculty</b>	<b>1.9</b>	<b>2.0</b>	<b>1.9</b>	<b>2.0</b>	<b>2.5</b>	<b>2.5</b>

**Scholarly Impact: Average H-index by rank.** The H-index captures both a researcher's productivity (number of publications) as well as a researcher's scientific impact (how often their publications have been cited). Calculated as the number of publications (h) that have been cited h or more times (Hirsch, 2005)<sup>2</sup>, the average H-index for CON faculty has been within the expected range for their rank<sup>3</sup>. The H-index for Full and Assistant Professors is trending towards exceeding these ranges (Figure 3).

**Figure 3: Faculty Average H-index by Rank FY 2018-2023**



<sup>2</sup> Hirsch, J. E. (2005). An Index to Quantify an Individual's Scientific Research Output. *Proceedings of the National Academy of Sciences*, 102(46), 16569-72.

<sup>3</sup> H-index median for Assistant (4), Associate (10) and Full Professors (20) from Broome, M.E., Oermann, M.H., Douglas, C.E., Simmons, D.F., & Woodward, A. (2019). Publication productivity of nursing faculty in selected schools of nursing across the United States. *Journal of Nursing Scholarship*, 51(3), 346-355.

### Strategies to Improve CON Research Success:

**1. Create a pipeline of nurse faculty researchers.** To address a shrinking workforce, the CON has devoted considerable resources to recruiting a tenure track faculty workforce to outpace the annual loss of 1-2 faculty retiring per year. The CON launched a new Iowa Postdoctoral position in 2022 to create a pipeline of postdoctoral fellows whose research interests align with CON Areas of Distinction and who intend to stay on as Assistant Professors upon completion of their postdoctoral fellowship. The first two individuals completed their two-year post-doc in May 2024. One started as a tenure track faculty in the CON and one started as a faculty in the College of Medicine.

Although the CON has a strong track record of holding NIH training grants, including multiple institutional T32 grants in gerontological nursing (1990-2006), nursing interventions (1994-1999), nursing effectiveness research (2002-2007), clinical genetics research (2001-2011), and pain and associated symptoms research (2010-2021), the last training grant ended in 2021. The National Institutes of Nursing Research has not determined if training grants will be a robust mechanism that they intend to use in the future. T32's are designed to provide training to external applicants, most of whom return to their home institutions upon completing training. Of the 11 T32 postdocs trained at the UI CON, only three stayed on as CON TTF. The internally funded Iowa Postdoc is intended to retain postdoctoral trainees as faculty, ensuring that the CON's investments in mentoring and staff support translate into the development of future CON faculty. The second cohort will start their postdoctoral training in January 2025.

The CON also has recently hired tenured faculty with a track record of NIH funding whose time to attaining NIH funding at UI is accelerated. Targeted hiring this year is focused on individuals who are eligible for Associate or Professor.

**2. Increase faculty development support.** The College of Nursing has made multiple investments in developing current faculty, providing summer salary support for grant writing, encouraging faculty to seek external reviews of proposals before submission, providing funding for editorial services for grant submissions, and, to offset the loss of senior faculty mentors due to retirement, contracting with emeritus faculty to mentor junior faculty in grant writing and publishing. CON junior faculty also take advantage of OVPR-led initiatives such as the Early Career Scholar program, which supported three junior faculty with pilot funding to collect preliminary data to support future grant submissions and funded travel to Washington D.C. to meet program officials. CON faculty have also participated in the UI CCOM led K-club and other opportunities to be mentored by external senior scientists outside the UI CON and several have used funding provided by the OVPR to pay for external reviews of their research proposals.

**3. Shorten time from pilot funding to first NIH grant submissions.** In 2019, the CON launched a pilot grant program that optimizes how funds secured from donors by the Center for Advancement are awarded competitively to CON researchers. Using a streamlined process, faculty can write a single proposal but apply for multiple sources of funding. Using a process modeled after NIH's two-tiered system of review, scientific reviews are coordinated by the ONRS and conducted by senior faculty while funding decisions are made by the Associate Dean for Research. Since 2019, this pilot grant program has offered \$55,000-\$95,000 in internal grant funding each year. Among the 19 faculty who have received internal grants, 9 (47%) submitted a

NIH grant within 3 years.

The CON is also implementing the use of Individual Development Plans (IDPs) that are more aligned with promotion criteria and that lead junior faculty to secure large external funding sooner (i.e., within the first 3 years). IDPs will emphasize that faculty will need a large, external grant for promotion to Associate Professor, recommend submitting an external grant in their first or second year, and encourage faculty to publish peer-reviewed, first-authored, data-based papers (which provide stronger support for their grant applications).

The Office for Nursing Research and Scholarship (ONRS) expanded its support and training for PI's to equip them to finish their pilot studies sooner. Post-award staff support was increased by one FTE. A biweekly Research Skills and Scholarship Development series was instituted in which ONRS and other research staff train faculty and student researchers in fundamental research skills such as hiring project staff, recruiting and tracking research participants, and research subject compensation.

**4. Implement a robust plan for grants scored but not funded.** We have a substantial number of grants that are good enough to be scored but are not funded. We intend to implement a program targeting those grants. This may include pilot funding, external reviews, and wrap around ONRS services. Investigators often are discouraged and do not immediately institute an action plan. The Associate Dean for Research will oversee a rapid response team to prioritize support for these grants.

## **SECTION 16: Space for teaching and research**

### Background:

The College of Nursing building at 50 Newton Road was constructed in 1972. A \$10.7 million renovation was initiated in 2017 and completed in 2020. This renovation focused on creating an environment that incorporated state-of-the-art learning and gathering spaces for students. The lower level, first floor and ½ of the second floor were completely remodeled and selected spaces on the third and fourth floors. The renovation was paid for through a combination of existing funds (\$8.7 million) and philanthropy (\$1.9 million).

The Nursing Clinical Education Center (NCEC) is a shared learning environment with the Department of Nursing and is located on the 4<sup>th</sup> floor of Boyd tower at the University of Iowa Hospital and Clinics. This is where students learn and practice skills and demonstrate competency in a simulated learning environment. The Department of Nursing uses the space to on-board new employees and assess yearly competencies of nurses. The NCEC was launched in 2006 and is operated through a Memorandum of Understanding between the Department of Nursing and the College of Nursing. Leadership from both entities meet every other month to discuss joint operations.

### Challenges:

The teaching/learning environment for nursing has changed dramatically in the last 20 years. Undergraduate and graduate students engage in significantly more simulated learning both prior to and during clinical rotations. This, in addition to growing enrollment, has strained our ability

to accommodate learners in the existing NCEC space. The Department of Nursing has also experienced significant growth in the number of new employees they onboard, as well as educate. The NCEC is landlocked and there is no opportunity to expand.

We offer high fidelity simulation in the NCEC to educate undergraduate and graduate nurses. In high fidelity simulation we strive to create a learning environment that is as close if not an exact replica of the practice environment. Our current space is limited to 20,000 square feet.

Additionally, in the current space we are not able to offer community practice simulation and there is no space for undergraduate/prelicensure students to practice skills outside of class time. Similarly, the current space is woefully inadequate for nurse practitioner (NP) education. National criteria recommend 250+ hours of simulation for NP students. Most of our students have 50 fewer hours across the program. Those with more requirements (e.g., nurse anesthesia) teach outside of NCEC. There is no NP simulation space for primary care, psychiatric mental health, and community practice. We are not able to grow our pool of standardized patients (SP), and it is difficult to include children in the SP pool due to UIHC policies. The current space does not allow for flexibility so that rooms can be multipurposed. Or a room is unintentionally multipurposed (e.g. supplies stored in the teaching area). See Appendix G for an overview of the current operating space's use compared to what is needed to meet best practices and projected number of students.

The hospital firewall creates challenges for deploying the technology that the college needs to use in a student learning environment. For example, in 2022 we purchased CAE LearningSpace. The total cost including software, cameras, computers and installation was close to 90K. CAE LearningSpace is a healthcare simulation center management solution designed for use across medical schools, nursing education programs, allied health and hospital based simulation programs. This CAE Healthcare audio video recording solution is a scalable healthcare education platform for debriefing which is user-friendly, web-based and secure. Using CAE LearningSpace gives learners a 360-degree view of their simulation training environment, performance and educational outcomes. Through the solution, faculty members can deliver effective video-driven improvement lessons with integrated patient data and facilitator's notes. Simulation center directors are also able to provide objective, data-driven assessment tools while managing the learner's healthcare simulation training environment at any time and from anywhere. Both the Carver College of Medicine and College of Pharmacy use CAE LearningSpace. We waited over a year to get the system up and running due to the complexity of working with hospital IT. The hospital firewall and policies prevented the CON IT specialist from facilitating the installation. Further we are not able to use CAE LearningSpace to its full capacity because the space will not allow for full deployment.

Currently Dr. Daack-Hirsch is working with Joe Bilotta and the department of Campus Planning to identify additional space (former computer lab) to expand the NCEC beyond the UIHC. We are also in the process of converting space within the CON to a health assessment simulation lab for graduate and prelicensure students. This will allow for some temporary space demand relief within the current NCEC.

## SECTION 17: Collegiate Review Committee Methods

In addition to the information provided above, Dean Zerwic appointed a 9-member faculty and staff collegiate review committee to gather feedback from the CON's faculty and staff for this internal collegiate review. One of the committee's goals was to engage faculty that might not consistently share their perspective in large groups as well as provide opportunities for any of the CON's faculty and staff to participate.

To do so, each committee member interviewed two persons (one faculty and one staff who are randomly selected) for focused, short interviews about one of the areas requested by the provost to include in the review. If the persons randomly selected for interviews did not have a position in the CON that would provide them with insights on the discussion item, the committee member could choose additional key informants to participate. The committee also conducted a brief survey that was open to all faculty and staff. There were 29 faculty and 14 staff members who participated. See Table 11 for summary. The full survey results are in Appendix H Self-Study Committee Faculty and Staff Survey.

**Table 9: Faculty and Staff Perspectives**

	<b>Information Requests</b>	<b>Interview Summary</b>	<b>Survey</b>
1.	New organizational structure	<p>The faculty organization change has little impact on staff, although staff recognize that mentoring gaps for faculty remain.</p> <p>For the student service reorganization, concern that the students will not benefit from program specialists.</p> <p>For faculty, "The jury is still out" on the new structure that seems to lack purpose.</p> <p>Some faculty remain confused about who to go to as issues arise "There is a lot of confusion regarding who to go to about teaching, [division chairs] don't seem to have input. There doesn't seem to be a lot of communications between the two [divisions chairs and associate deans]."</p> <p>Gradually co-locating faculty offices by division may help create a sense of community among division members but could simultaneously divide people in different divisions.</p>	<p>51% favorable</p> <p>5% negative</p> <p>44% unsure</p>
2.	Sufficient communication about the finances of the College (for example,	<p>There were mixed results.</p> <p>The faculty and staff interviewed felt the college was transparent with its overall financial status.</p>	51% sufficient communication

	regarding the additional money from the state)	While others knew little about the college's finances. Although there are presentations that include finances, if they are offered at a time one is unavailable, making a meeting recording available extends the workday.	37% not enough communication  12% did not answer
3.1	Development of new U2G program	The undergraduate to DNP program is another opportunity for a nursing student to receive higher education at the CON.  Some are concerned about the slow enrollment in this program.  This program should be better marketed and advertised.	Not included
3.2	Factors that will support sustainable growth of MSN-EIP program	See survey results	<b>Most important to least important factors</b> for MSN-EIP growth: -Low tuition -In person components -Clinical internships - Accelerated pace
3.3	Community colleges partnerships	In the RN-BSN program, community college partnerships have helped grow and sustain the program enrollment. These partnerships are important to the mission of the college of nursing.	91% believe partnerships are helpful to RN-BSN growth
3.4	Tenure track faculty loss and recruitment	Recruitment of faculty was viewed positively, with the Dean responsive to the need to match clinical salaries.	40% aware of recruitment  60% not aware or did not answer
3.5	Strategies for replacing key leaders that retire	Communication in professional networks and succession planning for program faculty and staff, as word of mouth is one of the greatest marketing concepts for our college.	Not included
4.	Research productivity	Overall, tenure track faculty are viewed to be working hard to disseminate and obtain grant funding.  Productivity of clinical track is mixed with some in prestigious editorship roles and others without a clear direction for dissemination.	Of the 25 who are aware of research productivity, they ranked productivity as the following:  Average 64%

			Above average 24%
			below average 12%
	Committee Chosen Topic: Staff Development	<p>Staff feel there is limited opportunity for advancement within the College.</p> <p>Staff skills are not always fully utilized especially for staff with long tenure with the College of Nursing or the University.</p> <p>Opportunities for professional development and engagement with other peers across campus or Big10/peer nursing colleges would be appreciated.</p> <p>Both faculty and staff state a desire for increased collaboration “across the divide.” Recent efforts by Faculty Org and Staff Org leaders and members have created additional opportunities for connection, collaboration, and professional development. These have been appreciated and both staff &amp; faculty would like to see initiatives like these continue.</p>	Not on survey
5.	Evaluation of space and capacity for growth	<p>Both faculty and staff have shared they do not believe the building has adequate office space as it is currently configured to provide any opportunity for the growth of either faculty and/or staff.</p> <p>Lack of space could negatively impact the ability of the College to attract qualified faculty, and the needed staff should the enrollment numbers increase after the space shortage of the NCEC is addressed.</p> <p>Concern about access to nearby parking.</p> <p>Staff were concerned that they were not prioritized for offices with windows.</p> <p>Some faculty unsatisfied with shared office space.</p>	Not on survey
	Open ended items and opportunities from interview participants	CON is a good employer that offers many opportunities for advancement.	Not on survey

	<p>More scholarship opportunities are needed for RN-BSN students. It is difficult for them to demonstrate financial need as working RNs.</p> <p>Faculty and staff value their CON colleagues.</p> <p>The College of Nursing has a very inclusive culture, and for all to embrace the mission, all College of Nursing faculty and staff need to be empowered to share how great Iowa College of Nursing is –but to do so should be included “in the know” at all levels.</p>	
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<b>Appendices</b>	<b>Pages</b>
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## UNIVERSITY OF IOWA: COLLEGE OF NURSING STRATEGIC PLAN

### *Groups responsible for aspects of the Strategic Plan*

- 1=Strategic plan workgroup Research (leads K. Herr, S. White and B. Rakel)
- 2=Strategic plan workgroup Curriculum (leads A. Nicholson and L. Joseph)
- 3=Strategic plan workgroup Healthy Culture (leads M. Dirks and S. Miller)
- 4=Strategic plan workgroup administrative structure (lead J. Zerwic and J. Stanik-Hutt)
- 5=College Diversity Committee (leads V. Garr and E. Griffin)
- 6=Faculty Practice (lead M. Lofgren)
- 7=Business office (lead S. Miller)
- 8=Communication office (lead K. Machovsky)

### **UNIVERSITY PRIORITY: Excellence in teaching and learning**

We can meet the excellence in teaching and learning goal if we <b>ALIGN CURRICULA AND TEACHING STRATEGIES WITH THE CHANGING HEALTHCARE LANDSCAPE</b>		
Critical Tasks	Tactics – Action Items	Indicators of Success
<b>2=Strategic plan workgroup Curriculum</b>		
Define the future role for BSN, MSN, DNP, and PhD prepared individuals <ul style="list-style-type: none"> <li>a. Identify the knowledge, skills, and attitudes needed to prepare students across programs for their future nursing roles.</li> <li>b. Integrate key knowledge, skills, and attitudes into curricula to prepare BSN, MSN, DNP, and PhD students for professional roles.</li> <li>c. Use a curriculum mapping system to track and monitor curricular content and sequencing.</li> </ul>	<ol style="list-style-type: none"> <li>1. Examine literature, professional organizations/conferences/meetings regarding future trends/roles for each degree and specialization tracks.</li> <li>2. Host a faculty design thinking/innovativeness workshop.</li> <li>3. Integrate standards/guidelines to steer programs and curricula: AACN Essentials for baccalaureate, MSN, DNP education; AACN and CANS Research Doctoral pathway to success.</li> <li>4. Develop curriculum mapping system to manage and sequence course content.</li> </ol>	<ol style="list-style-type: none"> <li>1. Curriculum revision in all programs. Curriculum is aligned with the Essentials.</li> <li>2. 50% of faculty attend design thinking/innovativeness workshop.</li> <li>3. Students gain increased knowledge, skills, and attitudes related to future nursing roles.</li> <li>4. Board certification pass rates in all programs above 95%.</li> </ol>

	<p>5. Consider an external review of the PhD program.</p> <p>6. Implement Summer courses in the PhD program (Design and Measurement courses).</p> <p>7. Utilize nursology.net as a resource for masters/doctoral projects and dissertations.</p> <p>8. Explore opportunities for course collaborations across PhD-DNP programs.</p>	<p>5. Electronic database for curriculum mapping to track and monitor curricular content and sequencing.</p> <p>6. Projects and/or dissertations use supportive evidence, conceptual models or theories from Nursology.net</p>
<b>2=Strategic plan workgroup Curriculum</b>		
Adopt new models of curricular delivery including active learning.	<p>1. Innovate classroom teaching to fully embrace synchronous on-line learning, hybrid classroom, and TILE classrooms.</p> <p>2. Continue to offer summer salary support for faculty proposals for increasing active learning in courses.</p> <p>3. Utilize existing monitors to curate faculty and student innovations.</p>	<p>1. Students and instructors are satisfied with classroom environment.</p> <p>2. One article published each year focused on teaching innovation.</p> <p>3. Curate all types of Innovations within the CON.</p>
<b>2=Strategic plan workgroup Curriculum</b>		
Develop innovative practice experiences across the care continuum	<p>1. Engage the Collaboratory teaching subgroup members from UIHC department of nursing and College of Nursing on the development of innovations in didactic and clinical teaching.</p> <p>2. Expand collaborative relationships with other agencies.</p> <p>3. Explore alternative clinical experiences outside of the acute care setting.</p>	<p>1. Evidence of collaboratory teaching subgroups' (i.e., peri-op and ambulatory care didactic and clinical experiences integrated in undergraduate courses).</p> <p>2. Increased collaboration with other agencies.</p> <p>3. The number of clinical hours and types of experiences across the care continuum are determined for students.</p>

**UNIVERSITY PRIORITY: Holistic well-being and success**

We can meet our holistic well-being and success goal if we <b>POSITIVELY IMPACT MENTAL HEALTH AND HEALTH PROMOTION</b>		
Critical Tasks	Tactics – Action Items	Indicators of Success
<b>3=Strategic plan workgroup Healthy Culture</b>		
Reduce stigma to seeking mental health care	<ol style="list-style-type: none"> <li>1. Speaker for orientations on managing workloads and associated stress and anxiety.</li> <li>2. Development of a mental health toolkit/self-paced mindfulness modules to integrate into undergraduate and graduate programs.</li> <li>3. Survey all undergraduate and graduate nursing students each semester for level and causes of stress and suggestions to mitigate.</li> </ol>	<ol style="list-style-type: none"> <li>1. Students gain sense of awareness and understanding of potential mental health concerns in themselves or others.</li> <li>2. Students are satisfied with level of support from faculty and administration.</li> <li>3. Students feel comfortable reaching out to other students, faculty or mental health providers.</li> <li>4. Engagement in toolkit/self-paced mindfulness modules on ICON.</li> </ol>
<b>3=Strategic plan workgroup Healthy Culture</b>		
Increase College resources to prevent and manage mental health issues including crises	<ol style="list-style-type: none"> <li>1. Offer mental health resilience building content and courses for students.</li> <li>2. Provide University of Iowa Association of Nursing Students (UIANS) and Association of Graduate Nursing Students (AGNS) resource support for peer activities to boost resilience/coping.</li> <li>3. Identify services &amp; materials for managing crisis situations to staff and faculty.</li> <li>4. Development and launching of LEAN (Listening, Evaluating, &amp; Activating Nurses) on ME support line for all undergraduate and graduate nursing students, staffed by Psych Mental Health Nurse practitioner students and supervised by faculty.</li> </ol>	<ol style="list-style-type: none"> <li>1. Statement in each syllabus regarding building coping skills and enhancing resiliency.</li> <li>2. Course developed to promote resiliency and mental wellness for undergrad students.</li> <li>3. Student satisfaction with peer mentoring program led by UIANS and AGNS.</li> <li>4. Faculty and staff express understanding of resources for management/referral of students with mental health issues.</li> </ol>

		5. Students satisfied with interactions with mental health graduate student support line.
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**UNIVERSITY PRIORITY: Excellence in teaching and learning**

We can meet our teaching and learning goal if we <b>OPTIMIZE THE MIX AND ENROLLMENT OF PROGRAMS</b>		
Critical Tasks	Tactics – Action Items	Indicators of Success
<b>7=Business office</b>		
Evaluate the revenue and expense of each degree program	1. Business team develops a model to evaluate programs.	1. Revenue and expense has been identified for each program.
<b>2=Strategic plan workgroup Curriculum</b>		
Evaluate opportunities to expand programs/enrollment and maintain the high quality of an Iowa degree	1. Consider masters programs to meet healthcare demand and expand revenue.  2. Consider second degree pre-licensure program.  3. Explore a certificate program for the future workforce of travelers/mobile nurses.	1. Both graduate and undergraduate programs are optimized based on a scan of the market and the landscape of health care in Iowa.  2. Two new programs implemented.
<b>2=Strategic plan workgroup Curriculum</b>		
Evaluate partnerships with other quality institutions to advance educational opportunities	1. Identify and expand clinical experiences that focus on factors of health disparities and health equity, especially in community settings.  2. Explore opportunities similar to the Pediatric acute care nurse practitioner program with Nebraska.  3. Explore industry partnership opportunities.	1. Clinical sites expanded to ensure health disparities and health equity content.  2. Expanded DNP programming partnership with other Colleges and Universities.  3. New models of partnerships within the CON and the university, as well as with external partners.

**UNIVERSITY PRIORITY: Innovative research and creative discovery**

We can meet our research & discovery goal if we <b>INCREASE THE NUMBER OF SENIOR TENURE TRACK FACULTY</b>		
Critical Tasks	Tactics – Action Items	Indicators of Success
<b>1=Strategic plan workgroup Research</b>		
<p>Recruit two senior faculty: Sally Mathis Hartwig Professorship in Gerontological Nursing AND Rita and David Frantz Professorship.</p> <p>Recruit senior faculty with emphasis in psych/mental health (with alignment to CAMS and prevention/health promotion).</p> <p>Recruit senior faculty with emphasis in informatics (focus on data science, text mining, data mining, data visualization are desirable)</p> <p>Establish tenure track faculty hires in the areas of pediatrics and women's health</p>	<ol style="list-style-type: none"> <li>1. Continue to market in gero-related advertising spots for <b>SMH Professorship</b>, including NHCGNE, AAN Expert Panel in Aging, GSA Nursing Interest Group, AGS Nursing Interest Group, MNRS Gerontological RIG.</li> <li>2. Continue to market in pain and palliative care/symptom science-related advertising spots for <b>RDF Professorship</b>, including HPNA newsletter, APS Nursing Interest Group, AAN Expert Panel in Palliative/EOL Care, GSA Nursing Interest Group, MNRS Symptom Science and Palliative/End-of-Life RIGs.</li> <li>3. Develop target list of potential candidates and Herr and Buckwalter make direct email, phone and in person contacts. Target 3 top candidates.</li> </ol> <p>The following items relate to next steps with identified candidates moving forward.</p> <ul style="list-style-type: none"> <li>• Ask current faculty, including new faculty, in each focus area who they would like to see come to Iowa.</li> <li>• Set up breakfast/lunch with potential candidates at meetings or go visit them.</li> <li>• Invite top candidates to campus as Visiting Scholar prior to recruitment visit. One candidate is in consideration for a Visiting</li> </ul>	<ol style="list-style-type: none"> <li>1. Hire Sally Mathis Hartwig Professor</li> <li>2. Hire Rita and David Frantz Professor</li> <li>3. Hire mid or senior tenure track faculty.</li> <li>4. Hire senior faculty in psych/mental health to start 2022-23 (failed search, closed and will restart with new focus).</li> <li>5. Hire senior faculty in informatics to start 2022-23.</li> </ol>

	<p>Scholar position to explore opportunities for leadership in gero and palliative care</p> <ul style="list-style-type: none"> <li>• Include FUN events during visit to campus including Hancher event, sports event, dinner party, etc. (also BRIX wine and cheese, DEI offerings, reduce dinners and engage in other activities)</li> <li>• Add “gift basket” to hotel room including flowers, local goodies, snacks</li> <li>• Offer to support hire of faculty they want to bring</li> <li>• Offer to support PhD student or postdoctoral</li> <li>• Consider “cluster hire” within the College of 2-3 people in focused area of gero research</li> <li>• Highlight opportunity to Direct the Csomay Center with resources and support staff</li> <li>• Dean or Herr/Buckwalter to meet with Brooks Jackson regarding the need for gero medicine collaborators/scientists</li> <li>• Support symposium in gero with funds from Dean and Csomay in honor of gero leaders at Iowa at MNRS in Des Moines</li> <li>• Begin contact in recruitment with “what will it take to get you to Iowa?” Find out what interested in and tailor visit to address. Ask at end of interview same</li> </ul>	
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<b>1=Strategic plan workgroup Research</b>		
Recruit diverse mid-senior tenure track faculty in any specialty area.	<ol style="list-style-type: none"> <li>1. Emphasize in recruitment materials UI/CON emphasis on DEI and resources available—access or develop scoop sheet of key info about community and UI resources/network.</li> <li>2. Focus recruitment on characteristics that are more likely to draw to Iowa: moveable, URM, midcareer looking for place to raise family in safe place, seeking work-life balance, VA connection, ability to conduct research virtually, potential for part distance</li> <li>3. Provide meeting time and connection with Val Garr outside interview schedule to share UI resources, discuss myths and debunk, address bad press related to recent issues</li> <li>4. Van Dee to ask potential faculty of interests for more information/contacts and arrange outside interview schedule</li> <li>5. Consider where faculty publish work to identify diverse faculty that read different journals related to DEI and social determinants of health (e.g, Health &amp; Social Justice). Explore with Jen DeBerg and Staja Booker.</li> </ol>	Hire of at least one diverse tenure track faculty in any area of specialty.

