UNIVERSITY AT ALBANY
State University of New York

Office of the Provost and Senior Vice President for Academic Affairs

December 10, 2021

Shadi Shahedipour-Sandvik, Ph.D.
Provost-in-Charge
State University of New York
System Administration
State University Plaza
Albany, NY 12246

Dear Dr. Shahedipour-Sandvik,

On behalf of the faculty at the University at Albany and the School of Public Health, I am pleased to submit the full program proposal for a new RN to BS nursing completion program.

This proposal has been considered and approved through our campus governance system. Should there be a need for additional information or clarification to facilitate processing, please contact Kaitlyn Beachner at kbeachner@albany.edu.

Thank you for your consideration and assistance.

Sincerely,

Carol Kim, Ph.D.
Provost and Senior Vice President for Academic Affairs

Attachment

c. Dean David Holtgrave, School of Public Health
Vice Provost & Dean JoAnne Malatesta, Undergraduate Education

New Program Proposal: Undergraduate Degree Program

Form 2A

Version 2017-08-28

This form should be used to seek SUNY's approval and New York State Education Department's (SED) registration of a proposed new academic program leading to an associate and/or bachelor's degree. Approval and registration are both required before a proposed program can be promoted or advertised, or can enroll students. The campus Chief Executive or Chief Academic Officer should send a signed cover letter and this completed form (unless a different form applies[1]), which should include appended items that may be required for Sections 1 through 6, 9 and 10 and MPA-1 of this form, to the SUNY Provost at *program.review@suny.edu*. The completed form and appended items should be sent as a single, continuously paginated document.[2] If Sections 7 and 8 of this form apply, External Evaluation Reports and a single Institutional Response should also be sent, but in a separate electronic document. Guidance on academic program planning is available here.

Table of Contents

NOTE: Please update this Table of Contents automatically after the form has been completed. *To do this, put the cursor anywhere over the Table of Contents, right click, and, on the pop-up menus, select "Update Field" and then "Update Page Numbers Only." The last item in the Table of Contents is the List of Appended and/or Accompanying Items, but the actual appended items should continue the pagination.*

[1]Use a **different form** if the proposed new program will lead to a graduate degree or any credit-bearing certificate; be a combination of existing registered programs (i.e. for a multi-award or multi-institution program); be a breakout of a registered track or option in an existing registered program; or **lead to certification as a classroom teacher, school or district leader, or pupil personnel services professional** (e.g., school counselor).

[2]This email address limits attachments to 25 MB. If a file with the proposal and appended materials exceeds that limit, it should be emailed in parts.

Section 1. General Information		
a) Institutional Information	*Date of Proposal:*	September 3, 2021
	Institution's 6-digit SED Code:	210500
	Institution's Name:	University at Albany
	Address:	1 University Place, Rensselaer, NY 12144
	Dept of Labor/Regent's Region:	Capital Region
b) Program Locations	*List each campus where the entire program will be offered (with each institutional or branch campus 6-digit SED Code):* 210500	
	List the name and address of off-campus locations (i.e., extension sites or extension centers) where courses will offered, ***or check here [X] if not applicable****:*	
c) Proposed Program Information	*Program Title:*	Nursing
	Award(s) (e.g., A.A., B.S.):	B.S.
	Number of Required Credits:	*Minimum [120] If tracks or options, largest minimum [ ]*
	Proposed HEGIS Code:	1203.10
	Proposed 6-digit CIP 2010 Code:	51.3801
	If the program will be accredited, list the accrediting agency and expected date of accreditation: Commission on Collegiate Nursing Education (CCNE), Spring 2024	
	If applicable, list the SED professional licensure title(s)[3] to which the program leads:	
d) Campus Contact	*Name and title: Kaitlyn Beachner, Staff Associate for Undergraduate Programs* *Telephone:518-442-3941 E-mail:KBeachner@albany.edu*	
e) Chief Executive or Chief Academic Officer Approval	***Signature affirms that the proposal has met all applicable campus administrative and shared governance procedures for consultation, and the institution's commitment to support the proposed program.*** ***E-signatures are acceptable.*** *Name and title: Carol Kim, Ph.D., Provost & Senior Vice President for Academic Affairs* *Signature and date:* 12-10-21	
	If the program will be registered jointly[4] with one or more other institutions, provide the following information for <u>each</u> institution:	
	Partner institution's name and 6-digit SED Code: *Name, title, and signature of partner institution's CEO (or* ***append*** *a signed letter indicating approval of this proposal):*	

[3] If the proposed program leads to a professional license, a specialized form for the specific profession may need to accompany this proposal.
[4] If the partner institution is non-degree-granting, see SED's CEO Memo 94-04.

Attestation and Assurances

On behalf of the institution, I hereby attest to the following:

That all educational activities offered as part of this proposed curriculum are aligned with the institutions' goals and objectives and meet all statutory and regulatory requirements, including but not limited to Parts 50, 52, 53 and 54 of the Rules of the Board of Regents and the following specific requirements:

That credit for study in the proposed program will be granted consistent with the requirements in §50.1(o).

That, consistent with §52.1(b)(3), a reviewing system has been devised to estimate the success of students and faculty in achieving the goals and objectives of the program, including the use of data to inform program improvements.[5]

That, consistent with §52.2(a), the institution possesses the financial resources necessary to accomplish its mission and the purposes of each registered program, provides classrooms and other necessary facilities and equipment as described in §52.2(a)(2) and (3), sufficient for the programs dependent on their use, and provides libraries and library resources and maintains collections sufficient to support the institution and each registered curriculum as provided in §52.2(a)(4), including for the program proposed in this application.

That, consistent with 52.2(b), the information provided in this application demonstrates that the institution is in compliance with the requirements of §52.2(b), relating to faculty.

That all curriculum and courses are offered and all credits are awarded, consistent with the requirements of §52.2(c).

That admissions decisions are made consistent with the requirements of §52.2(d)(1) and (2) of the Regulations of the Commissioner of Education.

That, consistent with §52.2(e) of the Regulations of the Commissioner of Education: overall educational policy and its implementation are the responsibility of the institution's faculty and academic officers, that the institution establishes, publishes and enforces explicit policies as required by §52.2(e)(3), that academic policies applicable to each course as required by §52.2(e)(4), including learning objectives and methods of assessing student achievement, are made explicit by the instructor at the beginning of each term; that the institution provides academic advice to students as required by §52.2(e)(5), that the institution maintains and provides student records as required by §52.2(e)(6).

That, consistent with §52.2(f)(2) of the Regulations of the Commissioner of Education, the institution provides adequate academic support services and that all educational activities offered as part of a registered curriculum meet the requirements established by state, the Rules of the Board of Regents and Part 52 of the Commissioner's regulations.

CHIEF ADMINISTRATIVE or ACADEMIC OFFICER/ PROVOST	
Signature 	Date 12-10-21
Type or print the name and title of signatory Provost and Senior Vice President for Academic Affairs	Phone Number 518-956-8030

[5] The NY State Education Department reserves the right to request this data at any time and to use such data as part of its evaluation of future program registration applications submitted by the institution.

Section 2. Program Information

2.1. Program Format

Check all SED-defined formats, mode and other program features that apply to the **entire program**.

a) Format(s): [ ]Day [ ]Evening [ ]Weekend [ ]Evening/Weekend [X]Not Full-Time

b) Modes: [X]Standard [ ]Independent Study [ ]External [ ]Accelerated []Distance Education
NOTE: *If the program is designed to enable students to complete 50% or more of the course requirements through distance education, check Distance Education, see Section 10, and* ***append*** *a Distance Education Format Proposal.*

c) Other: [ ] Bilingual [ ] Language Other Than English [ ] Upper Division [ ] Cooperative [ ] 4.5 year [ ] 5 year

2.2. Related Degree Program

NOTE: *This section is not applicable to a program leading to an associate's or a bachelor's degree.*

2.3. Program Description, Purposes and Planning

a) What is the description of the program as it will appear in the institution's catalog?

The University at Albany's RN to BS program offers an accessible, flexible pathway for registered nurses to complete a nursing bachelor's program with an emphasis on population health at a Research-1, public institution dedicated to access, quality, and affordability. This program provides registered nurses the opportunity to seamlessly transition into a bachelor's program by maximizing transferability of earned credit through comprehensive articulation agreements with community colleges. The nursing courses within the program are delivered in a convenient format that combines the benefits of both online learning and face-to-face instruction.

This 60-credit completion program offers a pipeline for registered nurses to earn their BS with expanded preparation for the changing health care environment through a robust curriculum that includes a focus on public and population health issues. Students completing this program will gain opportunities in the field including preparation to practice in a variety of settings and leadership positions, as well as the opportunity to participate in unique research relating to the field of public health. Students can complete the program on a full-time or part-time basis.

The curriculum includes core coursework in nursing, nursing leadership and technology; core coursework in population and public health, elective coursework, including faculty-mentored public health research, and general education requirements.

b) What are the program's educational and, if appropriate, career objectives, and the program's primary student learning outcomes (SLOs)? NOTE: SLOs are defined by the Middle States Commission on Higher Education in the Characteristics of Excellence in Higher Education (2006) as "clearly articulated written statements, expressed in observable terms, of key learning outcomes: the knowledge, skills and competencies that students are expected to exhibit upon completion of the program."

The goal of our nursing BS program is to provide an undergraduate upper division education in nursing culminating in the completion of a Bachelor of Science degree that builds upon the RN's associate degree education. This level of education will develop leadership in nursing, improve the nurse's skills in heath assessment and patient care, instill additional knowledge about quality and safety, enhance skills with technology used within the field, and provide students with detailed health science-related research skills. Our nursing BS is meant to further train our state's already registered nursing population in ways that positively impact the quality of our healthcare.

Traditionally, Registered Nurses (RNs) only needed to attain an associate's degree and pass the National Council Licensure Examination (NCLEX) (Kaplan Nursing Test Information –Appendix 10) to be employed as a nurse. In recent years, a significant amount of research has demonstrated that nurses with baccalaureate education are better prepared to meet the rigorous demands of the nursing field today. AACN's Fact Sheet on the Impact of Education on Nursing Practice (AACN Fact Sheet on Impact – Appendix 11) cites studies that show the improved quality of healthcare with baccalaureate prepared nurses compared to nurses whose highest degree is an associate's degree. Several studies referenced in this Fact Sheet found that more nurses with baccalaureate education in a hospital are associated with lower patient mortality rates, lower failure-to-rescue rates, and reduced rates of medical errors and procedural violations. Due to this data and the national conversations regarding nursing baccalaureate degrees, New York State enacted a 'BSN in 10' law on January 21, 2015, which states that registered nurses must earn a nursing BS within 10 years of the registration of their nursing license to continue to practice nursing in New York State (BSN in 10 Law – Appendix 12). Effective June 2019, New York law states: That for new graduates that "have received an education, and a diploma or degree in professional nursing, in accordance with the commissioner's regulations, and in order to continue to maintain registration as a registered professional nurse in New York state, have attained a baccalaureate degree or higher in nursing within ten years of initial licensure in accordance with the commissioner's regulations." (NYSED Education Law, Article 139, Nursing, Appendix 13). Due to this law, all-future RN's and most likely many current RN's will be looking to expand their education to continue their careers as nurses in New York State. This RN to BS program seeks to assist and offer a unique public program in the Capital District for those nurses ready to further their education to meet their career objectives.

According to the New York State RN NCLEX Results (NYS RN NCLEX Results 2018 – 2022 – Appendix 14), within the Capital Distract in 2019, there were 297 associate degree nursing graduates who passed their licensing examination (NCLEX) and are qualified to practice as professional nurses. Of those that passed in 2019, Hudson Valley Community College had 74 graduates that passed the NCLEX. Among other public RN programs in the capital district, Columbia Greene Community College had 46 students pass, Fulton Montgomery Community College had 30 students pass, Mohawk Valley Community College had 26 students pass, and Ellis's Belanger School of Nursing had 32 students pass the NCLEX in 2019. Among private institutions, Maria College had 101 students pass, St. Peter's Hospital College of Nursing had 44 students pass, and Samaritan Hospital School of Nursing also had 44 students pass the NCLEX in 2019. The number of associate degree graduates has remained consistent over the last five years. Therefore, these associate degree graduates will be required to comply with the BSN in 10 law to continue practicing.

Our nursing BS program's student learning outcomes are derived from the AACN 2021 Core Competencies for Professional Nursing Education (Appendix 16). These Essentials address the domains and competencies for a graduate of a baccalaureate nursing program. The Commission on Collegiate Nursing Education (CCNE) is an autonomous accrediting agency that evaluates nursing programs based on the AACN Essentials. The program's student outcomes state that at the completion of the program the student will:

1. Use clinical reasoning to make decisions in nursing practice based on synthesis of **knowledge from nursing** and liberal arts and sciences. (Essential I)
2. Provide **person-centered care** including family/important others across the healthcare continuum. (Essential II)
3. Collaborate with the interprofessional teams and stakeholders to support and improve equitable **population health** outcomes across the healthcare delivery continuum. (Essential III)
4. Integrate **research and evidence-based** practice into nursing practice to improve health and transform health care. (Essential IV)
5. Apply principles of **quality and safety** across the healthcare continuum. (Essential V)
6. **Communicate and collaborate with interprofessional** teams and stakeholders to optimize healthcare outcomes of patients and populations. (Element VI)
7. Apply leadership principles when responding to and leading **healthcare systems**. (Element VII)
8. Advocate for the use **of technology, informatics and innovation** in the delivery of care across the healthcare continuum. (Element VIII)

9. Integrate **values, ethics, accountability, policies and regulations** to provide diverse, equitable and inclusive nursing care. (Element IX)
10. Demonstrate a commitment to **personal growth**, **professional knowledge** and **capacity for leadership**. (Element X).

The 2021 AACN Essentials: Core Competencies for Professional Nursing Education (Appendix 16), provides "a framework for preparing individuals as members of the discipline of nursing, reflecting expectations across the trajectory of nursing education and applied experience." That document introduced 10 domains that serve as the core of the practice of nursing and the required competencies for each domain. The competencies within each domain apply to all four spheres of care (disease prevention/promotion of health and wellbeing, chronic disease care, regenerative or restorative care, and hospice/palliative/supportive care) and across patient's lifespan. "The intent is that any curricular model should lead to the ability of the learner to achieve the competencies." (AACN The Essentials: Core Competencies for Professional Nursing Education, 2021 Appendix 16). The following 10 domains are included in the program outcomes and are bolded in the program outcomes above.

Domain 1: Knowledge for Nursing Practice
Descriptor: Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.

Domain 2: Person-Centered Care
Descriptor: Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.

Domain 3: Population Health
Descriptor: Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes

Domain 4: Scholarship for Nursing Practice
Descriptor: The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care.

Domain 5: Quality and Safety
Descriptor: Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.

Domain 6: Interprofessional Partnerships
Descriptor: Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.

Domain 7: Systems-Based Practice
Descriptor: Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, equitable care to diverse populations.

Domain 8: Information and Healthcare Technologies
Descriptor: Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision-making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.

Domain 9: Professionalism
Descriptor: Formation and cultivation of a sustainable professional nursing identity, accountability, perspective, collaborative disposition, and comportment that reflects nursing's characteristics and values.

Domain 10: Personal, Professional, and Leadership Development
Descriptor: Participation in activities and self-reflection that foster personal health, resilience, and well-being, lifelong learning, and support the acquisition of nursing expertise and assertion of leadership.

Along with these domains, AACN's The Essentials: Core Competencies for Professional Nursing Education (Appendix 16) emphasizes the following featured concepts that are connected to the practice of nursing.

Featured Concepts:

Clinical Judgment
As one of the key attributes of professional nursing, clinical judgment refers to the process by which nurses make decisions based on nursing knowledge (evidence, theories, ways/patterns of knowing), other disciplinary knowledge, critical thinking, and clinical reasoning (Manetti, 2019). This process is used to understand and interpret information in the delivery of care. Clinical decision making based on clinical judgment is directly related to care outcomes.

Communication
Communication, informed by nursing and other theories, is a central component in all areas of nursing practice. Communication is defined as an exchange of information, thoughts, and feelings through a variety of mechanisms. The definition encompasses the various ways people interact with each other, including verbal, written, behavioral, body language, touch, and emotion. Communication also includes intentionality, mutuality, partnerships, trust, and presence. Effective communication between nurses and individuals and between nurses and other health professionals is necessary for the delivery of high quality, individualized nursing care. With increasing frequency communication is delivered through technological modalities. Communication also is a core component of team-based, interprofessional care and closely interrelated with the concept Social Determinants of Health (described below).

Compassionate Care
As an essential principle of person-centered care, compassionate care refers to the way nurses relate to others as human beings and involves "noticing another person's vulnerability, experiencing an emotional reaction to this,

and acting in some way with them in a way that is meaningful for people" (Murray & Tuqiri, 2020). Compassionate care is interrelated with other concepts such as caring, empathy, and respect and is also closely associated with patient satisfaction.

Diversity, Equity, and Inclusion

Collectively, diversity, equity, and inclusion (DEI) refers to a broad range of individual, population, and social constructs and is adapted in the *Essentials* as one of the most visible concepts. Although these are collectively considered a concept, differentiation of each conceptual element leads to enhanced understanding.

Diversity references a broad range of individual, population, and social characteristics, including but not limited to age; sex; race; ethnicity; sexual orientation; gender identity; family structures; geographic locations; national origin; immigrants and refugees; language; any impairment that substantially limits a major life activity; religious beliefs; and socioeconomic status. Inclusion represents environmental and organizational cultures in which faculty, students, staff, and administrators with diverse characteristics thrive. Inclusive environments require intentionality and embrace differences, not merely tolerate them (AACN, 2017; Bloomberg, 2019). Everyone works to ensure the perspectives and experiences of others are invited, welcomed, acknowledged, and respected in inclusive environments. Equity is the ability to recognize the differences in the resources or knowledge needed to allow individuals to fully participate in society, including access to higher education, with the goal of overcoming obstacles to ensure fairness (Kranich, 2001). To have equitable systems, all people should be treated fairly, unhampered by artificial barriers, stereotypes, or prejudices (Cooper, 2016). Two related concepts that fit within DEI include structural racism and social justice (See the glossary for definitions structural racism and social justice).

Ethics

Core to professional nursing practice, ethics refers to principles that guide a person's behavior. Ethics is closely tied to moral philosophy involving the study of or examination of morality through a variety of different approaches (Tubbs, 2009). There are commonly accepted principles in bioethics that include autonomy, beneficence, non-maleficence, and justice (ANA 2015; ACNM, 2015; AANA, 2018; ICN, 2012). The study of ethics as it relates to nursing practice has led to the exploration of other relevant concepts, including moral distress, moral hazard, moral community, and moral or critical resilience.

Evidence-Based Practice

The delivery of optimal health care requires the integration of current evidence and clinical expertise with individual and family preferences. Evidence-based practice is a problem-solving approach to the delivery of health care that integrates best evidence from studies and patient care data with clinician expertise and patient preferences and values (Melnyk, Fineout-Overhold, Stillwell, & Williamson, 2010). In addition, there is a need to consider those scientific studies that ask: whose perspectives are solicited, who creates the evidence, how is that evidence created, what questions remain unanswered, and what harm may be created? Answers to these questions are paramount to incorporating meaningful, culturally safe, evidence-based practice (Nursing Mutual Aid, 2020).

Health Policy

Health policy involves goal directed decision-making about health that is the result of an authorized public decision-making process (Keller & Ridenour, 2021). Nurses play critical roles in advocating for policy that impacts

patients and the profession, especially when speaking with a united voice on issues that affect nursing practice and health outcomes.

Social Determinants of Health

Determinants of health, a broader term, include personal, social, economic, and environmental factors that impact health. Social determinants of health, a primary component of determinants of health "are the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks."

The social determinants of health contribute to wide health disparities and inequities in areas such as economic stability, education quality and access, healthcare quality and access, neighborhood and built environment, and social and community context (Healthy People, 2030). Nursing practices such as assessment, health promotion, access to care, and patient teaching support improvements in health outcomes. The social determinants of health are closely interrelated with the concepts of diversity, equity, and inclusion, health policy, and communication.

Our program's learning outcomes also include the learning outcomes associated with the University at Albany's General Education program:

University at Albany General Education Competencies:

Advanced Writing

1. Demonstrate increasingly sophisticated writing according to the conventions of their academic discipline.
2. Be able to communicate clearly in writing, employing fundamental rules of usage, style, and mechanics in the context of their discipline.
3. Be able to evaluate critically a variety of written texts, including their own.
4. Demonstrate the ability to incorporate critical feedback on their writing, coming to understand that revision and rewriting are an integral part of the writing process.

Critical Thinking

1. Formulate complex questions, problems, and hypotheses clearly and precisely, and apply familiar and new concepts in developing solutions and conclusions.
2. Gather and assess relevant information/data.
3. Test hypotheses against relevant criteria and standards, accounting for the facts.
4. Develop well-reasoned arguments and communicate them effectively to others.
5. Demonstrate habits of reflection upon their own and others' thinking—identifying, analyzing, and evaluating their own and others' arguments; and challenging conclusions with alternative explanations or points of view.

Oral Discourse

1. Communicate ideas effectively appropriate to a specific context and according to a specific set of criteria.
2. Establish and maintain an appropriate performer/audience relationship in a given oral exercise, and actively engage with listeners/audience.
3. Respond to, and where appropriate, incorporate listener's comments and questions.
4. Evaluate, orally or in writing, an oral performance.
5. Regularly practice communication skills through questions, discussions, debates and/or presentations (both formal and informal).

Information Literacy

1. Understand the information environment and information needs in the discipline in today's society, including the organization of and access to information, and select the most appropriate strategies, search tools, and resources for each unique information need.
2. Demonstrate the ability to evaluate content, including dynamic, online content if appropriate.
3. Conduct ethical practices in the use of information, in ways that demonstrate awareness of issues of intellectual property and personal privacy in changing technology environments.
4. Produce, share, and evaluate information in a variety of participatory environments.
5. Integrate learning and research strategies with lifelong learning processes and personal, academic, and professional goals.

c) How does the program relate to the institution's and SUNY's mission and strategic goals and priorities? What is the program's importance to the institution, and its relationship to existing and/or projected programs and its expected impact on them? As applicable, how does the program reflect diversity and/or international perspectives? For doctoral programs, what is this program's potential to achieve national and/or international prominence and distinction?

University at Albany Mission and Values:

The University at Albany's mission can be found in our strategic plan, Appendix 17. Our mission involves providing "the engine of opportunity" and looks "relentlessly to pursue possibilities, create connections and open opportunities". An RN to BS program at UAlbany will provide an engine of opportunity for graduates of the program. Quality nurses are currently in great demand, both nationally and across New York State and the projections for job openings continue to increase. According to Burning Glass's Labor Insight and Program Insight data (Appendix 18), in the past 12 months over 1.4 million nursing job postings have been posted across the nation and 500,000 of the positions specifically articulate the need for a bachelor's degree in nursing. Over 40,000 nursing job opportunities were posted throughout New York State within the past 12 months, as of April 2021; the data suggest continued growth in this field over the next 10 years. The same Burning Glass and Labor Insight data states that the median salary for nurses in NYS is $67,000. According to the AACN Research Brief: Employment of New Nurse Graduates and Employer Preferences for Baccalaureate prepared Nurses (Appendix 19) a survey administered in August 2020 of nursing programs found that, "63% of BSN graduates in the North Atlantic region had job offers" at the time of graduation. This same survey indicated that "94% of BSN graduates across the country, are placed in a job within 4 to 6 months of graduation." This data shows that graduates of a BS program in Nursing would have great opportunity for early job placement with quality monetary compensation at the start of their career. The University at Albany's Mission Statement (located within our Strategic Plan, which is Appendix 17) states that its "single-minded purpose (is) to empower our students, faculty and campus communities to author their own success." Having students graduate from a program with such high career placement at the time of graduation, and one that offers a competitive salary for entry level positions in the field is allowing those graduates to truly author their own success.

The University at Albany's Values are access, integrity, inclusive excellence and common good. The BS in nursing speaks to all four of these areas.

Access:
According to Burning Glass and Labor Insight's Registered Nursing Bachelor's Degrees Awarded by Institution Type Chart (Appendix 20), private institutions provide 66% of the nursing BS programs within New York State. In 2021, the average annual cost of private undergraduate education in NYS is $27,750, while public institutions' average annual cost for an undergraduate education in NYS is $8,112, according to College Tuition Compare (Appendix 21). Cost is often a barrier to access for students. Our program would offer a new public option at a much more affordable tuition compared to the private institutions in our area.

According to AACN's Nursing Shortage Fact Sheet from September 2020 (Appendix 22), "U.S. nursing schools turned away 80,407 qualified applicants from baccalaureate and graduate nursing programs in 2019" due to assorted reasons, including classroom space. The University at Albany's program will provide additional space for students to be accepted and earn a quality education in this highly sought discipline, thus helping to fill the vacant nursing spots anticipated across New York State at a lower cost.

Integrity:
The UAlbany value of integrity is defined as "To be committed to—and expect from all—honesty, transparency, and accountability. (University at Albany's Strategic Plan – Appendix 17)" Within our nursing program's curriculum, this value is stated and taught repeatedly. Classes such as *Evidenced Based Practice in Nursing, Management and Leadership, and Professional Role of Nurses* include teaching students the value of integrity in research, in working with patients and within their profession.

Inclusive Excellence:
According to the AACN Enhancing Diversity in the Nursing Workforce Fact Sheet from April 2019 (Appendix 23), "According to the U.S. Census Bureau, individuals from ethnic and racial minority groups accounted for more than one third of the U.S. Population (38%) in 2014. With projections pointing to minority populations becoming the majority by 2043, professional nurses must demonstrate a sensitivity to and understanding of a variety of cultures to provide high quality care across settings." Nursing is a profession that prepares students to work with all people. The profession is inclusive among its nursing population, but also with the nurses' patients. Nurses have patients of all backgrounds and with various needs, and this program helps to ensure that graduates are sensitive to all people and their healthcare needs.

For example, in the Health Assessment and Health Promotion course, (HNSG311), students will complete patient-centered assessments that include identification of physical, social, cultural/spiritual, economic, and environmental factors that influence the health status of a diverse patient population. Then the students will develop a health promotion/disease prevention plan for the patient based on the findings. In the Population Health course (HNSG411), students will discuss various issues related to vulnerable populations, including impacts on health care, community factors, and the need for public policy and advocacy for this group.

The same Enhancing Diversity in the Nursing Workforce Fact Sheet (Appendix 23) states, "According to a 2017 survey conducted by the National Council of State Boards of Nursing (NCSBN) and the Forum of State Nursing Workforce Centers, nurses from minority backgrounds represent 19.2% of the registered nurse (RN) workforce. Considering racial/ethnic backgrounds, the RN population is comprised of 80.8% white/Caucasian; 6.2% African American; 7.5% Asian; 5.3% Hispanic; 0.4% American Indian/Alaskan Native; 0.5% Native Hawaiian/Pacific Islander; 1.7% two or more races and 2.9% other nurses." University at Albany enrollment data (Appendix 24),

show that for the past 4 years, over 55% of our undergraduate student body identify as being from an ethnic/racial minority. Thus, the University at Albany has a unique opportunity to help increase diversity within the nursing workforce. In addition, students at UAlbany are immersed in our diverse undergraduate population, helping everyone to have experiences with diverse populations, which in turn helps to prepare all our students to be inclusive to all people throughout their lives after graduation.

Common Good:
According to the AACN Fact Sheet: Nursing Shortage (Appendix 22) "The U.S. is projected to experience a shortage of Registered Nurses (RNs) that is expected to intensify as Baby Boomers age and the need for health care grows. Compounding the problem is the fact that nursing schools across the country are struggling to expand capacity to meet the rising demand for care." Nurses help to better our communities through quality patient care. With the nursing shortages we are currently facing, this RN to BS program will help to ensure there are more qualified nurses across our state and the country to ensure our communities have access to better healthcare.

University at Albany Strategic Priorities:

The University at Albany's Strategic Priorities include *Student Success, Research Excellence, Diversity and Inclusion, Internationalization,* and *Engagement and Service*. *Student Success* involves "Investing in academic programs that balance emerging demands of students, employers and society while cultivating intellectual development, ethical reasoning and practical skills. (University at Albany's Strategic Plan – Appendix 17)" The RN to BS program is meeting the demands of the employer needs of NYS, as well as our society as a whole, as evidenced by letters of support from Albany Medical Center, Ellis Hospital, and Saratoga Hospital (Appendix 1). Students who have already earned their RN or desire to earn their RN, now due to the NYS law "BSN in 10" are required to earn their BS within 10 years of earning their RN. Having this program, we are offering a public option within the Capital District to meet the student's need to earn their BSN to stay within their field.

Research Excellence includes "Empowering faculty, staff and students to engage in innovative research" and "Identifying and supporting innovative research opportunities." UAlbany also has a strategic imperative "to fuse research and learning at all levels." AACN Essential IV (AACN The Essentials: Baccalaureate Education for Professional Nursing Practice – 2008, Appendix 15) states "that the RN to BS program will integrate research and evidence-based practice into nursing practice to improve health and transform health care." Offering a nursing BS at a Research 1 institution provides a unique experience for those students. No other institution within the Capital District can offer the variety of research opportunities at the caliber that UAlbany can. The RN to BS curriculum includes courses on evidence-based practice and nursing research. The focus of these courses is to help the student to apply the principles of evidence-based practice to their nursing practice and to develop an understanding of the principles of research. Students in this nursing program will also have opportunities to undertake a mentored research elective with nursing and public health faculty, or renowned researchers in one of UAlbany's many research centers and institutes:

- Center for the Elimination of Minority Health Disparities
- Center for Functional Genomic
- Center for Autism and Related Disabilities
- Center of Excellence for Maternal and Infant Health
- Center for Global Health
- Center for Neuroscience Research

- Institute for Health and Environment
- Neural Stem Cell Institute
- The RNA Institute

The University's priority of *Diversity and Inclusion* recognizes that our campus has a very diverse student population, and that we need to "Recruit and retain faculty, staff, administrators and graduate students who better reflect the strong multidimensional diversity of our undergraduate students." (University at Albany's Strategic Plan – Appendix 17) This need to recruit diverse faculty is also a suggested strategy of the American Association of Colleges of Nursing (AACN). In their Enhancing Diversity Fact Sheet (Appendix 23), they state "A lack of minority nurse educators may send a signal to potential students that nursing does not value diversity or offer career ladder opportunities to advance through the profession. Students looking for academic role models to encourage and enrich their learning may be frustrated in their attempts to find mentors and community support. Academic leaders are working to address this need by identifying minority faculty recruitment strategies, encouraging minority leadership development, and advocating for programs to remove barriers to faculty careers." Our priority lines up with the national conversation about diversifying faculty within the nursing program.

Our strategic priority of *Engagement and Service* aims to create "Publicly engaged scholarship and research opportunities that address societal change" (University at Albany's Strategic Plan – Appendix 17). Within the nursing program, experiential learning at clinical sites will be required. These experiences will immerse nursing students in various organizations, agencies, and healthcare offices and afford these Registered Nurses new opportunities to participate and engage with our community. This engagement will help to expand the University at Albany's footprint in the broader community.

University at Albany's Strategic Imperatives:

UAlbany's strategic imperatives involve offering innovative programs to meet 21st century societal challenges. As the recent pandemic has demonstrated, one of the areas of importance to societal challenges is the area of health sciences. Within the area of health sciences, nursing is a key discipline. The RN to BS program helps address some of those societal challenges, such as access to healthcare due to staffing inadequacies due to retirements. "Insufficient staffing raising the stress level of nurses, impacting job satisfaction and driving many nurses to leave the profession" and addressing the "connection between adequate levels of registered nurse staffing and patient care" and the impact on patient care, both of which the AACN states in their Nursing Shortage Fact Sheet from September 2020 (Appendix 22). The same Factsheet notes that because our population is aging, it is expected that more individuals will need healthcare as a result. This RN to BS program allows nurses with associate degree in nursing to meet the NYS requirement that all registered nurses who graduate after 2019 have a bachelor's degree. Governor Cuomo recognized the importance of this law on January 10, 2021, in his 2021 State of the State address. At that time, the Governor announced Legislation to provide New York nurses priority access to SUNY and CUNY programs. Under this proposed Legislation, licensed nurses and nursing candidates will receive priority admission to all SUNY and CUNY programs across the State beginning in the Fall of 2021 to fulfill baccalaureate credentials and continue practicing (Appendix 25). It is vital that UAlbany help meet this need in the Capital District by providing an additional route for this education. The proposed program also offers an affordable and uniquely attractive format, with nursing classes delivered in a flexible way that combines in-person and online modalities.

In addition, concepts and principles of population health have become an increasingly important aspect of the health sciences. Establishing this program within UAlbany's School of Public Health provides a unique

opportunity to incorporate key aspects of population health into the curriculum. This will equip our graduates with important knowledge and skills needed in the nursing workforce of the future and will provide them with a competitive advantage in the workplace.

University at Albany's Strategic Enrollment Management Plan:

A key component of the University at Albany's Strategic Enrollment Management Plan 2019-2023 (Appendix 26) is to "*Grow our undergraduate applicant pool.*" One specific initiative to do this is to "strengthen partnerships with K-12 schools, organizations and community colleges". The nursing program will serve as a catalyst to bring in new partnerships and expand existing partnerships with community colleges. A new charter school within the Capital District focused on nursing is being proposed to SUNY with hopes of launching in the fall of 2022. (For more information, please see Partnership Section.) This K-12 partnership would allow us to have a qualified, diverse pipeline into our nursing program. In addition, that potential partnership would allow us to further build our relationship with Hudson Valley Community College (HVCC). HVCC would provide the nursing AAS education and UAlbany would provide the nursing BS education. A future 1+2+1 nursing BS could result from a partnership between these three institutions.

A critical part of all nursing education is clinical experiences. Partnerships with local hospitals, community health centers and organizations, and local and state health departments have been established so that our students will have multiple options for various clinical locations, especially those focused on community and population health. These partnerships will benefit our students, while at the same time helping to further connect the University at Albany to our community. Our students will gain extraordinary experiences at these clinical sites while also providing the community with services and support.

Another initiative under this goal is to "*build guaranteed admissions pathways from community colleges.*" There are many community colleges in the greater Capital District and Eastern NY that provide nursing AAS or AS degrees. However, there are few public institutions offering the nursing BS and even fewer offering courses that are a mix of classroom and online delivery. This degree will allow us to build further partnerships with community colleges, specifically articulating a guaranteed admissions program for those that complete their AAS or AS in nursing and earn a 3.0 or higher. Appendix 7, provides program schedules and transfer articulation charts that show how Hudson Valley Community College's AAS, Mohawk Valley Community College's AAS, Ellis Hospital's Belanger Nursing School's AS, Columbia-Greene Community College's AS, Maria College's AAS and Samaritan Hospital School of Nursing's AS will transfer into our BS program.

The Power of SUNY:

SUNY's strategic plan, The Power of SUNY, outlines six 'Big Ideas' (Appendix 27). Our nursing BS program links to three of the six ideas. **SUNY and the Seamless Education Pipeline** sees education as a pipeline. With NYS's new 'BSN in 10' law, students who earn their RN must earn their BS in Nursing within 10 years of earning their RN to continue practice within our state (Appendix 12). Our nursing program will provide a quality public BS option within the Capital District, which will expand upon the nursing AAS and AS degrees that our community colleges offer. Students in Nursing AAS or AS programs who are interested in the UAlbany BS completion program can request pre-advisement from academic advisors in the Academic Support Center to ensure seamless movement from their associate degree into UAlbany's RN to BS program. Advisors will work with graduates of any associate degree nursing program to maximize credit transfer and provide individual audits of student transcripts to facilitate admission to the program.

SUNY and a Healthier New York seeks to find ways to positively impact the healthcare system within NYS. According to the AACN Nursing Shortages Fact Sheet from September 2020 (Appendix 22), "In October 2010, the

Institute of Medicine released its landmark report on the Future of Nursing, initiated by the Robert Wood Johnson Foundation, which called for increasing the number of baccalaureate-prepared nurses in the workforce to 80% and doubling the population of nurses with doctoral degrees. The current nursing workforce falls far short of the recommendations with only 64.2% of registered nurses prepared at the baccalaureate or graduate degree level according to the latest workforce survey conducted by the National Council of State Boards of Nursing." With this call to increase nurse's educational level, UAlbany is prepared to help make an impact preparing our nurses who are on the front lines of our healthcare here in NYS but helping to offer a quality public BS program in the Capital District.

Within the RN to BS curriculum there are several courses that help the students contribute to the healthier New York goals. Some examples of this are as follows. The Health Assessment and Health Promotion course (HNSG 311) requires students to develop health promotion/disease prevention plans based on the physical assessments and health behavior/risk factors found in their patients. These assignments can be used in the students' practical settings to strengthen health promotion skills with patients. The Population Health course (HNSG 411) provides an opportunity for students to analyze the impact of the needs of vulnerable populations. During these analyses, the students will look at aspects such as health equity, health policy and relationship to Health People 2020 – 2030. This assignment addresses the fact that The American Nurse Association has recognized that the best way to transform the health of the nation is by improving the health of the nation's four million registered nurses. Using the ANA's Healthy Nurse, Healthy Nation site https://www.healthynursehealthynation.org the nursing students begin that process within this course, thereby creating a healthier New York.

SUNY and a Vibrant Community seek to help connect and support our communities. Our nursing RN to BS program will provide opportunities for students to get involved in the community in ways that help to benefit our community members, while giving our students experience with various individuals to strengthen their ability to be a nurse. Through our community service programs, clubs, and clinical sites within the curriculum, students will gain valuable experience that affects our communities in need and our students for the good.

Relationship to Institution and Existing Programs:

The nursing BS will be housed in our School of Public Health. The curriculum includes four existing public health courses (in principles of public health, epidemiology, health policy and management, and environmental health) to give students a solid foundation in concepts of population health. Nursing students will also be able to interact with students pursuing various public health degrees, providing important interprofessional exposure especially during co-curricular activities such as brown bag seminars. In addition, BS graduates will have an opportunity to pursue graduate study in public health; the Master of Public Health is an increasingly useful and valuable degree for nursing.

Our School of Public Health has an over 35-year partnership with the New York State Department of Health (NYSDOH) and Wadsworth Laboratories. This established relationship (Appendix 28) is unique, as it is "the only fully accredited School of Public Health in the U.S. that exists as a partnership between a research university and a state department of health. The benefits are many. The model most like it is the relationship between the Centers for Disease Control and Prevention and Emory University." This relationship will offer unique and unmatched internships, career and community service opportunities, and opportunities for nursing students to engage in collaborative research projects and programs in conjunction with our undergraduate mentored-research elective (SPH 499).

RN to BS students will complete any remaining SUNY and UAlbany General Education requirements required for the BS. Having RNs in our General Education courses will bring interesting discussions and perspectives inside the classroom where other students within the University will benefit by instilling new perspectives and experiences from which everyone can learn.

Importance of Program:
Some background information is helpful to illustrate the importance of this program. Within the United States, there are three types of educational programs that lead to becoming a registered nurse – a diploma, an associate degree and a bachelor's degree. Graduates from the three programs take the same licensing examination (NCLEX) and, as new graduates, are hired to do the same job. In 2019, the National Council of State Boards of Nursing reported the number that passed the licensure examination (NCLEX) by school type as follows, illustrating that the number of Bachelor-prepared nurses is lower in the Capital Region, as compared to New York State, and the nation:

2019 NCLEX results

Degree	Diploma	Associate	Bachelor
National	1974	72,217	76,902
New York State	12	4803	4437
Capital Region	0	297	81

(Numbers per NCSBN Research Brief from July 2020; 2019 NCLEX Examination Statistics, Appendix 29)

Additional key facts about nursing from the 2019 American Association for the Colleges of Nursing's Nursing Fact Sheet (Appendix 30) are:

- Nursing is the nation's largest healthcare profession, with more than 3.8 million registered nurses (RNs) nationwide. Of all licensed RNs, 84.5% are employed in nursing.
- The federal government projects that more than 200,000 new registered nurse positions will be created each year from 2016-2026.
- Registered Nurses comprise one of the largest segments of the U.S. workforce as a whole and are among the highest paying large occupations. Nearly 58% of RNs worked in general medical and surgical hospitals, where RN salaries averaged $70,000 per year according to the Bureau of Labor Statistics.
- Employment of registered nurses is projected to grow 15% from 2016 to 2026, much faster than the average for all occupations. Growth in the RN workforce will occur for several reasons, including an increased emphasis on preventive care; growing rates of chronic conditions, such as diabetes and obesity; and demand for healthcare services from the baby-boom population, as they live longer and more active lives.
- Most registered nurses today enter practice with a baccalaureate degree offered by a four-year college or university, or an associate degree offered by a community college.

- Employers are expressing a strong preference for new nurses with baccalaureate preparation. Findings from AACN's latest survey on the Employment of New Nurse Graduates show that 46% of employers require new hires to have a bachelor's degree while 88% strongly prefer baccalaureate-prepared nurses.

These facts demonstrate that nursing is a strong career choice nationwide. However, there has been a great deal of discussion within the profession regarding the level of education. Currently, to earn an RN a student earns their associate in nursing, then after passing the NCLEX exam they earn their RN and may practice. In recent years though, conversations regarding the need for nurses to have a baccalaureate level degree have increased. Numerous studies have shown that increasing the number of baccalaureate-prepared nurses available enhances patient safety and healthcare quality. According to the AACN Fact Sheet: The Impact of Education on Nursing Practice (Appendix 47), "In the October 2012 issue of *Medical Care,* researchers from the University of Pennsylvania found that surgical patients in Magnet hospitals had 14% lower odds of inpatient death within 30 days and 12% lower odds of failure-to-rescue compared with patients cared for in non-Magnet hospitals. The study authors concluded that these better outcomes were attributed in large part to investments in highly qualified and educated nurses, include a higher proportion of baccalaureate prepared nurses." "Data show that health care facilities with higher percentages of BSN nurses enjoy better patient outcomes and significantly lower mortality rates. Magnet hospitals are model patient care facilities that typically employ a higher proportion of baccalaureate prepared nurses, 59% BSN as compared to 34% BSN at other hospitals." Several other research studies have shown similar outcomes, leading to a cultural shift within nursing education organizations, and policy to encourage more nurses to be educated at the baccalaureate level. The same AACN Fact Sheet states in its introduction, "BSN nurses are prized for their skills in critical thinking, leadership, case management, and health promotion, and for their ability to practice across a variety of inpatient and outpatient settings. Nurse executives, federal agencies, the military, leading nursing organizations, healthcare foundations, magnet hospitals, and minority nurse advocacy groups all recognize the unique value that baccalaureate-prepared nurses bring to the practice setting."

With the emphasis on baccalaureate education for nurses, it is understood that baccalaureate-nursing programs do not have the capacity to absorb all students interested in nursing. Many students begin their nursing education at the associate degree level and complete their licensing requirements at community colleges or two-year schools before transferring to RN to BS programs. To support associate degree graduates in completing baccalaureate nursing education, faculty from associate degree and baccalaureate programs have been collaborating to design articulation agreements and seamless transfer agreements between institutions to facilitate the degree completion process. Our program is designed similarly; in collaboration with Hudson Valley Community College we ensure that students who earn an AAS/AS in nursing can transfer into our program seamlessly. Moreover, based on input by Hudson Valley Community College, to allow for students to have person to person contact but maintain flexibility, this unique program offers courses that are a mix of classroom and online classes.

The RN to BS Nursing program curriculum is consistent with UAlbany's focus on diversity and inclusion. The Essentials (Appendix 15) state that the nursing program curriculum will:

a. integrate values, ethics, accountability, policies, and regulations to provide diverse, equitable and inclusive nursing care (Element III) and
b. collaborate with the interprofessional teams and stakeholders to support and improve equitable population health outcomes across the healthcare delivery continuum. (Element IX)

The integration of these Elements can be seen in numerous courses. An example is in the Professional Role course (HNSG 415) in which students examine the nursing roles in social justice, diversity, inclusion, and equality. Another example is in the Nursing Informatics and Healthcare Technology course (HNSG 314) where students reflect on the impact of technology on diversity, inclusion, and equality in providing nursing care. Finally, the Population Health course (HNSG 411) addresses issues of health equality and inclusion and the role of the nurse.

UAlbany has also incorporated a growing emphasis on engaged and experiential learning, especially at the undergraduate level. The RN to BS program has experiential learning in the Population Health and Nursing Management and Leadership courses. Both courses have 45 hours of clinical learning experience. The SPH partnership with the NYSDOH and their work with local centers and community organizations will assist with these experiences, in addition to more traditional clinical sites at community-based health centers. Elements of interprofessional practice and collaboration are addressed in every nursing course, but it is during these clinical placements that students will have the opportunity to apply and practice their interprofessional collaboration skills.

The RN to BS program addresses the UAlbany strategic goal of having a "curriculum that prepares students to be globally engaged citizens" (Appendix 17) in a variety of ways. The curriculum requires HSPH 321 Global Environmental Issues and their Effect on Human Health. In addition, the nursing courses discuss cultural aspects that affect the role of the nurse and impact of the patients and the healthcare system. Students will be trained to perform patient-centered care with older populations and members of the LGBTQ+ community, for example, in order to be prepared to be effective nurses in today's world.

This RN to BS program is an option for undergraduates interested in healthcare and can be the foundation for future programs in Allied Health at UAlbany. The letters of support from local healthcare organizations indicate the local need.

The Capital District's need for a public RN to BS program has led UAlbany to develop this program. Research into the nursing area and the county's shortage of nurses at both the BS and graduate levels has encouraged us to consider the long-term effects on our communities and state with these shortages. Not only does the AACN Nursing Shortage Fact Sheet from September 2020 (Appendix 22) address the shortages of nurses and the impending retirements expected in upcoming years, it also addresses the shortage of faculty qualified to teach in these nursing programs. "Almost two-thirds of nursing schools responding to the survey pointed to the shortage of faculty and/or clinical preceptors". This has led our academic administration to commit to growing beyond the nursing BS program, to make a difference in this critical area. This BS program is one of the first steps to positively affecting these problems within NYS, but also allowing students to continue that educational pipeline of

RN to BS and through graduate level nursing education. This program is a critical step in the University's desire to positively impact our state's healthcare needs and our nation's shortage of nursing faculty.

d) How were faculty involved in the program's design? Describe input by external partners, if any (e.g., employers and institutions offering further education?

The nursing courses for the RN to BS curriculum were developed by the Director of the RN to BS program, Dr. Linda Millenbach, who has had extensive experience in the development of RN to BS programs at other institutions. Input regarding the development of the nursing courses was also gathered from the AACN The Essentials: Baccalaureate Education for Professional Nursing Practice (Appendix 15), nursing faculty from various RN to BS programs (Dr. Holly Madison, former Director of RN BS program at Maria College, Dr. Kathleen Sellers, faculty at SUNY Poly nursing program, and the Future of Nursing 2020- 2030 (copy of report can be found here: https://nam.edu/publications/the-future-of-nursing-2020-2030/) and the NYS Office of the Professions.

Dr. JoAnne Malatesta, Vice Provost and Dean for Undergraduate Education and Kaitlyn Beachner from Undergraduate Education at UAlbany worked with Dr. Millenbach on the transfer credits for students and assured that the curriculum met the SUNY General Education Requirement and Liberal Arts and Science requirements set by the State Education Department. In establishing the transfer credits and program credit requirements, Dr. Millenbach and Kaitlyn Beachner collaborated with Dr. Patricia Klimkewicz, the Dean of Health Science, and the nursing faculty at HVCC to determine the appropriate prerequisites that could be offered at HVCC.

Finally, Dr. Millenbach collaborated with Dr. Mary P. Gallant, Senior Associate Dean for Academic Affairs at the School of Public Health (SPH) at UAlbany. This collaboration allowed for the incorporation of the Public Health courses into the nursing curriculum. This allows the RN to BS program to align itself with the SPH and assists the nursing program to meet its goals and student outcomes focused on population health.

e) How did input, if any, from external partners (e.g., educational institutions and employers) or standards influence the program's design? If the program is designed to meet specialized accreditation or other external standards, such as the educational requirements in Commissioner's Regulations for the Profession, **append** a side-by-side chart to show how the program's components meet those external standards. If SED's Office of the Professions requires a specialized form for the profession to which the proposed program leads, **append** a completed form at the end of this document.

Based on input from Hudson Valley Community College as a potential feeder program, the University at Albany RN to BS program was designed to allow for students to have person to person contact but maintain flexibility, with nursing courses that are a mix of classroom and online classes. Knowing their student population, the HVCC Dean of Health Sciences and nursing faculty determined that a flexible format, as opposed to all online nursing courses would best meet their nursing graduates' needs and help them comply with BSN in 10.

The proposed RN to BS program will be accredited by the CCNE and will need to be registered by NYS State Education Department Office of the Professions. CCNE's accreditation standards are based on the AACN Essentials: Core Competencies For Professional Nursing Education (Appendix 16); The RN to BS program curriculum was developed based on the Essentials. A copy of the Essentials document is Appendix 15. Within each of the RN to BS program course syllabi, a matrix of student outcomes, assignments and the Essentials is listed. In addition, a Curriculum Map based on the student learning outcomes derived from the Essentials is provided in Appendix 2.

This RN to BS program allows individuals with an associate degree in nursing to meet the NYS requirement that all registered nurses who graduate after 2019 have a bachelor's degree. Governor Cuomo recognized many research studies have shown, that baccalaureate prepared nurses have better patient outcomes, including lower mortality rates (AACN Research Brief: Employment of New Nurse Graduates and Employer Preferences for Baccalaureate-Prepared Nurses, Appendix 19), thus stating the importance of this law on January 10, 2021, in his 2021 State of the State address. At that time, the Governor announced Legislation to provide New York nurses priority access to SUNY and CUNY programs (Appendix 25). Under this proposed Legislation, licensed nurses and nursing candidates will receive priority admission to all SUNY and CUNY programs across the State beginning in the fall of 2021 to fulfill baccalaureate credentials and continue practicing. Prioritizing public institution's RN to BS program is critical at this very moment, because according to Burning Glass and Labor Insight data (Appendix 18), in 2019 only 2,451 Nursing BS degrees were conferred at public institutions within NYS, compared to 4,922 Nursing BS degrees conferred that year at private institutions within NYS. The private institutions have over 65% of the market share for the RN to BS programs. The cost of tuition at private institutions is much higher than at SUNY institutions. According to College Tuition Compare's chart of tuition in NYS (Appendix 21), undergraduate students in NYS's private institutions on average in 2021 pay $27,750 for tuition annually, compared to undergraduate students at public institutions in NYS who annually are paying $8,122 for their tuition. Our program nursing BS program is intended to offer students a public option in the Capital District and to impact the overall market share of RN to BS programs by offering students an affordable quality degree. It is vital that UAlbany help meet this need in the Capital District by providing an additional route for this education.

Rhode Island Nursing Institute Middle College (RINI) is a charter high school located in Providence, RI that has had great success at impacting the nursing education pipeline in their state (Appendix 31). This public high school opened its doors in 2011, with the goal of preparing high school students for collegiate education in nursing and other healthcare fields. The school's entire curriculum meets all required standards set for high school students in their state, while at the same time linking each class requirements to nursing and health. This model allows students to have all their high school assignments revolve around nursing, medical, and health topics, which introduces them to areas that prepare them for success in nursing and other healthcare collegiate programs. The school is highly diverse, with 64% of students identifying as Hispanic and 27% of students identifying as black. The school also has agreements with many colleges within Rhode Island for students as seniors to take college courses that are prerequisites to nursing and healthcare college programs. Upon high school graduation, 100% of RINI students graduate with college credits that can transfer to their undergraduate institutions.

The leadership at RINI have been working on the establishment of this new charter school since before the Covid-19 pandemic. They recently reached out to the University at Albany to discuss a partnership, as they are working towards approval to create a RINI model charter school within the New York State Capital District. They are submitting the charter school application to SUNY in summer 2021, with goals to open its doors to students in fall 2022. The University at Albany is very interested in partnering with RINI leadership. We are excited for the opportunity to educate their high school students on our campus, and we are also looking forward to working together to create a 1+2+1 Nursing BS program. By partnering with RINI and Hudson Valley Community College (HVCC), we could offer a strong unique and dynamic 1+2+1 Nursing BS program to our students within the Capital District. Seniors at the high school whom the school has designated are ready for full-time college courses, could finish high school while taking courses at the University at Albany. That first year would consist of General Education courses that are prerequisites to the nursing courses in HVCC's nursing AAS program. At the end of their first year, they would earn their high school diploma. Their second and third year would be on the HVCC campus for clinical nursing training. At the end of their third year, the students would graduate with their AAS degree and be able to

take the NCLEX exam and earn their RN. Their final year would be at the University at Albany taking the upper-level bachelor's nursing courses to complete their BS by the end of that year. This is a future goal; we hope to establish this program with the support of SUNY and the State Education Department by building off this nursing BS program.

This partnership would not only benefit all the schools involved; in addition, it would greatly impact the future of healthcare in NYS and the Capital District for the better. We would be developing a strong educational pipeline into the nursing field, while at the same time diversifying our nursing population for our state and working to reduce the expected nursing shortages. Diversifying our nursing population is a goal for the future according to AACN's Vision for Academic Nursing White Paper, published in January 2019. (Appendix 32) The same white paper calls for more collaboration between education and practice, which this partnership does directly by having internships, experiential education, and clinical experiences tied into all three stages of education (high school, associates, and bachelors).

f) Enter anticipated enrollments for Years 1 through 5 in the table below. How were they determined, and what assumptions were used? What contingencies exist if anticipated enrollments are not achieved?

Year	Anticipated Headcount Enrollment			Estimated FTE
	Full-time	Part-time	Total	
1	0	20	20	10
2	0	43	43	21.5
3	5	68	73	39
4	9	92	101	55
5	9	100	109	59

It is assumed that the student population for the RN to BS program will draw from the Capital Region. Based on five years of data, there is an annual average of 297 associate degree nursing students passing NCLEX in the Capital Region (NCSBN Research Brief from July 2020; 2019 NCLEX Examination Statistics -Appendix 29). Of that number, around 75 graduates are from HVCC. Other public RN programs include Columbia Greene Community College which had 46 students pass, Fulton Montgomery Community College which had 30 students pass, and Mohawk Valley Community College which had 26 students pass. Private institutions in the region include Maria College which had 101 students pass, St. Peter's Hospital College of Nursing which had 44 students pass, Samaritan Hospital School of Nursing which also had 44 students and Ellis's Belanger School of Nursing which had 32 students pass the NCLEX in 2019. Because Associate degree nursing graduates historically work full time after graduation, the admission numbers assume that most of the students will be part-time in the program. Please see the following table showing the proportion of student enrollment by age supporting the assumption that most students will be part-time.

Reason for part-time students

Proportion of Student Enrollment by Age and Program Type, 2018

Program	Associate Degree	RN to BS Program	Baccalaureate degree
Age under 25	1.9%	15.7%	77%
Age 26- 30	26.6%	21.8%	12.6%
Age 31- 40	24.6%	34.1%	7.4%

Age 41- 50	9 %	19.4%	2.5%
Age 51- 60	37.8%	7.4%	.4%
Age - over 60	.2%	.8%	0%

(Data above is from the NLN Chart on Student Enrollment by Age and Program Type, 2018 in Appendix 48)

This data indicates that the average RN to BS student does not come from high school to UAlbany. These will be older students that will have family and work obligations creating the need to attend school part-time. However, due to the increase in demand for nursing BS programs, we anticipate some students will choose to further their education and follow the pipeline fulltime to earn their BS in four years. We do expect some students to choose to participate full-time, however it is expected it may be small numbers. These students would be able to live on campus if they choose and participate in all areas of campus life.

g) Outline all curricular requirements for the proposed program, including prerequisite, core, specialization (track, concentration), internship, capstone, and any other relevant component requirements, but do not list each General Education course.

COURSEWORK REQURED FOR THE NURSING BS COMBINED MAJOR	
Course Title	**Credits**
Lower Level Liberal Arts & Sciences Courses including Anatomy & Physiology I and II, Microbiology, Psychology and 15[1] Gen Ed credits (completed at accredited institution and transferred to UAlbany to fulfill BS degree requirements)	**30**
HSNG 010 Lower Level Nursing Credits (completed at accredited institution and transferred to UAlbany to fulfill major requirements)	**30**
The following Combined Major requirements to be completed at UAlbany:	
HNSG 311 Health Assessment and Health Promotion	4
HNSG 312 Quality and Safety in Nursing	3
HNSG 314 Informatics and Technology in Nursing	3
HNSG 411 Population Health	4
HNSG 412 Nursing Research & Evidence-Based Practice	3
HNSG 414 Management and Leadership in Nursing	4
HNSG 415 Professional Role of Nurses	3
AMAT 108 Statistics	3
HSPH 201 Introduction to Public Health	3
HSPH 231 Concepts of Epidemiology	3

[1] This number will vary depending on Associate degree earned (AA or AAS) and whether the degree was earned at a SUNY or private school. Advisors will work closely with students to evaluate transfer coursework and ensure that all general education requirements are met.

HSPH 342 How U.S. Health Care Works: Myths and Realities	3
1 Elective chosen from upper level SPH courses (relevant upper level courses outside of SPH may be chosen with advisor approval)	3
Nursing Combined Major Credits completed at UAlbany **Total Nursing Combined Major Credits for BS**	**39** **69**
ADDITIONAL DEGREE (BS) REQUIREMENTS	
General Education Courses (of which 9 credits are upper level)	15
Upper Level Free Electives	6
Total BS credits at UAlbany **TOTAL credits for BS**	**60** **120**

h) Program Impact on SUNY and New York State

h)(1) ***Need:*** What is the need for the proposed program in terms of the clientele it will serve and the educational and/or economic needs of the area and New York State? How was need determined? Why are similar programs, if any, not meeting the need?

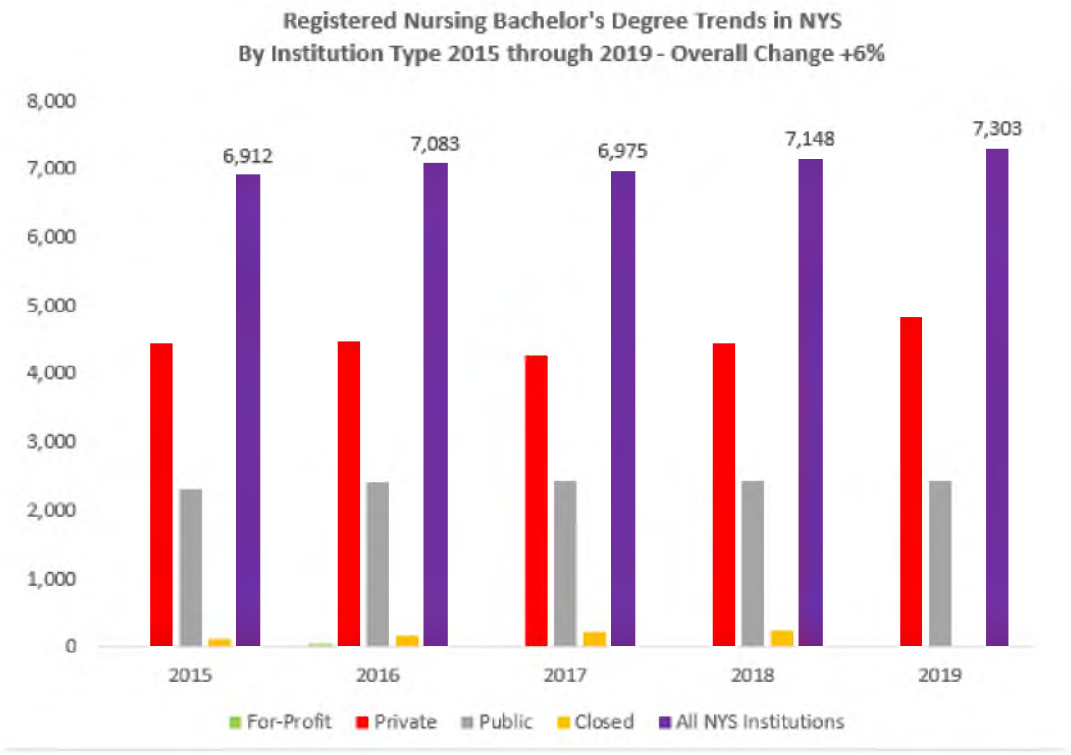
Nurse staffing greatly influences patient care, according to the AACN's Nursing Shortage Factsheet from September 2020 (Appendix 22). The Factsheet lists examples of studies that show the negative effects of staffing shortages; readmission rates of patients increase, burnout of nurses, increased failure-to-rescue incidents, infection, and longer hospital stays. This Factsheet also discusses a June 2009 issue of *International Journal of Nursing Studies*, a research team "found significant association between the number of baccalaureate-prepared RNs on cardiac care units and in-hospital mortality. Data analyzed by this international team… showed that there were 4.9 fewer deaths per 1,000 patients on intensive care units staffed with higher percentage of nurses with bachelor's degrees". Also noted was a study in the *Journal of American Medical Association* from 2003 by Dr. Linda Aiken and her team at the University of Pennsylvania "identified a clear link between higher levels of nursing education and patient outcomes." Their study indicated that "surgical patients had a "substantial survival advantage" if treated in hospitals with higher proportions of nurses educated at the baccalaureate or higher degree level. In hospitals, a 10% increase in the proportion of nurses holding BSN degrees decreased the risk of patient death and failure to rescue by 5%." These data truly explain why Governor Cuomo enacted the 'BSN in 10' law and support the impact of nurses at the BS level on our state's healthcare system.

As previously stated, NYS recently enacted the BS in 10 legislation (Appendix 12) which requires associate degree nurses to obtain a BS within 10 years of initial RN licensure. The Center for Health Workforce Studies report (Appendix 33) asserts that assuring access to BS completion programs statewide will be vital particularly in regions of the state where there is currently limited access to BS education. Within the SUNY system, most (out of 13, 2 are hybrid and 1 is offered face to face) of the RN to BS programs are online. The proposed UAlbany RN to BS program will offer the Capital District's associate degree nursing graduates a hybrid option for classes from a Research-1 public institution. It will also enhance the number of qualified nurses in the region, help meet the state's requirements and because of the program's relationship with the SPH which will enhance community and population health.

The Burning Glass and Labor Insight data already show that we have a shortage of nurses within NYS, (Appendix 18) with over 40,000 nursing job postings posted within the past year for nurse positions and 60% of those postings referencing a

Nursing BS as education required for the position. The AACN's Nursing Shortage Factsheet from September 2020 (Appendix 22) also states, "According to a 2018 National Sample Survey of Registered Nurses conducted by the Health Resources and Service Administration found that the average age for an RN is 50 years old, which may signal a large wave over the next 15 years." In addition, "In a Health Affairs blog, posted in May 2017, Dr. Peter Buerhaus and colleagues project that more than 1 million registered nurses will leave the workforce by 2030." In addition to nurses retiring, we have a population that is aging and will need additional healthcare and nurses to support their medical needs. This means that nurses retiring in NYS may be filled with new nurses that must earn their BS within 10 years of earning their RN due to the 'BS in 10' law.

As stated in earlier sections, the market share of public institutions providing RN to BS programs in NYS is about a third compared to that of the private institutions. Burning Glass and Insight Labor Insight data shows that from 2015 to 2019 (Appendix 18), the ratio of nurses graduating from private institutions in NYS compared to public institutions stayed the same, with over 60% of graduates graduating from a private institution. See graph below:



With the demonstrated importance of supplying more nurses to the healthcare system, as well as providing options for existing nurses to earn their BS to improve healthcare quality in our state, our program can provide a much-needed RN to BS option to expand the public choices for students needing to earn their nursing BS.

Based on data obtained in 2019 from NYS SED and college nursing program websites, Dr Millenbach determined that most of the current RN to BS programs within the SUNY system are online programs, with 2 out of 13 RN to BSN programs being hybrid and only one being offered face to face. Online learning is a fantastic option for many individuals, however, there are still some students that prefer and do better in classroom settings. According to an article from Minority Nurse, Online Versus Traditional Nursing Education: Which Program Meets your Needs (Appendix 34), "an online

classroom lacks the nonverbal cues that visual learners prefer. Some students simply need the face-to-face interaction." In addition, "online and traditional nursing programs have different communication styles. On the job, nurses are taught to be succinct in their writing style because of the volume of required documentation in electronic records and because their work is done by checklists. Nurses who choose online education participate in a more intensive writing program than traditional education offers, since nearly all communication online occurs in written form." The University at Albany program, with courses that include a mix of in-person and online delivery will be an attractive option to students who prefer classroom learning and more face-to-face interaction with their professors and fellow students, while incorporating the flexibility of online delivery. Students desiring the 'traditional' college experience may choose on-campus housing options.

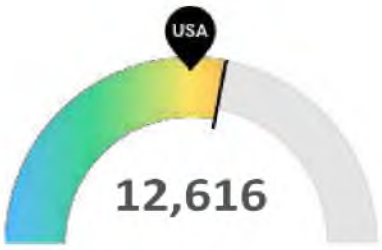
The need for this program has been determined by looking at the national research relating to nurse shortages; and comparing the numbers to NYS proving the shortage exists in our state and considering the new 'BSN in 10' law (Appendix 12) enacted in in our state in 2019. SUNY Empire State is the only public institution in the Capital District offering an RN to BS program, and it is entirely online. Other SUNY schools with RN to BS programs located outside of the Capital District, offer RN to BS programs, but their programs are online; examples include SUNY Delhi and SUNY Plattsburgh. UAlbany's program will fill a unique niche to help the State meet its goal to educate more RNs to earn BS's while offering a unique program that is in a flexible format and has connections to research no other institution in the area can meet. The University at Albany offers unique research opportunities that other institutions in the Capital Region cannot provide. Students will be exposed to current research within the required curriculum and will have the opportunity to be involved with research with our renowned research faculty in the areas of health sciences, health care policy, and biology. The University at Albany is also working to create a master's program in nursing and will create pathways for This will extend the nursing education pipeline from RN to BS, to MSN, which would give students a natural path from BS through graduate level education in nursing if they so choose. Growth in the nursing graduate area will help to address the societal issues with nursing shortages, the desire to expand nursing education levels in our state and nation and preparing nurse educators to address the nursing faculty shortages our nation is facing. As a public institution, we can create an affordable and accessible nursing education pipeline with the intention of providing students with pathway opportunities for terminal degrees.

h)(2) ***Employment:*** For programs designed to prepare graduates for immediate employment, use the table below to list potential employers of graduates that have requested establishment of the program and state their specific number of positions needed. If letters from employers support the program, they may be **appended** at the end of this form.

Please see Appendix 1 for letters of support from regional hospitals.

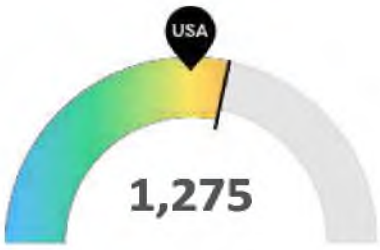
Some additional information about hiring is in the 2020 New York State Department of Labor / Division of Research & Statistics. This report concluded the following regarding registered nurses:

- Completion from online job postings is high in the Capital District area. The national average for an area this size is 1,058* job posting/mo, while there is 1,275 in the Capital District.



Supply (Jobs)

Compensation



Demand (Job Postings)

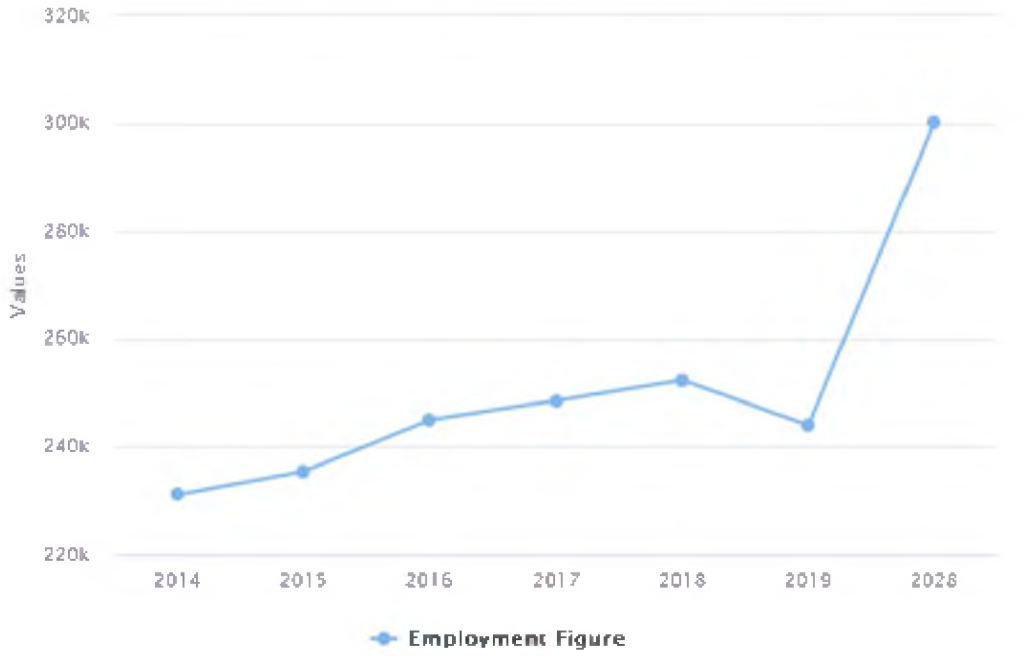
Occupation	Avg Monthly Postings (Apr 2019 - Mar 2020)	Avg Monthly Hires (Apr 2019 - Mar 2020)
Registered Nurses	3,321	269

Emsi Occuptional snapshot report Appendix 36

These data indicate a strong market for registered nurses in the Capital District.

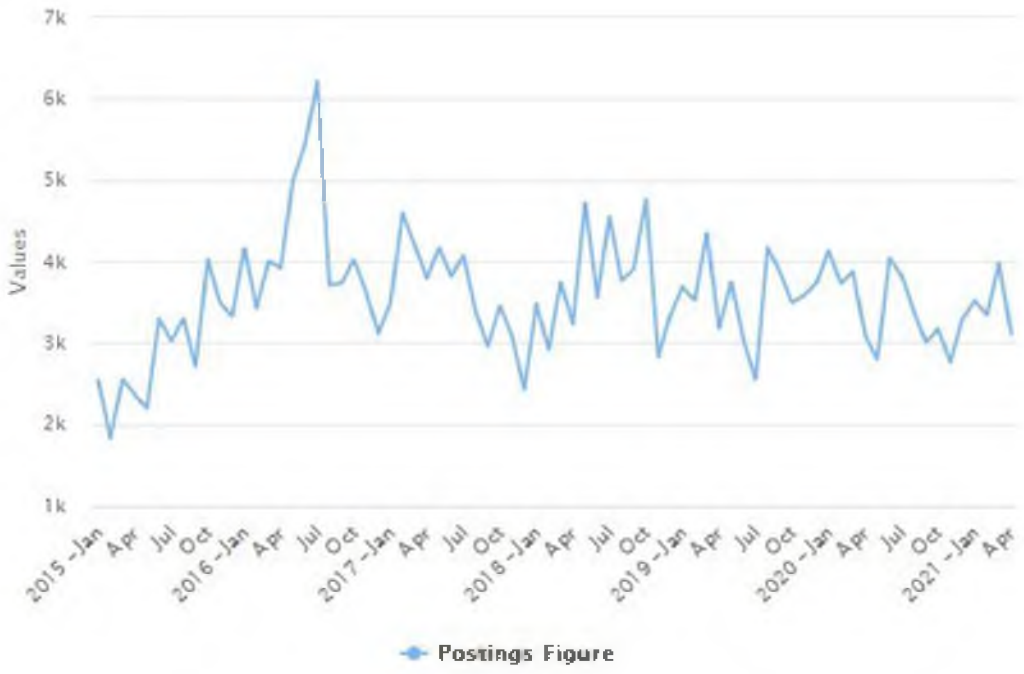
As stated earlier, according to Burning Glass and Insight Labor (Appendix 18), there were 40,605 job postings in NYS in the past year for nurses with bachelor's degrees, and there is expected growth in this area in both NYS and nationwide. See graph below for national trends in nursing job postings:

	2014	2015	2016	2017	2018	2019	2028
Employment (BLS)	231,080	235,410	244,960	248,520	252,350	243,920	300,162



Employment data between years 2019 and 2028 are projected figures.

POSTINGS TRENDS



Also, according to Burning Glass and Insight Labor (Appendix 18), the median salary for nurses in NY is $67K. Nationally, nurses have similar salaries. Advancement in the nursing area, traditionally can be in nurse management and training or healthcare administrators and managers. These areas also pay well nationally. See graphs below for national and NYS salary medians:

Salary numbers are based on Burning Glass models that consider advertised job posting salary, BLS data, and other proprietary and public sources of information.

Occupation Group	0-2 Years	3-5 Years	6+ Years
Nursing Management and Training	$74K	$81K	$89K
Healthcare Administrators and Managers	$56K	$73K	$81K
Registered / Practical Nursing	$67K	$66K	$56K

WHAT SALARY WILL MY GRADUATES FIND UPON GRADUATION?

The median salary in New York for graduates of your program is $69K

This average salary is Above the average living wage for New York of $38K

h)(3) ***Similar Programs:*** Use the table below to list similar programs at other institutions, public and independent, in the service area, region and state, as appropriate. Expand the table as needed. ***NOTE:*** *Detailed program-level information for SUNY institutions is available in the Academic Program Enterprise System (APES) or Academic Program Dashboards. Institutional research and information security officers at your campus should be able to help provide access to these password-protected sites. For non-SUNY programs, program titles and degree information – but no enrollment data –is available from SED's Inventory of Registered Programs.*

Institution	Program Title	Degree	Enrollment
Maria College	RN BS program	BS in Nursing	44
Siena College	RN BS program	BS in Nursing	6
The Sage Colleges	RN BS program	BS in Nursing	104
Excelsior College	RN BS program	BS in Nursing	217
SUNY Delhi	RN to BS Program	BS in Nursing	177
Empire State College	RN to BS Program	BS in Nursing	193

The above grid lists the colleges in the Capital District that offer an RN to BS program. However, when comparing the programs, it is important to recognize that the majority of the above programs are at private institutions which increases the financial burden for students. The two public (SUNY Delhi and Empire State College) institutions listed offer online RN to BS programs. The focus of the UAlbany RN to BS program is to provide a flexible, public option for registered nurses in the Capital District region.

Data obtained by Dr. Linda Millenbach from 2019 facilities websites that offer RN BS program and 2017 NYS SED data show the teaching methodology offered in NYS for RN to BS programs - hybrid versus online programs (excluding CUNY programs). There is no clear research indicating the preference of associate degree nursing graduates. However, it is important to give students options.

Methodology	SUNY	Private
Online	10	8
Hybrid	2	11
Both	1	2
Total	13	21

The number of private hybrid programs demonstrates that associate degree nursing graduates desire to have the option of a program that combines in-person and online formats. The above data indicate that the current SUNY programs are not meeting that need.

The 2018 Center for Health Workforce Studies (CHWS) report, Trends In NYS Nurse Graduates (Appendix 33), states that "assuring access to BS completer programs statewide will be vital, particularly in regions of the state where there Is currently limited access to BS education" (p. 5). The University at Albany can provide the BS education to students residing in rural areas that are willing to drive an hour and a half or less to get to campus for their hybrid courses. Schoharie, Greene, Columbia, Rensselaer, Saratoga, Fulton and Montgomery counties are within the hour and a half range. Our program provides those counties with a flexible option that they had never had before in the RN to BS degree program. The same CHWS report also states that "in 2017 BSN completers are expected to comprise 23% of the total graduations and 38% of the BSN graduations" (p. 7).

The above analysis demonstrates compelling need for additional public options for associate degree nursing graduates to obtain a bachelor's degree. In addition, the data supports the need for the addition of RN to BS programs that combine in-person and online delivery. By addressing these needs, SUNY will both further its mission and provide a vital resource to support the BSN in 10 law.

h)(4) ***Collaboration:*** Did this program's design benefit from consultation with other SUNY campuses? If so, what

was that consultation and its result?

This program was developed in consultation with staff and faculty at HVCC and their Nursing Program, to ensure a smooth transition for students from AAS in Nursing to a BS in Nursing at the UAlbany. Hudson Valley's faculty and administration worked closely in the planning of the program and their Provost provided a letter of support for our program. Please see letter in Appendix 1.

h)(5) ***Concerns or Objections:*** If concerns and/or objections were raised by other SUNY campuses, how were they resolved?

SUNY Plattsburgh and Empire State raised concerns in June 2020 when our Program Announcement was shared with all SUNY campuses. Both campuses have RN to BS programs and shared concerns of program redundancy, competition amongst our program and theirs, competition with private institutions and competition for faculty, and program modality.

In response to their concerns, UAlbany's Provost and Vice Provost for Undergraduate Education met several times with the SUNY Provost's Office to discuss the concerns and submitted a formal letter of response (Appendix 38). Our RN to BS program has been intentionally designed to be unique and be different than both SUNY Plattsburgh's and Empire State's programs. UAlbany's program is designed for all RN to BS students but has a unique pipeline for students who may want to pursue an advanced degree in the field with specific specializations in public health, leadership and minority health disparities, among others. Our university, as a Research 1 is uniquely positioned to provide students with access to innovative research experiences in a variety of interdisciplinary areas that directly relate to nursing. We discussed how many organizations have noted, and specifically the Institute of Medicine of the National Academies notes in The Future of Nursing 2020-2030 report (link to full report: https://nam.edu/publications/the-future-of-nursing-2020-2030/) that "competencies needed to practice [nursing] have expanded, especially in the domains of community and public heath, geriatrics, leadership, health policy, system improvement and change, research and evidence-based practice, and teamwork and collaboration." Our institution's already existing excellent research in various health-related areas provides unique opportunities for our nursing students. Embedded into the nursing curriculum are opportunities that will prepare students to meet the Future of Nursing 2020-2030 goals. Nursing students will have the opportunities to participate in research within the following UAlbany centers and institutes: The Center for the Elimination of Minority Health Disparities (CEMHD), Center for Functional Genomic (CFG), Center for Autism and Related Disabilities (CARD), Center of excellence for Maternal and Infant Health (CHSR), Center for Global Health, Center for Neuroscience Research, Institute for Health and the Environment, Neural Stem Cell Institute, and The RNA Institute.

In addition to the expanded research opportunities that are available to our nursing students, having a nursing program at UAlbany's School of Public Health (SPH) allows the nursing faculty and students to take advantage of the unique relationship with SPH and NYS Department of Health (DOH). Our program will build on many of the opportunities that SPH has developed with DOH by working with policy makers, public health professionals, non-profit organizations, and clinicians. For our nursing students, this can provide unique internships, placements and job opportunities. For our nursing faculty, this will allow them as part of SPH at UAlbany to establish connections with research partners, access to culturally and economically diverse populations, and partnerships with community-based organizations within our region and across our state.

Concerns about competition for students were addressed by looking at the AACN Fact Sheet cites the Bureau of Labor Statistic's Employment Projections for 2016 – 2026 (Appendix 30) that states "Registered Nursing is listed among the top occupations in terms of job growth through 2026. The RN Work force is expected to grow from 2.9 million in 2016 to 3.4 million in 2026, an increase of 428,200 or 15%. The Bureau also projects the need for an additional 203,700 new RNs each year through 2026 to fill newly created positions and to replace retiring nurses." The National League for Nursing also highlights in their 2018 Biennial Survey of Schools of Nursing (Appendix 39) that 4% of qualified applicants to RN to BS

programs (over 70,000 students) and 29% of BSN students (over 90,000) are denied annually. This highlights the inability to meet demand for BS and BSN programs and the need to ensure access for all qualified students seeking this credential.

The 'BSN in 10' legislation passed in New York State in 2017 (Appendix 12), creates an imperative that New York prepare to educate more RN to BS students than ever before. In the Spring of 2019, of the 46 associate degree nursing programs in NYS (excluding CUNY), only 18 of the programs have a formal mechanism that connects the associate nursing degree with a bachelor's degree program through dual degree, partnership or offering both AD and BS programs at the same school. This leaves 24 associate degree nursing programs with no formal relationships with bachelor's degree nursing programs. UAlbany is poised to offer a unique RN to BS in Nursing option that provides students with pathway options directly into the BS in Nursing with smooth transition into the MSN option for students who want to earn their graduate degree in nursing.

We are aware of the competitive market for nursing faculty, and we discussed the opportunity to partner with other SUNY institutions in this area. In addition to the full-time faculty needed to launch the program, we plan to build relationships with adjunct and professional faculty as the program grows.

Regarding modality and recognizing the expanding demand for RN to BS Nursing degrees, we emphasize the importance of providing students with options regarding the delivery method of these nursing programs. The NYS nursing programs' website shows the following delivery options for RN to BS in Nursing programs:

Methodology	SUNY	Private
Online	10	8
Hybrid	2	11
Both	1	2
Total	13	21

Data obtained by Dr. Linda Millenbach from 2019 facilities websites that offer RN BS program and 2017 NYS SED data show the teaching methodology offered in NYS for RN to BS programs - hybrid versus online programs (excluding CUNY programs). The number of hybrid programs among our private institutions demonstrates the desire from nursing associate degree graduates to have program options that mix in-person and online delivery. This data also indicates that SUNY programs are not meeting that need. With only 2 hybrid options throughout all of SUNY's New York State colleges, there is a demand that is not being addressed by SUNY. UAlbany's program would provide an additional, affordable flexible option at a public institution. According to College Tuition Compare (Appendix 21), for academic year 2018-2019, the average tuition and fees costs for colleges in New York State was $8144 for public colleges and $30, 643 for private colleges. The costs for 2021 are similar, further underscoring the point that more affordable hybrid options are needed in our state.

Part of the mission of SUNY is to "provide to the people of New York educational services of the highest quality, with the broadest possible access" and to "strengthen its educational and research programs in the health sciences" (Appendix 40). With the SUNY mission in mind, this program was designed to complement the existing options by expanding opportunities for students to complete the RN to BS in a research rich program with a population health focus that prepares students for graduate level work in nursing and the healthcare fields.

h)(6) ***Undergraduate Transfer:*** The State University views as one of its highest priorities the facilitation of transfer for undergraduate students. To demonstrate adequate planning for transfer under SUNY's student mobility policy, **Section 9** of this form on **SUNY Undergraduate Transfer** must be completed for programs leading to Associate in Arts (A.A.) and Associate in Science (A.S.) and for baccalaureate programs anticipating transfer enrollment.

2.4. Admissions

a) What are all admission requirements for students in this program? Please note those that differ from the institution's minimum admissions requirements and explain why they differ.

This program is restricted to students who have graduated from an accredited nursing associate degree program with a cumulative GPA of 2.5 or above.

Students must provide proof of an unrestrictive RN license by the completion of the first semester.

b) What is the process for evaluating exceptions to those requirements?