<b>1=Strategic plan workgroup Research</b>		
Retain our mid-senior faculty.	<ol style="list-style-type: none"> <li>1. Re-establish the Distinguished Scholar title and small fund (\$10K) to recognize successful current faculty at Iowa. Secure Dean's support and develop plan to nominate and select scholars.</li> <li>2. Identify leadership training opportunities for mid-career faculty.</li> <li>3. Continue to offer Distinguished Scholar designation annually.</li> <li>4. Identify top nomination from CON for the Iowa Faculty Scholar program.</li> <li>5. Offer leadership development training annually for midcareer faculty.</li> <li>6. Recognize excellence through merit increases and professional development support.</li> <li>7. Support flexible work practices.</li> <li>8. Cultivate emerging leaders with training and mentoring to expand leadership skills (identify key faculty to support).</li> <li>9. Conduct stay interviews as part of Farag NLN Leadership project.</li> </ol>	<ol style="list-style-type: none"> <li>1. No mid-level faculty exiting the CON due to dissatisfaction with valuing and recognizing contributions.</li> <li>2. One mid-career faculty member participates in a leadership training program each year.</li> </ol>

**UNIVERSITY PRIORITY: Innovative research and creative discovery**

We can meet our research & discovery goal if we <b>CREATE A ROBUST PIPELINE OF PhD PREPARED SCHOLARS</b>		
Critical Tasks	Tactics – Action Items	Indicators of Success
<b>1=Strategic plan workgroup Research</b>		
Optimize PhD enrollment	<ol style="list-style-type: none"> <li>1. Maintain current and create new support for funding (current funding level allows support for 5 PhD students).</li> <li>2. Create diversity scholarships.</li> <li>3. Get offers out early and try to match offers from other programs.</li> <li>4. Implement ‘tiered’ admission process.</li> <li>5. Purposefully bridge ‘Young Scientists’ program to PhD curriculum.</li> <li>6. Implement undergraduate to graduate program U2G (PhD).</li> <li>7. Marketing to non-nursing, ADN and other BA/BS programs.</li> <li>8. Improve Web pages/faculty profiles.</li> <li>9. Invest in College membership with minority organizations - recruitment at their conferences.</li> <li>10. Implement a summer camp for other BSN programs - 1 week with focus on research role.</li> <li>11. Maintain a data base of students who participate in the Young Scientist and the Creason Scholars</li> </ol>	<ol style="list-style-type: none"> <li>1. Admission goal: admit 7-10 with 5 matriculating.</li> <li>2. Increase number of BSN to PhD students.</li> <li>3. Increase number of non-nurse PhD students.</li> <li>4. Diverse cohorts (diverse in background, interest, culture, geographic origin).</li> </ol>

	<p>Program including information on their career trajectories. Develop recruitment strategy.</p> <p>12. Ensure senior hires anticipate recruiting and mentoring of PhD students.</p>	
<b>1=Strategic plan workgroup Research</b>		
Ensure the PhD curriculum is well-positioned for the future	<p>1. Conduct an external review of the PhD program.</p> <p>2. Implement Summer courses in the PhD (Design and Measurement courses).</p>	<p>1. Increase the number of pre-doctoral funding (F31 MNRS).</p> <p>2. Increase the number of students selected for Post-docs and identify funding mechanisms.</p> <p>3. Curricular changes that reflect national guidelines.</p> <p>4. Maintain time-to degree below 7 years with a mean of 5 years.</p>

**UNIVERSITY PRIORITY: Innovative research and creative discovery**

We can meet our research & discovery goal if we <b>EXPAND AND DIVERSIFY THE FUNDING PORTFOLIO</b>		
Critical Tasks	Tactics – Action Items	Indicators of Success
<b>1=Strategic plan workgroup Research</b>		
<p>Anticipate and pursue new areas of research and scholarship.</p> <p>Build on UI CON reputation by bolstering existing areas of distinction and identifying new and emerging strategic opportunities.</p>	<ol style="list-style-type: none"> <li>1. Maintain close alignment with OVPR Research Development Office and UI Research Foundation to stay abreast of new funding opportunities.</li> <li>2. Utilize the UI CON's Center for Advancing Multimorbidity Science (CAMS) to identify potential funding opportunities at NINR and other external funding sources for multimorbidity and to further develop CAMS Pilot studies into R series grant.</li> <li>3. Maintain contact with NIH programs and Program Officers to expand range of funding opportunities and budget size of CON grants. Identify potential funding directions and opportunities through contact with appropriate NIH staff for each faculty submitting to NIH, and feedback from CON faculty participating in NIH study sections.</li> <li>4. Partner with industry to submit SBIR/STTR grants to NIH.</li> <li>5. Support clinical track faculty to develop and submit HRSA training grants.</li> <li>6. Continue collaboration with the Helmsley Foundation to develop a SIM-IA partnership by providing education via a mobile simulation/simulation van to emergency services personnel throughout the state of Iowa.</li> </ol>	<ol style="list-style-type: none"> <li>1. One HRSA application submitted each year.</li> <li>2. Tenure track faculty will submit at least one external grant each year.</li> <li>3. Clinical track faculty will increase external grant submissions. Goal to be determined.</li> <li>4. Procedures for commercialization of faculty research will be identified.</li> <li>5. Cases for giving document to use with potential donors and other funding agencies will be developed.</li> <li>6. CAMS pilot faculty will submit R series grants based on CAMS pilots within 3 years of obtaining funding.</li> <li>7. Applications to NIH will increase each year for the next four years. Goal to be determined.</li> <li>8. All eligible NIH grants submit administrative supplements.</li> <li>9. Number of grants submitted to external foundations will increase. Goal to be determined.</li> </ol>

	<p>7. Encourage and support faculty applying to professional organizations for grant support.</p> <p>8. Develop a robust recruitment plan for tenure track faculty at beginning, mid-career and senior levels which align with or expand our current research portfolios.</p> <p>9. A track focused on writing for HRSA and foundation grants will be developed for the summer workshop.</p> <p>10. Identify areas of distinction and new/emerging strategic opportunities, using a data-driven approach.</p> <p>11. Utilize the UI CON's Centers and Areas of Distinction to identify potential funding opportunities.</p> <p>12. Strategically plan for/target R01-level external funding (NIH, AHRQ, Private Foundations, etc.) in areas of distinction.</p> <p>13. Develop cases for giving documents that target areas of distinction will be developed to use with potential donors and other funding agencies.</p> <p>14. Utilize internal grant funds to target areas of distinction and/or emerging strategic opportunities</p>	<p>10. Tenure track faculty successfully recruited every year. Goal to be determined.</p> <p>11. Tenure Track faculty who received internal grant funding will submit an external grant within 3 years of obtaining funding.</p> <p>12. 50% of Tenure Track Faculty will be scored or funded with R-level (preferably R01 or other large external grant) grants each year.</p> <p>13. Increase the number of internally funded projects related to areas of distinction or emerging strategic opportunities.</p> <p>14. 80% of external funding will be focused on identified areas of distinction or emerging strategic opportunities.</p>
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<b>1=Strategic plan workgroup Research</b>		
<p>Build inclusive research teams</p> <p>Support a culture of creativity, innovation and interdisciplinary collaboration to grow leading-edge research, scholarship and creative activities.</p>	<ol style="list-style-type: none"> <li>1. Encourage and facilitate faculty involvement in interdisciplinary team building initiatives on campus, including those supported by the OVPR and ICTS.</li> <li>2. Provide support for collaborations within the College (CON) between Clinical and Tenure Track faculty.</li> <li>3. Engage undergraduate students in research by CON faculty and interdisciplinary faculty across campus through the CON Young Scientist and the Creason Scholars Program.</li> <li>4. Coordinate a Request for Applications for internal research grants funded through the University's Center for Advancement that support CON nurse-led interdisciplinary pilot projects.</li> <li>5. Collaborate with the CON CAMS P20 Grant to coordinate internal pilot grant competition to fund a UI CON faculty-led project to conduct research with an interdisciplinary team at UI.</li> <li>6. Writing resources and support will be developed.</li> <li>7. Identify opportunities to enhance support for research encompassing DEI and other current funding priorities.</li> <li>8. Create/support SIGs of other collaborative groups of thought leaders and innovators to advance research and collaborations in strategic areas.</li> </ol>	<ol style="list-style-type: none"> <li>1. 90% of the CON-led research teams will have interdisciplinary members.</li> <li>2. 50% of the CON -ed research teams will include faculty outside of tenure track.</li> <li>3. Clinical and instructional track faculty skills and interests will be identified and disseminated, and potential collaborations identified.</li> <li>4. Faculty express satisfaction with writing resources and support provided.</li> <li>5. At least two non-tenure track faculty will participate in the summer grant writing workshop each summer.</li> <li>6. Increase the number and amount of internally funded grants available.</li> <li>7. 50% of grant application to NINR will include a DEI aim.</li> <li>8. At least one faculty member will identify a new collaboration with industry for their research.</li> </ol>

**UNIVERSITY PRIORITY: Transformative societal impact**

We can meet our transformative societal impact goal if we <b>BUILD STRATEGIC PARTNERSHIPS</b>		
Critical Tasks	Tactics – Action Items	Indicators of Success
<b>2=Strategic plan workgroup Curriculum</b>		
Expand the use of stakeholder feedback to improve teaching and curriculum	<ol style="list-style-type: none"> <li>1. Identify key stakeholders and experts.</li> <li>2. Develop plan and identify facilitators for “THINK TANKS” (expert panels).</li> <li>3. Facilitate “THINK TANKS” (Expert Panels) to define future nursing roles (resources will be needed).</li> <li>4. Integrate stakeholder feedback in curriculum.</li> </ol>	<ol style="list-style-type: none"> <li>1. Innovative ideas generated from stakeholder “THINK TANKS” meetings.</li> <li>2. Innovative ideas integrated into course content, teaching strategies, and curriculum.</li> </ol>
<b>2=Strategic plan workgroup Curriculum</b>		
Expand Statewide preceptor partnerships	<ol style="list-style-type: none"> <li>1. Maintain current collaborations with preceptor partnerships at agencies throughout the state.</li> <li>2. Create new partnerships with agencies to recruit new preceptors through the state.</li> <li>3. Curate preceptors by Iowa counties.</li> </ol>	<ol style="list-style-type: none"> <li>1. Preceptors are satisfied working with students and faculty.</li> <li>2. Increased number of preceptor partnerships.</li> <li>3. Preceptor list organized by counties accessible to faculty.</li> </ol>
<b>4=Strategic plan workgroup administrative structure and 8=Communication</b>		
Improve reciprocal engagement with adjunct faculty, alumni, and emeriti	<ol style="list-style-type: none"> <li>1. Evaluate CON website to ensure there is a focus on external audiences.</li> <li>2. Evaluate communication channels (newsletter/annual report/social media) to ensure communication is meaningful and engaging.</li> <li>3. Strategic communication/engagement plan is developed in collaboration with the University of Iowa Center for Advancement representatives.</li> </ol>	<ol style="list-style-type: none"> <li>1. Focus group/key informants provide feedback on social media and website.</li> <li>2. Strategic communication plan guides college activities.</li> </ol>

	4. Yearly plan for college/dean engagement with alumni and other external partners is developed.	
<b>2=Strategic plan workgroup Curriculum</b>		
Provide outreach to agencies throughout the state through DNP evidence- based projects and RN-BSN leadership projects	<p>1. Faculty and students disseminate information back to participating agencies from their DNP/RN-BSN projects.</p> <p>2. Majority of projects are aligned with organizational needs to ensure sustainability.</p>	<p>1. Agency personnel express satisfaction with collaboration and information received from projects.</p> <p>2. Information about projects and outcomes is collected and distributed through social media channels as well as a report to the College.</p>
<b>1=Strategic plan workgroup Research</b>		
Develop the SIM-IA project	<p>1. Complete the Helmsley assessment grant and disseminate the findings.</p> <p>2. Prepare the second Helmsley application.</p> <p>3. After obtaining funding develop the plan to launch the project.</p>	<p>1. Helmsley assessment grant is disseminated to foundation and through at least one publication.</p> <p>2. Helmsley grant is funded.</p> <p>3. Grant benchmarks are accomplished and plan for future sustainability is determined.</p>
<b>1=Strategic plan workgroup Research</b>		
Integrate the work of the VA-Scholars program within the College	<p>1. Identify potential leaders of the VA-Scholars program and orient to the program.</p> <p>2. Identify opportunities for scholars to engage with the College of Nursing.</p>	<p>1. The next leader of the VA-Scholars program is recruited and oriented to the program.</p> <p>2. Future scholars are either CON students or faculty or have an adjunct appointment in the CON.</p>

<b>1=Strategic plan workgroup Research and 8=Communication Office</b>		
Develop systems to capture the research and scholarship of faculty and students that impact healthcare in the State of Iowa	1. Develop a reporting mechanism to identify areas impacted by CON faculty and student research and scholarship.  2. Develop a strategy to disseminate CON research and scholarship to regions impacted.	1. A dynamic mechanism is developed which highlights CON research and scholarship throughout Iowa.  2. Increased reporting of CON research and scholarship through traditional media (television, radio, newspapers) as well as social media throughout the State of Iowa. Goal to be determined.
<b>4=Strategic plan workgroup administrative structure</b>		
Reinvigorate the UIHC-CON Collaboratory	1. Establish regular meetings for the administrative leaders of the collaboratory as well as sub-group meetings.	1. Collaboratory meets quarterly and members identify the positive outcomes associated with the collaboratory.
<b>4=Strategic plan workgroup administrative structure and 6=Faculty Practice</b>		
Support and strengthen relationships between CCOM and CON leadership. (UI Strategic plan core virtues: Community, Excellence, Inclusion)	1. Identify Faculty Practice Faculty who create contributions that impact the overall health of Iowans.  Determine a process for Faculty Practice clinical track faculty to have appointments at both CCOM and CON to practice at UI Health Care.	1. Work with marketing to educate the CCOM about the impact CON faculty practice has on the greater UI community.  2. Identify the workflow for CON faculty practice to hold shared appointments at the CON and CCOM to practice and precept/teach students at UI Health Care.

**UNIVERSITY PRIORITY: Transformative societal impact**

We can meet our transformative societal impact goal if we <b>BUILD FACULTY PRACTICE</b>		
Critical Tasks	Tactics – Action Items	Indicators of Success
<b>6=Faculty Practice</b>		
Expand student learning beyond the classroom by establishing interprofessional and innovative partnerships with hospitals, health agencies, and benefactors to build a well-trained nursing workforce ready to meet the primary, acute, chronic, and mental health care of all patient populations through Faculty Practice. (UI Strategic Plan core virtues: creativity, community)	<ol style="list-style-type: none"> <li>1. Support Clinical Track Faculty to establish practice opportunities that align with their clinical expertise.</li> <li>2. Develop a tracking system re: teaching, mentorship, and clinical practice within the CON, community, and state of Iowa.</li> </ol>	<ol style="list-style-type: none"> <li>1. Engage Faculty Practice Faculty with innovative and collaborative team building opportunities through retreats, brainstorming and networking sessions.</li> <li>2. Track and record monthly student clinical practice hours and DNP project successes.</li> </ol>
<b>6=Faculty Practice</b>		
Magnify the talents of faculty practice faculty through scholarly opportunities and diverse engagement. UI Strategic Plan core virtues: Integrity, creativity)	<ol style="list-style-type: none"> <li>1. Develop of platform for faculty practice to discover opportunities for scholarship and SIG participation</li> </ol>	<ol style="list-style-type: none"> <li>1. Engage in scholarship activity internally (FP meetings) and nationally through SIG groups.</li> <li>2. Track faculty practice scholarship and national SIG participation.</li> </ol>

**UNIVERSITY PRIORITY: Welcoming and inclusive environment**

We can meet our welcoming and inclusive environment goal if we <b>ADVANCE DIVERSITY, EQUITY, AND INCLUSION VIA THE 7 PILLARS: AWARENESS, INTEGRITY, CARING, RESPECT, LEARNING, COLLABORATION, CULTURAL HUMILITY</b>		
Critical Tasks	Tactics – Action Items	Indicators of Success
<b>2=Strategic plan workgroup Curriculum and 5=College Diversity Committee</b>		
Develop strategic enrollment management plan that includes recruitment and retention of diverse students in the undergraduate and graduate programs.	<ol style="list-style-type: none"> <li>1. Develop a 5-year strategic enrollment management plan for each nursing program.</li> <li>2. Examine funding opportunities to support recruitment and retention.               <ol style="list-style-type: none"> <li>a. HRSA grant for disadvantaged students</li> <li>b. Student scholarships focused on need.</li> </ol> </li> <li>3. Website has content and images that are supportive of diverse populations.</li> </ol>	<ol style="list-style-type: none"> <li>1. Strategic enrollment plan is implemented for each program.</li> <li>2. Increase number of scholarships to diverse students in the undergraduate and graduate programs.</li> <li>3. Updated website with information and pictures representing diverse students.</li> <li>4.a. HRSA grant is received and PIPELINE initiatives are implemented.</li> <li>4.b. The UI Foundation has successfully secured scholarship funds and /or identified philanthropic avenues for sustainable funding.</li> <li>5. The College will reflect what we publish on the diversity section of the College's website in terms of content, images, and resources of diversity.</li> </ol>

<b>2=Strategic plan workgroup Curriculum and</b> <b>5=College Diversity Committee</b>		
Implement recruitment strategies to build the pipeline for underrepresented students	<p>1. MNA, Diversity Resources Coordinator and student organization advisor, will host fall and spring open houses and enrichment programs for pre-nursing majors to connect with the College through guest speakers, nursing alumni panels, annual BSN Admissions Essay Workshop, nursing careers exploration sessions, leadership, identity empowerment, informal mentoring.</p> <p>2. Continue to present nursing admissions/nursing careers exploration sessions to Upward Bound students during summer round-up and/or other opportunities approved through UB program. In addition, nursing recruitment sessions with Iowa Edge and UNI-CUE students.</p> <p>3. Continue to coordinate/facilitate nursing faculty panel as part of the UI's SHPEP summer program to promote nursing careers and health sciences.</p> <p>4. Build sustainable relationships with representatives from targeted Iowa Community School Districts (Iowa City, Davenport, Muscatine, West Liberty, Waterloo, Cedar Rapids, etc...) and continue with targeted youth organizations (UNI-CUE, YMCA, etc....) that serve underrepresented students and families.</p> <p>5. Continue to contact UI admitted fall pre-nursing majors during prior summer to apply to Iowa Edge Program to assist in their transition to the UI and build early relationship to the College and BSN application process.</p>	<p>1. Increase application of underrepresented and disadvantaged students to the College of Nursing. Goal to be determined.</p> <p>2. Increase underrepresented and disadvantaged students admitted to the College of Nursing. Goal to be determined by the number of applications from qualified individuals.</p> <p>3. Relationships built with the school districts targeted in Iowa.</p>

<b>2=Strategic plan workgroup Curriculum and 5=College Diversity Committee</b>		
Apply a holistic approach to admissions and progression	<ol style="list-style-type: none"> <li>1. Consultant to train faculty and staff.</li> <li>2. Examine any changes needed to admission process.</li> </ol>	<ol style="list-style-type: none"> <li>1. 100% of academic program staff and faculty participating in admissions are trained in holistic admission.</li> <li>2. Admission Committee faculty annually review, revise, and evaluate holistic admission process.</li> <li>3. 3/2/21, Dean Linda Scott from University Wisconsin-Madison will conduct session on Holistic Admissions.</li> <li>4. Form working groups to examine any changes and include DEI Committee members</li> </ol>
<b>2=Strategic plan workgroup Curriculum and 5=College Diversity Committee</b>		
Incorporate the 7 pillars across the curriculum	<ol style="list-style-type: none"> <li>1. Lecture on implicit bias/cultural responsiveness and health care in Health Assessment course and First Year seminar.</li> <li>2. Dean discusses 7 pillars in first year professional issues course.</li> <li>3. All faculty include 7 Pillars of Diversity link into their syllabi to remind students that this is our College's guiding principle for establishing DEI and civility</li> </ol>	<ol style="list-style-type: none"> <li>1. Evidence of 7 pillars content across the curriculum through mapping of concepts.</li> <li>2. Increase in all students' knowledge on the 7 pillars.</li> <li>3. Diversity Resources Coordinator will continue to guest lecture in targeted undergraduate nursing courses to introduce key DEI and social justice concepts to advance students' knowledge, skills, and applicability to health care and healthcare systems.</li> </ol>

<b>2=Strategic plan workgroup Curriculum and 5=College Diversity Committee</b>		
Implement retention strategies focused on students who are at higher risk	<ol style="list-style-type: none"> <li>1. Diversity Office round table sessions with minority undergraduate students.</li> <li>2. Connect all pre-nursing and nursing students with College of Nursing Supplemental Instruction (tutoring) Program.</li> <li>3. Establish cohorts of Felton Fellows (Graduate level) and Felton Scholars (Undergraduate level) where we build in Tutoring of high stakes courses (Undergraduate) and tutoring of writing (Graduate) as part of their plan of study.</li> <li>4. Develop targeted campus and community resource guide with specific contacts and content that provides students at higher risk with substantial, sustained support.</li> </ol>	<ol style="list-style-type: none"> <li>1. Increase in diverse students' participating in CON Supplemental Instruction (tutoring) Program.</li> <li>2. Retain and graduate 95% of disadvantaged students admitted to the College of Nursing.</li> <li>3. Consistent identity empowerment and graduation of cohorts.</li> <li>4. Utilize the College's DEI ICON site to host the campus and community resource guide that would be accessible to students, faculty, and staff.</li> <li>5. Consistent meetings held monthly for increased comfort in holding courageous conversations that advance each group's understanding of DEI issues across identities.</li> </ol>
<b>2=Strategic plan workgroup Curriculum and 5=College Diversity Committee</b>		
Map the curriculum to ensure appropriate content on diversity, equity, and inclusion of diverse populations	<ol style="list-style-type: none"> <li>1. Curriculum committee identifies content and methods to support diversity, equity, and inclusion of diverse populations across the curriculum.</li> <li>2. Faculty systematically map the curriculum and identify content gaps in DEI content and methods for each course in the curriculum.</li> <li>3. Identify internal and external consultants/subject experts to assist in identifying important DEI content and methods to include in courses.</li> </ol>	<ol style="list-style-type: none"> <li>1. Curriculum mapping of DEI concepts and methods in courses across the curriculum.</li> <li>2. Students' evaluation demonstrate support for diversity, equity, and inclusion content.</li> <li>3. Increased students' knowledge on comprehensive nursing care that</li> </ol>

	4. Faculty will systematically develop course content to fill curricular gaps.	<p>incorporates diversity, equity, and inclusion of diverse populations.</p> <p>4. Course materials integrate concepts of health equity and social determinants of health throughout the curriculum for both the graduate and undergraduate curriculum.</p> <p>5. A manuscript is published on how to map the curriculum and incorporate content into the curriculum.</p>
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**UNIVERSITY PRIORITY: Holistic well-being and success**

We can meet our holistic well-being and success goal if we <b>FOSTER A COLLABORATIVE, INNOVATIVE, HEALTHY CULTURE</b>		
Critical Tasks	Tactics – Action Items	Indicators of Success
<b>4=Strategic plan workgroup administrative structure</b>		
Create a college infra-structure to maximize collaboration	1. Conduct a survey to examine faculty perspectives on administrative structure.  2. Engage consultant to lend expertise on administrative structures.  3. All supervisors complete the supervisor training.	1. Survey provides direction for administrative changes needed.  2. Administrative changes are made with support of faculty and staff.  3. Supervisor training completed.
<b>3=Strategic plan workgroup Healthy Culture</b>		
Support work-life integration	1. Development sessions for faculty for balancing workload.  2. Provide community building opportunities for faculty and staff.	1. Working at Iowa Survey and the Climate survey indicates improved climate.  2. Staff and faculty feel supported.  3. Engagement in community building activities.
<b>3=Strategic plan workgroup Healthy Culture and 5=College Diversity Committee</b>		
Provide opportunities for faculty and staff to learn about diverse populations and examine their own biases that may impact interactions with others	1. Engage all faculty and staff in College or campus coordinated DEI and social justice trainings, workshops, seminars, webinars, and presentations that advance understanding of culture and diverse populations, and that examine biases that may impact interactions with others. a. Trainings include but are not limited to: the BUILD certificate, Safe Zone Training, National Coalition Building Institute (NCBI) Training, White Identity and Allyship Training.	1. Increased participation in DEI sessions recorded in College's performance evaluations to satisfy UI and College's diversity competency.  2. College DEI ICON site is developed to provide resources, information, handouts, activities that can advance knowledge and skills to support trainings/workshops and classroom/clinicals.