Students will have need to have earned their AS or AAS in nursing to be accepted into the program. Students from outside of NYS with different qualifications will have their application reviewed by admissions to consider their admission based on their degree and will be provided information on additional courses that may be required to meet NYS degree requirements such as General Education and LAS requirements.

c) How will the institution encourage enrollment in this program by persons from groups historically underrepresented in the institution, discipline or occupation?

According to the AACN's Vision for Academic Nursing, published in January 2019 (Appendix 32), "Nursing workforce demographics have changed slowly even though the United States is steadily becoming more diverse. According to the U.S. Census Bureau, in 2016 minority groups comprised 38.7% of the population. If this trend continues, the minority population will be the majority by 2043. However, the nursing workforce remains predominately white with minorities comprising 24.5% of the workforce. Diversity within the nursing workforce – in terms of race/ethnicity and gender—is desirable because it can contribute to the improvement of access and care quality for minorities and medically underserved populations." Also noted in this document, *Accelerate Diversity and Inclusion* is the first listed Overarching Goals for the Future. "AACN members have affirmed the need to address pervasive inequities in health care by ensuring the preparation of nurses able to meet the needs of all individuals in an increasingly diverse American society, including both ethnic and geographic diversity. AACN and its member schools are committed to accelerating diversity, inclusion, and equity initiates to prepare the current and future nursing workforce to be reflective of the society it serves while simultaneously fulfilling society expectations and needs."

The University at Albany's Vision, created with our strategic plan for 2018-2023, "Authoring our Success" (Appendix 17) is "To be the nation's leading diverse public research university—providing the leaders, the knowledge, and the

innovations to create a better world." This statement shows the entire University's commitment to diversity in all our disciplines. Our analysis of enrollment ethnicity for the past 4 years (Appendix 24) shows that steady throughout the past 4 years, we have enrolled 55% or more undergraduate students who identify as an ethnic minority. With this commitment to our diverse population within the whole of the University at Albany, it will be a commitment within our nursing program as well.

The potential partnership with Rhode Island Nursing Institute (RINI) Middle College's new charter school in Albany is an actionable way to ensure diversity. As stated in the partnership area, their school in Rhode Island is highly diverse, with 64% of students identifying as Hispanic and 27% of students identifying as black (Appendix 31) .With their school being located in the city of Providence, Rhode Island they believe they will have a similar diverse student body makeup. This pipeline of diverse students ready to take nursing courses and earn their AAS and BS will help to ensure that our nursing program student enrollment is diverse. It has the potential to help us diversify the nursing program's enrollment more so than other existing programs within our university and impact our overall undergraduate diversity enrollment.

The National League of Nursing (NLN) reported in their Biennial Survey of Schools of Nursing Academic Year 2017 - 2018 (Appendix 39) reported the following

> "According to the NLN data, the percentage of underrepresented students enrolled in prelicensure RN programs increased slightly from 27 percent in 2016 to 30.7 percent in 2018. Specifically, African American enrollment increased from 10.8 percent to 11.8 percent; Hispanic enrollment increased from 8.1 to 9.8 percent; Asian enrollment increased from 1.1 to 1.6 percent; and Pacific Islander enrollment increased from 4.4 to 4.5 percent. American Indian enrollment decreased slightly from 0.7 to 0.6 percent."

These data are also represented on their Percentage of Minorities in Basic RN Programs 2016 – 2018 Chart which is Appendix 41. The American Association of Colleges of Nursing (AACN) has supported efforts to increase diversity in nursing. According to the AACN Fact Sheet: Enhancing Diversity in the Nursing Workforce from April 2019, (Appendix 23) "The need to attract students from underrepresented groups in nursing – specifically men and individuals from African American, Hispanic, Asian, American Indian and Alaskan native backgrounds –is a high priority for the nursing profession."

Within the nursing community of the Capital District the breakdown of race/ethnicity by job is as follows:

White	80.9%	10,211
Black or African American	7.8%	989
Asian	6.9%	876
Hispanic or Latino	2.8%	356
Two or More Races	1.3%	159

American Indian or Alaska Native	0.2%	20
Native Hawaiian or Other Pacific Islander	0.0%	6

Chart from Emsi Occuptional snapshot report Appendix 36

Within the Capital District there is the opportunity to collaborate with the Black Nurses Coalition to whose vision according to their website is "to increase upward mobility of African American nurses and increase African American nurses at the bedside, as well as in leadership positions; which includes the senior management, research and academic arena undergraduate and graduate levels." (Appendix 43)

In addition, strategies developed by American Nurse Association and AACN can be utilized as methods to increase diversity (Appendix 23). We can also utilize strategic initiatives to increase diversity within the nursing program such as:

- Seek out minority faculty to teach in the nursing program and serve as mentors to students.
- Have minority research faculty serve as mentors to students involved in research.
- Create and use marketing materials with images of diverse cohorts of nurses and nursing students on the materials, to help diverse students see themselves in the program and career.
- Work with the University at Albany Foundation to help establish scholarships for minority students within the nursing program.

2.5. Academic and Other Support Services

Summarize the academic advising and support services available to help students succeed in the program.

The University requires mandatory advisement for all students, ensuring that each student connects with an advisor prior to registration for any term. The University is moving toward a four-year advisement model that unites the department-based advising structures under a campus-wide framework supporting the student life cycle from admission to graduation. Specific focus is on providing consistent information across general education and curricular requirements, strengthening coordination and collaboration, and providing holistic and personalized support. At the time of program startup, nursing faculty will serve as the primary advisor to students, with support from advisors in the University's Academic Advising unit. Prior to year two, a professional academic advisor with special expertise in nursing will be hired as part of the University's Academic Advisement unit. The benefit of a specialized advisor is having one advisor who is an expert in the nursing curriculum that can advise students about unique opportunities within the program. In addition to providing guidance on major course requirements, particular attention will be paid to the credits transferred from previously earned associate degrees so that students will be advised to choose general education and elective courses that will accurately fulfill remaining degree requirements. This advisor will collaborate with nursing faculty to ensure academic continuity and success of the nursing students.

All students who transfer to UAlbany, including students in the BS Nursing program, will have access to UAlbany's transfer coordinator who creates a unique support system to facilitate a positive and successful transfer experience. When students transfer to UAlbany they are offered support via a cadre of specially trained Transfer Transition Leaders. The university has several clubs for transfer students, commuter students, non-traditional students, and has chapters of two national honorary societies (Tau Sigma for transfers and Alpha Sigma Lambda for non-traditional students).

There are a multitude of academic support opportunities at UAlbany to enhance the successful achievement of students' educational goals. Campus-wide tutoring programs are offered through the Learning Commons, the Center for Achievement, Retention, and Student Success (CARSS), as well as departmental tutoring programs.
The University at Albany is committed to providing support for students who have learning challenges, especially those students who had an I.E.P. (Individual Education Plan) and/or 504 Plan in high school. The Disability Resource Center (DRC) provides support for registered students to receive appropriate learning accommodations. Students are encouraged to connect with the DRC during orientation.

2.6. Prior Learning Assessment

If this program will grant credit based on Prior Learning Assessment, describe the methods of evaluating the learning and the maximum number of credits allowed, **or check here [X] if not applicable**.

2.7. Program Assessment and Improvement

Describe how this program's achievement of its objectives will be assessed, in accordance with *SUNY policy*, including the date of the program's initial assessment and the length (in years) of the assessment cycle. Explain plans for assessing achievement of students learning outcomes during the program and success after completion of the program. **Append** at the end of this form, **a plan or curriculum map** showing the courses in which the program's educational and, if appropriate, career objectives – from Item 2.3(b) of this form – will be taught and assessed. ***NOTE:*** *The University Faculty Senate's Guide for the Evaluation of Undergraduate Programs is a helpful reference.*

The RN to BS Nursing Program will adhere to the evaluation program policies and guidelines set forth by the Office of Institutional Planning and Effectiveness (Appendix 44), as well as those set forth by the nursing accrediting body, CCNE. UAlbany conducts program reviews on a seven-year cycle.

However, since this is a new program an initial accreditation visit by CCNE will be scheduled at the completion of the first year of the program. The focus of this visit is to determine that the program is meeting the ACCN Essentials that address the domains and competencies for a graduate of a baccalaureate nursing program. These Essentials, which are the foundation of the program, are measured by the CCNE Standards for Accreditation for Baccalaureate and Graduate Nursing Program (Appendix 45) which include achievement of student learning outcomes and student success.

Appendix 2 provides a table of the programs SLOs and indicates the courses/learning experiences that address each learning objective. These are also listed in each course syllabus.

Section 3. Program Schedule and Curriculum

Complete the **SUNY Undergraduate Program Schedule** to show how a typical student may progress through the program. This is the registered curriculum, so please be precise. Enter required courses where applicable, and enter generic course types for electives or options. Either complete the blank Schedule that appears in this section, or complete an Excel equivalent that computes all sums for you, and can be found here. Rows for terms that are not required can be deleted.

NOTES: *The* ***Undergraduate Schedule*** *must show* ***all curricular requirements*** *and demonstrate that the program conforms to SUNY's and SED's policies.*

- *It must show how a student can complete all program requirements within SUNY credit limits, unless a longer period is selected as a format in Item 2.1(c): two years of full-time study (or the equivalent) and 64 credits for an associate degree, or four years of full-time study (or the equivalent) and 126 credits for a bachelor's degree. Bachelor's degree programs should have at least 45 credits of upper division study, with 24 in the major.*

- *It must show how students in A.A., A.S. and bachelor's programs can complete, within the first two years of full-time study (or 60 credits), no fewer than 30 credits in approved SUNY GER courses in the categories of Basic Communication and Mathematics, and in at least 5 of the following 8 categories: Natural Science, Social Science, American History, Western Civilization, Other World Civilizations, Humanities, the Arts and Foreign Languages*
- *It must show how students can complete Liberal Arts and Sciences (LAS) credits appropriate for the degree.*
- *When a SUNY Transfer Path applies to the program, it must show how students can complete the number of SUNY Transfer Path courses shown in the Transfer Path Requirement Summary within the first two years of full-time study (or 60 credits), consistent with SUNY's Student Seamless Transfer policy and MTP 2013-03.*
- *Requests for a program-level waiver of SUNY credit limits, SUNY GER and/or a SUNY Transfer Path require the campus to submit a Waiver Request –with compelling justification(s).*

EXAMPLE FOR ONE TERM: Undergraduate Program Schedule

Term 2: Fall 20xx	Credits per classification						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Prerequisite(s)**
ACC 101 Principles of Accounting	4			4	4		
MAT 111 College Mathematics	3	M	3	3			MAT 110
CMP 101 Introduction to Computers	3						
HUM 110 Speech	3	BC	3			X	
ENG 113 English 102	3	BC	3				
Term credit total:	16	6	9	7	4		

Special Cases for the Program Schedules:

- *For a program with multiple tracks or with multiple schedule options (such as full-time and part-time options), use one Program Schedule for each track or schedule option. Note that licensure qualifying and non-licensure qualifying options cannot be tracks; they must be separate programs.*
- *When this form is used for a multi-award and/or multi-institution program that is not based entirely on existing programs, use the schedule to show how a sample student can complete the proposed program. **NOTE:** Form 3A, Changes to an Existing Program, should be used for new multi-award and/or multi-institution programs that are based entirely on existing programs.*
- *SUNY policy governs the awarding of two degrees at the same level.*
- *Minors require neither SUNY approval nor SED registration.*

a) If the program will be offered through a nontraditional schedule (i.e., not on a semester calendar), what is the schedule and how does it impact financial aid eligibility? ***NOTE:*** *Consult with your campus financial aid administrator for information about nontraditional schedules and financial aid eligibility.*
All courses are taught in semester format.

b) For **each existing course** that is part of the proposed undergraduate major (including cognates and restricted electives, but not including general education), **append a catalog description** at the end of this document**.**

Please see Appendix 3.

c) For **each new course** in the undergraduate program, **append a syllabus** at the end of this document. **NOTE:** Syllabi for all courses should be available upon request. Each syllabus should show that all work for credit is college level and of the appropriate rigor. Syllabi generally include a course description, prerequisites and corequisites, the number of lecture and/or other contact hours per week, credits allocated (consistent with *SUNY policy on credit/contact hours*), general course requirements, and expected student learning outcomes.

Please see Appendix 4.

d) If the program requires external instruction, such as clinical or field experience, agency placement, an internship, fieldwork, or cooperative education, **append** a completed External Instruction form at the end of this document.

Please see Appendix 5.

NOTE: The University Faculty Senate's *Internships and Co-ops, A Guide for Planning, Implementation and Assessment* is a helpful reference: http://www.system.suny.edu/media/suny/content-assets/documents/faculty-senate/Internship-Guide--update-10.19.16.pdf

SUNY Undergraduate Program Schedule

Program/Track Title and Award: **Nursing BS PART TIME**

- Indicate **academic calendar type**: [✓] Semester [ ] Quarter [ ] Trimester [ ] Other (describe):
- **Label each term in sequence**, consistent with the institution's academic calendar (e.g., Fall 1, Spring 1, Fall 2)
- **Name of SUNY Transfer Path, if one exists: Nursing* See Transfer Path Requirement Summary for details**

*Students in this program will have previously completed an Associate's Degree in Nursing. This schedule assumes that students earned an AAS at a SUNY institution. General Education requirements will be adjusted for students earning an AS in Nursing from a SUNY institution or an Associate's degree from a non-SUNY institution.

Fall 1:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HSNG 311 – Health Assessment and Health Promotion	4			4			
HSPH 201 Introduction to Public Health	3		3	3			
Term credit totals:	7		3	7			
Summer 1:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
General Education: Humanities	3	H	3				
Term credit totals:	3	3	3				
Fall 2:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 314 Nursing Informatics and Healthcare Technology	3			3			
AMAT 108 - Statistics	3	M	3	3			
Term credit totals:	6	3	3	6			
Summer 2:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
General Education: Intl Perspectives	3	OW	3				
Tern credit totals	3	3	3				
Fall 3:							
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 411 Population Health	4			4		X	AMAT 108,HSPH 231,HNSG 311,314

Spring 1:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 312 – Quality and Culture of Safety in	3			3			
General Education: US History *Upper	3	AH	3				
Term credit totals:	6	3	3	3			
	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
Term credit totals:							
Spring 2	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
Upper Level Public Health Elective	3		3	3			
HSPH 231 – Concepts of Epidemiology	3		3	3			AMAT 108 - Statistics
Term credit totals:	6		6	6			
	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
Spring 3:							
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 412 Nursing Research & Evidence-Based Practice	3			3		X	HNSG 311, 312, 314

HSPH 342 How US Health Care Works	3		3	3			
Term credit totals:	7		3	7			
Summer 3:							
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
General Education: Arts Upper Level Course	3	AR	3				
Term credit totals:	3	3	3				
Fall 4:							
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 414 – Management & Leadership for Nursing	4			4		X	HNSG 311, 314, 411
HNSG 415 – Professional Role of Nurses	3			3		X	HNSG 311, 314, 411
Term credit totals:	7			7			

Upper Level Elective	3			3			
Term credit totals:	6			6			
Spring 4:							
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
Local General Education: Challenges Upper Level	3	CH	3				
Upper Level Elective	3						
Term credit	6	3	3				

Program Totals (in credits):	**Total Credits:60 at UAlbany Total earned for BS 120**	**SUNY GER: 15 UA Total for BS 30**	**LAS: at UA 30 Total LAS for BS 60**	**UA Major: 439**	**Elective & Other: 6**	**Upper Division: 45**	**Upper Division Major: 30**

Number of SUNY GER Categories: 9

Program/Track Title and Award: Nursing BS FULLTIME

- Indicate **academic calendar type**: [✓] Semester [ ] Quarter [ ] Trimester [ ] Other (describe):
- **Label each term in sequence**, consistent with the institution's academic calendar (e.g., Fall 1, Spring 1, Fall 2)
- **Name of SUNY Transfer Path, if one exists: Nursing* See Transfer Path Requirement Summary for details**

*Students in this program will have previously completed an Associate's Degree in Nursing. This schedule assumes that students earned an AAS at a SUNY institution. General Education requirements will be adjusted for students earning an AS in Nursing from a SUNY institution or an Associate's degree from a non-SUNY institution.

Fall 1:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
AMAT 108 Statistics	3	M	3	3			
HSPH 201 Introduction to Public Health	3		3	3			
General Education: Arts Upper Level Course	3	AR	3				
HNSG 311 Health Assessment and Health Promotion	4			4		X	
General Education: International Perspectives	3	OW	3				
Term credit totals:	16	9	12	10			

Spring 1:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
General Education:	3	H	3				
General Education: US History Upper Level	3	AH	3				
HSPH 231 Concepts of Epidemiology	3		3	3			AMAT 108 - Statistics
HNSG 314 Nursing Informatics and Healthcare Technology	3			3		X	
HNSG 312 Quality and Culture of Safety in Nursing	3			3		X	
Term credit totals:	15	6	9	9			

Fall 2:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
Local General Ed: Challenges in 21st Century Upper Level Course	3		3				
Upper Level Elective	3						
HNSG 411 Population Health	4			4			AMAT 108,HSPH 231,HNSG 311,314
HSPH 342 How U.S. Health Care Works	3		3	3			
Upper Level Public Health Elective	3		3	3			
Term credit totals:	16		9	10			

Spring 2:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
Upper Division Elective	3						
HNSG 412 Research in Nursing & Evidence-Based Practice	3			3		X	
HNSG 414 Management & Leadership for Nursing	4			4		X	HNSG 311, 314, 411
HNSG 415 Professional Role of Nurses	3			3		X	HNSG 311, 314, 411
Term credit totals:	13			10			

Program Totals (in credits):	Total Credits UAlbany Total earned for BS 120	SUNY GER: 15 UA Total for BS 30	LAS: at UA 30 Total LAS for BS 60	UA Major: 39	Elective & Other: 6	Upper Division: 45	Upper Division Major: 30	Number of SUNY GER Categories: 9

KEY Cr: credits **GER:** SUNY General Education Requirement (Enter Category Abbreviation) **LAS:** Liberal Arts & Sciences (Enter credits) **Maj:** Major requirement (Enter credits) **TPath:** SUNY Transfer Path Courses (Enter credits) **New:** new course (Enter X) **Co/Prerequisite(s):** list co/prerequisite(s) for the noted courses **Upper Division:** Courses intended primarily for juniors and seniors **SUNY GER Categories Abbreviations:** American History (AH), Basic Communication (BC), Foreign Language (FL), Humanities (H), Math (M), Natural Sciences (NS), Other World Civilizations (OW), Social Science (SS), The Arts (AR), Western Civiliz

Section 4. Faculty

a) Complete the **SUNY Faculty Table** on the next page to describe current faculty and to-be-hired (TBH) faculty.

b) **Append** at the end of this document position descriptions or announcements for each to-be-hired faculty member.

Please see Appendix 6.

NOTE: *CVs for all faculty should be available upon request. Faculty CVs should include rank and employment status, educational and employment background, professional affiliations and activities, important awards and recognition, publications (noting refereed journal articles), and brief descriptions of research and other externally funded projects. New York State's requirements for faculty qualifications are in Regulation 52.2 http://www.highered.nysed.gov/ocue/lrp/rules.htm.*

b) What is the institution's definition of "full-time" faculty?

A full -time faculty is one who holds an appointment with 100% commitment to the University.

SUNY Faculty Table

Provide information on current and prospective faculty members (identifying those at off-campus locations) who will be expected to teach any course in the major. Expand the table as needed. Use a separate Faculty Table for each institution if the program is a multi-institution program.

(a)	(b)	(c)	d	(e)	(f)
Faculty Member Name and Title/Rank (Include and identify Program Director with an asterisk.)	**% of Time Dedicated to This Program**	**Program Courses Which May Be Taught (Number and Title)**	**Highest and Other Applicable Earned Degrees**	**Discipline(s) of Highest and Other Applicable Earned Degrees**	**Additional Qualifications: List related certifications, licenses and professional experience in field.**
PART 1. Full-Time Faculty					
Linda Millenbach, On-site Director of RN to BSN Program	100	HNSG 312 - Quality and Culture of Safety, HNSG 314 - Informatics & Healthcare Technology, HNSG 414 - Management and Leadership	PhD Adelphi University	Nursing	Nursing administration; nursing education at the associate, bachelors and master levels
Akiko Hosler, Associate Professor, Department of Epidemiology	5%	HSPH 231 Concepts to Epidemiology	PhD UAlbany	Sociology	Epidemiology of diabetes; evaluation research and survey methods
Diane Dewar, Associate Professor	5%	HSPH 342 How U.S. Healthcare Works	PhD Johns Hopkins	Economics	Health economics / Econometrics
Part 2. Part-Time Faculty					
Catherine Teute Bohn, Clinical Associate Professor, Department of Health Policy, Management and Behavior	5%	HSPH 201 Intro to Public Health	MPH University of California at Berkeley	Public Health, Health Administration	NYS Council on Children and Families

Part 3. Faculty To-Be-Hired (List as TBH1, TBH2, etc., and provide title/rank and expected hiring					
TBH1 Tenure Track Assistant Professor Nursing Faculty, Summer 2022	100%	HNSG 311 - Health Assessment & Health Promotion, HNSG 411 - Population Health, HNSG 412 - Nursing Research,& Evidence Based Practice HNSG 415 - Professional Role of Nurses	Doctoral Degree	Nursing	Needs 3 -5 years of experience in nursing and ideally 3 – 5 years in Nursing Education at the bachelor's level
TBH2 SPH Adjunct Lecturer, Fall 2022 and each fall thereafter	100%	HSPH 201 Intro to Public Health	Master	Public Health or related field	Previous teaching experience in relevant courses
TBH3, SPH Adjunct Lecturer, Spring 2024 and each spring thereafter	100%	HSPH 231 Concepts of Epidemiology	Master	Public Health or related field	Previous teaching experience in relevant courses
TBH 4, Nursing Faculty Lecturer, Fall 2024	100%		Doctoral Degree in Nursing		Needs 3 -5 years of experience in nursing and relevant teaching experience
TBH5, SPH Adjunct Instructor Fall 2024 and each fall thereafter	100%	HSPH 342 How US Health Care Works	Master	Public Health or related field	Previous teaching experience in relevant courses
TBH6, SPH Adjunct Instructor Spring 2025 and each spring thereafter	100%	HSPH elective (course determined by program needs and student demand)	Master	Public Health or related field	Previous teaching experience in relevant courses

Section 5. Financial Resources and Instructional Facilities

a) What is the resource plan for ensuring the success of the proposed program over time? Summarize the instructional facilities and equipment committed to ensure the success of the program. Please explain new and/or reallocated resources over the first five years for operations, including faculty and other personnel, the library, equipment, laboratories, and supplies. Also include resources for capital projects and other expenses.

The RN BS budget is for a new program without established relationship and resources. The budget discussion will focus on the following:

- Personnel resources
- Physical space and equipment
- Library needs
- Marketing and recruitment
- Accreditation

Personnel Resources

Faculty (Nursing and Public Health)

The desired date for the admission of students to the RN BS program is the Fall of 2022. To meet this date, New York State Education Department (SED) approval of the RN BS program will need to occur during 2021-2022. No student recruitment can occur until SED has approved the program. SED expects that a PhD prepared Nursing Director of the RN BS program be in place in 2021-2022. This position is presently filled by Dr. Linda Millenbach. Once approval is obtained, SED expects that there will be at least 2 full-time PhD-trained nursing faculty hired when the program starts in the Fall of 2022. Therefore, another nursing faculty member will need to be hired in Summer 2022. As the program grows, additional nursing faculty will be needed.

In the first year, the nursing faculty will consist of the RN BS Program Director and an additional nursing tenure-track assistant professor. By year 3, the number of courses needed to be offered will necessitate the addition of a third faculty-member, budgeted as a full-time lecturer (teaching faculty) position. By year 3, some increased faculty time will also be needed to coordinate the sites for the clinical placement of students.

The Director for the RN BS program will have multiple administrative, student advisement and recruitment responsibilities, and initial responsibility for coordinating clinical placements. Additionally, the Director will have the responsibility of beginning the accreditation process. Therefore, the Director's teaching responsibilities will be limited to one course per semester. The tenure-track faculty member's teaching load will be two courses per semester, while the full-time lecturer will be expected to teach three courses per semester.

Since there is not an abundance of Nursing faculty nationwide, monies were designated for faculty searches. It is hoped that through the present director's networking, the appropriate salary and SUNY benefits that the ability to hire faculty will be enhanced. The salary for faculty is based on data from the following site: http://www.nln.org/newsroom/nursing-education-statistics/nln-faculty-census-survey-2018-2019

Because the RN BS students are non-traditional students, these students tend to be working full time and attend school part-time. For recruitment and retention of these students, it is important that the student finds the program flexible. As previously discussed, the nursing courses will each be offered in a hybrid format -

half the class sessions taught online using Zoom and Blackboard and the other half of the class sessions taught face-to-face. Given the student work status, it is best for student success to provide face-to-face classes on a single day-of-the-week schedule and admit the students in cohorts. Therefore, the Nursing and Public Health courses will be offered on the same single day of the week. This schedule, and the current size and growth rate of the undergraduate public health major, creates the need for SPH to hire adjunct faculty to teach additional sections of the SPH courses that are a part of the RN BS program curriculum. Adjuncts were budgeted at $4000 per course for Years 1 and 2, and $5000 per course for years 3-5. Costs to support the translation of the three required public health courses into a hybrid format, budgeted at $2500 per course, have been included in Year 2. This will allow the nursing and public health course to all be in the same format and will facilitate flexible scheduling for the students.

There is not a nursing graduate program so there are no teaching assistants (TAs) available for teaching. Therefore, all nursing classes will be taught by the nursing faculty without the use of TAs. Since the focus of the program is to develop critical thinking, requiring student presentations, class discussion and writing assignments, the class size for the nursing classes will be limited to a maximum of 25-30 students per class.

Additional Personnel

Academic Advisor During the first year, faculty will serve as the students' primary advisor. Consistent with the University's current advisement model, by the second year, there will be a need for a specialized professional academic advisor (SL3; $50,148) for the nursing program who will be part of the University's Academic Advising unit. The benefit of a professional advisor is having one advisor who is an expert in the nursing curriculum and the General Education requirements that can advise students about unique opportunities within the program. The full-time professional advisor is budgeted for academic year 2023 – 2024.

Administrative Assistant (AA): The Administrative Assistant (AA) (SL2; $44,374) will provide administrative support to the faculty and program and be the initial contact for potential RN BS students. This person will assist in answering student questions about the program and directing potential students to the appropriate resource. The AA will work with the faculty to create and update recruitment tools and information.

Physical space /Equipment

While the RN to BS program will be part of the UAlbany School of Public Health (SPH), it will not be physically located at the present SPH site because of lack of available space at that site, and because undergraduate classes are largely taught at the uptown campus. Therefore, the program will be located at the uptown UAlbany campus, which is where the undergraduate public health program is also located. It is important for both marketing and retention of students that a designated identifiable area be established for the Nursing Program. This designated area should allow for faculty and the administrative assistant to be in a single area. Therefore, there is a need for office space for faculty and administrative staff.

The equipment needs for the new major will occur with the new hires in Academic Year 1. Office supplies – office chairs, visitor chairs, desks, file cabinets, computers, printer, office supplies, phones and bookcases will be needed. Estimated cost is $7,000. If this equipment is available through the University, then the cost would be less.

In 2023 and 2024 there will be a need for additional office supplies – office chairs, visitor chairs, desks, file cabinets, computers, printer, office supplies, phones and bookcases for the two additional personnel. Estimated cost is $3,500 per year. Supplies have been estimated at $500 in Year 1, rising to $750 in Year 3.

Library assessment

University Libraries was consulted, and they prepared a report regarding their expenses for the nursing program. While this original estimate was for a graduate nursing program, it is appropriate for an RN BS program and consistent with SED and the CCNE accreditation expectations for this type of program. This assessment was completed in Fall 2019. See below assessment in Section 6 – Library Resources. Cost is estimated as $43,310 for the initial year with an annual cost of $40,883.

Recruitment and Retention/ Student Support Services

It expected that the Director of the RN BS program will help with student recruitment, program communication, and accreditation needs and be a resource to student advisors. Monies were allocated in the budget for recruitment materials in the first year ($5000) with continuing support for these materials ($1500 in Year 2, decreasing to $500 by year 5).

Accreditation

The RN BS program's student learning outcomes and curriculum are based on the American Association of Colleges of Nursing (AACN)'s 2021 *THE ESSENTIALS:* CORE COMPETENCIES FOR PROFESSIONAL NURSING EDUCATION – Level 1 post-licensure programs. The accrediting body for the is organization is the Commission of Collegiate Nursing Education (CCNE). To receive support in the accreditation process, the nursing program must be a member of this organization. The timeline for accreditation would be 2023- 2024 to assure that all RN BS students graduate from an accredited program. In addition, membership is an important recruitment component as graduate programs expect applicants to have graduated from an accredited program. The CCNE costs for the initial accreditation application are $2500, the accreditation process is $5250 and the ongoing membership of CCNE is $2777 which is necessary for ongoing accreditation.

In addition, the program must maintain membership in AACN to stay current on possible standard changes and maintain currency in the educational program. There is an initial cost of $2770 and an ongoing annual cost of $5540. There was no adjustment made for possible membership price increases.

Annual Operations

Annual operating fees for the program are budgeted at $4000. This will support program operating expenses including student events, guest speaker events, and faculty travel to professional conferences.

b) Complete the five-year SUNY Program Expenses Table, below, consistent with the resource plan summary. Enter the anticipated academic years in the top row of this table. List all resources that will be engaged specifically as a result of the proposed program (e.g., a new faculty position or additional library resources). If they represent a continuing cost, new resources for a given year should be included in the subsequent year(s), with adjustments for inflation or negotiated compensation. Include explanatory notes as needed.

SUNY Program Expenses Table

Program Expense Categories	Expenses (in dollars)					
	Before Start	Academic Year 2022-23	Academic Year 2023-24	Academic Year 2024-25	Academic Year 2025-26	Academic Year 2026-27
1. Personnel (including faculty and all others)	103,000	236,374	304,993	383,178	394,073	405,296
2. Library		43,310	40,883	40,883	40,883	40,883
3. Equipment		7,000	3,500	3,500		
4. Laboratories						
5. Supplies		500	500	750	750	750
6. Capital Expenses						
7. Faculty Searches	10,000					
8. CCNE Accreditation costs and annual organization fees		5,270	13,567	8,317	8,317	8,317
9. Annual Operations		4,000	4,000	4,000	4,000	4,000
10. Recruitment Materials		5,000	1,500	1,000	1,000	500
11. Sum of Rows Above	**$113,000**	**$301,454**	**368,943**	**$441,628**	**449,023**	**459,746**

The personnel costs for "Before Start" represent current expenses for the full-time onsite RN BS Director. All salaries include 3% for increase per year for planning purposes. The budget was prepared estimating 20 students in Year 1, 43 students in Year 2, 73 students in year 3, 101 students in year 4, and 109 students in year 5. Faculty needs for Nursing and Public Health courses are outlined in the table below. Faculty needs assume growth from 20 -109 students

	2022-2023		2023-2024		2024-2025		2025-2026		2026-2027	
Semester	F22	S23	F23	S24	F24	S25	F25	S26	F26	S27
NSG courses to be offered	1	1	2	2	3	3	4	4	4	4
PH courses to be offered	1		1	1	2	2	2	2	2	2
Nursing faculty needed	2 FT, TT	2 FT, TT	2 FT, TT	2 FT, TT	2 FT, TT 1 lecturer	2 FT, TT 1 lecturer	2 FT, TT 1 lecturer	2 FT, TT 1 lecturer	2 FT, TT 1 lecturer	2 FT, TT 1 lecturer
Adjuncts needed for PH courses	1		1	1	2	2	2	2	2	2

Section 6. Library Resources

a) Summarize the analysis of library collection resources and needs *for this program* by the collection librarian and program faculty. Include an assessment of existing library resources and accessibility to those resources for students enrolled in the program in all formats, including the institution's implementation of SUNY Connect, the SUNY-wide electronic library program.

b) Describe the institution's response to identified collection needs and its plan for library development.

Introduction

The University Libraries collect, house, and provide access to all types of published materials in support of the research and teaching of the schools, colleges, and academic departments of the University. This brief evaluation considers those key portions of the libraries' collections and services that would support a joint B.S. degree in Nursing.

Library Collections

The University Libraries are among the top 115 research libraries in the country. The University Library, the Science Library, and the Dewey Graduate Library contain more than two million volumes and over 2.9 million microforms. The Libraries provide access to more than 75,000 online journals and several hundred thousand online books. Whenever possible, current subscriptions are available online. Additionally, the Libraries serve as a selective depository for U.S. Government publications and house collections of software and media.

The Science Library, which opened in September 1999, occupies 61,124 square feet on four floors. The Science Library serves the entire University at Albany community, but contains collections supporting the departments of Atmospheric and Environmental Sciences, Biological Sciences, Chemistry, Computer Science, Mathematics and Statistics, Physics, Psychology, the College of Nanoscale Science and Engineering, and the School of Public Health. Approximately 600,000 volumes in the science and technology subject areas (Q-TP of the Library of Congress classification scheme) are housed in this library. Online resources (journals, databases, e-books, digital libraries) are available on and off campus, all hours of the day.

Databases

The University Libraries currently subscribe to or have access to several important databases and digital collections for nursing and health. These databases are:

-*CINAHL Plus with Full Text*
-*MEDLINE via PubMed*
-*Health Reference Center Academic*
-*Health Source: Nursing/Academic*
-*PsychINFO*

The University Libraries also offer access to several important cross-disciplinary databases. *EBSCO Academic Search Complete* indexes nursing and health topics as well as a wide array of related and general academic topics. *Web of Science* is an important cross-disciplinary resource that is very strong in medical and biomedical indexing.

At this time, subscriptions to two new databases have been recommended to support the new joint B.S. in Nursing. These titles are:

-*Cochrane Library* - $5,936.00
-*Nursing Reference Center Plus* - $7,865.00

The total cost to subscribe to these two databases is **$13,801** per year.

Journals

Journal articles are an important resource for students in a nursing B.S. program. The following databases provide access to multiple nursing journal titles:

-*CINAHL Plus with Full Text* – articles from 750 full-text journals
-*Health Source: Nursing/Academic* – articles from nearly 550 nursing journals

The SUNY libraries are finalizing a new contract with Elsevier. ScienceDirect provides a number of nursing journals, as well as a wide array of medical and biomedical journals.

The University Libraries also offer access to important, high-impact journals in the areas of medicine and science. They are:
-*JAMA* -
Lancet -
New England Journal of Medicine -
Nature -
Science

To further support this new program, the University Libraries recommend purchasing a subscription to the following journal collection:

-*Ovid Nursing Community College Extended Journal Collection* – This collection provides access to almost 50 nursing journal titles. It covers four of six journal titles that the Hudson Valley Community College lists as important nursing journals. These titles are: *American Journal of Nursing, Nursing2020, Nursing Research*, and *Nursing Made Incredibly Easy*. (The other two journal titles deemed important, *British Journal of Nursing* and *Critical Care Nurse,* are available on CINAHL). The annual cost of this journal package is **$11,182.00**.

Books

Books serve as an important foundational resource for undergraduates. In the B.S in nursing program, there is some overlap between books purchased to support the Biological Sciences program as well as the School of Public Health. To support this new program, we are recommending a yearly budget of **$14,900.00**, to purchase 100 books at an average cost of $149.00 each. In addition, a core collection of books may need to be acquired.

Reference Collection

The Reference collection was evaluated for the needs of a new B.S. in nursing. The University Libraries have several titles of interest in the collection: *Black's Medical Dictionary* 43rd and *Dictionary of Nursing* (Oxford) 7th ed. To support this new program, there are a number of important resources that should be purchased. These include:

-*AMA Manual of Style*
-*Dorland's illustrated medical dictionary* - 31st
-*Gale Encyclopedia of Nursing and Allied Health* – 4th
-*Grant's atlas of anatomy* - 14th
-*Mosby's Dictionary of Medicine, Nursing & Health Professions* - 10th
-*Nursing 2020 Drug Handbook*
-*Say it in Spanish: A guide for health care* professionals – 3rd
-*Stedman's Medical Dictionary for the Health Professions and* Nursing - 7th
-*Taber's Cyclopedic Medical Dictionary* 23rd

The total cost for purchasing these is: **$2,426.92.** In addition, it is recommended that **$1,000.00** be added to the annual Science Library reference budget to purchase new reference resources to support the nursing program each year.

Interlibrary Loan and Delivery Services

The University Libraries' Interlibrary Loan (ILL) program borrows books and microforms, and obtains digital copies of journal articles and other materials not owned by the Libraries from sources locally, state-wide, nationally, and internationally. ILL services are available at no cost to the user for faculty, staff, and students currently enrolled at the University at Albany. Users can manage their requests through the use of ILLiad, the University Libraries' automated interlibrary loan system, which is available through a Web interface at https://illiad.albany.edu/.

The University Libraries also provide delivery services for books and articles housed in any of the three libraries. Books can be delivered to one of the libraries or for faculty, to departmental addresses. Articles are scanned and delivered electronically via email. The Libraries also provide free delivery services to the home addresses of online learners and people with disabilities. Delivery services are managed through ILLiad as well.

Summary

Although some resources acquired for biology and public health will be useful, additional resources will be needed to support the joint B.S. in Nursing. Those are:

Databases (annual) --$13,801.00
Journals for nursing (annual) -- $11,182.00
Books (annual) -- $14,900.00
Reference resources (one time purchase) -- $2,426.92
Reference resources (annual) -- $1,000.00
Total -$43,309.92 for first year

Section 7. External evaluation

SUNY requires external evaluation of all proposed bachelor's degree programs, and may request an evaluation for a proposed associate degree or certificate program in a new or emerging field or for other reasons.

Is an external evaluation required? [ ] No [x] Yes

If yes, list below all SUNY-approved evaluators who conducted evaluations (adding rows as needed), and **append at the end of this document** each original, signed *External Evaluation Report*. ***NOTE:*** *To select external evaluators, a campus sends 3-5 proposed evaluators' names, titles and CVs to the assigned SUNY Program Reviewer, expresses its preferences and requests approval.*

Evaluator #1
Name: Eileen C. Engelke, Ed.D., RN, CNE
Title: Director of RNBS Completion Program, Assistant Professor
Institution: Pace University

Evaluator #2
Name:

Title:
Institution:

Section 8. Institutional Response to External Evaluator Reports

As applicable, **append** at the end of this document a single *Institutional Response* to all *External Evaluation Reports.*

Section 9. SUNY Undergraduate Transfer

The State University views as one of its highest priorities the facilitation of transfer.

a) For a **proposed Associate in Arts (A.A.) or an Associate in Science (A.S.) degree,** demonstrate that the program's graduates will be able to transfer into at least two parallel SUNY baccalaureate programs and complete them within two additional years of full-time study, per SUNY policy, by listing the transfer institutions below and **appending** at the end of this document**:**

- two completed *SUNY Transfer Course Equivalency Tables*, one for each transfer institution; and
- a letter from the Chief Academic Officer of each transfer institution asserting acceptance of the completed Transfer Course Equivalency Table.

Program proposals must include two articulation agreements with parallel programs. Every effort should be made to obtain two SUNY articulation agreements for this requirement. In the event that such articulations are not possible, campuses are encouraged to work with their campus reviewer to find appropriate alternatives.

Baccalaureate Degree Institution	Baccalaureate Program SED Code and Title	Degree

b) For a **proposed baccalaureate program,** document articulation with at least two parallel SUNY associate degree programs for seamless transfer, by **appending documentation of articulation**, such as *SUNY Transfer Course Equivalency Tables* and/or letters of support from Chief Academic Officers at associate degree institutions or their designees. **If transfer does not apply to this program, please explain why.**

Associate Degree Institution	Associate Program SED Code and Title	Degree
Hudson Valley Community College	Nursing 00952	AAS
Mohawk Valley Community College	Nursing 01153	AAS
Ellis Hospital's Belanger School of Nursing	Nursing 92196	AS
Columbia-Greene Community College	Nursing 86164	AS

Our nursing BS is specifically designed as a program for transfer students. As noted in the admissions requirements, to enter the program students must have successfully earned their AS or AAS in nursing. We will not be teaching lower division nursing courses at the University. As noted by the transfer program schedules and articulation charts for Hudson Valley Community College, Mohawk Valley Community College, Columbia-Greene Community College, Maria College, and Ellis Hospital's Belanger School of Nursing, Samaritan Hospital School of Nursing found in

Appendix 7, we are able to adapt our program to various associate programs to ensure students earn the requirements for a BS. Each student accepted into the program will work with their advisors to ensure that their AAS or AS transfers into our program and all requirements are met without duplication.

In 2019, the University at Albany created a Transfer Admission Guarantee program that was launched with Hudson Valley Community College (HVCC). The program seamlessly connects various HVCC associate programs to several of our bachelor's programs, allowing students the ability to transfer and complete both degrees with 4 years of study. Admission is guaranteed if they earn a 2.5 at HVCC. In addition, the program offers various supports like advising from both HVCC and UA financial aid advisors and academic advisors, the ability for students while at HVCC to connect to the department they plan to major in at UA, so they may be invited to alumni talks and sponsored events before they matriculate. Students will also be invited to participate in UAlbany Visit Days, to help them get to knowthe campus well before matriculating, helping to ease the nerves about navigating the large campus. In addition, students while at HVCC will be connected to a student Transfer Transition Leader, who is an upperclassman student who already successfully transferred to UA, that will serve as a mentor throughout their transition to our campus. We plan to add nursing into the Transfer Admission Guarantee program with HVCC. In addition, we are working to expand the Transfer Admission Guarantee program, to work with additional community colleges in the Capital District and intend to include a pipeline for nursing in the future agreements.

Over the past 5 years, we have put a concentrated effort on creating detailed program-to-program transfer articulation agreements with community colleges and agricultural/technology SUNY campuses. Currently we have eight large articulation agreements with other institutions; in addition, we have a few program specific articulations for specializations that link two alike programs from one institution to one within the University at Albany. We will continue to create articulations and updated existing agreements as degree program requirements change, new programs are created, and new partnerships are identified.

NOTE: *Transfer course equivalency tables are needed, despite SUNY Transfer Paths, to ensure that all courses in an A.A. or A.S. program will be accepted for transfer. Official SED program titles and codes can be found on NYSED's Inventory of Registered Programs here.*

Section 10. Application for Distance Education

a) Does the program's design enable students to complete 50% or more of the course requirements through distance education? [X] No[ ] Yes. If yes, **append** a completed *SUNY Distance Education Format Proposal* at the end of this proposal to apply for the program to be registered for the distance education format.

b) Does the program's design enable students to complete 100% of the course requirements through distance education? [X] No [ ] Yes

Section MPA-1. Need for Master Plan Amendment and/or Degree Authorization

a) Based on guidance on Master Plan Amendments, please indicate if this proposal requires a Master Plan Amendment.
[X] No [ ] Yes, a completed *Master Plan Amendment Form* is **appended** at the end of this proposal.

b) Based on *SUNY Guidance on Degree Authorizations* (below), please indicate if this proposal requires degree authorization.

[X] No [ ] Yes, once the program is approved by the SUNY Provost, the campus will work with its Campus Reviewer to draft a resolution that the SUNY Chancellor will recommend to the SUNY Board of Trustees.

SUNY Guidance on Degree Authorization. *Degree authorization is required when a proposed program will lead to a new degree (e.g., B.F.A., M.P.H.) at an existing level of study (i.e., associate, baccalaureate, first-professional, master's, and doctoral) in an existing disciplinary area at an institution. Disciplinary areas are defined by the New York State Taxonomy of Academic Programs. Degree authorization requires approval by the SUNY Provost, the SUNY Board of Trustees and the Board of Regents.*

List of Appended and/or Accompanying Items

a) Appended Items: If materials required in selected items in Sections 1 through 4 and Sections 9, 10 and MPA-1 of this form apply to this proposal, they should be appended as part of this document, after this page, with continued pagination. In the first column of the chart below, please number the appended items, and append them in number order.

Number	Appended Items	Reference Items
	For multi-institution programs, a letter of approval from partner institution(s)	Section 1, Item (e)
	For programs leading to professional licensure, a side-by-side chart showing how the program's components meet the requirements of specialized accreditation, Commissioner's Regulations for the Profession, or other applicable external standards	Section 2.3, Item (e)
	For programs leading to licensure in selected professions for which the SED Office of Professions (OP) requires a specialized form, a completed version of that form	Section 2.3, Item (e)
1	*OPTIONAL: For programs leading directly to employment*, letters of support from employers, if available	Section 2, Item 2.3 (h)(2)
2	*For all programs*, a plan or curriculum map showing the courses in which the program's educational and (if appropriate) career objectives will be taught and assessed	Section 2, Item 7
3	*For all programs*, a catalog description for each existing course that is part of the proposed undergraduate major (including cognates and restricted electives)	Section 3, Item (b)
4	*For all programs with new courses in the major*, syllabi for all new courses in a proposed undergraduate major	Section 3, Item (c)
5	*For programs requiring external instruction*, a completed *External Instruction Form* and documentation required on that form	Section 3, Item (d)
6	*For programs that will depend on new faculty*, position descriptions or announcements for faculty to-be-hired	Section 4, Item (b)
7	*For all A.A. and A.S. programs*, Transfer Equivalency Tables and letters of support from at least two SUNY baccalaureate institutions; *for baccalaureate programs that anticipate transfer student enrollment*, documentation of seamless transfer with at least two SUNY two-year programs	Section 9
	For programs designed to enable students to complete at least 50% of the course requirements at a distance, a *Distance Education Format Proposal*	Section 10
	For programs requiring an MPA, a *Master Plan Amendment Form*	Section MPA-1

b) Accompanying Items - External Evaluations and Institutional Response: If Sections 7 and 8 of this form indicate that external evaluation is required as part of this proposal, please send a separate electronic document to *program.review@suny.edu* that contains the original, signed *External Evaluation Reports* and a single *Institutional Response* to all reports. The file name should indicate the campus, program title, award and content of the file (e.g., BuffaloU-English-PhD-ExEval).

SUNY The State University of New York

External Evaluation Report

Form 2D

Version 201-08-02

The External Evaluation Report is an important component of a new academic program proposal. The external evaluator's task is to examine the program proposal and related materials, visit the campus to discuss the proposal with faculty and review related instructional resources and facilities, respond to the questions in this Report form, and submit to the institution a signed report that speaks to the quality of, and need for, the proposed program. The report should aim for completeness, accuracy and objectivity.

The institution is expected to review each External Evaluation Report it receives, prepare a single institutional response to all reports, and, as appropriate, make changes to its program proposal and plan. Each separate External Evaluation Report and the Institutional Response become part of the full program proposal that the institution submits to SUNY for approval. If an external evaluation of the proposed program is required by the New York State Education Department (SED), SUNY includes the External Evaluation Reports and Institutional Response in the full proposal that it submits to SED for registration.

Institution:

Evaluator Name (Please print.): Eileen Engelke

Evaluator Title and Institution: Assistant Professor; Lienhard School of Nursing; Pace University

Evaluator Signature: Eileen Engelke 10/17/21

Proposed Program Title: NURSING BS

Degree: BS in Nursing

Date of evaluation: 10/13/21-10/14/21

I. Program

1. Assess the program's **purpose, structure, and requirements** as well as formal mechanisms for program **administration and evaluation.** Address the program's academic rigor and intellectual coherence.
    a. *Program's purpose, structure and requirements are clearly stated. Rigor and intellectual coherence are in alignment with other RNBS completion programs and accrediting agencies.*
    b. *Core course requirements of 39 credits are above the average for an RNBS completion program.*

2. Comment on the **special focus** of this program, if any, as it relates to the discipline.
    a. *Special focus of this program is a completion of a bachelor's degree in nursing. Potential students are transfers from local institutions, who have completed a diploma or associated degree program in nursing and are eligible for licensure as a registered nurse.*
    b. *This program meets the requirements of AACN (American Association of Colleges of Nursing) Baccalaureate Essentials (2021).*
    c. *This program also integrates an interdisciplinary collaboration with the UAlbany's School of Public Health. Four courses are integrated into the curriculum, so graduates have foundational knowledge, skills, and attitudes of Public Health.*

3. Comment on the plans and expectations for **self-assessment and continuous improvement**.

a. *Student learning outcomes (SLOs) are listed for each course.*
b. *Program Learning Outcomes (PLOs) will follow the university and individual program guidelines of assessment. This looks at SLO/PLO on a 2–3-year cycle. The Director of Assessment office of the University will assure this cycle is followed accordingly.*

4. Discuss **the relationship** of this program to other programs of the institution and collaboration with other institutions, and assess available support from related programs.
    a. *This program will be the only program in nursing for this institution. There is a history of nursing at this institution in the 1970s and there are active plans for a graduate program in nursing in the near future.*
    b. *This program will be imbedded in the School of Public Health (SPH), with faculty from this school teaching several courses. The SPH is an established and flourishing program at UAlbany with over 35 years in existence.*
    c. *Nursing faculty will be hired to teach the nursing courses, as per need. There is currently a FT director (Linda Millenbach) and plans for a second FT/TT line in the near future.*
    d. *Adjuncts with expertise in Nursing will teach the other nursing courses until this line is filled, and/or during the time of student/program growth.*
    e. *This is a transfer undergraduate program with similar application processes, advisors and progression criteria as other transfer students coming into UAlbany.*
    f. *Each RNBS student will be assigned an academic advisor, who is specifically knowledgeable about the RNBS program and transfer credit evaluations.*
    g. *The UAlbany library has adequate resources for this student population and is willing to meet with the students at the start of the program and throughout, to assist students with resource accessibility.*
    h. *The RNBS program will also be collaborative with the SPH for required access to public health clinical experiences. There is a current SPH collaboration with the NYS Dept. of Health.*
    i. *There is significant support from the administration of the university, the dean and faculty from the SPH, and the supporting departments, for the success of this program.*

5. What is the evidence of **need** and **demand** for the program locally, in the State, and in the field at large? What is the extent of occupational demand for graduates? What is the evidence that demand will continue?
    a. *The documents presented support the need for more bachelors prepared nurses both locally and nationally. This program will assist local nurses to complete their bachelor's degree with a primary face to face (F2F) arena, as apposed to a fully online program.*
    b. *Many associate degree nurses want the option for F2F classes and "brick and mortar" programs. This will be the only program in the Capital region that can fit the needs for these students who prefer F2F classes over online.*
    c. *This program is also different in that it combines the expertise of both nursing and public health educators to assist in fostering the knowledge, skills and attitudes required for nurses interested specifically in public, population, and community health. Most RNBS programs do not have a public health focus, fulfilling both the interest areas of many nurses, but also the need for more nurses to ultimately choose public health as a specialty area for their nursing career.*

II. Faculty

6. **Evaluate the faculty**, individually and collectively, with regard to training, experience, research and publication, professional service, and recognition in the field.
    a. *At present, there is only one faculty member (current director) qualified to solely teach the nursing core courses in the program. It is the intent to hire another FT Nursing faculty person, and adjuncts as the program needs change.*
    b. *All FT/TT nursing faculty will have a doctoral degree and experience in clinical and/or public health nursing. Adjuncts are required to have a NYS RN license and a minimum of a master's degree in nursing.*

7. **Assess the faculty in terms of number and qualifications** and **plans for future staffing**. Evaluate **faculty responsibilities** for the proposed program, taking into account their other institutional and programmatic commitments. Evaluate faculty **activity in generating funds** for research, training, facilities, equipment, etc. Discuss any **critical gaps and plans for addressing them**.
    a. *As noted in the proposal plan, qualifications, experience, and responsibilities for nursing faculty, are all in accordance with the University of Albany and national academic standards. Two FT/Tenure Track roles are proposed as the program grows. The remaining faculty will be adjunct. This is sufficient.*
    b. *At the present time, there are no concerns for critical gaps, yet it is highly suggested that the proposed plans for a master's program, with sufficient faculty come to fruition.*

8. Evaluate credentials and involvement of **adjunct faculty** and **support personnel**.
    a. *At present, there are no adjunct nursing faculty in the program. Depending on student enrollment and course offerings, adjunct nursing faculty may be needed as early as the second semester. Administration is supportive to begin a search for qualified nursing faculty.*
    b. *Nurse faculty adjuncts will need to be searched within the NYS Capital region, as the program plans to have a 50/50 F2F/online component. It is suggested that the search committee seek adjunct nursing faculty with a minimum of a master's degree in nursing (preferred doctoral degree), from the local hospitals, health institutions, community colleges and public health facilities. Faculty should be affluent in the Learning Management System in use at the time or required to take university courses to assure competence in online synchronous and asynchronous teaching and learning principles.*

III. Students

9. Comment on the **student population the program seeks to serve**, and assess plans and projections for student recruitment and enrollment.
    a. *Recruitment for students will begin at Hudson Valley CC, additional local associate degree RN programs, and local health care institutions.*
    b. *Potential RNBS students will be current students at local community colleges that offer the associates degree in nursing, and/or current nurses who hold a license as an RN yet have not completed their bachelor's degree in nursing.*
    c. *As all Registered nurses in NYS will need a bachelor's degree in nursing within 10 years of their licensure, there is a significant population pool of students who can potentially meet the requirements for admission.*
    d. *It was suggested that a Dual admission contract exist between HVCC and UAlbany, so new and potential nursing students can be oriented to the UAlbany RNBS completion program, at the start of their associates degree program.*
    e. *A high percentage of associate degree nursing students are non-traditional students who come from marginalized communities. They are uniquely qualified to change the health trajectory of*

other marginalized populations. Because of this, it is imperative to support them to continue their education and pursue their bachelor's degree.

f Once enrolled in the RNBS program, many of these students will be working FT as a nurse, and may have other personal responsibilities, that may jeopardize their success in the program.

g. Having an academic advisor and faculty mentor, as well as maintaining the F2F component of the program, can assist these students in their success.

10. What are the prospects that recruitment efforts and admissions criteria will supply **a sufficient pool of highly qualified applicants and enrollees**?

a. This program offers something that other local institutions do not. Most RNBS programs are fully online, yet there is a significant pool of nurses who prefer to learn in a F2F environment.

b. Students engage more with faculty and peers in a F2F environment.

c. As per the proposal, there are approximately of 250+ potential nurse graduates from several local community colleges that graduate per year who could transfer seamlessly into the UAlbany program.

d. This program also offers the specialty of a public health expertise. As we are learning more about pandemics, epidemiology, determinants of health and the higher health risks of marginalized communities, it is imperative that nurses with the specialty of public health be at the forefront of healthcare decisions for our communities. This degree, with it's specialty focus, can help bridge these gaps in our communities.

11. Comment on provisions for encouraging participation of **persons from underrepresented groups**. Is there adequate attention to the needs of part-time, minority, or disadvantaged students?

a. As mentioned previously, the pool of potential students come primarily from associate degree programs, which more likely than traditional 4-year programs, to have students from a minority background.

b. The program encourages students to complete the program on a part time basis, over 1.5 to 2 years depending on transfer credits.

12. Assess the system for monitoring **students' progress and performance** and for **advising students** regarding academic and career matters.

a. All courses have student learning outcomes and assignments reflective of similar RNBS programs.

b. All students will have an assigned advisor. It is encouraged that FT nursing faculty (possibly assigned) provide mentorship throughout the program.

c. The advisor will assist students to complete their liberal arts credits (and specific SUNY gen ed requirements).

d. It is suggested that Advisor assist students when registering, as these students typically work FT, and may not be able to attend classes any other day than the proposed Wednesdays (for the core nursing program courses). These students may need to complete Liberal arts/gen ed courses in online courses only.

e. There has been discussion that the courses proposed be altered to allow for less core courses, and the option for 1-3 elective courses.

f. Elective courses could be chosen from several SPH undergrad specialties or from several core graduate courses, in either public health or nursing (once established). This would allow students to take graduate courses as an undergrad student, and potentially, transition directly into either a MPH or MSN (once established).

13. Discuss prospects for graduates' post-completion success, whether **employment, job advancement, future study, or other outcomes related to the program's goals.**

a. New York State requires that all nurses acquire a BSN within 10 years of their licensure.

b. *Close to 50% of nurses acquire their first nursing degree from an associated degree program.*
c. *Many healthcare institutions today, require a minimum of a bachelor's degree.*
d. *The proposed program documents cite a significant amount of literature to support the potential for greater employability for nurses with a bachelor's degree.*
e. *This program helps the local associate degree nursing graduate to transition seamlessly into a local affordable bachelors' program.*

IV. Resources

Resources cited in the documents and during the "in person" review support adequate resources for this student population.

14. Comment on the adequacy of physical **resources** and **facilities**, e.g., library, computer, and laboratory facilities; practica and internship sites or other experiential learning opportunities, such as co-ops or service learning; and support services for the program, including use of resources outside the institution.

a. *Within the reviewed documents and the Zoom discussions with the administration, faculty and support teams (see reviewer itinerary 10/13-10/14), it is evident that there is adequate student support related to physical resources and facilities.*
b. *There was significant discussion with the administration and RNBS Director, on the aspects and clinical requirements for an RNBS completion program based on AACN and NYS DOE accreditation. It is my understanding that NYS DOE requires a program minimum of 135 direct patient clinical contact hours.*
c. *This program intends to complete these hours over two courses, HNSG 414: Leadership and management and HNSG 411: Population Health.*
d. *HNSG 414: Leadership and Management hours will be organized to be completed at the student's current employment institution. It is unclear if a contract and/or health clearance will be required (by both the institution and UAlbany). This needs to be operationalized as to:*
    i. *# of hours required*
    ii. *How a mentor is acquired and approved*
    iii. *Provisions for students who are unable to "find" a mentor/leader in their institution*
e. *HNSG 411: Population Health hours will be organized through the current SPH clinical faculty liaisons. Students will be assigned an RN (BSN minimum) who is currently working in a public health or community health setting. Collaborations currently exist with the State DOH and UAlbany SPH. These string collaborations will facilitate this clinical placement with the RNBS students.*

15. What is the **institution's commitment** to the program as demonstrated by the operating budget, faculty salaries, the number of faculty lines relative to student numbers and workload, and discussions about administrative support with faculty and administrators?

a. *The institutional commitment to hire another FT faculty (tenure track) as well as additional adjunct faculty to meet the needs of the program are trustworthy.*
b. *Workload numbers are encouraged to be less than 30/class (preferably max 25) if there is 50% or more of an online component.*

V. Summary Comments and Additional Observations

16. Summarize the **major strengths and weaknesses** of the program as proposed with particular attention to feasibility of implementation and appropriateness of objectives for the degree offered.

a. *Strengths:*
    i. *Statewide and national need for nurses with a minimum of a bachelor's degree in nursing.*

ii. *Accessible, established, highly recognized and affordable public institution with high standards and academic respect.*
iii. *Interprofessional program incorporating the well-established School of Public Health.*
iv. *A nurse specialty component to include population, community, and public health.*
v. *Clinical placements in established collaborations with the NYS Dept. of Health and other local programs.*
vi. *Course progression towards an undergraduate minor in Public Health and/or progression towards an MPH or master's in nursing (near future).*
vii. *Support and collaborations with SPH faculty*
viii. *Face to face/hybrid "cohort" component*
ix. *Seamless transition and active collaboration with Hudson Valley Community College nursing program, emphasizing the need for a local hybrid RNBS program.*

b. *Weaknesses:*
i. *Proposed core coursework is 39 credits which is higher than most RNBS completion programs. There has been discussion to combine courses and bring required credits to 36.*
ii. *Currently, there is not a department of nursing, nor any other nursing programs. Building a master program will strengthen the RNBS recruitment efforts.*
iii. *Although there is a need for an RNBS hybrid program, on campus requirements limit the potential student population pool to only local associate degree graduates and currently working nurses.*
iv. *Some operational/logistical issues with coordinating the hybrid classes. The current proposed plan has the nursing courses as hybrid and synchronous, yet the public health courses are not. This will pose logistical issues with the students. Suggested to either make both hybrid (every other Wednesday or meeting F2F on specific dates pre-assigned that the beginning of the semester) or change the nursing hybrid class to be asynchronous. The first option requires students on campus every other week (or 50% of the time). The second option requires students on campus every week.*

17. If applicable, particularly for graduate programs, comment on the ways that this program will make a **unique contribution** to the field, and its likelihood of achieving State, regional and/or national **prominence**.

a. *As mentioned previously, this program has a unique expertise to combine both public health nursing with experts in the disciple of public health.*

18. Include any **further observation**s important to the evaluation of this program proposal and provide any **recommendation**s for the proposed program.

a. Recommend:
i. *Combine two nursing courses (suggest EBP/research) and arrange 2 or 3 of the SPH courses to allow for choices in electives (including "double dipping grad courses.*
ii. *Develop a Dual admission contract between HVCC and UAlbany, so new and potential nursing students can be oriented to the UAlbany RNBS completion program, at the start of their associates degree program.*
iii. *Arrange Wednesday meeting dates to be more logistically feasible.*
iv. *Possibly offer nursing courses on site at local hospitals.*
v. *Several issues were not discussed but should be operationalized, such as:*
1. *Do new students need their license before they begin the program?*
2. *Can students begin the program before they have taken their boards?*
3. *What about the student who has not passed their boards? Are they dismissed or can they continue for a period of time?*
4. *What are the policies for probationary periods, academic failures, re-admissions?*

SUNY The State University of New York

External Reviewer Conflict of Interest Statement

I am providing an external review of the application submitted to the State University of New York by:
University of Albany

(Name of Institution or Applicant)

The application is for (circle A **or** B below)

A) New Degree Authority

B) Registration of a new academic program by an existing institution of higher education:

NURSING BS

(Title of Proposed Program)

I affirm that I:

1. am not a present or former employee, student, member of the governing board, owner or shareholder of, or consultant to the institution that is seeking approval for the proposed program or the entity seeking approval for new degree authority, and that I did not consult on, or help to develop, the application;
2. am not a spouse, parent, child, or sibling of any of the individuals listed above;
3. am not seeking or being sought for employment or other relationship with the institution/entity submitting the application?
4. do not have now, nor have had in the past, a relationship with the institution/entity submitting the application that might compromise my objectivity.

Name of External Reviewer (please print):

Eileen Engelke EdD, RN, CNE

Signature: Eileen Engelke 10/17/21

UNIVERSITY AT ALBANY
State University of New York

Office of the Dean
School of Public Health

A joint venture with the
New York State Department of Health
In affiliation with Albany Medical College

Institutional Response to the Nursing BS Program Review

October 2021

The comments and suggestions received from the reviewer were informative and very helpful. Overall, the program review was a very productive and positive experience and exchange of information and ideas. We are pleased that the reviewer assessed most aspects of the proposed program in a very positive way. Below are the responses to the reviewer's particular comments and suggestions for changes to the proposal.

Comment (Q1 – Program Structure)):
"Core course requirements of 39 credits are above the average for an RNBS completion program."

Response: We agree with this assessment, though we should note that the reviewed program actually had 42 core course credits, not 39, because three courses were four-credit courses (27 nursing course credits plus 15 public health course credits). The core course requirements are greater than average because our emphasis on population health necessitates including public health courses along with nursing courses as part of the requirements. We feel this extra element of the curriculum will be a strength that other RNBS completion programs cannot offer. However, in response to the reviewer's assessment we reduced the number of nursing courses by one by merging the content of two courses (Nursing Research and Evidence-Based Practice in Nursing), and changing one required public health course to a public health or other relevant elective to add greater flexibility into the curriculum. This reduces the number of nursing credits to 24 and the number of core course credits required to 39.

Comment (Q7 - Faculty)
"At the present time, there are no concerns for critical gaps, yet it is highly suggested that the proposed plans for a master's program, with sufficient faculty come to fruition."

Response: We are pleased that the reviewer felt that the proposed plan for number and qualifications of faculty is sufficient. We agree that the addition of a master's program, with associated faculty, will provide for a larger faculty complement and will enlarge the overall pool of faculty available to teach and mentor BSN students. In fact, a proposal for an MS in Nursing degree has been developed and is about to enter the campus review process.

Comment (Q8 – Adjunct Faculty)
"It is suggested that the search committee seek adjunct nursing faculty with a minimum of a master's degree in nursing (preferred doctoral degree), from the local hospitals, health institutions, community colleges and public health facilities. Faculty should be affluent in the Learning Management System in use at the time or required to take university courses to

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PH: 518-402-0283 FX: 518-402-0329
www.albany.edu/sph

assure competence in online synchronous and asynchronous teaching and learning principles."

Response: We have incorporated these suggestions into the job description for adjunct faculty for this program, and we will use these suggestions for where to recruit appropriate adjunct faculty.

Comment (Q9 - Students)
"It was suggested that a Dual admission contract exist between HVCC and UAlbany, so new and potential nursing students can be oriented to the UAlbany RNBS completion program, at the start of their associates degree program."

Response: A guaranteed admission arrangement with Hudson Valley Community College (HVCC) already exists, which provides a smooth and easy pathway for students to move into UAlbany programs after completing their HVCC degree. We will certainly work closely with HVCC in order to ensure their nursing students are aware of our BSN completion program from the start of their associate degree program. In addition, we would be very interested in exploring opportunities for dual admission with HVCC and will plan to do that once the BSN program is established.

Comment (Q9 - Students)
"A high percentage of associate degree nursing students are non-traditional students who come from marginalized communities. They are uniquely qualified to change the health trajectory of other marginalized populations. Because of this, it is imperative to support them to continue their education and pursue their bachelor's degree."

Response: UAlbany has a strong record of accomplishment with regard to recruiting and supporting such students, as evidenced by the high proportion of first-generation college students among the undergraduate population, and recent distinctions the university has received for success in this area. Students in this program will have access to the same university support systems that all undergraduates have. We will also work closely with the relevant university units to ensure that students are supported appropriately to facilitate their success.

Comment (Q12 – Student Progress/Advising)
"All students will have an assigned advisor. It is encouraged that FT nursing faculty (possibly assigned) provide mentorship throughout the program."

Response: Consistent with the university's four-year advisement model, students will receive their primary academic advising from a dedicated advisor with specialized knowledge of the nursing curriculum who is part of the university's advisement center. However, we agree with the reviewer that nursing faculty also have an important mentoring role to play and will seek to establish a model where each student is also assigned to a faculty member for additional advisement and career mentoring. The university advisor and faculty will collaborate to ensure that a strong advising model is in place.

Comment (Q12 – Student Progress/Advising)
"It is suggested that Advisor assist students when registering, as these students typically work FT, and may not be able to attend classes any other day than the proposed Wednesdays (for the core nursing program courses). These students may need to complete Liberal arts/gen ed courses in online courses only."

Response: The nursing advisor that is part of the university's advisement center will fulfill this role. In fact, an advantage to this advising model is that the advisors in the advisement center are very familiar with students' program requirements and with the range of liberal arts and general education courses offered to students. The advisors are also very aware of course modalities and will be able to assist students with identifying courses conducive to non-traditional student schedules.

Comment (Q12 – Student Progress/Advising)
"There has been discussion that the courses proposed be altered to allow for less core courses, and the option for 1-3 elective courses."

Response: The curriculum has been modified so that the total number of core nursing courses has been reduced by one (by merging the content of two related courses) and one required public health course has been changed to be a public health or other relevant elective. This adds two elective courses to the program.

Comment (Q12 – Student Progress/Advising)
"Elective courses could be chosen from several SPH undergrad specialties or from several core graduate courses, in either public health or nursing (once established). This would allow students to take graduate courses as an undergrad student, and potentially, transition directly into either a MPH or MSN (once established)."

Response: The curriculum has been modified so that students can now choose one upper level public health elective, or a relevant elective from another discipline. Although students can't apply a graduate course to both undergraduate and graduate degree requirements (per UAlbany policy), once the BSN is established, we will seek to establish combined bachelors/masters programs that will allow dual counting of some credits with our MPH program and with a Masters in Nursing in the future.

Comment (Q14 – Resources and Facilities)
"There was significant discussion with the administration and RNBS Director, on the aspects and clinical requirements for an RNBS completion program based on AACN and NYS DOE accreditation. It is my understanding that NYS DOE requires a program minimum of 135 direct patient clinical contact hours."

Response: After the external review, we sought information about this from our SUNY program reviewer, who clarified the requirements with the State Department of Education (SED). The response from the Office of Professions at SED is below. Thus, our proposed 90 hours of clinical placement meets the requirement and from our research, is consistent with other programs in the SUNY system.

> *The regulations are silent with respect to the number of clinical hours required in any nursing program and although national nursing standards also do not prescribe a required number of clinical hours, the national standards do recommend including clinical requirements in RN to BS programs. Generally, these are precepted experiences in the areas of community and leadership/management. The RN to BS programs in NY, usually have somewhere between 90-150 clinical hours.*

Comment (Q14 – Resources and Facilities)
"HNSG 414: Leadership and Management hours will be organized to be completed at the student's current employment institution. It is unclear if a contract and/or health clearance will be required (by both the institution and UAlbany). This needs to be operationalized as to: (i) # of hours required, (ii) How a mentor is acquired and approved, and (iii) Provisions for students who are unable to "find" a mentor/leader in their institution."

Response: All university regulations will be followed in terms of setting up formal arrangements, such as contracts or MOUs, with these outside institutions. Details of the requirements for these placements, including the number of hours and the approval of a mentor, will be specified in program documents and any formal arrangements between institutions. The SPH has extensive experience setting up MOUs with other institutions for our MPH internship program. Students who cannot complete these clinical hours at their current place of employment will be assisted in finding a placement site by both the course instructor and the program director, who will also serve as the program's clinical placement coordinator.

Comment (Q15 – Institutional Commitment)
"Workload numbers are encouraged to be less than 30/class (preferably max 25) if there is 50% or more of an online component."

Response: We agree that fully or partially online courses provide the best experience for both students and faculty when enrollments are 30 or below. Course enrollment caps will be assessed regularly utilizing feedback from students and faculty, and we will seek to add sections when enrollment demands warrant this in order to keep courses to this size.

Comment (Q16 – Summary/Weaknesses)
"Proposed core coursework is 39 credits which is higher than most RNBS completion programs. There has been discussion to combine courses and bring required credits to 36."

Response: The curriculum has been modified according to the reviewer's suggestions and explained more fully in the response to Q1 on page 1 of this response.

Comment (Q16 – Summary/Weaknesses)
"Although there is a need for an RNBS hybrid program, on campus requirements limit the potential student population pool to only local associate degree graduates and currently working nurses."

Response: We believe that there is sufficient local demand for a program with in-person elements to provide us with an adequate pool of potential students.

Comment (Q16 – Summary/Weaknesses)
"Currently, there is not a department of nursing, nor any other nursing programs. Building a master program will strengthen the RNBS recruitment efforts."

Response: The reviewer is correct that the SPH does not have a Department of Nursing. The proposed program will be a schoolwide program, just like our BS in Public Health and Doctor of Public Health degrees. Nursing faculty will join one of our existing academic departments. There is a plan to develop an MS in Nursing program, and the proposal for that is in progress. In the future, when both programs are established and there is a core group of nursing faculty, we will assess

whether the programs and faculty would benefit from the establishment of a Department of Nursing as the School's fifth academic department.

Comment (Q16 – Summary/Weaknesses)
"Some operational/logistical issues with coordinating the hybrid classes. The current proposed plan has the nursing courses as hybrid and synchronous, yet the public health courses are not. This will pose logistical issues with the students. Suggested to either make both hybrid (every other Wednesday or meeting F2F on specific dates pre-assigned that the beginning of the semester) or change the nursing hybrid class to be asynchronous. The first option requires students on campus every other week (or 50% of the time). The second option requires students on campus every week.

Response: We agree with these logistical issues the reviewer raised. We currently do not have the capacity to develop our public health courses into a hybrid format. However, we would certainly be open to doing so. To accomplish this, we built $7500 into the budget to support the translation of the three required public health courses into hybrid courses.

Comment (Q18 – Recommendations)
"Combine two nursing courses (suggest EBP/research) and arrange 2 or 3 of the SPH courses to allow for choices in electives (including "double dipping grad courses)."

Response: As described previously, these two nursing courses have been combined and one public health course requirement has been changed to an elective. More public health courses have not been changed to electives because that would exacerbate the logistical course scheduling problem addressed in the previous comment. In addition, to truly have an emphasis on population health, certain public health courses are required because they are foundational.

Comment (Q18 – Recommendations)
"Develop a Dual admission contract between HVCC and UAlbany, so new and potential nursing students can be oriented to the UAlbany RNBS completion program, at the start of their associates degree program."

Response: We will work closely with HVCC to ensure nursing students are aware of our program and our existing guaranteed admission program from the start of their program, as described previously. Once our program is well established we will explore the possibility of a dual admission arrangement.

Comment (Q18 – Recommendations)
"Arrange Wednesday meeting dates to be more logistically feasible."

Response: This has been addressed in our response to the comment in Q16 on the previous page.

Comment (Q18 – Recommendations)
"Possibly offer nursing courses on site at local hospitals."

Response: Once the program is well-established, we will explore this possibility with local hospitals to see if this is feasible and desired.

Comment (Q18 – Recommendations)
"Several issues were not discussed but should be operationalized, such as:

1. Do new students need their license before they begin the program?
2. Can students begin the program before they have taken their boards?
3. What about the student who has not passed their boards? Are they dismissed or can they continue for a period of time?
4. What are the policies for probationary periods, academic failures, re-admissions?"

Response: Students must obtain a license to practice as a Registered Professional Nurse by the completion of the first semester. All students must maintain an unencumbered New York State RN license and current registration for continued enrollment. Passing the NCLEX-RN examination is a requirement for licensure in NYS. Students who are discontinued for not obtaining a license will follow regular UAlbany requirements and procedures for readmission after being discontinued from a program. Similarly, all UAlbany policies and procedures regarding academic probation, academic failures, dismissal and readmission for undergraduate students will apply to this program.

Comment (Q18 – Recommendations)
"I did not see Program Learning Outcomes. Are these available?"

Response: The program learning outcomes were included in the proposal (section 2.3b) provided to the reviewer. They are based on the AACN 2021 Core Competencies for Professional Nursing.

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When submitting a program proposal please submit this form to indicate the resource implications of the proposal.

Proposal Title: Bachelors of Science in Nursing - B.S.N.

College or School School of Public Health **Department** Nursing

Program Director or Sponsor David HOltgrave, Dean of the SPH **Email** dholtgrave@albany.edu

Action Category
- ■ Program Proposal
- ☐ Other (describe)

Does this proposal include any space resource implications? Approx. sq. ft. needed: _____
- ☐ Yes
- ■ No

Action Type
- ■ New
- ☐ Revision
- ☐ Deactivation
- ☐ Other (describe)

Does the Office of Finanical Aid identify this as a **Gainful Employment Program (GEP)**?
- ☐ Yes
- ☐ No

Brief Description of Proposal: *(attach additional pages if necessary)*

The proposed RN to BS program is designed to provide an accessible, flexible pathway for registered nurses to complete a nursing bachelor's program with an emphasis on population health at a Research-1, public institution dedicated to access, quality, and affordability. This program provides registered nurses the opportunity to seamlessly transition into a bachelor's program by maximizing transferability of earned credit through comprehensive articulation agreements with community colleges. The nursing courses within the program are delivered in a convenient format that combines the benefits of both online learning and face-to-face instruction.

This 60-credit completion program offers a pipeline for registered nurses to earn their BS with expanded preparation for the changing health care environment through a robust curriculum that includes a focus on public and population health issues. Students completing this program will gain opportunities in the field including preparation to practice in a variety of settings and leadership positions, as well as the opportunity to participate in unique research relating to the field of public health. Students can complete the program on a full-time or part-time basis.

The curriculum includes core coursework in nursing, nursing leadership and technology; core coursework in population and public health, elective coursework, including faculty-mentored public health research, and general education requirements.

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Is there an impact on other service units? Please attach documentation that you have consulted with each unit listed below:

Yes	No	
☐	■	**ITS**
■	☐	**University Libraries**
☐	■	**Scientific Core Facilities**
☐	■	**Other services (**i.e., advisement, parking, facilities, security), please list:

Is there an impact on other academic programs? Please list all academic departments consulted regarding impact and attach documentation.

This program will provide upper division courses for transfer students who possess an A.A. S. in Nursing and an RN license. It will reside in the School of Public Health.

Faculty and Staff *(attach additional pages **if** necessary)*
(a) Describe new faculty hiring needed during the next 3 years
(b) Explain how program will be administered for the purposes of admissions, advising, course offerings, etc. Discuss the available support staff.

a. Full-time nursing faculty will need to be hired, and adjunct faculty will be needed for public health courses.

b. Students will be admitted through undergraduate admissions. Advising will be provided by a professional advisor with nursing expertise who will be part of the Advisement Center, and who will work closely with program faculty. An administrative assistant will handle course scheduling and other administrative needs for the program.

See attached for additional detail of faculty and staff needs.

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Program Expenses

List all resources that will be engaged specifically as a result of the proposed program (e.g., a new faculty position or additional library resources). If they represent a continuing cost, new resources for a given year should be included in the subsequent year(s), with adjustments for inflation or negotiated compensation.

Program Expense Categories	Expenses (in dollars)					
	Prior to implementation	Academic Year 1:	Academic Year 2:	Academic Year 3:	Academic Year 4:	Academic Year 5:
(a) Personnel (including faculty and all others)	103,000	236,374	304,993	383,178	394,073	405,296
(b) Library	0	43,310	40,883	40,883	40,883	40,883
(c) Equipment	0	7,000	3,500	3,500		
(d) Supplies	0	500	500	750	750	750
(e) Faculty Searches	10,000					
(f) CCNE Accreditation costs and annual org. fees		5,270	13,567	8,317	8,317	8,317
(g) Annual Operations	0	4,000	4,000	4,000	4,000	4,000
(h) Recruitment Materials	0	5,000	1,500	1,000	1,000	500
Sum of Rows Above	$ 113,000	$ 301,454	$ 368,943	$ 441,628	$ 449,023	$ 459,746

Explanatory Notes (add additional pages as needed):

The personnel costs for "Before Start" represent current expenses for the full-time onsite RN BS Director. All salaries include 3% for increase per year for planning purposes. The budget was prepared estimating 20 students in Year 1, 43 students in Year 2, 73 students in year 3, 101 students in year 4, and 109 students in year 5.

See attached for additional budget justifications.

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APPROVALS

Department Chair	N/A Department Chair	 Date
Dean	David Holtgrave Dean	November 8, 2021 Date
UPPC Chair	 UPPC Chair	 Date

- It is the sponsoring department's responsibility to request and attach all required documentation and to obtain all required signatures (with the exception of the chair of UPPC's) **before** presenting the documentation.
- Completed forms should be sent to the **Office of Undergraduate Education**, the **Office of Graduate Education**, or **both** as appropriate.
- When the Chair of UPPC has received the proposal from the appropriate office(s), s/he will notify you that it has been placed on the UPPC agenda and invite you to attend the meeting.

Additional Detail for CIF

Faculty (Nursing and Public Health)

The desired date for the admission of students to the RN BS program is the Fall of 2022. To meet this date, New York State Education Department (SED) approval of the RN BS program will need to occur during 2021-2022. No student recruitment can occur until SED has approved the program. SED expects that a PhD prepared Nursing Director of the RN BS program be in place in 2021-2022. This position is presently filled by Dr. Linda Millenbach. Once approval is obtained, SED expects that there will be at least 2 full-time PhD- trained nursing faculty hired when the program starts in the Fall of 2022. Therefore, another nursing faculty member will need to be hired in Summer 2022. As the program grows, additional nursing faculty will be needed.

In the first year, the nursing faculty will consist of the RN BS Program Director and an additional nursing tenure-track assistant professor. By year 3, the number of courses needed to be offered will necessitate the addition of a third faculty-member, budgeted as a full-time lecturer (teaching faculty) position. By year 3, some increased faculty time will also be needed to coordinate the sites for the clinical placement of students.

The Director for the RN BS program will have multiple administrative, student advisement and recruitment responsibilities, and initial responsibility for coordinating clinical placements. Additionally, the Director will have the responsibility of beginning the accreditation process. Therefore, the Director's teaching responsibilities will be limited to one course per semester. The tenure-track faculty member's teaching load will be two courses per semester, while the full-time lecturer will be expected to teach three courses per semester.

Since there is not an abundance of Nursing faculty nationwide, monies were designated for faculty searches. It is hoped that through the present director's networking, the appropriate salary and SUNY benefits that the ability to hire faculty will be enhanced. The salary for faculty is based on data from the following site: http://www.nln.org/newsroom/nursing-education-statistics/nln-faculty-census-survey-2018-2019

Because the RN BS students are non-traditional students, these students tend to be working full time and attend school part-time. For recruitment and retention of these students, it is important that the student finds the program flexible. As previously discussed, the nursing courses will each be offered in a hybrid format -half the class sessions taught online using Zoom and Blackboard and the other half of the class sessions taught face-to-face. Given the student work status, it is best for student success to provide face-to-face classes on a single day-of-the-week schedule and admit the students in cohorts. Therefore, the Nursing and Public Health courses will be offered on the same single day of the week. This schedule, and the current size and growth rate of the undergraduate public health major, creates the need for SPH to hire adjunct faculty to teach additional sections of the SPH courses that are a part of the RN BS program curriculum. Adjuncts were budgeted at $4000 per course for Years 1 and 2, and $5000 per course for years 3-5. Costs to support the translation of the three required public health courses into a hybrid format, budgeted at $2500 per course, have been included in Year 2. This will allow the nursing and public health course to all be in the same format and will facilitate flexible scheduling for the students.

There is not a nursing graduate program so there are no teaching assistants (TAs) available for teaching. Therefore, all nursing classes will be taught by the nursing faculty without the use of TAs. Since the focus of the program is to develop critical thinking, requiring student presentations, class discussion and writing assignments, the class size for the nursing classes will be limited to a maximum of 25-30 students per class. Faculty needs for

Nursing and Public Health courses are outlined in the table below. Faculty needs assume growth from 20 -109 students over the first five years.

	2022-2023		2023-2024		2024-2025		2025-2026		2026-2027	
Semester	F22	S23	F23	S24	F24	S25	F25	S26	F26	S27
NSG courses to be offered	1	1	2	2	3	3	4	4	4	4
PH courses to be offered	1		1	1	2	2	2	2	2	2
Nursing faculty needed	2 FT, TT	2 FT, TT	2 FT, TT	2 FT, TT	2 FT, TT 1 lecturer	2 FT, TT 1 lecturer	2 FT, TT 1 lecturer	2 FT, TT 1 lecturer	2 FT, TT 1 lecturer	2 FT, TT 1 lecturer
Adjuncts needed for PH courses	1		1	1	2	2	2	2	2	2

Administrative Assistant (AA): The Administrative Assistant (AA) (SL2; $44,374) will provide administrative support to the faculty and program and be the initial contact for potential RN BS students. This person will assist in answering student questions about the program and directing potential students to the appropriate resource. The AA will work with the faculty to create and update recruitment tools and information.

Physical space /Equipment

While the RN to BS program will be part of the UAlbany School of Public Health (SPH), it will not be physically located at the present SPH site because of lack of available space at that site, and because undergraduate classes are largely taught at the uptown campus. Therefore, the program will be located at the uptown UAlbany campus, which is where the undergraduate public health program is also located. It is important for both marketing and retention of students that a designated identifiable area be established for the Nursing Program. This designated area should allow for faculty and the administrative assistant to be in a single area. Therefore, there is a need for office space for faculty and administrative staff.

The equipment needs for the new major will occur with the new hires in Academic Year 1. Office supplies – office chairs, visitor chairs, desks, file cabinets, computers, printer, office supplies, phones and bookcases will be needed. Estimated cost is $7,000. If this equipment is available through the University, then the cost would be less.

In 2023 and 2024 there will be a need for additional office supplies – office chairs, visitor chairs, desks, file cabinets, computers, printer, office supplies, phones and bookcases for the two additional personnel. Estimated cost is $3,500 per year. Supplies have been estimated at $500 in Year 1, rising to $750 in Year 3.

Library assessment

University Libraries was consulted, and they prepared a report regarding their expenses for the nursing program. This assessment was completed in Fall 2019. See complete Library Resource Report below. Cost is estimated as $43,310 for the initial year with an annual cost of $40,883.

Recruitment and Retention/ Student Support Services

It expected that the Director of the RN BS program will help with student recruitment, program communication, and accreditation needs and be a resource to student advisors. Monies were allocated in the budget for recruitment materials in the first year ($5000) with continuing support for these materials ($1500 in Year 2, decreasing to $500 by year 5).

Accreditation

The RN BS program's student learning outcomes and curriculum are based on the American Association of Colleges of Nursing (AACN)'s 2021 *THE ESSENTIALS:* CORE COMPETENCIES FOR PROFESSIONAL NURSING EDUCATION – Level 1 post-licensure programs. The accrediting body for the is organization is the Commission of Collegiate Nursing Education (CCNE). To receive support in the accreditation process, the nursing program must be a member of this organization. The timeline for accreditation would be 2023- 2024 to assure that all RN BS students graduate from an accredited program. In addition, membership is an important recruitment component as graduate programs expect applicants to have graduated from an accredited program. The CCNE costs for the initial accreditation application are $2500, the accreditation process is $5250 and the ongoing membership of CCNE is $2777 which is necessary for ongoing accreditation.

In addition, the program must maintain membership in AACN to stay current on possible standard changes and maintain currency in the educational program. There is an initial cost of $2770 and an ongoing annual cost of $5540. There was no adjustment made for possible membership price increases.

Annual Operations

Annual operating fees for the program are budgeted at $4000. This will support program operating expenses including student events, guest speaker events, and faculty travel to professional conferences.

Library Resource Report

Introduction

The University Libraries collect, house, and provide access to all types of published materials in support of the research and teaching of the schools, colleges, and academic departments of the University. This brief evaluation considers those key portions of the libraries' collections and services that would support a joint B.S. degree in Nursing.

Library Collections

The University Libraries are among the top 115 research libraries in the country. The University Library, the Science Library, and the Dewey Graduate Library contain more than two million volumes and over 2.9 million microforms. The Libraries provide access to more than 75,000 online journals and several hundred thousand online books. Whenever possible, current subscriptions are available online. Additionally, the Libraries serve as a selective depository for U.S. Government publications and house collections of software and media.

The Science Library, which opened in September 1999, occupies 61,124 square feet on four floors. The Science Library serves the entire University at Albany community, but contains collections supporting the departments of Atmospheric and Environmental Sciences, Biological Sciences, Chemistry, Computer Science, Mathematics and Statistics, Physics, Psychology, the College of Nanoscale Science and Engineering, and the School of Public Health. Approximately 600,000 volumes in the science and technology subject areas (Q-TP of the Library of Congress classification scheme) are housed in this library. Online resources (journals, databases, e-books, digital libraries) are available on and off campus, all hours of the day.

Databases

The University Libraries currently subscribe to or have access to several important databases and digital collections for nursing and health. These databases are:

-*CINAHL Plus with Full Text*
-*MEDLINE via PubMed*
-*Health Reference Center Academic*
-*Health Source: Nursing/Academic*
-*PsychINFO*

The University Libraries also offer access to several important cross-disciplinary databases. *EBSCO Academic Search Complete* indexes nursing and health topics as well as a wide array of related and general academic topics. *Web of Science* is an important cross-disciplinary resource that is very strong in medical and biomedical indexing.

At this time, subscriptions to two new databases have been recommended to support the new joint B.S. in Nursing. These titles are:

-*Cochrane Library* - $5,936.00
-*Nursing Reference Center Plus* - $7,865.00

The total cost to subscribe to these two databases is **$13,801** per year.

Journals

Journal articles are an important resource for students in a nursing B.S. program. The following databases provide access to multiple nursing journal titles:

-*CINAHL Plus with Full Text* – articles from 750 full-text journals
-*Health Source: Nursing/Academic* – articles from nearly 550 nursing journals

The SUNY libraries are finalizing a new contract with Elsevier. ScienceDirect provides a number of nursing journals, as well as a wide array of medical and biomedical journals.

The University Libraries also offer access to important, high-impact journals in the areas of medicine and science. They are:
-*JAMA*
-*Lancet*
-*New England Journal of Medicine*
-*Nature*
-*Science*

To further support this new program, the University Libraries recommend purchasing a subscription to the following journal collection:

-*Ovid Nursing Community College Extended Journal Collection* – This collection provides access to almost 50 nursing journal titles. It covers four of six journal titles that the Hudson Valley Community College lists as important nursing journals. These titles are: *American Journal of Nursing, Nursing2020, Nursing Research*, and *Nursing Made Incredibly Easy*. (The other two journal titles deemed important, *British Journal of Nursing* and *Critical Care Nurse,* are available on CINAHL). The annual cost of this journal package is **$11,182.00**.

Books

Books serve as an important foundational resource for undergraduates. In the B.S in nursing program, there is some overlap between books purchased to support the Biological Sciences program as well as the School of Public Health. To support this new program, we are recommending a yearly budget of **$14,900.00**, to purchase 100 books at an average cost of $149.00 each. In addition, a core collection of books may need to be acquired.

Reference Collection

The Reference collection was evaluated for the needs of a new B.S. in nursing. The University Libraries have several titles of interest in the collection: *Black's Medical Dictionary* 43rd and *Dictionary of Nursing* (Oxford) 7th ed. To support this new program, there are a number of important resources that should be purchased. These include:

-*AMA Manual of Style*
-*Dorland's illustrated medical dictionary* - 31st
-*Gale Encyclopedia of Nursing and Allied Health* – 4th
-*Grant's atlas of anatomy* - 14th
-*Mosby's Dictionary of Medicine, Nursing & Health Professions* - 10th
-*Nursing 2020 Drug Handbook*

-*Say it in Spanish: A guide for health care* professionals – 3rd
-*Stedman's Medical Dictionary for the Health Professions and* Nursing - 7th
-*Taber's Cyclopedic Medical Dictionary* 23rd

The total cost for purchasing these is: **$2,426.92.** In addition, it is recommended that **$1,000.00** be added to the annual Science Library reference budget to purchase new reference resources to support the nursing program each year.

Interlibrary Loan and Delivery Services

The University Libraries' Interlibrary Loan (ILL) program borrows books and microforms, and obtains digital copies of journal articles and other materials not owned by the Libraries from sources locally, state-wide, nationally, and internationally. ILL services are available at no cost to the user for faculty, staff, and students currently enrolled at the University at Albany. Users can manage their requests through the use of ILLiad, the University Libraries' automated interlibrary loan system, which is available through a Web interface at https://illiad.albany.edu/.

The University Libraries also provide delivery services for books and articles housed in any of the three libraries. Books can be delivered to one of the libraries or for faculty, to departmental addresses. Articles are scanned and delivered electronically via email. The Libraries also provide free delivery services to the home addresses of online learners and people with disabilities. Delivery services are managed through ILLiad as well.

Summary

Although some resources acquired for biology and public health will be useful, additional resources will be needed to support the joint B.S. in Nursing. Those are:

Databases (annual) --$13,801.00
Journals for nursing (annual) -- $11,182.00
Books (annual) -- $14,900.00
Reference resources (one time purchase) -- $2,426.92
Reference resources (annual) -- $1,000.00
Total -$43,309.92 for first year

University at Albany
RN to BS Program Proposal
Appendix

Appendix Table of Contents:

University at Albany
New Program Proposal
BS in Nursing

Appendix 1 Letters of Support

Albany Medical Center

Columbia Memorial Hospital - Albany Medical Center Affiliate

Memorial Health Ellis Hospital

Saratoga Hospital

Hudson Valley Community College

ALBANY MED
Hospital Administration

43 New Scotland Avenue, MC-167, Albany, New York 12208-3497

P 518.262.3760
F 518.262.8616
www.amc.edu

LISA J. MASSARWEH DNP, RN, NEA-BC, CPHQ, CCRN-K
Sr. Vice President and Chief Nursing Officer
Albany Medical Center Hospital

September 13th, 2021

David Holtgrave, Ph. D
Dean, School of Public Health
1 University Place
Rensselaer, NY 12144-3445

Dear Dr. Holtgrave,

As the Senior Vice President and Chief Nursing Officer at Albany Medical Center, you have my wholehearted support for your proposal to create a Bachelor of Science in Nursing degree program at the University at Albany. In my role as the new Chief of Nursing for the capital region's only academic medical center and former academician, I would like to impress upon you the urgent need for additional nurses in the region and at Albany Med.

As the region's tertiary care center, it is imperative that we have the necessary workforce to support the needs of our community. Albany Med has a long history of contributing to the nursing workforce through nearly a centenary of producing nursing graduates from its own nursing school. More recently, the medical center has years of experience working with Hudson Valley Community College to support our unlicensed workforce in their desire to pursue a degree in nursing through our Grow Our Own program.

We are actively exploring formal academic-practice partnerships to support entry into practice and avenues to achieve a terminal nursing degree. At Albany Med, our obligations lie in excellence in care delivery, research, and ongoing education. We believe the relationship between HVCC and University at Albany would provide such a venue and support our local community, our medical center, and our health system to continue this rich legacy of developing healthcare professionals and the future of nursing to serve our community.

I wish you continued success in this important endeavor. Please let me know how I might be of further assistance.

In Service,

Lisa J. Massarweh DNP, RN, NEA-BC, CPHQ, CCRN-K
Sr. Vice President and Chief Nursing Officer
Albany Medical Center Hospital

CMH
Columbia Memorial Health
An affiliate of ALBANY MED

September 20, 2021

David Holtgrave, PhD
Dean, School of Public Health
1 University Place
Rensselaer, NY 12144-3445

Dear Dean Holtgrave:

As CNO of one of our regional community hospitals I whole heartedly support your proposal to create a Bachelor of Science in Nursing degree program at the University at Albany.

The proposed RN to BS will help tremendously to increase the pool of graduates educated at that level along with addressing the BS in 10 legislation. It also builds upon your long-standing partnerships with the local public health community since the school's inception over three decades ago.

I look forward to tracking progress on this critical need for the nursing profession and our community. Best wishes for success!

Sincerely,

Mary Ellen Plass, MS, RN, CENP
Chief Nursing Officer

Ellis MEDICINE | ELLIS HOSPITAL

1101 Nott Street
Schenectady, NY 12308
518.243.4000
ellismedicine.org

David Holtgrave, PhD
Dean, School of Public Health
1 University Place
Rensselaer, NY 12144-3445

Dear Dr. Holtgrave,

As the Chief Operating Officer/Chief Nursing Officer of Ellis Medicine, you have my whole hearted support for your proposal to create a Bachelor of Science in Nursing degree program at the University at Albany. In my role as COO/CNO, I have had many positive interactions with your organization and the students enrolled in your programs. The expected growth of the Nursing program is timely, given the projected need for students who are educated in Nursing at a Bachelor's level.

We recognize that your program will provide a public, reduced cost, option for students who wish to be part of a local cohort with similar goals. The proposed undergraduate RN to BS program will help to increase the pool of graduates, while also helping to address New York State BS programs within 10 different legislations. This program will be of great value to local and regional Hospitals, the Public Health Community, and to our own organization.

We believe that establishing this program at UAlbany, a Research I institution, offers the advantage of providing graduating students with a solid empirical background. This School of Public Health program is also supportive of the goals of the Future of Nursing for 2020 – 2030.

We are excited about the opportunity to provide experiential learning opportunities for the students in your program. This partnership would help meet their educational goals, while also providing us an opportunity to identify promising candidates for positions within our own organization.

I wish you success in this exciting proposal and look forward to working with your students.

Sincerely,

Leslyn E. Williamson, DNP, MSN, MPH, RN, NEA-BC

September 9, 2021

David Holtgrave, PhD
Dean, School of Public Health
1 University Place
Albany, NY 12144 3445

Dear Dr. Holtgrave,

I am writing in support of the Bachelor of Science in Nursing program being proposed by the University at Albany. This is a much needed program in our community as it will most assuredly benefit Saratoga Hospital, our nurses, our patients, and the nursing profession as a whole.

As a four-time Magnet designated hospital, we are dedicated to the on-going professional development of our nursing staff. Numerous studies prove that increasing training and education of nurses leads to fewer errors at the bedside and more positive patient outcomes.

Since it is our goal to provide the highest level of care at our facilities, we strive to advance our nurses to Bachelor's prepared level and would welcome the opportunity to do so through University at Albany's Bachelor of Science in Nursing program. As per our tuition benefit policy and/or our scholarship program, Saratoga Hospital would provide funding to their employees, I anticipate a number of our employees may be interested in this program.

Finally, I would like to stress that this program is not only important to nursing at Saratoga Hospital, but will serve to advance the profession as a whole by offering a public (lower cost) option for nurses to progress to the Baccalaureate level.

Please feel free to contact me if I can be of further assistance in helping to support this important addition to the community.

Sincerely,

Toni Bishop-McWain, DNP,
VP/Chief Nursing Officer
Saratoga Hosptial

Hudson Valley Community College

Be bold. Be a Viking.

April 6, 2020

Tod Laursen, Ph.D
Provost and Senior Vice Chancellor for Academic Affairs
State University of New York
System Administration
State University Plaza
Albany, NY 12246

Dear Dr. Laursen,

On behalf of Hudson Valley Community College, I write this letter of support for the University at Albany's Program Announcement for a Bachelor in Nursing degree program. As you know, Hudson Valley Community College offers a highly regarded and well-established Applied Associates degree in Nursing. On average, 70 students complete our program each year and successfully pass the NCLEX-RN test and become Registered Nurses. Last June, New York State passed the 'BSN in 10' law that is requiring RN's to earn their BSN within 10 years of earning their RN. Currently our graduates do not have the opportunity to complete the BSN from a local public university and the program proposed by the University at Albany will fill that gap and provide our students the opportunity to seamlessly continue their nursing education at a local institution that is part of our SUNY System and is a highly-regarded public Research-1 university.

Earning the BSN at the University at Albany will increase our students' marketability throughout their career, positioning them for advancement and opportunities to earn significantly higher salaries, as well as fulfilling the new BSN in 10 New York State requirement. Additionally, the BSN program at the University at Albany will help our local community of nurses increase career opportunities by expanding their preparation for and understanding of the evolving health care field.

The combination of retiring nurses and an aging population is resulting in a national shortage of nurses. HVCC is committed to continuing to offer a superb nursing education for our RN program. With University at Albany's proposed BSN program, we can continue to build on our partnership to serve the people of New York State by offering an RN to BSN undergraduate program that results in a holistic nursing education and complete BSN program right here in the Capital District.

We support the University at Albany's development and establishment of this very critical program and look forward to continuing our academic partnership.
If you have any questions, please contact:
Judith DiLorenzo, Vice president for Academic Affairs
Hudson Valley Community College
80 Vandenburgh Ave.
Troy, New York 12180

Sincerely,
Judith E. DiLorenzo

Appendix 2: Nursing BS Curriculum Map – A Crosswalk of Student Learning Outcomes, Major Courses and AACN Domains[1]

	HNSG 311 Health Assessment & Health Promotion	HNSG 312 Quality and Safety in Nursing	HNSG 314 Informatics and Technology in Nursing	HNSG 411 Population Health	HNSG 412 Nursing Research & Evidenced-Based Practice	HNSG 414 Management & Leadership in Nursing	HNSG 415 Professional Role of Nurses
Nursing BS Student Learning Outcomes							
1. Use clinical reasoning to make decisions in nursing practice based on synthesis of knowledge from nursing and liberal arts and sciences. (AACN Domain 1)	X	X	X	X	X	X	X
2. Provide person-centered care including family/important others across the healthcare continuum. (AACN Domain 2)	X	X	X	X	X	X	X
3. Collaborate with the interprofessional teams and stakeholders to support and improve equitable population health outcomes across the healthcare delivery continuum. (AACN Domain 3)	X	X	X	X	X	X	X
4. Integrate research and evidence-based practice into nursing practice to improve health and transform health care. (AACN Domain 4)	X	X	X	X	X	X	X
5. Apply principles of quality and safety across the healthcare continuum. (AACN Domain 5)	X	X	X	X	X	X	X
6. Communicate and collaborate with interprofessional teams and stakeholders to see to the healthcare needs of patients and populations. (AACN Domain 6)	X	X	X	X	X	X	X
7. Apply leadership principles when responding to and leading healthcare systems. (AACN Domain 7)	X	X	X	X	X	X	X
8. Advocate for the use of technology, informatics and innovation in the delivery of care across the healthcare continuum. (AACN Domain 8)	X	X	X	X	X	X	X
9. Integrate values, ethics, accountability, policies and regulations to provide diverse, equitable and inclusive nursing care. (AACN Domain 9)	X	X	X	X	X	X	X
10. Demonstrate a commitment to personal growth, professional knowledge and capacity for leadership. (AACN Domain 10)	X	X	X	X	X	X	X

[1] American Association of Colleges of Nursing. (2021). *The Essentials: Core Competencies for Professional Nursing Education.* https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf.

Nursing BS courses providing content that relate to, provide a foundation for, and/or support the Student Learning Outcomes

	AMAT 108 Statistics	HSPH201 Introduction to Public Health	HSPH 231 Concepts of Epidemiology	HSPH 342 How US Healthcare Works: Myths and Realities
Nursing BS Student Learning Outcomes				
1. Use clinical reasoning to make decisions in nursing practice based on synthesis of knowledge from nursing and liberal arts and sciences.	X	X	X	
2. Provide person-centered care including family/important others across the healthcare continuum.		X		X
3. Collaborate with the interprofessional teams and stakeholders to support and improve equitable population health outcomes across the healthcare delivery continuum.		X		X
4. Integrate research and evidence-based practice into nursing practice to improve health and transform health care.	X	X	X	
5. Apply principles of quality and safety across the healthcare continuum.				X
6. Communicate and collaborate with interprofessional teams and stakeholders to see to the healthcare needs of patients and populations.		X		X
7. Apply leadership principles when responding to and leading healthcare systems.		X		X
8. Advocate for the use of technology, informatics and innovation in the delivery of care across the healthcare continuum.				X
9. Integrate values, ethics, accountability, policies and regulations to provide diverse, equitable and inclusive nursing care.		X		X
10. Demonstrate a commitment to personal growth, professional knowledge and capacity for leadership.		X		X

University at Albany General Education Competencies in the BS Major

	AMAT 108- Elementary Statistics	HSPH 201-Introduction to Public Health	HSPH 231-Concepts in Epidemiology	HSPH 342- How US Healthcare Works	HNSG 311 Health Assessment & Health Promotion	HNSG 312 Quality and Safety in Nursing	HNSG 314 Informatics and Technology in Nursing	HNSG 411 Population Health	HNSG 412 Nursing Research & Evidence-Based Practice	HNSG 414 Management & Leadership in Nursing	HNSG 415 Professional Role of Nurses
Advanced Writing				X	X	X	X	X	X	X	X
Critical Thinking	X	X	X	X	X	X	X	X	X	X	X
Oral Discourse		X	X	X		X	X		X	X	X
Information Literacy		X	X			X	X	X	X		X

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Appendix 3 Catalog Descriptions of Existing Courses in the Major

REQUIRED COURSES

A MAT 108 Elementary Statistics (3)
Frequency distributions, measures of central tendency and dispersion, probability and sampling, estimation, testing of hypotheses, linear regression, and correlation. Only one of A MAT 108 and B ITM 220 may be taken for credit. Not open for credit by students who have taken A MAT 308. Prerequisite(s): three years of high school mathematics.

H SPH 201 Introduction to Public Health (3)
A general introduction to what public health is, its importance for everybody's health, and how it functions as a combination of science and politics. The role of the public health system will be illustrated by describing issues confronting New York State and what is being done about them.

H SPH 231 Concepts in Epidemiology (3)
This course is designed to introduce students to the science of epidemiology. Specific subjects will include causal thinking, the epidemiologic framework, and study designs utilized in epidemiologic studies and the role of epidemiology in public health. Prerequisite(s): A MAT 108.

H SPH 342 How U.S. Health Care Works: Myths and Realities (3)
This course will introduce students to everyday realities of the U.S. health care system related to current issues like health care quality, access to care, the uninsured, patient safety, health care inflation, prescription drugs, physician-patient interaction, use of health care technology, and end-of-life care. The course is intended to provide students with an understanding of the various actors, stakeholder interactions, and functions of the U.S. health care system, through a case-based approach interweaving real world events, practice experience, and research about those events.

UPPER LEVEL PUBLIC HEALTH ELECTIVES

H SPH 305 (= H BMS 305) Biological Basis of Personal and Public Health (3)
This course is designed to provide students with a foundation of how biological processes, infectious diseases, pathologies and immunological tools impact personal and public health. This course is designed for students with minimal formal training in the biological sciences. The primary emphasis of this course is to provide the necessary information to students with diverse backgrounds such that they learn both the breadth and depth of how biological processes are important in the health sciences and public health. Prerequisite(s): one semester of college level biology.

H SPH 310 (= H HPM 310) Health Care in the U.S.: Key Policy Issues (3)
This course is an overview of the status, trends, and key issues concerning U.S. health care delivery today. It will include a comparative assessment of health policies by determining which issues in the U.S. health economy have similar causes with those in other nations, and which are specific to domestic circumstances. Only one version may be taken for credit. Prerequisite(s): A ECO 110 or permission of instructor.

H SPH 321 Global Environmental Issues and Their Effect on Human Health (3)
Globalization has made the earth a much smaller place so that we can no longer focus merely on issues in the United States. This course will address global environmental concerns and their impact on human change, atmospheric pollution, sanitation, etc., within the context of their impacts on populations

throughout the world. Faculty and invited lecturers will be guest presenters. Prerequisite(s): one semester of college-level course in biology or chemistry.

H SPH 323 (= H EHS 323) Environmental Laboratory Perspectives in Public Health (3)
The course will define current public health issues in environmental health sciences, highlighting emerging concerns faced by researchers and practitioners. This course will explore environmental agents of disease, including elemental, organic and biological current and emerging contaminants from an environmental laboratory perspective. The course will define characteristics of and describe toxicological and analytical considerations of disease derived from environmental agents. Heavy emphasis will be placed on how laboratory techniques have driven policy and regulation. Only one version may be taken for credit. Prerequisite(s): one year of college-level biology.

H SPH 332 (= H EPI 332) Introduction to Biostatistics (3)
This course will be a basic introduction to statistics as used in the field of Public Health. Students will learn basic descriptive statistics, measures of central tendency and dispersion, basic rules of probability spaces, binomial and normal probability distributions, sampling distributions, estimation and hypothesis testing. In addition, students will learn how to use a computer program to analyze data. Prerequisite(s): students must complete A MAT 108 with a grade of *B* or better to register for H SPH/H EPI 332.

H SPH 341/341Z Promoting Healthy People and Communities (3)
This course focuses on how health promotion strategies influence healthy behaviors, healthy people, and healthy communities. Current public health issues will guide us in examining key health promotion concepts, health concerns at different ages, and the multilevel causes of different health behaviors. Health inequalities will be weaved into most topics. As the first course in the two-course capstone sequence for students completing the Public Health major, this is a writing intensive course that teaches students how to synthesize the literature and write a research paper using a scholarly writing style.

H SPH 343 Mass Media and Health Behavior (3)
The course will focus on examining how entertainment media, including the Internet, influences health behavior, including topics such as tobacco use, obesity, and violence. The course will also look at the role that advertising has on health, and discuss how the media can be used to educate people about healthy behavior**.**

H SPH 381 (= H HPM 381 & A ECO 381/W) Economics of Health Care (3)
Economics concepts are used to explain the nature of demand and supply in the health care field. The behavior of consumers and health care providers is examined from an economic perspective. Areas of market failures and the rationale for government intervention are also described. Only one version may be taken for credit. Prerequisite(s): A ECO 300 or permission of instructor.

H SPH 389 (= C EHC 389) Introduction to Emergency Health Preparedness and Response (3)
This course provides an introduction to emergency preparedness and response to health threats including natural disasters, infectious diseases, acts of terrorism, and biological, chemical, nuclear, and radiological events. Federal, state, and local policies underlying emergency management and preparedness are reviewed. The course discusses the distinct contributions of the various sectors of the emergency preparedness and response workforce including public health, healthcare, and emergency management personnel. The importance of community engagement and strong private and public collaborations for effective emergency preparedness and response is discussed. The crucial role of social

and cultural factors, including health and healthcare disparities, in emergency preparedness and response are emphasized throughout the course. Current and past catastrophic events in the U.S. and in other countries are examined. Students apply the course content to a simulated catastrophic event of their choice. Only one version may be taken for credit. Prerequisite(s): junior or senior standing or permission of instructor.

H SPH 397 Independent Study in Public Health (1-3)
Independent study or research on selected topics in public health will be offered under the direction of a faculty member. The student is responsible for locating an appropriate faculty member who is willing to direct the research of independent study. An independent study or research assignment may be repeated for credit, but no more than 6 credits may be earned. Prerequisite(s): permission of instructor and undergraduate program director, and junior or senior standing. *S/U* graded.

H SPH 421 Preventing Disease, Disability, & Premature Death (3)
This course discusses the major health behaviors and demographic factors that lead to death, disease & disability throughout the lifespan. It describes policies and programs that address those underlying causes of ill health and provides a framework for developing strategies for promoting health and wellness. Prerequisites: H SPH 201; H SPH 341 preferred.

H SPH 430 (= H HPM 430) Health Literacy (3)
In a society where the health system has grown increasingly complex and difficult to navigate, and where people may have instant access to information from multiple sources, health literacy has become a major issue. This course is designed to introduce students to the concept of health literacy, the significance of health literacy as a determinant of health outcomes, the measures developed to assess health literacy, and best practices for improving health literacy. Prerequisite(s): junior or senior standing.

H SPH 435 Social Determinants of Health: Interdisciplinary Perspectives and Applications (3)
This course provides an overview of social determinants of health. Examples of topics include health effects of educational attainment, social integration/networks, racial discrimination, childhood psychosocial environment and job strain. Mixed teaching methods will be used, such as small and large group discussions, debates, student presentations, and lectures. Prerequisite(s): H SPH 201.

H SPH 459 Advanced Topics in Public Health (3)
Advanced study of a special topic in Public Health. May be repeated for credit when topic varies. Prerequisite(s): junior or senior standing and permission of instructor.

H SPH 460/460Z Evidence-Based Public Health (3)
Public health programs and policies typically aim to influence, facilitate, or promote healthy behavior change. However, not all programs are equally effective at changing behavior and improving population health. Therefore, a critical skill for public health practitioners is the ability to determine which programs or policies are likely to be the most effective, as well the ability to develop and improve programs in order to maximize their effectiveness. As the second course in the capstone sequence it will provide students with practical guidance on how to identify and implement public health programs that are known to be effective based on rigorous study and testing (i.e., evidence-based programs), how to develop new programs that are based on a strong foundation of existing knowledge, and how to evaluate programs and policies so that they can be improved, retained, or discontinued. Prerequisite(s):

H SPH 201, 231, and 341Z.

H SPH 469 (= H HPM 469) Topics in Health Policy, Management, and Behavior (3)
Advanced course on selected topics in Health Policy, Management, and Behavior. Topics may vary from semester to semester. May be repeated for credit when topic varies. Prerequisite(s): senior standing and permission of instructor.

H SPH 491 Occupational Health: Achievements, Continuing Challenges and Evolving Issues (3)
Most adults spend between a third to a half of their time at work. Workplace conditions have a huge effect on both individual and population health. Worker health is a public health issue that crosses many boundaries such as social, economic, scientific and political. Within this context students will discuss key accomplishments that have improved worker health and explore conditions that still put worker health at risk both nationally and globally. Prerequisite(s): restricted to Public Health juniors and seniors or by approval of department.

H SPH 499 Research Placement in Public Health (1-3)
Research Placement in Public Health will provide a supervised research experience with a School of Public Health faculty member. The goal of the placement is to provide an opportunity for students to integrate and apply the knowledge learned in the public health major courses while learning about public health research. May be repeated for up to 6 credits. Prerequisite(s): H SPH 201 or permission of instructor. *S/U* graded.

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Appendix 4 New Course Syllabi

HSNG 311 – Health Assessment and Health Promotion

HSNG 312 – Quality and Safety in Nursing

HSNG 314 – Informatics and Technology in Nursing

HSNG 411 – Population Health

HSNG 412 – Nursing Research and Evidence-Based Practice

HSNG 414 – Management and Leadership in Nursing

HSNG 415 – Professional Role of Nurses

University at Albany
School of Public Health

HNSG 311: HEALTH ASSESSMENT AND HEALTH PROMOTION
Fall 2022

INSTRUCTOR:
Name and Title TBD

OFFICE HOURS:

COURSE CREDIT HOURS: 4 credits (3 credit in didactic and 1 credit in computer simulation lab) This class meets once a week for 2 hours and 45 minutes with classes alternating between in-person and synchronous zoom meetings. An additional 1 hour session each week will be held in the computer simulation lab.

COURSE PREREQUISITES/COREQUISITES:
This course is restricted to Nursing majors.

COURSE DESCRIPTION:

This hybrid course will focus on health assessment and health promotion/disease prevention. The course will allow for further development in existing physical assessment skills. In addition, there will be a focus on critical thinking, culturally sensitive clinical decisions, therapeutic interventions, promotion of self-care, and achievement of desired health promotion and prevention outcomes. Various aspects of population health will be applied. Lab: Students address these aspects of the course through case studies in self-directed, computer-based simulated sessions.

COURSE LEARNING OBJECTIVES:

Upon completion of this course, students will be able to:

1. Collect data to create a comprehensive physical assessment database.
2. Use critical thinking and clinical reasoning in the synthesis of data to identify physical, social, cultural/spiritual, economic, and environmental factors that influence the health status of a diverse patient population.
3. Apply critical thinking and cultural-sensitive data to the development of a person-centered health promotion/disease prevention plan including aspects of self-care.
4. Apply theoretical and conceptual models of health-related behavior, risk factors, health promotion, social determents of health and illness prevention to the development of individual plans of care.
5. Design outcome measures appropriate for selected evidence-based therapeutic interventions related to health promotion/disease prevention.
6. Relate plans to identified national health promotion and disease prevention goals and objectives.
7. Critically reflect on the impact of development of health promotion and disease prevention on future nursing practice.

Diversity, Equity, and Inclusion Statement

At the University at Albany School of Public Health, we believe deeply that equity, respect, and justice are central to our united path forward. The character of our School is to stand steadfast in the face of injustice and act for the betterment of health outcomes. Racism and discrimination have no place in our work.

We are committed to creating and supporting a community diverse in every way, which includes but is not limited to: race, ethnicity, age, disability, gender, gender expression, geography, religion, academic and extracurricular interest, political beliefs, family circumstances, national origin, sexual orientation, and socioeconomic background. It is central to our mission to ensure that each member of our community has full opportunity to thrive. We recognize that all of us must embrace the responsibility and accountability for upholding these values, as they are central, not only to our mission, but also to individual growth, education excellence and the advancement of knowledge.

The University at Albany is committed to a campus environment that supports diversity, equity and inclusion and will provide support to individuals who report incidents of bias or hate. We encourage any campus community member who experiences or witnesses a bias act or hate crime to report this incident by using the Bias Incident Reporting Form. For more information, visit https://www.albany.edu/diversity-and-inclusion.

Matrix of outcomes, activities and AACN's The Essentials: Core Competencies for Professional Nursing Education

Program Student Learning Outcomes	**Related Course Outcome**	**Learning Activity**	**AACN's The Essentials: Core Competencies for Professional Nursing Education**
1. Use clinical reasoning to make decisions in nursing practice based on synthesis of knowledge from nursing and liberal arts and sciences.	**2,3,**	**Case studies discussion** **Assessment/plan paper** **Reflection paper**	**I**
2. Provide person-centered care including family/important others across the healthcare continuum.	**3, 4, 5**	**Case studies discussion**	**II**

		Assessment/plan paper **Reflection paper**	
3. Collaborate with interprofessional teams and stakeholders to support and improve equitable population health outcomes across the healthcare delivery continuum.	**4, 6,7**	**Case studies discussion** **Assessment/plan paper** **Reflection paper**	**III**
4. Integrate research and evidence-based practice into nursing practice to improve health and transform healthcare.	**5,7**	**Case studies discussion** **Assessment/plan paper** **Reflection paper**	**IV**
5. Apply principles of quality and safety across the healthcare continuum.	**1,2,3,4,5,6,7**	**Case studies discussion** **Assessment/plan paper** **Reflection paper**	**V**
6. Communicate and collaborate with interprofessional teams and stakeholders to optimize healthcare outcomes of patients and populations.	**3,4,**	**Case studies discussion** **Assessment/plan paper** **Reflection paper**	**VI**
7. Apply leadership principles when responding to and leading healthcare systems.	**5,6,7**	**Case studies discussion** **Assessment/plan paper** **Reflection paper**	**VII**

8. Advocate for the use of technology, informatics and innovation in the delivery of care across the healthcare continuum.	**2,3,4,5,6,7**	**Case studies discussion** **Assessment/plan paper** **Reflection paper**	**VIII**
9. Integrate values, ethics, accountability, policies and regulations to provide diverse, equitable and inclusive nursing care.	**2,3,4,5, 6**	**Case studies discussion** **Assessment/plan paper** **Reflection paper**	**IX**
10. Demonstrate a commitment to personal growth, professional knowledge and capacity for leadership.	**7**	**Reflection paper**	**X**

COURSE MATERIALS:

Coviello, J. (2020) *Health promotion and disease prevention in clinical practice*. Wolters Kluwer.

Jarvis, C. (2020) *Physical examination & health assessment.* 8th edition, Elsevier

American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.).

Student will need to purchase a subscription to Shadow Health's **Digital Clinical Experiences**

Media Online resources

Healthy People 2030

https://health.gov/our-work/healthy-people-2030

Health Nurse, Healthy Nation

https://www.nursingworld.org/practice-policy/hnhn/

Social determents of health

https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0312

COURSE REQUIREMENTS:

Activity	Percent Value
Presentation of a case study in class	5 %
Assessment/plan paper	90%
Reflection summary (to be submitted to portfolio)	5%

Examinations

Examinations – There are no exams or tests in this course.

Assignments/Presentations:

1. Assessment/plan paper

The focus of these assignments is to relate physical assessment skills to health care promotion and disease prevention. For each case study assigned during weeks 4 -11, the student will:

a. Complete the assigned Shadow Health systems assessment
b. On the designated form, complete the following to be submitted the day the case study is due:
    i. Write up of the findings from Shadow Health assessment.
    ii. Synthesize the data to identify physical, social, cultural/spiritual, economic, and environmental factors that influence the health status of a diverse patient population
    iii. Develop a health promotion/disease prevention plan based on the physical assessment and health behavior/risk factor assigned in the module. Plans should include desired outcomes, interventions and method evaluation
    iv. Identify aspects of self-care for the patient
    v. Determine presence of national recommendations to address the health behavior/risk factor
    vi. Reflections on lessons learned from the assignment.

Component of paper	Percentage of the assignment
Assessment	15
Synthesis of data	20
Health promotion/disease prevention plan	20
Aspects of self-care	10
National recommendations	10
Reflection of lessons learned from assignment	15
Summary	10

2. Presentation of a case study for a specific health problem with the development for health maintenance.
3. Final paper will be a 2-3 page summary of reflections from assignments and how these will affect the student's practice as a nurse

GRADING:

Course Average	Final Grade
94-100	A
90-93	A-
87-89	B+
83-86	B
80-82	B-
77-79	C+
73-76	C
70-72	C-
60-69	D
<60	E

CLASS POLICIES:

Attendance:

Medical Excuse Policy: http://www.albany.edu/health_center/medicalexcuse.shtml

Absence due to religious observance: As per New York State Education Law Section 224-A (https://www.nysenate.gov/legislation/laws/EDN/224-A) campuses are required to excuse, without penalty, individual students absent because of religious beliefs, and to provide equivalent opportunities for make-up examinations, study, or work requirements missed because of such absences. Faculty will work directly with students to accommodate absences.

SCHOOL AND UNIVERSITY RESOURCES AND POLICIES:

Academic Integrity: Students are expected to abide by the University at Albany's Code of Academic Integrity. Collaboration is encouraged in many instances; however, work submitted for academic credit must be the **student's own work**. Academic dishonesty (refer to http://www.albany.edu/undergraduate_bulletin/regulations.html), may result in a failing grade for the course and the student(s) may be subject to sanctions by the University.
Talking, discussions and the use of any electronic device are not permitted during quizzes and exams. It will be assumed that students who are talking are cheating and will be given a failing grade for the exam or quiz, which may lead to failure of the course and additional disciplinary action by the University.
Plagiarism: As stated on the Undergraduate Academic Regulations website (http://www.albany.edu/undergraduate_bulletin/regulations.html) plagiarism is defined as:

"Presenting as one's own work the work of another person (for example, the words, ideas, information, data, evidence, organizing principles, or style of presentation of someone else). Some examples of plagiarism include copying, paraphrasing, or summarizing without acknowledgment, submission of another student's

work as one's own, the purchase/use of prepared research or completed papers or projects, and the unacknowledged use of research sources gathered by someone else. Failure to indicate accurately the extent and precise nature of one's reliance on other sources is also a form of plagiarism. Students are responsible for understanding legitimate use of sources, the appropriate ways of acknowledging academic, scholarly, or creative indebtedness.

Examples of plagiarism include: failure to acknowledge the source(s) of even a few phrases, sentences, or paragraphs; failure to acknowledge a quotation or paraphrase of paragraph-length sections of a paper; failure to acknowledge the source(s) of a major idea or the source(s) for an ordering principle; failure to acknowledge the source (quoted, paraphrased, or summarized) of major sections or passages in the paper or project ***or website****; the unacknowledged use of several major ideas or extensive reliance on another person's data, evidence, or critical method; submitting as one's own work, work borrowed, stolen, or purchased from someone else."*

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Mental Health

As a student there may be times when personal stressors interfere with your academic performance and/or negatively impact your daily life. The University at Albany Counseling and Psychological Services (CAPS) provides free, confidential services including individual and group psychological counseling and evaluation for emotional, social and academic concerns. Given the COVID pandemic, students may consult with CAPS staff remotely by telephone, email or Zoom appointments regarding issues that impact them or someone they care about. For questions or to make an appointment, call (518) 442-5800 or email consultation@albany.edu. Visit www.albany.edu/caps/ for hours of operation and additional information.

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If your life or someone else's life is in danger, please call 911. If you are in a crisis and need help right away, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Students dealing with heightened feelings of sadness or hopelessness, increased anxiety, or thoughts of suicide may also text "GOT5" to 741741 (Crisis Text Line).

COURSE SCHEDULE:

Week	Topics	Readings/Assignments
1	History and Risk Assessment	Coviello, Ch 2,3 Jarvis, Ch 1,2,3,4 Healthy People 2030 https://health.gov/our-work/healthy-people-2030 Review of best practices in history taking and risk assessment
2	Physical examination	Coviello, Ch 3,4 Jarvis, Ch 3,4, 8 Health Nurse, Healthy Nation https://www.nursingworld.org/practice-policy/hnhn/ Review of best practices in a physical examination
3 Zoom	Health Behavior Changes	Coviello, Ch 6, Jarvis, Ch 1, 9 Social determents of health https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0312 Review of the development of a plan to change health behavior
4 Zoom	Exercise and Cardiovascular (CV) assessment	Coviello, Ch 7 Jarvis, Ch 20, 21 Case study with CV assessment and development of plan for exercise
5	Nutrition and Abdominal/Nutritional Assessment	Coviello, Ch 8 Jarvis, Ch 12, 22 Case study with abdominal assessment and development of plan for nutrition

6 Zoom	Weight management and musculoskeletal (M/S) assessment	Coviello, Ch 9 Jarvis, Ch 23 Case study with M/S assessment and development of plan for weight management
7	Tobacco and Respiratory Assessment	Coviello, Ch 10 Jarvis, Ch 19 Case study with respiratory assessment and development of plan for tobacco cessation
8 Zoom	Substance abuse	Coviello, Ch 11 Jarvis, Ch 6, 11 Case study with an assessment for substance abuse and a development of a plan for health promotion (HP)/Disease prevention (SD)
9	Conception and STDs	Coviello, Ch 12, 13 Jarvis, Ch 25, 26, 27 Case study with an assessment for STD/or need for instruction on conception. Development of a plan for HP /DP
10 Zoom	Behavioral health-mental health and neurological Assessment	Coviello, Ch 14 Jarvis, Ch 5, 24 Case study with a neurological/mental health assessment and the development of plan for HP/DP
11	Self-care and prevention	Coviello, Ch 15, 16,17 Jarvis, Ch 7, 18 Case study with self-care issues and development of a plan for HP/DP
12 Zoom	Putting prevention and maintenance into practice	Coviello, Ch 1, 21,22,23 Jarvis, Ch 1, 28 Case study with a specific health problem with the development for health maintenance
13	Course Evaluation	Discussion of reflections Submission of reflection paper Course evaluation

University at Albany
School of Public Health

HNSG 312: Quality and Safety in Nursing
Spring 20XX

INSTRUCTOR:
Name and Title TBD

OFFICE HOURS:

COURSE CREDIT HOURS: 3 credits.
This class meets once a week for 2 hours and 45 minutes. Classes will alternate between in-person and synchronous zoom meetings.

COURSE PREREQUISITES/COREQUISITES:

This course is restricted to Nursing majors.

COURSE DESCRIPTION:

This hybrid course is focused on the nurse's role in quality and safety in person centered care. The student will apply the Quality and Safety in Nursing Education (QSEN) competencies to professional nursing practice as a baccalaureate student. The student will analyze the impact of QSEN competencies on person-centered care and nursing leadership via case studies, group discussion, review of current literature and course assignments. In addition, this course's examination of a culture of safety will include essential elements to provide safety, high reliability organization and external drivers of safety.

COURSE LEARNING OBJECTIVES:

Upon completion of this course, students will be able to:

1. Apply the QSEN competencies to professional baccalaureate nursing practice.
2. Analyze the impact of QSEN competencies on person-centered care.
3. Apply research findings to policy development.
4. Discuss the quality indicators used in person-centered care.
5. Explore the elements necessary for an organization to demonstrate a culture of safety.
6. Develop a plan for QSEN competency based on individual assessment.
7. Apply principles of quality improvement in an individual project.

Diversity, Equity, and Inclusion Statement

At the University at Albany School of Public Health, we believe deeply that equity, respect, and justice are central to our united path forward. The character of our School is to stand steadfast in the face of injustice and act for the betterment of health outcomes. Racism and discrimination have no place in our work.

We are committed to creating and supporting a community diverse in every way, which includes but is not limited to: race, ethnicity, age, disability, gender, gender expression, geography, religion, academic and extracurricular interest, political beliefs, family circumstances, national origin, sexual orientation, and socioeconomic background. It is central to our mission to ensure that each member of our community has full opportunity to thrive. We recognize that all of us must embrace the responsibility and accountability for upholding these values, as they are central, not only to our mission, but also to individual growth, education excellence and the advancement of knowledge.

The University at Albany is committed to a campus environment that supports diversity, equity and inclusion and will provide support to individuals who report incidents of bias or hate. We encourage any campus community member who experiences or witnesses a bias act or hate crime to report this incident by using the Bias Incident Reporting Form. For more information, visit https://www.albany.edu/diversity-and-inclusion.

Matrix of course outcomes, activities and AACN's The Essentials: Core Competencies for Professional Nursing Education

Program Student Learning Outcomes	**Related Course Outcome**	**Learning Activity**	**AACN's The Essentials: Core Competencies for Professional Nursing Education**
1.Use clinical reasoning to make decisions in nursing practice based on the synthesis of knowledge from nursing and liberal arts and sciences	**1, 4, 5, 6**	**Case studies** **Reflection papers** **Policy review for evidence-based practice (EBP)** **QSEN assessment** **Quality project**	**I**
2. Provide patient-centered care across the healthcare continuum	**1,2,3,4,5,6**	**Case studies** **Reflection papers**	**II**

		Policy review for evidence-based practice (EBP) **QSEN assessment** **NM interview**	
3. Collaborate with interprofessional teams and stakeholders to support and improve equitable population health outcomes	**1,2,4**	**Case studies** **Reflection papers** **QSEN assessment** **NM interview**	**III**
4. Integrate research and evidence-based practice into nursing practice	**1,3,6**	**Case studies** **Reflection papers** **Policy review** **QSEN assessment**	**IV**
5. Apply principles of quality and safety across the healthcare	**1,2,3,4,5,6**	**Case studies** **Reflection papers** **QSEN assessment** **Quality project**	**V**
6. Communicate and collaborate with interprofessional teams and stakeholders to see to the healthcare needs of patients and populations	**1,2,5**	**Case studies** **Reflection papers** **QSEN assessment**	**VI**
7. Apply leadership principles when responding to and leading healthcare	**5, 6**	**Case studies** **QSEN assessment** **NM interview**	**VII**
8**.** Advocate for the use of technology, informatics and innovation in the delivery of care across the healthcare continuum	**1,2, 4**	**Case studies** **NM interview**	**VIII**
9**.** Integrate values, ethics, accountability, policies and regulations to provide diverse,	**1,2,3,4,5,6, 7**	**Case studies** **Reflection papers**	**IX**

equitable and inclusive nursing care		**Policy review for evidence-based practice (EBP)** **QSEN assessment** **Quality project**	
10. Demonstrate a commitment to personal growth, professional knowledge and capacity for leadership.	**2,6**	**Case studies** **Reflection papers** **Policy review for evidence-based practice (EBP)** **QSEN assessment** **Quality project**	**X**

COURSE MATERIALS:

Kelly, P., Vottero, B., & Christie-McAuliffe, C. (2018) *Introduction to quality and safety education for nurses: Core competencies for nursing leadership and management*. 2nd Ed. Springer Publishing Co

American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.).

Suggested Reading and Learning Tools

Barnsteiner, J., (2011) Teaching the culture of safety *OJIN: The Online Journal of Issues in Nursing* Vol. 16, No. 3
https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-16-2011/No3-Sept-2011/Teaching-and-Safety.aspx

Montalvo, I., (2007) "The National Database of Nursing Quality Indicators™ (NDNQI®)" *OJIN: The Online Journal of Issues in Nursing*. Vol. 12 No. 3
http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume122007/No3Sept07/NursingQualityIndicators.html

Code of Ethics for Nurses with Interpretive Statements
https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/coe-view-only/

Institute of Medicine of Medicine (2000) *To err is human: Building a safer health system*

National Academy of Medicine

https://pubmed.ncbi.nlm.nih.gov/25077248/

Institute of Medicine (2001) Crossing *the quality chasm: A new health system for the 21st century*. National Academy of Medicine

https://www.ncbi.nlm.nih.gov/books/NBK222271/

The National Academy of Medicine (NAM) resources in connection with its report *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity.*

https://www.nap.edu/resource/25982/interactive/

NYS Nurse Practice Act

http://www.op.nysed.gov/prof/nurse/article139.htm

Quality and Safety Competencies of the nurse

https://qsen.org/competencies/pre-licensure-ksas/#patient-centered_care

Plan-Do-Check-Act

https://www.youtube.com/watch?v=STXZHfINZGk

Team STEPPS

https://www.aha.org/system/files/2019-02/TeamSTEPPS_guide_final.pdf

COURSE REQUIREMENTS

Method of Evaluation

Activity	Percent Value
Discussion postings/Class participation	10%
Policy review	15%
QSEN assessment (add to portfolio)	20%
Interview with manager on use of NDNQI data use in practice	15%
Reflection papers (5 papers)	25%
Personal Quality improvement project	15%

Examinations

Examinations – There are no exams or tests in this course.

Assignments/Presentations

1. Class Participation and discussion postings (see rubrics in the syllabus)

2. Paper of policy review

Students will select a nursing policy from a faculty provided list. The student will review three research-based articles from peer-reviewed journals that relate to the policy and have been published in the last five years. Upon completion of review of the articles, students are to discuss the outcome of the research studies and compare/contrast the outcome of the study findings to the chosen policy. Implications to the findings to nursing practice will be discussed

Component of paper	Percentage of the assignment
Define the policy	10%
Discuss the selection of the research articles	10%
Summaries of each of the (3) research studies	30%
Outcomes of the studies	20%
Analysis of the outcome of the studies in relationship to the chosen policy.	20%
Implications of the findings to nursing practice	10%

3.QSEN competencies assessment and plan

Using one of the QSEN competencies (except for informatics and technology and evidence-based practice), review the knowledge, skills and attitudes (KSA) of that competency. Identify personal goals for the KSAs and a plan to develop the KSAs of that competency. Also identify a setting and discuss what the patient would expect for quality care for KSAs of that competency in that setting. Summarize what you learned that will affect your professional practice from this exercise.

Component of paper	**Percentage of the assignment**
Identify personal goals for KSAs of selected QSEN competency	10%
Plan to develop the KSAs of selected QSEN competency	30%
Patient's expectations of KSAs of QSEN competency	20%
Analysis of the patient verses nurse perspectives of KSAs of QSEN competency	30%
Implications of the findings to professional practice	10%

4. Interview manager on use on The National Database of Nursing Quality **Indicators**™

(NDNQI) data.

The student will discuss how NDNQI is used in practice. If that data is not used, then the student and manager will discuss other quality data to measure and improve patient outcomes. In a three – four page paper the student will address the following components:

Component of paper	**Percentage of the assignment**
Describe the patient care quality data used	20%
Discuss how the data is collected	20%
Discuss how this data is used. Give an example of quality data that is collected and how it was used to improve patient care	20%
How is the data share? With whom? Frequency of sharing data	20%
What did you learn from this interview that will affect your practice? How will you implement this lesson into your practice? If you did not learn anything, explain why and how that will affect your practice?	10%

5. Personal Quality Improvement assignment

This is a 4-week assignment with a purpose of allowing students the opportunity to actively engage in the quality improvement process. Each student will choose something he/she would like to improve about him/her-self. Projects should be individualized e.g. get more sleep, eat healthier, study more, etc. and can be aimed at improving something identified in the self-analysis paper. Students will develop an AIM statement to identify what the proposed improvement is.

Following the process for improvement, students will implement Plan-Do-Study-Act (PDSA) cycles over a consecutive 3-week period. Students will use the 4th week to (1) write a 1-page report to describe the aim of the quality improvement project and actions taken to refine the improvement over the 3-week implementation period and (2) to create a graphic to demonstrate the data (run-chart, bar graph…)

Grading for this assignment will not be based on success of the quality improvement project; it will be graded on process. The graphic should be created from excel.

Grading Rubric:

	Component of paper	**Percentage of the assignment**
1.	**Aim Statement:** clearly identifies what the student is trying to accomplish.	10%
2.	The **measure** is identified so that student will know if the change is an improvement.	10%
3.	The **process is described** succinctly identifying actions taken to adjust the plan based on data after week 1 and week 2.	20%
4.	**Graphic** clearly demonstrates data collected over the 3-week period of the project. A minimum of 3 PDSA cycle data should be reflected in the graphic but data can reflect daily measurements if student chooses.	40%
5.	**Length**. This assignment requires discipline in writing; you will have to write clearly and concisely to address the required criteria. Submission length may not exceed the (1) title page in APA format, (2) 1-page essay and (3) 1-page graphic for a total of 3 pages maximum.	10%
6.	**Grammar, and spelling.** Papers must be free of grammar and spelling errors and follow APA format.	10%

6. Reflection papers **(**see reflection rubric)

In the one-page reflection papers, discuss one of the QSEN leadership competencies and provide an example of how you do or do not exhibit this competence. Reflect on how this knowledge impacts your practice and the nursing profession as a whole.

GRADING:

Course Average	Final Grade
94-100	A
90-93	A-
87-89	B+
83-86	B
80-82	B-
77-79	C+
73-76	C
70-72	C-
60-69	D
<60	E

CLASS POLICIES:

Attendance:

Medical Excuse Policy: http://www.albany.edu/health_center/medicalexcuse.shtml

Absence due to religious observance: As per New York State Education Law Section 224-A (https://www.nysenate.gov/legislation/laws/EDN/224-A) campuses are required to excuse, without penalty, individual students absent because of religious beliefs, and to provide equivalent opportunities for make-up examinations, study, or work requirements missed because of such absences. Faculty will work directly with students to accommodate absences.

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Students dealing with heightened feelings of sadness or hopelessness, increased anxiety, or thoughts of suicide may also text "GOT5" to 741741 (Crisis Text Line).

COURSE SCHEDULE:

Session# Date	Topics	Readings/Assignments
Week 1	Overview of QSEN	Kelly, Vottero, & Christie-McAuliffe, Ch 1, 2 Institute of Medicine of Medicine (2000) *To err is human: Building a safer health system* National Academy of Medicine https://pubmed.ncbi.nlm.nih.gov/25077248/ Institute of Medicine (2001) Crossing *the quality chasm: A new health system for the 21st century*. National Academy of Medicine https://www.ncbi.nlm.nih.gov/books/NBK222271/ The National Academy of Medicine (NAM) resources in connection with its report *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity.* https://www.nap.edu/resource/25982/interactive/ Quality and Safety Competencies of the nurse https://qsen.org/competencies/pre-licensure-ksas/#patient-centered_care
Week 2 Zoom	Legal & Ethical Aspect of Nursing Delegation and Setting Priorities	Kelly, Vottero, & Christie-McAuliffe Ch 5, 6 Code of Ethics for Nurses with Interpretive Statements https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/coe-view-only/ NYS Nurse Practice Act http://www.op.nysed.gov/prof/nurse/article139.htm Review in Kelly, Vottero, & Christie-McAuliffe Case Study 5.1 and 6-1; Critical Thinking 6.1 for discussion
Week 3 Zoom	QSEN competency – Patient centered care	Kelly, Vottero, & Christie-McAuliffe Ch 7 Quality and Safety Competencies of the nurse. Review patient-centered care https://qsen.org/competencies/pre-licensure-ksas/#patient-centered_care Individual assignment regarding developing empathy (instructions to be given in Week 2) Review in Kelly, Vottero, & Christie-McAuliffe Case Study 7.1 and 7.3 Reflection paper #1

Week 4	QSEN competency Interprofessional Teamwork and Collaboration	Kelly, Vottero, & Christie-McAuliffe Ch 8 Review Quality and Safety Competencies for the nurse – Interprofessional Teamwork and Collaboration https://qsen.org/competencies/pre-licensure-ksas/#teamwork_collaboration Group work - Marshmallow challenge Be prepared to discuss Crucial Discussion Points #2,3,7 and 16 on pages 239-240 Reflection paper #2
Week 5 Zoom	QSEN competency Informatics	Kelly, Vottero, & Christie-McAuliffe Ch 9 Review Quality and Safety Competencies of the nurse – Informatics https://qsen.org/competencies/pre-licensure-ksas/#informatics Group discussion of case study Policy review paper due Reflection paper #3
Week 6 Zoom	QSEN competency Evidence based practice	Kelly, Vottero, & Christie-McAuliffe Ch 11 Review Quality and Safety Competencies of the nurse - Evidence-based practice https://qsen.org/competencies/pre-licensure-ksas/#evidence-based_practice Complete Critical Thinking 11.4 for class discussion Student Presentation of policy review findings Reflection paper #4
Week 7	QSEN competency Quality Improvement-	Kelly, Vottero, & Christie-McAuliffe, Ch 13 Review Quality and Safety Competencies of the nurse – Quality Improvement https://qsen.org/competencies/pre-licensure-ksas/#quality_improvement Plan-Do-Check-Act (PDCA) https://www.youtube.com/watch?v=STXZHfINZGk Group discussion of case study using PCDA to analysis the case.
Week 8	QSEN competency Quality Improvement-Tools	Kelly, Vottero, & Christie-McAuliffe Ch 14 Quality and Safety Competencies of the nurse https://qsen.org/competencies/pre-licensure-ksas/#quality_improvement Group discussion using Week 7 case study and determine appropriate tools to present the data

		Reflection paper #4
Week 9	QSEN competency Quality Improvement-project	Kelly, Vottero, & Christie-McAuliffe Ch 15 Montalvo, I., (2007) "The National Database of Nursing Quality Indicators™ (NDNQI®)" *OJIN: The Online Journal of Issues in Nursing*. Vol. 12 No. 3 http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume122007/No3Sept07/NursingQualityIndicators.html Presentation of the results of discussion with your manager how the NDNQI data is used in your facility for group discussion. Paper due Start Personal quality exercise assignment
Week 10 Zoom	QSEN competency-Patient Safety	Kelly, Vottero, & Christie-McAuliffe Ch 12 Review Quality and Safety Competencies of the nurse – Patient safety https://qsen.org/competencies/pre-licensure-ksas/#safety Group discussion - Perioperative Unfolding Case Study Reflection paper #5 Paper of Review with your manager how the NDNQI data is used in your facility due.
Week 11	Culture of safety	Kelly, Vottero, & Christie-McAuliffe Ch 3 Barnsteiner, J., (2011) Teaching the culture of safety *OJIN: The Online Journal of Issues in Nursing* Vol. 16, No. 3,. **DOI:** 10.3912/OJIN.Vol16No03Man05 Case study reviewed in class (LB) Paper due for QSEN competency assessment
Week 12 Zoom	Culture of safety High-reliability organizations	Kelly, Vottero, & Christie-McAuliffe Ch 4 Team STEPPS https://www.aha.org/system/files/2019-02/TeamSTEPPS_guide_final.pdf Case study discussion of implementation and use of Team STEPPS
Week 13	Future role of nurse in safety and quality Course evaluation	Kelly, Vottero, & Christie-McAuliffe, Ch 16, 17 Personal Quality Improvement assignment due Presentation of the above Course evaluation

University at Albany
School of Public Health

HNSG 314 - INFORMATICS AND TECHNOLOGY IN NURSING
Fall 20XX

INSTRUCTOR: TBD

OFFICE HOURS:

COURSE CREDIT HOURS: 3 credits
This class will meet once a week for 2 hours and 45 minutes. Classes will alternate between in-person and synchronous zoom meetings.

COURSE PREREQUISITES/COREQUISITES:
This course is restricted to Nursing majors.

COURSE DESCRIPTION:
This hybrid course explores the direct and indirect role of the nurse in informatics and health care technology. Areas regarding the use of information and communication technology will be addressed including: impact on person-centered care, data gathering and knowledge development, quality and safety, communication, ethical and legal aspects, and methods to assist patients for optimal care.

COURSE LEARNING OBJECTIVES:
Upon completion of this course, students will be able to:
1. Describe the various information and communication technology used in person-centered care, communities and populations.
2. Use information and technology to gather data, create information and generate knowledge.
3. Apply information and communication technology in delivering safe nursing care to diverse populations in a variety of settings.
4. Utilize information and communication technology to support documentation of care and communication at all system levels among patients and providers.
5. Analyze the use of information and communication technologies in relationship to ethical, legal, professional and regulatory standards; and workplace polices in the delivery of person-centered care.
6. Assess individual Quality and Safety in Nursing Education (QSEN) informatic competence.

Diversity, Equity, and Inclusion Statement

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We are committed to creating and supporting a community diverse in every way, which includes but is not limited to: race, ethnicity, age, disability, gender, gender expression, geography, religion, academic and extracurricular interest, political beliefs, family circumstances, national origin, sexual orientation, and socioeconomic background. It is central to our mission to ensure that each member of our community has full opportunity to thrive. We recognize that all of us must embrace the responsibility and accountability for upholding these values, as they are central, not only to our mission, but also to individual growth, education excellence and the advancement of knowledge.

The University at Albany is committed to a campus environment that supports diversity, equity and inclusion and will provide support to individuals who report incidents of bias or hate. We encourage any campus community member who experiences or witnesses a bias act or hate crime to report this incident by using the Bias Incident Reporting Form. For more information, visit https://www.albany.edu/diversity-and-inclusion

Matrix of outcomes, activities and AACN's The Essentials: Core Competencies for Professional Nursing Education

Program Student Learning Outcomes	**Related Course Outcome**	**Learning Activity**	**AACN's The Essentials: Core Competencies for Professional Nursing Education**
1. Use clinical reasoning to make decisions in nursing practice based on the synthesis of knowledge from nursing and liberal arts and sciences.	**1,2,3**	**Reflection papers Discussions/postings Role of the nurse paper EHR case study**	**I**
2. Provide patient-centered care across the healthcare continuum.	**1,2,3**	**Case study Discussion Role of the nurse paper EHR case study**	**II**
3. Collaborate with interprofessional teams and stakeholders to support and	**1, 3**	**Ethical case study Reflection papers**	**III**

improve equitable population health outcomes.		**Discussions/postings** **EHR case study**	
4. Integrate research and evidence-based practice into nursing practice.	**2**	**Role of the Nurse paper** **Discussions/postings**	**IV**
5. Apply principles of quality and safety across the healthcare.	**3**	**Ethical case study** **Discussions/postings** **Self-assessment assignment** **EHR case study**	**V**
6. Communicate and collaborate with interprofessional teams and stakeholders to see to the healthcare needs of patients and populations.	**1,4**	**Reflection papers** **Discussions/postings** **Self-assessment assignment** **EHR case study** **Ethical case study**	**VI**
7. Apply leadership principles when responding to and leading healthcare systems.	**2,4, 5**	**Role of the Nurse paper** **Reflection papers** **Discussions/postings** **EHR case study** **Ethical case study**	**VII**
8. Advocate for the use of technology, informatics and innovation in the delivery of care across the healthcare continuum.	**1,2,3,4,5,6**	**Reflection papers** **Role of the Nurse paper** **Discussions/postings** **QSEN competencies assessment**	**VIII**
9. Integrate values, ethics, accountability, policies and regulations to provide diverse, equitable and inclusive nursing care.	**5, 6**	**Ethical case study** **Reflection papers/postings** **Discussions** **QSEN Self-assessments** **EHR case study**	**IX**
10. Demonstrate a commitment to personal growth, professional	**6**	**Self-assessment assignment** **Reflection papers**	**X**

knowledge and capacity for leadership		**Role of the Nurse paper** **QSEN competencies assessments**	

COURSE MATERIALS:

McGonigle, D., & Mastrian, K. G. (2022). *Nursing informatics and the foundation of knowledge*. (5th ed.) Jones & Bartlett Learning

American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.).

QSEN competencies for Informatics
https://qsen.org/competencies/pre-licensure-ksas/

TIGER Initiative
https://www.himss.org/what-we-do-technology-informatics-guiding-education-reform-tiger

ANA- Health IT
https://www.nursingworld.org/practice-policy/health-policy/health-it/

COURSE REQUIREMENTS:

Activity	Percent Value
Self-assessment of QSEN informatics competencies and knowledge acquisition (add to Portfolio)	15%
Case study related to the Quality and Safety	10%
Discussion postings/class participation	10%
Ethical Case study	20%
Role of the nurse in nursing informatics and healthcare care technology (add to Portfolio)	25%
Reflection papers (5 papers)	25%

1. Self-assessment of QSEN informatics competencies and knowledge acquisition
   The student rates their knowledge, skill and attitudes (KSA) for the QSEN Informatics competencies. This tool uses a Likert scale of 1 to 5 (1 = very little and 5 = very much) for each item. In addition, the students will indicate how often they accessed particular information sources, using a scale of 1 to 5 (1 = never and 5 = often/daily).
   The pre - assessment will be due the first day of class. On the last day of class, the student will repeat this assessment and submit both the pre- and post-assessments. A 2-3 page summary of

difference between the two assessment will be submitted with the assessments on the last day of class. The final assessment of competences will be added to your Portfolio.

2. Quality and safety case study
   The class will be divided into groups and be assigned either Case study A or B. Each group will be given questions that need to be addressed. At the completion of the discussion, each group will present their findings to the class. Assignment will be graded based on discussion grading rubric

3. Discussion postings and class participation will be graded based on the grading rubric in the syllabus.

4. Ethical case study
   Identify an ethical issue related to health care informatics and technology. Using the Ethical Model for Ethical Decision Making (McGonigle & Mastrain, 2022, p. 95), complete the steps for resolving the problem. Paper should be four to six pages and will be graded based on writing rubric.

5. Role of the nurse in nursing informatics and healthcare technology paper
   This paper is focused on the future role and opportunities for the nurse in informatics and healthcare technology paper. The links below are to help you to think futuristically about nursing. The paper should be 4 – 6 pages and address the topics in the criteria listed below. Following APA format, the student should list five peer review references

Why should NURSES get involved in the DESIGN & DEVELOPMENT of TECHNOLOGY?
https://www.youtube.com/watch?v=RP49kM2oqBk

Robotic Surgery's Third Wave | T. Sloane Guy, MD, MBA | TEDxFairfieldUniversity
https://www.youtube.com/watch?v=FpQZhPWmOSs

Activity	Percent Value
What is nursing informatics	5%
Describe uses of informatics and technology in your practice	15%
Discuss the nurse as a knowledge worker	15%
How has nursing informatics and technology impacted communication between the nurse and patient	20%
How can a nurse be involved the creation of healthcare informatics and technology?	20%
Describe the future of informatic in five years and its impact on nursing practice and patient care	20%
Correct use of APA 7th ed	5%

6. Reflection papers
   A reflection paper is your chance to add your thoughts and analysis to what you have read and experienced. It is meant to illustrate your understanding of the material and how it affects your

ideas and possible practice in future. The student will reflect on each of the topics below. Each of the one-page papers will address the one of the following questions:

1. What is the significance of informatics in healthcare?
2. How has informatics changed healthcare?
3. How has informatics technology improved or hindered person-centered care?
4. How has informatics impacted team communication?
5. How has informatics and healthcare technology impacted diversity, equity and inclusion?

GRADING:

Course Average	Final Grade
94-100	A
90-93	A-
87-89	B+
83-86	B
80-82	B-
77-79	C+
73-76	C
70-72	C-
60-69	D
<60	E

CLASS POLICIES:

Medical Excuse Policy: http://www.albany.edu/health_center/medicalexcuse.shtml.

Absence due to religious observance: As per New York State Education Law Section 224-A (https://www.nysenate.gov/legislation/laws/EDN/224-A) campuses are required to excuse, without penalty, individual students absent because of religious beliefs, and to provide equivalent opportunities for make-up examinations, study, or work requirements missed because of such absences. Faculty should work directly with students to accommodate absences.

SCHOOL AND UNIVERSITY RESOURCES AND POLICIES:

Academic Integrity: Students are expected to abide by the University at Albany's Code of Academic Integrity. Collaboration is encouraged in many instances; however, work submitted for academic credit must be the **student's own work**. Academic dishonesty (refer to http://www.albany.edu/undergraduate_bulletin/regulations.html), may result in a failing grade for the course and the student(s) may be subject to sanctions by the University.
Talking, discussions and the use of any electronic device are not permitted during quizzes and exams. It will be assumed that students who are talking are cheating and will be given a failing grade for the exam or quiz, which may lead to failure of the course and additional disciplinary action by the University.

Plagiarism: As stated on the Undergraduate Academic Regulations website

(http://www.albany.edu/undergraduate_bulletin/regulations.html) plagiarism is defined as:

"Presenting as one's own work the work of another person (for example, the words, ideas, information, data, evidence, organizing principles, or style of presentation of someone else). Some examples of plagiarism include copying, paraphrasing, or summarizing without acknowledgment, submission of another student's
work as one's own, the purchase/use of prepared research or completed papers or projects, and the unacknowledged use of research sources gathered by someone else. Failure to indicate accurately the extent and precise nature of one's reliance on other sources is also a form of plagiarism. Students are responsible for understanding legitimate use of sources, the appropriate ways of acknowledging academic, scholarly, or creative indebtedness.
Examples of plagiarism include: failure to acknowledge the source(s) of even a few phrases, sentences, or paragraphs; failure to acknowledge a quotation or paraphrase of paragraph-length sections of a paper; failure to acknowledge the source(s) of a major idea or the source(s) for an ordering principle; failure to acknowledge the source (quoted, paraphrased, or summarized) of major sections or passages in the paper or project ***or website****; the unacknowledged use of several major ideas or extensive reliance on another person's data, evidence, or critical method; submitting as one's own work, work borrowed, stolen, or purchased from someone else."*

Students are strongly advised to avoid placing themselves in situations where academic integrity may be compromised. Please refer to the University's website regarding Undergraduate Academic Regulations (http://www.albany.edu/undergraduate_bulletin/regulations.html).

Accommodations: Reasonable accommodations will be provided for students with documented physical, sensory, systemic, medical, cognitive, learning and mental health (psychiatric) disabilities. If you believe you have a disability requiring accommodation in this class, please notify the Disability Resource Center (518- 442-5490; drc@albany.edu). Upon verification and after the registration process is complete, the DRC will provide you with a letter that informs the course instructor that you are a student with a disability registered with the DRC and list the recommended reasonable accommodations. This statement appears on our University website as part of our Statement of Reasonable Accommodation Policy In Response to the Americans with Disabilities Act that can be found at the following link: https://portal.itsli.albany.edu/documents/14702/27405/ep-hp-RAP-UpdatedSummer2016.pdf

Mental Health: As a student there may be times when personal stressors interfere with your academic performance and/or negatively impact your daily life. The University at Albany Counseling and Psychological Services (CAPS) provides free, confidential services including individual and group psychological counseling and evaluation for emotional, social and academic concerns. Given the COVID pandemic, students may consult with CAPS staff remotely by telephone, email or Zoom appointments regarding issues that impact them or someone they care about. For questions or to make an appointment, call (518) 442-5800 or email consultation@albany.edu. Visit www.albany.edu/caps/ for hours of operation and additional information.

If your life or someone else's life is in danger, please call 911. If you are in a crisis and need help right away, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Students dealing with heightened feelings of sadness or hopelessness, increased anxiety, or thoughts of suicide may also text "GOT5" to 741741 (Crisis Text Line).

COURSE SCHEDULE:

Session Date	Topic	Reading & Assignment
Week 1	Introduction to informatics and technology in healthcare	McGonigle & Mastrain, Ch 1,2 QSEN competencies https://qsen.org/competencies/graduate-ksas/#informatics TIGER Initiative https://www.himss.org/what-we-do-technology-informatics-guiding-education-reform-tiger ANA – Health IT https://www.nursingworld.org/practice-policy/health-policy/health-it/ Self-assessment of nursing informatics competencies in hospitals https://www.himss.org/resources/self-assessment-nursing-informatics-competencies-hospitals Be prepared to discuss McGonigle & Mastrain (2022) thought-provoking questions Ch 1, p18, #2 and Ch2, p.33 #3 &4 Submit the pre- self-assessment of QSEN informatics competencies
Week 2 Zoom	Electronic Medical Record	McGonigle & Mastrain, Ch 14 Implementation of an evidence-based electronic health record (EHR) downtime readiness and recovery plan https://www.himss.org/resources/implementation-evidence-based-electronic-health-record-ehr-downtime-readiness-and Post a response to McGonigle & Mastrain (2022) thought-provoking questions Ch14 #3 & 4 Reflection paper #1 due
Week 3	Legal, ethical and regulatory aspects of informatics and technology	McGonigle & Mastrain, Ch 5 & 8 McBride, S., Tietze, M., Robichaux, C., Stokes, L., &Weber, E. (2018). Identifying and addressing ethical issues with use of electronic health records. *OJIN: The Online Journal of Issues in Nursing*, 23(1). **doi:** 10.3912/OJIN.Vol23No01Man05 http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-23-2018/No1-Jan- Discussion: case study regarding Quality and Safety

Week 4 Zoom	Electronic security	McGonigle & Mastrain, Ch 12 Keeping it safe: Cybersecurity for all https://www.himss.org/resources/keeping-it-safe-cybersecurity-all Post a response to McGonigle & Mastrain (2022) "thought-provoking question": Ch 12, #3 Ethical case study paper due
Week 5 Zoom	Big data	McGonigle & Mastrain, Ch 9, 10 & 13 Big Data https://www.youtube.com/watch?v=dK4aGzeBPkk **Big Data In 5 Minutes** https://www.youtube.com/watch?v=bAyrObl7TYE Post a response to McGonigle & Mastrain (2022) "thought-provoking question": Ch 12, #3 Reflection paper #2 due
Week 6	Patient engagement and social media	McGonigle & Mastrain, Ch 11, 16 NCSBN's A nurse's guide to the use of social media https://www.ncsbn.org/NCSBN_SocialMedia.pdf Be prepared to discuss McGonigle & Mastrain (2022) "thought-provoking question": Ch 11 #3 & Ch 16, #2 and the Nurse's guide to social media
Week 7 Zoom	Telehealth	McGonigle & Mastrain, Ch 18 Consumer perspectives on telehealth and virtual healthcare highlights https://www.himss.org/resources/consumer-perspectives-telehealth-and-virtual-healthcare-survey-highlights Weighing options: Perceptions of adult patients accessing telehealth in primary care https://www.himss.org/resources/weighing-options-perceptions-adult-patients-accessing-telehealth-primary-care Post a response to McGonigle & Mastrain (2022) "thought-provoking question": Ch 18, #1 &2
Week 8	Population health	McGonigle & Mastrain, Ch 17 The importance of SDOH in determining the right clinical intervention

		https://www.himss.org/resources/importance-social-determinants-health-determining-right-clinical-interventions The importance of disease burden considerations in health technology development systems for chronic disease patients https://www.himss.org/resources/importance-disease-burden-considerations-health-technology-development-and-assessment Gamache, R., Kharazi, H., and Weiner, J (2018). Public and population health Informatics: The bridging of big data to benefit communities. *Yearb Med Inform*. 27(1): 199–206. Be prepared to discuss an innovative use of technology that can be used for assessment, communication and/or education for a population in a community setting Reflection paper #3 due
Week 9 Zoom	Quality, safety and communication	McGonigle & Mastrain, Ch 15 Class will be divided into groups to discuss assigned EHR case study. Findings of each group will be discussed. Reflection paper #3
Week 10	Artificial intelligence and robotics	McGonigle & Mastrain, Ch 4 Application of artificial intelligence technology in nursing studies: A systematic review https://www.himss.org/resources/application-artificial-intelligence-technology-nursing-studies-systematic-review Artificial intelligence, critical thinking and the nursing process https://www.himss.org/resources/artificial-intelligence-critical-thinking-and-nursing-process 10 Medical Robots That Could Change Healthcare https://www.informationweek.com/mobile/10-medical-robots-that-could-change-healthcare/d/d-id/1107696?page_number=1 The Impact of ROBOTICS in HEALTHCARE https://www.youtube.com/watch?v=ils1DoKjZaU Be prepared to discuss the use or potential use of robotics in your healthcare facility Reflection paper #4
Week 11	Wearable technology	Wearable technology applications in healthcare: a literature review https://www.himss.org/resources/wearable-technology-applications-healthcare-literature-review

		For class identify a wearable device that is or can be used for healthcare maintenance or data collection. Be prepared to discuss the device and its use during class
Week 12 Zoom	Nursing research and data	McGonigle & Mastrain, Ch 21, 22 Post a response to McGonigle & Mastrain (2022) "thought-provoking questions": Ch 22 #1 and #3 Reflection paper #5
Week 13	Course evaluation	Course evaluation Submission of 2nd QSEN Informatic Competencies Assessment and Role of Nurse paper Discussion of Role of the nurse paper

University at Albany
School of Public Health

HNSG 411 - Population Health
Fall 20XX

INSTRUCTOR:
Name and Title TBD

OFFICE HOURS:

COURSE CREDIT HOURS: 4 credits
This class will meet once a week for 2 hours and 45 minutes. Classes will alternate between in-person and synchronous zoom meetings. Students will also complete a 45-hour clinical experience.

COURSE PREREQUISITES/COREQUISITES:
AMAT 108 Statistics, SPH 231 Concepts of Epidemiology, NSG 311 Health Assessment and Health Promotion, NSG 312 Quality and Culture of Safety in Nursing, NSG 314 Informatics and Technology in Nursing. This course is restricted to Nursing majors.

COURSE DESCRIPTION: This hybrid course emphasizes advocacy for populations and addresses population health issues, trends, and patterns of health at local, national and international levels. Using an evidence-based framework, students will explore the following: populations/communities as a client, policies and advocacy, social determinants of health, vulnerable populations, impact of culture and health inequity, population health problems, and community health settings. In addition, nurses respond to crises and providing care during emergencies, disasters, epidemics or pandemics will be discussed. Students engage in a clinical practice experience that incorporates roles and competencies of baccalaureate-prepared community/public health nurses.

COURSE LEARNING OBJECTIVES:
Upon completion of this course, students will be able to:

1. Assess the factors which influence the health of communities/populations within an evidence-based framework.
2. Analyze current trends, policy, and issues in population health at the community, national, and global level.
3. Analyze the impact of the social determinants on the health of various populations.
4. Apply an evidence-based framework for health promotion and population focused care.
5. Using critical thinking, determine the impact of diversity, equity and inclusion on the health of populations and the health care delivery system.
6. Evaluate the role of the nurse in health care policy development and advocacy.
7. Determine the nurse's role in response to crises and providing care during emergencies, disasters, epidemics or pandemic
8. Assess the role of the nurse in population health using the Community/Public Health Nursing [C/PHN] Competencies.

Diversity, Equity, and Inclusion Statement

At the University at Albany School of Public Health, we believe deeply that equity, respect, and justice are central to our united path forward. The character of our School is to stand steadfast in the face of injustice and act for the betterment of health outcomes. Racism and discrimination have no place in our work.

We are committed to creating and supporting a community diverse in every way, which includes but is not limited to: race, ethnicity, age, disability, gender, gender expression, geography, religion, academic and extracurricular interest, political beliefs, family circumstances, national origin, sexual orientation, and socioeconomic background. It is central to our mission to ensure that each member of our community has full opportunity to thrive. We recognize that all of us must embrace the responsibility and accountability for upholding these values, as they are central, not only to our mission, but also to individual growth, education excellence and the advancement of knowledge.

The University at Albany is committed to a campus environment that supports diversity, equity and inclusion and will provide support to individuals who report incidents of bias or hate. We encourage any campus community member who experiences or witnesses a bias act or hate crime to report this incident by using the Bias Incident Reporting Form. For more information, visit https://www.albany.edu/diversity-and-inclusion

Matrix of outcomes, activities and AACN's The Essentials: Core Competencies for Professional Nursing Education

Program Student Learning Outcomes	**Related Course Outcome**	**Learning Activity**	**AACN's The Essentials: Core Competencies for Professional Nursing Education**
1. Use clinical reasoning to make decisions in nursing practice based on synthesis of knowledge from nursing and liberal arts and sciences.	**1,2,3,4,5,6,7,8**	Disaster/public health emergency power-point presentation Clinical reflection papers (5 papers & summary) Vulnerable population assignment Health Equity paper	**I**

		Case studies	
2. Provide person-centered care including family/important others across the healthcare continuum.	**1,2,3,4,5,6**	Community assessment Vulnerable population assignment Health Equity paper Case studies	**II**
3. Collaborate with interprofessional teams and stakeholders to support and improve equitable population health outcomes across the healthcare delivery continuum.	**7,8,**	Clinical reflection papers (5 papers & summary) Disaster/public health emergency power-point presentation Vulnerable population assignment Health Equity paper Case studies	**III**
4. Integrate research and evidence-based practice into nursing practice to improve health and transform healthcare.	**1,4,5,6**	Clinical reflection papers (5 papers & summary) Disaster/public health emergency power-point presentation Community assessment Vulnerable population assignment Health Equity paper Case studies	**IV**
5. Apply principles of quality and safety across the healthcare continuum.	**3,4,6**	Disaster/public health emergency power-point presentation Community assessment Vulnerable population assignment Health Equity paper	**V**

		Case studies	
6. Communicate and collaborate with interprofessional teams and stakeholders to optimize healthcare outcomes of patients and populations.	**2,6,7,8**	Clinical reflection papers (5 papers & summary) Disaster/public health emergency power-point presentation Vulnerable population assignment Community assessment Health Equity paper Case studies	**VI**
7. Apply leadership principles when responding to and leading healthcare systems.	**7,8**	Clinical reflection papers (5 papers & summary)) Disaster/public health emergency power-point presentation Community assessment Vulnerable population assignment Health Equity paper Case studies	**VII**
8. Advocate for the use of technology, informatics and innovation in the delivery of care across the healthcare continuum.	**6,7,8**	Disaster/public health emergency power-point presentation Vulnerable population assignment Case studies	**VIII**
9. Integrate values, ethics, accountability, policies and regulations to provide diverse, equitable and inclusive nursing care.	**1,2,3,4,6**	Clinical reflection papers (5 papers & summary)	**IX**

		Disaster/public health emergency power-point presentation Community assessment Vulnerable population assignment Health Equity paper Case studies	
10. Demonstrate a commitment to personal growth, professional knowledge and capacity for leadership.	**6,7,8,**	Clinical reflection papers (5 papers & summary) Disaster/public health emergency power-point presentation Vulnerable population assignment Health Equity paper Case studies	**X**

COURSE MATERIALS:

Nies, M. & McEwen, M. (2019) *Community public health nursing: Promoting the health of populations,* Elsevier

Mager, D & Conelius, J. (2021) *Population health for nursing: Improving community outcomes*. Springer Publishing

American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.).

Community/Public Health Nursing [C/PHN] Competencies

https://www.cphno.org/wp-content/uploads/2020/08/QCC-C-PHN-COMPETENCIES-Approved_2018.05.04_Final-002.pdf

COURSE REQUIREMENTS:

There are no examinations in this course.

Activity	Percent Value
Community assessment	10
Vulnerable population presentation (team assignment)	25
Health Equity paper	10
Disaster/public health emergency power-point presentation	20
Clinical reflection papers (5 papers)	25
Summary reflection paper with description with role of the nurse (to be add to Portfolio)	10
Clinical experience ** * *successful completion required to pass the course	Pass/ Fail

Assignment Descriptions

I Community Assessment (identify a Primary, Secondary, and Tertiary levels of prevention in a community specific environment).

Choose one of the following or a topic of particular interest to you and identify ONE community-focused nursing intervention for primary, secondary, and tertiary levels of prevention for a SPECIFIC community/city/county.