	<p>b. Promote faculty and staff to take the online Implicit Association Tests (IATs) (<a href="https://implicit.harvard.edu/implicit/takeatest.html">https://implicit.harvard.edu/implicit/takeatest.html</a>)</p> <p>c. Build knowledge and skills in how to have difficult dialogues related to DEI/social justice in the classroom and/or clinicals.</p> <p>d. Develop/utilize campus resources on free speech and how to foster this within a respectful environment while recognizing microaggressions.</p> <p>2. Measure participation from each training program with the help of the College's Diversity Resources Office, UI Division of Diversity, Equity, &amp; Inclusion Office (DDEI) and use these metrics to promote programs that may be under-utilized.</p> <p>3. Faculty to develop education for preceptors on diversity, equity, and inclusion.</p> <p>4. Support the DEI Committee's 2020-2025 DEI Strategic Action Plan.</p>	<p>3. Faculty consult with the DEI Committee to develop educational modules on DEI topics that can be offered to preceptors to earn CEUs.</p> <p>4. CON Leadership demonstrates consistent engagement through communication to faculty and staff that supports the DEI Committee Strategic Action Plans initiatives.</p>
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# Bachelor of Science in Nursing, BSN

## Academic Plans

### Sample Plan of Study

Sample plans represent one way to complete a program of study. Actual course selection and sequence will vary and should be discussed with an academic advisor. For additional sample plans, see MyUI.

### Nursing, BSN

Course	Title	Hours
<b>Academic Career</b>		
<b>Any Semester</b>		
Meeting the minimum requirements for admission does not guarantee admission. Direct Admission is available only for high school students who meet the published criteria. All other students pursue Standard Admission. <sup>a</sup>		
All courses (except electives) must be completed with a grade of C or higher. <sup>b</sup>		
<b>Hours</b>		<b>0</b>
<b>First Year</b>		
<b>Fall</b>		
RHET:1030	Rhetoric	4
CHEM:1070	General Chemistry I	3
PSY:1001	Elementary Psychology	3
STAT:1020	Elementary Statistics and Inference	3
NURS:1020	First-Year Seminar	1
Elective course		1
CSI:1600	Success at Iowa	2
<b>Hours</b>		<b>17</b>
<b>Spring</b>		
CHEM:1080	General Chemistry II	3
BIOL:1141	Human Biology: Health Professions	4
NURS:1030	Human Development and Behavior <sup>c</sup>	3
SOC:1030 or SOC:1010	Contemporary Social Problems or Introduction to Sociology	3
GE: International and Global Issues <sup>d</sup>		3
Elective course		1
3.0 minimum cumulative GPA required		
<b>Hours</b>		<b>17</b>
<b>Second Year</b>		
<b>Fall</b>		
ACB:3110	Principles of Human Anatomy	3
HHP:2310	Nutrition and Health	3
GE: Literary, Visual, and Performing Arts <sup>d</sup>		3
GE: Values and Society or Understanding Cultural Perspectives <sup>d, e</sup>		3
Elective course		3
Elective course		1
3.0 minimum cumulative GPA required		
<b>Hours</b>		<b>16</b>

<b>Spring</b>		
NURS:3111	Diversity, Equity, and Inclusion for Health Professions <sup>c, f</sup>	3
MICR:3164	Microbiology and Human Health <sup>c</sup>	4
HHP:1300	Fundamentals of Human Physiology	3
Major: elective course (preferred upper level statistics) <sup>g</sup>		3
Elective course		3
Elective course		1
3.0 minimum cumulative GPA required		
Minimum 64 s.h. credit earned toward degree at end of second year (67 s.h. preferred) with a minimum 3.0 cumulative GPA.		
<b>Hours</b>		<b>17</b>
<b>Third Year</b>		
<b>Fall</b>		
NURS:3138	Nursing and Pharmacological Interventions I	5
NURS:3128	Health Assessment and Communication Across the Lifespan	3
NURS:3518	Pathology <sup>f</sup>	3
NURS:3160	Professional Role I: Professionalism and Patient Safety <sup>f</sup>	3
NURS:3151	Introduction to Clinical Concepts for Nursing	2
<b>Hours</b>		<b>16</b>
<b>Spring</b>		
NURS:3438	Nursing and Pharmacological Interventions II	5
NURS:3615	Adult Medical/Surgical Nursing Practicum	3
NURS:3620	Gerontological Nursing	3
NURS:3625	Gerontological Nursing Practicum	2
NURS:3460	Professional Role II: Research <sup>f</sup>	3
NURS:3451	Basic Clinical Concepts for Nursing	1
<b>Hours</b>		<b>17</b>
<b>Fourth Year</b>		
<b>Fall</b>		
NURS:3631	Nursing Care of Children and Families	2
NURS:3632	Nursing Care of Childbearing Families	2
NURS:3635	Parent Child Nursing Practicum	2
NURS:3640	Psychiatric/Mental Health Nursing	3
NURS:3645	Mental Health Nursing Practicum	2
NURS:3660	Professional Role III: Improving Health Systems <sup>f</sup>	3
NURS:3651	Advanced Clinical Concepts for Nursing	1
<b>Hours</b>		<b>15</b>
<b>Spring</b>		
NURS:3650	Community and Public Health Nursing <sup>f</sup>	3
NURS:3655	Community and Public Health Nursing Practicum <sup>f</sup>	2
NURS:4155	Nursing Internship	5
NURS:4160	Professional Role IV: Leadership and Professional Engagement <sup>f</sup>	3

Degree Application: apply on MyUI before deadline  
(typically in February for spring, September for fall)

Exam: NCLEX (upon completion of the program  
students are eligible to sit for this board exam)

<b>Hours</b>	<b>13</b>
<b>Total Hours</b>	<b>128</b>

- a See the College of Nursing website for further details and application instructions.
- b A grade of C or higher is required. A grade of C-minus is not considered a passing grade for the College of Nursing.
- c Typically this course is offered in spring semesters only. Check MyUI for course availability since offerings are subject to change.
- d GE courses may be completed in any order unless used as a prerequisite for another course. Students should consult with an advisor about the best sequencing of courses.
- e Choose either a course that fulfills the Understanding Cultural Perspectives GE or a course that fulfills the Values and Society GE.
- f Register for on-campus section.
- g Recommended. If considering graduate studies please contact your desired school to learn about the statistics requirements.
- h Please see Academic Calendar, Office of the Registrar website for current degree application deadlines. Students should apply for a degree for the session in which all requirements will be met. For any questions on appropriate timing, contact your academic advisor or Degree Services.

# Doctor of Nursing Practice, DNP

The Doctor of Nursing Practice (DNP) program is designed to prepare clinicians with the knowledge and skills to provide the highest standard of care for individuals, families, and communities and navigate today's complex health care systems. Nurse managers and administrators will gain the knowledge and skills necessary to develop, implement, and monitor programs of care and policies in complex organizations.

## Learning Outcomes

Graduates will be able to:

- utilize scientific underpinnings for nursing practice;
- demonstrate organizational and systems leadership;
- evaluate clinical scholarship and analytical methods for evidence-based practice;
- evaluate information systems and patient care technology for the improvement and transformation of health care;
- influence health care policy for advocacy in health care;
- collaborate interprofessionally to improve patient and population health outcomes;
- design clinical prevention and population health interventions; and
- demonstrate expertise in advanced nursing practice.

## Requirements

The Doctor of Nursing Practice (DNP) requires a minimum of 73 s.h. of graduate credit. Students may complete the program in three to five years, depending on their focus area. Students must maintain a cumulative grade-point average of at least 3.00.

DNP students complete basic graduate core courses, specialty courses, advanced core courses, and practicums. In didactic coursework, they explore clinical leadership, public policy and advocacy, specialty systems, change theory, finance and business, and entrepreneurial tools.

Those who enter the program with a master's degree must complete a minimum of 72 s.h., although some coursework from the master's degree program may count toward the DNP degree. Students who enter with a non-nursing master's degree who are interested in pursuing a focus in health administration can complete DNP degree requirements in health systems. Individuals who have been granted an MSN/APRN may complete the DNP with a minimum of 29 s.h. of graduate credit earned at the University of Iowa after DNP program admission and with a minimum of 43 s.h. of transfer credit previously earned from the UI or elsewhere.

Students must complete a minimum of 1,000 practice experience hours. Individuals who enter the program having completed an MSN may transfer approved clinical hours from their MSN program to the DNP program. The clinical hours requirement is evaluated for each student who has completed an MSN with a specialty program. Students who completed more than 1,000 practice experience hours in an MSN advanced practice program still must complete the number of DNP practicum and project hours determined in consultation with their advisor and the DNP program director.

Students may choose from a number of specialties, including adult gerontology acute care nurse practitioner, adult gerontology primary care nurse practitioner, anesthesia nursing, family nurse practitioner, pediatric nurse practitioner—acute care, pediatric nurse practitioner—primary care, psychiatric/mental health nurse practitioner, and health systems. For yearly plans that detail coursework in these specialty areas, see the following section, "Plans of Study." Visit DNP Plans of Study on the College of Nursing website for a semester-by-semester view of required coursework for each DNP specialty.

A dual certification program is available that allows students to combine two of the nurse practitioner specialties (excluding anesthesia nursing). In addition, a combined program is available for BSN students with the nursing-RN subprogram who are interested in earning the DNP degree with an adult gerontology primary care nurse practitioner, health systems, or pediatric nurse practitioner—primary care subprogram.

Students must adhere to all Graduate College policies regarding academic standing, probation, dismissal, and transfer of graduate credit. Transfer credit applicable to the DNP is limited and must be approved by the DNP program director and the College of Nursing associate dean for graduate practice programs. Transcripts for individuals who have completed an MSN are evaluated individually.

## Plans of Study

- Adult Gerontology Acute Care Nurse Practitioner Subprogram [p. 1]
- Adult Gerontology Primary Care Nurse Practitioner Subprogram [p. 3]
- Anesthesia Nursing Subprogram [p. 4]
- Family Nurse Practitioner Subprogram [p. 4]
- Pediatric Nurse Practitioner—Acute Care Subprogram [p. 6]
- Pediatric Nurse Practitioner—Primary Care Subprogram [p. 7]
- Psychiatric/Mental Health Nurse Practitioner Subprogram [p. 8]
- Health Systems Subprogram [p. 10]
- For MSN and Advanced Practice Registered Nurses (APRN) Subprogram [p. 13]

## Adult Gerontology Acute Care Nurse Practitioner Subprogram

### Three-Year Plan

The following coursework (75 s.h.) is required for a three-year plan.

#### First Year, Three-Year Plan

Course #	Title	Hours
NURS:5002	Leadership and Management Essentials	3
NURS:5007	Applied Epidemiology	3
NURS:5009	Evaluating Evidence for Practice	3
NURS:5010	Clinical Data Management and Evaluation	3
NURS:5014	Graduate Physiology for Advanced Practice	3
NURS:5015	Health Systems, Finance, and Economics	3

NURS:5040	Genetics/Genomics for Advanced Nursing Practice	2
NURS:6802	Health Policy, Law, and Advocacy	3
NURS:6809	Advanced Practice Role I: Introduction	3

**Total Hours** **26**

### Second Year, Three-Year Plan

Course #	Title	Hours
NURS:5017	Quality and Safety	3
NURS:5023	Pathophysiology for Advanced Clinical Practice	4
NURS:5031	Health Promotion and Assessment for Advanced Clinical Practice	4
NURS:5033	Pharmacotherapeutics for Advanced Practice Nursing	3
NURS:5035	Graduate Pharmacology Specialty	3
NURS:6808	Population Health for Advanced Practice	3
NURS:6811	Social Determinants of Health and Health System Inequities	3
NURS:6826	Doctor of Nursing Practice Project I	2
NURS:6827	Doctor of Nursing Practice Project II	1

**Total Hours** **26**

### Third Year, Three-Year Plan

Course #	Title	Hours
NURS:5038	Advanced Diagnostic and Therapeutic Procedures for Acute Care	1
NURS:6410	Adult-Gerontology Acute Care I	3
NURS:6411	Adult-Gerontology Acute Care II	3
NURS:6701	Advanced Practice Clinical Practicum I	4
NURS:6702	Advanced Practice Clinical Practicum II	4
NURS:6703	Advanced Practice Clinical Practicum III	3
NURS:6810	Advanced Practice Role II: Integration	3
NURS:6828	Doctor of Nursing Practice Project III	1
NURS:6829	Doctor of Nursing Practice Project IV	1

**Total Hours** **23**

### Four-Year Plan

The following coursework (75 s.h.) is required for a four-year plan.

#### First Year, Four-Year Plan

Course #	Title	Hours
NURS:5002	Leadership and Management Essentials	3

NURS:5009	Evaluating Evidence for Practice	3
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NURS:5040	Genetics/Genomics for Advanced Nursing Practice	2
NURS:6802	Health Policy, Law, and Advocacy	3
NURS:6808	Population Health for Advanced Practice	3
NURS:6809	Advanced Practice Role I: Introduction	3
NURS:6811	Social Determinants of Health and Health System Inequities	3

**Total Hours** **20**

### Second Year, Four-Year Plan

Course #	Title	Hours
NURS:5007	Applied Epidemiology	3
NURS:5010	Clinical Data Management and Evaluation	3
NURS:5014	Graduate Physiology for Advanced Practice	3
NURS:5015	Health Systems, Finance, and Economics	3
NURS:5017	Quality and Safety	3

**Total Hours** **15**

### Third Year, Four-Year Plan

Course #	Title	Hours
NURS:5023	Pathophysiology for Advanced Clinical Practice	4
NURS:5031	Health Promotion and Assessment for Advanced Clinical Practice	4
NURS:5033	Pharmacotherapeutics for Advanced Practice Nursing	3
NURS:5035	Graduate Pharmacology Specialty	3
NURS:6826	Doctor of Nursing Practice Project I	2
NURS:6827	Doctor of Nursing Practice Project II	1

**Total Hours** **17**

### Fourth Year, Four-Year Plan

Course #	Title	Hours
NURS:5038	Advanced Diagnostic and Therapeutic Procedures for Acute Care	1
NURS:6410	Adult-Gerontology Acute Care I	3
NURS:6411	Adult-Gerontology Acute Care II	3
NURS:6701	Advanced Practice Clinical Practicum I	4
NURS:6702	Advanced Practice Clinical Practicum II	4
NURS:6703	Advanced Practice Clinical Practicum III	3
NURS:6810	Advanced Practice Role II: Integration	3

NURS:6828	Doctor of Nursing Practice Project III	1
NURS:6829	Doctor of Nursing Practice Project IV	1
<b>Total Hours</b>		<b>23</b>

## Adult Gerontology Primary Care Nurse Practitioner Subprogram

### Three-Year Plan, Primary Care

The following coursework (79 s.h.) is required for a three-year plan.

#### First Year, Primary Care Three-Year Plan

Course #	Title	Hours
NURS:5002	Leadership and Management Essentials	3
NURS:5007	Applied Epidemiology	3
NURS:5009	Evaluating Evidence for Practice	3
NURS:5010	Clinical Data Management and Evaluation	3
NURS:5014	Graduate Physiology for Advanced Practice	3
NURS:5040	Genetics/Genomics for Advanced Nursing Practice	2
NURS:6802	Health Policy, Law, and Advocacy	3
NURS:6808	Population Health for Advanced Practice	3
NURS:6809	Advanced Practice Role I: Introduction	3
NURS:6811	Social Determinants of Health and Health System Inequities	3
<b>Total Hours</b>		<b>29</b>

#### Second Year, Primary Care Three-Year Plan

Course #	Title	Hours
NURS:5015	Health Systems, Finance, and Economics	3
NURS:5017	Quality and Safety	3
NURS:5023	Pathophysiology for Advanced Clinical Practice	4
NURS:5031	Health Promotion and Assessment for Advanced Clinical Practice	4
NURS:5032	Mental Disorders in Advanced Practice	3
NURS:5033	Pharmacotherapeutics for Advanced Practice Nursing	3
NURS:5035	Graduate Pharmacology Specialty	3
NURS:5039	Advanced Diagnostic and Therapeutic Procedures for Primary Care	1
NURS:6826	Doctor of Nursing Practice Project I	2
NURS:6827	Doctor of Nursing Practice Project II	1
<b>Total Hours</b>		<b>27</b>

### Third Year, Primary Care Three-Year Plan

Course #	Title	Hours
NURS:5401/ASP:5401	The Care of the Frail Elderly	3
NURS:6200	Primary Care: Adults and Older Individuals I	3
NURS:6201	Primary Care: Adults and Older Individuals II	3
NURS:6701	Advanced Practice Clinical Practicum I	3
NURS:6702	Advanced Practice Clinical Practicum II	3
NURS:6703	Advanced Practice Clinical Practicum III	3
NURS:6810	Advanced Practice Role II: Integration	3
NURS:6828	Doctor of Nursing Practice Project III	1
NURS:6829	Doctor of Nursing Practice Project IV	1
<b>Total Hours</b>		<b>23</b>

### Four-Year Plan, Primary Care

The following coursework (79 s.h.) is required for a four-year plan.

#### First Year, Primary Care Four-Year Plan

Course #	Title	Hours
NURS:5002	Leadership and Management Essentials	3
NURS:5009	Evaluating Evidence for Practice	3
NURS:5015	Health Systems, Finance, and Economics	3
NURS:5040	Genetics/Genomics for Advanced Nursing Practice	2
NURS:6802	Health Policy, Law, and Advocacy	3
NURS:6808	Population Health for Advanced Practice	3
NURS:6809	Advanced Practice Role I: Introduction	3
<b>Total Hours</b>		<b>20</b>

#### Second Year, Primary Care Four-Year Plan

Course #	Title	Hours
NURS:5007	Applied Epidemiology	3
NURS:5010	Clinical Data Management and Evaluation	3
NURS:5014	Graduate Physiology for Advanced Practice	3
NURS:5017	Quality and Safety	3
NURS:5032	Mental Disorders in Advanced Practice	3
NURS:6811	Social Determinants of Health and Health System Inequities	3
<b>Total Hours</b>		<b>18</b>

**Third Year, Primary Care Four-Year Plan**

Course #	Title	Hours
NURS:5023	Pathophysiology for Advanced Clinical Practice	4
NURS:5031	Health Promotion and Assessment for Advanced Clinical Practice	4
NURS:5033	Pharmacotherapeutics for Advanced Practice Nursing	3
NURS:5035	Graduate Pharmacology Specialty	3
NURS:5039	Advanced Diagnostic and Therapeutic Procedures for Primary Care	1
NURS:6826	Doctor of Nursing Practice Project I	2
NURS:6827	Doctor of Nursing Practice Project II	1
<b>Total Hours</b>		<b>18</b>

**Fourth Year, Primary Care Four-Year Plan**

Course #	Title	Hours
NURS:5401/ ASP:5401	The Care of the Frail Elderly	3
NURS:6200	Primary Care: Adults and Older Individuals I	3
NURS:6201	Primary Care: Adults and Older Individuals II	3
NURS:6701	Advanced Practice Clinical Practicum I	3
NURS:6702	Advanced Practice Clinical Practicum II	3
NURS:6703	Advanced Practice Clinical Practicum III	3
NURS:6810	Advanced Practice Role II: Integration	3
NURS:6828	Doctor of Nursing Practice Project III	1
NURS:6829	Doctor of Nursing Practice Project IV	1
<b>Total Hours</b>		<b>23</b>

**Anesthesia Nursing Subprogram****Three-Year Plan, Anesthesia Nursing**

The following coursework (81 s.h.) is required for a three-year plan.

**First Year, Anesthesia Nursing Three-Year Plan**

Course #	Title	Hours
NURS:5009	Evaluating Evidence for Practice	3
NURS:5010	Clinical Data Management and Evaluation	3
NURS:5014	Graduate Physiology for Advanced Practice	5
NURS:5017	Quality and Safety	3
NURS:5023	Pathophysiology for Advanced Clinical Practice	4
NURS:5031	Health Promotion and Assessment for Advanced Clinical Practice	3

NURS:5040	Genetics/Genomics for Advanced Nursing Practice	2
NURS:6000/ ACB:6000	Human Anatomy for Advanced Practice	4
NURS:6004/ ANES:6004	Scientific Principles for Anesthesia Practice	4
NURS:6006/ ANES:6006	Pharmacology of Anesthesia Practice	3
NURS:6809	Advanced Practice Role I: Introduction	3
PCOL:6204	Pharmacology for Health Sciences: Nurse Anesthetist	5

**Total Hours** **42**

**Second Year, Anesthesia Nursing Three-Year Plan**

Course #	Title	Hours
NURS:5002	Leadership and Management Essentials	3
NURS:6007/ ANES:6007	Basic Principles of Anesthesia Practice	5
NURS:6010/ ANES:6010	Advanced Principles of Anesthesia Practice I	4
NURS:6012/ ANES:6012	Advanced Principles of Anesthesia Practice II	1
NURS:6050/ ANES:6050	Introductory Clinical Anesthesia	2
NURS:6051/ ANES:6051	Clinical Anesthesia I	2
NURS:6052/ ANES:6052	Clinical Anesthesia II	2
NURS:6826	Doctor of Nursing Practice Project I	2
NURS:6827	Doctor of Nursing Practice Project II	1

**Total Hours** **22**

**Third Year, Anesthesia Nursing Three-Year Plan**

Course #	Title	Hours
NURS:5015	Health Systems, Finance, and Economics	3
NURS:6053	Advanced Clinical Anesthesia	2
NURS:6054	Obstetrical Anesthesia	2
NURS:6055	Rural Anesthesia	2
NURS:6802	Health Policy, Law, and Advocacy	3
NURS:6810	Advanced Practice Role II: Integration	3
NURS:6828	Doctor of Nursing Practice Project III	1
NURS:6829	Doctor of Nursing Practice Project IV	1

**Total Hours** **17**

**Family Nurse Practitioner Subprogram****Three-Year Plan, Family Nurse**

The following coursework (83 s.h.) is required for a three-year plan.

**First Year, Family Nurse Three-Year Plan**

Course #	Title	Hours
NURS:5002	Leadership and Management Essentials	3
NURS:5007	Applied Epidemiology	3
NURS:5009	Evaluating Evidence for Practice	3
NURS:5014	Graduate Physiology for Advanced Practice	3
NURS:5017	Quality and Safety	3
NURS:5040	Genetics/Genomics for Advanced Nursing Practice	2
NURS:6802	Health Policy, Law, and Advocacy	3
NURS:6808	Population Health for Advanced Practice	3
NURS:6809	Advanced Practice Role I: Introduction	3
NURS:6811	Social Determinants of Health and Health System Inequities	3

**Total Hours** 29

**Second Year, Family Nurse Three-Year Plan**

Course #	Title	Hours
NURS:5010	Clinical Data Management and Evaluation	3
NURS:5015	Health Systems, Finance, and Economics	3
NURS:5023	Pathophysiology for Advanced Clinical Practice	4
NURS:5031	Health Promotion and Assessment for Advanced Clinical Practice	4
NURS:5032	Mental Disorders in Advanced Practice	3
NURS:5033	Pharmacotherapeutics for Advanced Practice Nursing	3
NURS:5035	Graduate Pharmacology Specialty	3
NURS:5039	Advanced Diagnostic and Therapeutic Procedures for Primary Care	1
NURS:6826	Doctor of Nursing Practice Project I	2
NURS:6827	Doctor of Nursing Practice Project II	1

**Total Hours** 27

**Third Year, Family Nurse Three-Year Plan**

Course #	Title	Hours
NURS:6100	Primary Care: Infants, Children, and Adolescents I	3
NURS:6101/ PEDS:6101	Primary Care: Infants, Children, and Adolescents II	3
NURS:6200	Primary Care: Adults and Older Individuals I	3
NURS:6201	Primary Care: Adults and Older Individuals II	3
NURS:6701	Advanced Practice Clinical Practicum I	3

NURS:6702	Advanced Practice Clinical Practicum II	3
NURS:6703	Advanced Practice Clinical Practicum III	4
NURS:6810	Advanced Practice Role II: Integration	3
NURS:6828	Doctor of Nursing Practice Project III	1
NURS:6829	Doctor of Nursing Practice Project IV	1

**Total Hours** 27

**Four-Year Plan, Family Nurse**

The following coursework (83 s.h.) is required for a four-year plan.