1. Teenagers at risk for unwanted pregnancies because health care resources in the community refuse to provide birth control information for teenagers OR
2. Children being exposed to lead poisoning because the enforcement of housing regulations is inadequate OR
3. Increased violence among youth over the past 5 years OR
4. Topic of your choice

In a 2 -3 page paper identify the following

Component of paper	Percentage of the assignment
Community Identified	10
Appropriate Primary Prevention	20
Appropriate Secondary Prevention	20
Appropriate Tertiary Prevention	20
Prevention statements are community specific	15
What is the role of the nurse	15

II Vulnerable Population Presentations

This is a team project. Each team will be assigned vulnerable population and use community assessment skills to describe and analyze both the impact of the community on the vulnerable population and the vulnerable population impact on a specific community. This will be a PowerPoint posting that is a presentation to the class.
Assignment Guidelines:

1. Identification of Vulnerable Population: Who have you chosen as your target vulnerable population? Why are they considered vulnerable?
2. Who is the vulnerable population? Use statistics to describe the population you choose. Compare the data from local, state and national sources related to your chosen vulnerable population. What are the health disparities for this population?
3. What does the community say? Discuss your vulnerable population with both healthcare and non-healthcare individuals in the community. Provide bulleted points AFTER you synthesize the information as to the view of the community.
4. What does the vulnerable population say? When possible talk with individuals within the vulnerable population as to their thoughts and views on their lifestyle, health and if they view themselves as vulnerable. What does being "vulnerable" mean to them? ***NOTE: Be sensitive and considerate. Also, if this group is a protected group such as children or the mentally ill you may not be able to address this section. Also, I would recommend you NOT ask these questions of those who are victims of child abuse, rape, etc. If you cannot interview the population, see if the internet has information that helps you understand the situation/culture/feeling of the population.
5. What are the characteristics of the community where the vulnerable population lives? What resources are available: housing, transportation, food resources, etc.? What is the economic situation of that community? Are there geographical challenges? What are the job opportunities for this population if relevant? What social interaction avenues are available? Can they speak for themselves; if not what constrains them?
6. How does the health care system impact this population in their community? How does the vulnerable population impact the health care system?
7. Are there any political concerns that need to be addressed related to this population and their impact on the community or the community's impact on them?
8. What ethical concerns need to be addressed?
9. Who advocates for this population? What partnerships are available?
10. Does Healthy People 2030 address this population? If so, how are the HP 2030 objectives being addressed in their community? If HP2030 does not address this population, what objectives need to be addressed in the community?
11. What is the role of the nurse with this population?

Component of PowerPoint	**Percentage of the assignment**
Identification of Appropriate Vulnerable Population supported by rationale	5%
Description of V. Population using statistics	15%
Health disparities identified	10%
Community views of V. Population and Vulnerable Population Views (where applicable	10%

Clear description of community and resource	15%
Health Care Impact	10%
Governmental/Political Impact	5%
Ethical Concerns Identified	5%
Who advocates for this V. population	5%
HP 2030 Objectives and comparison to community	10%
What is the role of the nurse	10%

III Health Equity

Review the 14 standards of the CLAS document. Choose one standard, explain the purpose of the standard, and discuss how this standard is operationalized in your work setting. Then chose one standard that it is not being done your work setting, explain the purpose of the standards and discuss how might you move to implement this? Discuss how CLAS standards can impact the practice of nursing. This should be 2 – 3 pages paper

Component of paper	**Percentage of the assignment**
Identified CLAS standard implemented	10
Purpose the standard	10
Discussion of operationalized of standard	20
Identified CLAS standard not implemented	10
Purpose of the standard	10
Implementation process for standard	20
CLAS impact on nursing practice	20

IV Disaster/public health emergency power-point presentation

Using newspapers, media, internet news, etc. choose a "current" issue related to disaster/public health emergency If possible use an event/concern in the media within the last 6 months, but no older than 12 months unless you have a very interesting and unique topic and it is approved by faculty. Develop a short power-point presentation related to your topic to address the following components.

Component of paper	**Percentage of the assignment**
Source of event with date and time	5
Description of the event including the population affected	10
Evaluate the response based on management stages	20
For the population affected, address the following needs • Safety • Social • Cultural	50

• Equity • Ethical • Policies	
Role of the nurse	10
Format of the power-point	5

Although each type of public health emergency will likely require a unique set of competencies, preparedness for responding begins with a population health perspective and a particular focus on surveillance, prevention and containment of factors contributing to the emergency

V Practicum

Students need to have a clinical mentor who practices in a role that can demonstrate the Community/Public Health Nursing [C/PHN] Competencies. The clinical mentor must have a minimum of a BS in nursing. The purpose of the 45-hour clinical experience is to observe the application of the competencies in the clinical setting. The clinical evaluation form in the Nursing Student Handbook is to be completed by the clinical mentor. The student cannot pass the course unless the experienced is completed

VI Reflection papers

There are 5 papers that are based on the student's clinical experience. The student reflects on the role of the nurse in relationship to the Core Competencies for Public Health Professionals: Domains Papers are due weekly once the clinical experience has begun. A summary paper will discuss all of the domains that were and were not observed by the student

GRADING:

Undergraduate grading

Course Average	Final Grade
94-100	A
90-93	A-
87-89	B+
83-86	B
80-82	B-
77-79	C+
73-76	C
70-72	C-
60-69	D
<60	E

CLASS POLICIES:

Medical Excuse Policy: http://www.albany.edu/health_center/medicalexcuse.shtml.

Absence due to religious observance: As per New York State Education Law Section 224-A (https://www.nysenate.gov/legislation/laws/EDN/224-A) campuses are required to excuse, without penalty, individual students absent because of religious beliefs, and to provide equivalent opportunities for make-up examinations, study, or work requirements missed because of such absences. Faculty should work directly with students to accommodate absences.

SCHOOL AND UNIVERSITY RESOURCES AND POLICIES:

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"Presenting as one's own work the work of another person (for example, the words, ideas, information, data, evidence, organizing principles, or style of presentation of someone else). Some examples of plagiarism include copying, paraphrasing, or summarizing without acknowledgment, submission of another student's
work as one's own, the purchase/use of prepared research or completed papers or projects, and the unacknowledged use of research sources gathered by someone else. Failure to indicate accurately the extent and precise nature of one's reliance on other sources is also a form of plagiarism. Students are responsible for understanding legitimate use of sources, the appropriate ways of acknowledging academic, scholarly, or creative indebtedness.
Examples of plagiarism include: failure to acknowledge the source(s) of even a few phrases, sentences, or paragraphs; failure to acknowledge a quotation or paraphrase of paragraph-length sections of a paper; failure to acknowledge the source(s) of a major idea or the source(s) for an ordering principle; failure to acknowledge the source (quoted, paraphrased, or summarized) of major sections or passages in the paper or project ***or website****; the unacknowledged use of several major ideas or extensive reliance on another person's data, evidence, or critical method; submitting as one's own work, work borrowed, stolen, or purchased from someone else."*

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you believe you have a disability requiring accommodation in this class, please notify the Disability Resource Center (518- 442-5490; drc@albany.edu). Upon verification and after the registration process is complete, the DRC will provide you with a letter that informs the course instructor that you are a student with a disability registered with the DRC and list the recommended reasonable accommodations. This statement appears on our University website as part of our Statement of Reasonable Accommodation Policy In Response to the Americans with Disabilities Act that can be found at the following link: https://portal.itsli.albany.edu/documents/14702/27405/ep-hp-RAP-UpdatedSummer2016.pdf

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If your life or someone else's life is in danger, please call 911. If you are in a crisis and need help right away, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).
Students dealing with heightened feelings of sadness or hopelessness, increased anxiety, or thoughts of suicide may also text "GOT5" to 741741 (Crisis Text Line).

COURSE SCHEDULE:

Session# Date	Topics	Readings/Assignments
Week 1	Understand population health Social determinants of Health	Nies & McEwen, Ch 1, 3,4 Mager & Conelius, Ch 1 Core Competencies for Public Health Professionals: Domains http://www.phf.org/programs/corecompetencies/Pages/Core_Competencies_Domains.aspx NLN – Public Health Nursing https://www.nursingworld.org/practice-policy/workforce/public-health-nursing/ • O'Gurek, D. T., & Henke, C. (2018). A practical approach to screening for social determinants of health. *Family Practice Management 25*(3), 7-12. • U. S. Department of Health and Human Services. (2020). Healthy people 2030. https://halth.gov/healthypeople (familiarize with healthy people 2030) • National League for Nursing [NLN]. (2019). *A vision for integration of the social determinants of health in to nursing education curricula: A living document from the National League for Nursing*

Week 2 *Zoom*	Community as client and assessment in population health	Nies & McEwen, Ch 5,6,7,8, 9 • Lau, B., Duggal, P., Ehrhardt, S., Armenian, H., Branas, C., & Celentano, D. (2020). Perspectives on the future of epidemiology: A framework for training. *American Journal of Epidemiology 189*(7), 634–639. https://doi.org/10.1093/aje/kwaa013 • County Health Rankings. (2020). County health rankings & roadmaps: Building a culture of health, county by county. https://www.countyhealthrankings.org/ Community assessment assignment due
Week 3	Policies and Advocacy	Nies & McEwen, Ch 10, 11, 12 Mager & Conelius, Ch 2 Advocacy – American Nurses Association https://www.nursingworld.org/practice-policy/advocacy/ Case studies based on policy and advocacy related it issues in population health Discussion of the role the nurse in policy development and advocacy. Creation of teams and assigning of vulnerable population for presentations
Week 4 *Zoom*	Factors that affect the health of a community/population	Nies & McEwen, Ch ,15,16,17, 19 Mager & Conelius, Ch 4, 6 • Robert Wood Johnson Foundation. (2019). *Catalysts for change: Harnessing the power of nurses to build population health in the 21st century*. • Engdahl, R., & Kronebusch, B. (2020). COPD and Care Coordination: Promoting Interprofessional Management to Achieve the Triple Aim. *AAACN Viewpoint*, *42*(1), 1–13. Francis, L., DePriest, K. Wilson, M., Gross, D. (2018) Child poverty, toxic stress, and social determinants of health: Screening and care coordination. *OJIN,* 22(3) https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-23-2018/No3-Sept-2018/Child-Poverty-Toxic-Stress-SDOH-Screening-Care.html Case studies of various groups in the community (i.e. children, seniors, etc.)
Week 5	Vulnerable populations (Disabilities, Veterans,)	Nies & McEwen, Ch 21,22,23 Mager & Conelius, Ch 5, 18 • The Commonwealth Fund. (2020). Vulnerable populations. https://www.commonwealthfund.org/vulnerable-populations Vulnerable Population Presentations
Week 6 *Zoom*	Vulnerable population (Homelessness, Mental Illness)	Nies & McEwen, Ch 24, 25 Mager & Conelius, Ch 6, 8 Grenier, J. & Wynn, N. (2018) A nurse-led intervention to address food insecurity in Chicago. *OJIN*, 23(3)

		https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-23-2018/No3-Sept-2018/Intervention-to-Address-Food-Insecurity.html Vulnerable Population Presentations
Week 7	Vulnerable population (Rural and Migrant Health)	Nies & McEwen, Ch 24 Mager & Conelius, Ch 6, 8 Biggerstaff, M.E. & Skomra, T. (2020) Nurses as immigrant advocates: A brief overview. *OJIN*, 25(2) https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-25-2020/No2-May-2020/Articles-Previous-Topics/Nurses-as-Immigrant-Advocates-A-Brief-Overview.html Vulnerable Population Presentations
Week 8 *Zoom*	Communicable and infectious diseases	Nies & McEwen, Ch 26 Mager & Conelius,4 Centers for Disease Control and Prevention (2020, October 7). State and local readiness. https://www.cdc.gov/cpr/readiness/index.htm Haas, S., Swan, B. A., & Jessie, A. T. (2020). The impact of the coronavirus pandemic on the global nursing workforce. *Nursing Economic$ 38*(5), 231-237. Marcus, B. (2020). A nursing approach to the largest measles outbreak in recent U.S. history: Lessons learned battling homegrown vaccine hesitancy. OJIN, 25 (1) https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-25-2020/No1-Jan-2020/Nursing-Approach-to-Largest-Measles-Outbreak.html Case study based on communicable and infectious diseases
Week 9	Cultural competence and health equity	**Readings** • Nies & McEwen ○ Chapters 5-8, 13-15 • County Health Rankings. (2020). County health rankings & roadmaps: Building a culture of health, county by county. https://www.countyhealthrankings.org/ • Douglas, M. K., Rosenkoetter, M., Pacquiao, D. F., Callister, L. C., Hattar-Pollara, M., Lauderdale, J., Milstead, J., Nardi, D., & Purnell, L. (2014). Guidelines for Implementing Culturally Competent Nursing Care. *Journal of Transcultural Nursing*, *25*(2), 109–121. https://doi-org.library.esc.edu/10.1177/1043659614520998 • Transcultural Nursing Society. (2020, November 19). Transcultural nursing society: Many cultures one world. https://tcns.org

		• United Nations Development Programme (2020). Sustainable development goals. https://www.undp.org/content/undp/en/home/sustainable-development-goals.html • Fiscella, K. & Sanders, M. R. (2016). Racial and ethnic disparities in the quality of health care. *Annual Review of Public Health 37*, 375-394. doi: 10.1146/annurev-publhealth-032315-021439 • Robert Wood Johnson's Building a Culture of Health https://www.rwjf.org/en/cultureofhealth.html • The National CLAS Standards https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53 Case studies to be discussed on cultural and health equity aspects of community and population health Health Equity assessment due
Week 10 *Zoom*	Population Health Problems	Nies & McEwen, Ch 27, 28 Mager & Conelius, 15, 18 • Haas, S. A., Vlasses, F., & Havey, J. (2016). Developing staffing models to support population health management and quality outcomes in ambulatory care settings. *Nursing Economic$ 34*(3), 126-133 Case studies based on substance abuse and violence
Week 11	Environmental Health and Disaster Management	Nies & McEwen, Ch 14, 27, 28 Mager & Conelius, Ch 3, 23 • American Nurses Association. (2020). Disaster preparedness. https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/ Student Disaster/public health emergency power-point presentation
Week 12 *Zoom*	Community health setting	Nies & McEwen, Ch 30,31,34 Mager & Conelius,11, 16 Wakefield, B. J., Lampman, M. A., Paez, M. B., & Stewart, G. L. (2020). Care management and care coordination within a patient-centered medical home. *The Journal of Nursing Administration 50*(11), 565-570. doi: 10.1097/NNA.0000000000000938 Discussion of the role of the nurse in community health settings and clinical experience
Week 13	Course evaluations and wrap up	Weekly reflections have been submitted previously. Summary of reflections from clinical experience Course evaluations

University at Albany
School of Public Health

HNSG 412: Nursing Research/Evidence-based Practice
Spring 20XX

INSTRUCTOR:
Name and Title TBD

OFFICE HOURS:

COURSE CREDIT HOURS: 3 credits
This class will meet once a week for 2 hours and 45 minutes. Classes will alternate between in-person and synchronous zoom meetings.

COURSE PREREQUISITES/COREQUISITES:
NSG 311 Health Assessment and Health Promotion, NSG 312 Quality and Safety in Nursing, NSG 314 Informatics and Technology in Nursing. This course is restricted to Nursing majors.

COURSE DESCRIPTION:
This hybrid course will address the principles of scientific inquiry and introduce the student to the development of nursing research and evidence-based practice (EBP). Professional standards of practice regarding the ethical obligation to safeguard human subjects that impacts participation in research activities will be discussed. Students learn to critically review qualitative and quantitative research designs and explore their relevance, develop an understanding of the major steps of the research process and fosters the acquisition of analytical thinking, problem solving, and critical appraisal skills. The opportunity to critique selected research studies, complete steps in developing a research proposal and writing a literature review will allows the student to apply knowledge of the research process. Discussion of evidence to practice will be explored.

COURSE LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1.Apply the ethical principles and professional obligation of nurses that are important as they relate to research on human subjects.

2. Analyze key concepts and findings from current research and evidence-based practice.

3. Apply critical thinking, problem solving, and independent judgment through critical review of qualitative and quantitative research methods.

4. Integrate knowledge from nursing theories, the arts, and sciences as a basis for critical review of nursing research and evidence-based practice within culturally diverse populations of study

5. Complete an integrated review of the literature on a select topic

6. Develop an action and dissemination plan for an evidence-based practice change.

7. Complete a Quality and Safety in Nursing Education (QSEN) EBP competence assessment

8. Reflect on the professional nurse's role in utilizing research for evidence-based practice across the lifespan in culturally diverse populations.

Diversity, Equity, and Inclusion Statement

At the University at Albany School of Public Health, we believe deeply that equity, respect, and justice are central to our united path forward. The character of our School is to stand steadfast in the face of injustice and act for the betterment of health outcomes. Racism and discrimination have no place in our work.

We are committed to creating and supporting a community diverse in every way, which includes but is not limited to: race, ethnicity, age, disability, gender, gender expression, geography, religion, academic and extracurricular interest, political beliefs, family circumstances, national origin, sexual orientation, and socioeconomic background. It is central to our mission to ensure that each member of our community has full opportunity to thrive. We recognize that all of us must embrace the responsibility and accountability for upholding these values, as they are central, not only to our mission, but also to individual growth, education excellence and the advancement of knowledge.

The University at Albany is committed to a campus environment that supports diversity, equity and inclusion and will provide support to individuals who report incidents of bias or hate. We encourage any campus community member who experiences or witnesses a bias act or hate crime to report this incident by using the Bias Incident Reporting Form. For more information, visit https://www.albany.edu/diversity-and-inclusion

Matrix of outcomes, activities and AACN's The Essentials: Core Competencies for Professional Nursing Education

Program Student Learning Outcomes	**Related Course Outcome**	**Learning Activity**	**AACN's The Essentials: Core Competencies for Professional Nursing Education**
Use clinical reasoning to make decisions in nursing practice based on the synthesis of knowledge from nursing and liberal arts and sciences	**1,2,3,4,5,6, 7**	**Group analysis of studies** **Reflection paper** **Literature review paper** **Duke EBP Course** **Human subjects training**	**I**

		QSEN EBP assessment	
Provide patient-centered care across the healthcare continuum	**5,6,7**	**Group analysis of studies** **Reflection paper** **Human subjects training** **QSEN EBP assessment**	**II**
Collaborate with interprofessional teams and stakeholders to support and improve equitable population health outcomes	**4,5**	**Group analysis of studies** **Reflection paper** **Human subjects training** **Duke EBP Course** **Literature review paper**	**III**
Integrate research and evidence-based practice into nursing practice	**1,2,3,4,5,6, 7**	**Group analysis of studies** **Reflection paper** **Human subjects training** **Duke EBP Course** **Literature review paper** **QSEN EBP assessment**	**IV**
Apply principles of quality and safety across the healthcare continuum	**4,5,6,7**	**Group analysis of studies** **Reflection paper** **QSEN EBP assessment**	**V**
Communicate and collaborate with interprofessional teams and stakeholders to see to the healthcare needs of patients and populations	**5**	**Group analysis of studies** **Reflection paper** **Human subjects training** **Duke EBP Course** **Literature review paper**	**VI**
Apply leadership principles when responding to and leading healthcare systems.	**1,3.4.5.6**	**Group analysis of studies** **Reflection paper** **Human subjects training** **Duke EBP Course** **Literature review paper**	**VII**

Advocate for the use of technology, informatics and innovation in the delivery of care across the healthcare continuum.	**5, 6**	**Group analysis of studies** **Reflection paper**	**VIII**
Integrate values, ethics, accountability, policies and regulations to provide diverse, equitable and inclusive nursing care.	**1,4**	**Group analysis of studies** **Reflection paper** **Human subjects training** **Duke EBP Course** **Literature review paper**	**IX**
Demonstrate a commitment to personal growth, professional knowledge and capacity for leadership.	**5,6, 7**	**Group analysis of studies** **Reflection paper** **Human subjects training** **Duke EBP Course** **Literature review paper** **QSEN EBP assessment**	**X**

COURSE MATERIALS:

Polit, D and Beck, C (2022) *Essentials of nursing research: Appraising evidence for nursing practice*. (10th Ed), Wolters Kluwer

Chapter Supplements Available on **the Point**

American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.).

Quality and Safety Education for Nurses (QSEN) Evidence- based practice competencies

https://qsen.org/competencies/pre-licensure-ksas/#evidence-based_practice

COURSE REQUIREMENTS:

Activity	Percent Value
Participation in classroom discussion and leading class discussion	10%
Duke Evidence-Based Practice Course	10%
Human Subjects Training	10%
Assessment of EBP competencies (for portfolio)	10%
Literature review table	15%
Literature review (add to portfolio)	30%
Reflection papers (5 paper)	15%

Assignment/ Presentations

1. **Group assignments in classroom and online session**
   These sessions will allow the students to review assigned research studies based on assigned guidelines. Articles will be assigned by the faculty or a student. All students will be assigned the responsibility of leading one group discussion

2. **Completion of the Duke Evidence Based Practice Course**

   As nurses are being asked to develop and implement evidence-based practice, an understanding of where the term evidence-based practice comes from and what comprises evidence-based practice is needed. This course provides an overview of evidence-based practice and the importance of research as the foundation of evidence-based practice.
   http://guides.mclibrary.duke.edu/ebmtutorial

3. **Completion the following CITI Program Modules**
   a. History and Ethical Principles
   b. Defining Research with Human Subjects
   c. The Federal Regulations
   d. Assessing Risk
   e. Informed Consent
   f. Privacy and Confidentiality
   g. Unanticipated Problem and Reporting Requirements in Social and Behavioral Research
   h. Population in Research
   i. Mobile Apps and Human Subjects Research

4. **Reflection papers**

   A one-page reflection on how each module content can be applied to area of nursing practice see reflection rubric in the syllabus.

5. **Literature Review Table**

   Each student familiarizes themself with the best evidence on a selected topic and organizes the data in a manner to synthesize the information in a way for which it is easier to compile. Students will be provided a template for the Literature Review Table. Students should complete all of the columns in the template. A minimum of 10 articles should be included in the table. **Topic for the review needs to be approve the faculty prior the beginning to the review table**

6. **Literature Review Written Paper**

   The primary purpose of this assignment is to familiarize the student with a comprehensive background for understanding current knowledge and highlighting research significance and translating that understanding into an identified practice question.

Component of paper	**% of paper** grade
Introduction	15%
Research question	15%
Review of the literature (minimum of 10 articles)	40%
Theoretical framework	15%
Conclusion	15%

Specific detail is provided during the course

7. **Individual assignment**

   At the beginning of this course you will complete a personal assessment of your nursing evidence-based practice knowledge, skills and attitudes as defined in the QSEN Competencies for evidence-based practice

   https://qsen.org/competencies/pre-licensure-ksas/#evidence-based_practice

At the end of the course repeat the competence assessment. In a 3-5 page paper describe the following:

Component of paper	**Percentage of the assignment**
Describe the pre and post assessment results	20
Explain what is different and what is the same in the assessment results	20
How did the assessment affect your nursing practice?	20

How is EBP practice in your work environment?	20
Describe your plan to further advance evidence-based practice in your nursing practice	20

GRADING:

Course Average	Final Grade
94-100	A
90-93	A-
87-89	B+
83-86	B
80-82	B-
77-79	C+
73-76	C
70-72	C-
60-69	D
<60	E

CLASS POLICIES:

Medical Excuse Policy: http://www.albany.edu/health_center/medicalexcuse.shtml.

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COURSE SCHEDULE:

Week	Assignments	Required Reading/Assignments
Week 1:	Introduction of research for evidence-based practice (EBP).	Polit and Beck Ch 1, 3 Group discussion of Box 1.1 & Table 1.3 Complete QSEN Evidence- based practice competencies assessment.
Week 2 (via Zoom)	Overview of quantitative and qualitative research	Polit and Beck Ch 2 Journal articles Group analysis of assigned Research studies based on criteria in Table 2.3. Studies are Appendix A and B. Submit Completion of the Duke Evidence Based Practice Course Reflection paper #1
Week 3	Ethics in research	Polit and Beck, Ch 4 Journal articles Group discussion of studies based on 4.2 – Guidelines for the ethical aspects of a study. Submit completion of CITI Human Subjects training Reflection paper #2
Week 4 (via Zoom)	Research question, practice problem, hypothesis	Polit and Beck Ch 5 Journal articles

		Group analysis of assigned studies of assigned module topic based on criteria in Table 5.3 Submit to faculty topic for literature review approval
Week 5	Finding critiquing research and finding evidence in the literature	Polit and Beck Ch 6 Journal articles Group analysis of assigned studies of assigned module topic based on criteria in Table 6.1 Reflection paper #3
Weeks 6 (via Zoom)	Theoretical and conceptual frameworks	Polit & Beck Ch 7 Journal articles Group analysis of assigned studies of assigned module topic based on criteria in Table 7.1 Literature Review Table due
Weeks 7 (via Zoom)	Quantitative research design and sampling/data collection	Polit & Beck Ch 8, 9 Journal articles Group analysis of assigned studies of assigned module topic based on criteria in Table 8.1 & 9.2
Weeks 8	Statistical analysis of quantitative data	Polit & Beck Ch 13 & 14 Journal articles Group analysis of assigned studies of assigned module topic based on criteria in Table 13.1 & 14.1

		Reflection paper #4
Week 9	Qualitative design, sampling and data collection	Polit & Beck, 10 &11 Journal articles Group analysis of assigned studies of assigned module topic based on criteria in Table 10.1, 11.1 & 11.2
Week 10 (via Zoom)	Analysis and integrity of qualitative research	Polit & Beck, Ch 16 Journal articles Group analysis of assigned studies of assigned module topic based on criteria in Table 16.1
Week 11	Mixed methods and other types of research	Polit & Beck, Ch 12 Journal articles Group analysis of assigned studies of assigned module topic based on criteria in Table 12.1 Literature Review due
Week 12 (via Zoom)	Evidence based practice (EBP)revisited	Polit & Beck, Ch 18 Supplement for Ch 18 and Table 18.1. Each student will be able to discuss an example of EBP within their facility or an example of EBP that should be implemented Paper describing QSEN Evidence-based practice competencies **re - assessment** Reflection paper #5
Week 13	Meta-Analysis and Meta-synthesis Course evaluation	Polit & Beck, Ch 12 Presentation of Literature review papers Course evaluation

University at Albany
School of Public Health

HNSG 414 – Management and Leadership in Nursing
Fall 20XX

INSTRUCTOR:
Name and Title TBD

OFFICE HOURS:

COURSE CREDIT HOURS: 4 credits
This class will meet once a week for 2 hours and 45 minutes. Classes will alternate between in-person and synchronous zoom meetings. Students will also complete a 45-hour clinical experience.

COURSE PREREQUISITES/COREQUISITES:
NSG 311, 312, 314, 411. This course is restricted to Nursing majors.

COURSE DESCRIPTION:
This hybrid course is designed to provide knowledge and skills needed for implementation of leadership and management roles within healthcare. This course will focus on the nurse's role in responding and leading within complex systems of health care. The course will present evidence-based methodologies to assist the nurse to collaborate across professions to create innovative solutions to address complex healthcare problems, health care policy and advocacy. These solutions will ensure safe, quality and equitable care to diverse populations. The student will evaluate a leader based on the leadership domains of managing a business, leading people and developing leadership.
There is a practicum of 45 hours which provides opportunities for the student to develop and expand leadership skills needed in the practice of professional nursing.

COURSE LEARNING OBJECTIVES:
Upon completion of this course, students will be able to:

1. Communicate in a manner the facilitates a partnership approach to quality care delivery.
2. Use knowledge of nursing and other professions to address health care needs, health care policy and advocacy.
3. Apply knowledge of systems to work effectively across the continuum of care.
4. Incorporate consideration of cost effectiveness of care while providing safe, quality, inclusive and equitable care to diverse patient populations.
5. Determine system effectiveness through application of innovation and evidence-based practice.
6. Apply leadership principles and theories to the role of the nurse.
7. Evaluate a nurse leader based on ability to manage a business, lead people and develop leadership skills.
8. Complete a plan for self-care and leadership development.

Diversity, Equity, and Inclusion Statement

At the University at Albany School of Public Health, we believe deeply that equity, respect, and justice are central to our united path forward. The character of our School is to stand steadfast in the face of injustice and act for the betterment of health outcomes. Racism and discrimination have no place in our work.

We are committed to creating and supporting a community diverse in every way, which includes but is not limited to: race, ethnicity, age, disability, gender, gender expression, geography, religion, academic and extracurricular interest, political beliefs, family circumstances, national origin, sexual orientation, and socioeconomic background. It is central to our mission to ensure that each member of our community has full opportunity to thrive. We recognize that all of us must embrace the responsibility and accountability for upholding these values, as they are central, not only to our mission, but also to individual growth, education excellence and the advancement of knowledge.

The University at Albany is committed to a campus environment that supports diversity, equity and inclusion and will provide support to individuals who report incidents of bias or hate. We encourage any campus community member who experiences or witnesses a bias act or hate crime to report this incident by using the Bias Incident Reporting Form. For more information, visit https://www.albany.edu/diversity-and-inclusion.

Matrix of course outcomes, activities and AACN's The Essentials: Core Competencies for Professional Nursing Education

Program Student Learning Outcomes	**Related Course Outcome**	**Learning Activity**	**AACN's The Essentials: Core Competencies for Professional Nursing Education**
1.Use clinical reasoning to make decisions in nursing practice based on the synthesis of knowledge from nursing and liberal arts and sciences.	**1,2,3,4,5,6,**	**Reflection papers Class discussions AONL Leadership competence assessment Leadership Project paper Clinical experience**	**I**
2.Provide patient-centered care across the healthcare continuum.	**1,2,3,4,5**	**Reflection papers Class discussions AONL Leadership competence assessment**	**II**

		Leadership Project paper **Clinical experience**	
3. Collaborate with interprofessional teams and stakeholders to support and improve equitable population health outcomes.	**3,4,5,**	**Reflection papers** **Class discussions** **AONL Leadership competence assessment** **Leadership Project paper** **Clinical experience**	**III**
4. Integrate research and evidence-based practice into nursing practice.	**5,7,8,**	**Reflection papers** **Class discussions** **AONL Leadership competence assessment** **Leadership Project paper** **Clinical experience**	**IV**
5. Apply principles of quality and safety across the healthcare continuum.	**1,2,3,4,5,6,7**	**Reflection papers** **Class discussions** **AONL Leadership competence assessment** **Leadership Project paper** **Clinical experience**	**V**
6. Communicate and collaborate with interprofessional teams and stakeholders to see to the healthcare needs of patients and populations.	**1,2,3,4,5,6**	**Reflection papers** **Class discussions** **AONL Leadership competence assessment** **Leadership Project paper** **Clinical experience**	**VI**
7. Apply leadership principles when responding to and leading healthcare systems.	**1,2,3,5**	**Reflection papers** **Class discussions** **AONL Leadership competence assessment** **Leadership Project paper**	**VII**

		Clinical experience	
8.Advocate for the use of technology, informatics and innovation in the delivery of care across the healthcare continuum.	**2,3,4,5,6**	**Reflection papers Class discussions AONL Leadership competence assessment Leadership Project paper Clinical experience**	**VIII**
9. Integrate values, ethics, accountability, policies and regulations to provide diverse, equitable and inclusive nursing care.	**7,8,**	**Reflection papers Class discussions AONL Leadership competence assessment Leadership Project paper Clinical experience Self-care and career plan paper**	**iX**
10. Demonstrate a commitment to personal growth, professional knowledge and capacity for leadership.	**8**	**Self-care and career plan paper**	**X**

COURSE MATERIALS: include
Roussel, L., Thomas, P., & Harris, J. (2020). *Management and leadership for nurse administrators.* Jones and Bartlett Learning

American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.).

Suggested Reading and Learning Tools
Future of Nursing
http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/workforce/IOM-Future-of-Nursing-Report-1

Association of Nurse Executives and Leaders – Nurse Manager Competencies
https://www.aonl.org/system/files/media/file/2019/06/nurse-manager-competencies.pdf

COURSE REQUIREMENTS:

Activity	Percent Value
Lead an assigned class and discussion	10
Clinical reflection papers (5 papers are due)	25
Self-care and career plan paper (for portfolio)	10
AONL Leadership competencies assessment (for portfolio)	20
Leadership project paper (for portfolio)	35
Clinical experience ** * *successful completion required to pass the course	Pass/ Fail

Examinations
Examinations – There are no exams or tests in this course.

Assignments/Presentations:
1. Lead a class discussion

Each student will be assigned to lead a team. The team will be assigned one of the classes to present the class content and lead the class discussion. (See rubric in the syllabus).

2. Practicum

Students need to have a clinical mentor who practices in a leadership role within an organization. The clinical mentor must have a minimum of a BS in nursing and be approved by the course faculty. Most students have someone within their work facility that they can work with to complete their clinical objectives and project. Purpose of the clinical experience is to observe the application of the AONL nurse manager competencies in the clinical setting. The clinical evaluation form in the Nursing Student Handbook is to be completed by the clinical mentor. The student cannot pass the course unless the experienced is passed

3. Reflection papers **(**see reflection paper rubric)

For each reflection paper, discuss one of the AONL Nurse Manager competencies and provide an example of how your mentor does or does not exhibit this competence. Reflect on how this knowledge impacts your practice and the nursing profession as a whole.

4. AONL assessment.

Review the competencies for the AONL Nurse Manager and assess your knowledge, skills, and attitude (KSA) using a Likert Scale (see attached tool). This will be done pre- and post-clinical. Write a 3 – 5 page paper addressing the following

Component of paper	Percentage of the assignment
What changed from pre- and post-assessment	20
What contributed to the change	30
Discuss three priority areas that need to be develop	30
Describe your plan on how to develop these areas	20

5. Leadership Paper (see written paper rubric)

With your mentor identify a leadership project that you can complete during your clinical experience. Using the components below to develop a better understanding of the problem, address the components and how this project will affect your nursing practice.
Write a 10 page paper addressing the following:

	Percentage of the assignment
Identification of problem/issue for paper and why it is important to nursing	10
Background information on the problem/issue	10
Review of the literature	30
Plan for addressing the problem/issue	20
Method of evaluation for the solution	20
Summary	10

6. Self-care and career development plan
Go the Healthy Nurse, Health Nation site https://www.healthynursehealthynation.org and set up for the Grand Challenge and complete the assessment for the selected area.

7. Career development plan
Identify a professional goal that you wish to reach in the next three to five years. Describe three actions that you can take over the next year to reach that goal.
Write a 5 page paper to describe your self-care and career development plan.

GRADING:

Course Average	Final Grade
94-100	A
90-93	A-
87-89	B+
83-86	B
80-82	B-
77-79	C+
73-76	C
70-72	C-
60-69	D
<60	E

CLASS POLICIES:

Medical Excuse Policy: http://www.albany.edu/health_center/medicalexcuse.shtml.

Absence due to religious observance: As per New York State Education Law Section 224-A (https://www.nysenate.gov/legislation/laws/EDN/224-A) campuses are required to excuse, without penalty, individual students absent because of religious beliefs, and to provide equivalent opportunities

for make-up examinations, study, or work requirements missed because of such absences. Faculty should work directly with students to accommodate absences.

SCHOOL AND UNIVERSITY RESOURCES AND POLICIES:

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Talking, discussions and the use of any electronic device are not permitted during quizzes and exams. It will be assumed that students who are talking are cheating and will be given a failing grade for the exam or quiz, which may lead to failure of the course and additional disciplinary action by the University.
Plagiarism: As stated on the Undergraduate Academic Regulations website (http://www.albany.edu/undergraduate_bulletin/regulations.html) plagiarism is defined as:

"Presenting as one's own work the work of another person (for example, the words, ideas, information, data, evidence, organizing principles, or style of presentation of someone else). Some examples of plagiarism include copying, paraphrasing, or summarizing without acknowledgment, submission of another student's
work as one's own, the purchase/use of prepared research or completed papers or projects, and the unacknowledged use of research sources gathered by someone else. Failure to indicate accurately the extent and precise nature of one's reliance on other sources is also a form of plagiarism. Students are responsible for understanding legitimate use of sources, the appropriate ways of acknowledging academic, scholarly, or creative indebtedness.
Examples of plagiarism include: failure to acknowledge the source(s) of even a few phrases, sentences, or paragraphs; failure to acknowledge a quotation or paraphrase of paragraph-length sections of a paper; failure to acknowledge the source(s) of a major idea or the source(s) for an ordering principle; failure to acknowledge the source (quoted, paraphrased, or summarized) of major sections or passages in the paper or project ***or website****; the unacknowledged use of several major ideas or extensive reliance on another person's data, evidence, or critical method; submitting as one's own work, work borrowed, stolen, or purchased from someone else."*

Students are strongly advised to avoid placing themselves in situations where academic integrity may be compromised. Please refer to the University's website regarding Undergraduate Academic Regulations (http://www.albany.edu/undergraduate_bulletin/regulations.html).

Accommodations: Reasonable accommodations will be provided for students with documented physical, sensory, systemic, medical, cognitive, learning and mental health (psychiatric) disabilities. If you believe you have a disability requiring accommodation in this class, please notify the Disability Resource Center (518- 442-5490; drc@albany.edu). Upon verification and after the registration process is complete, the DRC will provide you with a letter that informs the course instructor that you are a student with a disability registered with the DRC and list the recommended reasonable accommodations. This statement appears on our University website as part of our Statement of Reasonable Accommodation Policy In Response to the Americans with Disabilities Act that can be found at the following link: https://portal.itsli.albany.edu/documents/14702/27405/ep-hp-RAP-

UpdatedSummer2016.pdf

Mental Health: As a student there may be times when personal stressors interfere with your academic performance and/or negatively impact your daily life. The University at Albany Counseling and Psychological Services (CAPS) provides free, confidential services including individual and group psychological counseling and evaluation for emotional, social and academic concerns. Given the COVID pandemic, students may consult with CAPS staff remotely by telephone, email or Zoom appointments regarding issues that impact them or someone they care about. For questions or to make an appointment, call (518) 442-5800 or email consultation@albany.edu. Visit www.albany.edu/caps/ for hours of operation and additional information.
If your life or someone else's life is in danger, please call 911. If you are in a crisis and need help right away, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).
Students dealing with heightened feelings of sadness or hopelessness, increased anxiety, or thoughts of suicide may also text "GOT5" to 741741 (Crisis Text Line).

COURSE SCHEDULE:

Week	Topics	Reading Assignments /Assignments
1	Orientation to class and clinical assignments Factors affecting leadership and leadership theories	Roussel, et al. Ch 1,2 , 4 Future of Nursing http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/workforce/IOM-Future-of-Nursing-Report-1 Association of Nurse Executives and Leaders – Nurse Manager Competencies https://www.aonl.org/system/files/media/file/2019/06/nurse-manager-competencies.pdf Group discussion of case study to be assigned
2 Zoom class	Interprofessional teams and leading change Zoom	Roussel, et al. Ch 3, 5, 16 Team STEPPS https://www.ahrq.gov/teamstepps/instructor/essentials/pocketguide.html Group discussion of case study to be assigned
3	Organizational structure	Roussel, et al. Ch 3, 5, Reflection paper due #1 Group discussion of case study to be assigned
4 Zoom class	Strategic planning Zoom	Roussel, et al. Ch 7 Obtain a copy of the strategic plan for the clinical facility of your practicum for class. Group discussion of case study to be assigned

5	Budgeting	Roussel, et al. Ch 8 Kelly, P., Porr, C., (2018) "Ethical Nursing Care Versus Cost Containment: Considerations to Enhance RN Practice" *OJIN: The Online Journal of Issues in Nursing* Vol. 23, (1), https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-23-2018/No1-Jan-2018/Ethical-Nursing-Cost-Containment.html Group discussion of case study to be assigned Reflection paper #2
6 Zoom class	Human resource management Zoom	Roussel, et al. Ch 9,10 Crucial l Conversations https://www.youtube.com/watch?v=PuJgqTs-G44 Group discussion of case study to be assigned
7	Information management	Roussel, et al. Ch 11 Group discussion of case study to be assigned Reflection paper #3
8 Zoom class	Regulatory and policy practice Zoom	Roussel, et al. Ch 12 ANA advocacy https://www.nursingworld.org/practice-policy/advocacy/ Martin, E & Zolnirek, C (2020). Beyond the nurse practice act: Making a difference through advocacy. *OJIN*, 25(1). https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-25-2020/No1-Jan-2020/Beyond-the-Nurse-Practice-Act.html#Martin Group discussion of case study to be assigned Leadership paper -AONL competencies paper due
9	Creating a culture of safety & sustainability	Roussel, et al. Ch 13, 14, 16 Barnsteiner, J., (2011) Teaching the culture of safety *OJIN: The Online Journal of Issues in Nursing* Vol. 16, No. 3 https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-16-2011/No3-Sept-2011/Teaching-and-Safety.aspx Group discussion of case study to be assigned Reflection paper #4
10 Zoom class	Ethical principles in leaders	Roussel, et al. Ch 15 ANA Ethics

	Zoom	https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/ethics-topics-and-articles/ Group discussion of case study to be assigned
11	Future challenges	Roussel, et al. Ch 17 Future of Nursing http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/workforce/IOM-Future-of-Nursing-Report-1 Group discussion of case study to be assigned Reflection paper #5
12 Zoom class	Self-care & career planning Zoom	Health Nurse, Healthy Nation https://www.healthynursehealthynation.org Self-care and career development plans due Class discussion of the plans
13	Presentation of leadership projects Course evaluation	Leadership paper due Student presentation of leadership paper AONL assessment paper due Course evaluation

University at Albany
School of Public Health

HNSG 415 - Professional Role of Nurses
Fall 20XX

INSTRUCTOR:
Name and Title TBD

OFFICE HOURS:

COURSE CREDIT HOURS: 3 credits
This class will meet once a week for 2 hours and 45 minutes. Classes will alternate between in-person and synchronous zoom meetings.

COURSE PREREQUISITES/COREQUISITES:
NSG 311, 312, 314, 411, 412 This course is restricted to Nursing majors.

COURSE DESCRIPTION:
This hybrid course is focused on the impact of many contemporary issues and trends, which directly affect the nursing profession and the role of the baccalaureate nurse. Current societal, political and professional issues influencing nursing practice will be examined. The role of the nurse as an active participant in addressing these issues will be explored.

COURSE LEARNING OBJECTIVES:

Upon completion of this course, students will be able to:

1. Analyze factors that can advance professional growth in nursing
2. Explore workforce issues that affect nursing practice.
3. Discuss the moral/ethical/legal issues that impact nursing practice and the health care delivery system.
4. Evaluate workplace issues that impact the practice of nursing
5. Examine factors that affect the professional power of nursing
6. Develop a plan to advocate for social justice, diversity, health equity and inclusion in professional practice and health care.

Diversity, Equity, and Inclusion Statement

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Matrix of course outcomes, activities and AACN's The Essentials: Core Competencies for Professional Nursing Education

Program Student Learning Outcomes	**Related Course Outcome**	**Learning Activity**	**AACN's The Essentials: Core Competencies for Professional Nursing Education**
1.Use clinical reasoning to make decisions in nursing practice based on the synthesis of knowledge from nursing and liberal arts and sciences.	**1, 3, 6**	**Lead a class** **Presentation references** **Application paper** **Reflection paper** **Reflection summary**	**I**
2. Provide patient-centered care across the healthcare continuum	**3, 6**	**Reflection papers** **Reflection summary**	**II**
3. Provide patient-centered care across the healthcare continuum	**3, 6**	**Lead a class**	**III**

		Presentation references **Application paper**	
4. Integrate research and evidence-based practice into nursing practice.	**1, 3, 4, 6**	**Lead a class** **Presentation references** **Application paper**	**IV**
5**.** Apply principles of quality and safety across the healthcare continuum	**1, 2, 3, 4, 5, 6**	**Lead a class** **Presentation references** **Application paper** **Reflection paper** **Reflection summary**	**V**
6. Communicate and collaborate with interprofessional teams and stakeholders to see to the healthcare needs of patients and populations.	**3, 4, 5**	**Lead a class** **Presentation references** **Application paper**	**VI**
7**.** Apply leadership principles when responding to and leading healthcare systems.	**1, 2, 3, 4**	**Lead a class** **Presentation references** **Application paper** **Reflection paper** **Reflection summary**	**VII**
8. Advocate for the use of technology, informatics and innovation in the delivery of care across the healthcare continuum.	**1, 2, 4, 6**	**Lead a class** **Presentation references** **Application paper** **Reflection paper** **Reflection summary**	**VIII**
9**.** Integrate values, ethics, accountability, policies and regulations to provide diverse,	**1, 2, 4, 5**	**Lead a class**	**IX**

equitable and inclusive nursing care.		**Presentation references** **Application paper** **Reflection paper** **Reflection summary**	
10. Demonstrate a commitment to personal growth, professional knowledge and capacity for leadership.	**1, 2,4**	**Reflection paper** **Reflection summary**	**X**

COURSE MATERIALS:

Required Texts

Huston, C. (2019) *Professional issues in nursing*. 5th Ed. Wolters Kluwer.

American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.).

The National Academy of Medicine (NAM) resources in connection with its report *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity.*

https://www.nap.edu/resource/25982/interactive/

Additional articles that impact current nursing practice will be assigned for discussion as they occur throughout the semester.

Suggested Reading and Learning Tools

Assigned in course schedule

COURSE REQUIREMENTS

Activity	Percent Value
Leading a class discussion	20 %
Presentation References	10%
Application paper (for portfolio)	40%
Reflection papers (5 papers)	25%
Summary of reflections (for portfolio)	5%

Examination Policy:

Examinations- There are no written examinations in this course

Assignments/Presentations

1. Leading a class discussion

Each student will be assigned to lead adiscussion in class based on the discussion questions in the chapters assigned. (See rubric in the syllabus).

2. Application paper

Complete a 6-8 page paper on a current professional nursing issue that has been or will be discussed in class. Address the elements listed below in the paper. The topic for your paper will be different than the class discussion topic that you will lead. APA format will be followed for the paper.

Components	Percentage of assignment
Identify a current issue that has been or will be discussed in class (different then the issue that is a part of your presentation)	10
Provide a review of 5 articles regarding the issues	25
Describe the impact of the issues on your practice	20
Discuss solutions to the issues based on the literature (reference additional articles)	25
Describe outcomes to be measured based on solutions described and expect outcomes	20

3. Presentation References**.**

At the time of leading the class, the student is required to select two (2) journal references concerning the assigned topic to be shared with the class. The written citations must be in correct APA format and include 3-4 sentences describing what can be found in the article and its value to understanding the issue.

4. Reflection papers and summary (see reflection grading rubric)

For each reflection paper, write a one page paper that discusses a professional issue and how this issue impacts your practice and the nursing profession as a whole. At the end of the course, summarize your reflections and your plan to use this information in your practice.

GRADING:

Course Average	Final Grade
94-100	A
90-93	A-
87-89	B+
83-86	B
80-82	B-
77-79	C+
73-76	C
70-72	C-
60-69	D
<60	E

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"Presenting as one's own work the work of another person (for example, the words, ideas, information, data, evidence, organizing principles, or style of presentation of someone else). Some examples of plagiarism include copying, paraphrasing, or summarizing without acknowledgment, submission of another student's

work as one's own, the purchase/use of prepared research or completed papers or projects, and the unacknowledged use of research sources gathered by someone else. Failure to indicate accurately the extent and precise nature of one's reliance on other sources is also a form of plagiarism. Students are responsible for understanding legitimate use of sources, the appropriate ways of acknowledging academic, scholarly, or creative indebtedness.

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regarding issues that impact them or someone they care about. For questions or to make an appointment, call (518) 442-5800 or email consultation@albany.edu. Visit www.albany.edu/caps/ for hours of operation and additional information.

If your life or someone else's life is in danger, please call 911. If you are in a crisis and need help right away, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Students dealing with heightened feelings of sadness or hopelessness, increased anxiety, or thoughts of suicide may also text "GOT5" to 741741 (Crisis Text Line).

Course Schedule

Week	Topic	Readings/Assignments
1	Introduction to the course Enter into practice	Huston, Ch 1, 2, NYS professional practice http://www.op.nysed.gov/prof/nurse/ Nurse Residency Programs http://www.aacn.nche.edu/education-resources/nurse-residency-program NYS Nurse Practice Act http://www.op.nysed.gov/prof/nurse/article139.htm The National Academy of Medicine (NAM) resources in connection with its report *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity.* https://www.nap.edu/resource/25982/interactive/ Discussion and requirements for classes to be led by students. Students assigned to classes that they will lead
2	Professionalism Zoom	Huston, Ch 22, 23 Nurses save lives https://www.youtube.com/watch?v=gTMuh6AF3A0 Anthony, M., Turner, J.A., Novell, M., (May 31, 2019) "Fiction Versus Reality: Nursing Image as Portrayed by Nursing Career Novels" *OJIN: The Online Journal of Issues in Nursing* Vol. 24, No. 2 https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-24-2019/No2-May-2019/Fiction-vs-Reality-Nursing-Image.html Reflection paper #1
3	Workforce issues	Huston, Ch 6, 8, 10, 15 NYS nurse staffing report https://health.ny.gov/press/reports/docs/2020-08_staffing_report.pdf ANA's Principles for Delegation https://www.nursingworld.org/~4af4f2/globalassets/docs/ana/ethics/principlesofdelegation.pdf ANA Nurse Staffing

		http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/Nurse-Staffing
4	Workplace issues Zoom	Huston, Ch 12, 13, 17 Professional assistance program http://www.op.nysed.gov/prof/pap.htm Statewide Peer Assistance for Nurses program (SPAN) http://www.nysna.org/nursing-practice/statewide-peer-assistance-nurses NCSBN's Nurse's guide to social media https://www.ncsbn.org/NCSBN_SocialMedia.pdf ANA position paper on Incivility, bullying and workplace violence http://www.nursingworld.org/HomepageCategory/NursingInsider/Archive-1/2015-NI/Aug15-NI/New-ANA-Position-Statement-Incivility-Bullying-and-Workplace-Violence.html Reflection paper #2
5	Legal and safety issues	Huston, Ch 11, 14, 20 New York State Office of the Professions http://www.op.nysed.gov/prof/nurse/nursepracticeissues.htm NCSBN Licensure Compacts **https://www.ncsbn.org/compacts.htm** To err is human: Building a safer healthy healthcare system https://www.ncbi.nlm.nih.gov/books/NBK225179/ ANA work environment http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/Work-Environment Legal and safety issues AACN Standards for a Health Work environment https://www.aacn.org/wd/hwe/docs/hwestandards.pdf
6	Ethical issues Zoom	Huston, Ch 13, 16 New York State Office of the Professions http://www.op.nysed.gov/prof/nurse/nursepracticeissues.htm Josie King story https://www.youtube.com/watch?v=b2DQg7JNwKI Fowler, M.D., (May 31, 2020) "Toward Reclaiming Our Ethical Heritage: Nursing Ethics before Bioethics" *OJIN: The Online Journal of Issues in Nursing,* 25(2).

		https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-25-2020/No2-May-2020/Toward-Reclaiming-Our-Ethical-Heritage-Nursing-Ethics-before-Bioethics.html. Milliken, A., (January 31, 2018) "Ethical Awareness: What It Is and Why It Matters" *OJIN: The Online Journal of Issues in Nursing* Vol. 23 (1) https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-23-2018/No1-Jan-2018/Ethical-Awareness.html Things to Know About Whistle Blowing https://www.nursingworld.org/practice-policy/workforce/things-to-know-about-whistle-blowing
7	Social Justice	Cleveland, K., Motter, T., & Smith, Y. (2019). Affordable care: Harnessing the power of nurses. OJIN, 24(2). https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-24-2019/No2-May-2019/Affordable-Care.html Biggerstaff, M.E. & Skomra, T. (2020) Nurses as immigrant advocates: A brief overview. *OJIN*, 25(2) https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-25-2020/No2-May-2020/Articles-Previous-Topics/Nurses-as-Immigrant-Advocates-A-Brief-Overview.html Thornton, M., Persaud, S., (September 30, 2018) "Preparing Today's Nurses: Social Determinants of Health and Nursing Education" *OJIN: The Online Journal of Issues in Nursing* Vol. 23, No. 3 https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-23-2018/No3-Sept-2018/Social-Determinants-of-Health-Nursing-Education.html Reflection paper #3
8	Healthcare policy and advocacy Zoom	Huston, Ch 21, 24 Cleveland, K., Motter, T., & Smith, Y. (2019). Affordable care: Harnessing the power of nurses. OJIN, 24(2). https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-24-2019/No2-May-2019/Affordable-Care.html Martin, E & Zolnirek, C (2020). Beyond the nurse practice act: Making a difference through advocacy. *OJIN*, 25(1). https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-25-2020/No1-Jan-2020/Beyond-the-Nurse-Practice-Act.html#Martin Williams, S., Phillips, J. & Koyama, K. (2018). Nurse advocacy: Adopting a health in all policies approach. *OJIN*, 22(3). https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-23-2018/No3-Sept-2018/Policy-Advocacy.html

		Nurses on Boards Coalition https://www.nursesonboardscoalition.org
9	Diversity, equity and inclusion	Huston, Ch 7, 9 AACN Diversity in Nursing http://www.aacn.nche.edu/diversity-in-nursing NLN Diversity and inclusion tool kit http://www.nln.org/docs/default-source/professional-development-programs/diversity_toolkit.p Reflection paper #4
10	Innovation Zoom	Huston, Ch 5, 19 innovation https://www.youtube.com/watch?v=Q5iOIjp5yLQ Grenier, J. & Wynn, N. (2018) A nurse-led intervention to address food insecurity in Chicago. *OJIN*, 23(3) https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-23-2018/No3-Sept-2018/Intervention-to-Address-Food-Insecurity.html Curry, K., (October 16, 2020) "Social Upheaval and a Dean's Vision for Professional Nursing: The Work of Dorothy M. Smith" *OJIN: The Online Journal of Issues in Nursing* Vol. 26, No. 1. https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-26-2021/No1-Jan-2021/Articles-Previous-Topics/The-Work-of-Dorothy-M-Smith.html Reflection paper #5
11	Nursing organizations	Huston, Ch 25 American Nurses Association https://www.nursingworld.org/ana/ National League for Nursing http://www.nln.org Villeneuve, M., Betker, C., (January 31, 2020) "Nurses, Nursing Associations, and Health Systems Evolution in Canada" *OJIN: The Online Journal of Issues in Nursing* ,25 (1)https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-25-2020/No1-Jan-2020/Nurses-Nursing-Associations-and-Health-Systems-Evolution-in-Canad
12	Personal and career	Huston, Ch 3, 4

	development Zoom	ANA Healthy Nurse, Heathy Nation https://www.healthynursehealthynation.org Nurses saving the world https://www.youtube.com/watch?v=pqhPsMXvhUE Summary of reflection papers due Application paper
13	Course evaluation and wrap-up	Course evaluation Presentation of Application paper

University at Albany
New Program Proposal
BS in Nursing

Appendix 5 External Instruction Form

External Instruction Form

Form 2E

Version 2014-11-17

This form is required when external instruction is part of the degree requirements in an academic program. External instruction includes internships, field work, clinical placements, cooperative education, service learning, and the like, which are offered in cooperation with external partners, such as business and industry, health care facilities, public agencies, or schools.

1. Use the table below (expanded as necessary) to summarize proposed arrangements for required external instruction in an academic program. List all proposed arrangements. The number of placements listed below should equal or exceed the number of students expected to be in the initial cohort of a new program.

Name and Title of Contact Person	Name and Address of Placement Site	Approximate # of placements per year
Johanne Morne, Director, Center for Community Health, NY State Department of Health (NYSDOH)	NYS Department of Health Empire State Plaza Albany, NY 12237 And, associated organizations: for example, federally qualified Health Centers; designated AIDS Centers; Adult Day Health Centers	10
Leslyn Williamson, Chief Nursing Officer	Ellis Medicine 1101 Nott St Schenectady, NY 12308	3
Lisa Massarweh, Chief Nursing Officer	Albany Medical Center 43 New Scotland Avenue Albany, NY 12208	3
Keith Brown, Interim Public Health Director, Schenectady County Health Department	Schenectady County Health Department 107 Nott Terrace Schenectady, NY 12308	4

2. For clinical placements for programs leading to professional licensure in a health profession, **append** documentation to demonstrate each site's commitment to a numerical range of students each year, and the time period of its commitment. The documentation should be signed by the responsible official at each proposed clinical site.

3. In the table below, list the individual(s) at the campus (or at each campus, in the case of multi-institution programs) who will have responsibility for oversight and administration of external instruction.

Name	Title	Email Address
Dr. Linda Millenbach	RN BS Program Director	lmillenbach@albany.edu

University at Albany
New Program Proposal
BS in Nursing

Appendix 6 Position Descriptions for Faculty To Be Hired

University of Albany
School of Public Health
Faculty, Nursing Program

Job title	*Assistant Professor of Nursing - Tenure Track*
Reports to	*Director, RN BS program*

Job purpose

Nursing faculty are primarily responsible for teaching and supervision of nursing students. As a tenure track faculty member significant research effort is expected as well. Teaching responsibilities include the development and delivery of courses as assigned, participation in assessment activities, and academic advising. Research responsibilities include publication and securing funding. Full-time faculty also to fulfill various service responsibilities as active members of the university and local community.

Duties and responsibilities

Faculty will primarily be responsible for teaching nursing courses and sustaining scholarly research that contributes to the science of nursing as broadly defined. Full-time faculty in tenure track positions will teach a 2 + 2 course load. We are especially interested in individuals who incorporate public health and community-based scholarship into their teaching and research. In addition, faculty will mentor and advise BS and MS level nursing students, and actively engage in university and community service. We are especially interested in candidates with a commitment to fostering an environment of inclusion and collegiality among a culturally diverse school community. Candidates will have collaborative opportunities for research initiatives in our long-standing relationships with the New York State Department of Health, county health departments, local insurers, hospitals, and non-profit health care advocacy organizations.

Candidate review will also be based on the NLN Nurse Educator Core Competencies http://www.nln.org/professional-development-programs/competencies-for-nursing-education/nurse-educator-core-competency

Qualifications

Required qualifications include:

- A doctoral degree in nursing, education, or related field from college/university accredited by the Department of Education.
- Previous teaching experience in academic and/or clinical settings.
- Unrestricted license to practice as a registered nurse in NYS.

Preferred attributes:

- 3 years clinical nursing experience.
- Experience with online/remote or hybrid teaching.
- Demonstrated understanding of advising and competency-based learning.
- Evidence of scholarly activity, including but not limited to publications and research grants.
- Experience with curriculum development, implementation, and evaluation

Direct reports

None

University of Albany
School of Public Health
Faculty, Nursing Program

Job title	*Professor of Practice (non-tenure)*
Reports to	*Director, RN BS program*

Job purpose

The Nursing faculty position is primarily responsible for teaching and supervision of nursing students. Responsibilities include the development and delivery of courses as assigned, participation in assessment activities, and academic advising. Full-time faculty are expected not only to excel in classroom instruction but also to fulfill various service responsibilities as active members of the university and local community.

Duties and responsibilities

Faculty will primarily be responsible for teaching nursing courses, advising and mentoring nursing students. A full-time teaching course load is three courses per semester. We are especially interested in individuals who incorporate public health and community-based curricula into their teaching. In addition, faculty will mentor and advise BS and MS level nursing students, and actively engage in university and community service. We are especially interested in candidates with a commitment to fostering an environment of inclusion and collegiality among a culturally diverse school community.

Candidate review will also be based on the NLN Nurse Educator Core Competencies http://www.nln.org/professional-development-programs/competencies-for-nursing-education/nurse-educator-core-competency

Qualifications

Required qualifications include:

- A masters or doctoral degree in nursing, education, or related field from college/university accredited by the Department of Education.
- Previous teaching experience in academic and/or clinical settings.
- Unrestricted license to practice as a registered nurse in NYS.

Preferred attributes:

- A doctoral degree.
- 3 years clinical nursing experience.
- Experience with online/remote or hybrid teaching.
- Demonstrated understanding of advising and competency-based learning.
- Experience with curriculum development, implementation, and evaluation

Direct reports

None

Appendix 7:
Transfer Articulation and Transfer Program Schedules

Columbia-Greene Community College's Nursing AS into University at Albany's proposed Nursing BS

- Transfer Articulation Chart
- Program Schedule

Hudson Valley Community College's Nursing AAS into University at Albany's proposed Nursing BS

- Transfer Articulation Chart
- Program Schedule

Mohawk Valley Community College's AAS into University at Albany's proposed Nursing BS

- Transfer Articulation Chart
- Program Schedule

Schenectady County Community College and Belanger School of Nursing's AS into University at Albany's proposed Nursing BS

- Transfer Articulation Chart
- Program Schedule

Maria College's Nursing AAS into University at Albany's proposed Nursing BS

- Transfer Articulation Chart
- Program Schedule

Samaritan Hospital Nursing College's Nursing AS into University at Albany's proposed Nursing BS

- Transfer Articulation Chart
- Program Schedule

University at Albany (School of Public Health)

Columbia Greene Community College Nursing AS					University at Albany Nursing B.S.				
Course #	**Course Title**	**SUNY Gen Ed**	**Major Requirement at UAlbany**	**Credits Granted**	**Course #**	**Equivalent Course Title**	**SUNY Gen Ed**	**Major Requirement at UAlbany**	**Credits Accepted**
EN 101	Composition	BC		3	AENG 100Z	English Composition I	BC		3
PY101	General Psychology	SS		3	APY 101	Introduction to Psychology	SS		3
BI 130	Human Anatomy & Physiology I	NS		4	AANT 316	Human Anatomy & Physiology I	NS		4
NU 101	Nursing I			7	HNSG 001	Lower Level Nursing Elective			7
SO 101	Introduction to Sociology	SS		3	ASOC 115	Introduction to Sociology	SS		3
EN102	Composition and Literature	HU		3	AENG 121	English 2: Ideas & Values of Literature	HU		3
BI 131	Human Anatomy & Physiology 2			4	AANT 318	Human Anatomy & Physiology II			4
PY 201	Life-Span Development Psychology	SS		3	EPSY224	Life-Span Developmental Psychology			3
NU102	Nursing II			7	HNSG 001	Lower Level Nursing Elective			7
NU 201	Nursing III			10	HNSG 001	Lower Level Nursing Elective			10
BI 210	General Microbiology			4	ABIO 296	Microbiology			3
NU 202	Nursing IV			10	HNSG 001	Lower Level Nursing Elective			10
MA 102	Elementary Statistics	MS	X	3	AMAT 108	Elementary Statistics	MS	X	3
					Total Credits Eligible for Transfer				64
					Additional Required and Elective Courses for the Major at UAlbany:				
					HSPH 201	Introduction to Public Health	SS	X	3
					HSPH 231	Concepts of Epidemiology	NS	X	3
					HNSG 311	Health Assessment and Health Promotion		X	4
					HNSG 312	Quality and Culture of Safety		X	3
					HNSG 314	Nursing Informatics and Healthcare Technology		X	3
					HNSG 411	Population Health		X	4
					HNSG 412	Nursing Research & Evidence-Based Practice		X	3
					HNSG 414	Management and Leadership for Nurses		X	4
					HNSG 415	Professional Role of Nurses		X	3
					HSPH 342	How US Healthcare Works, Myths and Realities		X	3
						SPH Upper Division Elective		X	3
						Liberal Arts and Sciences Electives (1)			18
						Local General Education Requirement: Challenges of the 21st Century			3
	Total Credits Required for Degree Completion at CGCC			**64**		Total Transfer Credits Required at UAlbany			**57**
						Total Credits Applied to Program			**64**
						Total Credits Required for Degree			**121**

A transfer student admitted to the University at Albany who has completed his/her A.A. or A.S. degree will be given credit for meeting SUNY's General Education requirements.

(1) 4 of the 5 Liberal Arts and Science Electives must be upper division to meet upper division requirements set by SED.

SUNY Undergraduate Program Schedule (***OPTION: You can paste an Excel version of this schedule AFTER this line, and delete the rest of this page.)***

Program/Track Title and Award: Nursing AS at Columbia Greene Community College to Nursing BS at University at Albany

a) Indicate **academic calendar type**: [X] Semester [ ] Quarter [ ] Trimester [ ] Other (describe):

b) **Label each term in sequence**, consistent with the institution's academic calendar (e.g., Fall 1, Spring 1, Fall 2)

c) **Name of SUNY Transfer Path, if one exists: Nursing** **See Transfer Path Requirement Summary for details**

d) Use the table to show **how a typical student may progress through the program**; copy/expand the table as needed. **Complete all columns that apply to a course.**

Term 1:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
NU 101 Nursing I	7			7			
BI 130 Anatomy and Physiology I	4	NS	4		X		
EN 101 Composition	3	BC	3		X		
MA 102 Statistics	3	M	3				
Term credit totals:	17	10	10	7			

Term 2:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
NU 102 Nursing II	7			7			NU 101
BI 131 Anatomy and Physiology II	4		4		X		
BI 210 General Microbiology	4		4		X		
PY 202 General Psychology	3	SS	3		X		
Term credit totals:	18	3	11	7			

Term 3:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
NU 201 Nursing III	10			10			NU 102
PY 201 Life Span Development	3	SS	3				
SO 101 Introduction to Sociology	3	SS	3				
Term credit totals:	16	6	6	10			

Term 4:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
NU 202 Nursing IV	10			10			
EN 102 Composition and Literature	3	HU	3				
Term credit totals:	13	3	3	10			

Term 5:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HSPH 201 Introduction to Public Health	3	SS	3	3			
HPSH 231 Concepts of Epidemiology	3	NS	3	3			AMAT 108 (Statistics)
Local General Education: Challenges of the 21st Century	3		3				
LAS Upper Division Elective	3		3				
LAS Upper Division Elective	3		3				
Term credit totals:	15	6	15	6			

Term 6:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 311 Health Assessment and Health Promotion	4			4			
HNSG 312 Quality and Culture of Safety	3			3			
HSPH 342 How U.S. health Care Works; Myths and Realities	3		3	3			
LAS Upper Division Elective	3		3				
Term credit totals:	13		6	10			

Term 7:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 314 Nursing Informatics and Healthcare Technology	3			3			
LAS Upper Division Elective	3		3				
HNSG 411 Population Health	4			4			HSPH 231
LAS Upper Division Elective	3		3				

Term 8:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 412 Nursing Research and Evidenced Based Practice	3			3			AMAT 108 (Statistics)
HNSG 414 Management and Leadership for Nurses	4			4			All Required 300 Level Nursing Courses
HNSG 415 Professional Role of Nurses	3			3			
SPH Upper Division Elective	3			3			

LAS Elective	3		3													
Term credit totals:	16		9	7				Term credit totals:	13			13				

Program Totals (in credits):	Total Credits: 121	SUNY GER: 28	LAS: 60	Major: 70	Elective & Other: 15	Upper Division: 45	Upper Division Major: 30	Number of SUNY GER Categories: 5

KEY Cr: credits **GER:** SUNY General Education Requirement (Enter Category Abbreviation) **LAS:** Liberal Arts & Sciences (Enter credits) **Maj:** Major requirement (Enter credits) **TPath:** SUNY Transfer Path Courses (Enter credits) **New:** new course (Enter X) **Co/Prerequisite(s):** list co/prerequisite(s) for the noted courses **Upper Division:** Courses intended primarily for juniors and seniors **SUNY GER Category Abbreviations:** American History (AH), Basic Communication (BC), Foreign Language (FL), Humanities (H), Math (M), Natural Sciences (NS), Other World Civilizations (OW), Social Science (SS), The Arts (AR), Western Civilization (WC)

Major Credits Breakdown:

Associate Degree Nursing Credits - 34
UAlbany Nursing Credits - 24
UAlbany Required Public Health Credits - 12
UAlbany Required Math Credit - Completed at CGCC

Total Major Credits: 70

Required Nursing Credits: 58

University at Albany (School of Public Health)

Hudson Valley Community College Nursing AAS						University at Albany Nursing BS				
Course #	**Course Title**	**SUNY Gen Ed**	**Major Requirement at UAlbany**	**Credits Granted**		**Course #**	**Equivalent Course Title**	**SUNY Gen Ed**	**Major Requirement at UAlbany**	**Credits Accepted**
BIOL 205	Microbiology	NS		4		ABIO 296	Microbiology	NS		4
BIOL 270	Anatomy and Physiology I	NS		4		ABIO 112	Anatomy and Physiology	NS		4
ENGL 101	English Composition I	BC		3		AENG 100Z	English Composition I	BC		3
NURS 100	Foundations of Nursing			1		HNRS 001	Lower Level Nursing Elective			1
NURS 101	Nursing I			4		HNRS 001	Lower Level Nursing Elective			4
NURS 105	Bridging Education and Practice Simulation I			1		HNRS 001	Lower Level Nursing Elective			1
BIOL 271	Anatomy and Physiology II	NS		4		AANT E00	Anatomy and Physiology II	NS		3
ENGL 102	English and Composition II	HU		3		AENG E10	English Composition II	HU		3
NURS 102	Nursing II			6		HNRS 001	Lower Level Nursing Elective			6
NURS 106	Bridging Education and Practice Simulation II			1		HNRS 001	Lower Level Nursing Elective			1
PSYC 100	General Psychology	SS		3		APSY 101	General Psychology	SS		3
NURS 201	Nursing III			10		HNRS 001	Lower Level Nursing Elective			10
NURS 205	Bridging Education and Practice Simulation III			1		HNRS 001	Lower Level Nursing Elective			1
PSYC 205	Developmental Psychology	SS		3		EPSY 224	Developmental Psychology	SS		3
PSYC 210	Abnormal Psychology	SS		3		APSY E10	Abnormal Psychology	SS		3
NURS 202	Nursing IV			9		HNRS 001	Lower Level Nursing Elective			9
NURS 206	Bridging Education and practice Simulation IV			1		HNRS 001	Lower Level Nursing Elective			1
	General Education: Foreign Language	FL		3			Foreign Language	FL		3
						Total Credits Eligible for Transfer				**64**
						Additional Required and Elective Courses for the Major at UAlbany				
						AMAT 108	Elementary Statistics	MS	X	3
						HSPH 201	Introduction to Public Health	SS	X	3
						HSPH 231	Concepts of Epidemiology	NS	X	3
						HNSG 311	Health Assessment and Health Promotion		X	4
						HNSG 312	Quality and Culture of Safety		X	3
						HNSG 314	Nursing Informatics and Healthcare		X	3
						HNSG 411	Population Health		X	4
						HNSG 412	Nursing Research and Evidence Based Nursing		X	3
						HNSG 414	Management and Leadership for Nurses		X	4
						HNSG 415	Professional Role of Nurses		X	3
						HSPH 342	How US Healthcare Works, Myths and Reality		X	3
							SPH Upper Level Elective		X	3
							3 General Education Courses: - American History - Arts - International Perspectives	AH, AR, OW		9
							Local General Education Requirement: Challenges of the 21st Century			3
							Liberal Arts and Science Courses (1)			6
	Total Credits Required for Degree Completion at HVCC			**64**			Total Transfer Credits Required at UAlbany			**57**
							Total Credits Applied to Program			**64**
							Total Credits Required for Degree			**121**

A transfer student admitted to the University at Albany who has completed his/her A.A. or A.S. degree will be given credit for meeting SUNY's General Education requirements.

(1) All 6 credits of Liberal Arts and Science courses must be at the upper level to meet SED upper level requirements.

SUNY Undergraduate Program Schedule (***OPTION: You can paste an Excel version of this schedule AFTER this line, and delete the rest of this page.)***

Program/Track Title and Award:___Nursing AAS (HVCC) and Nursing BS (University at Albany)_____

a) Indicate **academic calendar type**: [X] Semester [ ] Quarter [ ] Trimester [ ] Other (describe):

b) **Label each term in sequence**, consistent with the institution's academic calendar (e.g., Fall 1, Spring 1, Fall 2)

c) **Name of SUNY Transfer Path, if one exists: _____Nursing_____ See Transfer Path Requirement Summary for details**

d) Use the table to show **how a typical student may progress through the program**; copy/expand the table as needed. **Complete all columns that apply to a course.**

Term 1:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
BIOL 205 Microbiology	4	NS	4		X		
BIOL 270 Anatomy and Physiology I	4	NS	4		X		
ENGL 101 English Composition I	3	BC	3		X		
NURS 100 Foundations of Nursing	1			1			
NURS 101 Nursing I	4		4	4			
NURS 105 Bridging Education and Practice Simulation	1			1			
Term credit totals:	17	11	11	6			

Term 2:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
BIOL 217 Anatomy and Physiology II	4	NS	4		X		
ENGL 102 English Composition II	3	HU	3				
NURS 102 Nursing II	6			6			
NURS 106 Bridging Education and Practice Simulation II	1			1			
PSYC 100 General Psychology	3	SS	3		X		
Term credit totals:	17	10	10	7			

Term 3:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
NURS 201 Nursing I	10			10			
NURS 205 Bridging Education and Simulation III	1			1			
PSYC 205 Developmental Psychology	3	SS	3				
PSYC 210 Abnormal Psychology	3	SS	3				
Term credit totals:	17	6	6	11			

Term 4:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
NURS 202 Nursing IV	9			9			
NURS 206 Bridging Education Practice Simulation IV	1			1			
General Education: Foreign Language	3	FL	3				
Term credit totals:	13	3	3	10			

Term 5:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HSPH 201 Introduction to Public Health	3	SS	3	3			
HNSG 314 Nursing Informatics and Healthcare	3			3			
Local General Education: Challenges of the 21st Century *Upper Division	3		3				
AMAT 108 Elementary Statistics	3	MS	3	3			
General Education: US History *Upper Division	3	AH	3				
Term credit totals:	15	9	12	9			

Term 6:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 311 Health Assessment and Health Promotion	4			4			
HPSH 231 Concepts of Epidemiology	3	NS	3	3			AMAT 108
General Education: International Perspectives *Upper Division	3	OW	3				
SPH Upper Division Elective	3			3			
Term credit totals:	16	6	6	10			

Term 7:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 312 Quality and Culture of Safety	3			3			AMAT 108

Term 8:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 412 Nursing Research and Evidenced Based Nursing	3			3			AMAT 108

LAS Upper Division Elective	3		3					HNSG 414 Management and Leadership for Nurses	4			4			All 300 level required nursing courses
HNSG 411 Population Health	4			4			HSPH 231	HNSG 415 Professional Role of Nurses	3			3			
LAS Upper Division Elective	3		3					HSPH 342 How US Healthcare Works, Myth and Reality	3		3	3			
								General Education: Arts	3	AR	3				
Term credit totals:	13		6	7				Term credit totals:	16	3	6	13			

Program Totals (in credits):	Total Credits: 121	SUNY GER: 48	LAS: 60	Major: 70	Elective & Other: 9	Upper Division: 45	Upper Division Major: 30	Number of SUNY GER Categories: 9

KEY Cr: credits **GER:** SUNY General Education Requirement (Enter Category Abbreviation) **LAS:** Liberal Arts & Sciences (Enter credits) **Maj:** Major requirement (Enter credits) **TPath:** SUNY Transfer Path Courses (Enter credits) **New:** new course (Enter X) **Co/Prerequisite(s):** list co/prerequisite(s) for the noted courses **Upper Division:** Courses intended primarily for juniors and seniors **SUNY GER Category Abbreviations:** American History (AH), Basic Communication (BC), Foreign Language (FL), Humanities (H), Math (M), Natural Sciences (NS), Other World Civilizations (OW), Social Science (SS), The Arts (AR), Western Civilization (WC)

Major Credits Breakdown:

Associate Degree Nursing Credits - 34

UAlbany Nursing Credits - 24

UAlbany Required Public Health Credits - 12

UAlbany Required Math Credits - 3

Total Major Credits: 73

Required Nursing Credits: 58

University at Albany (School of Public Health)

Mohawk Valley Community College Nursing AAS					University at Albany Nursing B.S.				
Course #	**Course Title**	**SUNY Gen Ed**	**Major Requirement at UAlbany**	**Credits Granted**	**Course #**	**Equivalent Course Title**	**SUNY Gen Ed**	**Major Requirement at UAlbany**	**Credits Accepted**
CF100	College Foundations Seminar			1	UUNI 100	First Year Seminar			1
EN 101	English 1: Composition	BC		3	AENG 100Z	English Composition I	BC		3
PY101	Introduction to General Psychology	SS		3	APY 101	Introduction to Psychology	SS		3
BI216	Human Anatomy & Physiology I	NS		4	AANT 316	Human Anatomy & Physiology I	NS		4
NU101	Nursing I: Fundamentals of Nursing			5	HNRS 001	Lower Level Nursing			5
NU111	Nursing Pharmacotheraputics I			1	HNRS 001	Lower Level Nursing			1
EN102	English 2: Ideas and Values in Literature	HU		3	AENG 121	English 2: Ideas & Values of Literature	HU		3
BI217	Human Anatomy & Physiology 2	NS		4	AANT 318	Human Anatomy & Physiology II	NS		4
PY207	Life-Span Development Psychology	SS		3	EPSY224	Life-Span Developmental Psychology	SS		3
NU102	Nursing 2A: Family Centered Nursing during the Pregnancy Cycle			4	HNRS 001	Lower Level Nursing			4
NU103	Nursing 2B: Mental Health and Psychiatric Nursing Throughout the Life Cycle			4	HNRS 001	Lower Level Nursing			4
NU201	Nursing 3: Threats to Basic Human Needs Throughout the Life Cycle: Part I			10	HNRS 001	Lower Level Nursing			10
BI201	Microbiology	NS		4	ABIO 296	Microbiology	NS		3
NU202	Nursing 4: Threats to Basic Needs Throughout the Life Cycle: Part 2			10	HNRS 001	Lower Level Nursing			10
MA110	Elementary Statistics (1)	MS	X	3	AMAT 108	Elementary Statistics	MS	X	3
					Total Credits Eligible for Transfer				62
					Additional Required and Elective Courses for the Major at UAlbany:				
					HSPH 201	Introduction to Public Health		X	3
					HSPH 231	Concepts of Epidemiology		X	3
					HNSG 311	Health Assessment and Health Promotion		X	4
					HNSG 312	Quality and Culture of Safety		X	3
					HNSG 314	Nursing Informatics and Healthcare		X	3
					HNSG 411	Population Health		X	4
					HNSG 412	Nursing Research and Evidenced Based Nursing		X	3
					HNSG 414	Management and Leadership for Nurses		X	4
					HNSG 415	Professional Role of Nurses		X	3
					HSPH 342	How Healthcare in the US Works, myths and realities		X	3
						SPH Upper Division Elective		X	3
						4 General Education Courses: - Foreign Language - American History - Arts - International Perspectives	FL, AH, AR, OW		12
						Local General Education Requirement: Challenges of the 21st Century			3
						Liberal Arts and Science Credits (2)			9
	Total Credits Required for Degree Completion at MVCC			**62**		Total Transfer Credits Required at UAlbany			**60**
						Total Credits Applied to Program			**62**
						Total Credits Required for Degree			**122**

A transfer student admitted to the University at Albany who has completed his/her A.A. or A.S. degree will be given credit for meeting SUNY's General Education requirements.

(1) Statistics is required at the University at Albany, so it is advised that Nursing students choose the statistics math course rather than calculus.

(2) 6 credits of Liberal Arts and Science Credits must be upper division to meet SED upper level requirements.

SUNY Undergraduate Program Schedule (***OPTION: You can paste an Excel version of this schedule AFTER this line, and delete the rest of this page.)***

Program/Track Title and Award:__Nursing AAS (MVCC) and Nursing BS (University at Albany)_____

a) Indicate **academic calendar type**: [x] Semester [ ] Quarter [ ] Trimester [ ] Other (describe):

b) **Label each term in sequence**, consistent with the institution's academic calendar (e.g., Fall 1, Spring 1, Fall 2)

c) **Name of SUNY Transfer Path, if one exists: _____Nursing_____ See Transfer Path Requirement Summary for details**

d) Use the table to show **how a typical student may progress through the program**; copy/expand the table as needed. **Complete all columns that apply to a course.**

Term 1:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
CF100 College Foundations Seminar	1		1				
EN 101 English 1: Composition	3	BC	3		X		
PY 101 Introduction to General Psychology	3	SS	3		X		
BI216 Human Anatomy & Physiology I	4	NS	4		X		
NU101 Nursing 1: Fundamentals of Nursing	5			5			
NU111 Nursing Pharmacotheraputics I	1			1			
Term credit totals:	16	10	11	6			

Term 2:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
EN102 English 2: Ideas and Values in Literature	3	BC	3				
BI217 Human Anatomy & Physiology 2	4	NS	4		X		
NU102 Nursing 2A: Family Centered Nursing during the Pregnancy Cycle	4			4			
NU103 Nursing 2B: Mental Health and Psychiatric Nursing Throughout the Life Cycle	4			4			
PY 207 Life-Span Development Psychology	3	SS	3				
Term credit totals:	18	10	10	8			

Term 3:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
NU201 Nursing 3: Threats to Basic Human Needs Throughout the Life Cycle: Part 1	10			10			
BI 201 Microbiology	4	NS	3		X		
Term credit totals:	14	4	3	10			

Term 4:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
NU202 Nursing 4: Threats to Basic Human Needs Throughout the Life Cycle: Part 2	10			10			
MA110 – Elementary Statistics	3	MS	3				
Term credit totals:	13	3	3	10			

Term 5:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HSPH 201 Introduction to Public Health	3	SS	3	3			
HPSH 231 Concepts of Epidemiology	3	NS	3	3			AMAT 108 (Statistics)
Local General Education: Challenges of the 21st Century *Upper Division	3		3				
General Education: Arts *Upper Division	3	AR	3				
General Education: US History *Upper Division	3	AH	3				
Term credit totals:	15	12	15	6			

Term 6:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 311 Health Assessment and Health Promotion	4			4			
HNSG 312 Quality and Culture of Safety	3			3			AMAT 108 (Statistics)
LAS Elective Upper Division	3		3				
General Education: International Perspectives	3	OW	3				
Term credit totals:	14	3	6	7			

Term 7:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 314 Nursing Informatics and Healthcare	3			3			
SPH Upper Division Elective	3			3			
HNSG 411 Population Health	4			4			HSPH 231
LAS Upper Division Elective	3		3				
LAS Elective	3		3				
Term credit totals:	16	3	6	10			

Term 8:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 412 Nursing Research and Evidence Based Nursing	3			3			AMAT 108 (Statistics)
HNSG 414 Management and Leadership for Nurses	4			4			All 300 Level required Nursing Courses
HNSG 415 Professional Role of Nurses	3			3			
HSPH 342 How Healthcare in the US Works, myths and realities	3		3	3			
General Education: Foreign Language	3	FL	3				
Term credit totals:	16	6	6	13			

Program Totals (in credits):	**Total Credits: 122**	**SUNY GER: 45**	**LAS: 60**	**Major: 70**	**Elective & Other: 6**	**Upper Division:45**	**Upper Division Major: 30**	**Number of SUNY GER Categories:**
								9

KEY Cr: credits **GER:** SUNY General Education Requirement (Enter Category Abbreviation) **LAS:** Liberal Arts & Sciences (Enter credits) **Maj:** Major requirement (Enter credits) **TPath:** SUNY Transfer Path Courses (Enter credits) **New:** new course (Enter X) **Co/Prerequisite(s):** list co/prerequisite(s) for the noted courses **Upper Division:** Courses intended primarily for juniors and seniors **SUNY GER Category Abbreviations:** American History (AH), Basic Communication (BC), Foreign Language (FL), Humanities (H), Math (M), Natural Sciences (NS), Other World Civilizations (OW), Social Science (SS), The Arts (AR), Western Civilization (WC)

Major Credits Breakdown:

Associate Degree Nursing Credits - 34

UAlbany Nursing Credits - 24

UAlbany Required Public Health Credits - 12

UAlbany Required Math Credits – Requirement taken at MVCC

Total Major Credits: 70

Required Nursing Credits: 58

University at Albany (School of Public Health)

Schenectady County Community College and Belanger School of Nursing Nursing AS						University at Albany Nursing BS				
Course #	**Course Title**	**SUNY Gen Ed**	**Major Requirement at UAlbany**	**Credits Granted**		**Course #**	**Equivalent Course Title**	**SUNY Gen Ed**	**Major Requirement at UAlbany**	**Credits Accepted**
BIO 241	Microbiology	NS		4		ABIO 296	Microbiology	NS		4
BIO 151	Anatomy and Physiology I	NS		4		ABIO 112	Anatomy and Physiology	NS		4
ENG 123	College Composition I	BC		3		AENG 100Z	English Composition I	BC		3
NURS 100	Concepts of the Nursing Profession			2		HNRS 001	Lower Level Nursing Elective			2
NURS 105	Foundations of Nursing Practice			5		HNRS 001	Lower Level Nursing Elective			5
NURS 110	Transitions of Care Across the Continuum			4		HNRS 001	Lower Level Nursing Elective			4
BIO 152	Anatomy and Physiology II	NS		4		AANT E00	Anatomy and Physiology II	NS		4
NURS 115	Introduction to Biophysical and Psychological Concepts			6		HNRS 001	Lower Level Nursing Elective			6
PSY 121	General Psychology	SS		3		APSY 101	General Psychology	SS		3
NURS 208	Advanced Biophysical, Psychological and Family Concepts			10		HNRS 001	Lower Level Nursing Elective			10
PSY 222	Developmental Psychology	SS		3		EPSY 224	Developmental Psychology	SS		3
NURS 215	Owning your Practice			3		HNRS 001	Lower Level Nursing Elective			3
NUR 210	Transition into Professional Practice			7		HNRS 001	Lower Level Nursing Elective			7
MAT 147	Statistics	M	X	3		AMAT 108	Statistics	M	X	3
	Sociology Elective	SS		3		ASOC E01	Sociology Elective	SS		3
						Total Credits Eligible for Transfer				**64**
						Additional Required and Elective Courses for the Major at UAlbany				
						HSPH 201	Introduction to Public Health		X	3
						HSPH 231	Concepts of Epidemiology		X	3
						HNSG 311	Health Assessment and Health Promotion		X	4
						HNSG 312	Quality and Culture of Safety		X	3
						HNSG 314	Nursing Informatics and Healthcare		X	3
						HNSG 411	Population Health		X	4
						HNSG 412	Nursing Research and Evidence Based Practice		X	3
						HNSG 414	Management and Leadership for Nurses		X	4
						HNSG 415	Professional Role of Nurses		X	3
						HSPH 469	How US Healthcare Works, Myths and Realities		X	3
							SPH Upper Division Elective		X	3
							Local General Education Requirement: Challenges of the 21st Century			3
							7 LAS Upper Level Electives(1)			21
	Total Credits Required for Degree Completion at SCCC			**64**			Total Transfer Credits Required at UAlbany			**60**
							Total Credits Applied to Program			**64**
							Total Credits Required for Degree			**124**

A transfer student admitted to the University at Albany who has completed his/her A.A. or A.S. degree will be given credit for meeting SUNY's General Education requirements.

(1) 6 out of the 7 Liberal Arts and Science Courses must be at the upper level to meet the upper level SED requirements.

SUNY Undergraduate Program Schedule (***OPTION: You can paste an Excel version of this schedule AFTER this line, and delete the rest of this page.)***

Program/Track Title and Award:__Nursing AS (Schenectady CC & Belanger School of Nursing) and Nursing BS (University at Albany)

Indicate **academic calendar type**: [X] Semester [ ] Quarter [ ] Trimester [ ] Other (describe):

a) Label each term in sequence, consistent with the institution's academic calendar (e.g., Fall 1, Spring 1, Fall 2)

b) Name of SUNY Transfer Path, if one exists: _____Nursing_____ See Transfer Path Requirement Summary for details

c) Use the table to show **how a typical student may progress through the program**; copy/expand the table as needed. **Complete all columns that apply to a course.**

Term 1:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
NURS 100: Concepts of the Nursing Profession	2						
BIO 151 Anatomy & Physiology I	4	NS	4		X		
PYS 121 Psychology	3	SS	3		X		
ENG 123 College Composition	3	BC	3		X		
NURS 105: Foundations of Nursing Practice	5			5			
Term credit totals:	17	10	10	7			

Term 2:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
NURS 110 Transitions of Care Across the Continuum	4			4			
BIO 152 Anatomy & Physiology II	4	NS	4		X		
NURS 115 Introduction to Biophysical and Psychological Concepts	6			6			
PSY 222 Developmental Psychology	3	SS	3				
Term credit totals:	17	7	7	10			

Term 3:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
NURS 208 Advanced Biophysical, Psychosocial and Family Concepts	10			10			
BIO 241 Microbiology	4	NS	4				
MAT 147 Statistics	3	M	3				
Term credit totals:	17	7	7	10			

Term 4:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
NURS 210 Transitions into Professional Practice	7			7			
NURS 215 Owning your Practice	3			3			
Sociology Elective	3	SS	3				
Term credit totals:	13	3	3	10			

Term 5:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HSPH 201 Introduction to Public Health	3	SS	3	3			
HNSG 311 Health Assessment and Health Promotion	4			4			
Local General Education: Challenges of the 21st Century	3		3				
LAS Upper Division Elective	3		3				
LAS Upper Division Elective	3		3				
Term credit totals:	16	3	12	7			

Term 6:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HPSH 231 Concepts of Epidemiology	3	NS	3	3			AMAT 108
HNSG 312 Quality and Culture of Safety	3			3			
LAS Upper Division Elective	3		3				
LAS Upper Division Elective	3		3				
Term credit totals:	12	3	9	6			

Term 7:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 314 Nursing Informatics and Healthcare	3			3			AMAT 108

Term 8:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 412 Nursing Research and Evidence Based Practice	3			3			AMAT 108

LAS Upper Division Elective	3		3						HNSG 414 Management and Leadership for Nurses	4			4			All 300 required Nursing Courses
HNSG 411 Population Health	4			4			HSPH 231		HNSG 415 Professional Role of Nurses	3			3			
SPH Upper Division Elective	3			3					HSPH 342 How Healthcare in the US works, myths and reality	3		3	3			
LAS Upper Division Elective	3		3						LAS Elective	3		3				
Term credit totals:	16		6	10					Term credit totals:	16		6	13			

Program Totals (in credits):	Total Credits: 124	SUNY GER: 33	LAS: 60	Major: 71	Elective & Other: 21	Upper Division: 45	Upper Division Major: 29	Number of SUNY GER Categories: 4

KEY Cr: credits **GER:** SUNY General Education Requirement (Enter Category Abbreviation) **LAS:** Liberal Arts & Sciences (Enter credits) **Maj:** Major requirement (Enter credits) **TPath:** SUNY Transfer Path Courses (Enter credits) **New:** new course (Enter X) **Co/Prerequisite(s):** list co/prerequisite(s) for the noted courses **Upper Division:** Courses intended primarily for juniors and seniors **SUNY GER Category Abbreviations:** American History (AH), Basic Communication (BC), Foreign Language (FL), Humanities (H), Math (M), Natural Sciences (NS), Other World Civilizations (OW), Social Science (SS), The Arts (AR), Western Civilization (WC)

Major Credits Breakdown:

Associate Degree Nursing Credits – 37

*Only **35 credits** Nursing Credits will be transferred into the major. NURS 100 as an introduction 2 credit course will be considered elective for overall degree.*

UAlbany Nursing Credits - 24

UAlbany Required Public Health Credits - 12

UAlbany Required Math Credits – Requirement completed at SCCC

Total Major Credits: 71

Required Nursing Credits: 59

University at Albany (School of Public Health)

Maria College Nursing AAS					University at Albany Nursing BS				
Course #	**Course Title**	**SUNY Gen Ed**	**Major Requirement at UAlbany**	**Credits Granted**	**Course #**	**Equivalent Course Title**	**SUNY Gen Ed**	**Major Requirement at UAlbany**	**Credits Accepted**
BIO 203	Microbiology	NS		4	ABIO 296	Microbiology	NS		4
BIO 209	Anatomy and Physiology I	NS		4	ABIO 112	Anatomy and Physiology	NS		4
ENG 111	Composition	HU		3	AENG 100Z	English Composition I	HU		3
NUR 120	Fundamentals of Nursing			8	HNRG 001	Nursing Lower Level Elective			6
NUR 110	Introduction to Professional Nursing Practice			1	HNRG 001	Nursing Lower Level Elective			1
NUR 130	Care of Individuals Across the Lifespan			8	HRNG 001	Nursing Lower Level Elective			9
NUR 240	Care of Clients with Physical and Psychological Needs			8	HRNG 001	Nursing Lower Level Elective			3
BIO 210	Anatomy and Physiology II	NS		4	AANT E00	Anatomy and Physiology II	NS		3
NUR 250	Care of the Complex Client			8	HRNG 001	Nursing Lower Level Elective			8
NUR 260	Transition to Nursing Practice			3	HRNG 001	Nursing Lower Level Elective			3
PSY 100	General Psychology	SS		3	APSY 101	General Psychology	SS		3
PSY 200	Developmental Psychology	SS		3	EPSY 224	Developmental Psychology	SS		3
SOC 101	Introduction to Social Change	SS		3	ASOC 001	Sociology Elective	SS		3
ENG 211	Critical Inquiry and Writing	BC		3	UUNI 101	Writing and Critical Inquiry	BC		3
RES 201	Foundations in Social Justice			3	AREL E10	Religious Studies Elective			3
					Total Credits Eligible for Transfer				**66**
					Additional Required and Elective Courses for the Major at UAlbany				
					AMAT 108	Elementary Statistics	MS	X	3
					HSPH 201	Introduction to Public Health	SS	X	3
					HSPH 231	Concepts of Epidemiology	NS	X	3
					HNSG 311	Health Assessment and Health Promotion		X	4
					HNSG 312	Quality and Culture of Safety		X	3
					HNSG 314	Nursing Informatics and Healthcare		X	3
					HNSG 411	Population Health		X	4
					HNSG 412	Nursing Research & Evidence Based Nursing		X	3
					HNSG 414	Management and Leadership for Nurses		X	4
					HNSG 415	Professional Role of Nurses		X	3
					HSPH 342	How US Healthcare Works, Myths and Reality		X	3
						Upper Division SPH Elective		X	3
						4 General Education Courses: (1) - American History - Arts - Foreign Language - International Perspectives	AH, AR, FL, OW		12
						Local General Education Requirement: Challenges of the 21st Century			3
						Upper Division Liberal Arts and Science Course (2)			3
						Upper Division Free Elective (3)			3
	Total Credits Required for Degree Completion at Maria			**66**		Total Transfer Credits Required at UAlbany			**60**
						Total Credits Applied to Program			**66**
						Total Credits Required for Degree			**126**

NOTES:

(1) Maria's Degree is an AAS from a non-SUNY institution. General Education Requirements are not completed in the AAS.

(2) Liberal Arts and Science Credits required to meet SED regulations. Upper Division requirement is to meet SED requirement for BS degrees.

(3) Upper Division Free Elective is required to meet the SED upper division requirement for BS degrees.

SUNY Undergraduate Program Schedule (***OPTION: You can paste an Excel version of this schedule AFTER this line, and delete the rest of this page.)***

Program/Track Title and Award: Nursing AAS at Maria College to Nursing BS at University at Albany

a) Indicate **academic calendar type**: [X] Semester [ ] Quarter [ ] Trimester [ ] Other (describe):

b) **Label each term in sequence**, consistent with the institution's academic calendar (e.g., Fall 1, Spring 1, Fall 2)

c) **Name of SUNY Transfer Path, if one exists: _____ See Transfer Path Requirement Summary for details**

d) Use the table to show **how a typical student may progress through the program**; copy/expand the table as needed. **Complete all columns that apply to a course.**

Term 1:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
BIO 209 Anatomy & Physiology I	4	NS	4				
NUR 120 Fundamentals of Nursing	8			8			
PSY 100 General Psychology	3	SS	3				
NUR 110 Introduction to Professional Nursing Practice	1			1			
Term credit totals:	16	7	7	9			

Term 2:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
BIO 210 Anatomy and Physiology II	4	NS	4				
ENG 111 Composition	3	HU	3				
NUR 130 Care of Individuals Across Lifespan	8			8			
PSY 200 Developmental Psychology	3	SS	3				
Term credit totals:	18	10	10	8			

Term 3:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
BIO 203 Microbiology	4	NS	4				
NUR 240 Care of Clients with Physical and Psychological Needs	8			8			
SOC 101 Introduction to Social Change	3	SS	3				
ENG 211 Critical Inquiry and Writing	3	BC	3				
Term credit totals:	18	10	10	8			

Term 4:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
NUR 250 Care of the Complex Client	8			8			
NUR 260 Transition to Nursing Practice	3			3			
Term credit totals:	11			11			

Term 5:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HSPH 201 Introduction to Public Health	3	SS	3	3			
General Education: International Perspectives *Upper Division	3	OW	3				
HNSG 311 Health Assessment and Health Promotion	4			4			
General Education: US History *Upper Division	3	AH	3				
AMAT 108 Statistics	3	M	3				
Term credit totals:	16	12	13	7			

Term 6:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
Local General Education: Challenges of the 21st Century *Upper Division	3		3				
HNSG 312 Quality and Culture of Safety	3			3			AMAT 108
LAS Upper Division Elective	3		3	3			
HPSH 231 Concepts of Epidemiology	3	NS	3	3			AMAT 108
General Education: Arts	3	AR	3				
Term credit totals:	15	6	12	9			

Term 7:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 314 Nursing Informatics and Healthcare	3			3			
HNSG 415 Professional Role of Nurses	3			3			
HNSG 411 Population Health	4			4			HSPH 231
LAS Upper Division Elective	3		3				
Term credit totals:	13		3	10			

Term 8:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 412 Nursing Research & Evidence Based Nursing	3			3			AMAT 108
HNSG 414 Management and Leadership for Nurses	4			4			All 300 Level required nursing courses
SPH Upper Division Elective	3			3			
HSPH 342 How US Healthcare works, Myths and Reality	3		3	3			
General Education: Foreign Language	3	FL	3				
Term credit totals:	16	3	6	13			

Program Totals (in credits):	**Total Credits: 123**	**SUNY GER: 48**	**LAS: 60**	**Major: 75**	**Elective & Other:**	**Upper Division: 45**	**Upper Division Major: 27**	**Number of SUNY GER Categories:**
								9

KEY Cr: credits **GER:** SUNY General Education Requirement (Enter Category Abbreviation) **LAS:** Liberal Arts & Sciences (Enter credits) **Maj:** Major requirement (Enter credits) **TPath:** SUNY Transfer Path Courses (Enter credits) **New:** new course (Enter X) **Co/Prerequisite(s):** list co/prerequisite(s) for the noted courses **Upper Division:** Courses intended primarily for juniors and seniors **SUNY GER Category Abbreviations:** American History (AH), Basic Communication (BC), Foreign Language (FL), Humanities (H), Math (M), Natural Sciences (NS), Other World Civilizations (OW), Social Science (SS), The Arts (AR), Western Civilization (WC)

Major Credits Breakdown:

Associate Degree Nursing Credits - 36

UAlbany Nursing Credits - 24

UAlbany Required Public Health Credits - 12

UAlbany Required Math Credits - 3

Total Major Credits: 75

Required Nursing Credits: 60

University at Albany (School of Public Health)

Samaritan Hospital Nursing College Nursing AS					University at Albany Nursing BS				
Course #	**Course Title**	**SUNY Gen Ed**	**Major Requirement at UAlbany**	**Credits Granted**	**Course #**	**Equivalent Course Title**	**SUNY Gen Ed**	**Major Requirement at UAlbany**	**Credits Accepted**
	Microbiology	NS		4	ABIO 296	Microbiology	NS		4
	Anatomy and Physiology I	NS		4	ABIO 112	Anatomy and Physiology	NS		4
	English Composition I	BC		3	AENG 100Z	English Composition I	BC		3
	Nursing I – Health Promotion and Wellness			6	HNRG 001	Nursing Lower Level Elective			6
	Nursing II – Health Maintenance, Restoration and Support			9	HRNG 001	Nursing Lower Level Elective			9
	Nursing III – Managing Care			3	HRNG 001	Nursing Lower Level Elective			3
	Anatomy and Physiology II	NS		3	AANT E00	Anatomy and Physiology II	NS		3
	Nursing IV – Complex Health, Maintenance, Restoration and Support: Women and Children's Health			8	HRNG 001	Nursing Lower Level Elective			8
	Nursing BH – Complex health, Maintenance, Restoration and Support: Psychiatric Health			3	HRNG 001	Nursing Lower Level Elective			3
	Nursing V – Coordinating and Improving Care			10	HRNG 001	Nursing Lower Level Elective			10
	General Psychology	SS		3	APSY 101	General Psychology	SS		3
	Developmental Psychology	SS		3	EPSY 224	Developmental Psychology	SS		3
	English Elective	HU		3	AENG 001	English lower level elective	HU		3
	Social Science Elective	SS		3		Social Science Elective			3
	Directed LAS Elective			3		Elective			3
					Total Credits Eligible for Transfer				**69**
					Additional Required and Elective Courses for the Major at UAlbany				
					AMAT 108	Elementary Statistics	MS	X	3
					HSPH 201	Introduction to Public Health	SS	X	3
					HSPH 231	Concepts of Epidemiology	NS	X	3
					HNSG 311	Health Assessment and Health Promotion		X	4
					HNSG 312	Quality and Culture of Safety		X	3
					HNSG 314	Nursing Informatics and Healthcare		X	3
					HNSG 411	Population Health		X	4
					HNSG 412	Nursing Research & Evidence Based Nursing		X	3
					HNSG 414	Management and Leadership for Nurses		X	4
					HNSG 415	Professional Role of Nurses		X	3
					HSPH 342	How US Healthcare Works, Myths and Reality		X	3
						SPH Upper Division Elective		X	3
						4 General Education Courses: (1) - American History - Arts - Foreign Language - International Perspectives	AH, AR, FL, OW		12
						Local General Education Requirement: Challenges of the 21st Century			3
						LAS Elective Upper Level (2)			3
	Total Credits Required for Degree Completion at Samaritan			**69**		Total Transfer Credits Required at UAlbany			**57**
						Total Credits Applied to Program			**69**
						Total Credits Required for Degree			**126**

(1) Samaritan Degree is an AS from a non-SUNY institution. SUNY General Education Requirements are not completed in the AS.

(2) Liberal Arts and Science Credits required to meet SED regulations. Upper Division requirement is to meet SED requirement for BS degrees.

SUNY Undergraduate Program Schedule (***OPTION: You can paste an Excel version of this schedule AFTER this line, and delete the rest of this page.)***

Program/Track Title and Award: _Nursing AS at Samaritan Hospital Nursing School to Nursing BS at University at Albany_____

a) Indicate **academic calendar type**: [X] Semester [ ] Quarter [ ] Trimester [ ] Other (describe):

b) **Label each term in sequence**, consistent with the institution's academic calendar (e.g., Fall 1, Spring 1, Fall 2)

c) **Name of SUNY Transfer Path, if one exists: _____ See Transfer Path Requirement Summary for details**

d) Use the table to show **how a typical student may progress through the program**; copy/expand the table as needed. **Complete all columns that apply to a course.**

Term 1:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
Nursing I – Health Promotion and Wellness	6			6			
Anatomy and Physiology I	4	NS	4				
General Psychology	3	SS	3				
English Composition I	3	BC	3				
Term credit totals:	16	10	10	6			

Term 2:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
Nursing II – Health Maintenance, Restoration and Support	9			9			
Anatomy and Physiology II	4	NS	4				
Developmental Psychology	3	SS	3				
Nursing III – Managing Care	3						
Term credit totals:	19	7	7	9			

Term 3:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
Nursing IV – Complex Health, Maintenance, Restoration and Support: Women and Children's Health	8			8			
Nursing BH – Complex health, Maintenance, Restoration and Support: Psychiatric Health	3			3			
Microbiology	4	NS	4				
Social Science Elective	3	SS	3				
Term credit totals:	18	7	7	11			

Term 4:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
Nursing V – Coordinating and Improving Care	10			10			
English Elective	3	HU	3				
Directed LAS Elective	3		3				
Term credit totals:	16	3	3	10			

Term 5:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HSPH 201 Introduction to Public Health	3	SS	3	3			
General Education: International Perspectives *Upper Division	3	OW	3				
Local General Education: Challenges of the 21st Century *Upper Division	3		3				
General Education: US History *Upper Division	3	AH	3				
AMAT 108 Statistics	3	M	3	3			
Term credit totals:	15	12	15	6			

Term 6:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 311 Health Assessment and Health Promotion	4			4			
HSNG 312 Quality and Culture of Safety	3			3			AMAT 108
LAS Elective Upper Level	3		3				
HPSH 231 Concepts of Epidemiology	3	NS	3	3			AMAT 108
General Education: Arts	3	AR	3				
Term credit totals:	16	6	9	10			

Term 7:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 314 Nursing Informatics and Healthcare	3			3			
HSNG 412 Nursing Research & Evidence Based Nursing	3			3			AMAT 108
HSNG 411 Population Health	4			4			
SPH Upper Division Elective	3			3			
Term credit totals:	13			13			

Term 8:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
General Education: Foreign Language	3	FL	3				
HNSG 414 Management and Leadership for Nurses	4			4			All 300 level Required Nursing course
HSNG 415 Professional Role of Nurses	3			3			
HSPH 342 How US Healthcare works, myths vs reality	3		3	3			
Term credit totals:	13	3	3	10			

Program Totals (in credits):	**Total Credits: 126**	**SUNY GER: 48**	**LAS: 60**	**Major: 72**	**Elective & Other: 3**	**Upper Division: 45**	**Upper Division Major: 30**	**Number of SUNY GER Categories:**
								9

KEY Cr: credits **GER:** SUNY General Education Requirement (Enter Category Abbreviation) **LAS:** Liberal Arts & Sciences (Enter credits) **Maj:** Major requirement (Enter credits) **TPath:** SUNY Transfer Path Courses (Enter credits) **New:** new course (Enter X) **Co/Prerequisite(s):** list co/prerequisite(s) for the noted courses **Upper Division:** Courses intended primarily for juniors and seniors **SUNY GER Category Abbreviations:** American History (AH), Basic Communication (BC), Foreign Language (FL), Humanities (H), Math (M), Natural Sciences (NS), Other World Civilizations (OW), Social Science (SS), The Arts (AR), Western Civilization (WC)

Major Credits Breakdown:

Associate Degree Nursing Credits - 36

UAlbany Nursing Credits - 24

UAlbany Required Public Health Credits - 12

UAlbany Required Math Credits - 3

Total Major Credits: 72

Required Nursing Credits: 60

University at Albany
New Program Proposal
BS in Nursing

Appendix 8: Program Schedules for Full Time and Part Time Students

- Full-Time Students with an AAS Nursing Degree
- Full-Time Students with an AS Nursing Degree
- Part-Time Students with an AAS Nursing Degree
- Part-Time Students with an AS Nursing Degree

SUNY Undergraduate Program Schedule (***OPTION: You can paste an Excel version of this schedule AFTER this line, and delete the rest of this page.)***

Program/Track Title and Award: (Student entering program with Nursing A.A.S) Nursing B.S. (FULL TIME STUDENT)

- Indicate **academic calendar type**: [X] Semester [ ] Quarter [ ] Trimester [ ] Other (describe):
- **Label each term in sequence**, consistent with the institution's academic calendar (e.g., Fall 1, Spring 1, Fall 2)
- **Name of SUNY Transfer Path, if one exists: NURSING See Transfer Path Requirement Summary for details**
- Use the table to show **how a typical student may progress through the program**; copy/expand the table as needed. **Complete all columns that apply to a course.**

Term 1:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
First four semesters are completed at another institution to earn their A.A.S. in Nursing before being admitted.							
Term credit totals:							

Term 2:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
First four semesters are completed at another institution to earn their A.A.S. in Nursing before being admitted.							
Term credit totals:							

Term 3:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
First four semesters are completed at another institution to earn their A.A.S. in Nursing before being admitted.							
Term credit totals:							

Term 4:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
First four semesters are completed at another institution to earn their A.A.S. in Nursing before being admitted.							
Term credit totals:							

Term 5:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
AMAT 108 – Statistics	3	M	3	3			
HSPH 201 – Introduction to Public Health	3		3	3			
General Education: Arts *Upper Level Course*	3	AR	3				
HNSG 311– Health Assessment and Health Promotion	4			4			
General Education: International Perspectives	3	OW	3				
Term credit totals:	16	9	12	10			

Term 6:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
General Education: Humanities	3	H	3				
General Education: US History *Upper Level Course*	3	AH	3				
HSPH 231 – Concepts of Epidemiology	3		3	3			
HNSG 314 Nursing informatics and Healthcare Technology	3			3			
HNSG 312 – Quality and Culture of Safety In Nursing	3			3			
Term credit totals:	15	6	9	9			

Term 7:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**

Term 8:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**

Local General Ed: Challenges in 21st Century *Upper Level Course*	3		3					HSPH 342 How US Health Care Works: Myths and Realities	3			3			
LAS Upper Division Elective	3		3					HNGG 412 – Research in Nursing	3			3			
HNSG 411 – Population Health*	4			4				HNSG 414– Management & Leadership for Nursing*	4			4			
HSPH 321 – Global Environmental Issues and Their Effect on Human Health	3		3	3				HNSG 415 – Professional Role of Nurses	3			3			
HNSG 315 Evidence based Practice	3														
Term credit totals:	16		9	7				Term credit totals:	13			13			

Program Totals (in credits):	**Total Credits at UA: 60** **Total earn BS: 120**	**Total SUNY GER at UA: 15** **Total GER to earn BS: 30**	**Total LAS at UA: 30** **Total LAS to earn BS: 60**	**UA Major: 42**	**Elective & Other: 3**	**Upper Division: 45**	**Upper Division Major: 36**	**Number of SUNY GER Categories:** 9 Note: Academic Advisors will work with students individually based on their AAS degree to ensure all General Education requirements are met upon graduation.

KEY Cr: credits **GER:** SUNY General Education Requirement (Enter Category Abbreviation) **LAS:** Liberal Arts & Sciences (Enter credits) **Maj:** Major requirement (Enter credits) **TPath:** SUNY Transfer Path Courses (Enter credits) **New:** new course (Enter X) **Co/Prerequisite(s):** list co/prerequisite(s) for the noted courses **Upper Division:** Courses intended primarily for juniors and seniors **SUNY GER Category**

SUNY Undergraduate Program Schedule (***OPTION: You can paste an Excel version of this schedule AFTER this line, and delete the rest of this page.)***

Program/Track Title and Award: (Student entering program with Nursing A.S) Nursing B.S. (FULL TIME STUDENT)

- Indicate **academic calendar type**: [X] Semester [ ] Quarter [ ] Trimester [ ] Other (describe):
- **Label each term in sequence**, consistent with the institution's academic calendar (e.g., Fall 1, Spring 1, Fall 2)
- **Name of SUNY Transfer Path, if one exists: NURSING See Transfer Path Requirement Summary for details**
- Use the table to show **how a typical student may progress through the program**; copy/expand the table as needed. **Complete all columns that apply to a course.**

Term 1:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
First four semesters are completed at another institution to earn their A.S. in Nursing before being admitted.							
Term credit totals:							

Term 2:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
First four semesters are completed at another institution to earn their A.S. in Nursing before being admitted.							
Term credit totals:							

Term 3:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
First four semesters are completed at another institution to earn their A.S. in Nursing before being admitted.							
Term credit totals:							

Term 4:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
First four semesters are completed at another institution to earn their A.S. in Nursing before being admitted.							
Term credit totals:							

Term 5:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
AMAT 108 – Statistics	3	M	3	3			
HSPH 201 – Introduction to Public Health	3		3	3			
LAS Elective *Upper Level Course*	3		3				
HNSG 311– Health Assessment and Health Promotion	4			4			
LAS Elective	3		3				
Term credit totals:	16	3	12	10			

Term 6:	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
LAS Elective	3		3				
LAS Elective *Upper Level Course*	3		3				
HSPH 231 – Concepts of Epidemiology	3		3	3			
HNSG 314 Nursing informatics and Healthcare Technology	3			3			
HNSG 312 – Quality and Culture of Safety In Nursing	3			3			
Term credit totals:	15		9	9			

Term 7:	See KEY.

Term 8:	See KEY.

Course Number & Title	Cr	GER	LAS	Maj	TPath	New	Co/Prerequisites	Course Number & Title	Cr	GER	LAS	Maj	TPath	New	Co/Prerequisites
Local General Ed: Challenges in 21st Century *Upper Level Course*	3		3					HSPH 342 How US Health Care Works: Myths and Realities	3			3			
LAS Upper Division Elective	3		3					HNGG 412 – Research in Nursing	3			3			
HNSG 411 – Population Health*	4			4				HNSG 414– Management & Leadership for Nursing*	4			4			
HSPH 321 – Global Environmental Issues and Their Effect on Human Health	3		3	3				HNSG 415 – Professional Role of Nurses	3			3			
HNSG 315 Evidence based Practice	3														
Term credit totals:	16		9	7				Term credit totals:	13			13			

Program Totals (in credits):	Total Credits at UA: 60 Total earn BS: 120	Total SUNY GER at UA: 3 Completed GRE in AS	Total LAS at UA: 30 Total LAS to earn BS: 60	UA Major: 42	Elective & Other: 15	Upper Division: 45	Upper Division Major: 36	Number of SUNY GER Categories:
								9 Note: Students who earn an AS in Nursing will be considered to have earned their General Education credits before entering UAlbany.

KEY Cr: credits **GER:** SUNY General Education Requirement (Enter Category Abbreviation) **LAS:** Liberal Arts & Sciences (Enter credits) **Maj:** Major requirement (Enter credits) **TPath:** SUNY Transfer Path Courses (Enter credits) **New:** new course (Enter X) **Co/Prerequisite(s):** list co/prerequisite(s) for the noted courses **Upper Division:** Courses intended primarily for juniors and seniors **SUNY GER Category**

SUNY Undergraduate Program Schedule (***OPTION: You can paste an Excel version of this schedule AFTER this line, and delete the rest of this page.***)

Program/Track Title and Award: (Student entering program with Nursing A.A.S) Nursing B.S. (PART-TIME STUDENT)

a) Indicate **academic calendar type**: [ ] Semester [ ] Quarter [ ] Trimester [ ] Other (describe):

b) **Label each term in sequence**, consistent with the institution's academic calendar (e.g., Fall 1, Spring 1, Fall 2)

c) **Name of SUNY Transfer Path, if one exists: NURSING See Transfer Path Requirement Summary for details**

d) Use the table to show **how a typical student may progress through the program**; copy/expand the table as needed. **Complete all columns that apply to a course.**

Term 1: Fall 1	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HSNG 311 – Health Assessment and Health Promotion	4			4			
HSPH 201 Introduction to Public Health	3		3	3			
Term credit totals:	7		3	7			

Term 2: Spring 1	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 312 – Quality and Culture of Safety in Nursing	3			3			
General Education: US History *Upper Level Course*	3	AH	3				
Term credit totals:	6	3	3	3			

Term 3: Summer 1	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
General Education: Humanities	3	H	3				
Term credit totals:	3	3	3				

Term 4: Fall 2	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 314 – Nursing Informatics and Healthcare Technology	3			3			
AMAT 108 - Statistics	3	M	3	3			
Term credit totals:	6	3	3	6			

Term 5: Spring 2	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 315 Evidenced Based Practice	3			3			
HSPH 231 – Concepts of Epidemiology	3		3	3			
Term credit totals:	6		3	6			

Term 6: Summer 2	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
General Education: International Perspectives	3	OW	3				
Term credit totals:	3	3	3				

Term 7: Fall 3	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 411 – Population Health	4			4			

Term 8: Spring 3	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 412 – Nursing Research	3			3			

HSPH 342 How US Health Care Works: Myths and Realities	3		3	3				HSPH 321 – Global Environmental Issues and their Effect on Human Health	3		3	3			
Term credit totals:	7		3	7				Term credit totals:	6		3	6			
Term 9: Summer 3								**Term 10: Fall 4**							
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Pre**	**Course Number & Title**	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Pre**
General Education: Arts *Upper Level Course*	3	AR	3					HNSG 414 – Management & Leadership for Nursing	4			4			
								HNSG 415 – Professional Role of Nurses	3			3			
Term credit totals:	3	3	3					Term credit totals:	7			7			
Term 11: Spring 4								**Term 12:**							
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Pre**	**Course Number & Title**	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Pre**
Local General Education: Challenges Upper Level	3		3												
LAS Course *Upper Level Course*	3		3												
Term credit totals:	6		3					Term credit totals:							

Program Totals (in credits):	**Total Credits at UA: 60** **Total earn BS: 120**	**Total SUNY GER at UA: 15** **Total GER to earn BS: 30**	**Total LAS at UA: 30** **Total LAS to earn BS: 60**	**UA Major: 42**	**Elective & Other: 3**	**Upper Division: 45**	**Upper Division Major: 36**	**Number of SUNY GER Categories:** 9 Note: Academic Advisors will work with students individually based on their AAS degree to ensure all General Education requirements are met upon graduation.

KEY Cr: credits **GER:** SUNY General Education Requirement (Enter Category Abbreviation) **LAS:** Liberal Arts & Sciences (Enter credits) **Maj:** Major requirement (Enter credits) **TPath:** SUNY Transfer Path Courses (Enter credits) **New:** new course (Enter X) **Co/Prerequisite(s):** list co/prerequisite(s) for the noted courses **Upper Division:** Courses intended primarily for juniors and seniors **SUNY GER Category Abbreviations:** American History (AH), Basic Communication (BC), Foreign Language (FL), Humanities (H), Math (M), Natural Sciences (NS), Other World Civilizations (OW), Social Science (SS), The Arts (AR), Western Civilization (WC)

SUNY Undergraduate Program Schedule (***OPTION: You can paste an Excel version of this schedule AFTER this line, and delete the rest of this page.)***

Program/Track Title and Award: (Student entering program with Nursing A.S) Nursing B.S. (PART-TIME STUDENT)

e) Indicate **academic calendar type**: [ ] Semester [ ] Quarter [ ] Trimester [ ] Other (describe):

f) **Label each term in sequence**, consistent with the institution's academic calendar (e.g., Fall 1, Spring 1, Fall 2)

g) **Name of SUNY Transfer Path, if one exists: NURSING See Transfer Path Requirement Summary for details**

h) Use the table to show **how a typical student may progress through the program**; copy/expand the table as needed. **Complete all columns that apply to a course.**

Term 1: Fall 1	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HSNG 311 – Health Assessment and Health Promotion	4			4			
HSPH 201 Introduction to Public Health	3		3	3			
Term credit totals:	7		3	7			

Term 2: Spring 1	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 312 – Quality and Culture of Safety in Nursing	3			3			
LAS Elective *Upper Level Course*	3		3				
Term credit totals:	6		3	3			

Term 3: Summer 1	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
LAS Elective *Upper Level Course*	3		3				
Term credit totals:	3		3				

Term 4: Fall 2	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 314 – Nursing Informatics and Healthcare Technology	3			3			
AMAT 108 - Statistics	3	M	3	3			
Term credit totals:	6	3	3	6			

Term 5: Spring 2	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 315 Evidenced Based Practice	3			3			
HSPH 231 – Concepts of Epidemiology	3		3	3			
Term credit totals:	6		3	6			

Term 6: Summer 2	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
LAS Elective *Upper Level Course*	3		3				
Term credit totals:	3		3				

Term 7: Fall 3	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 411 – Population Health	4			4			
HSPH 342 How US Health Care Works: Myths and Realities	3		3	3			

Term 8: Spring 3	See KEY.						
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Prerequisites**
HNSG 412 – Nursing Research	3			3			
HSPH 321 – Global Environmental Issues and their Effect on Human Health	3		3	3			

Term credit totals:	7		3	7					Term credit totals:	6		3	6				
Term 9: Summer 3									**Term 10: Fall 4**								
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Pre**		**Course Number & Title**	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Pre**	
LAS Elective *Upper Level Course*	3		3						HNSG 414 – Management & Leadership for Nursing	4			4				
									HNSG 415 – Professional Role of Nurses	3			3				
Term credit totals:	3		3						Term credit totals:	7			7				
Term 11: Spring 4									**Term 12:**								
Course Number & Title	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Pre**		**Course Number & Title**	**Cr**	**GER**	**LAS**	**Maj**	**TPath**	**New**	**Co/Pre**	
Local General Education: Challenges Upper Level	3		3														
LAS Course *Upper Level Course*	3		3														
Term credit totals:	6		3						Term credit totals:								

Program Totals (in credits):	**Total Credits at UA: 60** **Total earn BS: 120**	**Total SUNY GER at UA: 15** **Total GER to earn BS: 30**	**Total LAS at UA: 30** **Total LAS to earn BS: 60**	**UA Major: 42**	**Elective & Other: 3**	**Upper Division: 45**	**Upper Division Major: 36**	**Number of SUNY GER Categories:** Students with AS degrees have completed General Education requirements upon graduation of AS program.

KEY Cr: credits **GER:** SUNY General Education Requirement (Enter Category Abbreviation) **LAS:** Liberal Arts & Sciences (Enter credits) **Maj:** Major requirement (Enter credits) **TPath:** SUNY Transfer Path Courses (Enter credits) **New:** new course (Enter X) **Co/Prerequisite(s):** list co/prerequisite(s) for the noted courses **Upper Division:** Courses intended primarily for juniors and seniors **SUNY GER Category Abbreviations:** American History (AH), Basic Communication (BC), Foreign Language (FL), Humanities (H), Math (M), Natural Sciences (NS), Other World Civilizations (OW), Social Science (SS), The Arts (AR), Western Civilization (WC)

Appendix 9: Distance Education Form

Distance Education Format Proposal For A Proposed or Registered Program

Form 4

Version 2014-11-17

When a new or existing program is designed for a distance education format, a campus Chief Executive Officer or Chief Academic Officer should submit a signed cover letter and this completed form to the SUNY Provost at *program.review@suny.edu.* According to MSCHE, the 50% standard includes only courses offered in their entirety via distance education, not courses utilizing mixed delivery methods. Also, MSCHE requires that the first two programs for which 50% or more is offered through distance education be submitted for Commission review and prior approval of a substantive change.

- All campuses must complete the following sections: Sections 1 - 3, and Part B: Program Specific Issues.
- Part A must be completed if the proposing campus has not previously submitted this form with a completed Part A: Institution-wide Issues, or has made significant changes to its institution-wide distance education operations since last completing Part A. This applies even if the institution has programs registered to be delivered at a distance.

Section 1. General Information		
a) Institutional Information	Institution's 6-digit SED Code:	210500
	Institution's Name:	University at Albany
	Address:	1 University PL, Rensselaer, NY 12144
b) Registered or Proposed Program	Program Title:	Nursing RN to BS program
	SED Program Code	TBA
	Award(s) (e.g., A.A., B.S.):	BS
	Number of Required Credits:	Minimum [0] If tracks or options, largest minimum [120]
	HEGIS Code:	1203.10
	CIP 2010 Code:	51.3801
c) Distance Education Contact	Name and title: Billie Bennett Franchini, Ph.D., Director, Institute for Teaching, Learning and Academic Leadership & Interim Director, Online Teaching and Learning Telephone: (518) 442-4850 E-mail: bfranchini@albany.edu	
d) Chief Executive or Chief Academic Officer Approval	**Signature affirms that the proposal has met all applicable campus administrative and shared governance procedures for consultation, and the institution's commitment to support the proposed program.** ***E-signatures are acceptable.*** Name and title: Dr. Carol H. Kim Signature and date: 12·7·21	
	If the program will be registered jointly[1] with one or more other institutions, provide the following information for each institution:	
	Partner institution's name and 6-digit SED Code:	
	Name, title, and signature of partner institution's CEO (or **append** a signed letter indicating approval of this proposal):	

[1] If the partner institution is non-degree-granting, see SED's CEO Memo 94-04.

Section 2: Enrollment

Year	Anticipated Headcount Enrollment			Estimated FTE
	Full-time	Part-time	Total	
1		30	30	30
2		54	54	54
3		79	79	79
4		94	94	94
5		105	105	105

Section 3: Program Information

a) ***Term length*** (in weeks) for the distance program: 15

b) Is this the same as term length for classroom program? [ ] No [X] Yes

c) How much "***instructional time***" is required per week per credit for a distance course in this program? (Do not include time spent on activities that would be done outside "class time," such as research, writing assignments, or chat rooms.) ***NOTE:*** *See SUNY policy on credit/contact hours and SED guidance.*

The online classes are designed to be equivalent in terms of instructional time and total material covered to the face-to-face classes, which follow SED guidelines of 150 minutes/week for 15 weeks.

d) What proportion or percentage of the program will be offered in Distance Education format? Will students be able to complete 100 percent of the program online? If not, what proportion will be able to be completed online?

50% will be online. The campus-based program will also be offered, so students can also do a hybrid program. All the nursing courses will be 50% face to face and 50% online.

e) What is the maximum number of students who would be enrolled in an online course section?

The goal for our nursing courses is to have about 20 students in each course, however they will be capped at 35 students maximum.

Part A: Institution-wide Issues: Submit Part A only for the **first** Distance Education program proposed by your institution using this form. SUNY and the State Education Department will keep this in a master file so that your institution will not need to resubmit it for each new proposed online program, **unless there are significant changes, such as a new platform.**

Part A.1. Organizational Commitment

a) Describe your institution's planning process for Distance Education, including how the need for distance access was identified, the nature and size of the intended audiences, and the provisions for serving those audiences, including how each student's identity will be verified.

b) Describe your institution's resources for distance learning programs and its student and technical support services to ensure their effectiveness. What course management system does your institution use?

c) Describe how the institution trains faculty and supports them in developing and teaching online courses, including the pedagogical and communication strategies to function effectively. Describe the qualifications of those who train and/or assist faculty, or are otherwise responsible for online education.

d) If your institution uses courses or academic support services from ***another provider***, describe the process used (with faculty participation) to evaluate their quality, academic rigor, and suitability for the award of college credit and a degree or certificate.

e) Does your institution have a clear ***policy on ownership of course materials*** developed for its distance education courses? How is this policy shared with faculty and staff? ***NOTE:*** *You may refer to SUNY's statement on copyright and faculty ownership of instructional content, and/or faculty contract provisions.*

Part A.2. Learner Support

a) Describe how your institution provides distance students with ***clear information*** on:

- Program completion requirements
- The nature of the learning experience
- Any specific student background, knowledge, or technical skills needed
- Expectations of student participation and learning
- The nature of interactions among faculty and students in the courses.
- Any technical equipment or software required or recommended.

b) Describe how your institution provides distance learners with adequate ***academic and administrative support***, including academic advisement, technical support, library and information services, and other student support services normally available on campus. Do program materials clearly define how students can access these support services?

c) Describe how ***administrative processes*** such as admissions and registration are made available to distance students, and how program materials inform students how to access these services.

d) What ***orientation*** opportunities and resources are available for students of distance learning?

Part B: Program-Specific Issues: Submit Part B for each new request to add Distance Education Format to a proposed or registered program.

Part B.1. Learning Design

a) How does your institution ensure that the ***same academic standards and requirements*** are applied to the program on campus and through distance learning? If the curriculum in the Distance Education program differs from that of the on-ground program, please identify the differences.

Our RN to BS program has been intentionally designed to be a hybrid degree, with all nursing courses being in a hybrid format. Upon start of each course, faculty will distribute a syllabus for the course that details all aspects of the course including academic standards and requirements, face-to-face meeting dates, online course dates, online project expectations, assignments for the entire semester, evaluations and grading for the overall course. With these courses being hybrid, there will be faculty face-to-face

involvement with every student. Students will have the opportunity both online and face-to-face to ask questions, and the faculty will have opportunities both face-to-face and online to answer questions, remind students of dates and expectations and refer to the syllabus for academic standards and requirements.

b) Are the courses that make up the distance learning program offered in a sequence or configuration that allows ***timely completion of requirements***?

Due to this being an RN to BS program, most of the course's prerequisites are completed within the student's A.S/A.A.S. education, which allows flexibility for students choosing their own schedule. There are two courses within the nursing program that have specific prerequisites; HSNG 411 Population Health requires students to have taken AMAT 108, HSPH 231, HNSG 311 and 314 prior to enrolling in the course, and HSNG 412 Nursing Research and Evidence Based Practice requires students to have taken HNSG 311, 312, and 314 prior to enrolling in in the course. Due to this setup, the students will first take the 300 level courses prior to enrolling in the 400 level courses. We will offer all courses regularly, to ensure that students are able to take courses timely and, in the order, required.

c) How do faculty and others ensure that ***the technological tools*** used in the program are appropriate for the content and intended learning outcomes?

Faculty will use the standard platform Blackboard provided by the university. This platform is updated regularly and enables video, student discussion and collaboration, weblinks, and many other resources. In addition, the University at Albany has the Institute for Teaching, Learning and Academic Leadership, which supports faculty with their technological and pedogeological needs for developing and updating courses, including online courses. The individuals in this Institute are experts and can meet with any faculty member who is looking for more support in developing their courses.

d) How does the program provide for appropriate and flexible interaction between faculty and students, and among students?

Online is organized by the instructor. Faculty and programs are also supported in using a variety of technologies and pedagogical approaches to support the effectiveness of their online courses and programs. The majority of distance learning will also use Zoom for classes as well as Blackboard for posting discussions. Faculty will also hold office hours both in person and through zoom, allowing students outside of class several ways to reach out for assistance if needed.

e) How do faculty teaching online courses verify that the student who registers in a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit?

The University at Albany utilizes two layers of authorization and authentication for students who participate in online learning. Students are required to establish an account and to log in to the University password protected domain using the NETID protocol and must also log into the BLS Learning Management System using their university credentials. Blackboard also uses Safe Assign as a tool to monitor the completion of certain tasks within the LMS environment.

Part B.2. Outcomes and Assessment

a) Distance learning programs are expected to produce the ***same learning outcomes*** as comparable classroom-based programs. How are these learning outcomes identified – in terms of knowledge, skills, or credentials – in course and program materials?

Each course has a syllabus with course goals, learning outcomes, content focus, readings, and assignments. Since all nursing courses are designed to be hybrid, each course schedule provides clear instructions on when the distance learning is being used. Lectures and readings ensure the students are being taught the content within the course learning objectives and the assignments ensure the student completes and satisfies the student learning outcomes.

b) Describe how the ***means chosen for assessing student learning*** in this program are appropriate to the content, learning design, technologies, and characteristics of the learners.

All the courses have assessments aligned to our student learning outcomes. The assessments are specific to the course goals and learning outcomes; the assignments may involve video analysis, discussion, essay response, written reflection, group work around an assignment and video presentations, in addition to examinations. These activities are aligned with the student learning objectives for the course and program and assess the student's learning.

Part B.3. Program Evaluation

a) What process is in place to monitor and ***evaluate the effectiveness*** of this particular distance education program on a regular basis?

Students are assessed based on their completion of the assignments and evaluations that are within the syllabus and indicate if students have met the learning outcomes. At the end of each semester, students are invited to participate in a survey to review the course from their perspective and the faculty also review the course's successfulness. In addition, the University at Albany has each department complete a self-study review and an external review, to ensure the programs are meeting the academic needs of each specific discipline. With Nursing, we will also be following the CCEN's accreditation standards, as they are the accrediting body for nursing programs. We will participate in CCEN's prescribed accreditation process.

b) How will the evaluation results will be used for ***continuous program improvement***?
Evaluation results are used to make changes and modify the curriculum and program, if changes keep the program within compliance with CCEN's accreditation standards.

c) How will the evaluation process assure that the ***program results in learning outcomes appropriate to the rigor and breadth*** of the college degree or certificate awarded?

The RN to BS program evaluation assesses the courses meet university requirements for rigor and breadth required for coursework, including credits, format, and assignments needed for a bachelor's degree. In addition, the evaluation processes assures that the program meet the accreditation standards for CCNE.

Part B.4. Students Residing Outside New York State

SUNY programs must comply with all "authorization to operate" regulations that are in place in other U.S. states where the institution has enrolled students or is otherwise active, based on each state's definitions.

a) What processes are in place to monitor the U.S. state of residency of students enrolled in any distance education course in this program while residing in their home state?

Since this is the hybrid nursing program requiring students to attend more than 50% of their classes face-to -face the students in this program will live in the Capital District region.

b) Federal regulations require institutions delivering courses by distance education to provide students or prospective students with contact information for filing complaints with the state approval or licensing entity in the student's state of residency and any other relevant state official or agency that would appropriately handle a student's complaint. What is the URL on your institution's website where contact information for filing complaints for students in this program is posted? ***NOTE:*** *Links to information for other states can be found at here.*

https://www.albany.edu/online/non-nys-residents.php

WHAT IS THE NCLEX-RN®?

Discover what you need to know about the NCLEX-RN exam, NCLEX-RN grading system, NCLEX-RN test availability, and the NCLEX-RN test format.

THE NCLEX-RN EXAM

The National Council Licensure Examination (NCLEX-RN® exam) has one purpose: To determine if it's safe for you to begin practice as an entry-level nurse. It is significantly different from any test that you took in nursing school. While nursing school exams are knowledge-based, the NCLEX-RN® tests application and analysis using the nursing knowledge you learned in school. You will be tested on how you can use critical thinking skills to make nursing judgments.

NCLEX-RN TEST FORMAT

FRAMEWORK

The NCLEX-RN® exam is organized according to the framework, "Meeting Client Needs." There are four major categories and eight subcategories. Many nursing programs are based on the medical model where students take separate medical, surgical, pediatric, psychiatric, and obstetric classes. However, on the NCLEX-RN® exam, all of the content is integrated.

TYPES OF QUESTIONS

Questions are primarily multiple-choice with four possible answer choices; however, there are also alternate question types. Alternate question types include multiple-response, fill-in-the-blank, hot spots, chart/exhibit and drag-and-drop. All questions involve integrated nursing content.

Let's look at the following question:

A 23-year-old woman with insulin dependent diabetes mellitus (IDDM) is returned to the recovery room one hour after an uneventful delivery of a 9 lb., 8 oz., baby boy. The nurse would expect the woman's blood sugar to

1. rise
2. fall
3. remain stationary
4. fluctuate

Is this an obstetrical question or a medical/surgical question? In order to select the correct answer, (2), you must consider the pathophysiology of diabetes along with the principles of labor and delivery.

TAKING THE NCLEX-RN CAT

CAT is an acronym for "computer adaptive test," a testing format that is interactively based on your response to the questions. Based on your skill level, the CAT ensures that the questions are not "too hard" or "too easy."

Your first question will be relatively easy—below the level of minimum competency. If you answer it correctly, the computer selects a slightly more difficult question. If answered incorrectly, the computer selects a slightly easier question.

By continuing to do this throughout the test, the computer is able to determine your level of competence.

NCLEX-RN CLIENT NEEDS

NCLEX-RN® questions are organized along four major Client Needs Categories. Let's take a look:

SAFE AND EFFECTIVE CARE ENVIRONMENT

The first Client Needs Category, Safe and Effective Care Environment, includes two concepts:

Management of Care accounts for 17-23% of questions on the NCLEX-RN® exam. Some of the nursing actions included in this subcategory are Advanced Directives, Advocacy, Case Management, Client Rights, Concepts of Management, Confidentiality, Continuity of Care, Quality Improvement, Delegation, Establishing Priorities, Ethical Practice, Informed Consent, Legal Responsibilities, Referrals, and Supervision.

Safety and Infection Control accounts for 9-15% of exam questions. Nursing actions include Accident Prevention, Error Prevention, Hazardous Materials, Surgical Asepsis, Standard Precautions, and Use of Restraints.

HEALTH PROMOTION AND MAINTENANCE

The second Client Needs Category is Health Promotion and Maintenance. These questions account for 6-12% of the exam. Nursing actions tested include the Aging Process, Ante/Intra/Postpartum and Newborn Care, Developmental Stages and Transitions, Disease Prevention, Health Screening, Lifestyle Choices, Physical Assessment Techniques, Health Promotion Programs, High Risk Behaviors, and Self-Care.

PSYCHOSOCIAL INTEGRITY

The third Client Needs Category is Psychosocial Integrity. It accounts for 6-12% of the exam and tested nursing actions include Coping Mechanisms, Grief and Loss, Mental Health Concepts, Spiritual Influence on Health, Sensory/Perceptual Alterations, Stress Management, Support Systems, Therapeutic Communication, Chemical Dependency, Behavioral Interventions, Crisis Intervention, Coping Mechanisms, End of Life Care, and Family Dynamics.

PHYSIOLOGICAL INTEGRITY

The final Client Needs Category is Physiological Integrity. It includes four concepts:

Basic Care and Comfort accounts for 6-12% of questions on the NCLEX-RN® exam. Nursing actions included in this subcategory are Assistive Devices, Elimination, Mobility, Nonpharmacological Comfort Interventions, Nutrition and Oral Hydration, Personal Hygiene, as well as Rest and Sleep.

Pharmacological and Parenteral Therapies accounts for 12-18% of the exam. Tested nursing actions include Adverse Effects, Contraindications, Blood and Blood Products, Central Venous Access Devices, Chemotherapy, Expected Effects, Intravenous Therapy, Medication Administration, Pharmacological Pain Management, Total Parenteral Nutrition, and Dosage Calculation.

Reduction of Risk Potential accounts for 9-15% of the exam. Its tested nursing actions include Diagnostic Tests, Laboratory Values, Potential for Complications from Surgical Procedures and Health Alterations, as well as Therapeutic Procedures.

Physiological Adaptation accounts for 11-17% of the exam. Its tested nursing actions include Alterations in the Body Systems, Fluid and Electrolyte Imbalances, Hemodynamics, Medical Emergencies, Pathophysiology, and Unexpected Response to Therapies.

HOW TO REGISTER FOR THE NCLEX-RN

About 6 weeks prior to graduation, you'll receive two applications from your nursing school: An application for licensure and an application for the NCLEX-RN® Exam.

On a predetermined date, you will be required to submit the completed forms and the licensure fees to your nursing school. Upon receipt of an ATT (authorization to test), you will be able to schedule your test date and time. Testing is available year-round, 15 hours a day, 6 days a week, in 6-hour time slots.

THE NCLEX-RN TEST APPLICATION

Your first step is to submit an application to the National Council of State Boards of Nursing (NCSBN). You will be required to follow the procedures established by the individual State Boards of Nursing. Some states have combined registration for the NCLEX-RN® exam with the application for licensure. In all other states, you must apply for licensure with the State Board of Nursing in the state in which you wish to become licensed. Once you have applied, you will receive a Candidate Bulletin to register for the NCLEX-RN® exam.

NCLEX-RN EXAM AND LICENSURE FEES

The cost to take the NCLEX-RN® exam is $200. Additional licensure fees are determined by the individual State Boards of Nursing. Send your completed test application and fee to the National Council of State Boards of Nursing. You can register by phone by calling: 1-866-496-2539 in the USA (1-952-681-3815 for outside the USA) between 8 a.m. and 8 p.m. (Eastern), Monday through Friday. Phone registrants are required to pay by VISA or Master Card. There is a $9.50 service fee for the phone registration. If you prefer, you may send a personal check, cashier's check or money order to the National Council of State Boards of Nursing.

You'll receive a postcard acknowledging receipt of registration. You will not be able to schedule an appointment to take the exam until your State Board of Nursing declares you eligible and you receive an Authorization to Test (ATT) in the mail.

American Association of Colleges of Nursing
The Voice of Academic Nursing

CONTACT:
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Fact Sheet:
The Impact of Education on Nursing Practice

The American Association of Colleges of Nursing (AACN), the national voice for academic nursing, believes that education has a significant impact on the knowledge and competencies of the nurse clinician, as it does for all healthcare providers. Clinicians with Bachelor of Science in Nursing (BSN) degrees are well-prepared to meet the demands placed on today's nurse. BSN nurses are prized for their skills in critical thinking, leadership, case management, and health promotion, and for their ability to practice across a variety of inpatient and outpatient settings. Nurse executives, federal agencies, the military, leading nursing organizations, healthcare foundations, magnet hospitals, and minority nurse advocacy groups all recognize the unique value that baccalaureate-prepared nurses bring to the practice setting.

AACN encourages employers to foster practice environments that embrace lifelong learning and offer incentives for registered nurses (RNs) seeking to advance their education to the baccalaureate and higher degree levels. We also encourage BSN graduates to seek out employers who value their level of education and distinct competencies.

Different Approaches to Nursing Education

There are three routes to becoming a registered nurse: a 3-year diploma program typically administered in hospitals; a 3-year associate degree usually offered at community colleges; and the 4-year baccalaureate degree offered at senior colleges and universities. Graduates of all three programs sit for the same NCLEX-RN© licensing examination.

Baccalaureate nursing programs encompass all of the course work taught in associate degree and diploma programs plus a more in-depth treatment of the physical and social sciences, nursing research, public and community health, nursing management, and the humanities. The additional course work enhances the student's professional development, prepares the new nurse for a broader scope of practice, and provides the nurse with a better understanding of the cultural, political, economic, and social issues that affect patients and influence healthcare delivery. For more than a decade, policymakers, healthcare authorities, and practice leaders have recognized that education makes a difference when it comes to nursing practice.

- In February 2019, the Campaign for Nursing's Future, an initiative of the Center to Champion Nursing in America, published a series of state maps showcasing the progress being made by nurses in attaining baccalaureate degrees. The percentage of RNs with a BSN or higher degree is now at an all-time high with a national average of approximately 56%, up from 49% in 2010 when the Institute of Medicine's report on the *Future of Nursing* was released. The BSN maps

are based on data compiled in the American Community Survey.

- In December 2017, New York Governor Andrew Cuomo signed legislation into law requiring future registered nurses graduating from associate degree or diploma nursing programs in the state to obtain a baccalaureate in nursing within 10 years of initial licensure. The legislators found that given "the increasing complexity of the American healthcare system and rapidly expanding technology, the educational preparation of the registered professional nurse must be expanded."

- In the September-October 2014 issue of *Nurse Educator*, a research team led by Sharon Kumm from the University of Kansas published findings from a statewide study, which showed clear differences in outcomes from BSN and ADN programs. The study showed that 42 of 109 baccalaureate outcomes were reported met in ADN programs. The 67 outcomes that were not met were in the categories of liberal education, organizational and systems leadership, evidence-based practice, healthcare policy, finance and regulatory environments, interprofessional collaboration, and population health.

- In September 2013, the Robert Wood Johnson Foundation (RWJF) released an issue of its Charting Nursing's Future newsletter titled *The Case for Academic Progression*, which outlined how patients, employers, and the profession benefits when nurses advance their education. Articles focus on the evidence linking better outcomes to baccalaureate and higher degree nurses, educational pathways, and promising strategies for facilitating academic progression at the school, state, and national levels. See

- In September 2012, the *Joint Statement on Academic Progression for Nursing Students and Graduates* was endorsed by the American Association of Colleges of Nursing, American Association of Community Colleges, Association of Community Colleges Trustees, National League for Nursing, and the Organization for Associate Degree Nursing. This historic agreement represents the first time leaders from the major national organizations representing community college presidents, boards, and program administrators have joined with representatives from nursing education associations to promote academic progression in nursing. With the common goal of preparing a well-educated, diverse nursing workforce, this statement represents the shared view that nursing students and practicing nurses should be supported in their efforts to pursue higher levels of education.

- In October 2010, the Institute of Medicine released its landmark report on *The Future of Nursing: Leading Change, Advancing Health*, initiated by the Robert Wood Johnson Foundation, which called for increasing the number of baccalaureate-prepared nurses in the workforce to 80% by 2020. The expert committee charged with preparing the evidence-based recommendations in this report state that to respond "to the demands of an evolving health care system and meet the changing needs of patients, nurses must achieve higher levels of education."

- In May 2010, the Tri-Council for Nursing (AACN, ANA, AONE, and NLN) issued a consensus statement calling for all RNs to advance their education in the interest of enhancing quality and safety across healthcare settings. In the statement titled *Education Advancement of Registered Nurses,* the Tri-Council organizations present a united view that a more highly educated nursing workforce is critical to meeting the nation's nursing needs and delivering safe, effective patient care. In the policy statement, the Tri-Council finds that "without a more educated nursing workforce, the nation's health will be further at risk."

- In December 2009, Dr. Patricia Benner and her team at the Carnegie Foundation for the Advancement of Teaching released a new study titled *Educating Nurses: A Call for Radical Transformation*, which recommended preparing all entry-level registered nurses at the baccalaureate level and requiring all RNs to earn a master's degree within 10 years of initial licensure. The authors found that many of today's new nurses are "undereducated" to meet practice demands across settings. Their strong support for high quality baccalaureate degree programs as the appropriate pathway for RNs entering the profession is consistent with the views of many leading nursing organizations, including AACN.

- In February 2007, the Council on Physician and Nurse Supply released a statement calling for a national effort to substantially expand baccalaureate nursing programs. Chaired by Richard "Buz" Cooper, MD and Linda Aiken, PhD, RN, the Council is based at the University of Pennsylvania. In the statement, the Council noted that a growing body of research supports the relationship between the level of nursing education and both the quality and safety of patient care. Consequently, the group is calling on policymakers to shift federal funding priorities in favor of supporting more baccalaureate nursing programs. This call was reaffirmed in a new statement released in March 2008.

- In March 2005, the American Organization of Nurse Executives (AONE) released a statement calling for all RNs to be educated in baccalaureate programs in an effort to adequately prepare clinicians for their challenging, complex roles. AONE's statement, titled *Practice and Education Partnership for the Future,* represents the view of nursing's practice leaders and a desire to create a more highly educated nursing workforce in the interest of improving patient safety and nursing care.

- The National Advisory Council on Nurse Education and Practice (NACNEP), policy advisors to Congress and the Secretary for Health and Human Services on nursing issues, has urged that at least two-thirds of the nurse workforce hold baccalaureate or higher degrees in nursing. Currently, only 55 percent of nurses hold degrees at the baccalaureate level and above according to HRSA's 2013 report on *The U.S. Nursing Workforce: Trends in Supply and Education*.

- NACNEP found that nursing's role calls for RNs to manage care along a continuum, to work as peers in interdisciplinary teams, and to integrate clinical expertise with knowledge of community resources. The increased complexity of the scope of practice for RNs requires a workforce that has the capacity to adapt to change. It requires critical thinking and problem

solving skills; a sound foundation in a broad range of basic sciences; knowledge of behavioral, social and management sciences; and the ability to analyze and communicate data. Among the three types of entry-level nursing education programs, NACNEP found that baccalaureate education with its broader and stronger scientific curriculum best fulfills these requirements and provides a sound foundation for addressing the complex health care needs of today in a variety of nursing positions. Baccalaureate education provides a base from which nurses move into graduate education and advanced nursing roles.

- There is a growing consensus in the higher education community that a liberal arts education should be embedded in all the professional disciplines. Graduates with a liberal education are prized by employers for their analytical and creative capacities and demonstrate stronger skills in the areas of communication, assessment, cultural sensitivity, resourcefulness, the ability to apply knowledge, and scientific reasoning. Though some arts and science courses are included in ADN programs, the BSN provides a much stronger base in the humanities and sciences.

- There are 777 RN-to-BSN and 219 RN-to-MSN programs that build on the education provided in diploma and associate degree programs and prepare graduates for a broader base of practice. In addition to hundreds of individual agreements between community colleges and four-year schools, state-wide articulation agreements exist in many areas including Florida, Connecticut, Texas, Iowa, Maryland, South Carolina, Idaho, Alabama, and Nevada to facilitate advancement to the baccalaureate. These programs further validate the unique competencies gained in BSN programs.

- Registered nurses today work as a part of an interdisciplinary team with colleagues educated at the master's degree or higher level. These health professionals, including physicians, pharmacists, and speech pathologists, recognize the complexity involved in providing patient care and understand the value and need for higher education. For example, Occupational Therapists (OT) require education at the master's level, while OT Assistants are prepared at the associate degree level. Since nurses are primarily responsible for direct patient care and care coordination, these clinicians should not be the least educated member of the healthcare team.

Recognizing Differences Among Nursing Program Graduates

There is a growing body of evidence that shows that BSN graduates bring unique skills to their work as nursing clinicians and play an important role in the delivery of safe patient care.

- In the March 2019 issue of *The Joint Commission Journal of Quality and Patient Safety*, Dr. Maya Djukic and her colleagues from New York University released details from a new study, which found that baccalaureate-prepared RNs reported being significantly better prepared than associate degree nurses on 12 out of 16 areas related to quality and safety, including evidence-based practice, data analysis, and project implementation. The authors conclude

that improving accreditation and organizational policies requiring the BSN for RNs could help safeguard the quality of patient care.

- In the July 2017 issue of *BMJ Quality and Safety*, Dr. Linda Aiken and colleagues reported findings from a study of adult acute care hospitals in six European nations, which found that a greater proportion of professional nurses at the bedside is associated with better outcomes for patients and nurses. Reducing nursing skill mix by adding assistive personnel without professional nurse qualifications may contribute to preventable deaths, erode care quality, and contribute to nurse shortages.

- In a study published in the October 2014 issue of *Medical Care,* researcher Olga Yakusheva from the University of Michigan and her colleagues found that a 10% increase in the proportion of baccalaureate-prepared nurses on hospital units was associated with lowering the odds of patient mortality by 10.9%. Titled "Economic Evaluation of the 80% Baccalaureate Nurse Workforce Recommendation," the study authors also found that increasing the amount of care provided by BSNs to 80% would result in significantly lower readmission rates and shorter lengths of stay. These outcomes translate into cost savings that would more than off-set expenses for increasing the number of baccalaureate-prepared nurses in hospital settings.

- In an article published in the March 2013 issue of *Health Affairs,* nurse researcher Ann Kutney-Lee and colleagues found that a 10-point increase in the percentage of nurses holding a BSN within a hospital was associated with an average reduction of 2.12 deaths for every 1,000 patients—and for a subset of patients with complications, an average reduction of 7.47 deaths per 1,000 patients..."

- In the February 2013 issue of the *Journal of Nursing Administration*, Mary Blegen and colleagues published findings from a cross-sectional study of 21 University HealthSystem Consortium hospitals to analyze the association between RN education and patient outcomes. The researchers found that hospitals with a higher percentage of RNs with baccalaureate or higher degrees had lower congestive heart failure mortality, decubitus ulcers, failure to rescue, and postoperative deep vein thrombosis or pulmonary embolism and shorter length of stay.

- In the October 2012 issue of *Medical Care*, researchers from the University of Pennsylvania found that surgical patients in Magnet hospitals had 14% lower odds of inpatient death within 30 days and 12% lower odds of failure-to-rescue compared with patients cared for in non-Magnet hospitals. The study authors conclude that these better outcomes were attributed in large part to investments in highly qualified and educated nurses, including a higher proportion of baccalaureate prepared nurses.

- In a January 2011 article published in the *Journal of Nursing Scholarship*, Drs. Deborah Kendall-Gallagher, Linda Aiken, and colleagues released the findings of an extensive study of the impact nurse specialty certification has on lowering patient mortality and failure to rescue rates in hospital settings. The researchers found that certification was associated with better patient outcomes, but only when care was provided by nurses with baccalaureate level education. The authors concluded that "no effect of specialization was seen in the absence of baccalaureate education."

- In an article published in *Health Services Research* in August 2008 that examined the effect of nursing practice environments on outcomes of hospitalized cancer patients undergoing surgery, Dr. Christopher Friese and colleagues found that nursing education level was significantly associated with patient outcomes. Nurses prepared at the baccalaureate-level were linked with lower mortality and failure-to-rescue rates. The authors conclude that "moving to a nurse workforce in which a higher proportion of staff nurses have at least a baccalaureate-level education would result in substantially fewer adverse outcomes for patients."

- In a study released in the May 2008 issue of the *Journal of Nursing Administration*, Dr. Linda Aiken and her colleagues confirmed the findings from her landmark 2003 study (see below) which show a strong link between RN education level and patient outcomes. Titled "Effects of Hospital Care Environment on Patient Mortality and Nurse Outcomes," these leading nurse researchers found that every 10% increase in the proportion of BSN nurses on the hospital staff was associated with a 4% decrease in the risk of death.

- In the January 2007 *Journal of Advanced Nursing*, a study on the "Impact of Hospital Nursing Care on 30-day Mortality for Acute Medical Patients" found that BSN-prepared nurses have a positive impact on lowering mortality rates. Led by Dr. Ann E. Tourangeau, researchers from the University of Toronto and the Institute for Clinical Evaluative Sciences in Ontario studied 46,993 patients admitted to the hospital with heart attacks, strokes, pneumonia and blood poisoning. The authors found that: "Hospitals with higher proportions of baccalaureate-prepared nurses tended to have lower 30-day mortality rates. Our findings indicated that a 10% increase in the proportion of baccalaureate prepared nurses was associated with 9 fewer deaths for every 1,000 discharged patients."

- In a study published in the March/April 2005 issue of *Nursing Research*, Dr. Carole Estabrooks and her colleagues at the University of Alberta found that baccalaureate prepared nurses have a positive impact on mortality rates following an examination of more than 18,000 patient outcomes at 49 Canadian hospitals. This study, titled The Impact of Hospital Nursing Characteristics on 30-Day Mortality, confirms the findings from Dr. Linda Aiken's landmark study in September 2003.

- In a study published in the September 24, 2003 issue of the *Journal of the American Medical Association* (JAMA), Dr. Linda Aiken and her colleagues at the University of Pennsylvania identified a clear link between higher levels of nursing education and better patient outcomes. This extensive study found that surgical patients have a "substantial survival advantage" if treated in hospitals with higher proportions of nurses educated at the baccalaureate or higher degree level. In hospitals, a 10 percent increase in the proportion of nurses holding BSN degrees decreased the risk of patient death and failure to rescue by 5 percent. The study authors further recommend that public financing of nursing education should aim at shaping a workforce best prepared to meet the needs of the population. They also call for renewed support and incentives from nurse employers to encourage registered nurses to pursue education at the baccalaureate and higher degree levels.

- Evidence shows that nursing education level is a factor in patient safety and quality of care. As cited in the report *When Care Becomes a Burden* released by the Milbank Memorial Fund in 2001, two separate studies conducted in 1996 – one by the state of New York and one by the state of Texas – clearly show that significantly higher levels of medication errors and procedural violations are committed by nurses prepared at the associate degree and diploma levels as compared with the baccalaureate level. These findings are consistent with findings published in the July/August 2002 issue of *Nurse Educator* magazine that references studies conducted in Arizona, Colorado, Louisiana, Ohio and Tennessee that also found that nurses prepared at the associate degree and diploma levels make the majority of practice-related violations.
- Chief nurse officers (CNO) in university hospitals prefer to hire nurses who have baccalaureate degrees, and nurse administrators recognize distinct differences in competencies based on education. In a 2001 survey published in the *Journal of Nursing Administration*, 72% of these directors identified differences in practice between BSN-prepared nurses and those who have an associate degree or hospital diploma, citing stronger critical thinking and leadership skills.

- Studies have also found that nurses prepared at the baccalaureate level have stronger communication and problem-solving skills (Johnson, 1988) and a higher proficiency in their ability to make nursing diagnoses and evaluate nursing interventions (Giger & Davidhizar, 1990).

- Research shows that RNs prepared at the associate degree and diploma levels develop stronger professional-level skills after completing a BSN program. In a study of RN-to-BSN graduates from 1995 to 1998 (Phillips, et al., 2002), these students demonstrated higher competency in nursing practice, communication, leadership, professional integration, and research/evaluation.

- Data show that health care facilities with higher percentages of BSN nurses enjoy better patient outcomes and significantly lower mortality rates. Magnet hospitals are model patient

care facilities that typically employ a higher proportion of baccalaureate prepared nurses, 59% BSN as compared to 34% BSN at other hospitals. In several research studies, Marlene Kramer, Linda Aiken and others have found a strong relationship between organizational characteristics and patient outcomes.

- The fact that passing rates for the NCLEX-RN©, the national licensing exam for RNs, are essentially the same for all three types of graduates is not proof that there are no differences among graduates. The NCLEX-RN© is a multiple-choice test that measures the *minimum technical competency* for safe entry into basic nursing practice. Passing rates *should* be high across all programs preparing new nurses. This exam does not test for differences between graduates of different entry-level programs. The NCLEX-RN© is only one indicator of competency, and it does not measure performance over time or test for all of the knowledge and skills developed through a BSN program.

Public and Private Support for BSN-Prepared Nurses

The federal government, the military, nurse executives, healthcare foundations, nursing organizations, and practice settings acknowledge the unique value of baccalaureate-prepared nurses and advocate for an increase in the number of BSN nurses across clinical settings.

- The nation's **Magnet hospitals**, which are recognized for nursing excellence and superior patient outcomes, have moved to require all nurse managers and nurse leaders to hold a baccalaureate or graduate degree in nursing. Settings applying for Magnet designation must also show what plans are in place to achieve the IOM recommendation of having an 80% baccalaureate prepared RN workforce by 2020.

- The **National Advisory Council on Nurse Education and Practice** (NACNEP) calls for at least two-thirds of the nurse workforce to hold baccalaureate or higher degrees in nursing. Currently, only 55 percent of nurses hold degrees at the baccalaureate level and above.

- In the interest of providing the best patient care and leadership by its nurse corps officers, the **U.S. Army, U.S. Navy** and **U.S. Air Force** all require the baccalaureate degree to practice as an active duty Registered Nurse. Commissioned officers within the **U.S. Public Health Service** must also be baccalaureate-prepared.

- The **Veteran's Administration** (VA), the nation's largest employer of registered nurses, has established the baccalaureate degree as the minimum preparation its nurses must have for promotion beyond the entry-level.

- Minority nurse organizations, including the **National Black Nurses Association**, **Hispanic Association of Colleges and Universities**, and **National Association of Hispanic Nurses**, are committed to increasing the number of minority nurses with baccalaureate and higher degrees.

- Based on a nationwide **Harris Poll** conducted in June 1999, an overwhelming percentage of the public – 76% – believes that nurses should have four years of education or more past high school to perform their duties.

- The **Pew Health Professions Commission** in a 1998 report called for a more concentrated production of baccalaureate and higher degree nurses. This commission was an interdisciplinary group of health care leaders, legislators, academics, corporate leaders, and consumer advocates created to help policy-makers and educators produce health care professionals able to meet the changing needs of the American health care system.

- Countries around the world are moving to create a more highly educated nursing workforce. Canada, Sweden, Portugal, Brazil, Iceland, Korea, Greece and the Philippines are just some of the countries that require a four-year undergraduate degree to practice as a registered nurse.

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S T A T E O F N E W Y O R K

2145

2015-2016 Regular Sessions

I N S E N A T E

January 21, 2015

Introduced by Sen. FLANAGAN -- read twice and ordered printed, and when printed to be committed to the Committee on Higher Education

AN ACT to amend the education law, in relation to the educational preparation for practice of professional nursing

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. The legislature hereby finds and declares that with the increasing complexity of the American healthcare system and rapidly expanding technology, the educational preparation of the registered professional nurse must be expanded. The nurse of the future must be prepared to partner with multiple disciplines as a collaborator and manager of the complex patient care journey. Shorter lengths of stays, higher patient acuity, and more sophisticated technologies and procedures are increasing the complexity of patient care - which in turn places great demands on nursing competencies. Other countries are responding to these changes by requiring the baccalaureate degree as an entry requirement for nursing licensure while other professions are demanding master and doctoral degrees as their entry point. Several recent research studies clearly demonstrate the added value of additional education in relation to improved patient outcomes; one study demonstrates that each ten percent increase in the number of baccalaureate prepared nurses results in a five percent decrease in surgical patient deaths. Therefore, the legislature finds that expanding the educational requirements for the profession of nursing, while maintaining the multiple entry points into the profession, is needed. This legislation affects future nurses graduating from associate degree or diploma nursing programs who would be required to obtain a baccalaureate in nursing within ten years of initial licensure. All current nurses licensed in New York and students in programs preparing for registered professional nursing are to be exempt from the new requirement. This legislation is mirrored after the progressive education requirement for

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [ ] is old law to be omitted.

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teachers in New York state. Numerous regulatory and accrediting bodies have recommended this change as a means to address sophisticated patient care needs resulting from shorter lengths of stay, higher acuity and more sophisticated interventions. This proposal is the result of a growing body of research evidence that additional education results in better patient outcomes. Therefore by requiring the baccalaureate degree for continued registration as a registered professional nurse this legislation seeks to be responsive to meet the increasingly complex health care needs of the residents of New York state.

S 2. Subdivision 2 of section 6905 of the education law, as amended by chapter 994 of the laws of 1971 and such section as renumbered by chapter 50 of the laws of 1972, is amended to read as follows:

(2) Education: have received an education, and a diploma or degree in professional nursing, in accordance with the commissioner's regulations, AND IN ORDER TO CONTINUE TO MAINTAIN REGISTRATION AS A REGISTERED PROFESSIONAL NURSE IN NEW YORK STATE, HAVE ATTAINED A BACCALAUREATE DEGREE IN NURSING WITHIN TEN YEARS OF INITIAL LICENSURE IN ACCORDANCE WITH THE COMMISSIONER'S REGULATIONS. THE DEPARTMENT, IN ITS DISCRETION, MAY ISSUE A CONDITIONAL REGISTRATION TO A LICENSEE WHO FAILS TO COMPLETE THE BACCALAUREATE DEGREE BUT WHO AGREES TO MEET THE ADDITIONAL REQUIREMENT WITHIN ONE YEAR. THE FEE FOR SUCH A CONDITIONAL REGISTRATION SHALL BE THE SAME AS, AND IN ADDITION TO, THE FEE FOR THE TRIENNIAL REGISTRATION. THE DURATION OF SUCH CONDITIONAL REGISTRATION SHALL BE FOR ONE YEAR AND MAY BE EXTENDED, WITH THE PAYMENT OF A FEE, FOR NO MORE THAN ONE ADDITIONAL YEAR. ANY LICENSEE WHO IS NOTIFIED OF THE DENIAL OF A REGISTRATION FOR FAILURE TO COMPLETE THE ADDITIONAL EDUCATIONAL REQUIREMENTS AND WHO PRACTICES AS A REGISTERED PROFESSIONAL NURSE WITHOUT SUCH REGISTRATION MAY BE SUBJECT TO DISCIPLINARY PROCEEDINGS PURSUANT TO SECTION SIXTY-FIVE HUNDRED TEN OF THIS TITLE;

S 3. The provisions of this act shall not apply to:

a. any student entering a generic baccalaureate program preparing registered professional nurses after the effective date of this act;

b. any student currently enrolled in, or having an application pending in, a program preparing registered nurses as of the effective date of this act;

c. any person already licensed as a registered professional nurse or any unlicensed graduate professional nurse who is eligible to take the National Council Licensure Examination as of the effective date of this act.

S 4. This act shall take effect immediately and the commissioner of education is authorized to promulgate any rule or regulation necessary to implement the provisions of this act.

Education Law

Article 139, Nursing

Effective June 18, 2010

§6900. Introduction.

This article applies to the profession of nursing. The general provisions for all professions contained in article one hundred thirty of this title apply to this article.

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§6901. Definitions.

As used in section sixty-nine hundred two:

1. "Diagnosing" in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen. Such diagnostic privilege is distinct from a medical diagnosis.
2. "Treating" means selection and performance of those therapeutic measures essential to the effective execution and management of the nursing regimen, and execution of any prescribed medical regimen.
3. "Human Responses" means those signs, symptoms and processes which denote the individual's interaction with an actual or potential health problem.

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§6902. Definition of practice of nursing.

1. The practice of the profession of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential health problems through such services as casefinding, health teaching, health counseling, and provision of care supportive to or restorative of life and well-being, and executing medical regimens prescribed by a licensed physician, dentist or other licensed health care provider legally authorized under this title and in accordance with the commissioner's regulations. A nursing regimen shall be consistent with and shall not vary any existing medical regimen.
2. The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of casefinding, health teaching, health counseling, and provision of supportive and restorative care under the direction of a registered professional nurse or licensed physician, dentist or other licensed health care provider legally authorized under this title and in accordance with the commissioner's regulations.