**First Year, Family Nurse Four-Year Plan**

Course #	Title	Hours
NURS:5007	Applied Epidemiology	3
NURS:5009	Evaluating Evidence for Practice	3
NURS:5015	Health Systems, Finance, and Economics	3
NURS:5040	Genetics/Genomics for Advanced Nursing Practice	2
NURS:6802	Health Policy, Law, and Advocacy	3
NURS:6808	Population Health for Advanced Practice	3
NURS:6809	Advanced Practice Role I: Introduction	3

**Total Hours** 20

**Second Year, Family Nurse Four-Year Plan**

Course #	Title	Hours
NURS:5002	Leadership and Management Essentials	3
NURS:5010	Clinical Data Management and Evaluation	3
NURS:5014	Graduate Physiology for Advanced Practice	3
NURS:5017	Quality and Safety	3
NURS:6811	Social Determinants of Health and Health System Inequities	3

**Total Hours** 15

**Third Year, Family Nurse Four-Year Plan**

Course #	Title	Hours
NURS:5023	Pathophysiology for Advanced Clinical Practice	4
NURS:5031	Health Promotion and Assessment for Advanced Clinical Practice	4
NURS:5032	Mental Disorders in Advanced Practice	3
NURS:5033	Pharmacotherapeutics for Advanced Practice Nursing	3
NURS:5035	Graduate Pharmacology Specialty	3

NURS:5039	Advanced Diagnostic and Therapeutic Procedures for Primary Care	1
NURS:6826	Doctor of Nursing Practice Project I	2
NURS:6827	Doctor of Nursing Practice Project II	1

**Total Hours** **21**

#### Fourth Year, Family Nurse Four-Year Plan

Course #	Title	Hours
NURS:6100	Primary Care: Infants, Children, and Adolescents I	3
NURS:6101/ PEDS:6101	Primary Care: Infants, Children, and Adolescents II	3
NURS:6200	Primary Care: Adults and Older Individuals I	3
NURS:6201	Primary Care: Adults and Older Individuals II	3
NURS:6701	Advanced Practice Clinical Practicum I	3
NURS:6702	Advanced Practice Clinical Practicum II	3
NURS:6703	Advanced Practice Clinical Practicum III	4
NURS:6810	Advanced Practice Role II: Integration	3
NURS:6828	Doctor of Nursing Practice Project III	1
NURS:6829	Doctor of Nursing Practice Project IV	1

**Total Hours** **27**

### Pediatric Nurse Practitioner—Acute Care Subprogram

#### Three-Year Plan, Pediatric Nurse

The following coursework (78 s.h.) is required for a three-year plan.

##### First Year, Pediatric Nurse Three-Year Plan

Course #	Title	Hours
NURS:5002	Leadership and Management Essentials	3
NURS:5007	Applied Epidemiology	3
NURS:5009	Evaluating Evidence for Practice	3
NURS:5010	Clinical Data Management and Evaluation	3
NURS:5014	Graduate Physiology for Advanced Practice	3
NURS:5015	Health Systems, Finance, and Economics	3
NURS:5040	Genetics/Genomics for Advanced Nursing Practice	2
NURS:6808	Population Health for Advanced Practice	3
NURS:6809	Advanced Practice Role I: Introduction	3

**Total Hours** **26**

#### Second Year, Pediatric Nurse Three-Year Plan

Course #	Title	Hours
NURS:5017	Quality and Safety	3
NURS:5023	Pathophysiology for Advanced Clinical Practice	4
NURS:5031	Health Promotion and Assessment for Advanced Clinical Practice	4
NURS:5033	Pharmacotherapeutics for Advanced Practice Nursing	3
NURS:5035	Graduate Pharmacology Specialty	3
NURS:6104	Essentials of Pediatric Primary Care: Infants, Children, and Adolescents	3
NURS:6802	Health Policy, Law, and Advocacy	3
NURS:6811	Social Determinants of Health and Health System Inequities	3
NURS:6826	Doctor of Nursing Practice Project I	2
NURS:6827	Doctor of Nursing Practice Project II	1

**Total Hours** **29**

#### Third Year, Pediatric Nurse Three-Year Plan

Course #	Title	Hours
NURS:5038	Advanced Diagnostic and Therapeutic Procedures for Acute Care	1
NURS:6400	Pediatric Acute Care I	3
NURS:6401	Pediatric Acute Care II	3
NURS:6701	Advanced Practice Clinical Practicum I	4
NURS:6702	Advanced Practice Clinical Practicum II	4
NURS:6703	Advanced Practice Clinical Practicum III	3
NURS:6810	Advanced Practice Role II: Integration	3
NURS:6828	Doctor of Nursing Practice Project III	1
NURS:6829	Doctor of Nursing Practice Project IV	1

**Total Hours** **23**

#### Four-Year Plan, Pediatric Nurse

The following coursework (78 s.h.) is required for a four-year plan.

##### First Year, Pediatric Nurse Four-Year Plan

Course #	Title	Hours
NURS:5002	Leadership and Management Essentials	3
NURS:5009	Evaluating Evidence for Practice	3
NURS:5015	Health Systems, Finance, and Economics	3
NURS:5040	Genetics/Genomics for Advanced Nursing Practice	2

NURS:6808	Population Health for Advanced Practice	3
NURS:6809	Advanced Practice Role I: Introduction	3
NURS:6811	Social Determinants of Health and Health System Inequities	3

**Total Hours** 20

### Second Year, Pediatric Nurse Four-Year Plan

Course #	Title	Hours
NURS:5007	Applied Epidemiology	3
NURS:5010	Clinical Data Management and Evaluation	3
NURS:5014	Graduate Physiology for Advanced Practice	3
NURS:5017	Quality and Safety	3
NURS:6802	Health Policy, Law, and Advocacy	3

**Total Hours** 15

### Third Year, Pediatric Nurse Four-Year Plan

Course #	Title	Hours
NURS:5023	Pathophysiology for Advanced Clinical Practice	4
NURS:5031	Health Promotion and Assessment for Advanced Clinical Practice	4
NURS:5033	Pharmacotherapeutics for Advanced Practice Nursing	3
NURS:5035	Graduate Pharmacology Specialty	3
NURS:6104	Essentials of Pediatric Primary Care: Infants, Children, and Adolescents	3
NURS:6826	Doctor of Nursing Practice Project I	2
NURS:6827	Doctor of Nursing Practice Project II	1

**Total Hours** 20

### Fourth Year, Pediatric Nurse Four-Year Plan

Course #	Title	Hours
NURS:5038	Advanced Diagnostic and Therapeutic Procedures for Acute Care	1
NURS:6400	Pediatric Acute Care I	3
NURS:6401	Pediatric Acute Care II	3
NURS:6701	Advanced Practice Clinical Practicum I	4
NURS:6702	Advanced Practice Clinical Practicum II	4
NURS:6703	Advanced Practice Clinical Practicum III	3
NURS:6810	Advanced Practice Role II: Integration	3
NURS:6828	Doctor of Nursing Practice Project III	1
NURS:6829	Doctor of Nursing Practice Project IV	1

**Total Hours** 23

## Pediatric Nurse Practitioner—Primary Care Subprogram

### Three-Year Plan, Pediatric Nurse Primary Care

The following coursework (77 s.h.) is required for a three-year plan.

#### First Year, Pediatric Nurse Primary Care Three-Year Plan

Course #	Title	Hours
NURS:5002	Leadership and Management Essentials	3
NURS:5007	Applied Epidemiology	3
NURS:5009	Evaluating Evidence for Practice	3
NURS:5010	Clinical Data Management and Evaluation	3
NURS:5014	Graduate Physiology for Advanced Practice	3
NURS:5015	Health Systems, Finance, and Economics	3
NURS:5040	Genetics/Genomics for Advanced Nursing Practice	2
NURS:6808	Population Health for Advanced Practice	3
NURS:6809	Advanced Practice Role I: Introduction	3
NURS:6811	Social Determinants of Health and Health System Inequities	3

**Total Hours** 29

#### Second Year, Pediatric Nurse Primary Care Three-Year Plan

Course #	Title	Hours
NURS:5017	Quality and Safety	3
NURS:5023	Pathophysiology for Advanced Clinical Practice	4
NURS:5031	Health Promotion and Assessment for Advanced Clinical Practice	4
NURS:5032	Mental Disorders in Advanced Practice	3
NURS:5033	Pharmacotherapeutics for Advanced Practice Nursing	3
NURS:5035	Graduate Pharmacology Specialty	3
NURS:5039	Advanced Diagnostic and Therapeutic Procedures for Primary Care	1
NURS:6826	Doctor of Nursing Practice Project I	2
NURS:6827	Doctor of Nursing Practice Project II	1

**Total Hours** 24

### Third Year, Pediatric Nurse Primary Care Three-Year Plan

Course #	Title	Hours
NURS:6100	Primary Care: Infants, Children, and Adolescents I	3
NURS:6101/ PEDS:6101	Primary Care: Infants, Children, and Adolescents II	3
NURS:6701	Advanced Practice Clinical Practicum I	3
NURS:6702	Advanced Practice Clinical Practicum II	4
NURS:6703	Advanced Practice Clinical Practicum III	3
NURS:6802	Health Policy, Law, and Advocacy	3
NURS:6810	Advanced Practice Role II: Integration	3
NURS:6828	Doctor of Nursing Practice Project III	1
NURS:6829	Doctor of Nursing Practice Project IV	1

**Total Hours** 24

### Four-Year Plan, Pediatric Nurse Primary Care

The following coursework (77 s.h.) is required for a four-year plan.

#### First Year, Pediatric Nurse Primary Care Four-Year Plan

Course #	Title	Hours
NURS:5002	Leadership and Management Essentials	3
NURS:5007	Applied Epidemiology	3
NURS:5009	Evaluating Evidence for Practice	3
NURS:5015	Health Systems, Finance, and Economics	3
NURS:5040	Genetics/Genomics for Advanced Nursing Practice	2
NURS:6809	Advanced Practice Role I: Introduction	3
NURS:6811	Social Determinants of Health and Health System Inequities	3

**Total Hours** 20

#### Second Year, Pediatric Nurse Primary Care Four-Year Plan

Course #	Title	Hours
NURS:5010	Clinical Data Management and Evaluation	3
NURS:5014	Graduate Physiology for Advanced Practice	3
NURS:5017	Quality and Safety	3
NURS:5032	Mental Disorders in Advanced Practice	3
NURS:6808	Population Health for Advanced Practice	3

**Total Hours** 15

### Third Year, Pediatric Nurse Primary Care Four-Year Plan

Course #	Title	Hours
NURS:5023	Pathophysiology for Advanced Clinical Practice	4
NURS:5031	Health Promotion and Assessment for Advanced Clinical Practice	4
NURS:5033	Pharmacotherapeutics for Advanced Practice Nursing	3
NURS:5035	Graduate Pharmacology Specialty	3
NURS:5039	Advanced Diagnostic and Therapeutic Procedures for Primary Care	1
NURS:6802	Health Policy, Law, and Advocacy	3
NURS:6826	Doctor of Nursing Practice Project I	2
NURS:6827	Doctor of Nursing Practice Project II	1

**Total Hours** 21

#### Fourth Year, Pediatric Nurse Primary Care Four-Year Plan

Course #	Title	Hours
NURS:6100	Primary Care: Infants, Children, and Adolescents I	3
NURS:6101/ PEDS:6101	Primary Care: Infants, Children, and Adolescents II	3
NURS:6701	Advanced Practice Clinical Practicum I	3
NURS:6702	Advanced Practice Clinical Practicum II	4
NURS:6703	Advanced Practice Clinical Practicum III	3
NURS:6810	Advanced Practice Role II: Integration	3
NURS:6828	Doctor of Nursing Practice Project III	1
NURS:6829	Doctor of Nursing Practice Project IV	1

**Total Hours** 21

### Psychiatric/Mental Health Nurse Practitioner Subprogram

#### Three-Year Plan, Psychiatric/Mental Health

The following coursework (76 s.h.) is required for a three-year plan.

#### First Year, Psychiatric/Mental Health Three-Year Plan

Course #	Title	Hours
NURS:5002	Leadership and Management Essentials	3
NURS:5007	Applied Epidemiology	3
NURS:5009	Evaluating Evidence for Practice	3

NURS:5014	Graduate Physiology for Advanced Practice	3
NURS:5015	Health Systems, Finance, and Economics	3
NURS:5017	Quality and Safety	3
NURS:5040	Genetics/Genomics for Advanced Nursing Practice	2
NURS:6808	Population Health for Advanced Practice	3
NURS:6809	Advanced Practice Role I: Introduction	3
NURS:6811	Social Determinants of Health and Health System Inequities	3

**Total Hours** 29

### Second Year, Psychiatric/Mental Health Three-Year Plan

Course #	Title	Hours
NURS:5010	Clinical Data Management and Evaluation	3
NURS:5023	Pathophysiology for Advanced Clinical Practice	4
NURS:5031	Health Promotion and Assessment for Advanced Clinical Practice	4
NURS:5033	Pharmacotherapeutics for Advanced Practice Nursing	3
NURS:5036	Psychopharmacology for Advanced Clinical Practice	3
NURS:6826	Doctor of Nursing Practice Project I	2
NURS:6827	Doctor of Nursing Practice Project II	1

**Total Hours** 20

### Third Year, Psychiatric/Mental Health Three-Year Plan

Course #	Title	Hours
NURS:5041	Psychotherapeutics for Advanced Practice Nursing Across the Lifespan I	2
NURS:5042	Psychotherapeutics for Advanced Practice Nursing Across the Lifespan II	1
NURS:6500	Psychiatric/Mental Health Nursing for Advanced Practice Didactic I	3
NURS:6501	Psychiatric/Mental Health Nursing for Advanced Practice Didactic II	3
NURS:6701	Advanced Practice Clinical Practicum I	3
NURS:6702	Advanced Practice Clinical Practicum II	4
NURS:6703	Advanced Practice Clinical Practicum III	3
NURS:6802	Health Policy, Law, and Advocacy	3
NURS:6810	Advanced Practice Role II: Integration	3

NURS:6828	Doctor of Nursing Practice Project III	1
NURS:6829	Doctor of Nursing Practice Project IV	1

**Total Hours** 27

### Four-Year Plan, Psychiatric/Mental Health

The following coursework (76 s.h.) is required for a four-year plan.

### First Year, Psychiatric/Mental Health Four-Year Plan

Course #	Title	Hours
NURS:5002	Leadership and Management Essentials	3
NURS:5007	Applied Epidemiology	3
NURS:5009	Evaluating Evidence for Practice	3
NURS:5015	Health Systems, Finance, and Economics	3
NURS:5040	Genetics/Genomics for Advanced Nursing Practice	2
NURS:6809	Advanced Practice Role I: Introduction	3
NURS:6811	Social Determinants of Health and Health System Inequities	3

**Total Hours** 20

### Second Year, Psychiatric/Mental Health Four-Year Plan

Course #	Title	Hours
NURS:5014	Graduate Physiology for Advanced Practice	3
NURS:5017	Quality and Safety	3
NURS:6802	Health Policy, Law, and Advocacy	3
NURS:6808	Population Health for Advanced Practice	3

**Total Hours** 12

### Third Year, Psychiatric/Mental Health Four-Year Plan

Course #	Title	Hours
NURS:5010	Clinical Data Management and Evaluation	3
NURS:5023	Pathophysiology for Advanced Clinical Practice	4
NURS:5031	Health Promotion and Assessment for Advanced Clinical Practice	4
NURS:5033	Pharmacotherapeutics for Advanced Practice Nursing	3
NURS:5036	Psychopharmacology for Advanced Clinical Practice	3
NURS:6826	Doctor of Nursing Practice Project I	2
NURS:6827	Doctor of Nursing Practice Project II	1

**Total Hours** 20

### Fourth Year, Psychiatric/Mental Health Four-Year Plan

Course #	Title	Hours
NURS:5041	Psychotherapeutics for Advanced Practice Nursing Across the Lifespan I	2
NURS:5042	Psychotherapeutics for Advanced Practice Nursing Across the Lifespan II	1
NURS:6500	Psychiatric/Mental Health Nursing for Advanced Practice Didactic I	3
NURS:6501	Psychiatric/Mental Health Nursing for Advanced Practice Didactic II	3
NURS:6701	Advanced Practice Clinical Practicum I	3
NURS:6702	Advanced Practice Clinical Practicum II	4
NURS:6703	Advanced Practice Clinical Practicum III	3
NURS:6810	Advanced Practice Role II: Integration	3
NURS:6828	Doctor of Nursing Practice Project III	1
NURS:6829	Doctor of Nursing Practice Project IV	1
<b>Total Hours</b>		<b>24</b>

### Health Systems Subprogram

#### Four-Year Plan, Health Systems

The following coursework (73 s.h.) is required for a four-year plan.

#### First Year, Health Systems Four-Year Plan

Course #	Title	Hours
NURS:5002	Leadership and Management Essentials	3
NURS:5009	Evaluating Evidence for Practice	3
NURS:5015	Health Systems, Finance, and Economics	3
NURS:5016	Health Care Infrastructure and Informatics	3
NURS:5017	Quality and Safety	3
NURS:6808	Population Health for Advanced Practice	3
NURS:6809	Advanced Practice Role I: Introduction	3
NURS:6811	Social Determinants of Health and Health System Inequities	3
<b>Total Hours</b>		<b>24</b>

#### Second Year, Health Systems Four-Year Plan

Course #	Title	Hours
NURS:5007	Applied Epidemiology	3
NURS:5010	Clinical Data Management and Evaluation	3
NURS:6550	Advanced Leadership and Management	4

NURS:6551	Financial Management	4
NURS:6552	Executive Management in the Organization	4
NURS:6554	Seminar on Healthy Work Environments	3
NURS:6802	Health Policy, Law, and Advocacy	3
<b>Total Hours</b>		<b>24</b>

#### Third Year, Health Systems Four-Year Plan

Course #	Title	Hours
NURS:5019	Role Development: Educator in a Practice Discipline (offered in summer even years)	3
NURS:6553	Seminar on Innovations	4
NURS:6704	Practicum in Executive Leadership and Management	4
NURS:6826	Doctor of Nursing Practice Project I	2
NURS:6827	Doctor of Nursing Practice Project II	1
<b>Total Hours</b>		<b>14</b>

#### Fourth Year, Health Systems Four-Year Plan

Course #	Title	Hours
NURS:6556	Marketing and Communications for Health Care Leaders	3
NURS:6810	Advanced Practice Role II: Integration	3
NURS:6828	Doctor of Nursing Practice Project III	1
NURS:6829	Doctor of Nursing Practice Project IV	1
One of these elective courses:		<b>3</b>

NURS:3595	Nonprofit Organizational Effectiveness I (same as ENTR:3595, MGMT:3500, MUSM:3500, RELS:3700, SSW:3500)
NURS:3600	Nonprofit Organizational Effectiveness II (same as MGMT:3600, RELS:3701, SSW:3600)
NURS:5018	Clinical Education in the Care Environment (offered in summer odd years)
NURS:5020	Application of Educator Role Competencies
NURS:5032	Mental Disorders in Advanced Practice
NURS:5040	Genetics/Genomics for Advanced Nursing Practice (plus an additional 1 s.h. elective course; consult advisor)
NURS:6555	Care Coordination Across Professional and Organizational Boundaries

NURS:6557	Clinical Practice Management and Leadership for Advanced Practice Providers
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**Total Hours** **11**

### Five-Year Plan, Health Systems

The following coursework (73 s.h.) is required for a five-year plan.

#### First Year, Health Systems Five-Year Plan

Course #	Title	Hours
NURS:5002	Leadership and Management Essentials	3
NURS:5009	Evaluating Evidence for Practice	3
NURS:5017	Quality and Safety	3
NURS:6550	Advanced Leadership and Management	4
NURS:6802	Health Policy, Law, and Advocacy	3
NURS:6809	Advanced Practice Role I: Introduction	3

**Total Hours** **19**

#### Second Year, Health Systems Five-Year Plan

Course #	Title	Hours
NURS:5015	Health Systems, Finance, and Economics	3
NURS:5016	Health Care Infrastructure and Informatics	3
NURS:6551	Financial Management	4
NURS:6552	Executive Management in the Organization	4
NURS:6808	Population Health for Advanced Practice	3

**Total Hours** **17**

#### Third Year, Health Systems Five-Year Plan

Course #	Title	Hours
NURS:5007	Applied Epidemiology	3
NURS:5010	Clinical Data Management and Evaluation	3
NURS:5019	Role Development: Educator in a Practice Discipline (offered in summer even years)	3
NURS:6554	Seminar on Healthy Work Environments	3
NURS:6811	Social Determinants of Health and Health System Inequities	3

One of these elective courses: **3**

NURS:3595	Nonprofit Organizational Effectiveness I (same as ENTR:3595, MGMT:3500, MUSM:3500, RELS:3700, SSW:3500)
NURS:3600	Nonprofit Organizational Effectiveness II (same as MGMT:3600, RELS:3701, SSW:3600)

NURS:5018	Clinical Education in the Care Environment (offered in summer odd years)
NURS:5020	Application of Educator Role Competencies
NURS:5032	Mental Disorders in Advanced Practice
NURS:5040	Genetics/Genomics for Advanced Nursing Practice (plus an additional 1 s.h. elective course; consult advisor)
NURS:6555	Care Coordination Across Professional and Organizational Boundaries
NURS:6557	Clinical Practice Management and Leadership for Advanced Practice Providers

**Total Hours** **18**

#### Fourth Year, Health Systems Five-Year Plan

Course #	Title	Hours
NURS:6553	Seminar on Innovations	4
NURS:6704	Practicum in Executive Leadership and Management	4
NURS:6826	Doctor of Nursing Practice Project I	2
NURS:6827	Doctor of Nursing Practice Project II	1

**Total Hours** **11**

#### Fifth Year, Health Systems Five-Year Plan

Course #	Title	Hours
NURS:6556	Marketing and Communications for Health Care Leaders	3
NURS:6810	Advanced Practice Role II: Integration	3
NURS:6828	Doctor of Nursing Practice Project III	1
NURS:6829	Doctor of Nursing Practice Project IV	1

**Total Hours** **8**

Students with a master's degree, such as an MA, MS, MBA, or MPH with an interest in pursuing a focus in health administration may complete the following coursework to fulfill the DNP degree requirements in health systems.

### Three-Year Plan, Health Systems

The following coursework (45 s.h.) is required for a three-year plan for students with a master's degree in an administration field.

#### First Year, Health Systems Three-Year Plan

Course #	Title	Hours
NURS:5009	Evaluating Evidence for Practice	3
NURS:5010	Clinical Data Management and Evaluation	3
NURS:5017	Quality and Safety	3

NURS:6550	Advanced Leadership and Management	3
NURS:6551	Financial Management	3
NURS:6802	Health Policy, Law, and Advocacy	3
NURS:6809	Advanced Practice Role I: Introduction	3

**Total Hours** 21

### Second Year, Health Systems Three-Year Plan

Course #	Title	Hours
NURS:5007	Applied Epidemiology	3
NURS:6556	Marketing and Communications for Health Care Leaders	3
NURS:6704	Practicum in Executive Leadership and Management	4
NURS:6826	Doctor of Nursing Practice Project I	2
NURS:6827	Doctor of Nursing Practice Project II	1

One of these elective courses: 3

NURS:3595	Nonprofit Organizational Effectiveness I (same as ENTR:3595, MGMT:3500, MUSM:3500, RELS:3700, SSW:3500)
NURS:3600	Nonprofit Organizational Effectiveness II (same as MGMT:3600, RELS:3701, SSW:3600)
NURS:5018	Clinical Education in the Care Environment (offered in summer odd years)
NURS:5019	Role Development: Educator in a Practice Discipline (offered in summer even years)
NURS:5020	Application of Educator Role Competencies
NURS:5032	Mental Disorders in Advanced Practice
NURS:5040	Genetics/Genomics for Advanced Nursing Practice (plus an additional 1 s.h. elective course; consult advisor)
NURS:6555	Care Coordination Across Professional and Organizational Boundaries
NURS:6557	Clinical Practice Management and Leadership for Advanced Practice Providers

**Total Hours** 16

### Third Year, Health Systems Three-Year Plan

Course #	Title	Hours
NURS:6808	Population Health for Advanced Practice	3
NURS:6810	Advanced Practice Role II: Integration	3

NURS:6828	Doctor of Nursing Practice Project III	1
NURS:6829	Doctor of Nursing Practice Project IV	1

**Total Hours** 8

### Four-Year Plan, Health Systems With Non-Administration Degree

The following coursework (55 s.h.) is required for a four-year plan for students with a master's degree in a non-administration field.