3. *

a.

i. The practice of registered professional nursing by a nurse practitioner, certified under section six thousand nine hundred ten of this article, may include the diagnosis of illness and physical conditions and the performance of therapeutic and corrective measures within a specialty area of practice, in collaboration with a licensed physician qualified to collaborate in the specialty involved, provided such services are performed in accordance with a written practice agreement and written practice protocols except as permitted by paragraph (b) of this subdivision. The written practice agreement shall include explicit provisions for the resolution of any disagreement between the collaborating physician and the nurse practitioner regarding a matter of diagnosis or treatment that is within the scope of practice of both. To the extent the practice agreement does not so provide, then the collaborating physician's diagnosis or treatment shall prevail.

ii. Prescriptions for drugs, devices and immunizing agents may be issued by a nurse practitioner, under this paragraph and section six thousand nine hundred ten of this article, in accordance with the practice agreement and practice protocols except as permitted by paragraph (b) of this subdivision. The nurse practitioner shall obtain a certificate from the department upon successfully completing a program including an appropriate pharmacology component, or its equivalent, as established by the commissioner's regulations, prior to prescribing under this paragraph. The certificate issued under section six thousand nine hundred ten of this article shall state whether the nurse practitioner has successfully completed such a program or equivalent and is authorized to prescribe under this paragraph.

iii. Each practice agreement shall provide for patient records review by the collaborating physician in a timely fashion but in no event less often than every three months. The names of the nurse practitioner and the collaborating physician shall be clearly posted in the practice setting of the nurse practitioner.

iv. The practice protocol shall reflect current accepted medical and nursing practice. The protocols shall be filed with the department within ninety days of the commencement of the practice and may be updated periodically. The commissioner shall make regulations establishing the procedure for the review of protocols and the disposition of any issues arising from such review.

v. No physician shall enter into practice agreements with more than four nurse practitioners who are not located on the same physical premises as the collaborating physician.

b. Notwithstanding subparagraph (i) of paragraph (a) of this subdivision, a nurse practitioner, certified under section sixty-nine hundred ten of this article and practicing for more than three thousand six hundred hours may comply with this paragraph in lieu of complying with the requirements of paragraph (a) of this subdivision relating to collaboration with a physician, a written practice agreement and written practice protocols. A nurse practitioner complying with this paragraph shall have collaborative relationships with one or more licensed physicians qualified to collaborate in the specialty involved or a hospital, licensed under article twenty-eight of the public health law, that provides services through licensed physicians qualified to collaborate in the specialty involved and having privileges at such institution. As evidence that the nurse practitioner maintains collaborative relationships, the nurse practitioner shall complete and maintain a form, created by the department, to which the nurse practitioner shall attest, that describes such collaborative relationships. For purposes of this paragraph, "collaborative relationships" shall mean that the nurse practitioner shall communicate, whether in person, by telephone or through written (including electronic) means, with a licensed physician qualified to collaborate in the specialty involved or, in the case of a hospital, communicate with a licensed physician qualified to collaborate in the specialty involved and having privileges at such hospital, for the purposes of exchanging information, as needed, in order to provide comprehensive patient care and to make referrals as necessary. Such form shall also reflect the nurse

practitioner's acknowledgement that if reasonable efforts to resolve any dispute that may arise with the collaborating physician or, in the case of a collaboration with a hospital, with a licensed physician qualified to collaborate in the specialty involved and having privileges at such hospital, about a patient's care are not successful, the recommendation of the physician shall prevail. Such form shall be updated as needed and may be subject to review by the department. The nurse practitioner shall maintain documentation that supports such collaborative relationships. Failure to comply with the requirements found in this paragraph by a nurse practitioner who is not complying with such provisions of paragraph (a) of this subdivision, shall be subject to professional misconduct provisions as set forth in article one hundred thirty of this title.

c. Nothing in this subdivision shall be deemed to limit or diminish the practice of the profession of nursing as a registered professional nurse under this article or any other law, rule, regulation or certification, nor to deny any registered professional nurse the right to do any act or engage in any practice authorized by this article or any other law, rule, regulation or certification.
d. The provisions of this subdivision shall not apply to any activity authorized, pursuant to statute, rule or regulation, to be performed by a registered professional nurse in a hospital as defined in article twenty-eight of the public health law.
e.
    i. In conjunction with and as a condition of each triennial registration, the department shall collect and a nurse practitioner shall provide such information and documentation required by the department, in consultation with the department of health, as necessary to enable the department of health to evaluate access to needed services in this state, including but not limited to the location and type of setting wherein the nurse practitioner practices; if the nurse practitioner has practiced for fewer than three thousand six hundred hours and is practicing pursuant to a written practice agreement with a physician; if the nurse practitioner practices pursuant to collaborative relationships with a physician or hospital; and other information the department, in consultation with the department of health, deems relevant. The department of health, in consultation with the department, will make such data available in aggregate, de-identified form on a publicly accessible website.
    ii. The commissioner, in consultation with the commissioner of health, shall issue a report on the implementation of the provisions of this section, along with information that includes, but is not limited to: the number of nurse practitioners practicing for fewer than three thousand six hundred hours that practice pursuant to a written practice agreement with a physician; the number of nurse practitioners that practice pursuant to collaborative relationships with physicians or with hospitals; and other information the department deems relevant, including but not limited to, any recommendations for the continuation of or amendments to the provisions of this section relating to written practice agreements or collaborative relationships. The commissioner shall submit this report to the governor, the speaker of the assembly, the temporary president of the senate, and the chairs of the assembly and senate higher education committees by September first, two thousand eighteen.

*NB Effective Until June 30, 2021

3. *
    a. The practice of registered professional nursing by a nurse practitioner, certified under section six thousand nine hundred ten of this article, may include the diagnosis of illness and physical conditions and the performance of therapeutic and corrective measures within a specialty area of practice, in collaboration with a licensed physician qualified to collaborate in the specialty involved, provided such services are performed in accordance with a written practice agreement and written practice protocols. The written practice agreement shall include explicit provisions for the resolution of any disagreement between the collaborating physician and the nurse

practitioner regarding a matter of diagnosis or treatment that is within the scope of practice of both. To the extent the practice agreement does not so provide, then the collaborating physician's diagnosis or treatment shall prevail.

b. Prescriptions for drugs, devices and immunizing agents may be issued by a nurse practitioner, under this subdivision and section six thousand nine hundred ten of this article, in accordance with the practice agreement and practice protocols. The nurse practitioner shall obtain a certificate from the department upon successfully completing a program including an appropriate pharmacology component, or its equivalent, as established by the commissioner's regulations, prior to prescribing under this subdivision. The certificate issued under section six thousand nine hundred ten of this article shall state whether the nurse practitioner has successfully completed such a program or equivalent and is authorized to prescribe under this subdivision.
c. Each practice agreement shall provide for patient records review by the collaborating physician in a timely fashion but in no event less often than every three months. The names of the nurse practitioner and the collaborating physician shall be clearly posted in the practice setting of the nurse practitioner.
d. The practice protocol shall reflect current accepted medical and nursing practice. The protocols shall be filed with the department within ninety days of the commencement of the practice and may be updated periodically. The commissioner shall make regulations establishing the procedure for the review of protocols and the disposition of any issues arising from such review.
e. No physician shall enter into practice agreements with more than four nurse practitioners who are not located on the same physical premises as the collaborating physician.
f. Nothing in this subdivision shall be deemed to limit or diminish the practice of the profession of nursing as a registered professional nurse under this article or any other law, rule, regulation or certification, nor to deny any registered professional nurse the right to do any act or engage in any practice authorized by this article or any other law, rule, regulation or certification.
g. The provisions of this subdivision shall not apply to any activity authorized, pursuant to statute, rule or regulation, to be performed by a registered professional nurse in a hospital as defined in article twenty-eight of the public health law.

*NB Effective June 30, 2021

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§6903. Practice of nursing and use of title "registered professional nurse" or "licensed practical nurse".

Only a person licensed or otherwise authorized under this article shall practice nursing and only a person licensed under section sixty-nine hundred four shall use the title "registered professional nurse" and only a person licensed under section sixty-nine hundred five of this article shall use the title "licensed practical nurse". No person shall use the title "nurse" or any other title or abbreviation that would represent to the public that the person is authorized to practice nursing unless the person is licensed or otherwise authorized under this article.

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§6904. State board for nursing.

A state board for nursing shall be appointed by the board of regents on recommendation of the commissioner for the purpose of assisting the board of regents and the department on matters of professional licensing and professional conduct in accordance with section sixty-five hundred eight of this title. The board shall be composed of not less than fifteen members, eleven of whom shall be registered professional nurses and four of whom shall be licensed practical nurses all licensed and practicing in this state for at least five years. An

executive secretary to the board shall be appointed by the board of regents on recommendation of the commissioner and shall be a registered professional nurse registered in this state.

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§6905. Requirements for a license as a registered professional nurse.

To qualify for a license as a registered professional nurse, an applicant shall fulfill the following requirements:

1. Application: file an application with the department;
2. *Education: have received an education, and a diploma or degree in professional nursing, in accordance with the commissioner's regulations;
   * NB Effective until June 18, 2019

2. *Education: have received an education, and a diploma or degree in professional nursing, in accordance with the commissioner's regulations, and in order to continue to maintain registration as a registered professional nurse in New York state, have attained a baccalaureate degree or higher in nursing within ten years of initial licensure in accordance with the commissioner's regulations. The department, in its discretion, may issue a conditional registration to a licensee who fails to complete the baccalaureate degree but who agrees to meet the additional requirement within one year. The fee for such a conditional registration shall be the same as, and in addition to, the fee for the triennial registration. The duration of such conditional registration shall be for one year and may be extended, with the payment of a fee, for no more than one additional year, unless the applicant can show good cause for non-compliance acceptable to the department. Any licensee who is notified of the denial of a registration for failure to complete the additional educational requirements and who practices as a registered professional nurse without such registration may be subject to disciplinary proceedings pursuant to section sixty-five hundred ten of this title;
   * NB Effective June 18, 2019
3. Experience: meet no requirement as to experience;
4. Examination: pass an examination satisfactory to the board and in accordance with the commissioner's regulations;
5. Age: be at least eighteen years of age;
6. Citizenship: meet no requirement as to United States citizenship;
7. Character: be of good moral character as determined by the department; and
8. Fees: pay a fee of one hundred fifteen dollars to the department for admission to a department conducted examination and for an initial license, a fee of forty-five dollars for each reexamination, a fee of seventy dollars for an initial license for persons not requiring admission to a department conducted examination, and a fee of fifty dollars for each triennial registration period.

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§6906. Requirements for a license as a licensed practical nurse.

To qualify for a license as a licensed practical nurse, an applicant shall fulfill these requirements:

1. Application: file an application with the department;
2. Education: have received an education including completion of high school or its equivalent, and have completed a program in practical nursing, in accordance with the commissioner's regulations, or completion of equivalent study satisfactory to the department in a program conducted by the armed forces of the United States or in an approved program in professional nursing;
3. Experience: meet no requirement as to experience;

4. Examination: pass an examination satisfactory to the board and in accordance with the commissioner's regulations, provided, however, that the educational requirements set forth in subdivision two of this section are met prior to admission for the licensing examination;
5. Age: be at least seventeen years of age;
6. Citizenship: meet no requirements as to United States citizenship;
7. Character: be of good moral character as determined by the department; and
8. Fees: pay a fee of one hundred fifteen dollars to the department for admission to a department conducted examination and for an initial license, a fee of forty-five dollars for each reexamination, a fee of seventy dollars for an initial license for persons not requiring admission to a department conducted examination, and a fee of fifty dollars for each triennial registration period.

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§6907. Limited permits.

1. A permit to practice as a registered professional nurse or a permit to practice as a licensed practical nurse may be issued by the department upon the filing of an application for a license as a registered professional nurse or as a licensed practical nurse and submission of such other information as the department may require to
    i. graduates of schools of nursing registered by the department,
    ii. graduates of schools of nursing approved in another state, province, or country or
    iii. applicants for a license in practical nursing whose preparation is determined by the department to be the equivalent of that required in this state.
2. Such limited permit shall expire one year from the date of issuance or upon notice to the applicant by the department that the application for license has been denied, or ten days after notification to the applicant of failure on the professional licensing examination, whichever shall first occur. Notwithstanding the foregoing provisions of this subdivision, if the applicant is waiting the result of a licensing examination at the time such limited permit expires, such permit shall continue to be valid until ten days after notification to the applicant of the results of such examination.
3. A limited permit shall entitle the holder to practice nursing only under the supervision of a nurse currently registered in this state and with the endorsement of the employing agency.
4. Fees. The fee for each limited permit shall be thirty-five dollars.
5. Graduates of schools of nursing registered by the department may be employed to practice nursing under supervision of a professional nurse currently registered in this state and with the endorsement of the employing agency for ninety days immediately following graduation from a program in nursing and pending receipt of a limited permit for which an application has been filed as provided in this section.

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§6908. Exempt persons.

1. This article shall not be construed:
    a. As prohibiting
        i. the domestic care of the sick, disabled or injured by any family member, household member or friend, or person employed primarily in a domestic capacity who does not hold himself or herself out, or accept employment as a person licensed to practice nursing under the provision of this article; provided that if such person is remunerated, the person does not hold himself or herself out as one who accepts employment for performing such care; or the administration of medications or treatment by child day care providers or employees or caregivers of child day care programs where such providers, employees or caregivers are acting under the direction and authority of a parent of a child, legal

guardian, legal custodian, or an adult in whose care a child has been entrusted and who has been authorized by the parent to consent to any health care for the child and in compliance with the regulations of the office of children and family services pertaining to the administration of medications and treatment; or

ii. any person from the domestic administration of family remedies; or

iii. the providing of care by a person acting in the place of a person exempt under clause (i) of this paragraph, but who does hold himself or herself out as one who accepts employment for performing such care, where nursing services are under the instruction of a licensed nurse, or under the instruction of a patient or family or household member determined by a registered professional nurse to be self-directing and capable of providing such instruction, and services are provided under section three hundred sixty-five-f of the social services law; or

iv. the furnishing of nursing assistance in case of an emergency; or

v. tasks provided by a direct support staff in programs certified or approved by the office for people with developmental disabilities, when performed under the supervision of a registered professional nurse and pursuant to a memorandum of understanding between the office for people with developmental disabilities and the department, in accordance with and pursuant to an authorized practitioner's ordered care, provided that:

1. a registered professional nurse determines, in his or her professional judgment, which tasks are to be performed based upon the complexity of the tasks, the skill and experience of the direct support staff, and the health status of the individual being cared for;
2. only a direct support staff who has completed training as required by the commissioner of the office for people with developmental disabilities may perform tasks pursuant to this subparagraph;
3. appropriate protocols shall be established to ensure safe administration of medications;
4. a direct support staff shall not assess the medication needs of an individual;
5. adequate nursing supervision is provided, including training and periodic inspection of performance of the tasks. The amount and type of nursing supervision shall be determined by the registered professional nurse responsible for supervising such task based upon the complexity of the tasks, the skill and experience of the direct support staff, and the health status of the individual being cared for;
6. a direct support staff shall not be authorized to perform any tasks or activities pursuant to this subparagraph that are outside the scope of practice of a licensed practical nurse;
7. a direct support staff shall not represent himself or herself, or accept employment, as a person licensed to practice nursing under the provisions of this article;
8. direct support staff providing medication administration, tube feeding, or diabetic care shall be separately certified, and shall be recertified on an annual basis;
9. the registered professional nurse shall ensure that there is a consumer specific medication sheet for each medication that is administered; and
10. appropriate staffing ratios shall be determined by the office for people with developmental disabilities and the department to ensure adequate nursing supervision. No direct support staff shall perform tasks under this subparagraph until the office for people with developmental disabilities and the department have entered into a memorandum of understanding to effectuate the provisions of this subparagraph. The office for people with developmental disabilities shall complete a criminal background check pursuant to section 16.33 of the mental hygiene law and an agency background check pursuant to section 16.34 of the mental hygiene law on the direct support staff prior to the commencement of any

provision of service provided under this subparagraph if such direct support staff is a new hire. Individuals providing supervision or direct support tasks pursuant to this subparagraph shall have protection pursuant to sections seven hundred forty and seven hundred forty-one of the labor law, where applicable;

b. As including services given by attendants in institutions under the jurisdiction of or subject to the visitation of the state department of mental hygiene if adequate medical and nursing supervision is provided;
c. As prohibiting such performance of nursing service by students enrolled in registered schools or programs as may be incidental to their course of study;
d. As prohibiting or preventing the practice of nursing in this state by any legally qualified nurse or practical nurse of another state, province, or country whose engagement requires him or her to accompany and care for a patient temporarily residing in this state during the period of such engagement provided such person does not represent or hold himself or herself out as a nurse or practical nurse registered to practice in this state;
e. As prohibiting or preventing the practice of nursing in this state during an emergency or disaster by any legally qualified nurse or practical nurse of another state, province, or country who may be recruited by the American National Red Cross or pursuant to authority vested in the state civil defense commission for such emergency or disaster service, provided such person does not represent or hold himself or herself out as a nurse or practical nurse registered to practice in this state;
f. As prohibiting or preventing the practice of nursing in this state, in obedience to the requirements of the laws of the United States, by any commissioned nurse officer in the armed forces of the United States or by any nurse employed in the United States veterans administration or United States public health service while engaged in the performance of the actual duties prescribed for him or her under the United States statutes, provided such person does not represent or hold himself or herself out as a nurse registered to practice in this state; or
g. As prohibiting the care of the sick when done in connection with the practice of the religious tenets of any church.
h. As prohibiting the provision of psychotherapy as defined in subdivision two of section eighty-four hundred one of this title to the extent permissible within the scope of practice of nursing as defined in this title, by any not-for-profit corporation or education corporation providing services within the state and operating under a waiver pursuant to section sixty-five hundred three-a of this title, provided that such entities offering such psychotherapy services shall only provide such services through an individual appropriately licensed or otherwise authorized to provide such services or a professional entity authorized by law to provide such services.

2. *This article shall not be construed as prohibiting advanced tasks provided by an advanced home health aide in accordance with regulations developed by the commissioner, in consultation with the commissioner of health. At a minimum, such regulations shall:
    a. specify the advanced tasks that may be performed by advanced home health aides pursuant to this subdivision. Such tasks shall include the administration of medications which are routine and prefilled or otherwise packaged in a manner that promotes relative ease of administration, provided that administration of medications by injection, sterile procedures, and central line maintenance shall be prohibited. Provided, however, such prohibition shall not apply to injections of insulin or other injections for diabetes care, to injections of low molecular weight heparin, and to pre-filled auto-injections of naloxone and epinephrine for emergency purposes, and provided, further, that entities employing advanced home health aides pursuant to this subdivision shall establish a systematic approach to address drug diversion;
    b. provide that advanced tasks performed by advanced home health aides may be performed only under the direct supervision of a registered professional nurse licensed in New York state, as set forth in this subdivision and subdivision eight of section sixty-nine hundred nine of this article, where such nurse is employed by a home care services agency licensed or certified pursuant to article thirty-six of the public health law, a hospice program certified pursuant to article forty of

the public health law, or an enhanced assisted living residence licensed pursuant to article seven of the social services law and certified pursuant to article forty-six-B of the public health law. Such nursing supervision shall:

i. include training and periodic assessment of the performance of advanced tasks;
ii. be determined by the registered professional nurse responsible for supervising such advanced tasks based upon the complexity of such advanced tasks, the skill and experience of the advanced home health aide, and the health status of the individual for whom such advanced tasks are being performed;
iii. include a comprehensive initial and thereafter regular and ongoing assessment of the individual's needs;
iv. include as a requirement that the supervising registered professional nurse shall visit individuals receiving services for the purpose of supervising the services provided by advanced home health aides no less than once every two weeks and include as a requirement that a registered professional nurse shall be available by telephone to the advanced home health aide twenty-four hours a day, seven days a week, provided that a registered professional nurse shall be available to visit an individual receiving services as necessary to protect the health and safety of such individual; and
v. as shall be specified by the commissioner, be provided in a manner that takes into account individual care needs, case mix complexity and geographic considerations and provide that the number of individuals served by a supervising registered professional nurse is reasonable and prudent.

c. establish a process by which a registered professional nurse may assign advanced tasks to an advanced home health aide. Such process shall include, but not be limited to:
   i. allowing assignment of advanced tasks to an advanced home health aide only where such advanced home health aide has demonstrated to the satisfaction of the supervising registered professional nurse competency in every advanced task that such advanced home health aide is authorized to perform, a willingness to perform such advanced tasks, and the ability to effectively and efficiently communicate with the individual receiving services and understand such individual's needs;
   ii. prohibiting assignment of advanced tasks to an advanced home health aide if the individual receiving services declines to be served by an advanced home health aide;
   iii. authorizing the supervising registered professional nurse to revoke any assigned advanced task from an advanced home health aide for any reason; and
   iv. authorizing multiple registered professional nurses to jointly agree to assign advanced tasks to an advanced home health aide, provided further that only one registered professional nurse shall be required to determine if the advanced home health aide has demonstrated competency in the advanced task to be performed;
d. provide that advanced tasks may be performed only in accordance with and pursuant to an authorized health practitioner's ordered care;
e. provide that only a certified home health aide may perform advanced tasks as an advanced home health aide when such aide has:
   i. at least one year of experience providing either home health or personal care services, or a combination of the same;
   ii. completed the requisite training and demonstrated competencies of an advanced home health aide as determined by the commissioner in consultation with the commissioner of health;
   iii. successfully completed competency examinations satisfactory to the commissioner in consultation with the commissioner of health; and
   iv. meets other appropriate qualifications as determined by the commissioner in consultation with the commissioner of health;
f. provide that only an individual who is listed in the home care services registry maintained by the department of health pursuant to section thirty-six hundred thirteen of the public health law as

having satisfied all applicable training requirements and having passed the applicable competency examinations and who meets other requirements as set forth in regulations issued by the commissioner of health pursuant to subdivision seventeen of section thirty-six hundred two of the public health law may perform advanced tasks pursuant to this subdivision and may hold himself or herself out as an advanced home health aide;

g. establish minimum standards of training for the performance of advanced tasks by advanced home health aides, including didactic training, clinical training, and a supervised clinical practicum with standards set forth by the commissioner of health;
h. provide that advanced home health aides shall receive case-specific training on the advanced tasks to be assigned by the supervising nurse, provided that additional training shall take place whenever additional advanced tasks are assigned;
i. prohibit an advanced home health aide from holding himself or herself out, or accepting employment as, a person licensed to practice nursing under the provisions of this article;
j. provide that an advanced home health aide is not required nor permitted to assess the medication or medical needs of an individual;
k. provide that an advanced home health aide shall not be authorized to perform any advanced tasks or activities pursuant to this subdivision that are outside the scope of practice of a licensed practical nurse or any advanced tasks that have not been appropriately assigned by the supervising registered professional nurse;
l. provide that an advanced home health aide shall document all advanced tasks provided to an individual, including medication administration to each individual through the use of a medication administration record; and
m. provide that the supervising registered professional nurse shall retain the discretion to decide whether to assign advanced tasks to advanced home health aides under this program and shall not be subject to coercion, retaliation, or the threat of retaliation; in developing such regulations, the commissioner shall take into account the recommendations of a workgroup of stakeholders convened by the commissioner of health in consultation with the commissioner for the purpose of providing guidance on the foregoing.

* NB Effective May 28, 2018
* NB Repealed March 31, 2023

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§6909. Special provision.

1. Notwithstanding any inconsistent provision of any general, special, or local law, any licensed registered professional nurse or licensed practical nurse who voluntarily and without the expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or other emergency, outside a hospital, doctor's office or any other place having proper and necessary medical equipment, to a person who is unconscious, ill or injured shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such first aid or emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such registered professional nurse or licensed practical nurse. Nothing in this subdivision shall be deemed or construed to relieve a licensed registered professional nurse or licensed practical nurse from liability for damages for injuries or death caused by an act or omission on the part of such nurse while rendering professional services in the normal and ordinary course of her practice.
2. Nothing in this article shall be construed to confer the authority to practice medicine or dentistry.
3. An applicant for a license as a registered professional nurse or licensed practical nurse by endorsement of a license of another state, province or country whose application was filed with the department under

the laws in effect prior to August thirty-first, nineteen hundred seventy-one shall be licensed only upon successful completion of the appropriate licensing examination unless satisfactory evidence of the completion of all educational requirements is submitted to the department prior to September one, nineteen hundred seventy-seven.

4. A certified nurse practitioner may prescribe and order a non-patient specific regimen to a registered professional nurse, pursuant to regulations promulgated by the commissioner, consistent with subdivision three of section six thousand nine hundred two of this article, and consistent with the public health law, for:
    a. administrating immunizations.
    b. the emergency treatment of anaphylaxis.
    c. administering purified protein derivative (PPD) tests or other tests to detect or screen for tuberculosis infections.
    d. administering tests to determine the presence of the human immunodeficiency virus.
    e. administering tests to determine the presence of the hepatitis C virus.
    f. the urgent or emergency treatment of opioid related overdose or suspected opioid related overdose.
    g. screening of persons at increased risk for syphilis, gonorrhea and chlamydia.
5. A registered professional nurse may execute a non-patient specific regimen prescribed or ordered by a licensed physician or certified nurse practitioner, pursuant to regulations promulgated by the commissioner.
6. A registered professional nurse defined under subdivision one of section sixty-nine hundred two of this article may use accepted classifications of signs, symptoms, dysfunctions and disorders, including, but not limited to, classifications used in the practice setting for the purpose of providing mental health services.
7. *A certified nurse practitioner may prescribe and order a patient specific order or non-patient specific regimen to a licensed pharmacist, pursuant to regulations promulgated by the commissioner, and consistent with the public health law, for administering immunizations to prevent influenza, pneumococcal, acute herpes zoster, meningococcal, tetanus, diphtheria or pertussis disease and medications required for emergency treatment of anaphylaxis. Nothing in this subdivision shall authorize unlicensed persons to administer immunizations, vaccines or other drugs.
   * NB Effective until July 1, 2019

7. *A certified nurse practitioner may prescribe and order a non-patient specific regimen to a licensed pharmacist, pursuant to regulations promulgated by the commissioner, and consistent with the public health law, for administering immunizations. Nothing in this subdivision shall authorize unlicensed persons to administer immunizations, vaccines or other drugs.
   * NB Effective and Repealed July 1, 2019
8. *A registered professional nurse, while working for a home care services agency licensed or certified pursuant to article thirty-six of the public health law, a hospice program certified pursuant to article forty of the public health law, or an enhanced assisted living residence licensed pursuant to article seven of the social services law and certified pursuant to article forty-six-B of the public health law may, in accordance with this subdivision, assign advanced home health aides to perform advanced tasks for individuals pursuant to the provisions of subdivision two of section sixty-nine hundred eight of this article and supervise advanced home health aides who perform assigned advanced tasks.
    a. Prior to assigning or modifying an assignment to perform an advanced task, the registered professional nurse shall:
        i. complete a nursing assessment to ascertain the client's current health status and care needs; and
        ii. provide to the advanced home health aide written, individual-specific instructions for performing the advanced task and criteria for identifying, reporting and responding to problems or complications.
    b. The registered professional nurse shall not assign an advanced task unless:

i. the advanced task to be assigned is consistent with an authorized health practitioner's ordered care;
ii. the registered professional nurse provides case specific training to the advanced home health aide and personally verifies that the advanced home health aide can safely and competently perform the advanced task;
iii. the registered professional nurse determines that the advanced home health aide is willing to perform such advanced task; and
iv. the registered professional nurse determines that the advanced home health aide is able to effectively and efficiently communicate with the individual receiving services and understand such individual's needs.

c. The supervising registered professional nurse shall:
i. visit individuals receiving services for the purpose of supervising the services provided by advanced home health aides no less than once every two weeks; and
ii. conduct regular and ongoing assessment of the individual's needs.

* NB Repealed March 31, 2023
* NB There are 2 sb 8's

8. *A certified nurse practitioner may prescribe and order a patient specific order or non-patient specific order to a licensed pharmacist, pursuant to regulations promulgated by the commissioner in consultation with the commissioner of health, and consistent with the public health law, for dispensing up to a seven day starter pack of HIV post-exposure prophylaxis for the purpose of preventing human immunodeficiency virus infection following a potential human immunodeficiency virus exposure.
* NB There are 2 sb 8's

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§6910. Certificates for nurse practitioner practice.

1. For issuance of a certificate to practice as a nurse practitioner under subdivision three of section six thousand nine hundred two of this article, the applicant shall fulfill the following requirements:
   a. Application: file an application with the department;
   b. License: be licensed as a registered professional nurse in the state;
   c. Education:
      i. have satisfactorily completed educational preparation for provision of these services in a program registered by the department or in a program determined by the department to be the equivalent; or
      ii. submit evidence of current certification by a national certifying body, recognized by the department; or
      iii. meet such alternative criteria as established by the commissioner's regulations;
   d. Fees: pay a fee to the department of fifty dollars for each initial certificate authorizing nurse practitioner practice in a specialty area and a triennial registration fee of thirty dollars. Registration under this section shall be coterminous with the nurse practitioner's registration as a professional nurse.
2. Only a person certified under this section shall use the title "nurse practitioner".
3. The provisions of this section shall not apply to any act or practice authorized by any other law, rule, regulation or certification.
4. The provisions of this section shall not apply to any activity authorized, pursuant to statute, rule or regulation, to be performed by a registered professional nurse in a hospital as defined in article twenty-eight of the public health law.
5. The commissioner is authorized to promulgate regulations to implement the provisions of this section.

§6911. Certification as a clinical nurse specialist (CNS).

1. For issuance of a certificate to practice as a clinical nurse specialist under section six thousand nine hundred two of this article, the applicant shall fulfill the following requirements:
    a. file an application with the department;
    b. be licensed as a registered professional nurse in this state;
    c.
        i. have satisfactorily completed an educational program registered by the department including a master's or doctoral degree, or a post-master's certificate from a program acceptable to the department which prepares graduates to practice as CNSs and which is accredited by a national nursing accredited body acceptable to the department, and
        ii. meets all other requirements established by the department to practice as a clinical nurse specialist, or (iii) have received educational preparation determined by the department to be the substantial equivalent of subparagraphs (i) and (ii) of this paragraph; and
    d. pay a fee to the department of fifty dollars for each initial certificate authorizing clinical nurse specialist practice and a triennial registration fee of thirty dollars. Registration under this section shall be coterminous with the clinical nurse specialist's registration as a professional nurse.
2. Only a person certified under this section shall use the title "clinical nurse specialist" or the designation "CNS".

Last Updated: February 2, 2018

New York State RN NCLEX Results: 2018-2022

Below are the annual RN NCLEX pass rates for first-time test-takers. In each cell you will find the overall passing percentage above the number of students passing the NCLEX with the number of total students sitting for the test.

- Associate Degree Programs | Summary
- Baccalaureate Degree Programs | Summary
- Diploma Programs | Summary
- Masters Programs | Summary
- All Program Types Summary

Associate Degree Programs

School Name	2022	2021	2020	2019	2018
Adirondack Community College				94.4% 84/89	95.0% 76/80
ASA College				78.6% 44/56	50.0% 10/20
Borough of Manhattan Community College				90.1% 100/111	89.2% 107/120
Bronx Community College				80.8% 21/26	92.3% 12/13
Broome Community College				72.6% 61/84	75.4% 52/69
Cayuga County Community College				97.4% 37/38	92.7% 38/41
Clinton Community College				90.9% 30/33	97.0% 32/33
Cochran School of Nursing				88.9% 40/45	82.4% 42/51
College of Staten Island				96.8% 90/93	93.2% 109/117
Columbia-Greene Community College				85.2% 46/54	85.4% 41/48

Corning Community College				77.5% 55/71	83.1% 64/77
Dutchess Community College				92.6% 25/27	97.7% 42/43
Ellis Medicine- The Belanger School of Nursing				88.9% 32/36	93.3% 42/45
Erie Community College- City				100.0% 44/44	96.3% 26/27
Erie Community College- North				97.5% 39/40	96.8% 60/62
Excelsior College				77.8% 775/996	80.7% 657/814
Finger Lakes Community College				81.5% 53/65	82.3% 51/62
Finger Lakes Health College of Nursing				77.8% 42/54	76.1% 35/46
Fulton Montgomery Community College				88.2% 30/34	93.9% 31/33
Genesee Community College				93.9% 108/115	90.3% 112/124
Helene Fuld College of Nursing				89.2% 214/240	82.3% 130/158
Hostos Community College				90.6% 58/64	78.2% 43/55
Hudson Valley Community College				96.1% 74/77	100.0% 66/66
Jamestown Community College				93.3% 83/89	94.7% 90/95
Jefferson Community College				85.7% 42/49	93.3% 28/30
Kingsborough Community College				90.4% 94/104	86.8% 92/106
La Guardia Community College				100.0% 81/81	96.0% 71/74
Maria College				90.2% 101/112	95.7% 111/116
Medgar Evers College				77.4% 24/31	83.3% 25/30
Memorial Hospital School of Nursing				91.7% 44/48	96.2% 51/53
Mohawk Valley Community College				92.9% 26/28	97.7% 43/44

Monroe College				90.2% 37/41	79.6% 35/44
Monroe College- PN-ADN-BS					
Monroe Community College				95.6% 86/90	100.0% 101/101
Montefiore School of Nursing				70.8% 46/65	91.7% 44/48
Nassau Community College				94.0% 110/117	95.1% 96/101
New York City Technical College				95.5% 84/88	96.1% 74/77
Niagara County Community College				93.6% 87/93	90.0% 63/70
North Country Community College- Saranac Lake				95.4% 41/43	83.0% 44/53
North Country Community College- Ticonderoga				65.2% 15/23	80.0% 12/15
Onondaga Community College				88.7% 63/71	95.0% 57/60
Orange County Community College- Newburgh				96.6% 28/29	93.1% 54/58
Orange County Community College -Day Format				86.7% 65/75	87.5% 49/56
Orange County Community College -Evening Format					
Philips Beth Israel School of Nursing				74.0% 57/77	64.3% 45/70
Pomeroy College of Nursing at Crouse Hospital				90.3% 93/103	97.1% 99/102
Queensborough Community College				94.7% 107/113	95.5% 84/88
Rockland Community College				98.4% 60/61	96.3% 52/54
Samaritan Hospital				89.8% 44/49	92.2% 47/51
St. Elizabeths College of Nursing				84.2% 69/82	88.8% 79/89
St. Josephs Hospital Health Center College of Nursing- Syracuse				93.4% 142/152	93.0% 119/128
St. Paul's School of Nursing- Queens				78.8% 104/132	80.7% 100/124
St. Paul's School of Nursing- Staten Island				81.7% 89/109	80.3% 110/137

Suffolk County Community College Brentwood				97.8% 87/89	81.6% 62/76
Suffolk County Community College Selden				95.3% 102/107	94.9% 111/117
Sullivan County Community College				66.7% 14/21	88.2% 15/17
SUNYC of Tech at Alfred				81.5% 53/65	94.6% 53/56
SUNYC of Tech at Canton				87.5% 56/64	82.1% 55/67
SUNYC of Tech at Delhi				81.8% 27/33	90.0% 18/20
SUNYC of Tech at Delhi- DDP				50.0% 1/2	79.2% 19/24
SUNYC of Tech at Morrisville				85.9% 85/99	77.8% 77/99
SUNYC of Tech at Morrisville- Norwich				100.0% 1/1	
Swedish Institute				63.2% 24/38	66.7% 26/39
Tompkins Cortland Community College				91.5% 54/59	87.3% 48/55
Touro College				77.1% 37/48	78.4% 29/37
Trocaire College				79.6% 160/201	66.3% 169/255
Ulster County Community College				97.1% 33/34	77.8% 28/36
Westchester Community College				91.8% 45/49	100.0% 32/32

Associate Degree Program Summary

	2022	2021	2020	2019	2018
New York State				86.4% 4803/5557	86.3% 4495/5208
United States				86.0% 159632/185668	85.1% 69789/81984

Baccalaureate Degree Programs

School Name	2022	2021	2020	2019	2018
Adelphi University				78.1% 353/452	85.2% 311/365

College of Mt St Vincent				74.9% 131/175	81.7% 125/153
College of New Rochelle				66.8% 254/380	75.3% 165/219
College of New Rochelle- ASDBS				90.9% 10/11	50.0% 3/6
Columbia University					83.9% 109/130
Concordia College				100.0% 54/54	94.8% 55/58
D'Youville College				76.9% 110/143	79.2% 122/154
Dominican College				78.1% 75/96	80.3% 65/81
Elmira College				74.6% 41/55	83.8% 57/68
Excelsior College				83.3% 5/6	100.0% 1/1
Hartwick College				88.9% 32/36	97.6% 40/41
Herbert Lehman College CUNY				71.3% 77/108	82.9% 92/111
Hunter College				89.9% 116/129	91.7% 111/121
Long Island University- Brooklyn				76.6% 203/265	87.9% 203/231
Long Island University- Post				75.0% 18/24	
Mercy College				61.5% 16/26	
Molloy College				93.1% 352/378	92.4% 352/381
Mt St Marys College				93.3% 153/164	95.3% 141/148
Nazareth College				97.1% 33/34	97.9% 46/47
New York Institute of Technology Old Westbury				78.9% 71/90	82.9% 34/41
New York University				92.9% 382/411	89.8% 360/401
New York University- ASDBS				100.0% 3/3	92.6% 25/27

Niagara University- Accelerated				84.0% 21/25	87.5% 21/24
Niagara University- Traditional				83.8% 31/37	78.6% 33/42
Niagara University- ASDBS				0.0% 0/1	100.0% 2/2
Nyack College				84.0% 21/25	90.0% 18/20
Pace University- New York					
Pace University- ASDBS- New York				84.1% 58/69	92.3% 12/13
Pace University- Pleasantville				75.8% 72/95	95.5% 149/156
Pace University- ASDBS- Pleasantville				98.4% 60/61	
Phillips School of Nursing- ASDBS				100.0% 3/3	100.0% 1/1
Roberts Wesleyan College				75.0% 39/52	79.3% 42/53
St. Francis College				54.2% 32/59	44.4% 4/9
St John Fisher College				94.6% 159/168	95.4% 164/172
St. Joseph's College- Brooklyn				50.0% 12/24	
St. Joseph's College- Patchogue				76.5% 26/34	
SUC Brockport				88.7% 94/106	89.1% 98/110
SUC Plattsburgh				87.0% 40/46	92.7% 38/41
SUNY Binghamton- ASDBS				100.0% 7/7	100.0% 6/6
SUNY Binghamton				94.6% 158/167	92.7% 152/164
SUNY Buffalo Accelerated				100.0% 13/13	100.0% 48/48
SUNY Buffalo				98.6% 70/71	94.6% 70/74
SUNY Health Science Center Brooklyn				93.8% 75/80	94.1% 64/68

SUNY Health Science Center Stony Brook				93.1% 148/159	98.7% 150/152
SUNY College of Tech at Farmingdale				96.3% 52/54	98.4% 60/61
The Sage Colleges				84.4% 81/96	86.8% 46/53
Touro College				100.0% 4/4	100.0% 6/6
Touro College- ASDBS					100.0% 2/2
University of Rochester				95.1% 174/183	97.2% 173/178
Utica College				94.7% 36/38	87.0% 60/69
Utica College- ASDBS				88.7% 118/133	90.8% 79/87
Wagner College				93.7% 119/127	94.0% 110/117
York College				100.0% 32/32	94.4% 34/36

Baccalaureate Degree Program Summary

	2022	2021	2020	2019	2018
New York State				84.7% 4244/5009	88.8% 4088/4603
United States				91.7% 168049/183329	91.6% 72558/79227

Diploma Program

School Name	2022	2021	2020	2019	2018
Arnot-Ogden Memorial Hospital				100.0% 12/12	66.7% 6/9

Diploma Program Summary

	2022	2021	2020	2019	2018
New York State				100.0% 12/12	66.7% 6/9
United States				88.4% 4170/4718	88.6% 1742/1966

Masters Program

School Name	2022	2021	2020	2019	2018
Columbia University				94.2% 193/205	91.5% 54/59

Masters Program Summary

	2022	2021	2020	2019	2018
New York State				94.2% 193/205	91.5% 54/59
United States				N/A	N/A

Summary For All Program Types

	2022	2021	2020	2019	2018
New York State				85.8% 9252/10783	87.5% 8643/9879
United States				88.8% 331851/373715	88.3% 144089/163177

If you do not see your program within this list, have found an error or have questions in regards to the above information please call New York State Education Department Professional Education Program Review at 518-474-3817 ext. 360 or e-mail OPPROGS@nysed.gov and we will do our best to further assist you.

Last Updated: October 19, 2020

The Essentials of Baccalaureate Education for Professional Nursing Practice

American Association of Colleges of Nursing

American Association of Colleges of Nursing

The Essentials of Baccalaureate Education for Professional Nursing Practice

October 20, 2008

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American Association of Colleges of Nursing

Executive Summary
The Essentials of Baccalaureate Education for Professional Nursing Practice (2008)

This *Essentials* document serves to transform baccalaureate nursing education by providing the curricular elements and framework for building the baccalaureate nursing curriculum for the 21st century. These *Essentials* address the key stakeholders' recommendations and landmark documents such as the IOM's recommendations for the core knowledge required of all healthcare professionals. This document emphasizes such concepts as patient-centered care, interprofessional teams, evidence-based practice, quality improvement, patient safety, informatics, clinical reasoning/critical thinking, genetics and genomics, cultural sensitivity, professionalism, and practice across the lifespan in an ever-changing and complex healthcare environment

Essentials I-IX delineate the outcomes expected of graduates of baccalaureate nursing programs. Achievement of these outcomes will enable graduates to practice within complex healthcare systems and assume the roles: provider of care; designer/manager/coordinator of care; and member of a profession. Essential IX describes generalist nursing practice at the completion of baccalaureate nursing education. This Essential includes practice-focused outcomes that integrate the knowledge, skills, and attitudes delineated in Essentials I – VIII. The time needed to accomplish each Essential will vary, and each Essential does not require a separate course for achievement of the outcomes.

The nine Essentials are:

- **Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice**
  - A solid base in liberal education provides the cornerstone for the practice and education of nurses.
- **Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety**
  - Knowledge and skills in leadership, quality improvement, and patient safety are necessary to provide high quality health care.
- **Essential III: Scholarship for Evidence Based Practice**
  - Professional nursing practice is grounded in the translation of current evidence into one's practice.
- **Essential IV: Information Management and Application of Patient Care Technology**
  - Knowledge and skills in information management and patient care technology are critical in the delivery of quality patient care.
- **Essential V: Health Care Policy, Finance, and Regulatory Environments**
  - Healthcare policies, including financial and regulatory, directly and indirectly influence the nature and functioning of the healthcare system and thereby are important considerations in professional nursing practice.
- **Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes**
  - Communication and collaboration among healthcare professionals are critical to delivering high quality and safe patient care.

- **Essential VII: Clinical Prevention and Population Health**
    - Health promotion and disease prevention at the individual and population level are necessary to improve population health and are important components of baccalaureate generalist nursing practice.
- **Essential VIII: Professionalism and Professional Values**
    - Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to the discipline of nursing.
- **Essential IX: Baccalaureate Generalist Nursing Practice**
    - The baccalaureate-graduate nurse is prepared to practice with patients, including individuals, families, groups, communities, and populations across the lifespan and across the continuum of healthcare environments.
    - The baccalaureate graduate understands and respects the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for patients.

Learning opportunities, including direct clinical experiences, must be sufficient in breadth and depth to ensure the baccalaureate graduate attains these practice-focused outcomes and integrates the delineated knowledge and skills into the graduate's professional nursing practice. Clinical learning is focused on developing and refining the knowledge and skills necessary to manage care as part of an interprofessional team. Simulation experiences augment clinical learning and are complementary to direct care opportunities essential to assuming the role of the professional nurse. A clinical immersion experience provides opportunities for building clinical reasoning, management, and evaluation skills.

Introduction

The Essentials of Baccalaureate Education for Professional Nursing Practice provides the educational framework for the preparation of professional nurses. This document describes the outcomes expected of graduates of baccalaureate nursing programs.

The Essentials apply to all pre-licensure and RN completion programs, whether the degree is baccalaureate or graduate entry. Program curricula are designed to prepare students to meet the end-of-program outcomes delineated under each Essential.

Background

The healthcare delivery system has changed dramatically since *The Essentials of Baccalaureate Education for Professional Nursing Practice* was endorsed by the American Association of Colleges of Nursing (AACN, 1998). Building a safer healthcare system has become the focus of all health professions following numerous reports from the Institute of Medicine (IOM, 2000, 2001, 2004), American Hospital Association (2002), Robert Wood Johnson Foundation (Kimball & O'Neill, 2002), the Joint Commission (2002) and other authorities. Nursing has been identified as having the potential for making the biggest impact on a transformation of healthcare delivery to a safer, higher quality, and more cost-effective system. With the increasing awareness of the need for change in the healthcare system, the clinical microsystems (small, functional units where care is provided within the larger system) have become an important focus for improving healthcare outcomes (Nelson, Batalden, & Godfrey, 2007).

In addition to the concern over healthcare outcomes, the United States and the global market are experiencing a nursing shortage that is expected to intensify as the demand for more and different nursing services grows. Buerhaus, Staiger, and Auerbach (2008) reported that the U.S. may experience a shortage of more than 500,000 registered nurses by the year 2025. Despite annual increases in enrollments in entry-level baccalaureate nursing programs since 2001 (Fang, Htut, & Bednash, 2008), these increases are not sufficient to meet the projected demand for nurses. According to Buerhaus et al. (2008), enrollment in nursing programs would have to increase at least 40% annually to replace the nurses expected to leave the workforce through retirement alone. Addressing the need for an increased number of baccalaureate-prepared nurses is critical but not sufficient. Nursing must educate future professionals to deliver patient-centered care as members of an interprofessional team, emphasizing evidence-based practice, quality improvement approaches, and informatics (IOM, 2003b). Nursing education and practice must work together to better align education with practice environments (Joint Commission, 2002, Kimball & O'Neill, 2002;).

The environments in which professional nurses practice have become more diverse and more global in nature. Scientific advances, particularly in the areas of genetics and

genomics, have had and will continue to have a growing and significant impact on prevention, diagnosis, and treatment of diseases, illnesses, and conditions. The increased prevalence of chronic illness is a result of an increasingly older adult population, environmental threats, lifestyles that increase risk of disease, and enhanced technological and therapeutic interventions that prolong life. Increases in longevity of life have made the older adult the fastest growing segment of the population. In 2003, 12 % of the population was older than 65 years of age. By 2030, this population will increase to 20%, with a large majority older than 80 years of age (He, Sengupta, Velkoff, & DeBarros, 2005). Those older than 65 years of age had almost four times the number of hospitalization days than those younger than 65 years of age (Centers for Disease Control, 2007)

Education for the baccalaureate generalist must include content and experiences across the lifespan, including the very young who are especially vulnerable. The percentage of the population under 18 years of age is 24.6% (U.S. Census Bureau, 2008). U.S. infant mortality in 2006 ranked 38th in the world (World Health Organization, 2008). Prevention is critical in addressing both acute and chronic conditions across the lifespan. The role of the nurse in prevention continues to be of utmost importance.

Increasing globalization of healthcare and the diversity of this nation's population mandates an attention to diversity in order to provide safe, high quality care. The professional nurse practices in a multicultural environment and must possess the skills to provide culturally appropriate care. According to the U.S. Census Bureau (2008), the nation's minority population totaled 102 million or 34% of the U.S. population in 2006. With projections pointing to even greater levels of diversity in the coming years, professional nurses need to demonstrate a sensitivity to and understanding of a variety of cultures to provide high quality care across settings. Liberal education, including the study of a second language, facilitates the development of an appreciation for diversity.

Strong forces influencing the role of nurses include:

- scientific advances, particularly in the area of genetics and genomics,
- changing demographics of patient populations,
- new care technologies, and
- patient access to healthcare information.

These forces call for new ways of thinking and providing health care. Nursing is uniquely positioned to respond to these major forces, requiring an increased emphasis on designing and implementing patient-centered care, developing partnerships with the patient, and a focus on customer service.

Nursing Education

In response to calls for transforming the healthcare system and how healthcare professionals are educated, AACN has maintained an ongoing dialogue with a broad representation of stakeholders internal and external to nursing. The dialogue has focused on the knowledge, skills, and attitudes needed by nurses to practice effectively within this

complex and changing environment. New innovative models of nursing education have emerged, and AACN has taken a leadership role in crafting a preferred vision for nursing education.

In 2004, the AACN Board of Directors reaffirmed its position that baccalaureate education is the minimum level required for entry into professional nursing practice in today's complex healthcare environment. Baccalaureate generalist education, as defined in this document, is the foundation upon which all graduate nursing education builds.

The preferred vision for nursing education includes generalist, advanced generalist, and advanced specialty nursing education. Generalist nurse education occurs at a minimum in baccalaureate-degree nursing programs. Advanced generalist education occurs in master's degree nursing programs, including the Clinical Nurse Leader (CNL®), which is an advanced generalist nursing role. Advanced specialty education occurs at the doctoral level in Doctor of Nursing Practice (DNP) or research-focused degree programs (PhD, DNS, or DNSc). End-of-program outcomes for the baccalaureate, master's, and doctoral nursing programs build on each other.

The Discipline of Nursing

Roles for the baccalaureate generalist nurse are derived from the discipline of nursing. The roles of the baccalaureate generalist include:

- provider of care,
- designer/manager/coordinator of care, and
- member of a profession.

Nursing generalist practice includes both direct and indirect care for patients, which includes individuals, families, groups, communities, and populations. Nursing practice is built on nursing knowledge, theory, and research. In addition, nursing practice derives knowledge from a wide array of other fields and professions, adapting and applying this knowledge as appropriate to professional practice.

In the senior college and university setting, every academic discipline is grounded in discrete inquiry-based applications that are distinctive to that discipline. Scientific advances, (particularly in the area of genetics and genomics), changing demographics of patient populations, new care technologies, and patient access to health care information call for new ways of thinking and doing in the provision of health care. The academic setting provides a forum for contemplating physical, psychological, social, cultural, behavioral, ethical, and spiritual problems within and across disciplines. Faculty have a responsibility to facilitate the translation of knowledge from a liberal education base into the practice of nursing. Nursing faculty introduce nursing science and theories, and guide the student in developing an understanding of the discipline of nursing's distinctive perspective.

Baccalaureate-prepared nurses provide patient-centered care that identifies, respects, and addresses patients' differences, values, preferences, and expressed needs (IOM, 2003a). Patient-centered care also involves the coordination of continuous care, listening to,

communicating with, and educating patients and caregivers regarding health, wellness, and disease management and prevention. The generalist nurse provides the human link between the healthcare system and the patient by translating the plan of care to the patient. A broad-based skill set is required to fill this human interface role. Patient-centered care also requires the development of a nurse-patient partnership. Patients, as consumers of healthcare services, and as integral members of the healthcare team, have an increasing role and responsibility for the mutual planning of care and healthcare decision making.

The fundamental aspects of generalist nursing practice are: direct care of the sick in and across all environments, health promotion and clinical prevention, and population-based health care. A defining feature of professional nursing practice is the focus on health promotion and risk reduction. Advances in science and technology will continue to emerge, which will help to predict future health problems. Nurses will design and implement measures to modify risk factors and promote healthy lifestyles. These same advances in science and technology also have allowed individuals to live longer and often with increasing numbers of chronic illnesses and conditions. With an increasing emphasis on cost-savings and cost-benefits, nurses will play a leading role in the provision of care.

Assumptions

The baccalaureate generalist graduate is prepared to:

- practice from a holistic, caring framework;
- practice from an evidence base;
- promote safe, quality patient care;
- use clinical/critical reasoning to address simple to complex situations;
- assume accountability for one's own and delegated nursing care;
- practice in a variety of healthcare settings;
- care for patients across the health-illness continuum;
- care for patients across the lifespan;
- care for diverse populations;
- engage in care of self in order to care for others; and
- engage in continuous professional development.

Roles for the Baccalaureate Generalist Nurse

Baccalaureate Generalist nurses are providers of direct and indirect care. In this role, nurses are patient advocates and educators. Historically, the nursing role has emphasized partnerships with patients – whether individuals, families, groups, communities, or populations – in order to foster and support the patient's active participation in determining healthcare decisions. Patient advocacy is a hallmark of the professional nursing role and requires that nurses deliver high quality care, evaluate care outcomes, and provide leadership in improving care.

Changing demographics and ongoing advances in science and technology are a reality of healthcare practice. The generalist nurse provides evidence-based care to patients within this changing environment. This clinician uses research findings and other evidence in designing and implementing care that is multi-dimensional, high quality, and cost-effective. The generalist nurse also is prepared for the ethical dilemmas that arise in practice and will be able to make and assist others in making decisions within a professional ethical framework. Understanding advances in science and technology and the influence these advances have on health care and individual well-being is essential. Understanding patients and the values they bring to the healthcare relationship is equally important.

The generalist nurse practices from a holistic, caring framework. Holistic nursing care is comprehensive and focuses on the mind, body, and spirit, as well as emotions. The generalist nurse recognizes the important distinction between disease and the individual's illness experience. Assisting patients to understand this distinction is an important aspect of nursing. In addition, nurses recognize that determining the health status of the patient within the context of the patient's values is essential in providing a framework for planning, implementing, and evaluating outcomes of care.

The generalist nurse provides care in and across all environments. Nurses focus on individual, family, community, and population health care, as they monitor and manage aspects of the environment to foster health.

Baccalaureate generalist nurses are designers, coordinators, and managers of care. The generalist nurse, prepared at the baccalaureate-degree level, will have the knowledge and authority to delegate tasks to other healthcare personnel, as well as to supervise and evaluate these personnel. As healthcare providers who function autonomously and interdependently within the healthcare team, nurses are accountable for their professional practice and image, as well as for outcomes of their own and delegated nursing care. Nurses are members of healthcare teams, composed of professionals and other personnel that deliver treatment and services in complex, evolving healthcare systems. Nurses bring a unique blend of knowledge, judgment, skills, and caring to the healthcare team.

Baccalaureate generalist nurses are members of the profession and in this role are advocates for the patient and the profession. The use of the term "professional" implies the formation of a professional identity and accountability for one's professional image. As professionals, nurses are knowledge workers who use a well-delineated and broad knowledge base for practice. Professional nursing requires strong critical reasoning, clinical judgment, communication, and assessment skills. The professional nurse also requires the development and demonstration of an appropriate set of values and ethical framework for practice. As advocates for high quality care for all patients, nurses are knowledgeable and active in the policy processes defining healthcare delivery and systems of care. The generalist nurse also is committed to lifelong learning, including career planning, which increasingly will include graduate level study.

Preparation for the Baccalaureate Generalist Nurse Roles: Components of *The Essentials*

This section outlines the nine *Essentials of Baccalaureate Education for Professional Nursing Practice*. These *Essentials* are the curricular elements that provide the framework for baccalaureate nursing education. Each Essential is operationalized through the program's curriculum and is not intended to represent a course. Essential IX describes baccalaureate nursing practice and integrates the knowledge, skills, and attitudes from Essentials I-VIII. Each Essential includes a *rationale* explaining its relevance for the education of the professional nurse today and in the future. The rationale for each Essential is followed by outcomes that delineate the knowledge, skills, and attitudes expected of new baccalaureate generalist graduates. These outcomes serve as a guide to help faculty identify program and course objectives that are specific and measurable. Next, *sample content* is listed to aid faculty in selecting material suited to achieving the specific Essential. The list of content is not inclusive, nor is it intended as required. A vast selection of content is available for each Essential, and the specific baccalaureate program's curriculum will specify the content as appropriate to their mission, community served, and student population. The Essential outcomes can be obtained through a variety of content approaches, and potential content can and will evolve over time as new knowledge develops. The sample content is offered as a guide to programs or to further elucidate the nature of the Essential with which the content is listed.

The Essentials of Baccalaureate Education for Professional Nursing Practice

Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice

Rationale

As defined by the Association of American Colleges and Universities (AAC&U), a liberal education is one that intentionally fosters, across multiple fields of study, wide-ranging knowledge of science, cultures, and society; high-level intellectual and practical skills; an active commitment to personal and social responsibility; and the demonstrated ability to apply learning to complex problems and challenges (AAC&U, 2007, p. 4). For the purposes of this document, a liberal education includes both the sciences and the arts. The sciences include:

- physical sciences (e.g., physics and chemistry),
- life sciences (e.g., biology and genetics),
- mathematical sciences, and
- social sciences (e.g., psychology and sociology).

The arts include:

- fine arts (e.g., painting and sculpture),
- performing arts (e.g., dance and music), and
- humanities (e.g., literature and theology).

Liberal education is critical to the generation of responsible citizens in a global society. In addition, liberal education is needed for the development of intellectual and innovative capacities for current and emergent generalist nursing practice. Liberally educated nurses work within a healthcare team to address issues important to the profession of nursing, question dominant assumptions, and solve complex problems related to individuals and population-based health care. Nursing graduates with a liberal education exercise appropriate clinical judgment, understand the reasoning behind policies and standards, and accept responsibility for continued development of self and the discipline of nursing.

A solid base in liberal education provides the distinguishing cornerstone for the study and practice of professional nursing. Studying the humanities, social sciences, and natural sciences expands the learner's capacity to engage in socially valued work and civic leadership in society. A strong foundation in liberal arts includes a general education curriculum that provides broad exposure to multiple disciplines and ways of knowing. Other than the nursing major, some aspects of liberal arts study will be provided as discrete parts of the full educational curriculum; however the rich and diverse perspectives and knowledge embedded in the liberal arts and sciences will be integrated throughout the nursing curriculum, as these perspectives are integral to the full spectrum of professional nursing practice (Hermann, 2004).

Successful integration of liberal education and nursing education provides graduates with knowledge of human cultures, including spiritual beliefs, and the physical and natural worlds supporting an inclusive approach to practice. The study of history, fine arts, literature, and languages are important building blocks for developing cultural competence and clinical reasoning. Furthermore, the integration of concepts from behavioral, biological, and natural sciences throughout the nursing curriculum promotes the understanding of self and others and contributes to safe, quality care. The integration of concepts from the arts and sciences provides the foundation for understanding health as well as disease processes, and forms the basis for clinical reasoning. As noted by the Carnegie Foundation for the Advancement of Teaching, the sciences are a critical aspect of liberal education for nurses. Sciences that have clinical relevance are especially important to the profession of nursing to ensure that graduates have the ability to keep pace with changes driven by research and new technologies (Carnegie Foundation, in press).

A liberal education for nurses forms the basis for intellectual and practical abilities for nursing practice as well as for engagement with the larger community, both locally and globally. Skills of inquiry, analysis, critical thinking, and communication in a variety of modes, including the written and spoken word, prepare baccalaureate graduates to involve others in the common good through use of information technologies, team work, and interprofessional problem solving. Liberal education, including the study of a second language, facilitates the development of an appreciation for cultural and ethnic diversity.

Strong emphasis on the development of a personal values system that includes the capacity to make and act upon ethical judgments is a hallmark of liberal education. Students educated in a liberal education environment are encouraged to pursue

meaningful personal and professional goals as well as to commit to honesty in relationships and the search for truth. The development of leadership skills and acceptance of responsibility to promote social justice are expected outcomes of a liberal education.

Liberal education allows the graduate to form the values and standards needed to address twenty-first century changes in technology, demographics, and economics. These trends include an aging population, diverse family and community structures, and increasing global interdependence, as well as economic and political changes in the United States healthcare system. Liberal education provides the baccalaureate graduate with the ability to integrate knowledge, skills, and values from the arts and sciences to provide humanistic, safe quality care; to act as advocates for individuals, families, groups, communities, and/or populations; and to promote social justice. Liberally educated graduates practice from a foundation of professional values and standards.

The baccalaureate program prepares the graduate to:

1. Integrate theories and concepts from liberal education into nursing practice.

2. Synthesize theories and concepts from liberal education to build an understanding of the human experience.

3. Use skills of inquiry, analysis, and information literacy to address practice issues.

4. Use written, verbal, non-verbal, and emerging technology methods to communicate effectively.

5. Apply knowledge of social and cultural factors to the care of diverse populations.

6. Engage in ethical reasoning and actions to provide leadership in promoting advocacy, collaboration, and social justice as a socially responsible citizen.

7. Integrate the knowledge and methods of a variety of disciplines to inform decision making.

8. Demonstrate tolerance for the ambiguity and unpredictability of the world and its effect on the healthcare system.

9. Value the ideal of lifelong learning to support excellence in nursing practice.

Sample Content

- selected concepts and ways of knowing from the sciences
- selected concepts and ways of knowing from the arts
- principles related to working with peoples from diverse cultures

- concepts related to intellectual diversity, tolerance, and social justice
- concepts related to globalization and migration of populations

Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety

Rationale

Organizational and systems leadership, quality improvement, and safety are critical to promoting high quality patient care. Leadership skills are needed that emphasize ethical and critical decision-making, initiating and maintaining effective working relationships, using mutually respectful communication and collaboration within interprofessional teams, care coordination, delegation, and developing conflict resolution strategies. Basic nursing leadership includes an awareness of complex systems, and the impact of power, politics, policy, and regulatory guidelines on these systems. To be effective, baccalaureate graduates must be able to practice at the microsystem level within an ever-changing healthcare system. This practice requires creativity and effective leadership and communication skills to work productively within interprofessional teams in various healthcare settings.

As a member of a healthcare team, baccalaureate graduates will understand and use quality improvement concepts, processes, and outcome measures. In addition, graduates will be able to assist or initiate basic quality and safety investigations; assist in the development of quality improvement action plans; and assist in monitoring the results of these action plans within the clinical microsystem, which is embedded within a larger system of care.

An important component of quality is safety. Safety in health care is defined as the minimization of "risk of harm to patients and providers through both system effectiveness and individual performance" (Cronenwett et al., 2007). Research has demonstrated that nurses more than any other healthcare professional are able to recognize, interrupt, evaluate, and correct healthcare errors (Rothschild et al., 2006) The baccalaureate graduate implements safety principles and works with others on the interprofessional healthcare team to create a safe, caring environment for care delivery.

Baccalaureate graduates will be skilled in working within organizational and community arenas and in the actual provision of care by themselves and/or supervising care provided by other licensed and non-licensed assistive personnel. They will be able to recognize safety and quality concerns and apply evidence-based knowledge from the nursing profession and other clinical sciences to their practice. Baccalaureate nursing graduates are distinguished by their abilities to identify, assess, and evaluate practice in care delivery models that are based in contemporary nursing science and are feasible within current cultural, economic, organizational, and political perspectives.

The baccalaureate program prepares the graduate to:

1. Apply leadership concepts, skills, and decision making in the provision of high quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery in a variety of settings.

2. Demonstrate leadership and communication skills to effectively implement patient safety and quality improvement initiatives within the context of the interprofessional team.

3. Demonstrate an awareness of complex organizational systems.

4. Demonstrate a basic understanding of organizational structure, mission, vision, philosophy, and values.

5. Participate in quality and patient safety initiatives, recognizing that these are complex system issues, which involve individuals, families, groups, communities, populations, and other members of the healthcare team.

6. Apply concepts of quality and safety using structure, process, and outcome measures to identify clinical questions and describe the process of changing current practice.

7. Promote factors that create a culture of safety and caring.

8. Promote achievement of safe and quality outcomes of care for diverse populations.

9. Apply quality improvement processes to effectively implement patient safety initiatives and monitor performance measures, including nurse-sensitive indicators in the microsystem of care.

10. Use improvement methods, based on data from the outcomes of care processes, to design and test changes to continuously improve the quality and safety of health care.

11. Employ principles of quality improvement, healthcare policy, and cost-effectiveness to assist in the development and initiation of effective plans for the microsystem and/or system-wide practice improvements that will improve the quality of healthcare delivery.

12. Participate in the development and implementation of imaginative and creative strategies to enable systems to change.

Sample Content

- leadership, including theory, behaviors, characteristics, contemporary approaches, leadership development, and styles of leadership

- leadership skills and strategies (negotiating, collaborating, coordinating); decision making to promote quality patient care in a variety of healthcare settings
- change theory and complexity science
- community organizing models
- social change theories
- creative and imaginative strategies in problem solving
- communication, including elements, channels, levels, barriers, models, organizational communication, skill development, workplace communication, conflict resolution, optimizing patient care outcomes, and chain-of-command
- principles of interpersonal interactions/communication
- healthcare systems (structure and finance) and organizational structures and relationships (e.g., between finance, organizational structure, and delivery of care, particularly at the microsystem level, including mission/vision/philosophy and values)
- reliability and reliability sciences in health care
- operations research, queuing theory, and systems designs in health care
- teamwork skills, including effective teams/characteristics, application to patient care teams, team process, conflict resolution, delegation, supervision, and collaboration
- microsystems and their relationship to complex systems, quality care, and patient safety
- patient safety principles, including safety standards, organizational safety processes, reporting processes, departmental responsibilities, ownership, national initiatives, and financial implications
- quality improvement (QI), including history, elements, Continuous Quality Improvement (CQI) models, concepts, principles, benchmarking, processes, tools, departmental ownership, roles/responsibility, methodologies, regulatory requirements, organizational structures for QI, outcomes, monitoring, Quality Assurance (QA) vs. QI, beginning resource need assessment, and resource identification, acquisition, and evaluation
- overview of QI process techniques, including benchmarks, basic statistics, root cause analyses, and Failure Mode Effects Analysis (FMEA) in the quality improvement process
- principles of nursing care delivery management and evaluation

Essential III: Scholarship for Evidence-Based Practice

Rationale

Professional nursing practice is grounded in the translation of current evidence into practice. Scholarship for the baccalaureate graduate involves identification of practice issues; appraisal and integration of evidence; and evaluation of outcomes. As practitioners at the point of care, baccalaureate nurses are uniquely positioned to monitor patient outcomes and identify practice issues. Evidence-based practice models provide a

systematic process for the evaluation and application of scientific evidence surrounding practice issues (IOM, 2003b). Dissemination is a critical element of scholarly practice; baccalaureate graduates are prepared to share evidence of best practices with the interprofessional team.

Baccalaureate education provides a basic understanding of how evidence is developed, including the research process, clinical judgment, interprofessional perspectives, and patient preference as applied to practice. This basic understanding serves as a foundation for more complex applications at the graduate level (AACN, 2006a). Baccalaureate nurses integrate reliable evidence from multiple ways of knowing to inform practice and make clinical judgments. In collaboration with other healthcare team members, graduates participate in documenting and interpreting evidence for improving patient outcomes (AACN, 2006b).

In all healthcare settings, ethical and legal precepts guide research conduct to protect the rights of patients eligible for, or participating in, investigations. Professional nurses safeguard patient rights, including those of the most vulnerable patients, in situations where an actual or potential conflict of interest, misconduct, or the potential for harm are identified.

The baccalaureate program prepares the graduate to:

1. Explain the interrelationships among theory, practice, and research.

2. Demonstrate an understanding of the basic elements of the research process and models for applying evidence to clinical practice.

3. Advocate for the protection of human subjects in the conduct of research.

4. Evaluate the credibility of sources of information, including but not limited to databases and Internet resources.

5. Participate in the process of retrieval, appraisal, and synthesis of evidence in collaboration with other members of the healthcare team to improve patient outcomes.

6. Integrate evidence, clinical judgment, interprofessional perspectives, and patient preferences in planning, implementing, and evaluating outcomes of care.

7. Collaborate in the collection, documentation, and dissemination of evidence.

8. Acquire an understanding of the process for how nursing and related healthcare quality and safety measures are developed, validated, and endorsed.

9. Describe mechanisms to resolve identified practice discrepancies between identified standards and practice that may adversely impact patient outcomes.

Sample Content

- principles and models of evidence-based practice
- nurse-sensitive quality indicators (National Quality Forum, 2004), performance measures
- overview of qualitative and quantitative research processes
- methods for locating and appraising health and other relevant research literature and other sources of evidence
- basic applied statistics
- basic designs, corresponding questions, analytical methods related to research questions, and limits on implications of findings (e.g., causal vs. relational)
- ethical conduct of research and scholarly work
- linkages among practice, research evidence, patient outcomes, and cost containment
- forces driving research agendas
- locating and evaluating sources of evidence
- electronic database search strategies (e.g., CINAHL, PubMed)
- systematic application of information
- levels of evidence: textbooks, case studies, reviews of literature, research critiques, controlled trials, evidence-based clinical practice guidelines (www.guideline.gov), meta-analyses, and systematic reviews (e.g., the Cochrane Database of Systematic Reviews)
- differentiation of clinical opinion from research and evidence summaries
- scholarship dissemination methods: oral/visual presentations, publications, newsletters, etc.

Essential IV: Information Management and Application of Patient Care Technology

Rationale

Knowledge and skills in information and patient care technology are critical in preparing baccalaureate nursing graduates to deliver quality patient care in a variety of healthcare settings (IOM, 2003a). Graduates must have basic competence in technical skills, which includes the use of computers, as well as the application of patient care technologies such as monitors, data gathering devices, and other technological supports for patient care interventions. In addition, baccalaureate graduates must have competence in the use of information technology systems, including decision-support systems, to gather evidence to guide practice. Specific introductory level nursing informatics competencies include the ability to use selected applications in a comfortable and knowledgeable way.

Computer and information literacy are crucial to the future of nursing. Improvement of cost effectiveness and safety depend on evidence-based practice, outcomes research, interprofessional care coordination, and electronic health records, all of which involve information management and technology (McNeil et al., 2006). Therefore, graduates of

baccalaureate programs must have competence in using both patient care technologies and information management systems.

In addition, baccalaureate graduates ethically manage data, information, knowledge, and technology to communicate effectively; provide safe and effective patient care; and use research and clinical evidence to inform practice decisions. Graduates will be aware that new technology often requires new workflow patterns and changes in practice approaches to patient care prior to implementation.

The use and understanding of standardized terminologies are foundational to the development of effective clinical information systems (CIS). Integration of standardized terminologies into the CIS not only supports day-to-day nursing practice but also the capacity to enhance interprofessional communication and automatically generate standardized data to continuously evaluate and improve practice (American Nurses Association, 2008). Baccalaureate graduates are prepared to gather and document care data that serve as a foundation for decision making for the healthcare team.

Course work and clinical experiences will provide the baccalaureate graduate with knowledge and skills to use information management and patient care technologies to deliver safe and effective care. Graduates will have exposure to information systems that provide data about quality improvement and required regulatory reporting through information systems. Course work and clinical experiences will expose graduates to a range of technologies that facilitate clinical care, including patient monitoring systems, medication administration systems, and other technologies to support patient care.

Integral to these basic skills is an attitude of openness to innovation and continual learning, as information systems and patient care technologies are constantly changing.

The baccalaureate program prepares the graduate to:

1. Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing practice.

2. Use telecommunication technologies to assist in effective communication in a variety of healthcare settings.

3. Apply safeguards and decision making support tools embedded in patient care technologies and information systems to support a safe practice environment for both patients and healthcare workers.

4. Understand the use of CIS systems to document interventions related to achieving nurse sensitive outcomes.

5. Use standardized terminology in a care environment that reflects nursing's unique contribution to patient outcomes.

6. Evaluate data from all relevant sources, including technology, to inform the delivery of care.

7. Recognize the role of information technology in improving patient care outcomes and creating a safe care environment.

8. Uphold ethical standards related to data security, regulatory requirements, confidentiality, and clients' right to privacy.

9. Apply patient-care technologies as appropriate to address the needs of a diverse patient population.

10. Advocate for the use of new patient care technologies for safe, quality care.

11. Recognize that redesign of workflow and care processes should precede implementation of care technology to facilitate nursing practice.

12. Participate in evaluation of information systems in practice settings through policy and procedure development.

Sample Content

- use of patient care technologies (e.g., monitors, pumps, computer-assisted devices)
- use of technology and information systems for clinical decision-making
- computer skills that may include basic software, spreadsheet, and healthcare databases
- information management for patient safety
- regulatory requirements through electronic data monitoring systems
- ethical and legal issues related to the use of information technology, including copyright, privacy, and confidentiality issues
- retrieval information systems, including access, evaluation of data, and application of relevant data to patient care
- online literature searches
- technological resources for evidence-based practice
- web-based learning and online literature searches for self and patient use
- technology and information systems safeguards (e.g., patient monitoring, equipment, patient identification systems, drug alerts and IV systems, and barcoding)
- interstate practice regulations (e.g., licensure, telehealth)
- technology for virtual care delivery and monitoring
- principles related to nursing workload measurement/resources and information systems
- information literacy
- electronic health record/physician order entry

- decision-support tools
- role of the nurse informaticist in the context of health informatics and information systems

Essential V: Healthcare Policy, Finance, and Regulatory Environments

Rationale

Healthcare policies, including financial and regulatory policies, directly and indirectly influence nursing practice as well as the nature and functioning of the healthcare system. These policies shape responses to organizational, local, national, and global issues of equity, access, affordability, and social justice in health care. Healthcare policies also are central to any discussion about quality and safety in the practice environment.

The baccalaureate-educated graduate will have a solid understanding of the broader context of health care, including how patient care services are organized and financed, and how reimbursement is structured. Regulatory agencies define boundaries of nursing practice, and graduates need to understand the scope and role of these agencies. Baccalaureate graduates also will understand how healthcare issues are identified, how healthcare policy is both developed and changed, and how that process can be influenced through the efforts of nurses, and other healthcare professionals, as well as lay and special advocacy groups.

Healthcare policy shapes the nature, quality, and safety of the practice environment and all professional nurses have the responsibility to participate in the political process and advocate for patients, families, communities, the nursing profession, and changes in the healthcare system as needed. Advocacy for vulnerable populations with the goal of promoting social justice is recognized as moral and ethical responsibilities of the nurse.

The baccalaureate program prepares the graduate to:

1. Demonstrate basic knowledge of healthcare policy, finance, and regulatory environments, including local, state, national, and global healthcare trends.

2. Describe how health care is organized and financed, including the implications of business principles, such as patient and system cost factors.

3. Compare the benefits and limitations of the major forms of reimbursement on the delivery of health care services.

4. Examine legislative and regulatory processes relevant to the provision of health care.

5. Describe state and national statutes, rules, and regulations that authorize and define professional nursing practice.

6. Explore the impact of socio-cultural, economic, legal, and political factors influencing healthcare delivery and practice.

7. Examine the roles and responsibilities of the regulatory agencies and their effect on patient care quality, workplace safety, and the scope of nursing and other health professionals' practice.

8. Discuss the implications of healthcare policy on issues of access, equity, affordability, and social justice in healthcare delivery.

9. Use an ethical framework to evaluate the impact of social policies on health care, especially for vulnerable populations.

10. Articulate, through a nursing perspective, issues concerning healthcare delivery to decision makers within healthcare organizations and other policy arenas.

11. Participate as a nursing professional in political processes and grassroots legislative efforts to influence healthcare policy.

12. Advocate for consumers and the nursing profession.

Sample Content

- policy development and the legislative process
- policy development and the regulatory process
- licensure and regulation of nursing practice
- social policy/public policy
- policy analysis and evaluation
- healthcare financing and reimbursement
- economics of health care
- consumerism and advocacy
- political activism and professional organizations
- disparities in the healthcare system
- impact of social trends such as genetics and genomics, childhood obesity, and aging on health policy
- role of nurse as patient advocate
- ethical and legal issues
- professional organizations' role in healthcare policy, finance and regulatory environments
- scope of practice and policy perspectives of other health professionals
- negligence, malpractice, and risk management
- Nurse Practice Act

Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes

Rationale

Effective communication and collaboration among health professionals is imperative to providing patient-centered care. All health professions are challenged to educate future clinicians to deliver patient-centered care as members of an interprofessional team, emphasizing communication, evidence-based practice, quality improvement approaches, and informatics (IOM, 2003a). Interprofessional education is defined as interactive educational activities involving two or more professions that foster collaboration to improve patient care (Freeth, Hammick, Koppel, & Reeves, 2002). Teamwork among healthcare professionals is associated with delivering high quality and safe patient care (Barnsteiner, Disch, Hall, Mayer, & Moore, 2007). Collaboration is based on the complementarities of roles and the understanding of these roles by the members of the healthcare teams.

Interprofessional education enables the baccalaureate graduate to enter the workplace with baseline competencies and confidence for interactions and with communication skills that will improve practice, thus yielding better patient outcomes. Interprofessional education can occur in a variety of settings. An essential component for the establishment of collegial relationships is recognition of the unique discipline-specific practice spheres. Fundamental to effective interprofessional and intra-professional collaboration is a definition of shared goals; clear role expectations of members; a flexible decision-making process; and the establishment of open communication patterns and leadership. Thus, interprofessional education optimizes opportunities for the development of respect and trust for other members of the healthcare team.

The baccalaureate program prepares the graduate to:

1. Compare/contrast the roles and perspectives of the nursing profession with other care professionals on the healthcare team (i.e., scope of discipline, education and licensure requirements).

2. Use inter- and intraprofessional communication and collaborative skills to deliver evidence-based, patient-centered care.

3. Incorporate effective communication techniques, including negotiation and conflict resolution to produce positive professional working relationships.

4. Contribute the unique nursing perspective to interprofessional teams to optimize patient outcomes.

5. Demonstrate appropriate teambuilding and collaborative strategies when working with interprofessional teams.

6. Advocate for high quality and safe patient care as a member of the interprofessional team.

Sample Content

- interprofessional and intraprofessional communication, collaboration, and socialization, with consideration of principles related to communication with diverse cultures
- teamwork/concepts of teambuilding/cooperative learning
- professional roles, knowledge translation, role boundaries, and diverse disciplinary perspectives
- relationship building
- navigating complex systems, system facilitation
- interdependence and resource sharing of healthcare professions
- individual accountability/shared accountability
- advocacy
- ethical codes and core values of different healthcare professions
- autonomy
- safety
- scopes of practice
- conflict management, conflict resolution strategies, and negotiation
- group dynamics
- principles of referral process for specialized services
- participatory decision-making
- caring

Essential VII: Clinical Prevention and Population Health

Rationale

Health promotion, disease, and injury prevention across the lifespan are essential elements of baccalaureate nursing practice at the individual and population levels. These concepts are necessary to improve population health. Epidemiologic studies show that lifestyle, environmental, and genetic factors are major determinants of population health in areas of health, illness, disease, disability, and mortality (U.S. Department of Health and Human Services, 2000a). Thus, acute care and disease-based episodic interventions alone are inadequate for improving health (Allan et al., 2004; Allan, Stanley, Crabtree, Werner, & Swenson, 2005). Health promotion along with disease and injury prevention are important throughout the lifespan and include assisting individuals, families, groups, communities, and populations to prepare for and minimize health consequences of emergencies, including mass casualty disasters.

Clinical prevention refers to individually focused interventions such as immunizations, screenings, and counseling aimed at preventing escalation of diseases and conditions. (Allan, Stanley, Crabtree, Werner, & Swenson, 2005) Because these interventions are relevant across the lifespan, nurses need knowledge about growth and development as well as evidence-based clinical prevention practices. Nurses collaborate with other healthcare professionals and patients for improving health through clinical prevention.

In population-focused nursing, the aggregate, community, or population is the unit of care. Emphasis is placed on health promotion and disease prevention. Because population-focused care is fundamental to nursing practice, and because a baccalaureate degree in nursing is the recommended minimal educational credential for population-focused care, baccalaureate programs prepare graduates for population health as well as clinical prevention (AACN, 1998; American Public Health Association, 1996; Quad Council of Public Health Nursing Organizations, 2004). Population-focused nursing involves identifying determinants of health, prioritizing primary prevention when possible, actively identifying and reaching out to those who might benefit from a service, and using available resources to assure best overall improvement in the health of the population (American Nurses Association, 2007). For instance, population-focused interventions involve reaching an appropriate level of herd immunity in the community and ensuring that information about appropriate screenings reach the entire population, not just those who choose to come to healthcare facilities. Collaboration with other healthcare professionals and populations is necessary to promote conditions and healthy behaviors that improve population health.

The baccalaureate program prepares the graduate to:

1. Assess protective and predictive factors, including genetics, which influence the health of individuals, families, groups, communities, and populations.

2. Conduct a health history, including environmental exposure and a family history that recognizes genetic risks, to identify current and future health problems.

3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations.

4. Use behavioral change techniques to promote health and manage illness.

5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral, and follow-up throughout the lifespan.

6. Use information and communication technologies in preventive care.

7. Collaborate with other healthcare professionals and patients to provide spiritually and culturally appropriate health promotion and disease and injury prevention interventions.

8. Assess the health, healthcare, and emergency preparedness needs of a defined population.

9. Use clinical judgment and decision-making skills in appropriate, timely nursing care during disaster, mass casualty, and other emergency situations.

10. Collaborate with others to develop an intervention plan that takes into account determinants of health, available resources, and the range of activities that contribute to health and the prevention of illness, injury, disability, and premature death.

11. Participate in clinical prevention and population-focused interventions with attention to effectiveness, efficiency, cost-effectiveness, and equity.

12. Advocate for social justice, including a commitment to the health of vulnerable populations and the elimination of health disparities.

13. Use evaluation results to influence the delivery of care, deployment of resources, and to provide input into the development of policies to promote health and prevent disease.

Sample Content

- prevention and harm reduction
- ecological model as framework for understanding determinants of health
- public health principles
- fundamentals of epidemiology and biostatistics (distribution, incidence, prevalence, rates, risk factors, health status indicators, and control of disease in populations)
- public health core functions
- systems theory
- ethical, legal, and economic principles related to clinical prevention and population health
- cultural, psychological, and spiritual implications of clinical prevention and population health
- environmental health risks
- health literacy
- health behavior change theories
- theoretical foundations and principles of individual and population-focused education and counseling
- genetics and genomics
- nutrition
- global health
- occupational health, including ergonomics

- evidence-based clinical prevention practices
- complementary and alternative therapies
- population assessment
- individual and population-focused interventions (e.g. weight control, nicotine management, social marketing, policy development)
- health surveillance
- health disparities and vulnerable populations
- screening
- immunization
- pharmaceutical preventive strategies
- communicating and sharing health information with the public
- risk communication
- emergency preparedness and disaster response including self protection
- using technology in population focused care and clinical prevention
- outcome measurement
- pedigree from a three-generation family health history using standardized symbols and terminology

Essential VIII: Professionalism and Professional Values

Rationale

Professional values and their associated behaviors are foundational to the practice of nursing. Inherent in professional practice is an understanding of the historical, legal, and contemporary context of nursing practice. Professionalism is defined as the consistent demonstration of core values evidenced by nurses working with other professionals to achieve optimal health and wellness outcomes in patients, families, and communities by wisely applying principles of altruism, excellence, caring, ethics, respect, communication, and accountability (Interprofessional Professionalism Measurement Group, 2008). Professionalism also involves accountability for one's self and nursing practice, including continuous professional engagement and lifelong learning. As discussed in the American Nurses Association Code of Ethics for Nursing (2005, p.16), "The nurse is responsible for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care." Also, inherent in accountability is responsibility for individual actions and behaviors, including civility. In order to demonstrate professionalism, civility must be present. Civility is a fundamental set of accepted behaviors for a society/culture upon which professional behaviors are based (Hammer, 2003).

Professional nursing has enjoyed a long tradition of high respect from the public (Gallup Poll, 2006). A primary reason for this recognition is the caring and compassion of the nurse. Caring is a concept central to professional nursing practice. Caring as related to this Essential encompasses the nurse's empathy for, connection to, and being with the patient, as well as the ability to translate these affective characteristics into compassionate, sensitive, and patient-centered care. Historically, nurses have provided

care for patients within a context of privileged intimacy; a space into which a nurse is allowed and in partnership with the patient creates a unique, healing relationship. Through this connection, the nurse and patient work toward an understanding of a wide variety of physical, psychosocial, cultural, and spiritual needs, health-illness decisions, and life challenges. Professional nursing requires a balance between evidence-based knowledge, skills, and attitudes and professional confidence, maturity, caring, and compassion. In this global society, patient populations are increasingly diverse. Therefore, essential to the care of diverse populations is the need for evidence-based knowledge and sensitivity to variables such as age, gender, culture, health disparities, socioeconomic status, race, and spirituality. Baccalaureate graduates are prepared to care for at-risk patients, including the very young and the frail elderly, and to assist patients with decision-making about end-of-life concerns within the context of the patient's value system. In addition, nurses are prepared to work with patients across the lifespan who require genetic technologies and treatments.

Baccalaureate education includes the development of professional values and value-based behavior. Understanding the values that patients and other health professionals bring to the therapeutic relationship is critically important to providing quality patient care. Baccalaureate graduates are prepared for the numerous dilemmas that will arise in practice and are able to make and assist others in making decisions within a professional ethical framework. Ethics is an integral part of nursing practice and has always involved respect and advocacy for the rights and needs of patients regardless of setting. Honesty and acting ethically are two key elements of professional behavior, which have a major impact on patient safety. A blame-free culture of accountability and an environment of safety are important for encouraging team members to report errors. Such an environment enhances the safety of all patients.