### First Year, Health Systems With Non-Administration Degree

Course #	Title	Hours
NURS:5007	Applied Epidemiology	3
NURS:5009	Evaluating Evidence for Practice	3
NURS:5010	Clinical Data Management and Evaluation	3
NURS:5017	Quality and Safety	3
NURS:6802	Health Policy, Law, and Advocacy	3
NURS:6809	Advanced Practice Role I: Introduction	3

**Total Hours** 18

### Second Year, Health Systems With Non-Administration Degree

Course #	Title	Hours
NURS:6550	Advanced Leadership and Management	4
NURS:6551	Financial Management	4
NURS:6552	Executive Management in the Organization	4

One of these elective courses: 3

NURS:3595	Nonprofit Organizational Effectiveness I (same as ENTR:3595, MGMT:3500, MUSM:3500, RELS:3700, SSW:3500)
NURS:3600	Nonprofit Organizational Effectiveness II (same as MGMT:3600, RELS:3701, SSW:3600)
NURS:5018	Clinical Education in the Care Environment (offered in summer odd years)
NURS:5019	Role Development: Educator in a Practice Discipline (offered in summer even years)
NURS:5020	Application of Educator Role Competencies
NURS:5032	Mental Disorders in Advanced Practice
NURS:5040	Genetics/Genomics for Advanced Nursing Practice (plus an additional 1 s.h. elective course; consult advisor)

NURS:6555	Care Coordination Across Professional and Organizational Boundaries
NURS:6557	Clinical Practice Management and Leadership for Advanced Practice Providers

**Total Hours** 15

### Third Year, Health Systems With Non-Administration Degree

Course #	Title	Hours
NURS:6553	Seminar on Innovations	4
NURS:6554	Seminar on Healthy Work Environments	3
NURS:6704	Practicum in Executive Leadership and Management	4
NURS:6826	Doctor of Nursing Practice Project I	2
NURS:6827	Doctor of Nursing Practice Project II	1

**Total Hours** 14

### Fourth Year, Health Systems With Non-Administration Degree

Course #	Title	Hours
NURS:6808	Population Health for Advanced Practice	3
NURS:6810	Advanced Practice Role II: Integration	3
NURS:6828	Doctor of Nursing Practice Project III	1
NURS:6829	Doctor of Nursing Practice Project IV	1

**Total Hours** 8

### For MSN and Advanced Practice Registered Nurses (APRN) Subprogram

Students in the MSN and APRN subprogram complete the following requirements in addition to transferring a minimum of 43 s.h. of credit previously earned at the UI or elsewhere.

#### Two-Year Plan, MSN and APRN

The following coursework (29 s.h.) is required for a two-year plan.

##### First Year, MSN and APRN Two-Year Plan

Course #	Title	Hours
NURS:5009	Evaluating Evidence for Practice	3
NURS:5010	Clinical Data Management and Evaluation	3
NURS:5017	Quality and Safety	3
NURS:6802	Health Policy, Law, and Advocacy	3
NURS:6809	Advanced Practice Role I: Introduction	3
NURS:6826	Doctor of Nursing Practice Project I	2

NURS:6827	Doctor of Nursing Practice Project II	1
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**Total Hours** 18

### Second Year, MSN and APRN Two-Year Plan

Course #	Title	Hours
NURS:5007	Applied Epidemiology	3
NURS:6810	Advanced Practice Role II: Integration	3
NURS:6828	Doctor of Nursing Practice Project III	1
NURS:6829	Doctor of Nursing Practice Project IV	1
One of these elective courses:		3

NURS:5018	Clinical Education in the Care Environment (offered in summer odd years)
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NURS:5019	Role Development: Educator in a Practice Discipline (offered in summer even years)
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NURS:5020	Application of Educator Role Competencies
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NURS:5040	Genetics/Genomics for Advanced Nursing Practice (plus an additional 1 s.h. elective course; consult advisor)
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NURS:6554	Seminar on Healthy Work Environments
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NURS:6555	Care Coordination Across Professional and Organizational Boundaries
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NURS:6556	Marketing and Communications for Health Care Leaders
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NURS:6557	Clinical Practice Management and Leadership for Advanced Practice Providers
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NURS:6808	Population Health for Advanced Practice
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**Total Hours** 11

### Three-Year Plan, MSN and APRN

The following coursework (29 s.h.) is required for a three-year plan.

##### First Year, MSN and APRN Three-Year Plan

Course #	Title	Hours
NURS:5007	Applied Epidemiology	3
NURS:5009	Evaluating Evidence for Practice	3
NURS:5017	Quality and Safety	3
NURS:6809	Advanced Practice Role I: Introduction	3

**Total Hours** 12

### Second Year, MSN and APRN Three-Year Plan

Course #	Title	Hours
NURS:5010	Clinical Data Management and Evaluation	3

NURS:6802	Health Policy, Law, and Advocacy	3
NURS:6826	Doctor of Nursing Practice Project I	2
NURS:6827	Doctor of Nursing Practice Project II	1

**Total Hours** **9**

### Third Year, MSN and APRN Three-Year Plan

Course #	Title	Hours
NURS:6810	Advanced Practice Role II: Integration	3
NURS:6828	Doctor of Nursing Practice Project III	1
NURS:6829	Doctor of Nursing Practice Project IV	1
One of these elective courses:		3

NURS:5018	Clinical Education in the Care Environment (offered in summer odd years)
NURS:5019	Role Development: Educator in a Practice Discipline (offered in summer even years)
NURS:5020	Application of Educator Role Competencies
NURS:5040	Genetics/Genomics for Advanced Nursing Practice (plus an additional 1 s.h. elective course; consult advisor)
NURS:6554	Seminar on Healthy Work Environments
NURS:6555	Care Coordination Across Professional and Organizational Boundaries
NURS:6556	Marketing and Communications for Health Care Leaders
NURS:6557	Clinical Practice Management and Leadership for Advanced Practice Providers
NURS:6808	Population Health for Advanced Practice

**Total Hours** **8**

## Admission

Applicants to College of Nursing graduate programs must meet the admission requirements of the Graduate College; see the Manual of Rules and Regulations on the Graduate College website.

Applicants must have a grade-point average (GPA) of at least 3.00; applicants for the dual certification programs must have a minimum GPA of at least 3.50. A criminal background check is required for all students upon admission. The College of Nursing has additional application requirements, as follows.

## Admission to the DNP Program

Application requirements specific to the DNP program are:

- a bachelor's or advanced degree with a major in nursing from a Commission on Collegiate Nursing Education (CCNE) or National League for Nursing Accrediting Commission (NLNAC) accredited nursing program;
- satisfaction of the legal requirements for the practice of nursing;
- current written recommendations from three persons knowledgeable about the applicant's competence in the practice of nursing and potential for leadership and scholarship (forms required);
- a current résumé, goal statement (statement of purpose), statement of disclosure, and supplemental/information form;
- transcripts from all undergraduate and graduate coursework;
- DNP applicants to the direct care programs with master's degrees in nursing from other schools must provide verification of completed clinical hours from their institution's graduate director or must submit appropriate course syllabi;
- additional application requirements for post-APRN MSN to DNP applicants include providing verification of an MSN in a recognized ARNP specialty and proof of certification;
- an upper-level statistics course (undergraduate course at junior/senior level) completed within five years of application deadline except for post-APRN MSN to DNP applicants; acceptable University of Iowa courses are STAT:3510 Biostatistics, PSQF:4143 Introduction to Statistical Methods, STAT:4143 Introduction to Statistical Methods, or BIOS:4120 Introduction to Biostatistics (equivalent courses from other colleges also are accepted), and the upper-level statistics course must have a letter grade of C-minus or higher; and
- specific clinical experience requirements working as registered nurse is required if applying to subprograms of adult gerontology acute care nurse practitioner, pediatric nurse practitioner-acute care, and anesthesia nursing. Visit DNP Admission Information FAQs on the College of Nursing website for specific work experience requirements.

For statistics courses taken at another institution, refer to that institution's catalog or registrar's office to verify course numbering scheme. Community college courses are not acceptable as an admission prerequisite statistics course. For further questions regarding the admission upper-level statistics course requirement contact the College of Nursing graduate programs office.

Due to the level of web-based coursework required, international students in the DNP program of study are not eligible for F-1, F-2, or J-1 student immigration status. Questions regarding visas and immigration documentation should be directed to International Student and Scholar Services (ISSS).

## Career Advancement

The DNP program prepares nurses for leadership and advanced practice roles within today's complex health care system. Graduates acquire the knowledge and skills to provide the highest standard of care for individuals, families, and communities.

Student Information

Student Name: test, test

Start Term FA 2024

UID: 00000000

Expected Graduation Term

Program/Focus

MSN MSN-CNL

Advisor

INTENT to ENROLL: 3 yr

Course #	Course Title	Hrs	Exp
<b>2024 Fall</b>			
NURS:5636	Clinical Nurse Leader Seminar	3	
NURS:5021	Physiology, Pathophysiology, Pharmacology I	3	
Total Semester Course Hours and Practice Experience:		6	
<b>2025 Spring</b>			
NURS:5022	Physiology, Pathophysiology, Pharmacology II	3	
NURS:5009	Evaluating Evidence for Practice	3	
Total Semester Course Hours and Practice Experience:		6	
<b>2025 Summer</b>			
NURS:5018	Clinical Education in Care Environment	3	
Total Semester Course Hours and Practice Experience:		3	
<b>2025 Fall</b>			
NURS:5017	Quality and Safety	3	
NURS:5007	Applied Epidemiology	3	
Total Semester Course Hours and Practice Experience:		6	
<b>2026 Spring</b>			
NURS:5666	Leadership in the Microsystem	3	90
NURS:5037	Health Promotion and Assessment for Clinical Nurse Leaders	3	
Total Semester Course Hours and Practice Experience:		6	90
<b>2026 Fall</b>			
NURS:5016	Healthcare Infrastructure and Informatics	3	
NURS:5010	Clinical Data Management and Evaluation	3	
Total Semester Course Hours and Practice Experience:		6	
<b>2027 Spring</b>			
NURS:5696	CNL Capstone Clinical Immersion	6	400
Total Semester Course Hours and Practice Experience:		6	400
Total Plan Course Hours and Practice Experience:		39	490

# Master of Science in Nursing, MSN

## Academic Plans

### Sample Plan of Study

Sample plans represent one way to complete a program of study. Actual course selection and sequence will vary and should be discussed with an academic advisor. For additional sample plans, see MyUI.

### Nursing, MSN

#### Entry Into Practice

Course	Title	Hours
<b>Academic Career</b>		
<b>Any Semester</b>		
66 s.h. must be graduate level coursework; graduate transfer credits allowed upon approval. More information is included in the General Catalog and on department website. <sup>a, b</sup>		
Graduate College program GPA of at least 2.75 is required. <sup>c</sup>		

	Hours	0
<b>First Year</b>		
<b>Spring</b>		
NURS:3128	Health Assessment and Communication Across the Lifespan	3
NURS:3151	Introduction to Clinical Concepts for Nursing	2
NURS:3640	Psychiatric/Mental Health Nursing	3
NURS:3645	Mental Health Nursing Practicum	2
NURS:5210	Foundations of Professional Nursing	1
NURS:6811	Social Determinants of Health and Health System Inequities	3
	<b>Hours</b>	<b>14</b>
<b>Summer</b>		
NURS:3138	Nursing and Pharmacological Interventions I	5
NURS:3451	Basic Clinical Concepts for Nursing	1
NURS:5215	Medical Surgical Care of Chronically Ill Adults <sup>d, e</sup>	3
NURS:6808	Population Health for Advanced Practice <sup>d</sup>	3
	<b>Hours</b>	<b>12</b>
<b>Second Year</b>		
<b>Fall</b>		
NURS:3438	Nursing and Pharmacological Interventions II	5
NURS:3650	Community and Public Health Nursing	3
NURS:3651	Advanced Clinical Concepts for Nursing	1
NURS:5017	Quality and Safety	3

NURS:5220	Medical Surgical Care of Acutely Ill Adults <sup>e</sup>	3
	<b>Hours</b>	<b>15</b>
<b>Spring</b>		
NURS:3620	Gerontological Nursing	3
NURS:3631	Nursing Care of Children and Families	2
NURS:3632	Nursing Care of Childbearing Families	2
NURS:5009	Evaluating Evidence for Practice	3
NURS:5225	Community Health Across the Lifespan Practicum	4
	<b>Hours</b>	<b>14</b>
<b>Summer</b>		
NURS:4155	Nursing Internship <sup>f</sup>	5
NURS:5002	Leadership and Management Essentials <sup>d</sup>	3
NURS:5015	Health Systems, Finance, and Economics <sup>d</sup>	3
Confirm completion of all degree requirements with program		
	<b>Hours</b>	<b>11</b>
	<b>Total Hours</b>	<b>66</b>

a In addition, students complete 120 lab/sim hours and 765 clinical hours over the course of this five semester program of study.

b Students must complete specific requirements in the University of Iowa Graduate College after program admission. Refer to the Graduate College website and the Manual of Rules and Regulations for more information.

c Graduate College program GPA is comprised of all courses that are approved degree requirements. If a student takes more than the minimum required number of semester hours to complete the degree, but all courses taken are eligible to count toward the degree, those courses will be included in the Graduate College program GPA.

d 8 weeks.

e Program director assigned sections.

f Schedule will be based upon preceptor schedule.

Student Information

Student Name: test, test

Start Term FA 2024

UID: 00000000

Expected Graduation Term

Program/Focus MSN MSN-NSA

Advisor

INTENT to ENROLL: 2.5 yr

Course #	Course Title	Hrs	Exp
<b>2024 Fall</b>			
NURS:6553	Seminar on Innovations	4	45
NURS:5002	Leadership and Management Essentials	3	
Total Semester Course Hours and Practice Experience:		<b>7</b>	<b>45</b>
<b>2025 Spring</b>			
NURS:6550	Advanced Leadership and Management	3	
NURS:5009	Evaluating Evidence for Practice	3	
Total Semester Course Hours and Practice Experience:		<b>6</b>	
<b>2025 Fall</b>			
NURS:5010	Clinical Data Management and Evaluation	3	
NURS:6808	Population Health for Advanced Practice	3	
Total Semester Course Hours and Practice Experience:		<b>6</b>	
<b>2026 Spring</b>			
NURS:5017	Quality and Safety	3	
NURS:6551	Financial Management	4	90
Total Semester Course Hours and Practice Experience:		<b>7</b>	<b>90</b>
<b>2026 Fall</b>			
NURS:5697	Specialty Practice in Nursing Systems	4	165
NURS:5016	Healthcare Infrastructure and Informatics	3	
Total Semester Course Hours and Practice Experience:		<b>7</b>	<b>165</b>
Total Plan Course Hours and Practice Experience:		<b>33</b>	<b>300</b>

# Nursing, PhD

## Academic Plans

### Sample Plan of Study

Sample plans represent one way to complete a program of study. Actual course selection and sequence will vary and should be discussed with an academic advisor. For additional sample plans, see MyUI.

### Nursing, PhD

Course	Title	Hours
<b>Academic Career</b>		
<b>Any Semester</b>		
72 s.h. of graduate level coursework must be completed; graduate transfer credits allowed upon approval. More information is included in the General Catalog and on department website. <sup>a</sup>		
See General Catalog and website for specific requirements; must include 3 s.h. of intermediate statistics, 3 s.h. of advanced statistics, 6 s.h. of other coursework, and at least 11 s.h. of dissertation credit. Work with faculty advisor to determine courses and sequence.		
<b>Hours</b>		<b>0</b>
<b>First Year</b>		
<b>Fall</b>		
CITI Training <sup>b</sup>		
NURS:7000	Philosophy and Sociology of Nursing Science	3
NURS:7801	Seminar: Research Scholarship Role Development	2
BIOS:4120	Introduction to Biostatistics <sup>c</sup>	3
<b>Hours</b>		<b>8</b>
<b>Spring</b>		
NURS:6811	Social Determinants of Health and Health System Inequities	3
NURS:7006	Theory and Model Development	3
BIOS:5120	Regression Modeling and ANOVA in the Health Sciences	3
<b>Hours</b>		<b>9</b>
<b>Second Year</b>		
<b>Fall</b>		
NURS:7002	Designing Research	3
NURS:7310	Measurement in Health Research	3
BIOS:5130	Applied Categorical Data Analysis	3
CPH:7270	Principles of Scholarly Integrity: Public Health	0
<b>Hours</b>		<b>9</b>
<b>Spring</b>		
NURS:7003	Quantitative Research	4
NURS:7803	Research Practicum I	2
CPH:7270	Principles of Scholarly Integrity: Public Health	1
<b>Hours</b>		<b>7</b>
<b>Third Year</b>		
<b>Fall</b>		
Comprehensive Exam <sup>d</sup>		

NURS:6802	Health Policy, Law, and Advocacy	3
NURS:7001	Qualitative Research	4
NURS:7804	Research Practicum II	2
<b>Hours</b>		<b>9</b>
<b>Spring</b>		
NURS:7404	Biological Markers in Health Research	3
NURS:7509	Research Residency <sup>e</sup>	3
<b>Hours</b>		<b>6</b>
<b>Fourth Year</b>		
<b>Fall</b>		
NURS:7805	Dissertation Research <sup>f</sup>	3
<b>Hours</b>		<b>3</b>
<b>Spring</b>		
NURS:7805	Dissertation Research <sup>f</sup>	3
<b>Hours</b>		<b>3</b>
<b>Fifth Year</b>		
<b>Fall</b>		
NURS:7805	Dissertation Research <sup>f</sup>	3
<b>Hours</b>		<b>3</b>
<b>Spring</b>		
NURS:7805	Dissertation Research <sup>f</sup>	3
<b>Final Oral Exam (Dissertation Defense)</b>		<b>3</b>
<b>Hours</b>		<b>3</b>
<b>Total Hours</b>		<b>60</b>

a Students must complete specific requirements in the University of Iowa Graduate College after program admission. Refer to the Graduate College website and the Manual of Rules and Regulations for more information.

b Online training modules to be completed during first semester.

c Other coursework includes the following: electives, additional methods courses, Research Practicum, or Research Residency. Work with faculty advisor to determine courses and sequence.

d For students admitted fall 2017 or later, the Comprehensive Exam must be completed no later than the end of the fall semester of year three.

e Or take an advanced/specific methods course, third statistics course, or an elective.

f Minimum of 11 s.h. of Dissertation Research required, generally distributed over multiple semesters until degree completion.

# Bachelor of Science in Nursing, BSN

## Nursing-RN

The nursing-RN program of study requires 32 s.h. of credit. Students must hold a valid nursing license (RN) and an Associate Degree in Nursing or Diploma in Nursing. They must earn a grade-point average (GPA) of at least 2.00 to earn the degree.

The program is designed to offer registered nurses the opportunity to build on their nursing knowledge and experience by earning a Bachelor of Science in Nursing. Students take courses that focus on professionalism and patient safety, research, improvement of health systems, leadership, professional engagement, and community and public health.

Students may transfer coursework completed at other colleges and universities to satisfy the prerequisites, general education requirements, and electives for admission to the College of Nursing (see "Admission to the Nursing-RN Program" under Admission [p. ] in this section of the catalog). Once a student is admitted to the program, the student has the option of completing the required 32 s.h. in three semesters, four semesters, or in five semesters.

The program is delivered online, with limited face-to-face meetings for the community health practicum experience and leadership project. Students must complete a practicum experience or an immersion experience in Eswatini, Africa, and may be required to drive up to 100 miles to a regional practicum setting.

The College of Nursing participates as a receiving institution in the Iowa Statewide Articulation Plan for Nursing Education: RN to Baccalaureate.

The nursing-RN program requires the following College of Nursing coursework.

## Courses Required for the Major

Course #	Title	Hours
NURS:3111	Diversity, Equity, and Inclusion for Health Professions	3
NURS:3160	Professional Role I: Professionalism and Patient Safety	3
NURS:3460	Professional Role II: Research	3
NURS:3518	Pathology	3
NURS:3650	Community and Public Health Nursing	3
NURS:3655	Community and Public Health Nursing Practicum	2
NURS:3660	Professional Role III: Improving Health Systems	3
NURS:3734	Introduction to Human Genetics	3
NURS:4160	Professional Role IV: Leadership and Professional Engagement	5

NURS:4170	Baccalaureate Seminar	1
Nursing electives		3
<b>Total Hours</b>		<b>32</b>

See RN-BSN Plans of Study on the College of Nursing website for semester-by-semester views of required coursework for full-time (three semesters) and part-time (four or five semesters) study for fall and spring entry.

## Honors in Nursing

The College of Nursing Honors Program provides seminars and independent study experience for qualified students. In order to pursue honors studies in nursing, students must maintain a University of Iowa GPA and a nursing major GPA of at least 3.50.

The honors program in nursing enables students to explore subject matter based on individual interests, needs, and goals. It provides opportunities for self-initiative, research experience, scholarly writing, intellectual and personal development, and challenges students to grow and excel. Students who fulfill the requirements of the program graduate with honors in nursing.

## Nursing-RN/3+1 Agreements

### Agreements with Area Community Colleges in Iowa

The nursing-RN program at the College of Nursing has RN to BSN 3+1 agreements with area community colleges in Iowa for qualifying nursing graduates to seamlessly transfer to the UI College of Nursing to finish their Bachelor of Science in Nursing (BSN) degree in one year. Under the 3+1 structure, nursing students stay in their three-year program at a community college and then complete the BSN degree in one year (three semesters).

The nursing-RN program at the College of Nursing provides access to baccalaureate education for nurses throughout the state. The 3+1 partnership provides enhanced opportunities for unparalleled leadership experience while allowing students to continue working in their communities as they complete their degree.

See RN to BSN 3+1 on the College of Nursing website for the agreements with multiple higher education institutions around the state of Iowa.

## Combined Programs

### Nursing-RN/DNP

Students in the RN subprogram of the BSN who are interested in earning a Doctor of Nursing Practice degree with an adult gerontology primary care nurse practitioner, family nurse practitioner, health systems, or pediatric nurse practitioner-primary care subprogram may apply to the combined program offered by the College of Nursing. For information about the DNP degree, see the Doctor of Nursing Practice, DNP in the catalog.

See RN-BSN Plans of Study on the College of Nursing website for semester-by-semester views of required coursework for Undergraduate to Graduate (U2G) Nursing-RN/DNP study for fall and spring entry.