The following professional values epitomize the caring, professional nurse. Nurses, guided by these values, demonstrate ethical behavior in patient care.

Altruism is a concern for the welfare and well being of others. In professional practice, altruism is reflected by the nurse's concern and advocacy for the welfare of patients, other nurses, and other healthcare providers.

Autonomy is the right to self-determination. Professional practice reflects autonomy when the nurse respects patients' rights to make decisions about their health care.

Human Dignity is respect for the inherent worth and uniqueness of individuals and populations. In professional practice, concern for human dignity is reflected when the nurse values and respects all patients and colleagues.

Integrity is acting in accordance with an appropriate code of ethics and accepted standards of practice. Integrity is reflected in professional practice when the nurse is honest and provides care based on an ethical framework that is accepted within the profession.

Social Justice is acting in accordance with fair treatment regardless of economic status, race, ethnicity, age, citizenship, disability, or sexual orientation.

The baccalaureate program prepares the graduate to:

1. Demonstrate the professional standards of moral, ethical, and legal conduct.

2. Assume accountability for personal and professional behaviors.

3. Promote the image of nursing by modeling the values and articulating the knowledge, skills, and attitudes of the nursing profession.

4. Demonstrate professionalism, including attention to appearance, demeanor, respect for self and others, and attention to professional boundaries with patients and families as well as among caregivers.

5. Demonstrate an appreciation of the history of and contemporary issues in nursing and their impact on current nursing practice.

6. Reflect on one's own beliefs and values as they relate to professional practice.

7. Identify personal, professional, and environmental risks that impact personal and professional choices and behaviors.

8. Communicate to the healthcare team one's personal bias on difficult healthcare decisions that impact one's ability to provide care.

9. Recognize the impact of attitudes, values, and expectations on the care of the very young, frail older adults, and other vulnerable populations.

10. Protect patient privacy and confidentiality of patient records and other privileged communications.

11. Access interprofessional and intraprofessional resources to resolve ethical and other practice dilemmas.

12. Act to prevent unsafe, illegal, or unethical care practices.

13. Articulate the value of pursuing practice excellence, lifelong learning, and professional engagement to foster professional growth and development.

14. Recognize the relationship between personal health, self renewal, and the ability to deliver sustained quality care.

Sample Content

- Nurse Practice Acts and scope of practice
- professional codes of conduct and professional standards (e.g., ANA, *Code of Ethics for Nurses with Interpretive Statements*, 2005; International Council of Nursing, *Code of Ethics for Nurses*, 2006, and AACN's *Hallmarks of the Professional Nursing Practice Environment, 2002)*
- ethical and legal frameworks and social implications
- communication
- interprofessional teams and team building concepts
- cultural humility and spiritual awareness
- health disparities
- history of nursing
- contemporary nursing issues
- problem solving methods such as appreciative inquiry
- professional accountability
- stereotypes and biases, such as gender, race, and age discrimination
- nurse self care/stress management strategies
- human rights
- informed consent
- professional identity formation
- privacy, confidentiality
- moral agency
- professional image
- self reflection, personal knowing, personal self-care plan
- professional organizations, particularly nursing and healthcare organizations

Essential IX: Baccalaureate Generalist Nursing Practice

Rationale

Essential IX describes generalist nursing practice at the completion of baccalaureate nursing education. This Essential includes practice-focused outcomes that integrate the knowledge, skills, and attitudes delineated in Essentials I - VIII into the nursing care of individuals, families, groups, communities, and populations in a variety of settings. Because professional nurses are the human link between the patient and the complex healthcare environment, they must provide compassionate care informed by a scientific base of knowledge, including current evidence from nursing research. Essential IX recognizes that the integration of knowledge and skills is critical to practice. Practice occurs across the lifespan and in the continuum of healthcare environments. The baccalaureate graduate demonstrates clinical reasoning within the context of patient-centered care to form the basis for nursing practice that reflects ethical values.

Knowledge acquisition related to wellness, health promotion, illness, disease management and care of the dying is core to nursing practice. In addition, acquisition of communication and psychomotor skills is critical to providing nursing care. Skill development will focus on the mastery of core scientific principles that underlie all skills, thus preparing the baccalaureate graduate to incorporate current and future technical skills into other nursing responsibilities and apply skills in diverse contexts of healthcare delivery. Direct care may be delivered in person or virtually and that care is based on a shared understanding with the patient and the healthcare team. This base of knowledge and skills prepares the graduate for practice as a member and leader of the interprofessional healthcare team.

Baccalaureate-educated nurses will be prepared to care for patients across the lifespan, from the very young to the older adult. Special attention will be paid to changing demographics. Among these demographics are the increased prevalence of chronic illnesses and co-morbidities among all ages, including those related to mental disorders, specifically depression. However, there is clear evidence that the largest group seeking and receiving healthcare services is the older adult population. The graduate will understand and respect the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for patients who are vulnerable due to age, the very young and very old, as well as disabilities and chronic disease.

The increasing diversity of this nation's population mandates an attention to diversity in order to provide safe, humanistic high quality care. This includes cultural, spiritual, ethnic, gender, and sexual orientation diversity. In addition, the increasing globalization of healthcare requires that professional nurses be prepared to practice in a multicultural environment and possess the skills needed to provide culturally competent care.

Baccalaureate graduates will have knowledge, skills, and attitudes that prepare them for a long-term career in a changing practice environment. The increased prevalence of chronic illness is a result of an increasingly older adult population, environmental threats, lifestyles that increase risk of disease, and enhanced technological and therapeutic interventions that prolong life. In addition to primary prevention, the professional nurse provides support for management of chronic illness, health education, and patient-centered care in partnership with the patient and the interprofessional team. Patients and their families often are knowledgeable about health care; therefore, the graduate will be able to communicate with these consumers and appreciate the importance of the care partnership.

Graduates translate, integrate, and apply knowledge that leads to improvements in patient outcomes. Knowledge is increasingly complex and evolving rapidly. For example, genetics and genomics are areas where knowledge is escalating and the graduate will be cognizant of customized therapies designed to improve care outcomes. Therefore, baccalaureate graduates will be expected to focus on continuous self-evaluation and lifelong learning.

The baccalaureate program prepares the graduate to:

1. Conduct comprehensive and focused physical, behavioral, psychological, spiritual, socioeconomic, and environmental assessments of health and illness parameters in patients, using developmentally and culturally appropriate approaches.

2. Recognize the relationship of genetics and genomics to health, prevention, screening, diagnostics, prognostics, selection of treatment, and monitoring of treatment effectiveness, using a constructed pedigree from collected family history information as well as standardized symbols and terminology.

3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management, and nursing management across the health-illness continuum, across the lifespan, and in all healthcare settings.

4. Communicate effectively with all members of the healthcare team, including the patient and the patient's support network.

5. Deliver compassionate, patient-centered, evidence-based care that respects patient and family preferences.

6. Implement patient and family care around resolution of end-of-life and palliative care issues, such as symptom management, support of rituals, and respect for patient and family preferences.

7. Provide appropriate patient teaching that reflects developmental stage, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care.

8. Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of patients and promoting health across the lifespan.

9. Monitor client outcomes to evaluate the effectiveness of psychobiological interventions.

10. Facilitate patient-centered transitions of care, including discharge planning and ensuring the caregiver's knowledge of care requirements to promote safe care.

11. Provide nursing care based on evidence that contributes to safe and high quality patient outcomes within healthcare microsystems.

12. Create a safe care environment that results in high quality patient outcomes.

13. Revise the plan of care based on an ongoing evaluation of patient outcomes.

14. Demonstrate clinical judgment and accountability for patient outcomes when delegating to and supervising other members of the healthcare team.

15. Manage care to maximize health, independence, and quality of life for a group of individuals that approximates a beginning practitioner's workload

16. Demonstrate the application of psychomotor skills for the efficient, safe, and compassionate delivery of patient care.

17. Develop a beginning understanding of complementary and alternative modalities and their role in health care.

18. Develop an awareness of patients as well as healthcare professionals' spiritual beliefs and values and how those beliefs and values impact health care.

19. Manage the interaction of multiple functional problems affecting patients across the lifespan, including common geriatric syndromes.

20. Understand one's role and participation in emergency preparedness and disaster response with an awareness of environmental factors and the risks they pose to self and patients.

21. Engage in caring and healing techniques that promote a therapeutic nurse-patient relationship.

22. Demonstrate tolerance for the ambiguity and unpredictability of the world and its effect on the healthcare system as related to nursing practice.

Sample Content

- theories of human growth and development
- principles of basic nursing care (e.g., skin, mobility, pain management, immediate patient care environment, etc.)
- patient and family-centered care
- management of acute and chronic physical and psychosocial conditions across the lifespan
- integration of pathophysiology into care
- care across the lifespan focusing on changing demographics with an emphasis on care of older adults and the very young.
- palliative and end-of-life care
- common geriatric syndromes
- genetics and genomics

- nutrition
- emergency preparedness and disaster response
- bioterrorism
- infection control issues, such as drug resistant organisms and management
- caring and healing techniques
- psychobiological interventions
- milieu therapy
- depression screening
- health promotion
- patient advocacy
- disparities
- complementary and alternative therapies
- spiritual care
- therapeutic communication
- culturally diverse care
- evidence-based practice
- pharmacology/pharmacogenetics
- nursing care management
- prioritization of patient care needs
- principles of delegating and monitoring care
- leadership
- information management systems
- integrating technology into practice
- resource management
- teaching/learning principles

Expectations for Clinical Experiences within the Baccalaureate Program

Baccalaureate programs provide rich and varied opportunities for practice experiences designed to assist graduates to achieve the *Baccalaureate Essentials* upon completion of their program. Clinical experiences are essential for baccalaureate nursing programs to prepare students to care for a variety of patients across the lifespan and across the continuum of care. In addition clinical experiences assist the graduate to:

- develop proficiency in performing psychomotor skills;
- apply professional communication strategies to client and interprofessional interactions; and
- acquire a professional identity.

Clinical learning is focused on developing and refining the knowledge and skills necessary to manage care as part of an interprofessional team. Theoretical learning becomes reality as students are coached to make connections between the standard case or situation that is presented in the classroom or laboratory setting and the constantly shifting reality of actual patient care. Clinical educators for baccalaureate programs are well informed about the specific learning that is taking place in the classroom and

laboratory setting and find clinical education opportunities to reinforce and apply that learning. Programs provide clinical placements across the range of practice settings and across the continuum of care that are safe, supportive, and conducive for groups of students to practice and learn professional roles. Clinical practice opportunities expose students to practice issues such as technological innovations, accelerated care transitions, an unpredictable fast-paced environment, and complex system issues, which are all important in preparing the students for practice following graduation. In addition, clinical practice opportunities provide students with experiences and nursing role models that prepare them for practice in complex, changing healthcare environments.

Simulation experiences augment clinical learning and are complementary to direct care opportunities essential to assuming the role of the professional nurse. Laboratory and simulation experiences provide an effective, safe environment for learning and applying the cognitive and performance skills needed for practice. Reality-based, simulated patient care experiences increase self-confidence in communication and psychomotor skills, and professional role development. Beginning research supports the use of simulation in nursing education. Nehring, Ellis, and Lashley (2001) describe the use of human patient simulators in nursing education as an excellent tool to measure competency in the application of knowledge and technical skills. Debriefing, or feedback to the students, is as essential for simulation as it is for instruction in the clinical setting (National Council of State Boards of Nursing, 2005). Simulation is a valuable element of clinical preparation. However, patient care experiences with actual patients form the most important component of clinical education. Over time, as evidence emerges regarding the use of simulation as a substitute for actual patient experience, the balance between actual and simulated patient care may change.

Direct patient care clinical experiences provide valuable opportunities for student learning not found in other experiences. Early learning experiences, including providing care for a limited number of patients, allow students to explore the challenging world of clinical practice. As students become more experienced, increasingly complex clinical learning opportunities are selected to provide a sufficient breadth and depth of learning to develop the competence necessary for entry-level practice with diverse patients across the life span in various types of settings. Through an immersion experience, students have the opportunity to develop increasing autonomy and assume an assignment that more closely approximates a realistic workload of a novice nurse in that environment.

A clinical immersion experience provides opportunities for building clinical reasoning, management, and evaluation skills. These opportunities increase the student's self-confidence, professional image, and sense of belonging that facilitate the transition to competent and confident practice. Immersion experiences allow students to integrate previous learning and more fully develop the roles of the baccalaureate generalist nurse:

- provider of care
    - evaluate client changes and progress over time
    - develop a beginning proficiency and efficiency in delivering safe care
- designer/manager/coordinator of care
    - manage care transitions

- be an active participant on the interprofessional team
- identify system issues
- develop working skills in delegation, prioritization, and oversight of care

- member of a profession
  - evaluate one's own practice
  - assume responsibility for supporting the profession

An immersion experience provides faculty opportunities to observe student performance over time and more effectively evaluate the student's professional development.

Graduates of all types of baccalaureate programs need sufficient didactic, laboratory, and clinical experiences to attain the end-of-program outcomes of these *Essentials.* The nursing program determines and assesses clinical sites to ensure the clinical experiences for students provide:

- patients from diverse backgrounds, cultures, and of differing gender, religious, and spiritual practices;
- the continuum of care, including population-focused care;
- all age groups, including the very young and the frail elderly; and
- comprehensive learning opportunities to promote integration of baccalaureate learning outcomes that prepare the graduate for professional nursing practice.

Summary

The Essentials for Baccalaureate Education for Professional Nursing Practice serves to transform baccalaureate nursing education and are a dramatic revision of the 1998 version. Further, these *Essentials* meet the IOM's recommendations for core knowledge needed for all healthcare professionals (IOM, 2003b). Due to the ever-changing and complex healthcare environment, this document emphasizes such concepts as patient-centered care, interprofessional teams, evidence-based practice, quality improvement, patient safety, informatics, clinical reasoning/critical thinking, genetics and genomics, cultural sensitivity, professionalism, practice across the lifespan, and end-of-life care.

Essentials I-IX delineate the outcomes expected for baccalaureate nursing program graduates. Achievement of these outcomes will enable the baccalaureate-prepared generalist nurse to practice within complex healthcare systems and assume the roles:

- provider of care
  - evaluate client changes and progress over time
  - develop a beginning proficiency and efficiency in delivering safe care
- designer/manager/coordinator of care
  - manage care transitions
  - be an active participant on the interprofessional team
  - identify system issues
  - develop working skills in delegation, prioritization, and oversight of care
- member of a profession
  - evaluate one's own practice
  - assume responsibility for supporting the profession

Essential IX describes generalist nursing practice at the completion of baccalaureate nursing education. This Essential includes practice-focused outcomes that integrate the knowledge, skills, and attitudes delineated in Essentials I – VIII. The time needed to accomplish each Essential will vary, and each Essential does not require a separate course for achievement of the outcomes. Learning opportunities, including clinical experiences, must be sufficient in breadth and depth to ensure the graduate attains these practice-focused outcomes and integrates this knowledge and these skills into one's professional nursing practice.

Baccalaureate graduates translate, integrate, and apply knowledge that leads to improvements in patient outcomes. Knowledge is increasingly complex and evolving rapidly. Therefore, baccalaureate graduates are expected to focus on continuous self-evaluation and lifelong learning.

Glossary

Critical Thinking: All or part of the process of questioning, analysis, synthesis, interpretation, inference, inductive and deductive reasoning, intuition, application, and creativity (AACN, 1998). Critical thinking underlies independent and interdependent decision making.

Clinical Judgment: The outcomes of critical thinking in nursing practice. Clinical judgments begin with an end in mind. Judgments are about evidence, meaning and outcomes achieved (Pesut, 2001).

Clinical Reasoning: The process used to assimilate information, analyze data, and make decisions regarding patient care (Simmons, Lanuza, Fonteyn, & Hicks, 2003).

Clinical Prevention: Individually focused interventions such as immunizations, screenings, and counseling, aimed at preventing escalation of diseases and conditions.

Cultural Humility: Incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-clinician dynamic, and to developing mutually beneficial and advocacy partnerships with communities on behalf of individuals and defined populations. Cultural humility is proposed as a more suitable goal than cultural competence in healthcare education (Tervalon & Murray-Garcia, 1998).

Cultural Sensitivity: Cultural sensitivity is experienced when neutral language, both verbal and not verbal, is used in a way that reflects sensitivity and appreciation for the diversity of another. Cultural sensitivity may be conveyed through words, phrases, and categorizations that are intentionally avoided, especially when referring to any individual who may be interpreted as impolite or offensive (American Academy of Nursing Expert Panel on Cultural Competence, 2007).

Decision-Support System (Clinical): Interactive computer programs designed to assist clinicians with decision making tasks. Clinical decision-support systems link health observations with health knowledge to influence choices by clinicians for improved health care.

Diversity: The range of human variation, including age, race, gender, disability, ethnicity, nationality, religious and spiritual beliefs, sexual orientation, political beliefs, economic status, native language, and geographical background.

Evidence-based Practice: Care that integrates the best research with clinical expertise and patient values for optimum care (IOM, 2003b).

Health Determinants: Complex interrelationships of factors, such as the social and economic environment, the physical environment, individual characteristics, and behaviors that influence health.

Health Literacy: The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions (U.S. Department of Health and Human Services, 2000b)

Healthcare Team: The patient plus all of the healthcare professionals who care for the patient. The patient is an integral member of the healthcare team.

Herd Immunity: Immunity of a sufficient proportion of the population to reduce the probability of infection of susceptible members of that population.

Immersion Experience: Clinical experiences with a substantive number of hours in a consistent clinical setting over a concentrated period of time.

Information Technology: The study, design, development implementation, support, or management of computer-based information systems, particularly software applications and computer hardware.

Integrative Strategies for Learning: Coherent organization of educational practices that integrate general education concepts throughout the major, through the widespread use of powerful, active, and collaborative instructional methods (Association of American Colleges and Universities, 2004) .

Interprofessional: Working across healthcare professions to cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable. The team consists of the patient, the nurse, and other healthcare providers as appropriate (IOM, 2003b).

Intraprofessional: Working with healthcare team members within the profession to ensure that care is continuous and reliable.

Microsystem: The structural unit responsible for delivering care to specific patient populations or the frontline places where patients, families, and care teams meet (Nelson, Batalden, Godfrey, 2007).

Moral Agency: A person's capacity for making ethical judgments. Most philosophers suggest that only rational beings, people who can reason and form self-interested judgments, are capable of being moral agents.

Multi-dimensional Care: Relating to or having several dimensions; it speaks to the fullness of the patient-clinician experience, but also to people's lives in general. Spirituality is one of those many dimensions.

Nurse Sensitive Indicators: Measures of processes and outcomes—and structural proxies for these processes and outcomes (e.g., skill mix, nurse staffing hours)—that are affected, provided, and influenced by nursing personnel, but for which nursing is not exclusively responsible (National Quality Forum, 2003).

Outcome: Broad performance indicator, related to the knowledge, skills, and attitudes, needed by a baccalaureate graduate.

Patient: The recipient of nursing care or services. This term was selected for consistency and in recognition and support of the historically established tradition of the nurse-patient relationship. Patients may be individuals, families, groups, communities, or populations. Further, patients may function in independent, interdependent, or dependent roles, and may seek or receive nursing interventions related to disease prevention, health promotion, or health maintenance, as well as illness and end-of-life care. Depending on the context or setting, patients may, at times, more appropriately be termed clients, *consumers,* or *customers* of nursing services (AACN, 1998, p. 2).

Patient-centered Care: Includes actions to identify, respect and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health (IOM, 2003b).

Population Health Interventions: Actions intended to improve the health of a collection of individuals having personal or environmental characteristics in common. Population health interventions are based on population-focused assessments.

Professional Nurse: An individual prepared with a minimum of a baccalaureate in nursing but is also inclusive of one who *enters* professional practice with a master's degree in nursing or a nursing doctorate (AACN, 1998).

Simulation: An activity that mimics the reality of a clinical environment and is designed to demonstrate procedures, decision-making, and critical thinking through techniques

such as role-playing and the use of devices (e.g., interactive videos, mannequins) (National Council of State Boards of Nursing, 2005).

Spiritual Care: "Interventions, individual or communal, that facilitate the ability to experience the integration of the body, mind, and spirit to achieve wholeness, health, and a sense of connection to self, others, and a higher power" (American Nurses Association and Health Ministries Association, 2005, p. 38).

Spirituality: Speaks to what gives ultimate meaning and purpose to one's life. It is that part of people that seeks healing and reconciliation with self or others (Puchalski, 2006).

Vulnerable Populations: Refers to social groups with increased relative risk (i.e., exposure to risk factors) or susceptibility to health-related problems. The vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life (Center for Vulnerable Populations Research, UCLA School of Nursing, 2008).

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APPENDIX A

Task Force on the Revision of *The Essentials of Baccalaureate Education for Professional Nursing*

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Director of Special Projects

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Senior Director of Education Policy

Horacio Oliveira, *staff liaison*
Education Policy and Special Projects Assistant

APPENDIX B
Consensus Process to Revise the *Essentials of Baccalaureate Education for Professional Nursing Practice*

In 2006, the AACN Board of Directors established a task force and charged this group to revise and update the 1998 *Essentials* document. This task force was comprised of individuals representing an array of experts in baccalaureate nursing education, including deans and faculty representatives. Additionally, a chief nurse executive represented the practice setting on the committee (see Appendix A). The task force began their work by reviewing the literature and considering the changes occurring in health care, higher education, and health professions education. In February 2007, the task force convened a group of 20 stakeholders representing leaders from higher education, professional nursing, and interprofessional education; in June 2007, three additional stakeholders met with the task force (see Appendix C). These leaders were asked to identify, from their own perspectives, the anticipated role of the professional nurse in the future healthcare system and the critical competencies needed to function in this role. These wide-ranging and lively discussions served as the basis for the development of a draft document that was then shared with nursing professionals on the AACN Web site in August 2007, prior to the beginning of the next phase of the revision process.

The next phase consisted of a series of five regional meetings from September 2007 to April 2008. The purpose of these meetings was to gather feedback and to build consensus about the *Essentials* draft document. Participants, including nurse educators, clinicians, administrators, and researchers representing a range of nursing programs, specialties, and organizations, discussed, debated, and made recommendations regarding the draft document. Over 700 individuals, representing all 50 states and the District of Columbia, participated in the consensus-building process. In addition, 329 schools of nursing, 11 professional organizations, and 13 healthcare delivery systems were represented (see Appendices D, E, & F). To ensure a broad base of nursing input, the task force sought the participation of a wide range of nursing organizations and many of these organizations such as the American Academy of Nursing, Sigma Theta Tau, and American Organization of Nurse Executives sent written feedback to the task force. Nursing administrators and clinicians were specifically asked to participate to ensure that the recommendations for nursing education would address future healthcare practice. Participants in the regional meetings were asked to focus on the rationale supporting each Essential and a list of end of program outcomes. In addition, the participants provided input into the development of supporting documents including a list of integrative learning strategies, quality indicators, and clinical learning environments. The process was iterative and following each of the regional meetings, an updated document was posted on the AACN Web site for review and comment. AACN member schools and the nursing community at large were able to provide ongoing feedback.

On July 19, 2008, the AACN Board unanimously approved the revised *Essentials of Baccalaureate Nursing Education.*

Appendix C
Participants who attended Stakeholder Meetings (N=23)

Amy Berman
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Pam Hagan
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Janie E. Heath
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Jean Jenkins
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Darrell Kirch
Association of American Medical Colleges (AAMC)
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Ellen Kurtzman
National Quality Forum (NQF)
Senior Program Director
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Pam Malloy
End-of-Life Nursing Education Consortium (ELNEC)
Project Director, AACN
Washington, DC

Jeanne Matthews
Quad Council of Public Health Nursing Organizations
Chair-elect, APHA Public Health Nursing (PHN) Section for the Quad Council
Washington, DC

Leyla McCurdy
National Environmental Education & Training Foundation (NEETF)
Senior Director
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Dula Pacquiao
AACN Cultural Advisory Group,
Associate Professor and Director School of Nursing
University of Medicine & Dentistry of NJ
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Patricia Rutherford
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Douglas Scheckelhoff
American Society of Health-System Pharmacists (ASHP)
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Bethesda, MD

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Chicago, IL

Molly Sutphen
The Carnegie Foundation for the Advancement of Teaching
Research Scholar
Stanford, CA

Todd Uhlmann
National Student Nurses Association (NSNA)
President
Brooklyn, NY

Tener Veneema
Disaster Preparedness Expert
Associate Professor of Clinical Nursing
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Mary Wakefield
Institute of Medicine (IOM) Chair of Quality Chasm Series
Health Care Services Board,
Associate Dean for Rural Health,
University of North Dakota
Washington, DC

Julia Watkins
Council on Social Work Education
Executive Director
Alexandria, VA

APPENDIX D

Schools of Nursing that Participated in the Regional Meetings (N=329)

Adelphi University
Garden City, NY

Arizona State University
Phoenix, AZ

Arkansas State University
State University, AR

Armstrong Atlantic State University
Savannah, GA

Ashland University
Ashland, OH

Auburn University
Auburn, AL

Auburn University at Montgomery
Montgomery, AL

Avila University
Kansas City, MO

Azusa Pacific University
Azusa, CA

Baker University
Topeka, KS

Ball State University
Muncie, IN

Baptist Memorial College of Health Sciences
Memphis, TN

Barnes-Jewish College of Nursing
St. Louis, MO

Barry University
Miami Shores, FL

Baylor University
Dallas, TX

Becker College
Worcester, MA

Bemidji State University
Bemidji, MN

Bethune-Cookman University
Daytona Beach, FL

Binghamton University
Binghamton, NY

Biola University
La Mirada, CA

Boise State University
Boise, ID

Boston College
Chestnut Hill, MA

Bradley University
Peoria, IL

Brenau University
Gainesville, GA

Brigham Young University
Provo, UT

BryanLGH College of Health Sciences
Lincoln, NE

California Baptist University
Riverside, CA

California State University Channel Islands
Camarillo, CA

California State University-Bakersfield
Bakersfield, CA

California State University-Chico
Chico, CA

California State University-Dominguez Hills
Carson, CA

California State University-East Bay
Hayward, CA

California State University-Fullerton
Fullerton, CA

California State University-Long Beach
Long Beach, CA

California State University-Los Angeles
Los Angeles, CA

California State University-San Bernardino
San Bernardino, CA

California State University-San Marcos
San Marcos, CA

California State University-Stanislaus
Turlock, CA

Capital University
Columbus, OH

Carlow University
Pittsburgh, PA

Carson-Newman College
Jefferson City, TN

Cedar Crest College
Allentown, PA

Central Connecticut State University
New Britain, CT

Chamberlain College of Nursing
Columbus, OH

Charleston Southern University
Charleston, SC

Clayton State University
Morro, GA

Clemson University
Clemson, SC

Coe College
Cedar Rapids, IA

Colby-Sawyer College
New London, NH

College of Saint Catherine
St. Paul, MN

Creighton University
Omaha,, NE

Cumberland University
Lebanon, TN

Curry College
Milton, MA

Drexel University
Philadelphia, PA

Duke University
Durham, NC

Duquesne University
Pittsburgh, PA

East Carolina University
Greenville, NC

East Tennessee State University
Johnson City, TN

Eastern Illinois University
Charleston, IL

Eastern Kentucky University
Richmond, KY

Eastern Mennonite University
Harrisonburg, VA

Eastern Michigan University
Ypsilanti, MI

Elmhurst College
Elmhurst, IL

Elms College
Chicopee, MA

Emmanuel College
Boston, MA

Emory University
Atlanta, GA

Excelsior College
Albany, NY

Fairfield University
Fairfield, CT

Fairleigh Dickinson University
Teaneck, NJ

Fairmont State University
Fairmont, WV

Felician College
Lodi, NJ

Florida A&M University
Tallahassee, FL

Florida Atlantic University
Boca Raton, FL

Florida International University
Miami, FL

Florida Southern College
Lakeland, FL

Fort Hays State University
Hays, KS

Francis Marion University
Florence, SC

George Mason University
Fairfax, VA

Georgetown University
Washington, DC

Georgia College & State University
Milledgeville, GA

Georgia Southern University
Statesboro, GA

Georgia State University
Atlanta, GA

Gonzaga University
Spokane, WA

Governors State University
University Park, IL

Grand Valley State University
Grand Rapids, MI

Grand View College
Des Moines, IA

Hope College
Holland, MI

Hunter College of CUNY
New York, NY

Huntington University
Huntington, IN

Husson College
Bangor, ME

Idaho State University
Pocatello, ID

Illinois Wesleyan University
Bloomington, IL

Indiana University Bloomington
Bloomington, IL

Indiana University Northwest
Gary, IN

Indiana University South Bend
South Bend, IN

Indiana University Southeast
New Albany, IN

Indiana Wesleyan University
Marion, IN

Jacksonville State University
Jacksonville, AL

Jacksonville University
Jacksonville, FL

James Madison University
Harrisonburg, VA

Johns Hopkins University
Baltimore, MD

Kaplan University
Chicago, IL

Kean University
Union, NJ

Kennesaw State University
Kennesaw, GA

Keuka College
Keuka Park, NY

Lakeview College of Nursing
Danville, IL

Lamar University
Beaumont, TX

Le Moyne College
Syracuse, NY

Linfield College
Portland, OR

Loma Linda University
Loma Linda, CA

Louisiana College
Pineville, LA

Louisiana State University Health Sciences Ctr
New Orleans, LA

Lourdes College
Sylvania, OH

Luther College
Decorah, IA

Lycoming College
Williamsport, PA

Lynchburg College
Lynchburg, VA

Macon State College
Macon, GA

Madonna University
Livonia, MI

Martin Methodist College
Pulaski, TN

Maryville University-Saint Louis
St. Louis, MO

Massachusetts College of Pharmacy and Allied Health Sciences
Boston, MA

McKendree College
Lebanon, IL

McNeese State University
Lake Charles, LA

Medcenter One College of Nursing
Bismarck, ND

MedCentral College of Nursing
Mansfield, OH

Medical College of Georgia
Augusta, GA

Medical University of South Carolina
Charleston, SC

Mercy College
Dobbs Ferry, NY

Metropolitan State University
St. Paul, MN

MGH Institute of Health Professions
Boston, MA

Michigan State University
East Lansing, MI

Milwaukee School of Engineering
Milwaukee, WI

Minnesota Intercollegiate Nursing Consortium
Northfield, MN

Minnesota State University Mankato
Mankato, MN

Mississippi College
Clinton, MS

Mississippi University for Women
Columbus, MS

Missouri Western State University
St. Joseph, MO

Montana State University- Bozeman
Bozeman, MT

Moravian College
Bethlehem, PA

Mount Carmel College of Nursing
Columbus, OH

Mount Mercy College
Cedar Rapids, IA

Mount Saint Mary's College
Los Angeles, Ca

Muskingum College
New Concord, OH

National University
La Jolla, CA

Neumann College
Aston, PA

New Jersey City University
Jersey City, NJ

New Mexico Highlands University
Las Vegas, NM

New York University
New York, NY

Nicholls State University
Thibodaux, LA

North Park University
Chicago, IL

Northeastern University
Boston, Mass.

Northern Arizona University
Flagstaff, AZ

Northern Illinois University
DeKalb, IL

Northwest University
Kirkland, WA

Notre Dame College
South Euclid, OH

Oakland University
Rochester, MI

Old Dominion University
Norfolk, VA

Oregon Health and Science University
Portland, OR

Otterbein College
Westerville, OH

Pace University
New York, NY

Patty Hanks Shelton School of Nursing
Abilene, TX

Piedmont College
Demorest, GA

Platt College
Aurora, Co

Point Loma Nazarene University
San Diego, CA

Purdue University
West Lafayette, IN

Queens University of Charlotte
Charlotte, NC

Research College of Nursing
Kansas City. MO

Regis College
Weston, MA

Rhode Island College
Providence, RI

Rivier College
Nashua, NH

Robert Morris University
Moon Township, PA

Rutgers, The State University of New Jersey
Camden, NJ

Sacred Heart University
Fairfield, CT

Saginaw Valley State University
University Center, MI

Saint Ambrose University
Davenport, IA

Saint Anselm College
Manchester, NH

Saint Anthony College of Nursing
Rockford, IL

Saint Francis Medical Center College of Nursing
Peoria, IL

Saint John Fisher College
Rochester, NY

Saint Joseph's College of Maine
Standish, ME

Saint Louis University
Saint Louis, MO

Saint Luke's College of Nursing
Kansas City, MO

Saint Xavier University
Chicago, IL

Samford University
Birmingham, AL

Samuel Merritt College
Oakland, CA

San Diego State University
San Diego, CA

San Francisco State University
San Francisco, CA

Seattle Pacific University
Seattle, WA

Seattle University
Seattle, WA

Shenandoah University
Winchester, VA

Simmons College
Boston, MA

South Dakota State University
Brookings, SD

Southeast Missouri State University
Cape Girardeau, MO

Southern Illinois University
Edwardsville
Edwardsville, IL

Southern Nazarene University
Bethany, OK

Southern Utah University
Cedar City, UT

Stony Brook University
Stony Brook, NY

SUNY Downstate Medical Center
Brooklyn, NY

SUNY Institute of Technology at
Utica/Rome
Utica, NY

SUNY Plattsburgh
Plattsburgh, NY

SUNY Upstate Medical University
Syracuse, NY

Temple University
Philadelphia, PA

Tennessee Technological University
Cookeville, TN

Tennessee Wesleyan College
Knoxville, TN

Texas A&M Health Science Center
College Station, TX

Texas A&M University-Corpus Christi
Corpus Christi, TX

Texas Christian University
Fort Worth, TX

Texas Tech University Health Sciences
Center

Lubbock, TX

Texas Woman's University
Denton, TX

The Catholic University of America
Washington, DC

The College of St. Scholastica
Duluth, MN

The Ohio State University
Columbus, OH

The Sage Colleges
Troy, NY

The University of Alabama
Tuscaloosa, AL

The University of Alabama in Huntsville
Huntsville, AL

The University of Louisiana at Lafayette
Lafayette, LA

The University of Louisiana at Monroe
Monroe, LA

The University of North Carolina-Chapel Hill
Chapel Hill, NC

Thomas Jefferson University
Philadelphia, PA

Touro University
Henderson, NV

Tuskegee University
Tuskegee, AL

University at Buffalo
Buffalo, NY

University of Alabama at Birmingham
Birmingham, AL

University of Alabama in Huntsville
Huntsville, AL

University of Alaska Anchorage
Anchorage, AK

University of Arizona
Tuscon, AZ

University of Arkansas for Medical Sciences
Little Rock, AR

University of Arkansas-Fayetteville
Fayetteville, AR

University of California- Davis
Davis, CA

University of California-Los Angeles
Los Angeles, CA

University of Central Arkansas
Conway, AR

University of Cincinnati
Cincinnati, OH

University of Colorado at Colorado Springs
Colorado Springs, CO

University of Colorado Denver
Aurora, CO

University of Connecticut
Storrs, CT

University of Delaware
Newark, DE

University of Detroit Mercy
Detroit, MI

University of Florida
Gainesville, FL
University of Hawaii at Manoa
Honolulu, HI

University of Illinois at Chicago
Chicago, IL

University of Iowa
Iowa City, IA

University of Kansas
Kansas City, KS

University of Louisiana at Monroe
Monroe, LA

University of Louisville
Louisville, KY

University of Mary
Bismark, ND

University of Maryland
Baltimore, MD

University of Massachusetts-Amherst
Amherst, MA

University of Massachusetts-Lowell
Lowell, MA

University of Medicine & Dentistry of New Jersey
Newark, NJ

University of Memphis
Memphis, TN

University of Michigan
Ann Arbor, MI

University of Minnesota
Minneapolis, MN

University of Mississippi Medical Center
Jackson, MS

University of Missouri-Columbia
Columbia, MO
University of Missouri-Kansas City
Kansas City, MO

University of Missouri-Saint Louis
St. Louis, MO

University of Nevada-Las Vegas
Las Vegas, NV

University of Nevada-Reno
Reno, NV

University of New Hampshire
Durham, NH

University of New Mexico
Albuquerque, NM

University of North Carolina at Greensboro
Greensboro, NC

University of North Carolina-Charlotte
Charlotte, NC

University of North Dakota
Grand Forks, ND

University of North Florida
Jacksonville, FL

University of Northern Colorado
Greeley, CO

University of Oklahoma
Oklahoma City, OK

University of Pennsylvania
Philadelphia, PA

University of Phoenix
Phoenix, AZ

University of Pittsburgh
Pittsburgh, PA

University of Portland
Portland, OR

University of Rhode Island
Kingston, RI

University of Saint Francis- Indiana
Fort Wayne, IN

University of Saint Mary
Leavenworth, KS

University of San Diego
San Diego, CA

University of San Francisco
San Francisco, CA

University of South Alabama
Mobile, AL

University of South Carolina
Columbia, SC

University of South Carolina Aiken
Aiken, SC

University of South Carolina Upstate
Spartanburg, SC

University of Southern Maine
Portland, ME

University of Southern Mississippi
Hattiesburg, MS

University of St. Francis- Illinois
Joliet, IL

University of Tennessee – Knoxville
Knoxville, TN

University of Tennessee Health Science Center
Memphis, TN

University of Tennessee-Chattanooga
Chattanooga, TN

University of Texas Health Science Center – Houston
Houston, TX

University of Texas Health Science Center-San Antonio
San Antonio, TX

University of Texas-El Paso
El Paso, TX

University of Texas-Tyler
Tyler, TX

University of the Incarnate Word
San Antonio, TX

University of Toledo
Toledo, OH

University of Utah
Salt Lake City, UT

University of Vermont
Burlington, VT

University of Virginia
Charlottesville, VA

University of West Georgia
Carrollton, GA

University of Wisconsin-Eau Claire
Eau Claire, WI

University of Wisconsin-Green Bay
Green Bay, WI

University of Wisconsin-Milwaukee
Milwaukee, WI

University of Wisconsin-Oshkosh
Oshkosh, WI

University of Wyoming
Laramie, WY

Upper Iowa University
Fayette, IA

Ursuline College
Pepper Pike, OH

Utica College
Utica, NY

Valdosta State University
Valdosta, GA

Valparaiso University
Valparaiso, IN

Vanguard University of Southern California
Costa Mesa, CA

Villa Julie College
Stevenson, MD

Wagner College
Staten Island, NY

Washburn University
Topeka, KS

Washington State University
Spokane, WA

Waynesburg University
Waynesburg, PA

West Chester University
West Chester, PA

West Texas A&M University
Canyon, TX

West Virginia University
Morgantown, WV

Western Carolina University
Cullowhee, NC

Western Kentucky University
Bowling Green, KY

Western Michigan University
Kalamazoo, MI

Wichita State University
Wichita, KS

Widener University
Chester, PA

Wilkes University
Wilkes-Barre, PA

William Carey University
Hattiesburg, MS

William Jewell College
Liberty, MO

William Paterson University
Wayne, NJ

Wilmington University
New Castle, DE

Winston-Salem State University
Winston-Salem, NC

Wisconsin Lutheran College
Milwaukee, WI

Wright State University
Dayton, OH

Xavier University
Cincinnati, OH

York College of Pennsylvania
York, PA

Yale University
New Haven, CT

APPENDIX E

Professional Organizations that Participated in the Regional Meetings (N=11)

American Holistic Nurses Association
Flagstaff, Arizona

American Nurses Association
Silver Spring, MD

Association of Community Health Nursing Educators
Wheat Ridge, CO

Association of Perioperative Registered Nurses
Denver, CO

Association of Rehabilitation Nurses
Glenview, IL

Commission on Graduates of Foreign Nursing Schools International
Philadelphia, PA

International Society of Nurses in Genetics
Pittsburgh, PA

Kentucky Board of Nursing
Louisville, KY

Minnesota Board of Nursing
Minneapolis, MN

National Council of State Boards of Nursing
Chicago, IL

National League for Nursing
New York, NY

Oncology Nursing Society
Pittsburgh, PA

Society of Pediatric Nurses
Pensacola, FL

APPENDIX F

Healthcare Systems that Participated in the Regional Meetings (N= 13)

Advocate Christ Medical Center
Oak Lawn, IL

Baptist Memorial Health Care Corporation
Memphis, TN

Baptist Memorial Health Care Corporation- DeSoto
Southaven, MS

Bon Secours Hampton Roads Health System
Norfolk, VA

Children's Healthcare of Atlanta
Atlanta, GA

Dartmouth Hitchcock Medical Center
Lebanon, NH

Hospital Corporation of America
Nashville, TN

INOVA Health Systems
Falls Church, VA

Ovations/ Evercare
Minnetonka, MN

Southeast Health District
Waycross, GA

St. Mary's Hospital
Passaic, NJ

UPMC St. Margaret's
Pittsburgh, PA

Miriam Hospital
Providence, RI

American Association of
Colleges of Nursing

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American Association of Colleges of Nursing

The Voice of Academic Nursing

THE ESSENTIALS:

CORE COMPETENCIES FOR PROFESSIONAL NURSING EDUCATION

APPROVED BY THE AACN MEMBERSHIP ON APRIL 6, 2021

American Association of Colleges of Nursing

The Voice of Academic Nursing

American Association of Colleges of Nursing

The Essentials: Core Competencies for Professional Nursing Education

Introduction

Since 1986, the American Association of Colleges of Nursing (AACN) has published the *Essentials* series that provides the educational framework for the preparation of nurses at four-year colleges and universities. In the past, three versions of Essentials were published: *The Essentials of Baccalaureate Education for Professional Nursing Practice*, last published in 2008; *The Essentials of Master's Education in Nursing*, last published in 2011; *and The Essentials of Doctoral Education for Advanced Nursing Practice*, last published in 2006. Each of these documents has provided specific guidance for the development and revision of nursing curricula at a specific degree level. Given changes in higher education, learner expectations, and the rapidly evolving healthcare system outlined in *AACN's Vision for Academic Nursing* (2019), new thinking and new approaches to nursing education are needed to prepare the nursing workforce of the future.

The Essentials: Core Competencies for Professional Nursing Education provides a framework for preparing individuals as members of the discipline of nursing, reflecting expectations across the trajectory of nursing education and applied experience. In this document competencies for professional nursing practice are made explicit. These *Essentials* introduce 10 domains that represent the essence of professional nursing practice and the expected competencies for each domain (see page 26). The domains and competencies exemplify the uniqueness of nursing as a profession and reflect the diversity of practice settings yet share common language that is understandable across healthcare professions and by employers, learners, faculty, and the public. The competencies accompanying each domain are designed to be applicable across four spheres of care (disease prevention/promotion of health and wellbeing, chronic disease care, regenerative or restorative care, and hospice/palliative/supportive care), across the lifespan, and with diverse patient populations. While the domains and competencies are identical for both entry and advanced levels of education, the sub-competencies build from entry into professional nursing practice to advanced levels of knowledge and practice. The intent is that any curricular model should lead to the ability of the learner to achieve the competencies. The *Essentials* also feature eight concepts which are central to professional nursing practice and are integrated within and across the domains and competencies.

Since this document has been shared with practice partners, and with other nursing colleagues, the *Essentials* serve to bridge the gap between education and practice. The core competencies are informed by the expanse of higher education, nursing education, nursing as a discipline, and a breadth of knowledge. The core competencies also are informed by the lived experiences of those deeply entrenched in various areas where nurses practice and the synthesis of knowledge and action intersect. The collective understanding allows all nurses to have a shared vision; promotes open discourse and exchange about nursing practice; and expresses a unified voice that represents the nursing profession.

This introduction provides an overview of the evolution of nursing as a discipline, critical aspects of the profession that serve as a framework, and sufficient depth to inform nursing education across the educational trajectory (entry into practice through advanced education). Specific citations throughout provide immediate access to pertinent references that substantiate relevancy.

Foundational Elements

The Essentials: Core Competencies for Professional Nursing Education has been built on the strong foundation of nursing as a discipline, the foundation of a liberal education, and principles of competency-based education.

Nursing as a Discipline

The *Essentials,* as the framework for preparing nursing's future workforce, intentionally reflect and integrate nursing as a discipline. The emergence of nursing as a discipline had its earliest roots in Florence Nightingale's thoughts about the nature of nursing. Believing nursing to be both a science and an art, she conceptualized the whole patient (mind, body, and spirit) as the center of nursing's focus. The influence of the environment on an individual's health and recovery was of utmost importance. The concepts of health, healing, well-being, and the interconnectedness with the multidimensional environment also were noted in her work. Although Nightingale did not use the word "caring" explicitly, the concept of care and a commitment to others were evident through her actions (Dunphy, 2015). In the same era of Florence Nightingale, nurse pioneer Mary Seacole was devoted to healing the wounded during the Crimean war.

Following Nightingale, the nursing profession underwent a period of disorganization and confusion as it began to define itself as a distinct scientific discipline. Early nursing leaders including Mary Eliza Mahoney, Effie Taylor, Annie Goodrich, Agatha Hodgins, Esther Lucille Brown, and Loretta Ford sought to define the functions of the nurse (Gunn, 1991; Keeling, Hehman & Kirchgessner, 2017). Other leaders devoted their efforts to addressing discrimination, advancing policies, and creating a collective voice for the profession. It would be difficult to gain an understanding of this period of the profession's development without considering the work of Lavinia Dock, Estelle Osborne, Mary Elizabeth Carnegie, Ildaura Murillo-Rohde, and many other fearless champions.

Contemporary nursing as it is practiced today began to take shape as a discipline in the 1970s and 1980s. Leaders of this era shared the belief that the discipline of nursing was the study of the well-being patterning of human behavior and the constant interaction with the environment, including relationships with others, health, and the nurse (Rogers, 1970; Donaldson & Crowley, 1978; Fawcett, 1984; Chinn & Kramer 1983, 2018; Chinn, 2019; Roy & Jones, 2007). The concept of caring also was described as the defining attribute of the nursing discipline (Leininger, 1978; Watson, 1985). Newman (1991) spoke to the need to sharpen the focus of the discipline of nursing to better define its social relevance and the nature of its service. Newman, Smith, Pharris, and Jones (2008) affirmed caring as the focus of the discipline, suggesting that relationships were the unifying construct. Smith and Parker (2010) later posited that relationships were built on partnership, presence, and shared meaning.

In a historical analysis of literature on the discipline of nursing, five concepts emerged as defining the discipline: human wholeness; health; healing and well-being; environment-health relationship; and caring. When practicing from a holistic perspective, nurses understand the dynamic, ongoing body-brain-mind-spirit interactions of the person, between and among individuals, groups, communities, and the environment (Smith, 2019, pp. 9-12). Smith purports that if nursing is to retain its status as a discipline, the explicit disciplinary knowledge must be an integral part of all levels of nursing. Nursing has its own science, and this body of knowledge is foundational for the next generation (Smith, 2019, p.13).

Why consider the past in a document that strives to shape the future? The historical roots of the profession help its members understand how the past has answered complex questions and shapes vital discipline concepts, traditions, policies, and even relationships. D'Antonio, et. al (2010) also emphasize the disciplinary insights gained by considering the different histories that challenge the dominant and accepted historical narrative. Undoubtedly, many experts have contributed to the development of the discipline as it exists today. While the work of early and current theorists is extensive, Green (2018) notes that none have been accepted as completely defining the nature of nursing as a discipline. No doubt, nursing as a discipline will continue to evolve as society and health care evolves.

Advancing the Discipline of Nursing

The continued development of nursing as a unique discipline requires an intentional approach. Jairath, et. al (2018) stated that any further development of the discipline should have the capacity to directly transform the patient's health experience. A new social order may be necessary in which scientists, theorists, and practitioners work together to address questions related to the interplay of big data and nursing theory. Nursing graduates, particularly at the advanced nursing practice level, must be well-prepared to think ethically, conceptually, and theoretically to better inform nursing care. Students must not only be introduced to the knowledge and values of the discipline, but they must be guided to practice from a disciplinary perspective – by seeing patients through the lens of wholeness and interconnectedness with family and community; appreciating how the social, political, and economic environment influences health; attending to what is most important to well-being; developing a caring-healing relationship; and honoring personal dignity, choice, and meaning. Smith and McCarthy (2010) spoke to the need to provide a foundation for practitioners in the knowledge of the discipline. Without this knowledge, the persistent challenge of differentiating nursing and the professional levels of practice will continue.

Knowledge of the discipline grows in graduate education, as students apply and generate nursing knowledge in their advanced nursing roles or develop and test theories as researchers. Nursing practice should be guided by a nursing perspective while functioning within an interdisciplinary arena. To appropriately educate the next generation of nurses, disciplinary knowledge must be leveled to reflect the competencies or roles expected at each level.

The Value of a Liberal Education

In higher education, every academic discipline is grounded in a unique body of knowledge that distinguishes that discipline. Through the study of the humanities, social sciences, and natural

sciences, students develop the capacity to engage in socially valued work and civic leadership in society. Liberal education exposes students to a broad worldview, multiple disciplines, and ways of knowing through specific coursework; however, the richness of perspective and knowledge is woven throughout the nursing curriculum as these are integral to the full scope of nursing practice (Hermann, 2004). Successful integration of liberal and nursing education provides graduates with knowledge of human cultures, including spiritual beliefs, as well as the physical and natural worlds supporting an approach to practice. The study of history, critical race theories, critical theories of nursing, critical digital studies, planetary health and climate science, politics, public policies, policy formation, fine arts, literature, languages, and the behavioral, biological, and natural sciences are key to the understanding of one's self and others, civil readiness, and engagement and forms the basis for clinical reasoning and subsequent clinical judgments.

A liberal education creates the foundation for intellectual and practical abilities within the context of nursing practice as well as for engagement with the larger community, locally and globally. A hallmark of liberal education is the development of a personal value-system that includes the ability to act ethically regardless of the situation and where students are encouraged to define meaningful personal and professional goals with a commitment to integrity, equity, and social justice. Liberally educated graduates are well prepared to integrate knowledge, skills, and values from the arts, sciences, and humanities to provide safe, quality care; advocate for patients, families, communities, and populations; and promote health equity and social justice. Equally important, nursing education needs to ensure an understanding of the intersection of bias, structural racism, and social determinants with healthcare inequities and promote a call to action.

Competency-based Education

Competency-based education is a process whereby students are held accountable to the mastery of competencies deemed critical for an area of study. Competency-based education is inherently anchored to the outputs of an educational experience versus the inputs of the educational environment and system. Students are the center of the learning experience, and performance expectations are clearly delineated along all pathways of education and practice. Across the health professions, curriculum, course work, and practice experiences are designed to promote responsible learning and assure the development of competencies that are reliably demonstrated and transferable across settings. By consistently assessing their own performance, students develop the ability to reflect on their own progress towards the achievement of learning goals and the ongoing attainment of competencies required for practice.

Advances in learning approaches and technologies, understanding of evolving student learning styles and preferences, and the move to outcome-driven education and assessment all point to a transition to competency-based education. This learning approach is linked to explicitly defined performance expectations, based on observable behavior, and requires frequent assessment using diverse methodologies and formats. Designed in this fashion, competency-based education produces learning and behavior that endures, since it encourages conscious connections between knowledge and action. Learners who put knowledge into action grasp the interrelatedness of their learning with both theoretical perspectives and the world of their professional work. Achieving a specific competency gives meaning to the theoretical and assists in understanding and taking on a

professional identity.

Further, today's students are increasingly taking responsibility for their own learning and, varied as they are in age and experience, respond to active learning strategies. Active learning involves making an action out of knowledge—using knowledge to reflect, analyze, judge, resolve, discover, interact, and create. Active learning requires clear information regarding what is to be learned, including guided practice in using that information to achieve a competency. It also requires regular assessment of progress towards mastery of the competency and frequent feedback on successes and areas needing development. Additionally, students must learn how to assess their own performances to develop the skill of continual self-reflection in their own practice.

Stakeholders (employers, students, and the public) expect all nursing graduates to exit their education programs with defined and observable skills and knowledge. Employers desire assurance that graduates have expected competencies—the ability "to know" and also "to do" based on current knowledge. Moving to a competency-based model fosters intentionality of learning by defining domains, associated competencies, and performance indicators for those competencies. Currently, there is wide variability in graduate capabilities. Therefore, there is a need for consistency enabled by a competency-based approach to nursing education.

A standard set of definitions frame competency-based education in the health professions and was adopted for these *Essentials.* Adoption of common definitions allows multiple stakeholders involved in health education and practice to share much of the same language. These definitions are included in the glossary (p. 59).

Nursing Education for the 21st Century

In addition to the foundational elements on which the *Essentials* has been developed, other factors have served as design influencers. What does the nursing workforce need to look like for the future and how do nursing education programs prepare graduates to be "work ready"? Nursing education for the 21st century ought to reflect a number of contemporary trends and values and address several issues to shape the future workforce, including diversity, equity, and inclusion; four spheres of care (including an enhanced focus on primary care); systems-based practice; informatics and technology; academic-practice partnerships; and career-long learning.

Diversity, Equity, and Inclusion

Shifting U.S. population demographics, health workforce shortages, and persistent health inequities necessitate the preparation of nurses able to address systemic racism and pervasive inequities in health care. The existing inequitable distribution of the nursing workforce across the United States, particularly in underserved urban and rural areas, impacts access to healthcare services across the continuum from health promotion and disease prevention, to chronic disease management, to restorative and supportive care. Diversity, equity, and inclusion—as a value—supports nursing workforce development to prepare graduates who contribute to the improvement of access and care quality for underrepresented and medically underserved populations (AACN, 2019). Diversity, equity, and inclusion require intentionality, an institutional structure of social justice, and individually concerted efforts. The integration of diversity, equity,

and inclusion in this *Essentials* document moves away from an isolated focus on these critical concepts. Instead, these concepts, defined in competencies, are fully represented and deeply integrated throughout the domains and expected in learning experiences across curricula. Making nursing education equitable and inclusive requires actively combating structural racism, discrimination, systemic inequity, exclusion, and bias. Holistic admission reviews are recommended to enhance the admission of a more diverse student population to the profession (AACN, 2020). Additionally, an equitable and inclusive learning environment will support the recruitment, retention, and graduation of nursing students from disadvantaged and diverse backgrounds. Diverse and inclusive environments allow examination of any implicit or explicit biases, which can undermine efforts to enhance diversity, equity, and inclusion. When diversity is integrated within inclusive educational environments with equitable systems in place, biases are examined, assumptions are challenged, critical conversations are engaged, perspectives are broadened, civil readiness and engagement are enhanced, and socialization occurs. These environments recognize the value of and need for diversity, equity, and inclusion to achieve excellence in teaching, learning, research, scholarship, service, and practice.

Academic nursing must address structural racism, systemic inequity, and discrimination in how nurses are prepared. Nurse educators are called to critically evaluate policies, processes, curricula, and structures for homogeneity, classism, color-blindness, and non-inclusive environments. Evidence-based, institution-wide approaches focused on equity in student learning and catalyzing culture shifts in the academy are fundamental to eliminating structural racism in higher education (Barber, et al, 2020). Only through deconstructive processes can academic nursing prepare graduates who provide high quality, equitable, and culturally competent health care.

Finally, nurses should learn to engage in ongoing personal development towards understanding their own conscious and unconscious biases. Then, acting as stewards of the profession, they can fulfill their responsibility to influence both nursing and societal attitudes and behaviors toward eradicating structural/systemic racism and discrimination and promoting social justice.

Four Spheres of Care

Historically, nursing education has emphasized clinical education in acute care. Looking at current and future needs, it is becoming increasingly evident that the future of healthcare delivery will occur within four spheres of care, 1) disease prevention/promotion of health and well-being, which includes the promotion of physical and mental health in all patients as well as management of minor acute and intermittent care needs of generally healthy patients; 2) chronic disease care, which includes management of chronic diseases and prevention of negative sequelae; 3) regenerative or restorative care, which includes critical/trauma care, complex acute care, acute exacerbations of chronic conditions, and treatment of physiologically unstable patients that generally requires care in a mega-acute care institution; and, 4) hospice/palliative/supportive care which includes end-of-life care as well as palliative and supportive care for individuals requiring extended care, those with complex, chronic disease states, or those requiring rehabilitative care (Lipstein, et al, 2016; AACN, 2019).

Entry-level professional nursing education ensures that graduates demonstrate competencies

through practice experiences with individuals, families, communities, and populations across the lifespan and within each of these four spheres of care. The workforce of the future needs to attract and retain registered nurses who choose to practice in diverse settings, including community settings to sustain the nation's health. Expanding primary care into communities will enable our healthcare delivery systems to achieve the Quadruple Aim of improving patient experiences (quality and satisfaction), improving the health of populations, decreasing per capita costs of health care, and improving care team well-being (Bowles, et al, 2018). It is time for nursing education to refocus and move beyond some long-held beliefs such as: primary care content is not important because it is not on the national licensing exam for registered nurses; students only value those skills required in acute care settings; and faculty preceptors only have limited community-based experiences. Recommendations from the Josiah Macy Foundation Conference on expanding the use of registered nursing in primary care (2016) provides a call to education and practice to place more value on primary care as a career choice, effectively changing the culture of nursing and health care. A collaborative effort between academic and practice leaders is needed to ensure this culture change and educate primary care practitioners about the value of the registered nurse role.

Systems-Based Practice

Integrated healthcare systems that require coordination across settings as well as across the lifespan of diverse individuals and populations are emerging. Healthcare systems are revising strategic goals and reorganizing services to move more care from the most expensive venues – inpatient facilities and emergency departments – to primary care and community settings. Consequently, nurse employment settings also are shifting, creating a change in workforce distribution and the requisite knowledge and skills necessary to provide care in those settings. Knowledge differentiating equity and equality in healthcare systems and systems-based practice is essential. Nurses in the future are needed to lead initiatives to address structural racism, systemic inequity, and discrimination. Equitable healthcare better serves the needs of all individuals, populations, and communities.

Importantly, an understanding of how local, national, and global structures, systems, politics, and rules and regulations contribute to the health outcomes of individual patients, populations, and communities will support students in developing agility and advocacy skills. Factors such as structural racism, cost containment, resource allocation, and interdisciplinary collaboration are considered and implemented to ensure the delivery of high quality, equitable, and safe patient care (Plack, et al, 2018).

Informatics and Technology

Informatics has increasingly been a focus in nursing education, correlating with the advancement in sophistication and reach of information technologies; the use of technology to support healthcare processes and clinical thinking; and the ability of informatics and technology to positively impact patient outcomes. Health information technology is required for person-centered service across the continuum and requires consistency in user input, proper process, and quality management. While different specialty roles in nursing may require varying depth and breadth of informatics competency, basic informatics competencies are foundational to all nursing

practice. Much work will be required to achieve full integration of core information and communication technologies competencies into nursing curricula.

Engagement and Experience

The future consumers of health care are changing. They are transitioning from passive participants in medically-focused acute care environments to engaged participants of healthcare services. They actively participate in managing not only their chronic illnesses but also acute care exacerbations with an increasing focus on prevention and wellness. Thus, nurses need an understanding of consumer engagement and experience across all settings as an essential component of person-centered, quality care.

In today's society, many people seek information and use technology to help make informed decisions about their health. Nurses seek to help patients determine what information to use and how to use it. Individuals want to know about their options when it comes to healthcare services, which extends to using websites to provide information on provider quality and performance, comparing prices for common procedures, and reviewing the effectiveness of treatments and care approaches (Adler-Milstein & Sinaiko, 2019). Gaffney (2015) stated that as consumers shoulder more of the financial responsibility for their health care, they became more educated about available options. Studies have shown that patients who are engaged in decision-making regarding their care have better outcomes and lower costs (Gaffney, 2015).

Meaningful practice experiences in health care start with the individual who is actively engaged in the journey throughout the continuum of care. Each interaction between the recipient of care and the nurse or healthcare provider creates an experience. Practice experience is defined as "the sum of all interactions, shaped by an organization's culture that influence patient perceptions across the continuum of care." (Wolf, Niederhauser, Marshburn & LaVela, 2014, p. 8). Within that interactive experience, the attitudes and the behaviors of the nurse matter a great deal. Nurses are identified as one of the most trusted professionals in the United States. Mutual trust is foundational to an interactive and ongoing relationship that will enhance a positive experience of care. Those with positive experiences of care often have better outcomes.

Individual engagement has been described as "the blockbuster drug of the 21st century" (Dentzer, 2013). Who better to engage individuals in their care than nurses? Nursing practice has consistently focused on individual care and ongoing communication with family members and care providers. Sherman points to the fact that effective individual/family involvement leads to safer and higher quality care. In addition, individual/patient engagement can be directly correlated with increased reimbursement to hospitals based on achieving health outcomes. Nurses in all settings and across the continuum of care contribute to creating a culture that supports full engagement of individuals in their care and in the development of policies, which will provide guidance to the improvement of individual engagement (Sherman, 2014).

Academic-Practice Partnerships

Partnerships and collaborative team-based care are the cornerstones of safe, effective care whether it be for individuals, families, communities, or populations. Academic-practice partnerships serve to

recruit and retain nurses and to support the practice and academic enterprise in relation to mutual research, leadership development, and a shared commitment to redesign practice environments. Such partnerships also have the potential to facilitate the ability of nurses to achieve educational and career advancement, prepare nurses of the future to practice and lead, provide mechanisms for career-long learning, and provide a structure for transition to practice programs. Successful academic-practice partnerships are predicated on respect, relationship, reciprocity, and co-design. The 2016 report *Advancing Healthcare Transformation: A New Era for Academic Nursing* identified a path for achieving enhanced partnerships between nursing schools and academic health centers with the goals of achieving improved healthcare outcomes, fostering new models for innovation, and advancing integrated systems of health care. While focused primarily on academic health centers, the recommendations apply to partnerships between non-academic health centers and schools of nursing as well. The recommendations include enhancing the clinical practice of academic nursing; partnering in the preparation of the nurses of the future; collaborating to develop workforce plans in partnership with the health system; integrating academic nursing into population health initiatives; partnering in the implementation of Accountable Care; and partnering for optimal patient care and healthcare delivery (AACN, 2016).

Career-Long Learning

Current trends in higher education focus on supplemental methods of awarding credit and recognition for additional learning which has implications for career-long learning. Emerging educational methods should be considered as possible additions in the development of curriculum pathways in contemporary nursing education. For example, the use of e-portfolios, which may be used to record competency achievement and educational milestones and continued throughout one's career, can be used to document personal development plans, badges, certifications, employment appraisals, and reflections on clinical events to establish meaning from various encounters.

Awarding of micro-credentials or badges by academic institutions also is becoming popular. Badges recognize incremental learning in visible ways and can support career development (Educause, 2018). Stackable credentials can be accumulated over time and facilitate one's professional development along a career trajectory (Department of Labor, 2015). Open access courses represent another way to learn a variety of skills or subject matter. All of these are important considerations in basic and advanced nursing education.

Domains and Concepts

Domains for Nursing

Domains are broad distinguishable areas of competence that, when considered in the aggregate, constitute a descriptive framework for the practice of nursing. These *Essentials* include 10 domains that were adapted from the interprofessional work initiated by Englander (2013) and tailored to reflect the discipline of nursing.

This document delineates the domains that are essential to nursing practice, including how these

are defined, what competencies should be expected for each domain at each level of nursing, and how those domains and competencies both distinguish nursing and relate to other health professions. Each domain has a descriptor (or working definition) and a contextual statement. The contextual statement (presented in the Domain, Competency, Sub-Competency Table found beginning on page 26) provides a framing for what the domain represents in the context of nursing practice – thus providing an explanation for how the competencies within the domain should be interpreted. The domain designations, descriptors, and contextual statements may evolve over time to reflect future changes in healthcare and nursing practice. Although the domains are presented as discrete entities, the expert practice of nursing requires integration of most of the domains in every practice situation or patient encounter, thus they provide a robust framework for competency-based education. The domains and descriptors used in the *Essentials* are listed below.

- *Domain 1: Knowledge for Nursing Practice*
  Descriptor: Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.

- *Domain 2: Person-Centered Care*
  Descriptor: Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.

- *Domain 3: Population Health*
  Descriptor: Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes

- *Domain 4: Scholarship for Nursing Practice*
  Descriptor: The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care.

- *Domain 5: Quality and Safety*
  Descriptor: Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both

system effectiveness and individual performance.

- *Domain 6: Interprofessional Partnerships*
  Descriptor: Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.

- *Domain 7: Systems-Based Practice*
  Descriptor: Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, equitable care to diverse populations.

- *Domain 8: Information and Healthcare Technologies*
  Descriptor: Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.

- *Domain 9: Professionalism*
  Descriptor: Formation and cultivation of a sustainable professional nursing identity, accountability, perspective, collaborative disposition, and comportment that reflects nursing's characteristics and values.

- *Domain 10: Personal, Professional, and Leadership Development*
  Descriptor: Participation in activities and self-reflection that foster personal health, resilience, and well-being, lifelong learning, and support the acquisition of nursing expertise and assertion of leadership.

Concepts for Nursing Practice

In addition to domains, there are featured concepts associated with professional nursing practice that are integrated within the *Essentials*. A concept is an organizing idea or a mental abstraction that represents important areas of knowledge. A common understanding of each concept is achieved through characteristics and attributes. Many disciplines, like nursing, have numerous concepts. The featured concepts are well-represented in the nursing literature and thus also are found throughout the *Essentials* and verified through a crosswalk analysis. Specifically, the featured concepts are found in the introduction, across the domains (within domain descriptors and contextual statements), and within the competencies and sub- competencies. Although not every concept is found within every domain, each concept is represented in most domains – and all domains have multiple concepts represented.

The featured concepts found within the *Essentials* are not of 'lesser importance' than a domain. Each of these concepts serves as a core component of knowledge, facts, and skills across multiple

situations and contexts within nursing practice. Each concept functions as a hub for transferable knowledge, thus enhancing learning when learners make cognitive links to other information through mental constructs. The integration of concepts within the competencies and sub-competencies is essential for the application throughout the educational experience. As an example, can you imagine delivering person-centered care without also considering diversity, equity, and inclusion? Can you imagine having a conversation about population health without considering ethics and health policy? These concepts truly are interrelated and interwoven within the domains and competencies, serving as a foundation to students' learning. The featured concepts are:

- *Clinical Judgment*
  As one of the key attributes of professional nursing, clinical judgment refers to the process by which nurses make decisions based on nursing knowledge (evidence, theories, ways/patterns of knowing), other disciplinary knowledge, critical thinking, and clinical reasoning (Manetti, 2019). This process is used to understand and interpret information in the delivery of care. Clinical decision making based on clinical judgment, is directly related to care outcomes.

- *Communication*
  Communication, informed by nursing and other theories, is a central component in all areas of nursing practice. Communication is defined as an exchange of information, thoughts, and feelings through a variety of mechanisms. The definition encompasses the various ways people interact with each other, including verbal, written, behavioral, body language, touch, and emotion. Communication also includes intentionality, mutuality, partnerships, trust, and presence. Effective communication between nurses and individuals and between nurses and other health professionals is necessary for the delivery of high quality, individualized nursing care. With increasing frequency communication is delivered through technological modalities. Communication also is a core component of team-based, interprofessional care and closely interrelated with the concept Social Determinants of Health (described below).

- *Compassionate Care*
  As an essential principle of person-centered care, compassionate care refers to the way nurses relate to others as human beings and involves "noticing another person's vulnerability, experiencing an emotional reaction to this, and acting in some way with them in a way that is meaningful for people" (Murray & Tuqiri, 2020). Compassionate care is interrelated with other concepts such as caring, empathy, and respect and is also closely associated with patient satisfaction.

- *Diversity, Equity, and Inclusion*
  Collectively, diversity, equity, and inclusion (DEI) refers to a broad range of individual, population, and social constructs and is adapted in the *Essentials* as one of the most visible concepts. Although these are collectively considered a concept, differentiation of each conceptual element leads to enhanced understanding.

Diversity references a broad range of individual, population, and social characteristics, including but not limited to age; sex; race; ethnicity; sexual orientation; gender identity; family structures; geographic locations; national origin; immigrants and refugees; language; any impairment that substantially limits a major life activity; religious beliefs; and socioeconomic status. Inclusion represents environmental and organizational cultures in which faculty, students, staff, and administrators with diverse characteristics thrive. Inclusive environments require intentionality and embrace differences, not merely tolerate them (AACN, 2017; Bloomberg, 2019). Everyone works to ensure the perspectives and experiences of others are invited, welcomed, acknowledged, and respected in inclusive environments. Equity is the ability to recognize the differences in the resources or knowledge needed to allow individuals to fully participate in society, including access to higher education, with the goal of overcoming obstacles to ensure fairness (Kranich, 2001). To have equitable systems, all people should be treated fairly, unhampered by artificial barriers, stereotypes, or prejudices (Cooper, 2016). Two related concepts that fit within DEI include structural racism and social justice (See the glossary for definitions structural racism and social justice).

- *Ethics*
  Core to professional nursing practice, ethics refers to principles that guide a person's behavior. Ethics is closely tied to moral philosophy involving the study of or examination of morality through a variety of different approaches (Tubbs, 2009). There are commonly accepted principles in bioethics that include autonomy, beneficence, non-maleficence, and justice (ANA 2015; ACNM, 2015; AANA, 2018; ICN, 2012). The study of ethics as it relates to nursing practice has led to the exploration of other relevant concepts, including moral distress, moral hazard, moral community, and moral or critical resilience.

- *Evidence-Based Practice*
  The delivery of optimal health care requires the integration of current evidence and clinical expertise with individual and family preferences. Evidence-based practice is a problem-solving approach to the delivery of health care that integrates best evidence from studies and patient care data with clinician expertise and patient preferences and values (Melnyk, Fineout-Overhold, Stillwell, & Williamson, 2010). In addition there is a need to consider those scientific studies that ask: whose perspectives are solicited, who creates the evidence, how is that evidence created, what questions remain unanswered, and what harm may be created? Answers to these questions are paramount to incorporating meaningful, culturally safe, evidence-based practice (Nursing Mutual Aid, 2020).

- *Health Policy*
  Health policy involves goal directed decision-making about health that is the result of an authorized public decision-making process (Keller & Ridenour, 2021). Nurses play critical roles in advocating for policy that impacts patients and the profession, especially when speaking with a united voice on issues that affect nursing practice and health outcomes.

Nurses can have a profound influence on health policy by becoming engaged in the policy process on many levels, which includes interpreting, evaluating, and leading policy change.

- *Social Determinants of Health*
  Determinants of health, a broader term, include personal, social, economic, and environmental factors that impact health. Social determinants of health, a primary component of determinants of health "are the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks."
  The social determinants of health contribute to wide health disparities and inequities in areas such as economic stability, education quality and access, healthcare quality and access, neighborhood and built environment, and social and community context (Healthy People, 2030). Nursing practices such as assessment, health promotion, access to care, and patient teaching support improvements in health outcomes. The social determinants of health are closely interrelated with the concepts of diversity, equity, and inclusion, health policy, and communication.

Competencies and Sub-Competencies

The competencies identified in this *Essentials* document provide a bridge between the current and future needs of practice and the requisite education to prepare a competent practitioner. Competence develops over time, is progressive, and reflects the impact of internal and external factors and experiences of the student. Internal factors include education, experience, knowledge, and professional orientation, among others. External forces include the complexity of the learning experience and professional autonomy. While knowledge is essential to the development of competence, it does not in and of itself validate competence (Currier, 2019). Rather, learners progress to successive levels of competence by demonstrating achievement of expectations across the span of their education and practice experience. Students are successful when they meet and sustain measurable competence at each level of performance expectation and are able to transfer their competence across different practice experiences and settings (Josiah Macy Foundation, 2017).

All competencies, organized within the 10 domains, are broad in scope and cross all levels and areas of nursing practice. The competency is intentionally written as a short statement; therefore, it is necessary to be familiar with the contextual statement within the parent domain to fully understand the competency. In other words, the competency is interpreted as a component within the domain. It also should be noted that there is intentional overlap of competencies in several domains to account for differences in the competency or sub-competency context in different domains.

Each competency statement has multiple sub-competencies written at two levels to reflect learner expectations for entry-level and advanced nursing education. These sub-competencies are designed to 'paint a picture' of how the competency is achieved at each level. The sub-competencies are designed to be understandable, observable, and measurable by learner, faculty, and future employers. Competencies mature over time and become more sophisticated with

ongoing practice.

A New Model for Nursing Education

These *Essentials* represents a new direction for nursing education, influenced by *AACN's Vision for Academic Nursing* (AACN, 2019), setting in place a new model for preparing professional nurses, which includes a transition to competency-based education. This model provides the structure across education programs and provides a mechanism to adapt to future changes within nursing education.

Currently, multiple educational programs and degree pathways exist that prepare nurses for similar roles. As an example, there are several types of programs and degrees that prepare students to become a registered nurse, and there are multiple education programs and paths to prepare a nurse practitioner (NP) and multiple types of NP certification. These multiple program options confuse external stakeholders as well as those within our own discipline regarding differences between an academic degree and a role – as if the academic degree signifies a specific nursing role. The new model is an intentional departure from the previous versions of the *Essentials* that were aligned to an academic degree. Thus, a primary intent of the *Essentials* is to create more consistency in graduate outcomes, influenced by the robustness of the learning experiences and demonstration of competencies. By emphasizing the attainment of competencies within an academic program, employers will have a clear expectation of knowledge and skill sets of nursing graduates.

Two levels of sub-competencies reflect the educational stages of nurses as they enter professional practice and as they return to school to advance their education (See Figure 1). The first level sub-competencies set the foundation for nurses entering professional practice. These level one (entry-level) competencies are used within curricula for prelicensure preparation as well as professional nursing degree completion pathways for nurses with initial preparation at the associate degree or diploma level. Although learning experiences may vary across individual programs, they provide an opportunity for learners to demonstrate attainment of competencies in multiple and authentic contexts over time (not a 'one and done'/checklist approach).

The second level sub-competencies build and expand the competence of the nurse seeking advanced education in nursing and broadens the breadth of experiences in context and complexity as compared to graduates of entry-level programs. Advanced nursing education affords the student the opportunity to focus on an advanced nursing practice specialty or advanced nursing

practice role. Level 2 sub-competencies form the foundation for all advanced education, and as conceptualized, apply to all advanced nursing practice specialties and advanced nursing practice roles. Referencing Thorne's use of "nursing's angle of vision" reinforces the importance of nurses using the unique knowledge and insight of the profession to inform any practice role and to impact the challenges in health care. Competencies designated for an advanced nursing practice specialty (informatics, administration/practice leadership, public health/population health, health policy) or an advanced practice nursing role (certified nurse practitioner, certified nurse-midwife, certified clinical nurse specialist, certified registered nurse anesthetist) are integrated with and compliment the *Essentials* competencies.

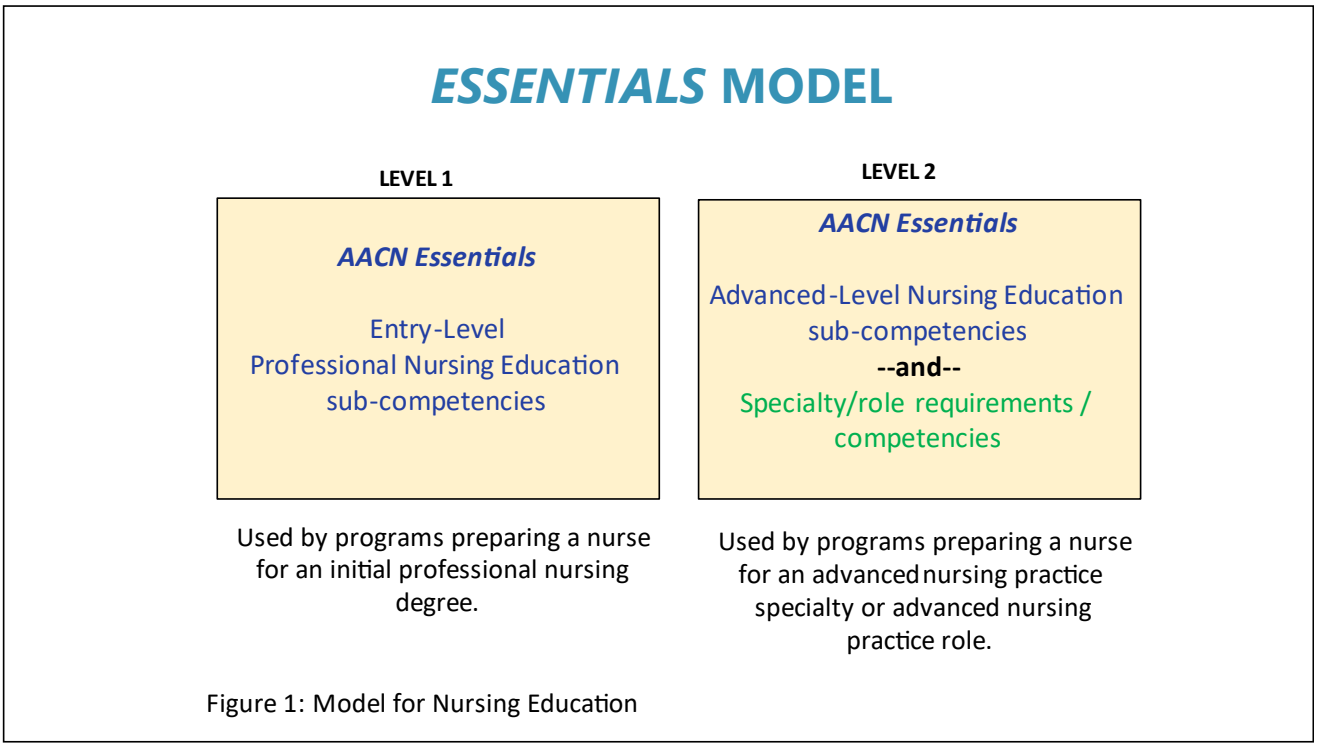

Figure 1: Model for Nursing Education

These *Essentials* represent an opportunity for a future characterized by greater clarity as it relates to expectations of graduates and a more disciplined approach to nursing education. Competencies are used within the academic program as core expectations, thus setting a common standard. Additional elements within a degree plan will allow schools to differentiate degree paths using the same sub-competencies and to distinguish themselves in alignment with various institutional missions. This model adapts to the current state of nursing education, and perhaps more importantly, provides a path for an evolving trajectory for nursing education. Over time, higher education, stakeholder demands, nursing regulatory standards, and economics are among the many forces that will drive the direction and pace of change for nursing education in the future. This model has been designed to adapt to such future changes, not only for the degrees offered, but also for recognized areas of emphasis at the advanced education level by coupling with specialty competencies and/or certification standards.

The *Essentials* do not apply directly to the preparation of nurse researchers in a PhD (or other

nursing research-focused) program. However, the second-level sub-competencies could be used by PhD programs to guide core courses for doctoral nursing, particularly for programs offering baccalaureate to PhD degrees. Additionally, for nursing programs offering both DNP and PhD degrees and/or PhD to DNP or DNP to PhD options, the second-level core sub-competencies could form the basis for shared core courses between the two doctoral degree programs – representing efficiencies in program delivery as well as for more seamless pathways from one degree to the other.

Implementing the *Essentials*: Considerations for Curriculum

The domains, competencies, and concepts presented in the *Essentials* provide the platform for curriculum design and program assessment with an intent to produce consistency in outcomes expected of graduates. Although these are major elements incorporated within a curriculum for learning and assessment, they are not to be interpreted as representing the curriculum in its entirety. In other words, it is not intended for courses within nursing curricula to mirror the 10 domains and eight concepts. Instead, the elements used as the *Essentials* framework (domains, concepts, and competencies) should be integrated throughout and across the curriculum. A scaffolded approach ensures students interface with competencies in multiple contexts and with increasing complexity. Nursing programs have a great deal of flexibility in the development and design of curricula, thus preserving the ability of nursing programs to be unique or innovative.

Outcomes when referred to as student learning outcomes describe the desired outcomes of the graduate at the completion of the program. The student learning outcomes will reflect attainment of all competencies in addition to any relevant specialty/role competencies and other identified expectations. Course design within curricula reflect the expectations of student learning with clear linkage from course objectives/competencies from within and across courses to end of program student learning outcomes, written as course learning outcomes or course competencies. For this reason, course outcomes should link to the *Essentials* competencies and concepts. Intentional teaching strategies are designed and incorporated throughout the curriculum in multiple contexts and with increasing complexity to provide students multiple opportunities for learning and demonstrating competencies. For the foreseeable future, minimum requirements for practicum experiences are deemed important to provide consistent and quality preparation at both the entry- and advanced-levels for professional nursing practice.

Competencies are assessed as the learner progresses throughout the program; therefore, a robust program assessment plan is needed to measure students' achievement of competencies by the end of the program. Some programs may wish to create 'progression indicators' at specified points within a program of study to track learners' achievement of competencies. To demonstrate the integration of competencies across multiple domains with increasing complexity, performance assessments should be integrated in the curriculum throughout the program of study. As such, assessments are performance based and serve as both a learning experience and an evaluation tool. Performance assessment is a multidimensional process, integral to learning, that involves

observation and judgment of each student's performance on the basis of explicit criteria, with feedback to the student for improving learning and competency.

In the previous section, the *Essentials Model* featuring two levels of professional nursing education (entry and advanced) was introduced. While the domains, competencies, and concepts are identical for both entry and advanced levels of education, *sub-competencies* are used to differentiate expectations for entry (Level 1) and advanced (Level 2) professional nursing education (see Figure 1). These two levels of sub-competencies reflect the educational stages of nurses– as they enter professional nursing practice and as they advance their education – regardless of the program of study they are completing to advance their education. The following sections detail the expectations for curricula at each of these two levels.

Entry-Level Professional Nursing Education

Programs preparing nurses to enter professional nursing practice (either through prelicensure preparation or through a degree completion pathway for nurses with initial preparation with an associate or diploma degree) use Level 1 sub-competencies within the curriculum. Entry-level professional nursing programs prepare graduates as a generalist for practice across the lifespan and with diverse populations and in four spheres of practice.

Entry-Level Professional Nursing Degree Options

Pre-licensure Programs
Entry-Level Professional Nursing Education sub-competencies (Level 1) are applied across any curriculum preparing for entry to professional nursing practice. Content learned within prerequisite courses is incorporated into the learning and assessment of the sub-competencies as applicable, and attainment of sub-competencies are applied within prerequisite courses. This does not mean that every sub-competency and concept is applied in every course, but it does mean that sub-competencies are not addressed in one course and then disregarded for the remainder of the program. Outcome measures include evidence of attainment of Level 1 sub-competencies, pass rates on the NCLEX-RN® (for traditional and accelerated tracks), and other institutional requirements.

Post-Licensure Degree Programs
Level 1 core sub-competencies also are used in post-licensure or degree completion, first professional programs. Because learners in these programs are already licensed registered nurses, the Level 1 sub-competencies build on knowledge and skills acquired in their initial nursing education program. Verification of prior competency achievement in some domains may result in a shorter timeframe needed to prepare learners in these programs.

All learners in entry-level professional nursing education programs (pre-licensure and post-licensure [degree-completion] programs) will engage in direct patient care learning activities in all four spheres of care and across the lifespan.