BSN

2024	496
2023	483
2022	479
2021	469
2020	452

RN-BSN

2024	148
2023	140
2022	152
2021	191
2020	184

MSN

Program	CNL	NSA	EIP	Bridge	Total
2024	6	5	22		33
2023	10	4	14	2	30
2022	10	4		6	21
2021					27
2020					17

DNP

Program	AGNP AC	AGNP PC	CRNA	FNP	PNP AC	PNP PC	PMHNP	HSL	Dual	Total
2024	22	12	44	65	7	20	27	16	21	233
2023	27	7	43	63		7	17	15	19	227
2022	22	13	43	67	5	18	32	19	13	232
2021										238
2020										215

PhD

2024	28
2023	27
2022	24
2021	26
2020	26

Post Graduate Certificate

Program	AGNP AC	AGNP PC	FNP	PNP AC	PNP PC	PMHNP	HS	Total
2024				1		14		15
2023	1			1	1	7	1	11
2022		1		3		9		13
2021								21
2020								15

## College of Nursing Faculty Counts by Track and Rank 2018 to 2024

## Faculty Counts by Tenure Track and then by Rank

Track/Type	2018	2019	2020	2021	2022	2023	2024
Tenure Track-Assistant Professors	10	12	11	10	12	13	15
Tenured-Associate Professors	8	8	9	8	9	10	10
Tenured-Professors*	10	10	10	10	9	9	9
Tenure Track Faculty-All*	28	30	30	28	30	32	34

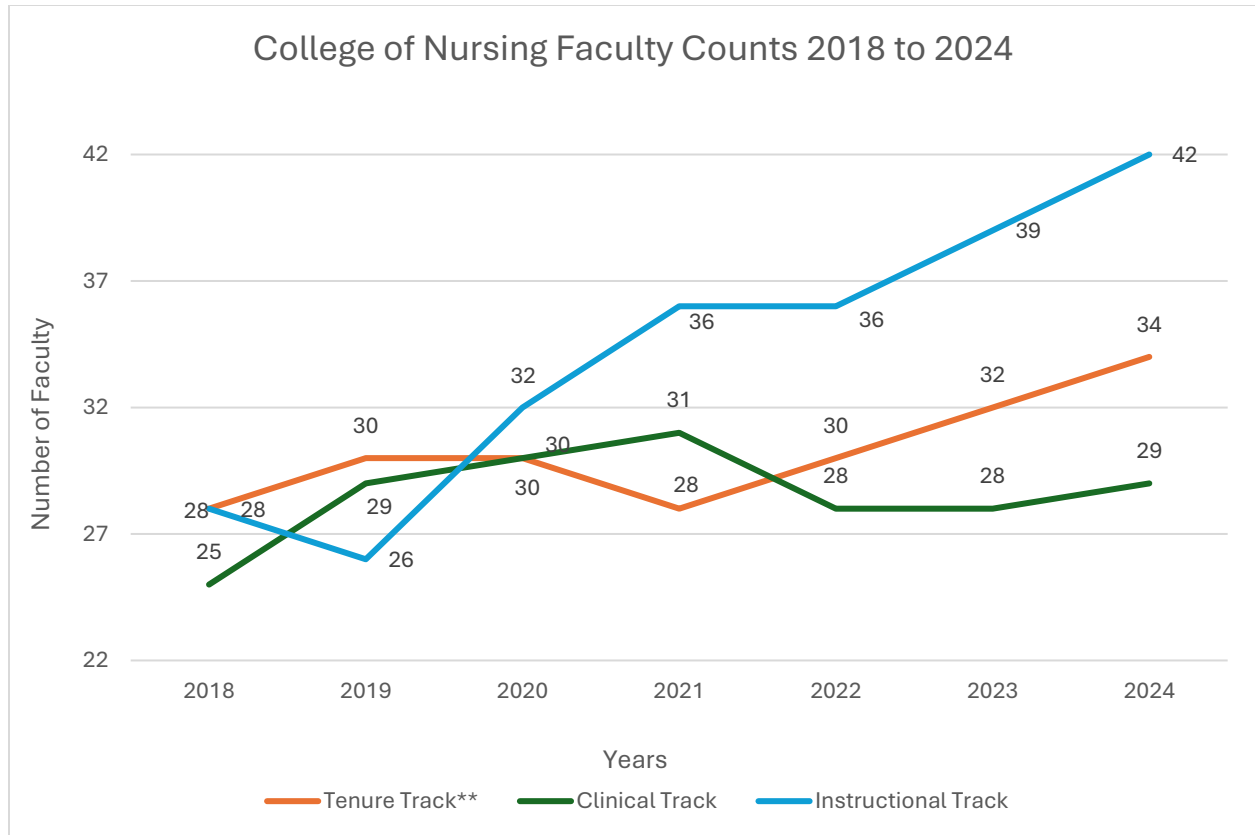
## Faculty Counts by Clinical Track and then by Rank

Track/Type	2018	2019	2020	2021	2022	2023	2024
Clinical Track-Assistant Professors	11	16	16	17	15	16	14
Clinical Track-Associate Professors	4	4	6	6	7	6	8
Clinical Track-Professors	10	9	8	8	6	6	7
Clinical Track Faculty-All	25	29	30	31	28	28	29

## Faculty Counts by Instructional Track and then by Rank

Track/Type	2018	2019	2020	2021	2022	2023	2024
Instructional Track-Lecturers	25	21	27	30	30	30	NA
Instructional Track-Assistant Prof Practice	NA	NA	NA	NA	NA	NA	16
Instructional Track-Assistant Prof Instruction	NA	NA	NA	NA	NA	NA	17
Instructional Track-Associate Professors	3	5	5	6	6	9	8
Instructional Track-Professors	0	0	0	0	0	0	1
Instructional Track Faculty-All	28	26	32	36	36	39	42

\*Note: count above does not include the dean.



Note: Data is from November 1 of each year. Tenure count above does not include dean.

Source: EFR GL Rpt - MS1 Report

Includes 050 &amp; 219 &amp; 080

510

520

240 total less student fees

Source: 240 rpt - Comp &amp; NCEC Student Fees

500

244

General Education Fund (State)

Federal Grants and Contracts

Foundations and Public Gifts

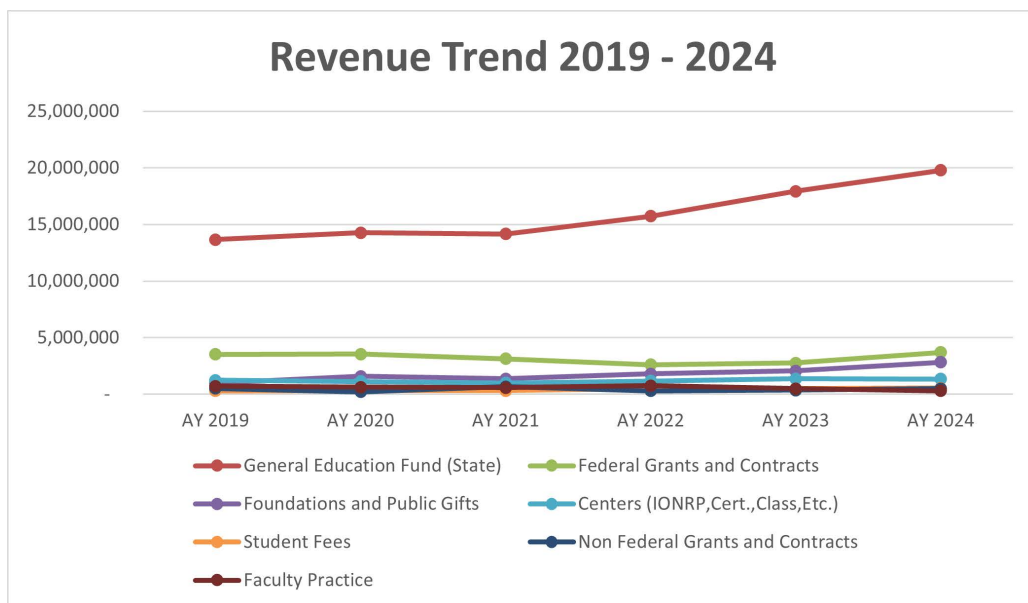
Centers (IONRP,Cert.,Class,Etc.)

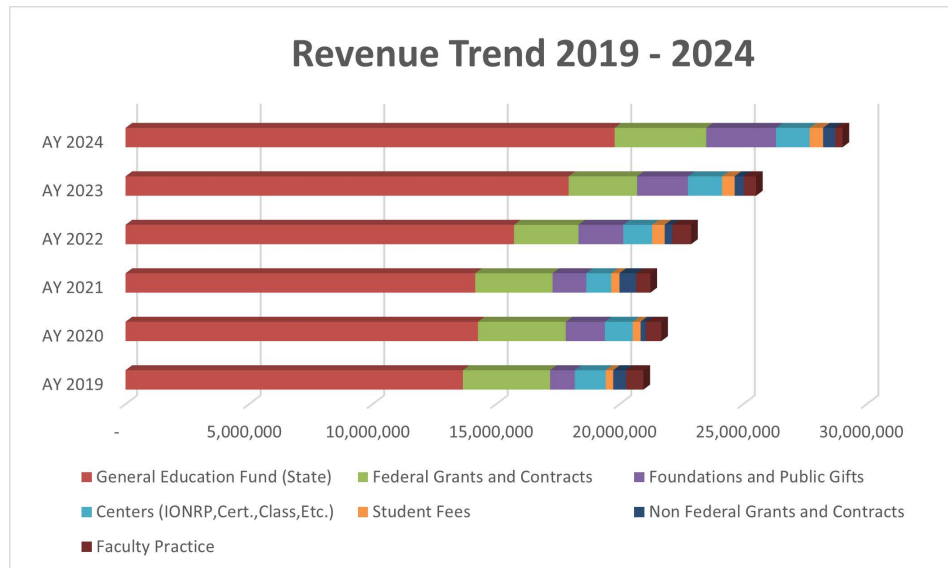
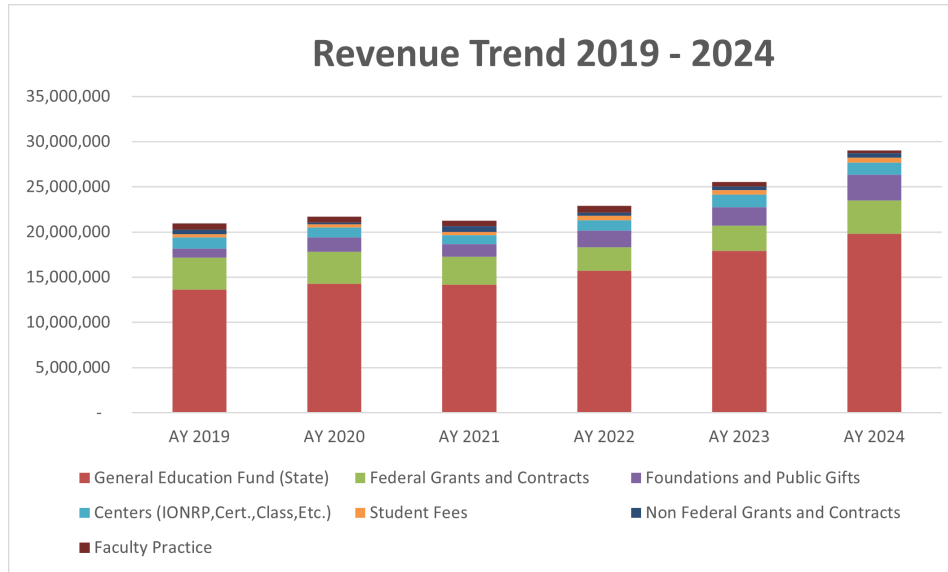
Student Fees

Non Federal Grants and Contracts

Faculty Practice

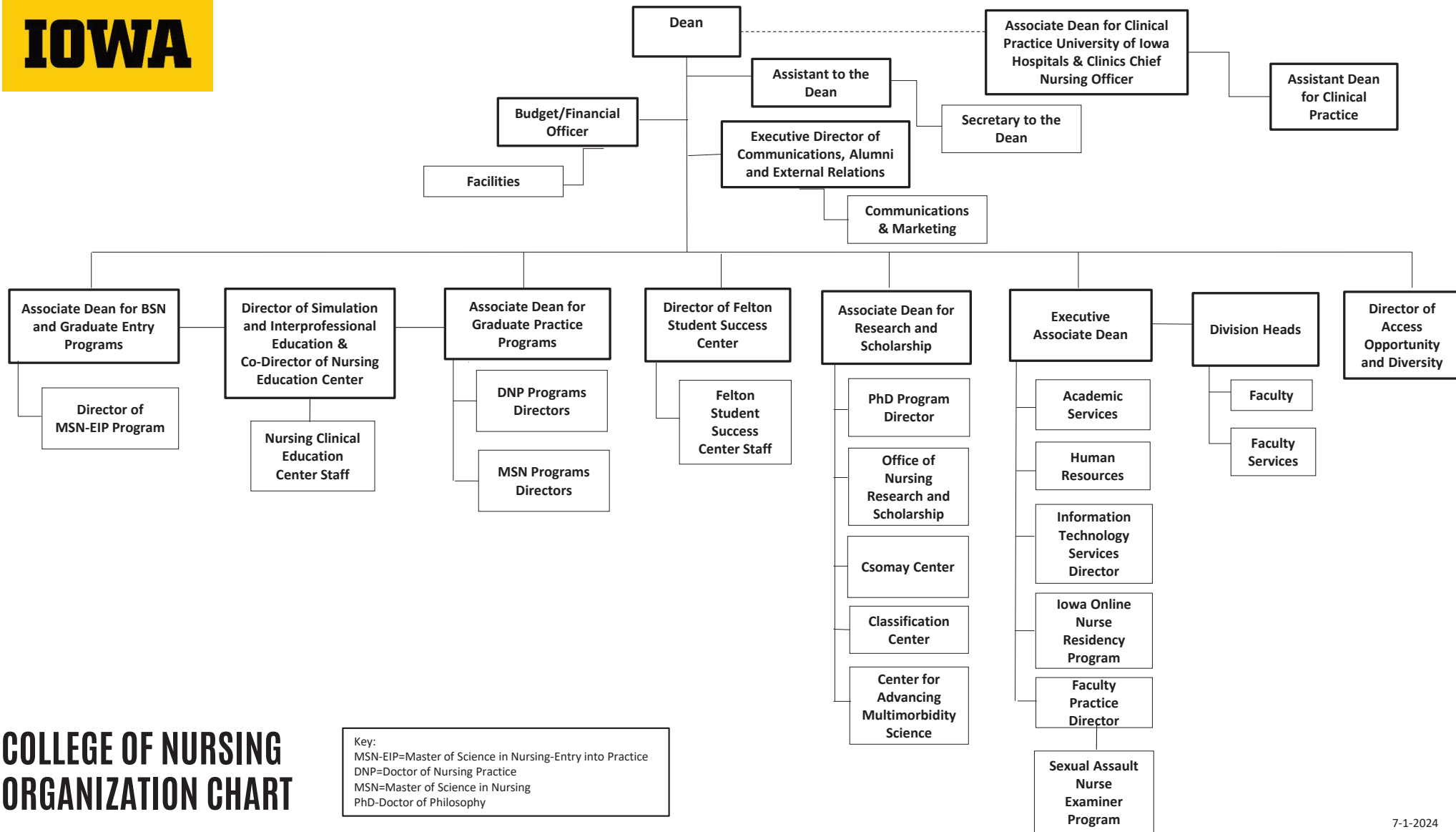
	AY 2019	AY 2020	AY 2021	AY 2022	AY 2023	AY 2024
General Education Fund (State)	13,652,916	14,266,312	14,154,121	15,724,715	17,935,427	19,795,752
Federal Grants and Contracts	3,529,736	3,552,161	3,129,832	2,605,976	2,769,649	3,709,797
Foundations and Public Gifts	1,001,389	1,581,394	1,363,868	1,815,876	2,060,994	2,825,487
Centers (IONRP,Cert.,Class,Etc.)	1,248,959	1,127,219	1,009,012	1,169,495	1,380,495	1,356,405
Student Fees	306,535	319,716	334,300	505,793	506,160	547,174
Non Federal Grants and Contracts	515,990	212,464	677,729	304,636	373,385	486,231
Faculty Practice	706,927	626,260	576,371	767,871	495,961	300,194
\$	20,962,452	\$ 21,685,526	\$ 21,245,233	\$ 22,894,362	\$ 25,522,071	\$ 29,021,040





## COLLEGE OF NURSING ORGANIZATION CHART

Key:  
 MSN-EIP=Master of Science in Nursing-Entry into Practice  
 DNP=Doctor of Nursing Practice  
 MSN=Master of Science in Nursing  
 PhD=Doctor of Philosophy

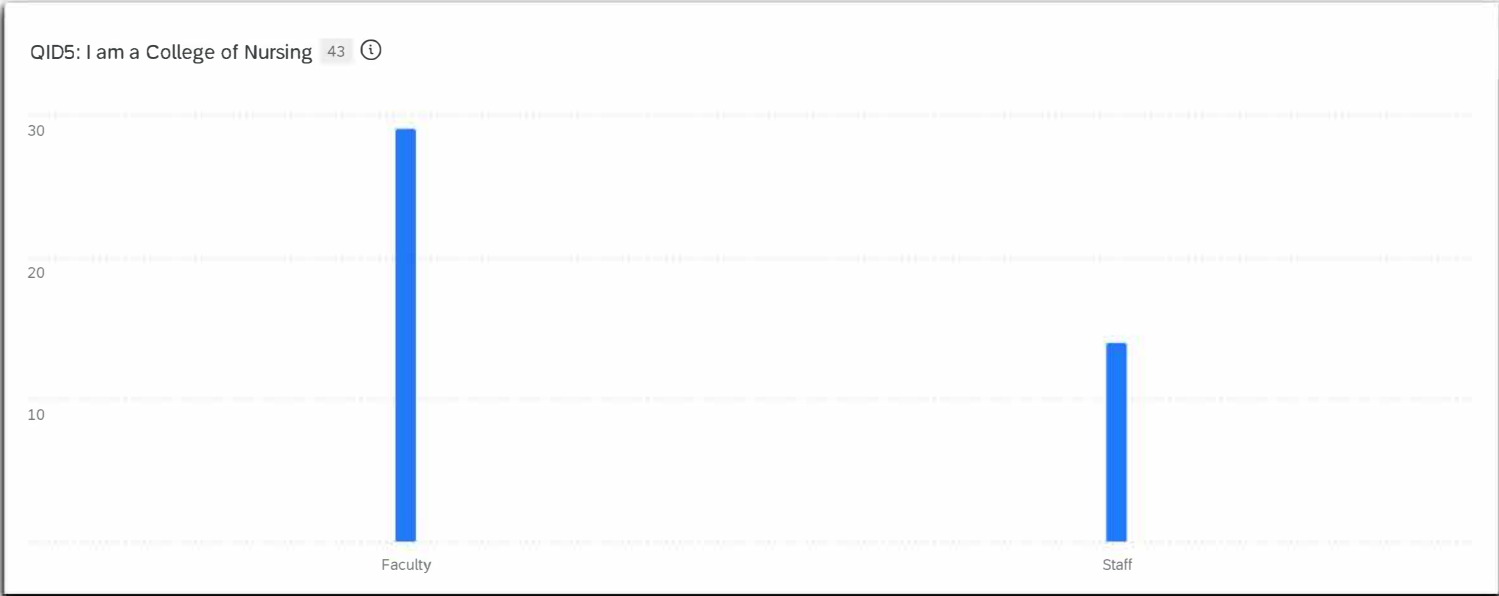
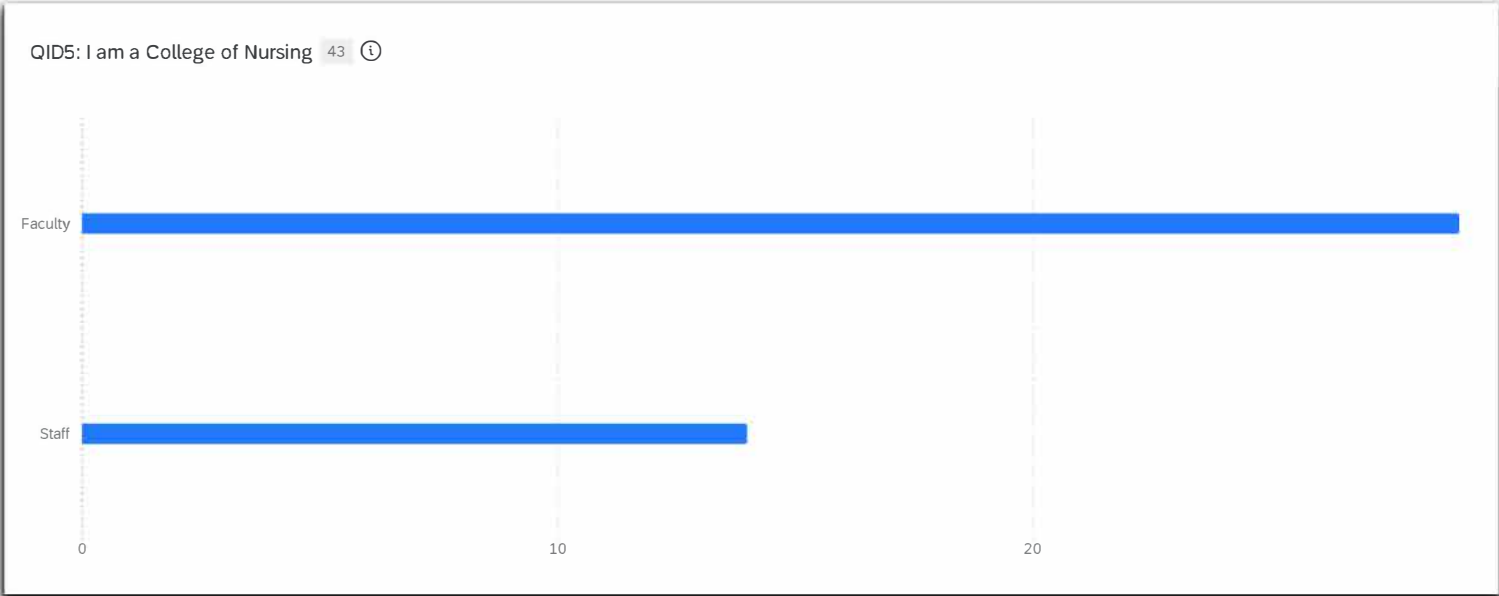


Planning space for:

- UG cohort size= 90 x4= 360
- MSN-EIP cohort size=50 x2 =100
- Graduate health assessment course=90 each year

<b>Nursing Programs</b>	<b>University of Iowa College of Nursing/current</b>	<b>University of Iowa College of Nursing need but do not have</b>
<b>High Fidelity Simulation</b>		
In Patient Simulation	5	8
Outpatient Simulation	0	2
Operating Room	0	1
Nursing Station	0	2
Control Rooms	0	10 connected to each in and out of patient simulation room
Work Room	0	1 for moulage mixing and dirty work
Prebrief Rooms	0	4
Debrief Rooms	0	4
Storage	3	6
<b>Standardized Patient</b>		
Exam Rooms	2	8
Consult Rooms	1	1
Central Control Room	0	1- for SP exam rooms only
SP Lounge	0	1
<b>Class Laboratories</b>		
Task Training**	2 @ 10-seats	0
Nursing Lab - Exam Tables	1 @ 6-stations	4 @ 6-stations
Nursing Lab - Hospital Beds	2 @ 4 stations	4 @ 5-stations
Nursing Lab - Hybrid Lab	0	2-large, multi-use room (no furniture)
Home Care Lab	0	1
<b>Experiential Learning Staff Workplace</b>	0	if shared workspace is used, need 8 (shared) stations
<b>Classrooms</b>		
Small (6-24 seats)	1 @ 14 seats	4 @ 16-20 seats
Medium (24-48 seats)	3 @ ~30 seats	0
Medium (24 - 48 seats)	0	0
Large (48-seats +)	1 @ 84 seats	1 @ 90 (to fit UG cohort)

Responses: 43



QID5: I am a College of Nursing 43 ⓘ

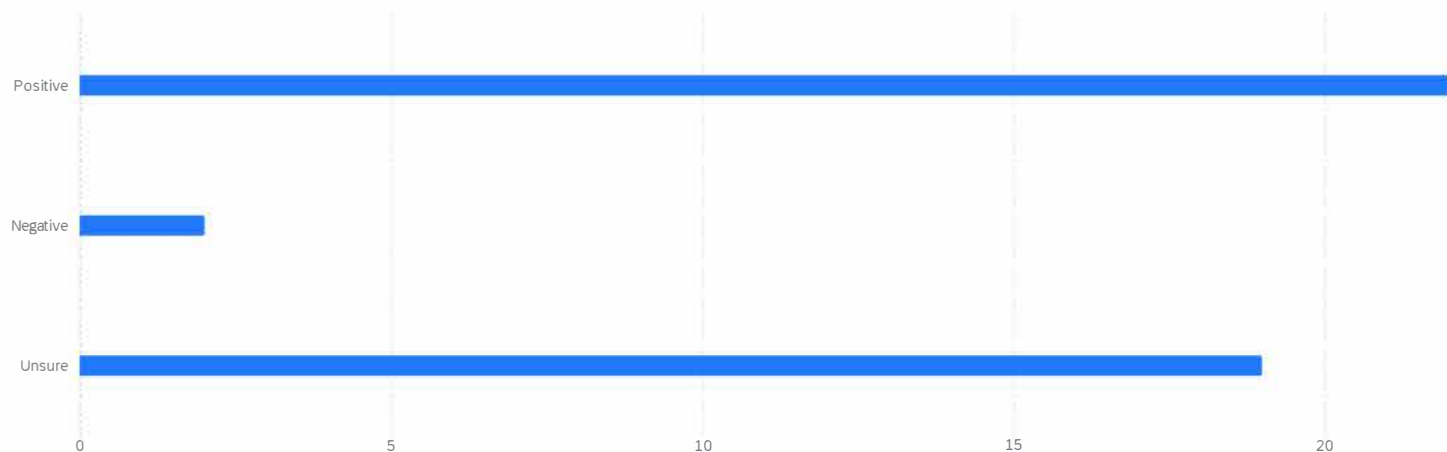
Q1 - I am a College of Nursing	Percentage	Count
Faculty	67%	29
Staff	33%	14

QID5: I am a College of Nursing 43 ⓘ

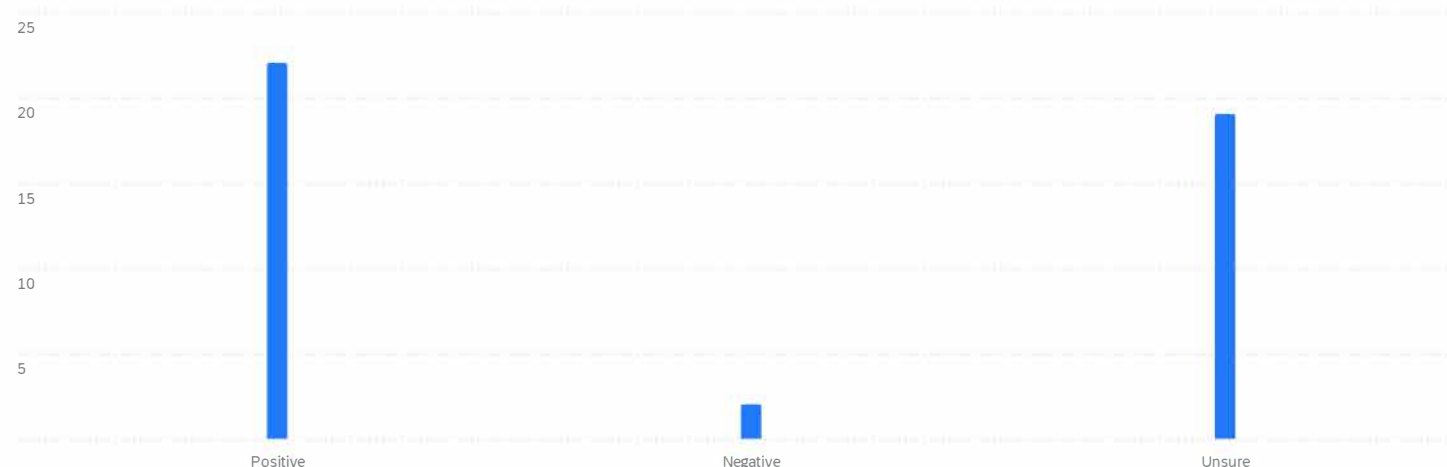
I am a College of Nursing	Average	Minimum	Maximum	Count
Faculty	1.00	1.00	1.00	29
Staff	2.00	2.00	2.00	14

## Appendix H - Self-Study Committee Faculty and Staff Survey

QID1: The College of Nursing has developed a new administrative structure. Overall, do you think this change has been 43 ⓘ



QID1: The College of Nursing has developed a new administrative structure. Overall, do you think this change has been 43 ⓘ



QID1: The College of Nursing has developed a new administrative structure. Overall, do you think this change has been 43 ⓘ

Q2 - The College of Nursing has developed a new administrative structure. Overall, do you think this change has been

Percentage

Count

Positive	51%	22
Negative	5%	2
Unsure	44%	19

QID1: The College of Nursing has developed a new administrative structure. Overall, do you think this change has been 43 ⓘ

The College of Nursing has developed a new administrative structure. Overall...

Average

Minimum

Maximum

Count

Positive	1.00	1.00	1.00	22
Negative	2.00	2.00	2.00	2

Unsure

3.00

3.00

3.00

19

QID8: If you selected unsure about the administrative structure, please comment/provide suggestions for improvement. 43 ⓘ

If you selected unsure about the administrative structure, please comment/p...

Still too early to tell. I was not having issues with the old administrative structure. The two divisions which were formed seem to be very different. One has 2/3 of faculty, the other 1/3. Both have a single director. One director is probably overworked and the other correctly working. The larger division could use an assistant director or two to unweight the director. Otherwise the faculty in that division will no be getting any increased mentoring versus the old model.

There is still a lot of confusion regarding who to go to about teaching. Sue/Lisa don't seem to have input. Sarah's priority is not research buyout (understandably). New faculty do not have clarity on teaching decisions. FMLA and leadership also confusing in how it impacts teaching, do we talk to Sarah, Sue/Lisa, Sandy for everything? There doesn't seem to be a lot of communication between the two.

Not sure the division has been more productive for staff.

I think things are very disorganized administratively

I am not close enough to it to know.

This is my first year as a faculty member, so I do not feel that I can appropriately answer this question.

I think it was an overall good move, but time will tell. I don't like all the "competition" between the divisions, even if it is in good fun. I find it more of a distraction. I think we could use some opportunities to mix between divisions to see where there may be some overlap. I thought there would be more opportunities for clinical and research tracts to interact and find partnerships.

I am a new faculty member

There are many reorganizations going on in the college (faculty & staff). The reorganization in SS is still in the early stages, but not sure if there will be improvement or just a "shuffle". I believe the goal was to get staff out of their program specific silos; however, it seems we will continue to have silos, just not maybe program specific. However, change is always welcome, but the change may show that we work better in the program specific silos?

I understand the load of administrative reviews needed to be delegated out as it was too much for my direct supervisor. However, it is frustrating to be placed in division that has nothing to do with my practice or teaching and be reviewed by someone from that lens.

I started after the new structure was implemented so I do not have a previous point of reference.

I am not close enough to the faculty side of things to notice a change in administrative structure.

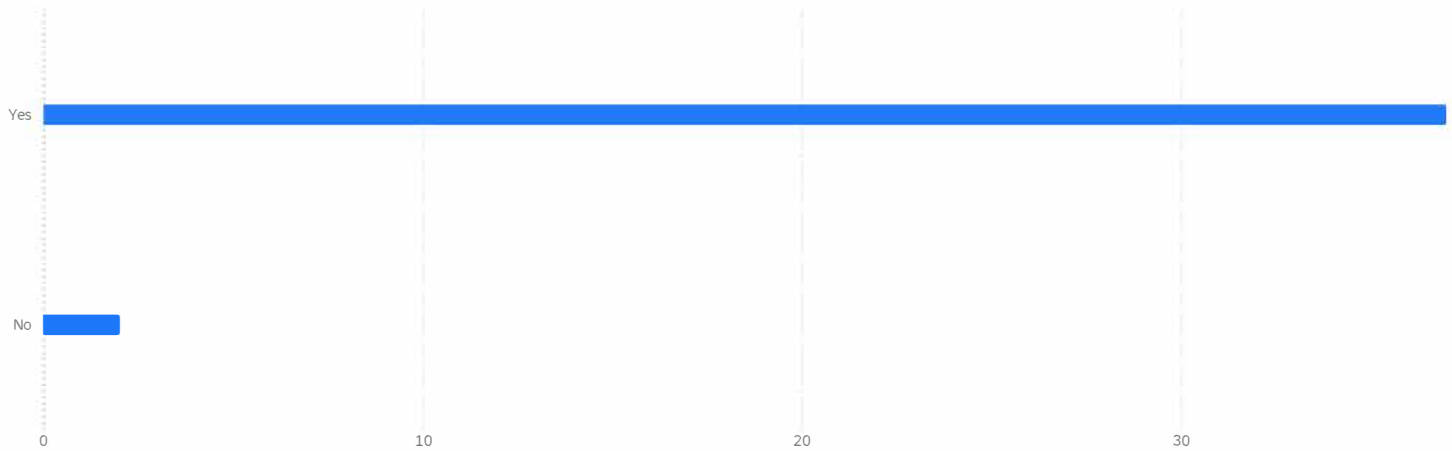
Changes predate my start in the CON.

Need a designated leader to oversee the executive function of the academic side of the college. It's not really fair to ask faculty or staff seek out the one person in charge of a specific program for problem solving as issues usually are not clear cut to a specific program. There is no clear mission or direction for academics. How about returning academics affairs to its former structure and add an associate dean for outreach and community engagement to oversea IONRP, faculty practice, SANE, and any community engagement related efforts?

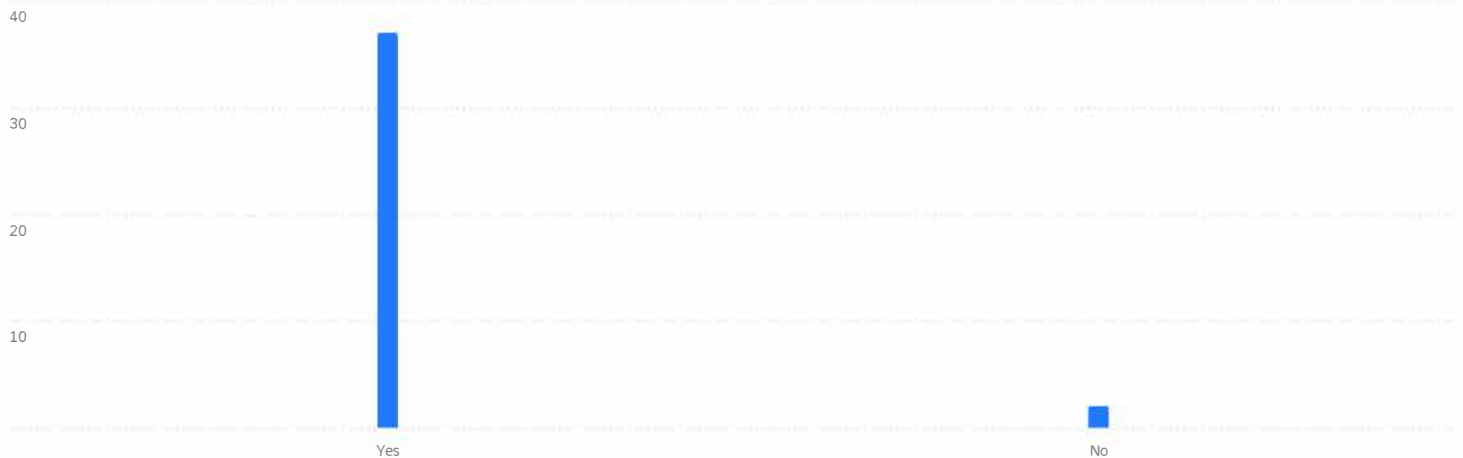
In my position, this change has not changed my work.

## Appendix H - Self-Study Committee Faculty and Staff Survey

QID4: Are you aware of the development of partnerships with community colleges to allow entry into the RN to BSN program? 39 ⓘ



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Q4 - Are you aware of the development of partnerships with community colleges to allow entry into the RN to BSN program?

Percentage

Count

Yes	95%	37
No	5%	2

QID4: Are you aware of the development of partnerships with community colleges to allow entry into the RN to BSN program? 39 ⓘ

Are you aware of the development of partnerships with community colleges to...

Average

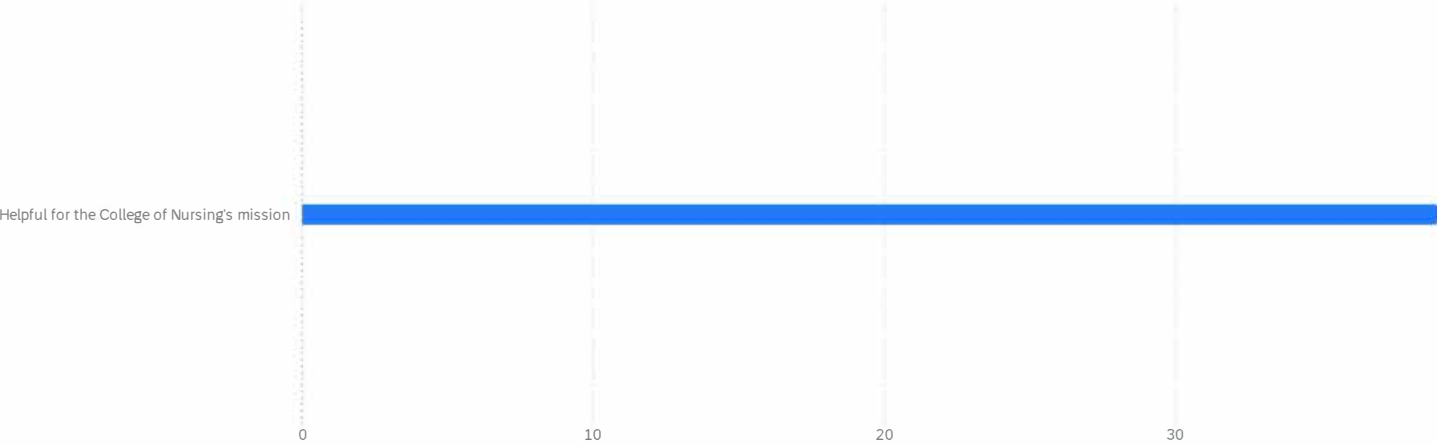
Minimum

Maximum

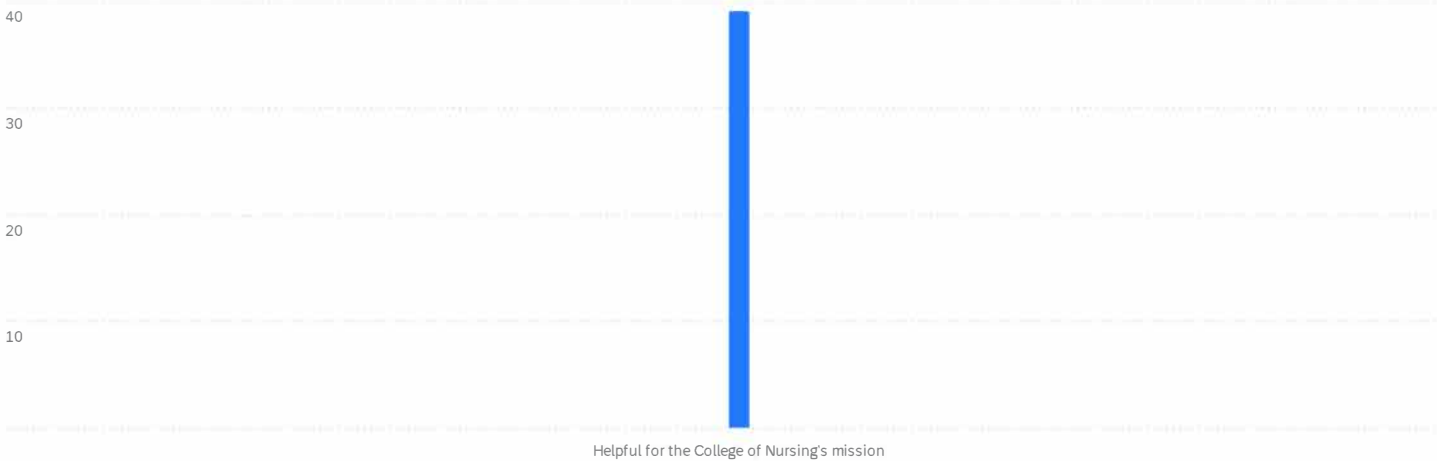
Count

Yes	4.00	4.00	4.00	37
No	5.00	5.00	5.00	2

QID10: Do you think partnering with community colleges is 39 ⓘ



QID10: Do you think partnering with community colleges is 39 ⓘ



QID10: Do you think partnering with community colleges is 39 ⓘ

Q5 - Do you think partnering with community colleges is	Percentage	Count
Helpful for the College of Nursing's mission	100%	39

QID10: Do you think partnering with community colleges is 39 ⓘ

Do you think partnering with community colleges is	Average	Minimum	Maximum	Count
Helpful for the College of Nursing's mission	1.00	1.00	1.00	39

QID2: The U2G program is an undergraduate to graduate program that allows one to graduate with both their Bachelor's (BSN) and Doctor of Nursing Practice (DNP) in as little as six years. What do you think would help the U2G program grow and succeed? 43 ⓘ

The U2G program is an undergraduate to graduate program that allows one to...

It's difficult since most undergrads have no idea what they want to do when they enter undergrad. It would be better if this was an opt-in during the final year of their curriculum. Just agreeing to allow them to enter into a U2G program out of the gate is problematic. It requires them to commit to a long process when they have not even interacted with a human in a care providing situation. Let alone really have any idea what an advanced nursing practitioner or research actually does. That is likely very hard for an 18 year old to understand.

It's a fantastic program

Early introduction and continued communication with potential students. Making certain they understand the potential benefits of the U2G program versus another curricular track.

Consumer buy in. I would never see a U2G practitioner.

Better marketing and incentives for students. I was not aware of this program as a Tenured Track faculty at the CON.

Awareness

I am not familiar this program so can't proffer any opinions.

I am against this program as I believe students need more time in practice as nurses before practice as ARNPs. I believe this is an issue of patient safety as well as being taken seriously as a profession by PAs, MDs, DOs, etc.

Better awareness for faculty so we can share this option when interacting with nurses.

Mentoring of candidate in DNP program to fully understand the role

For students who have not indicated interest in this pathway, early identification of talent and potential for success in this program so that small group/individualized dialogue with students can be fostered.

I think conferring each degree along the way may be helpful. Breaking large goals into smaller chunks typically helps people succeed. U2G seems overwhelming.

More public advertisement about the program.

Close curricular integration between the UG and graduate programs.

I'm not sure that I support this, but going forward, it would take a stellar bsn student-- very mature and forward thinking. I think that DNP graduates should have some experience in nursing before becoming NPs.

I do not have suggestions this time.

More support from the faculty.

I think this would be a very supportive environment for this type of learning. The instructions really nurture growth in the students over the years. The influence our faculty has on young minds over a 6 year time period, while it seems like a lot, it can really shape the ethical approach to care through mentoring.

Opportunities for interested students to shadow individuals practicing with a DNP to differentiate role interest or a mentoring support system.

Personally feel that getting a DNP and working as a nurse practitioner with as little as 6 years of experience as a nurse is irresponsible on our part.

Partner with other units in the CON doing outreach in order to promote the program.

More clear understanding of the pathway and less restriction on what courses count for graduate piece if student steps out temporarily

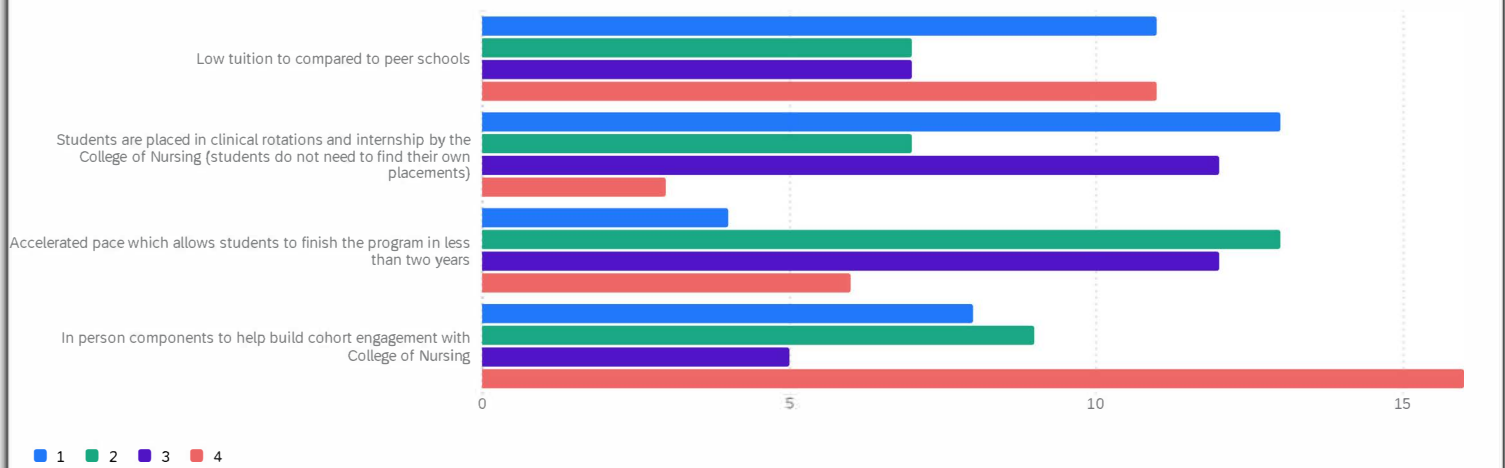
Fundamentally, I don't understand the concept or benefit of a U2G program.

Cost

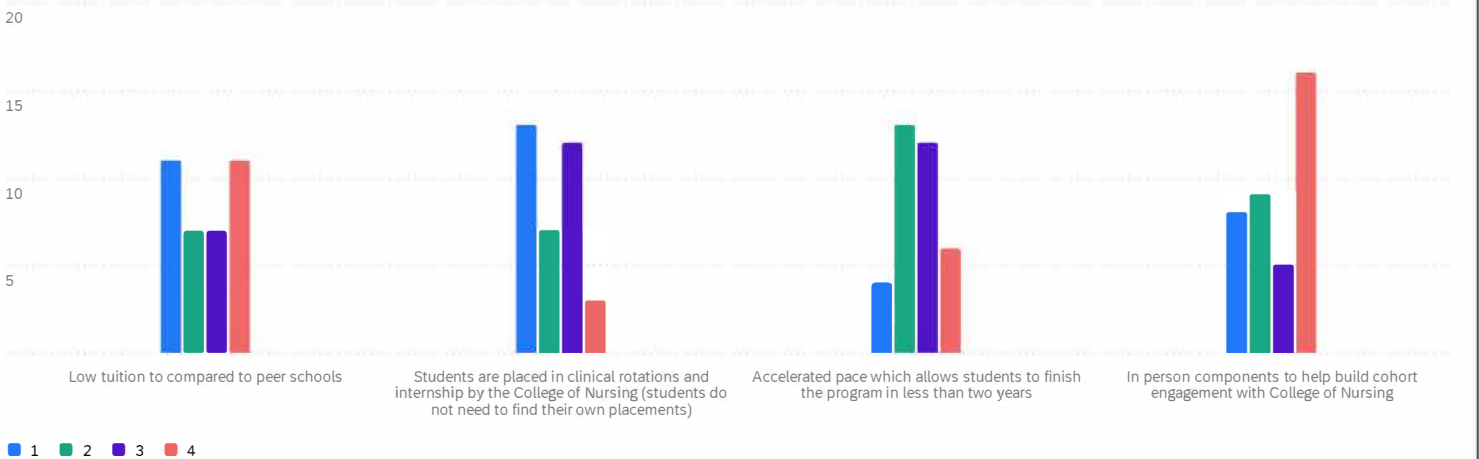
Marketing

Not sure how to grow a program that can only recruit from within Iowa.

QID3: Please rank from the most important (1) to the least important factors (4) that will support the sustainable growth of the MSN-EIP program: 38 ⓘ



QID3: Please rank from the most important (1) to the least important factors (4) that will support the sustainable growth of the MSN-EIP program: 38 ⓘ



# Appendix H - Self-Study Committee Faculty and Staff Survey

QID3: Please rank from the most important (1) to the least important factors (4) that will support the sustainable growth of the MSN-EIP program: 38 ⓘ

Please rank from the most important (1) to the least important factors (4)...

1

2

3

4

Low tuition to compared to peer schools

11

7

7

11

Students are placed in clinical rotations and internship by the College of Nursing (students do not need to find their own placements)

13

7

12

3

Accelerated pace which allows students to finish the program in less than two years

4

13

12

6

In person components to help build cohort engagement with College of Nursing

8

9

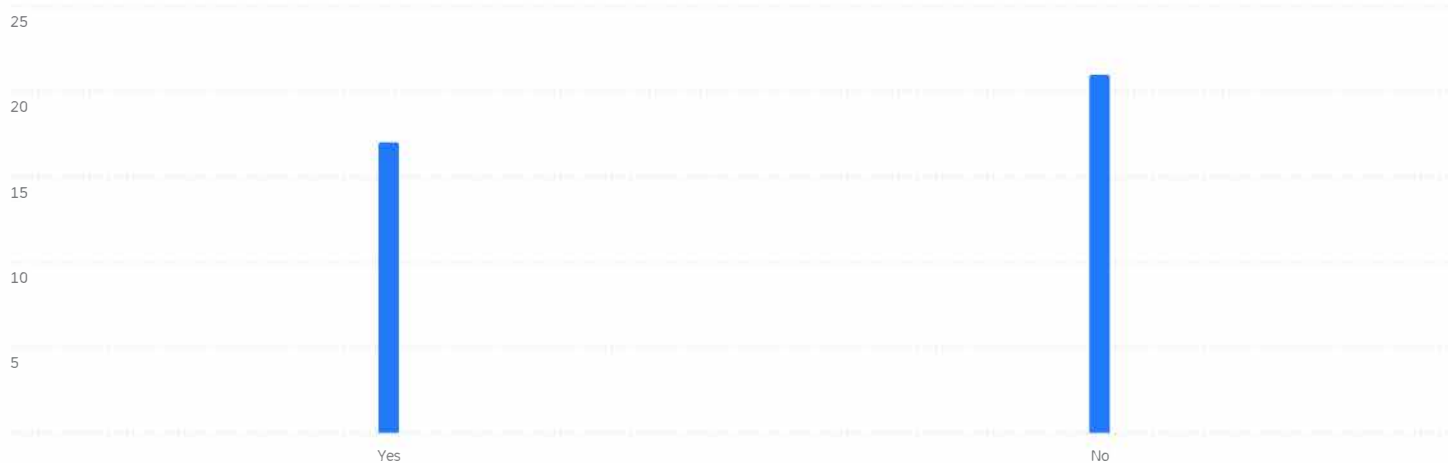
5

16

QID11: Are you aware of the College of Nursing's strategies for recruiting into the tenure track? 38 ⓘ



QID11: Are you aware of the College of Nursing's strategies for recruiting into the tenure track? 38 ⓘ



QID11: Are you aware of the College of Nursing's strategies for recruiting into the tenure track? 38 ⓘ

Q8 - Are you aware of the College of Nursing's strategies for recruiting into the tenure track?

Percentage

Count

Yes

45%

17

Q8 - Are you aware of the College of Nursing's strategies for recruiting into the tenure track?

## Appendix H - Self-Study Committee Faculty and Staff Survey

Percentage

Count

No

55%

21

QID11: Are you aware of the College of Nursing's strategies for recruiting into the tenure track? 38 ⓘ

Are you aware of the College of Nursing's strategies for recruiting into th...

Average

Minimum

Maximum

Count

Yes

1.00

1.00

1.00

17

No

2.00

2.00

2.00

21

QID12: If you selected yes, please describe College of Nursing's strategies for tenure track faculty recruitment. 43 ⓘ

If you selected yes, please describe College of Nursing's strategies for te...

Financial and mentor support.

There is a committee that works with leadership for recruitment of tenure track faculty to UI CON.

MNRS, advertisements on our website, the Iowa Postdoc Program.

Identify area of need and search for faculty to fill those

Personal outreach from current faculty. Advertisement in select venues.

Seems as though we are often having open searches and positions posted for tenure track.

recruitment clearly ongoing based on number of invites to view candidate presentations

Leveraging networks - of current faculty/admin. Identifying candidates of interest and personalized outreach to them. Research interest and matching areas of research needs on UI.

Advertising everywhere

networking at research focused meetings; identifying funded researchers focusing on topics consistent with the College of Nursing's strengths.

Tenure track search committee develops a call every year targeting recruiting to collegiate needs. Advertising in widely distributed venues. Faculty to faculty recruitment is also effective.

Announcements for TT faculty are made public. Applicants apply on line. Applications and CV are reviewed by Faculty and discussed. Criteria is used to ensure minimal bias in selection process, e.g. research record of grant applications and grant awards, publications that are data-based and relevant to nursing science. Selection is discussed among TT faculty committee. TT applicants who meet criteria in our competitive environment are invited to present to our College of Nursing Faculty. The CON faculty who attend or listen to the recorded presentation will complete evaluation surveys on communication, scholarship, teaching, service, fit to our CON. The TT faculty committee evaluate all the input from faculty, discuss, and bring recommendation to the Executive Committee.

Online advertisement, direct contact through networking/recommendations of faculty and peers.

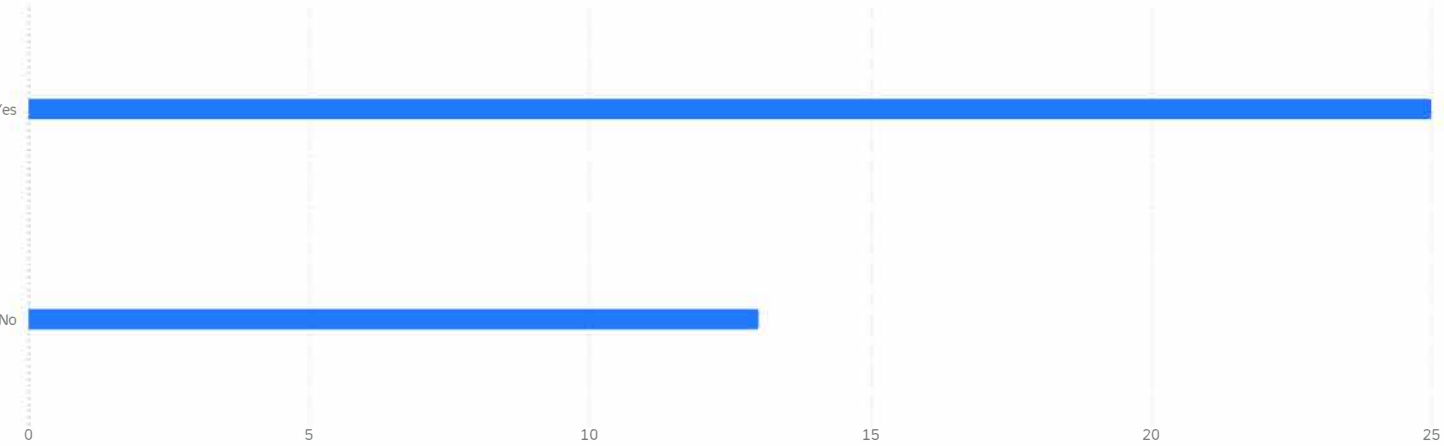
Networking and advertising based on CON needs

I should have selected no

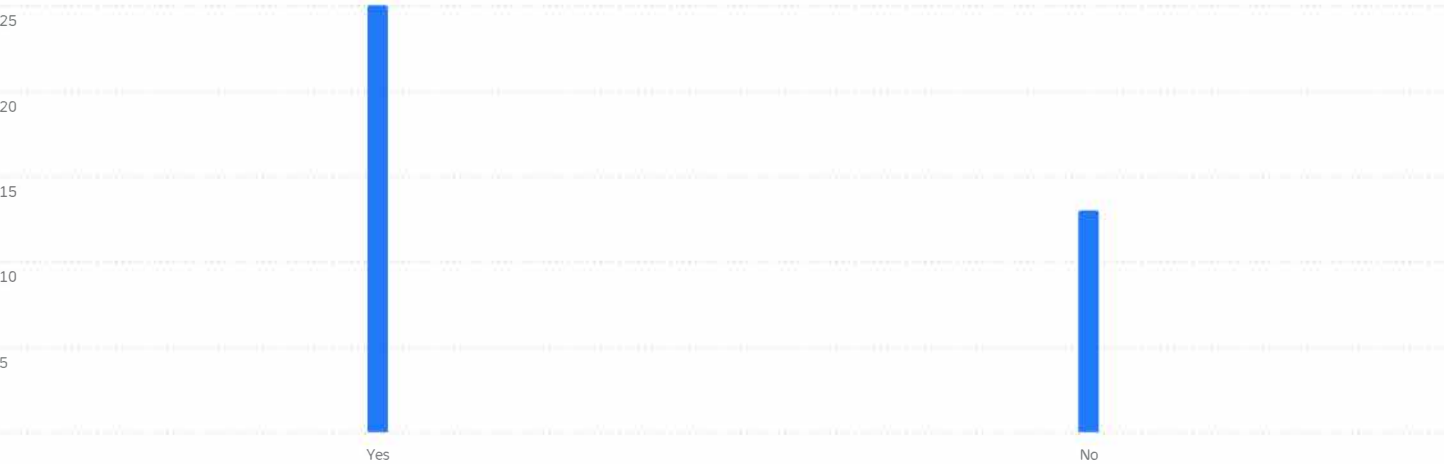
word of mouth, traditional advertising, networking

I am aware the CON is always recruiting

QID13: Are you aware of the research productivity of College of Nursing's tenure track faculty? 38 ⓘ



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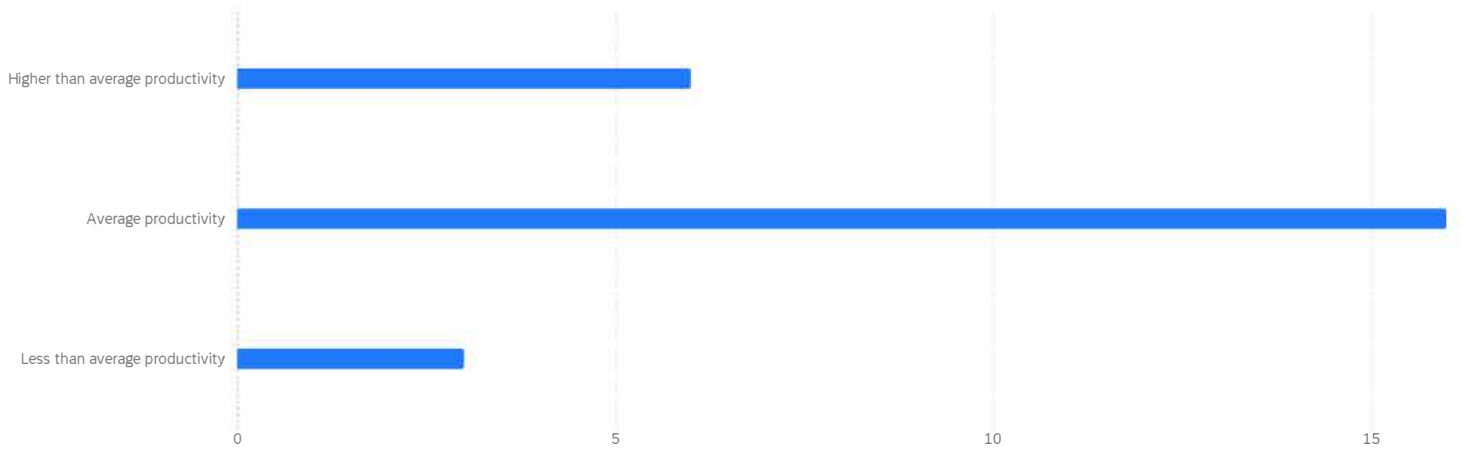
Q10 - Are you aware of the research productivity of College of Nursing's tenure track faculty?	Percentage	Count
Yes	66%	25
No	34%	13

## Appendix H - Self-Study Committee Faculty and Staff Survey

QID13: Are you aware of the research productivity of College of Nursing's tenure track faculty? 38 ⓘ

Are you aware of the research productivity of College of Nursing's tenure t...	Average	Minimum	Maximum	Count
Yes	1.00	1.00	1.00	25
No	2.00	2.00	2.00	13

QID14: If yes, is it your opinion that when compared to faculty at comparable colleges of nursing, the tenure track faculty are 25 ⓘ



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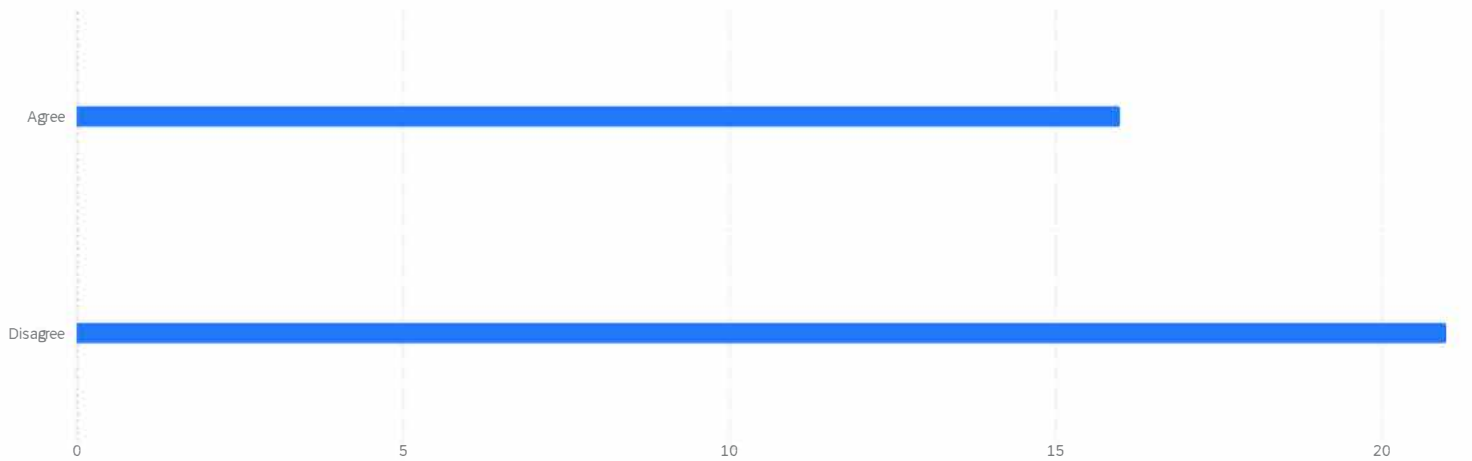
Q11 - If yes, is it your opinion that when compared to faculty at comparable colleges of nursing, the tenure track faculty are	Percentage	Count
Higher than average productivity	24%	6
Average productivity	64%	16
Less than average productivity	12%	3

## Appendix H - Self-Study Committee Faculty and Staff Survey

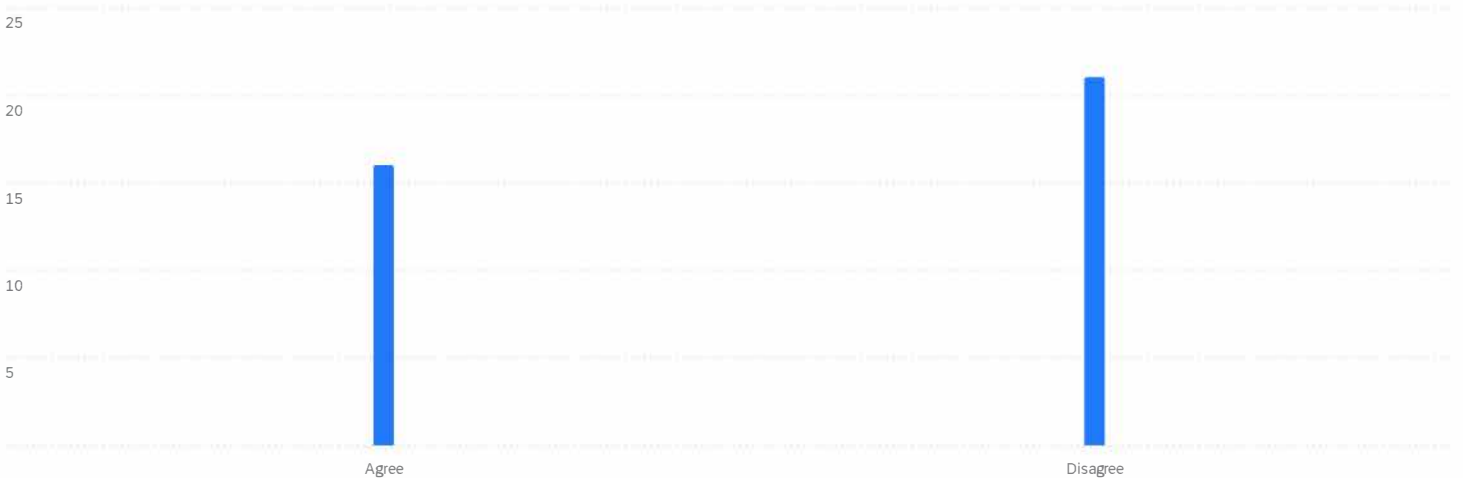
QID14: If yes, is it your opinion that when compared to faculty at comparable colleges of nursing, the tenure track faculty are 25 ⓘ

If yes, is it your opinion that when compared to faculty at comparable coll...	Average	Minimum	Maximum	Count
Higher than average productivity	1.00	1.00	1.00	6
Average productivity	2.00	2.00	2.00	16
Less than average productivity	3.00	3.00	3.00	3

QID15: There are many missed opportunities to replace College of Nursing's retiring tenure track faculty. 37 ⓘ



QID15: There are many missed opportunities to replace College of Nursing's retiring tenure track faculty. 37 ⓘ



QID15: There are many missed opportunities to replace College of Nursing's retiring tenure track faculty. 37 ⓘ

Q12 - There are many missed opportunities to replace College of Nursing's retiring tenure track faculty.	Percentage	Count
Agree	43%	16
Disagree	57%	21

## Appendix H - Self-Study Committee Faculty and Staff Survey

QID15: There are many missed opportunities to replace College of Nursing's retiring tenure track faculty. 37 ⓘ

There are many missed opportunities to replace College of Nursing's retirin...	Average	Minimum	Maximum	Count
Agree	1.00	1.00	1.00	16
Disagree	2.00	2.00	2.00	21

QID16: If you selected agree, please share any ideas you have related to replacing retiring tenure track faculty. 43 ⓘ

If you selected agree, please share any ideas you have related to replacing...

This highly depends on when and why the tenure track person is retiring. If still in IC, they could serve as a mentor to junior faculty. They could serve as an editor or read grant submissions. The college could host an event once a semester where new faculty and retired faculty have lunch and discuss their research and path through higher education. They could serve as consultants on grants. If they are not in IC, they could still provide editorial advice in multiple ways (grants, manuscripts, writing in general). They could help provide some writing expertise to other tracks than just tenure. The MSN and NDP programs need help in this area.

Stronger focus on academic and clinical partnerships with UI Health Care, as well as other University of Iowa Colleges.

National recruitment initiatives

none

Pay people more. In addition, do not make everyone teach one class is they have buy-out. Perhaps their contribution is better served with obtaining grants or research.

There is little to no advertising about positions within the College.

I wanted to select unsure but that wasn't an option. It just seems that we need to be more proactive in recruiting those with very well-established records of funding.

N/A

na

Succession planning

national search

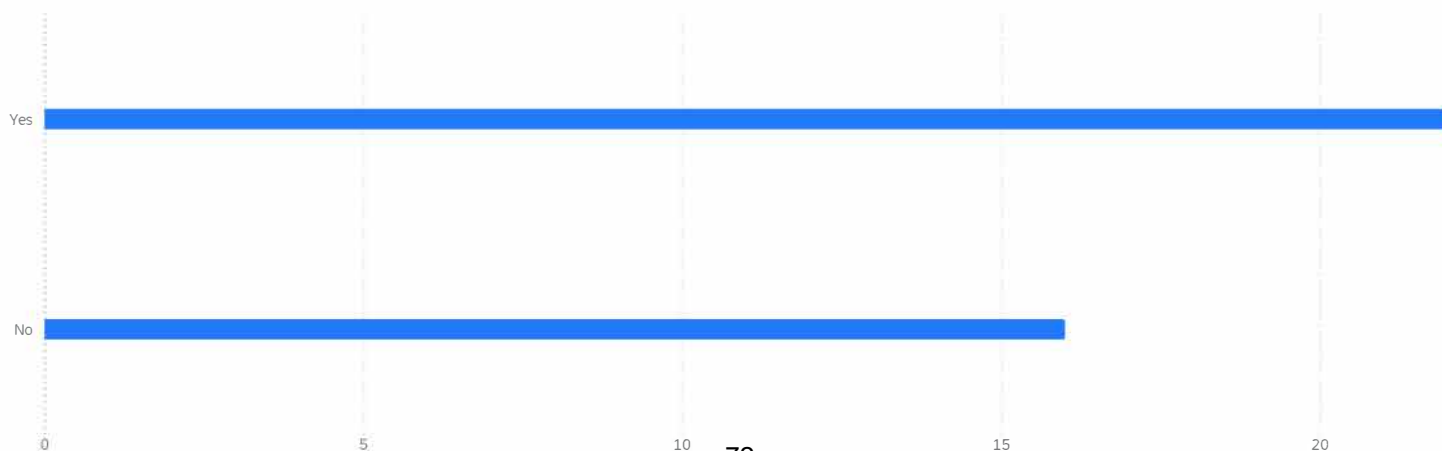
I think one missed opportunity that the college is catching up with is hiring more tenured rather than tenure tack professors to attend the new demand for professors at the college.

Replacing retiring TT faculty requires that you replace these strong seasoned individuals with people who are mid-career (Associate or full Professors), not always with new TT faculty. Mentorship is such an important thing in the field of nursing. When good mentors are lost, replacing them is so hard. While we look for people who are well published faculty, and have obtained many grants, the busy schedules of these individuals does not always allow for mentoring opportunities. A balance between having great mentoring and great researchers is a difficult one.

Focused recruitment of tenured faculty. Endowed chair or professorships.

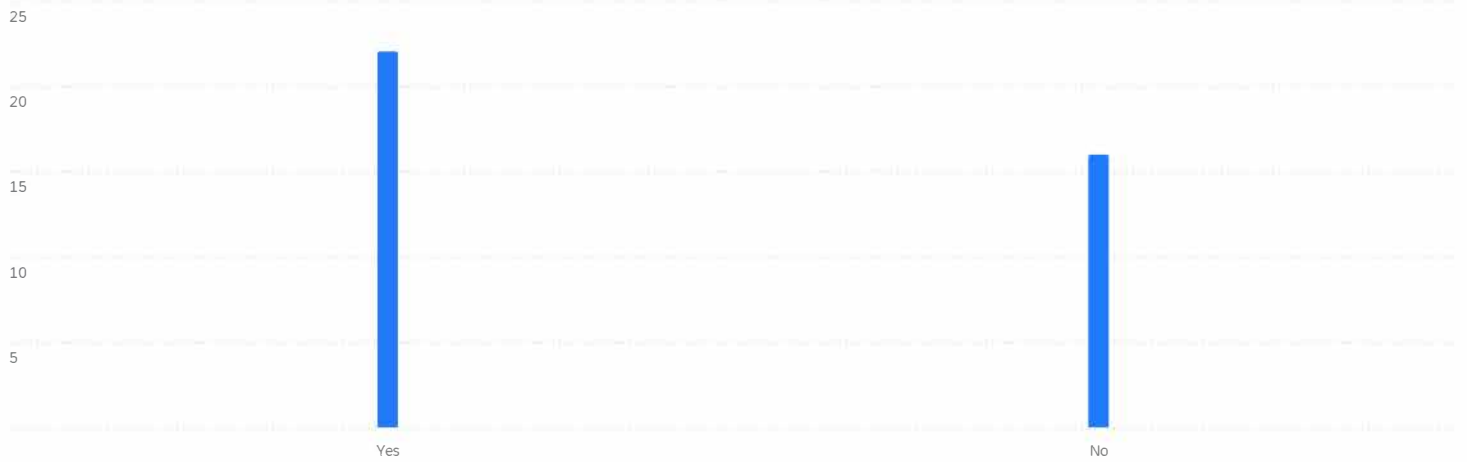
Promoting IC as a place to live, possible hybrid positions, not sure I'd salaries are competitive

QID6: Do you believe there is enough communication about the finances of the College? 38 ⓘ



## Appendix H - Self-Study Committee Faculty and Staff Survey

QID6: Do you believe there is enough communication about the finances of the College? 38 ⓘ



QID6: Do you believe there is enough communication about the finances of the College? 38 ⓘ

Q14 - Do you believe there is enough communication about the finances of the College?	Percentage	Count
Yes	58%	22
No	42%	16

QID6: Do you believe there is enough communication about the finances of the College? 38 ⓘ

Do you believe there is enough communication about the finances of the Coll...	Average	Minimum	Maximum	Count
Yes	1.00	1.00	1.00	22
No	2.00	2.00	2.00	16

QID7: If there is not enough communication about the finances of the College, are there specific areas the College is needing more transparency? 43 ⓘ

If there is not enough communication about the finances of the College, are...

The College has a lot of students and they generate a lot of tuition. Especially with the large number of non-resident students. I think there is a lot of confusion about where all the tuition dollars go in the university. The faculty wonder why they are working so hard with so many students and not receiving larger reward when they are doing more work than peers in other colleges.

No

I was not aware that there were extra funds at the College of Nursing until I read the report. I thought we were in a budget deficit. Specific examples include being informed by staff (not leadership) that travel funds to one conference will only be provided each year unless "you are bringing the college prestige." In addition, money from start-up funds will be revoked if not spent by a certain time. So how are tenure track faculty able to gain national leadership positions as required by tenure if not able to go to conferences? This policy feels punitive towards families as opposed to single faculty or those with no children in the home (or in college) that may have more financial resources to go to conferences. Some of these decisions feel like there is only a money focus. There seems to be a lack of understanding that research ebbs and flows. Some years you are working on the grant and other years there are findings to present. In addition, we are told to get grants but then are not supported with teaching buy-out once we have the grants? Along with this, how long can assistant professors teach in large classes without teaching assistants without becoming burn-out? Yet we have extra funds. The members of the CON are only informed of finances at the beginning of each academic year. In addition, I do not remember much emphasis placed on the funding surplus, if at all. Rather get grants, get grants, get grants... I would respectfully recommend at a minimum that the transparency of the CONs finances is clearly discussed at the beginning of each semester by the CON leadership along with the new policies mentioned above (instead of on an individual basis).

I have no idea about finances within the college.

Creating more budget process transparency would help those who don't have a direct hand in managing finances understand how the state-funded budget is managed. With respect to donor contributions and fundraising, there is general information the priorities and the roles we all play such as through Development 101. Additional information may help people to understand and prospectively identify donors to further contribute to the work of Dean Zerwic and UI Advancement (Dayna).

N/A

Allocation of money for research support for example

The finances are provided as a whole "college"; however, it would be nice to see the finances of each program to determine the need for more recruitment or where we could increase/decrease spending by program rather than the college. In other words, drill down a little.

We hear about the finances of the College a couple times a year. Information about: Scholarships available Grants available Contracts with Insurance carriers or corporations and how this helps our CON Income from tuition and other means Support for faculty: funds to do their work (only a few have these funds and no information on how to get these for those who don't), editor assistance to get faculty published and grants, help with conferences and expenses in house (was taken away 3-4 years ago and not sure why), now (since this fall) we don't have ICON help in house and faculty has to learn to do this and trouble shoot which takes time and focus and our time and focus is usually spent on our students and projects.

Need more people to understand the finances of the college

There is enough, I marked the wrong answer and can't go back to change it?

Budget related questions and information seems to be held closely to certain people and there isn't transparency or responsiveness when asking questions or seeking to understand budgetary factors.

As a newer faculty member, I would appreciate more transparency in general.

More transparency on how student tuition \$ is used and where they might directly partake in the funding or indirectly.