Spheres of Care and Entry-Level Professional Nursing Education

All entry-level professional nurses need knowledge and proficiencies to practice across a variety of settings. Accordingly, curricula for entry-level professional nursing education prepare the learner for generalist practice across the lifespan and with diverse populations, focusing on four spheres of care: promotion of health and well-being/disease prevention; chronic disease care; regenerative or restorative care; and hospice/palliative/supportive care (AACN, 2019; Lipstein, et al, 2016) (Figure 2). Didactic, simulated, laboratory, and clinical learning experiences prepare nurses to practice in these diverse settings. Level 1 sub-competencies apply across the spheres of care, requiring learners to demonstrate competencies in multiple contexts and settings. Demonstration of the Level 1 sub-competencies by the end of the program will enable the new professional nurse to practice as a generalist in any setting with diverse populations and with all ages.

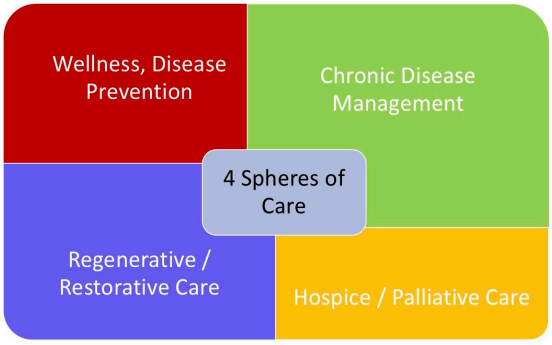

Figure 2: Four Spheres of Care

Although all students will have learning experiences across all four spheres of care, entry-level professional programs could create opportunities for students to gain additional education (through immersion experiences, electives, badges, or certificates) in any of the four spheres. Such a path would allow a graduate to have a defined area of emphasis (if desired) upon graduation, and/or to attain a documented area of emphasis in a post-entry level program certificate option.

Clinical Expectations

Entry-level professional nursing education programs provide rich and varied opportunities for practice experiences (both direct and indirect care experiences) across the four spheres of care, designed to assist the graduate to achieve Level 1 sub-competencies upon completion of the program. Theoretical learning becomes a reality as students are coached to make cognitive connections between the cases or situations presented in the classroom, simulation, or laboratory and in actual practice settings. Clinical experiences also assist the graduate to develop proficiency in cognitive, psychomotor, and affective learning. Clinical experiences are essential for students to care for a variety of individuals, families, groups, and populations across the lifespan and across the four spheres of care. Clinical learning provides opportunities for a student to enhance the provision of care and gain the skills needed to be an effective member of an interprofessional team; thus, interprofessional experiences in a variety of practice settings are essential.

Graduates of all types of entry-level professional nursing education programs need sufficient practice experiences (both direct and indirect care experiences) to demonstrate end-of-program learning outcomes inclusive of all Level 1 sub-competencies. *All learners in entry-level professional nursing education programs (pre-licensure and post-licensure [degree-completion] programs) will engage in direct patient care learning activities in all four spheres of care and across the life span and provide clear evidence of student (Level 1) competency achievement.*

Clinical Sites

Nursing programs are responsible for ensuring clinical placements are safe, supportive, and conducive for learning by individual students or groups of students. The program is responsible for providing sufficient and appropriate clinical sites/placements for students to demonstrate attainment of Level 1 sub-competencies. The program faculty assesses clinical sites to determine that, on the aggregate, clinical experiences provide students learning opportunities to foster interprofessional team practice and to provide care within the four spheres of care and with care recipients from diverse backgrounds and cultures, from different genders and age groups and with different religious and spiritual practices, including those who may be considered most vulnerable. Programs are responsible for informing clinical educators or preceptors about the specific learning that is expected and occurring in didactic and laboratory settings and provide appropriate learning opportunities across settings to reinforce learning as well as demonstrate achievement of competencies (Level 1 sub-competencies) across the 10 *Essentials* domains.

Simulation

Simulation experiences represent an important component of clinical education, serving as a valuable augmentation to direct and indirect care within healthcare settings. Laboratory and simulation experiences provide an effective, safe environment for learning and demonstrating competencies. However, care experiences with actual individuals or groups continue to be the most important component of clinical education. A landmark study conducted by the National Council of State Boards of Nursing concluded that for pre-licensure students "substituting high-quality simulation experiences for up to half of traditional clinical hours produces comparable end-of-program educational outcomes" (Hayden, et al, 2014, p. S3). Simulation cannot substitute for all direct care practice experiences in any one sphere or for any one age group. Also, simulation learning experiences should align with best practice standards such as those developed by the International Nursing Association for Clinical Simulation and Learning (INACSL) or the Society for Simulation in Healthcare (SSH). The use of simulation in the curriculum as a replacement of direct patient clinical/practice hours or experiences is also determined by requirements of regulatory entities (i.e. licensing and accrediting bodies).

Practice Synthesis Experience/Immersion

Development of competency attainment is facilitated through use of focused and sustained practice experiences. Immersion experiences provide the learner with the opportunity to integrate the Level 1 sub-competencies. Entry-level professional nursing programs (pre-and post-licensure) must develop immersion or synthesis experiences that allow students to integrate learning and gain experience that facilitates transition into practice. Such experiences provide opportunities to enact principles of the nursing discipline and for building clinical reasoning, management of care, and assessment of clinical outcomes. These opportunities increase the student's self-confidence, professional identity, and sense of belonging within the profession. Immersion experiences also allow students to integrate previous learning and demonstrate competencies in more complex situations and contexts. Immersion experiences may afford the student an opportunity to focus on a population of interest and clinical role. The immersion experience may occur towards the end of the program as a culminating synthesis experience; and/or there may be one or more immersion

experiences at various points in a curriculum. The key is to provide for a concentrated practice experience that approximates professional practice expectations (Fowler, et al, 2018; Tratnack, et al, 2011).

Advanced-Level Nursing Education

Nursing programs preparing nurses to advance their education beyond entry-level professional nursing practice will incorporate advanced-level nursing education (Level 2) sub-competencies. Advanced-level nursing education programs (degree granting and advanced nursing practice post-graduate certificate programs) intentionally build on Level 1 sub-competencies. Although Level 2 sub-competencies have been written with doctoral education in mind, the actual differentiator for the degree attained does not lie within the sub-competencies themselves, but rather the degree/program requirements – such as the DNP project (described below), role/specialty requirements, and other requirements set by the faculty and institution. While it is not expected that every sub-competency and concept will be applied in every course, sub-competencies are not to be isolated in one or two courses and then disregarded for the rest of the program.

Advanced-level nursing education programs prepare graduates for practice in an advanced nursing practice specialty (informatics, administration/practice leadership, public health/population health, health policy) or an advanced practice nursing role (certified nurse practitioner, certified nurse-midwife, certified clinical nurse specialist, certified registered nurse anesthetist). Advanced-level nursing education programs focus on providing specialty knowledge for graduates to enact specific advanced practice nursing roles or assume advanced nursing specialty practice within the healthcare system. For this reason, specialty competencies, defined by nationally recognized, specialty organizations, represent a major component of advanced-level nursing education programs. Specialty competencies complement and build upon the Level 2 sub-competencies. All graduates of an advanced nursing education program are prepared and eligible for national, advanced nursing practice specialty certification or advanced nursing practice role certification when available. It is noteworthy that specialties evolve over time and new specialties may emerge.

All DNP programs (post-baccalaureate and post-master's) demonstrate that graduates attain and integrate Level-2 sub-competencies and competencies for at least one advanced nursing practice specialty or advanced nursing practice role.

Individuals should seek to advance disciplinary expertise in a chosen nursing specialty or advanced nursing practice role. This expertise is critical to advancing the profession, to expand the influence of the profession for the transformation of health care, and to ensure an informed disciplinary perspective for teaching in the discipline. Advancing education in nursing with the emphasis on teaching and learning alone does not fulfill the achievement of disciplinary expertise. Excellence as an educator is achieved by the collective enterprise for faculty teaching and learning afforded by institutions and applied to discipline-specific teaching.

Advanced Level Practicum Experiences

Advanced-level nursing education programs provide rich and varied opportunities for practice experiences (both direct and indirect care experiences) to prepare graduates with the Level 2 sub-competencies as well as applicable advanced nursing practice specialty/advanced nursing practice role competencies and requirements. Practice experiences build on Level-1 sub-competency achievement and are designed to assist the graduate to achieve Level 2 sub-competencies and applicable specialty competencies upon completion of the program. Practice experiences are required to integrate didactic learning, promote innovative thinking, and test new potential solutions to clinical practice or system issues. Therefore, the development of new skills and practice expectations can be facilitated through use of creative learning opportunities in diverse settings.

All graduates of advanced-level nursing education programs have structured, faculty-designed practice experiences, which may include precepted experiences with faculty oversight and/or experiences with direct faculty supervision. The program is responsible for providing sufficient and appropriate clinical sites/placements for students to demonstrate attainment of Level 2 sub-competencies and applicable specialty competencies. Clinical/practice learning experiences may be accomplished through diverse methodologies, including simulation and virtual technology, and assist the graduate to develop greater proficiency in these competencies, including cognitive, psychomotor, and affective competencies. Use of simulation should align with specialty requirements.

All advanced education practicum experiences must have faculty oversight and be verified and documented as a component of a formal course or plan of study. Programs provide practice placements that are safe, supportive, and conducive for learning. The nursing program faculty determine and assess practice sites to ensure that the site supports student learning with the intended population or scope of practice. Faculty, students, and preceptors must be well informed about the specific competencies that are integrated in the didactic, laboratory, and practice experiences and the method(s) to assess the achievement of the competencies.

Competency Attainment and Practice Experiences
All learners in advanced nursing education programs engage in practice learning activities (both direct and indirect care experiences). Graduates of all advanced nursing education programs need sufficient clinical/practice experiences to demonstrate end-of-program student outcomes, Level 2 sub-competencies, and competencies required by applicable national, specialty organizations and/or for national advanced nursing practice specialty or advanced nursing practice role certification. Programs document clear evidence of competency achievement.

Advanced Education Clinical/Practice Hours
The application of competency-based education to prepare advanced nursing professionals inherently calls to question the role of more traditional time-based requirements. In this *Essentials* model, there is an emphasis on ensuring that all nurses pursuing advanced education attain Level 2 sub-competencies as well as competencies required for an advanced nursing practice specialty or advanced nursing practice role being pursued. The number of required practice (direct and indirect care) hours vary based on advanced specialty/role requirements. These *Essentials* represent a commitment that required hours prepare a consistent product in terms of breadth of preparation

and quality to reinforce confidence in our graduates by nursing practice colleagues, other health professionals, and consumers.

Some learners will achieve select competency outcomes more quickly than others. “One and done”, however, does not demonstrate the progressive and consistent nature of competency attainment and the assessment necessary in nursing professional education. Repetition plays a role in reinforcing previously acquired knowledge, skills, values, and attitudes. Repetition also allows for intentional and unintentional complexities and context nuances to be introduced, thus building on minimum competency thresholds. Given the paucity of evidence to support specific experience quantities, case numbers, or hourly requirements that should be achieved, a minimum threshold of hours of practice engagement remains necessary at this time.

The specific clinical/practice experiences and number of practice hours and/or credit hours required depends on these *Essentials*, advanced nursing practice specialty and advanced nursing practice role requirements, and regulatory standards for specialty certifications and licensure. The program must include adequate experiences (in terms of time, diversity, depth, and breadth) to allow attainment and demonstration of all relevant competencies (Level 2 sub-competencies and applicable specialty/role competences and other requirements) and successful transition to practice demonstrated through program outcomes. The number of in-person practice hours will vary based on student needs and curriculum design. ***Participation in a minimum of 500 practice hours in the discipline of nursing, post entry-level education, and attainment of Level-1 sub-competencies is required for demonstration of the advanced level sub-competencies.*** Some students may require more. These practice hours also provide a foundation for the additional time-based requirements set by specialty organizations or external licensing/certifying bodies, which will require additional practice time for preparation in advanced nursing specialties or advanced nursing practice roles. Hours of practice do not necessarily need to be delineated by competency type (*Essentials* or specialty/role). Some, but not all, Level 2 sub-competencies and/or specialty/role competencies may be demonstrated and assessed concurrently. It is expected that faculty create clinical/practice learning experiences that provide for active learning, repetition, interprofessional engagement, and successive levels of difficulty. As the strength of evidence to support valid and reliable assessment techniques builds, the role of practice experiences and number of hours (e.g. time-based requirements) may evolve in the future.

Immersion Practicum Experiences

Development of competency attainment is facilitated through use of focused and sustained practice experiences. Immersion experiences, expected in advanced nursing education programs, provide the learner with the opportunity to integrate the advanced level sub-competencies and applicable specialty competencies. An immersion also provides an opportunity for the learner to focus on a population of interest, an advanced nursing role, or specialty area of study. Placement of integrated or immersion experiences may vary and depend upon the program’s design, curriculum, and specialty requirements.

Simulation

Simulation experiences represent an important component of clinical/practice education, serving as a valuable augmentation to direct clinical care or practice within healthcare settings. Laboratory and simulation experiences provide an effective, safe environment for learning and demonstrating competencies, particularly high-risk and low-frequency experiences. However, practice experiences in actual practice settings continue to represent the most important component of nursing practice education and are required in advanced nursing programs for the learning and demonstration of the Level-2 sub-competencies and integration of specialty competencies. Simulation learning experiences align with best practice standards such as those developed by the International Nursing Association for Clinical Simulation and Learning (INACSL) or the Society for Simulation in Healthcare (SSH). The use of simulation in the curriculum as a replacement of direct patient clinical/practice hours or experiences is also determined by requirements of national specialty education, certification entities, and regulatory entities.

Practice experiences may include simulated experiences for the attainment of a portion of the Level 2 sub-competencies, particularly for experiences that are high risk and low frequency or may not be available to all students, and in accordance with requirements set forth by specialty organizations and/or licensing/certifying bodies. Regardless of the design of the experiences, programs are expected to document attainment of these sub-competencies through varied and comprehensive assessment methods across the curriculum.

DNP Scholarly Project/Product

There are many past, present, and projected healthcare dilemmas that call for healthcare transformation. Nurses, as members of the healthcare team, are expected to assume a prominent role in addressing these dilemmas. Nurses cannot be expected to significantly impact healthcare transformation unless their educational preparation provides them with opportunities to learn and employ scholarship, leadership, and teamwork skills to advance practice. *A scholarly work that aims to improve clinical practice, therefore, is required of students completing a practice doctorate in nursing.* Collaboration with practice partners whenever possible will maximize the impact of the student experience.

The scholarly work may take on various final forms depending on the academic institution's requirements and the student's area (specialty or role) of study/practice. Key elements of the scholarly work include problem identification; a search, analysis, and synthesis of the literature and evidence; translating evidence to construct a strategy or method to address a problem; designing a plan for implementation and actual implementation when possible, and an evaluation of the outcomes, process, and/or experience. Faculty may identify additional elements deemed necessary to meet the expected outcomes of the curriculum. Programs are encouraged to support innovation in the design and dissemination of the final project without reducing the substantive nature of the work. A literature review that lacks applicability to affect a practice improvement or the other elements identified above would not constitute a scholarly work that aligns with this *Essentials*. Model. Similarly, a portfolio may be used as a tool to enhance the development and presentation of a project but may not be the sole deliverable product of the student's scholarly work.

The scholarly work should not be a separate disaggregated part of the plan of study. Instead, faculty

should consider how the development of the scholarly work is integrated throughout the curriculum, allowing for dissemination of the results prior to program completion. The intent is that this scholarly work reflects the longitudinal attainment of advanced level sub-competencies, going across the curriculum and allowing for the evolution of ideas. There also is a need to ensure an understanding by the student of the connection between the scholarly work and application to future practice. This will promote integration of advanced nursing education competencies into future practice.

Dissemination methods for the scholarly work are determined by the student in consultation with the faculty and may include a variety of methods. Dissemination may include a final written product that is presented to a defined group of stakeholders, such as members of the practice and/or university community or participants at a local, state, or national professional meeting. Other possible examples of dissemination include poster presentations, a manuscript under review and/or submission for publication, an educational presentation, or a podcast.

Faculty with appropriate specialty and academic credentials are involved in the planning, formation, and evaluation of the student's scholarly work. In some instances, additional experts/mentors/ partners/facilitators can be formal or informal collaborators and provide intermittent or limited support throughout the project phases as needed. Evaluation of the student's scholarly work may include a combination of methods, including faculty, expert, and/or peer evaluation. Programs tailor scholarly work evaluation and approval processes per institution's, the program's, and/or appropriate committee's requirements. Evaluation of the final DNP project is the responsibility of the faculty.

In summary:

- These program requirements do not modify any additional requirements for any advanced specialty or role preparation, including the requirement for all Advanced Practice Registered Nurse (APRNs) education to include three graduate-level courses delineated in The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education (2006) (see glossary).

- All graduates of an advanced-level nursing education program are prepared for practice in an advanced nursing specialty (informatics, administration/practice leadership, public health/population health, or health policy) or for an advanced nursing practice role (nurse practitioner, certified nurse-midwife, certified clinical nurse specialist, certified registered nurse anesthetist).

- All DNP students will complete a scholarly project/project which will be evaluated by faculty; DNP students will demonstrate the attainment and integration of the Level 1 sub-competencies, Level 2 sub-competencies, and advanced specialty/role competencies into practice.

Domains, Competencies, and Sub-Competencies for Entry-level Professional Nursing Education and Advanced-level Nursing Education

Domain 1: Knowledge for Nursing Practice

Descriptor: Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.

Contextual Statement: Knowledge for Nursing Practice provides the context for understanding nursing as a scientific discipline. The lens of nursing, informed by nursing history, knowledge, and science, reflects nursing's desire to incorporate multiple perspectives into nursing practice, leading to nursing's unique way of knowing and caring.

Preparation in both liberal arts and sciences and professional nursing coursework provides graduates with the essential abilities to function as independent, intellectually curious, socially responsible, competent practitioners (Tobbell, 2018). A liberal education creates the foundation for the development of intellectual and practical abilities within the context of nursing. Further, liberal education is the key to understanding self and others; contributes to safe, quality care; and informs the development of clinical judgment.

Entry-Level Professional Nursing Education	Advanced-Level Nursing Education
1.1 Demonstrate an understanding of the discipline of nursing's distinct perspective and where shared perspectives exist with other disciplines	
1.1a Identify concepts, derived from theories from nursing and other disciplines, which distinguish the practice of nursing.	1.1e Translate evidence from nursing science as well as other sciences into practice.
1.1b Apply knowledge of nursing science that develops a foundation for nursing practice.	1.1f Demonstrate the application of nursing science to practice.
1.1c Understand the historical foundation of nursing as the relationship developed between the individual and nurse.	1.1g Integrate an understanding of nursing history in advancing nursing's influence in health care.

1.1d Articulate nursing's distinct perspective to practice.	
1.2 Apply theory and research-based knowledge from nursing, the arts, humanities, and other sciences.	
1.2a Apply or employ knowledge from nursing science as well as the natural, physical, and social sciences to build an understanding of the human experience and nursing practice.	1.2f Synthesize knowledge from nursing and other disciplines to inform education, practice, and research.
1.2b Demonstrate intellectual curiosity.	1.2g Apply a systematic and defendable approach to nursing practice decisions.
1.2c Demonstrate social responsibility as a global citizen who fosters the attainment of health equity for all.	1.2h Employ ethical decision making to assess, intervene, and evaluate nursing care.
1.2d Examine influence of personal values in decision making for nursing practice.	1.2i Demonstrate socially responsible leadership.
1.2e Demonstrate ethical decision making.	1.2j Translate theories from nursing and other disciplines to practice.
1.3 Demonstrate clinical judgment founded on a broad knowledge base.	
1.3a Demonstrate clinical reasoning.	1.3d Integrate foundational and advanced specialty knowledge into clinical reasoning.
1.3b Integrate nursing knowledge (theories, multiple ways of knowing, evidence) and knowledge from other disciplines and inquiry to inform clinical judgment.	1.3e Synthesize current and emerging evidence to Influence practice.
1.3c Incorporate knowledge from nursing and other disciplines to support clinical judgment.	1.3f Analyze decision models from nursing and other knowledge domains to improve clinical judgment.

Domain 2: Person-Centered Care

Descriptor: Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.

Contextual Statement: Person-centered care is the core purpose of nursing as a discipline. This purpose intertwines with any functional area of nursing practice, from the point of care where the hands of those that give and receive care meet, to the point of systems-level nursing leadership. Foundational to person-centered care is respect for diversity, differences, preferences, values, needs, resources, and the determinants of health unique to the individual. The person is a full partner and the source of control in team-based care. Person-centered care requires the intentional presence of the nurse seeking to know the totality of the individual's lived experiences and connections to others (family, important others, community). As a scientific and practice discipline, nurses employ a relational lens that fosters mutuality, active participation, and individual empowerment. This focus is foundational to educational preparation from entry to advanced levels irrespective of practice areas.

With an emphasis on diversity, equity, and inclusion, person-centered care is based on best evidence and clinical judgment in the planning and delivery of care across time, spheres of care, and developmental levels. Contributing to or making diagnoses is one essential aspect of nursing practice and critical to an informed plan of care and improving outcomes of care (Olson et al, 2019). Diagnoses at the system-level are equally as relevant, affecting operations that impact care for individuals. Person-centered care results in shared meaning with the healthcare team, recipient of care, and the healthcare system, thus creating humanization of wellness and healing from birth to death.

Entry-Level Professional Nursing Education	**Advanced-Level Nursing Education**
2.1 Engage with the individual in establishing a caring relationship.	
2.1a Demonstrate qualities of empathy.	2.1d Promote caring relationships to effect positive outcomes.
2.1b Demonstrate compassionate care.	2.1e Foster caring relationships.
2.1c Establish mutual respect with the individual and family.	

2.2 Communicate effectively with individuals.	
2.2a Demonstrate relationship-centered care.	2.2g Demonstrate advanced communication skills and techniques using a variety of modalities with diverse audiences.
2.2b Consider individual beliefs, values, and personalized information in communications.	2.2h Design evidence-based, person-centered engagement materials.
2.2c Use a variety of communication modes appropriate for the context.	2.2i Apply individualized information, such as genetic/genomic, pharmacogenetic, and environmental exposure information in the delivery of personalized health care.
2.2d Demonstrate the ability to conduct sensitive or difficult conversations.	2.2j Facilitate difficult conversations and disclosure of sensitive information.
2.2e Use evidence-based patient teaching materials, considering health literacy, vision, hearing, and cultural sensitivity.	
2.2f Demonstrate emotional intelligence in communications.	
2.3 Integrate assessment skills in practice.	
2.3a Create an environment during assessment that promotes a dynamic interactive experience.	2.3h Demonstrate that one's practice is informed by a comprehensive assessment appropriate to the functional area of advanced nursing practice.
2.3b Obtain a complete and accurate history in a systematic manner.	
2.3c Perform a clinically relevant, holistic health assessment.	

2.3d Perform point of care screening/diagnostic testing (e.g. blood glucose, PO2, EKG).	
2.3e Distinguish between normal and abnormal health findings.	
2.3f Apply nursing knowledge to gain a holistic perspective of the person, family, community, and population.	
2.3g Communicate findings of a comprehensive assessment.	
2.4 Diagnose actual or potential health problems and needs.	
2.4a Synthesize assessment data in the context of the individual's current preferences, situation, and experience.	2.4f Employ context driven, advanced reasoning to the diagnostic and decision-making process.
2.4b Create a list of problems/health concerns.	2.4g Integrate advanced scientific knowledge to guide decision making.
2.4c Prioritize problems/health concerns.	
2.4d Understand and apply the results of social screening, psychological testing, laboratory data, imaging studies, and other diagnostic tests in actions and plans of care.	
2.4e Contribute as a team member to the formation and improvement of diagnoses.	
2.5 Develop a plan of care.	
2.5a Engage the individual and the team in plan development.	2.5h Lead and collaborate with an interprofessional team to develop a comprehensive plan of care.
2.5b Organize care based on mutual health goals.	2.5i Prioritize risk mitigation strategies to prevent or reduce adverse outcomes.

2.5c Prioritize care based on best evidence.	2.5j Develop evidence-based interventions to improve outcomes and safety.
2.5d Incorporate evidence-based intervention to improve outcomes and safety.	2.5k Incorporate innovations into practice when evidence is not available.
2.5e Anticipate outcomes of care (expected, unexpected, and potentially adverse).	
2.5f Demonstrate rationale for plan.	
2.5g Address individuals' experiences and perspectives in designing plans of care.	
2.6 Demonstrate accountability for care delivery.	
2.6a Implement individualized plan of care using established protocols.	2.6e Model best care practices to the team.
2.6b Communicate care delivery through multiple modalities.	2.6f Monitor aggregate metrics to assure accountability for care outcomes.
2.6c Delegate appropriately to team members.	2.6g Promote delivery of care that supports practice at the full scope of education.
2.6d Monitor the implementation of the plan of care.	2.6h Contribute to the development of policies and processes that promote transparency and accountability.
	2.6i Apply current and emerging evidence to the development of care guidelines/tools.
	2.6j Ensure accountability throughout transitions of care across the health continuum.
2.7 Evaluate outcomes of care.	

2.7a Reassess the individual to evaluate health outcomes/goals.	2.7d Analyze data to identify gaps and inequities in care and monitor trends in outcomes.
2.7b Modify plan of care as needed.	2.7e Monitor epidemiological and system-level aggregate data to determine healthcare outcomes and trends.
2.7c Recognize the need for modifications to standard practice.	2.7f Synthesize outcome data to inform evidence-based practice, guidelines, and policies.
2.8 Promote self-care management.	
2.8a Assist the individual to engage in self-care management.	2.8f Develop strategies that promote self-care management.
2.8b Employ individualized educational strategies based on learning theories, methodologies, and health literacy.	2.8g Incorporate the use of current and emerging technologies to support self-care management.
2.8c Educate individuals and families regarding self-care for health promotion, illness prevention, and illness management.	2.8h Employ counseling techniques, including motivational interviewing, to advance wellness and self-care management.
2.8d Respect individuals and families' self-determination in their healthcare decisions.	2.8i Evaluate adequacy of resources available to support self-care management.
2.8e Identify personal, system, and community resources available to support self-care management.	2.8j Foster partnerships with community organizations to support self-care management.
2.9 Provide care coordination.	
2.9a Facilitate continuity of care based on assessment of assets and needs.	2.9f Evaluate communication pathways among providers and others across settings, systems, and communities.
2.9b Communicate with relevant stakeholders across health systems.	2.9g Develop strategies to optimize care coordination and transitions of care.

2.9c Promote collaboration by clarifying responsibilities among individual, family, and team members.	2.9h Guide the coordination of care across health systems.
2.9d Recognize when additional expertise and knowledge is needed to manage the patient.	2.9i Analyze system-level and public policy influence on care coordination.
2.9e Provide coordination of care of individuals and families in collaboration with care team.	2.9j Participate in system-level change to improve care coordination across settings.

Domain 3: Population Health

Descriptor: Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes. (Kindig & Stoddart, 2003; Kindig, 2007; Swartout & Bishop, 2017; CDC, 2020).

Contextual Statement: A population is a discrete group that the nurse and others care for across settings at local, regional, national, and global levels. Population health spans the healthcare delivery continuum, including public health, acute care, ambulatory care, and long-term care. Population health also encompasses collaborative activities among stakeholders – all relevant individuals and organizations involved in care, including patients and communities themselves - for the improvement of a population's health status. The purpose of these collaborative activities, including development of interventions and policies, is to strive towards health equity and improved health for all. Diversity, equity, inclusion, and ethics must be emphasized and valued. Accountability for outcomes is shared by all, since outcomes arise from multiple factors that influence the health of a defined group. Population health includes population management through systems thinking, including health promotion and illness prevention, to achieve population health goals (Storfjell, Wehtle, Winslow, & Saunders, 2017). Nurses play a critical role in advocating for, developing, and implementing policies that impact population health globally and locally. In addition, nurses respond to crises and provide care during emergencies, disasters, epidemics, or pandemics. They play an essential role in system preparedness and ethical response initiatives. Although each type of public health emergency will likely require a unique set of competencies, preparedness for responding begins with a population health perspective and a particular focus on surveillance, prevention, and containment of factors contributing to the emergency.

Entry-Level Professional Nursing Education	Advanced-Level Nursing Education
3.1 Manage population health.	
3.1a Define a target population including its functional and problem-solving capabilities (anywhere in the continuum of care).	3.1j Assess the efficacy of a system's capability to serve a target sub-population's healthcare needs.
3.1b Assess population health data.	3.1k Analyze primary and secondary population health data for multiple populations against relevant benchmarks.
3.1c Assess the priorities of the community and/or the affected clinical population.	3.1l Use established or evolving methods to determine population-focused priorities for care.
3.1d Compare and contrast local, regional, national, and global benchmarks to identify health patterns across populations.	3.1m Develop a collaborative approach with relevant stakeholders to address population healthcare needs, including evaluation methods.
3.1 e Apply an understanding of the public health system and its interfaces with clinical health care in addressing population health needs.	3.1n Collaborate with appropriate stakeholders to implement a sociocultural and linguistically responsive intervention plan.
3.1f Develop an action plan to meet an identified need(s), including evaluation methods.	
3.1g Participate in the implementation of sociocultural and linguistically responsive interventions.	

3.1h Describe general principles and practices for the clinical management of populations across the age continuum.	
3.1i Identify ethical principles to protect the health and safety of diverse populations.	
3.2 Engage in effective partnerships.	
3.2a Engage with other health professionals to address population health issues.	3.2d Ascertain collaborative opportunities for individuals and organizations to improve population health.
3.2b Demonstrate effective collaboration and mutual accountability with relevant stakeholders.	3.2e Challenge biases and barriers that impact population health outcomes.
3.2c Use culturally and linguistically responsive communication strategies.	3.2f Evaluate the effectiveness of partnerships for achieving health equity.
	3.2g Lead partnerships to improve population health outcomes.
	3.2h Assess preparation and readiness of partners to organize during natural and manmade disasters.
3.3 Consider the socioeconomic impact of the delivery of health care.	
3.3a Describe access and equity implications of proposed intervention(s).	3.3c Analyze cost-benefits of selected population-based interventions.
3.3b Prioritize patient-focused and/or community action plans that are safe, effective, and efficient in the context of available resources.	3.3d Collaborate with partners to secure and leverage resources necessary for effective, sustainable interventions.
	3.3e Advocate for interventions that maximize cost-effective, accessible, and equitable resources for populations.

	3.3f Incorporate ethical principles in resource allocation in achieving equitable health.
3.4 Advance equitable population health policy.	
3.4a Describe policy development processes.	3.4f Identify opportunities to influence the policy process.
3.4b Describe the impact of policies on population outcomes, including social justice and health equity.	3.4g Design comprehensive advocacy strategies to support the policy process.
3.4c Identify best evidence to support policy development.	3.4h Engage in strategies to influence policy change.
3.4d Propose modifications to or development of policy based on population findings.	3.4i Contribute to policy development at the system, local, regional, or national levels.
3.4e Develop an awareness of the interconnectedness of population health across borders.	3.4j Assess the impact of policy changes.
	3.4k Evaluate the ability of policy to address disparities and inequities within segments of the population.
	3.4l Evaluate the risks to population health associated with globalization.
3.5 Demonstrate advocacy strategies.	
3.5a Articulate a need for change.	3.5f Appraise advocacy priorities for a population.
3.5b Describe the intent of the proposed change.	3.5g Strategize with an interdisciplinary group and others to develop effective advocacy approaches.
3.5c Define stakeholders, including members of the community and/or clinical populations, and their level of influence.	3.5h Engage in relationship-building activities with stakeholders at any level of influence, including system, local, state, national, and/or global.

3.5d Implement messaging strategies appropriate to audience and stakeholders.	3.5i Demonstrate leadership skills to promote advocacy efforts that include principles of social justice, diversity, equity, and inclusion.
3.5e Evaluate the effectiveness of advocacy actions.	
3.6 Advance preparedness to protect population health during disasters and public health emergencies.	
3.6a Identify changes in conditions that might indicate a disaster or public health emergency.	3.6f Collaboratively initiate rapid response activities to protect population health.
3.6b Understand the impact of climate change on environmental and population health.	3.6g Participate in ethical decision making that includes diversity, equity, and inclusion in advanced preparedness to protect populations.
3.6c Describe the health and safety hazards of disasters and public health emergencies.	3.6h Collaborate with interdisciplinary teams to lead preparedness and mitigation efforts to protect population health with attention to the most vulnerable populations.
3.6d Describe the overarching principles and methods regarding personal safety measures, including personal protective equipment (PPE).	3.6i Coordinate the implementation of evidence-based infection control measures and proper use of personal protective equipment.
3.6e Implement infection control measures and proper use of personal protective equipment.	3.6j Contribute to system-level planning, decision making, and evaluation for disasters and public health emergencies.

Domain 4: Scholarship for the Nursing Discipline

Descriptor: The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and

transform health care (AACN, 2018).

Contextual Statement: Nursing scholarship informs science, enhances clinical practice, influences policy, and impacts best practices for educating nurses as clinicians, scholars, and leaders. Scholarship is inclusive of discovery, application, integration, and teaching. While not all inclusive, the scholarship of discovery includes primary empirical research, analysis of large data sets, theory development, and methodological studies. The scholarship of practice interprets, draws together, applies, and brings new insight to original research (Boyer, 1990; AACN 2018).

Knowledge of the basic principles of the research process, including the ability to critique research and determine its applicability to nursing's body of knowledge, is critical. Ethical comportment in the conduct and dissemination of research and advocacy for human subjects are essential components of nursing's role in the process of improving health and health care. Whereas the research process is the generation of new knowledge, evidence-based practice (EBP) is the process for the application, translation, and implementation of best evidence into clinical decision-making. While evidence may emerge from research, EBP extends beyond just data to include patient preferences and values as well as clinical expertise. Nurses, as innovators and leaders within the interprofessional team, use the uniqueness of nursing in nurse-patient relationships to provide optimal care and address health inequities, structural racism, and systemic inequity.

Entry-Level Professional Nursing Education	**Advanced-Level Nursing Education**
4.1 Advance the scholarship of nursing.	
4.1a Demonstrate an understanding of different approaches to scholarly practice.	4.1h Apply and critically evaluate advanced knowledge in a defined area of nursing practice.
4.1b Demonstrate application of different levels of evidence.	4.1i Engage in scholarship to advance health.
4.1c Apply theoretical framework(s)/models in practice.	4.1j Discern appropriate applications of quality improvement, research, and evaluation methodologies.
4.1d Demonstrate an understanding of basic elements of the research process.	4.1k Collaborate to advance one's scholarship.

4.1e Participate in scholarly inquiry as a team member.	4.1l Disseminate one's scholarship to diverse audiences using a variety of approaches or modalities.
4.1f Evaluate research.	4.1m Advocate within the interprofessional team and with other stakeholders for the contributions of nursing scholarship.
4.1g Communicate scholarly findings.	
4.2 Integrate best evidence into nursing practice.	
4.2a Evaluate clinical practice to generate questions to improve nursing care.	4.2f Use diverse sources of evidence to inform practice.
4.2b Evaluate appropriateness and strength of the evidence.	4.2g Lead the translation of evidence into practice.
4.2c Use best evidence in practice.	4.2h Address opportunities for innovation and changes in practice.
4.2d Participate in the implementation of a practice change to improve nursing care.	4.2i Collaborate in the development of new/revised policy or regulation in the light of new evidence.
4.2e Participate in the evaluation of outcomes and their implications for practice.	4.2 j Articulate inconsistencies between practice policies and best evidence.
	4.2k Evaluate outcomes and impact of new practices based on the evidence.
4.3 Promote the ethical conduct of scholarly activities.	
4.3a Explain the rationale for ethical research guidelines, including Institutional Review Board (IRB) guidelines.	4.3e Identify and mitigate potential risks and areas of ethical concern in the conduct of scholarly activities.
4.3b Demonstrate ethical behaviors in scholarly projects including quality improvement and EBP initiatives.	4.3f Apply IRB guidelines throughout the scholarship process.

4.3c Advocate for the protection of participants in the conduct of scholarly initiatives.	4.3g Ensure the protection of participants in the conduct of scholarship.
4.3d Recognize the impact of equity issues in research.	4.3h Implement processes that support ethical conduct in practice and scholarship.
	4.3i Apply ethical principles to the dissemination of nursing scholarship.

Domain 5: Quality and Safety

Descriptor: Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.

Contextual Statement: Provision of safe, quality care necessitates knowing and using established and emerging principles of safety science in care delivery. Quality and safety encompass provider and recipient safety and the recognition of synergy between the two. Quality or safety challenges are viewed primarily as the result of system failures, as opposed to the errors of an individual. In an environment fostering quality and safety, caregivers are empowered and encouraged to promote safety and take appropriate action to prevent and report adverse events and near misses. Fundamental to the provision of safe, quality care, providers of care adopt, integrate, and disseminate current practice guidelines and evidence-based interventions.

Safety is inclusive of attending to work environment hazards, such as violence, burnout, ergonomics, and chemical and biological agents; there is a synergistic relationship between employee safety and patient safety. A safe and just environment minimizes risk to both recipients and providers of care. It requires a shared commitment *to create and maintain* a physically, psychologically, secure, and just environment. Safety demands an obligation to remain non-punitive in detecting, reporting, and analyzing errors, possible exposures, and near misses when they occur.

Quality and safety are interdependent, as safety is a necessary attribute of quality care. For quality health care to exist, care must be safe, effective, timely, efficient, equitable, and person-centered. Quality care is the extent to which care services improve desired health outcomes and are consistent with patient preferences and current professional knowledge (IOM, 2001). Additionally, quality care includes collaborative engagement with the recipient of care in assuming responsibility for health promotion and illness treatment behaviors. Quality care both improves desired health outcomes, and prevents harm (IOM, 2001). Addressing contributors and barriers to quality and safety, at both individual and system levels, are necessary. Essentially, everyone in health care is responsible for quality care and patient safety. Nurses are uniquely positioned to lead or co-lead teams that address the improvement of quality and safety because of their knowledge and ethical code (ANA Code of Ethics, 2015). Increasing complexity of care has contributed to continued gaps in healthcare safety.

Entry-Level Professional Nursing Education	Advanced-Level Nursing Education
5.1 Apply quality improvement principles in care delivery.	

5.1a Recognize nursing's essential role in improving healthcare quality and safety.	5.1i Establish and incorporate data driven benchmarks to monitor system performance.
5.1b Identify sources and applications of national safety and quality standards to guide nursing practice.	5.1j Use national safety resources to lead team-based change initiatives.
5.1c Implement standardized, evidence-based processes for care delivery.	5.1k Integrate outcome metrics to inform change and policy recommendations.
5.1d Interpret benchmark and unit outcome data to inform individual and microsystem practice.	5.1l Collaborate in analyzing organizational process improvement initiatives.
5.1e Compare quality improvement methods in the delivery of patient care.	5.1m Lead the development of a business plan for quality improvement initiatives.
5.1f Identify strategies to improve outcomes of patient care in practice.	5.1n Advocate for change related to financial policies that impact the relationship between economics and quality care delivery.
5.1g Participate in the implementation of a practice change.	5.1o Advance quality improvement practices through dissemination of outcomes.
5.1h Develop a plan for monitoring quality improvement change.	
5.2 Contribute to a culture of patient safety.	
5.2a Describe the factors that create a culture of safety.	5.2g Evaluate the alignment of system data and comparative patient safety benchmarks.

5.2b Articulate the nurse's role within an interprofessional team in promoting safety and preventing errors and near misses.	5.2h Lead analysis of actual errors, near misses, and potential situations that would impact safety.
5.2c Examine basic safety design principles to reduce risk of harm.	5.2i Design evidence-based interventions to mitigate risk.
5.2d Assume accountability for reporting unsafe conditions, near misses, and errors to reduce harm.	5.2j Evaluate emergency preparedness system-level plans to protect safety.
5.2e Describe processes used in understanding causes of error.	
5.2f Use national patient safety resources, initiatives, and regulations at the point of care.	
5.3 Contribute to a culture of provider and work environment safety.	
5.3a Identify actual and potential level of risks to providers within the workplace.	5.3e Advocate for structures, policies, and processes that promote a culture of safety and prevent workplace risks and injury.
5.3b Recognize how to prevent workplace violence and injury.	5.3f Foster a just culture reflecting civility and respect.
5.3c Promote policies for prevention of violence and risk mitigation.	5.3g Create a safe and transparent culture for reporting incidents.
5.3d Recognize one's role in sustaining a just culture reflecting civility and respect.	5.3h Role model and lead well-being and resiliency for self and team.

Domain 6: Interprofessional Partnerships

Descriptor: Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.

Contextual Statement: Professional partnerships which include interprofessional, intraprofessional, and paraprofessional partnerships, build on a consistent demonstration of core professional values (altruism, excellence, caring, ethics, respect, communication, and shared accountability) in the provision of team-based, person-centered care. Nursing knowledge and expertise uniquely contributes to the intentional work within teams and in concert with patient, family, and community preferences and goals. Interprofessional partnerships require a coordinated, integrated, and collaborative implementation of the unique knowledge, beliefs, and skills of the full team for the end purpose of optimized care delivery. Effective collaboration requires an understanding of team dynamics and an ability to work effectively in care-oriented teams. Leadership of the team varies depending on needs of the individual, community, population, and context of care.

Entry-Level Professional Nursing Education	Advanced-Level Nursing Education
6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.	
6.1a Communicate the nurse's roles and responsibilities clearly.	6.1g Evaluate effectiveness of interprofessional communication tools and techniques to support and improve the efficacy of team-based interactions.
6.1b Use various communication tools and techniques effectively.	6.1h Facilitate improvements in interprofessional communications of individual information (e.g. EHR).
6.1c Elicit the perspectives of team members to inform person-centered care decision making.	6.1i Role model respect for diversity, equity, and inclusion in team-based communications.

6.1d Articulate impact of diversity, equity, and inclusion on team-based communications.	6.1j Communicate nursing's unique disciplinary knowledge to strengthen interprofessional partnerships.
6.1e Communicate individual information in a professional, accurate, and timely manner.	6.1k Provide expert consultation for other members of the healthcare team in one's area of practice.
6.1f Communicate as informed by legal, regulatory, and policy guidelines.	6.1l Demonstrate capacity to resolve interprofessional conflict.
6.2 Perform effectively in different team roles, using principles and values of team dynamics.	
6.2a Apply principles of team dynamics, including team roles, to facilitate effective team functioning.	6.2g Integrate evidence-based strategies and processes to improve team effectiveness and outcomes.
6.2b Delegate work to team members based on their roles and competency.	6.2h Evaluate the impact of team dynamics and performance on desired outcomes.
6.2c Engage in the work of the team as appropriate to one's scope of practice and competency.	6.2i Reflect on how one's role and expertise influences team performance.
6.2d Recognize how one's uniqueness (as a person and a nurse) contributes to effective interprofessional working relationships.	6.2j Foster positive team dynamics to strengthen desired outcomes.
6.2e Apply principles of team leadership and management. performance to improve quality and assure safety.	
6.2f Evaluate performance of individual and team to improve quality and promote safety.	
6.3 Use knowledge of nursing and other professions to address healthcare needs.	

6.3a Integrate the roles and responsibilities of healthcare professionals through interprofessional collaborative practice.	6.3d Direct interprofessional activities and initiatives.
6.3b Leverage roles and abilities of team members to optimize care.	
6.3c Communicate with team members to clarify responsibilities in executing plan of care.	
6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values.	
6.4a Demonstrate an awareness of one's biases and how they may affect mutual respect and communication with team members.	6.4e Practice self-assessment to mitigate conscious and implicit biases toward other team members.
6.4b Demonstrate respect for the perspectives and experiences of other professions.	6.4f Foster an environment that supports the constructive sharing of multiple perspectives and enhances interprofessional learning.
6.4c Engage in constructive communication to facilitate conflict management.	6.4g Integrate diversity, equity, and inclusion into team practices.
6.4d Collaborate with interprofessional team members to establish mutual healthcare goals for individuals, communities, or populations.	6.4h Manage disagreements, conflicts, and challenging conversations among team members.
	6.4i Promote an environment that advances interprofessional learning.

Domain 7: Systems-Based Practice

Descriptor: Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, and equitable care to diverse populations.

Contextual Statement: Using evidence-based methodologies, nurses lead innovative solutions to address complex health problems and ensure optimal care. Understanding of systems-based practice is foundational to the delivery of quality care and incorporates

key concepts of organizational structure, including relationships among macro-, meso-, and microsystems across healthcare settings. Knowledge of financial and payment models relative to reimbursement and healthcare costs is essential. In addition, the impact of local, regional, national, and global structures, systems, and regulations on individuals and diverse populations must be considered when evaluating patient outcomes. As change agents and leaders, nurses possess the intellectual capacity to be agile in response to continually evolving healthcare systems, to address structural racism and other forms of discrimination, and to advocate for the needs of diverse populations. Systems-based practice is predicated on an ethical practice environment where professional and organizational values are aligned, and structures and processes enable ethical practice by all members of the institution.

Integrated healthcare systems are highly complex, and gaps or failures in service and delivery can cause ineffective, harmful outcomes. These outcomes also span individual through global networks. Cognitive shifting from focused to big picture is a crucial skill set. Similarly, the ability for nurses to predict change, employ improvement strategies, and exercise fiscal prudence are critical skills. System awareness, innovation, and design also are needed to address such issues as structural racism and systemic inequity.

Entry-Level Professional Nursing Education	Advanced-Level Nursing Education
7.1 Apply knowledge of systems to work effectively across the continuum of care.	
7.1a Describe organizational structure, mission, vision, philosophy, and values.	7.1e Participate in organizational strategic planning.
7.1b Explain the relationships of macrosystems, mesosystems, and microsystems.	7.1f Participate in system-wide initiatives that improve care delivery and/or outcomes.
7.1c Differentiate between various healthcare delivery environments across the continuum of care.	7.1g Analyze system-wide processes to optimize outcomes.
7.1d Recognize internal and external system processes that impact care coordination and transition of care.	7.1h Design policies to impact health equity and structural racism within systems, communities, and populations.
7.2 Incorporate consideration of cost-effectiveness of care.	

7.2a Describe the financial and payment models of health care.	7.2g Analyze relevant internal and external factors that drive healthcare costs and reimbursement.
7.2b Recognize the impact of health disparities and social determinants of health on care outcomes.	7.2h Design practices that enhance value, access, quality, and cost-effectiveness.
7.2c Describe the impact of healthcare cost and payment models on the delivery, access, and quality of care.	7.2i Advocate for healthcare economic policies and regulations to enhance value, quality, and cost-effectiveness.
7.2d Explain the relationship of policy, regulatory requirements, and economics on care outcomes.	7.2j Formulate, document, and disseminate the return on investment for improvement initiatives collaboratively with an interdisciplinary team.
7.2e Incorporate considerations of efficiency, value, and cost in providing care.	7.2k Recommend system-wide strategies that improve cost-effectiveness considering structure, leadership, and workforce needs.
7.2f Identify the impact of differing system structures, leadership, and workforce needs on care outcomes.	7.2l Evaluate health policies based on an ethical framework considering cost-effectiveness, health equity, and care outcomes.
7.3 Optimize system effectiveness through application of innovation and evidence-based practice.	
7.3a Demonstrate a systematic approach for decision-making.	7.3e Apply innovative and evidence-based strategies focusing on system preparedness and capabilities.
7.3b Use reported performance metrics to compare/monitor outcomes.	7.3f Design system improvement strategies based on performance data and metrics.
7.3c Participate in evaluating system effectiveness.	7.3g Manage change to sustain system effectiveness.

7.3d Recognize internal and external system processes and structures that perpetuate racism and other forms of discrimination within health care.	7.3h Design system improvement strategies that address internal and external system processes and structures that perpetuate structural racism and other forms of discrimination in healthcare systems.

Domain 8: Informatics and Healthcare Technologies

Descriptor: Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.

Contextual Statement: Healthcare professionals interact with patients, families, communities, and populations in technology-rich environments. Nurses, as essential members of the healthcare team, use information and communication technologies and informatics tools in their direct and indirect care roles. The technologies, the locations in which they are used, the users interacting with the technology, the communication occurring, and the work being done all impact the data collected, information formed, decisions made, and the knowledge generated. Additionally, the utilization of information and communication technologies in healthcare settings changes how people, processes, and policies interact. Using these tools in the provision of care has both short- and long-term consequences for the quality of care, efficiency of communications, and connections between team members, patients, and consumers. It is essential that nurses at all levels understand their role and the value of their input in health information technology analysis, planning, implementation, and evaluation. With the prevalence of patient-focused health information technologies, all nurses have a responsibility to advocate for equitable access and assist patients and consumers to optimally use these tools to engage in care, improve health, and manage health conditions.

Entry-Level Professional Nursing Education	Advanced-Level Nursing Education
8.1 Describe the various information and communication technology tools used in the care of patients, communities, and populations.	
8.1a Identify the variety of information and communication technologies used in care settings.	8.1g Identify best evidence and practices for the application of information and communication technologies to support care.

8.1b Identify the basic concepts of electronic health, mobile health, and telehealth systems for enabling patient care.	8.1h Evaluate the unintended consequences of information and communication technologies on care processes, communications, and information flow across care settings.
8.1c Effectively use electronic communication tools.	8.1i Propose a plan to influence the selection and implementation of new information and communication technologies.
8.1d Describe the appropriate use of multimedia applications in health care.	8.1j Explore the fiscal impact of information and communication technologies on health care.
8.1e Demonstrate best practice use of social networking applications.	8.1k Identify the impact of information and communication technologies on workflow processes and healthcare outcomes.
8.1f Explain the importance of nursing engagement in the planning and selection of healthcare technologies.	
8.2 Use information and communication technology to gather data, create information, and generate knowledge.	
8.2a Enter accurate data when chronicling care.	8.2f Generate information and knowledge from health information technology databases.
8.2b Explain how data entered on one patient impacts public and population health data.	8.2g Evaluate the use of communication technology to improve consumer health information literacy.
8.2c Use appropriate data when planning care.	8.2h Use standardized data to evaluate decision-making and outcomes across all systems levels.
8.2d Demonstrate the appropriate use of health information literacy assessments and improvement strategies.	8.2i Clarify how the collection of standardized data advances the practice, understanding, and value of nursing and supports care.

8.2e Describe the importance of standardized nursing data to reflect the unique contribution of nursing practice.	8.2j Interpret primary and secondary data and other information to support care.
8.3 Use information and communication technologies and informatics processes to deliver safe nursing care to diverse populations in a variety of settings.	
8.3a Demonstrate appropriate use of information and communication technologies.	8.3g Evaluate the use of information and communication technology to address needs, gaps, and inefficiencies in care.
8.3b Evaluate how decision support tools impact clinical judgment and safe patient care.	8.3h Formulate a plan to influence decision-making processes for selecting, implementing, and evaluating support tools.
8.3c Use information and communication technology in a manner that supports the nurse-patient relationship.	8.3i Appraise the role of information and communication technologies in engaging the patient and supporting the nurse-patient relationship.
8.3d Examine how emerging technologies influence healthcare delivery and clinical decision making.	8.3j Evaluate the potential uses and impact of emerging technologies in health care.
8.3e Identify impact of information and communication technology on quality and safety of care.	8.3k Pose strategies to reduce inequities in digital access to data and information.
8.3f Identify the importance of reporting system processes and functional issues (error messages, mis-directions, device malfunctions, etc.) according to organizational policies and procedures.	
8.4 Use information and communication technology to support documentation of care and communication among providers, patients, and all system levels.	

8.4a Explain the role of communication technology in enhancing clinical information flows.	8.4e Assess best practices for the use of advanced information and communication technologies to support patient and team communications.
8.4b Describe how information and communication technology tools support patient and team communications.	8.4f Employ electronic health, mobile health, and telehealth systems to enable quality, ethical, and efficient patient care.
8.4c Identify the basic concepts of electronic health, mobile health, and telehealth systems in enabling patient care.	8.4g Evaluate the impact of health information exchange, interoperability, and integration to support patient-centered care.
8.4d Explain the impact of health information exchange, interoperability, and integration on health care.	
8.5 Use information and communication technologies in accordance with ethical, legal, professional, and regulatory standards, and workplace policies in the delivery of care.	
8.5a Identify common risks associated with using information and communication technology.	8.5g Apply risk mitigation and security strategies to reduce misuse of information and communication technology.
8.5b Demonstrate ethical use of social networking applications.	8.5h Assess potential ethical and legal issues associated with the use of information and communication technology.
8.5c Comply with legal and regulatory requirements while using communication and information technologies.	8.5i Recommend strategies to protect health information when using communication and information technology.
8.5d Educate patients on their rights to access, review, and correct personal data and medical records.	8.5j Promote patient engagement with their personal health data.
8.5e Discuss how clinical judgment and critical thinking must prevail in the presence of information and communication technologies.	8.5k Advocate for policies and regulations that support the appropriate use of technologies impacting health care.

8.5f Deliver care using remote technology.	8.5l Analyze the impact of federal and state policies and regulation on health data and technology in care settings.

Domain 9: Professionalism

Descriptor: Formation and cultivation of a sustainable professional identity, including accountability, perspective, collaborative disposition, and comportment, that reflects nursing's characteristics and values.

Contextual Statement: Professionalism encompasses the development of a nursing identity embracing the values of integrity, altruism, inclusivity, compassion, courage, humility, advocacy, caring, autonomy, humanity, and social justice. Professional identity formation necessitates the development of emotional intelligence to promote social good, engage in social justice, and demonstrate ethical comportment, moral courage, and assertiveness in decision making and actions. Nursing professionalism is a continuous process of socialization that requires the nurse to give back to the profession through the mentorship and development of others.

Professional identity, influenced by one's personal identity and unique background, is formed throughout one's education and career. Nursing identity flourishes through engagement and reflection in multiple experiences that is defined by differing perspectives and voices. As a result, nurses embrace the history, characteristics, and values of the discipline and think, act, and feel like a nurse. Professional identity formation is not a linear process but rather one that responds to challenges and matures through professional experiences as one develops confidence as a nurse.

Entry-Level Professional Nursing Education	Advanced-Level Nursing Education
9.1 Demonstrate an ethical comportment in one's practice reflective of nursing's mission to society.	
9.1a Apply principles of professional nursing ethics and human rights in patient care and professional situations.	9.1h Analyze current policies and practices in the context of an ethical framework.
9.1b Reflect on one's actions and their consequences.	9.1i Model ethical behaviors in practice and leadership roles.
9.1c Demonstrate ethical behaviors in practice.	9.1j Suggest solutions when unethical behaviors are observed.

9.1d Change behavior based on self and situational awareness.	9.1k Assume accountability for working to resolve ethical dilemmas.
9.1e Report unethical behaviors when observed.	
9.1f Safeguard privacy, confidentiality, and autonomy in all interactions.	
9.1g Advocate for the individual's right to self-determination.	
9.2 Employ participatory approach to nursing care.	
9.2a Employ the use of intentional presence to facilitate shared meaning of the experience between nurse and recipient of care.	9.2h Foster opportunities for intentional presence in practice.
9.2b Facilitate health and healing through compassionate caring.	9.2i Identify innovative and evidence-based practices that promote person-centered care.
9.2c Demonstrate empathy to the individual's life experience.	9.2j Advocate for practices that advance diversity, equity, and inclusion.
9.2d Advocate for practices that advance diversity, equity, and inclusion.	9.2k Model professional expectations for therapeutic relationships.
9.2e Demonstrate cultural sensitivity and humility in practice.	9.2l Facilitate communication that promotes a participatory approach.
9.2f Apply principles of therapeutic relationships and professional boundaries.	
9.2g Communicate in a professional manner.	

9.3 Demonstrate accountability to the individual, society, and the profession.	
9.3a Engage in advocacy that promotes the best interest of the individual, community, and profession.	9.3i Advocate for nursing's professional responsibility for ensuring optimal care outcomes
9.3b Demonstrate the moral courage to report concerns related to actual or potential hazards and/or errors.	9.3j Demonstrate leadership skills when participating in professional activities and/or organizations.
9.3c Demonstrate professional and personal honesty and integrity.	9.3k Address actual or potential hazards and/or errors.
9.3d Take responsibility for one's roles, decisions, obligations, Actions, and care outcomes.	9.3l Foster a practice environment that promotes accountability for care outcomes.
9.3e Engage in professional activities and/or organizations.	9.3m Advocate for policies/practices that promote social justice and health equity.
9.3f Demonstrate adherence to a culture of civility.	9.3n Foster strategies that promote a culture of civility across a variety of settings.
9.3g Advocate for social justice and health equity, including addressing the health of vulnerable populations.	9.3o Lead in the development of opportunities for professional and interprofessional activities.
9.3h Engage in peer evaluation.	
9.4 Comply with relevant laws, policies, and regulations.	
9.4a Advocate for policies that promote health and prevent harm.	9.4d Advocate for polices that enable nurses to practice to the full extent of their education.
9.4b Adhere to the registered nurse scope and standards of practice.	9.4e Assess the interaction between regulatory agency requirements and quality, fiscal, and value-based indicators.

9.4c Adhere to regulatory requirements and workplace policies consistent with one's educational preparation.	9.4f Evaluate the effect of legal and regulatory policies on nursing practice and healthcare outcomes.
	9.4g Analyze efforts to change legal and regulatory policies that improve nursing practice and health outcomes.
	9.4h Participate in the implementation of policies and regulations to improve the professional practice environment and healthcare outcomes.
9.5 Demonstrate the professional identity of nursing.	
9.5a Describe nursing's professional identity and contributions to the healthcare team.	9.5f Articulate nursing's unique professional identity to other interprofessional team members and the public.
9.5b Demonstrate the core values of professional nursing identity.	9.5g Evaluate practice environment to ensure that nursing core values are demonstrated.
9.5c Demonstrate sensitivity to the values of others.	9.5h Identify opportunities to lead with moral courage to influence team decision-making.
9.5d Demonstrate ethical comportment and moral courage in decision making and actions.	9.5i Engage in professional organizations that reflect nursing's values and identity.
9.5e Demonstrate emotional intelligence.	
9.6 Integrate diversity, equity, and inclusion as core to one's professional identity.	
9.6a Demonstrate respect for diverse individual differences and diverse communities and populations	9.6d Model respect for diversity, equity, and inclusion for all team members.
9.6b Demonstrate awareness of personal and professional values and conscious and unconscious biases.	9.6e Critique one's personal and professional practices in the context of nursing's core values.

9.6c Integrate core principles of social justice and human rights into practice.	9.6f Analyze the impact of structural and cultural influences on nursing's professional identity.
	9.6g Ensure that care provided by self and others is reflective of nursing's core values.
	9.6h Structure the practice environment to facilitate care that is culturally and linguistically appropriate.
	9.6i Ensure self and others are accountable in upholding moral, legal, and humanistic principles related to health.

Domain 10: Personal, Professional, and Leadership Development

Descriptor: Participation in activities and self-reflection that fosters personal health, resilience, and well-being; contributes to lifelong learning; and supports the acquisition of nursing expertise and the assertion of leadership.

Contextual Statement: Competency in personal, professional, and leadership development encompasses three areas: 1) development of the nurse as an individual who is resilient, agile, and capable of adapting to ambiguity and change; 2) development of the nurse as a professional responsible for lifelong learning and ongoing self-reflection; and 3) development of the nurse as a leader proficient in asserting control, influence, and power in professional and personal contexts, which includes advocacy for patients and the nursing profession as leaders within the healthcare arena. Development of these dimensions requires a commitment to personal growth, sustained expansion of professional knowledge and expertise, and determined leadership practice in a variety of contexts.

Graduates must develop attributes and skills critical to the viability of the profession and practice environments. The aim is to promote diversity and retention in the profession, self-awareness, avoidance of stress-induced emotional and mental exhaustion, and re-direction of energy from negative perceptions to positive influence through leadership opportunities.

Entry-Level Professional Nursing Education	Advanced-Level Nursing Education
10.1 Demonstrate a commitment to personal health and well-being.	
10.1a Demonstrate healthy, self-care behaviors that promote wellness and resiliency.	10.1c Contribute to an environment that promotes self-care, personal health, and well-being.
10.1b Manage conflict between personal and professional responsibilities.	10.1d Evaluate the workplace environment to determine level of health and well-being.
10.2 Demonstrate a spirit of inquiry that fosters flexibility and professional maturity.	
10.2a Engage in guided and spontaneous reflection of one's practice.	10.2g Demonstrate cognitive flexibility in managing change within complex environments.
10.2b Integrate comprehensive feedback to improve performance.	10.2h Mentor others in the development of their professional growth and accountability.
10.2c Commit to personal and professional development.	10.2i Foster activities that support a culture of lifelong learning.
10.2d Expand personal knowledge to inform clinical judgment.	10.2j Expand leadership skills through professional service.
10.2e Identify role models and mentors to support professional growth.	
10.2f Participate in ongoing activities that embrace principles of diversity, equity, inclusion, and anti-discrimination.	
10.3 Develop capacity for leadership.	

10.3a Compare and contrast leadership principles and theories.	10.3j Provide leadership to advance the nursing profession.
10.3b Formulate a personal leadership style.	10.3k Influence intentional change guided by leadership principles and theories.
10.3c Demonstrate leadership behaviors in professional situations.	10.3l Evaluate the outcomes of intentional change.
10.3d Demonstrate self-efficacy consistent with one's professional development.	10.3m Evaluate strategies/methods for peer review.
10.3e Use appropriate resources when dealing with ambiguity.	10.3n Participate in the evaluation of other members of the care team.
10.3f Modify one's own leadership behaviors based on guided self-reflection.	10.3o Demonstrate leadership skills in times of uncertainty and crisis.
10.3g Demonstrate self-awareness of one's own implicit biases and their relationship to one's culture and environment.	10.3p Advocate for the promotion of social justice and eradication of structural racism and systematic inequity in nursing and society.
10.3h Communicate a consistent image of the nurse as a leader.	10.3q Advocate for the nursing profession in a manner that is consistent, positive, relevant, accurate, and distinctive.
10.3i Recognize the importance of nursing's contributions as leaders in practice and policy issues.	

Glossary

- **Accountability:** Obligation or willingness to accept responsibility or to account for one's actions.
- **Advanced nursing practice role:** One of the four Advanced Practice Registered Nurse (APRN) roles - certified registered nurse anesthetist, certified nurse-midwife, certified clinical nurse specialist, and certified nurse practitioner.
- **Advanced nursing practice specialty:** See Specialty.
- **Advanced Practice Registered Nurse (APRN):** Designation given to one of four nursing roles: certified registered nurse anesthetists, certified nurse-midwives, certified clinical nurse specialists, and certified nurse practitioners. An APRN is a nurse who has 1.) completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles; 2.) passed a national certification examination that measures APRN role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program; 3.) acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients, as well as a component of indirect care; 4.) built on the competencies of registered nurses by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy; 5.) been educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions; 6.) clinical experience of sufficient depth and breadth to reflect the intended license; and 7.) obtained a license to practice in one of the four APRN roles (APRN Consensus Work Group & NCSBN APRN Advisory Committee, 2008).
- **APRN Core**: APRN education programs include at a minimum, three separate comprehensive graduate-level courses in: Advanced physiology and pathophysiology, which includes general principles that apply across the lifespan; Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents (APRN Consensus Work Group & NCSBN APRN Advisory Committee, 2008).
- **Advocacy:** The act or process of supporting a cause or proposal: the act or process of advocating. Advocacy is a pillar of nursing. Nurses instinctively advocate for their patients, in their workplaces, and in their communities; but legislative and political advocacy is equally important to advancing patient care.
- **Analytic approach**: Any method based on breaking down a complex process into its parts so as to better understand the whole.

- **Authentic or intentional presence**: Being fully present in the moment This extends to possessing an awareness of when you drift and how to intentionally bring yourself back to the interaction (Altman, 2014).
- **Care:** A focused attention on, and when possible, engagement with a patient to determine a person's particular needs and the use of clinical judgment to meet those needs (Grace, 2018).
- **Care outcomes:** Harris (1991) defined outcomes as the end points of care, substantial changes in the health condition of a patient, and changes in patient behavior caused by medical interventions. Given these definitions, outcomes related to clinical practice are any change that resulted from health care.
- **Caring relationship:** Caring constitutes the essence of what it is to be human, having a profound effect on well-being and recovery, being at ease, and being healed. When hospitality is received, patients feel a connection, they begin to trust, and their healing begins.
- **Clinical immersion**: A brief, structured, intense nursing practicum where the entire focus is in a particular clinical setting without the distraction of other academic classes (Tratnack, et al., 2011).
- **Clinical judgment:** The skill of recognizing cues regarding a clinical situation, generating and weighing hypotheses, taking action, and evaluating outcomes for the purpose of arriving at a satisfactory clinical outcome. Clinical judgment is the observed outcome of two unobserved underlying mental processes, critical thinking and decision making (NCSBN, 2018).
- **Clinical reasoning:** Thought processes that allow healthcare providers to arrive at a conclusion.
- **Cognitive flexibility:** A critical executive function involving the ability to adapt behaviors in response to changes in the environment. Cognitive flexibility generally refers to the ability to adapt flexibly to a constantly changing environment.
- **Complex systems:** Systems whose behavior is intrinsically difficult to model due to the dependencies, competitions, relationships, or other types of interactions between their parts or between a given system and its environment. Complex systems have distinct properties that arise from these relationships, such as nonlinearity, emergence, spontaneous order, adaptation, and feedback loops, among others.
- **Competence:** The array of abilities (knowledge, skills, and attitudes) across multiple domains or aspects of performance in a certain context. Competence is multi-dimensional and dynamic (Frank, Snell, Cate, et al., 2010).
- **Competency:** An observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition (Frank, Snell, Cate, et al., 2010).

- **Competency framework:** An organized and structured representation of a set of interrelated and purposeful competencies (Englander, et al., 2013, p. 1089).
- **Competency list:** The delineation of the specific competencies within a competency framework (Englander, et al., 2013, p.1089).
- **Concepts:** A concept is an organizing idea or mental construct represented by common attributes. Rodgers (1989, p. 332) describes concepts as "an abstraction that is expressed in some form."
- **Core values:** In nursing, **c**ore nursing values include human dignity, integrity, autonomy, altruism, and social justice.
- **Core disciplinary knowledge:** The intellectual structures within which the discipline delineates its unique focus of vision and social mandate. AACN has identified core disciplinary knowledge as having three components: historic and philosophic foundations to the development of nursing knowledge; existing and evolving substantive nursing knowledge; and methods and processes of theory/knowledge development (AACN, 2002, p. 289).
- **Cost effectiveness**: A way to examine both the costs and health outcomes of one or more interventions; it compares one intervention to another (or the status quo) by estimating how much it costs to gain a unit of a health outcome, like a life year gained or a death prevented.
- **Critical thinking:** The skill of using logic and reasoning to identify the strengths and weaknesses of alternative healthcare solutions, conclusions, or approaches to clinical or practice problems.
- **Cultural awareness:** The deliberate self-examination and in-depth exploration of one's biases, stereotypes, prejudices, assumptions, and "isms" that one holds regarding individuals and groups who are different from them (Campinha-Bacote, 1998).
- **Cultural competence:** The ability to effectively work within the client's cultural context. Structural competence is recognition of the economic and political conditions that produce health inequalities in the first place. It is the ability to understand how institutions, markets, or healthcare delivery systems shape symptom presentations and to mobilize for correction of health and wealth inequalities in society (Drevdahl, 2018; Metzl et al., 2018; Metzl et al., 2020).
- **Cultural and linguistic competence**: A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities (Cross, et al., 1989). Cultural competence is a developmental process that evolves over an extended period.

- **Culturally sensitive:** "The ability to be appropriately responsive to the attitudes, feelings, or circumstances of groups of people that share a common and distinctive racial, national, religious, linguistic, or cultural heritage" (DHHS, OMH, 2001, p. 131).
- **Cultural humility:** A lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but also examines her/his own beliefs and cultural identities**.**
- **Determinants of health:** The range of personal, social, economic, and environmental factors that interrelate to determine individual and population health. These factors include policymaking, social factors, health services, individual behaviors, and biology and genetics. Determinants of health reach beyond the boundaries of traditional health care and public health sectors. Sectors such as education, housing, transportation, agriculture, and environment can be important allies in improving population health *(Healthy People 2020).*
- **Diagnose:** To identify the nature of an illness or other problem by examination of the symptoms.
- **Diversity:** A broad range of individual, population, and social characteristics, including but not limited to age; sex; race; ethnicity; sexual orientation; gender identity; family structures; geographic locations; national origin; immigrants and refugees; language; any impairment that substantially limits a major life activity; religious beliefs; and socioeconomic status. Inclusion represents environmental and organizational cultures in which faculty, students, staff, and administrators with diverse characteristics thrive. Inclusive environments require intentionality and embrace differences, not merely tolerate them. Everyone works to ensure the perspectives and experiences of others are invited, welcomed, acknowledged, and respected in inclusive environments.
- **Domains of competence:** Broad distinguishable areas of competence that in the aggregate constitute a general descriptive framework for a profession (Englander, et al., 2013, p. 1089).
- **Emotional intelligence:** The ability to perceive, appraise and express emotion, access and process emotional information, generate feelings, understand emotional knowledge and regulate emotions for emotional and intellectual growth (Mayer, et al, 1997, p. 10). Emotional intelligence, like academic intelligence, can be learned, increases with age, and is predictive of how emotional processing contributes to success in life (Mayer et al., 2004).
- **Equity:** The ability to recognize the differences in the resources or knowledge needed to allow individuals to fully participate in society, including access to higher education, with the goal of overcoming obstacles to ensure fairness (Kranich, 2001). To have equitable systems, all people should be treated fairly, unhampered by artificial barriers, stereotypes, or prejudices (Cooper, 2016).
- **Ethical comportment:** The way in which nurses embody the ability to relate to others respectfully and responsively (Benner, 2009. Ethical comportment

consists of four critical attributes: 1) embodiment, 2) skilled relational know-how, 3) caring, and 4) salience (Hardin, 2018).

- **Ethical competence**: The ability to recognize an ethical situation/issue (awareness/sensitivity), the ability to determine a justifiable action (reflection/decision-making), and have the motivation, knowledge, and skills to implement a decision (comportment and action) (ANA Scope & Standards, 2021).
- **Evidence-based practice:** A conscientious, problem-solving approach to clinical practice that incorporates the best evidence from well-designed studies, patient values and preferences, and a clinician's expertise in making decisions regarding a patient's care. Being knowledgeable about evidence-based practice and levels of evidence is important for clinicians to be confident about how much emphasis they should place on a study, report, practice alert or practice guideline when making decisions about a patient's care.
- **Explicit biases:** Conscious positive or negative feelings and/or thoughts about groups or identity characteristics. Because these attitudes are explicit in nature, they are espoused openly, through overt and deliberate thoughts and actions (Harrison, et al. 2019; Wilson, et al 2000)
- **Family**: An individual's closest support structure that is inclusive of birth family, single parent families, blended families, stepfamilies, and homosexual families to name a few. The concept of the contemporary family has evolved into a fluid ideology that is constantly shifting and changing throughout society.
- **Health disparities:** "A particular type of health difference that is closely linked with economic, social, or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion" (US Department of Health and Human Services (2010).
- **Health equity**: When every person has an opportunity to attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances (National Academies of Sciences, Engineering, and Medicine, 2017). Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.
- **Health inequity:** The distribution and allocation of power and resources differentially, which manifest in unequal social, economic, and environmental conditions (National Academies of Sciences, Engineering, and Medicine, 2017).
- **Health Information Technology (HIT)**: The electronic systems healthcare professionals and patients use to store, share, and analyze health information. HIT consists of many types of applications such as Electronic Health Records, personal health records, electronic prescribing, mobile applications, social

networks, monitors, wearables, nanotechnology, genomics, and robotics (Office of the National Coordinator for Health Information Technology [ONC], 2018).

- **Healthcare team:** The collective of individuals who contribute to the care and treatment of an individual, family, group, or population.
- **Healthy lifestyle:** A way of living that lowers the risk of being seriously ill or dying early. Scientific studies have identified certain types of behavior that contribute to the development of noncommunicable diseases and early death. Health is not only just about avoiding disease. It involves physical, mental and social wellbeing.
- **Holistic admissions review:** An admissions strategy that assesses an applicant's unique experiences alongside traditional measures of academic achievement, such as grades and test scores. This process is used to help schools consider a broad range of factors reflecting the applicant's academic readiness, contribution to the incoming class, and potential for success both in school and later as a professional.
- **Holistic nursing:** "All nursing practice that has healing the whole person as its goal" (American Holistic Nurses' Association, 1998).
- **Implicit and unconscious biases:** The tendency to process information based on unconscious associations and feelings, even when these are contrary to one's conscious or declared beliefs. They are automatically activated and may occur unconsciously (Metzl, et al. 2018, 2020; Van Ryn, et al. 2011).
- **Inclusive environments:** Environmental and organizational cultures in which faculty, students, staff, and administrators with diverse characteristics thrive. Inclusive environments require intentionality and embrace differences, not merely tolerate them. Everyone works to ensure the perspectives and experiences of others are invited, welcomed, acknowledged, and respected.
- **Inequities:** Characterized by a lack of equity, injustice, unfairness.
- **Informatics**: The intersection between the work of stakeholders across the health and healthcare delivery system who seek to improve outcomes, lower costs, increase safety and promote the use of high-quality services. It is frequently confused with data science, big data, health information management and data analytics, informatics is the overarching field of study that pulls all these subdomains into one discipline focused on improving health and healthcare. Emerging topics like artificial intelligence and machine learning are incorporating in the field of informatics (AMIA, 2021).
- **Information and Communications Technologies (ICT):** Technologies that provide access to information through telecommunications, including the internet, telephones, cell phones, wireless signals, networks, satellite systems, telehealth/telenursing, and video conferencing.
- **Innovation:** A great idea to develop and deliver new or improved health policies, systems, products and technologies, and services and delivery methods that improve people's health (WHO Health Innovation Group, 2021).

- **Integration:** An experience designed to provide the student with an opportunity to synthesize the knowledge and skills acquired during previous and current coursework and learning experiences.
- **Intentional change theory:** The essential components and processes of desirable, sustainable change in one's behavior, thoughts, feelings, and perceptions. The "change" maybe in a person's actions, habits, competencies, or aspirations as well as in the way one feels in certain situations or around certain people. The change may impact how one looks at events at work or in life. The change is "desired" in that person wishes it so or would like to occur and is "sustainable" in that it endures and lasts a relatively long time (Boyatzis, 2006).
- **Interdisciplinary:** Refers to a group of healthcare providers with various areas of expertise who work together toward the goals of their clients.
- **Interoperability:** The ability of different information systems, devices, and applications (systems) to access, exchange, integrate, and cooperatively use data in a coordinated manner, within and across organizational, regional, and national boundaries to provide timely and seamless portability of information and optimize the health of individuals and populations globally. Health data exchange architectures, application interfaces, and standards enable data to be accessed and shared appropriately and securely across the complete spectrum of care, within all applicable settings and with relevant stakeholders, including the individual.
- **Interprofessional:** Engagement involving two or more professions or professionals.
- **Interprofessional team:** The cooperation, coordination, and collaboration expected among members of different professions in delivering patient-centered care collectively.
- **Just culture:** Balances the need for an open and honest reporting environment with a quality learning environment and culture. All individuals within this environment are held responsible for the quality of their choices. Just culture requires a change in focus from errors and outcomes to system design and management of the behavioral choices of all employees.
- **Lifelong learning:** The provision or use of both formal and informal learning opportunities throughout one's life to foster the continuous development and improvement of the knowledge and skills needed for employment and personal fulfillment.
- **Macrosystem**: The highest system level represents the whole of the organization and is led by senior leaders such as the CEO, chief operations officer (COO), chief nursing officer (CNO), and chief information officer (CIO) and is guided by a board of trustees (Nelson, et al., 2007).
- **Managing disease:** To improve the health of persons with chronic conditions and reduce associated costs from avoidable complications by identifying and treating

chronic conditions more quickly and more effectively, thus slowing the progression of diseases.

- **Mesosystem:** The interrelated units and clinical leadership that provide care to certain populations (McKinley, et al., 2008).
- **Microsystem:** Small, functional frontline units that provide the most health care to most people (Nelson et al., 2007, p.3). A clinical microsystem is a small group of people who work together on a regular basis to provide care to discrete subpopulations of patients. These units have clinical and business aims, linked processes, and a shared information environment, and focus on producing performance outcomes. Microsystems are complex adaptive systems, and as such they must do the primary work associated with core aims, meet the needs of internal staff, and maintain themselves over time as clinical units (Nelson, et al., 2002).
- **Mitigation:** The action of reducing the severity, seriousness, or painfulness of something.
- **Mobile health (mHealth):** The use of mobile and wireless technologies to support the achievement of health objectives. The expanding use of mobile health is driven rapid advances in mobile technologies and applications, a rise in new opportunities for the integration of mobile health into existing eHealth services, and the continued growth in coverage of mobile cellular networks.
- **Moral courage**: The willingness of individuals to take hold of, and fully support, ethical responsibilities essential to professional values (Day, 2007). This highly esteemed trait is displayed by individuals, who, despite adversity and personal risk, decide to act upon their ethical values to help others during difficult ethical dilemmas. Moral courage entails doing the right thing, even when others choose less ethical behavior, which may include taking no action at all (Lachman, 2009; 2007a; 2007b; Sekerka & Bagozzi, 2007).
- **Moral ethical behaviors:** Prevailing standards of behavior used to judge right and wrong.
- **Nurse sensitive indicators:** Reflect three aspects of nursing care: structure, process, and outcomes. Structural indicators include the supply of nursing staff, the skill level of nursing staff, and the education and certification levels of nursing staff. Process indicators measure methods of patient assessment and nursing interventions. Nursing job satisfaction is also considered a process indicator. Outcome indicators reflect patient outcomes that depend on the quantity or quality of nursing care (e.g., pressure ulcers and falls).
- **Nursing informatics:** The specialty that integrates nursing science with multiple information and analytical sciences to identify, define, manage, and communicate data, information, knowledge, and wisdom in nursing practice (HIMSS, 2021).
- **Participatory approach**: Calls for involving stakeholders, particularly the participants in a program or those affected by a given policy, in specific aspects of the evaluation process. The approach covers a wide range of different types of

participation, and stakeholders can be involved at any stage of the impact evaluation process, including its design, data collection, analysis, reporting, and managing a study.

- **Partnerships:** Close cooperation between parties having specified and joint rights and responsibilities.
- **Patient:** The recipient of a healthcare service or intervention at the individual, family, community, or aggregate level. Patients may function in independent, interdependent, or dependent roles, and may seek or receive nursing interventions related to disease prevention, health promotion, or health maintenance, as well as illness and end-of-life care (AACN, 2006).
- **Person-Centered Care:** "Empowering people to take charge of their own health rather than being passive recipients of services." (WHO, 2021). This care strategy is based on the belief that patient views, input, and experiences can help improve overall health outcomes.
- **Point of Care:** Where care is delivered, including in diverse settings where individuals live, learn, work, play, and worship.
- **Population:** A collection of individuals who have one or more personal or environmental characteristics in common.
- **Practice:** Any form of nursing intervention that influences healthcare outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and healthcare organizations, and the development and implementation of health policy (AACN, 2004). Practice includes both direct and indirect care experiences (defined below).
- **Direct Care/ Indirect Care:**
    - Direct care refers to a professional encounter between a nurse and an actual individual or family, either face to face or virtual, that is intended to achieve specific health goals or achieve selected health outcomes. Direct care may be provided in a wide range of settings, including acute and critical care, long term care, home health, community-based settings, and telehealth. (AACN, 2004, 2006; Suby, 2009; Upenieks, Akhavan, Kotlerman et al., 2007).
    - Indirect care refers to nursing decisions, actions, or interventions that are provided through or on behalf of individuals, families, or groups. These decisions or interventions create the conditions under which nursing care or selfcare may occur. Nurses might use administrative decisions, population or aggregate health planning, or policy development to affect health outcomes in this way. Nurses who function in administrative capacities are responsible for direct care provided by other nurses. Their administrative decisions create the conditions under which direct care is provided. Public health nurses organize care for populations or aggregates to create the conditions under which improved health outcomes are more likely to occur. Health policies create broad scale conditions for delivery of

nursing and health care (AACN, 2004, 2006; Suby, 2009; Upenieks, et al., 2007).

- **Preparedness:** The readiness of the nation's medical and public health infrastructure to respond to and recover from disasters and public health emergencies. Preparedness requires collaboration with hospitals, healthcare coalitions, biotech firms, community members, state, local, tribal, and territorial governments, and other partners across the country to improve readiness and response capabilities.
- **Primary and secondary data:** Primary data is collected by an investigator for a specific purpose. Secondary data is collected by someone else for another purpose (but being utilized by the investigator for another purpose).
- **Profession:** An occupation (e.g., nursing, medicine, law, teaching) that is not mechanical or agricultural and requires special education.
- **Professional agility**: The power to move quickly and easily; the ability to think and draw conclusions quickly drawing on intellectual acuity.
- **Professional development:** Taking purposeful action to engage in structured activities to advance career development, education, leadership, program management, and/or compliance initiatives.
- **Professional identity**: The representation of self, achieved in stages over time during which the characteristics, values, and norms of a profession are internalized, resulting in an individual thinking, acting, and feeling like a member of the profession (Cruess et al., 2014).
- **Quality Improvement (QI):** A process that uses data to monitor the outcomes of care processes. QI uses improvement methods to design and test changes to continuously improve the quality and safety of health care systems (Cronenwett et al., 2007).
- **Resilience:** The ability to survive and thrive in the face of adversity. Resilience can be developed and internalized as a measure to improve retention and reduce burnout. Building positive relationships, maintaining positivity, developing emotional insight, creating work-life balance, and reflecting on successes and challenges are effective strategies for resilience building.
- **Response and recovery in an emergency/disaster: I**dentifying resources and expertise in advance and planning how these can be used in a disaster. Preparedness, however, is only one phase of emergency management. There are four phases of emergency management: mitigation, preparedness, response, and recovery.
- **Responsibility:** The state or fact of being responsible, answerable, or accountable for something within one's power, control, or management.
- **Return on investment (ROI):** A performance measure used to evaluate the efficiency of an investment or compare the efficiency of a number of different investments. ROI seeks to directly measure the amount of return on a particular investment, relative to the investment's cost. To calculate ROI, the benefit (or

return) of an investment is divided by the cost of the investment. The result is expressed as a percentage or a ratio.

- **Risk assessment:** A process to identify potential hazards and analyze what could happen if a hazard occurs. To assess risk, organizations often consider possible scenarios that could unfold and what the potential impacts may be.
- **Scholarship:** The generation, synthesis, translation, application, and dissemination of knowledge that aims to improve health and transform health care. Scholarship is the communication of knowledge generated through multiple forms of inquiry that inform clinical practice, nursing education, policy, and healthcare delivery. Scholarship is inclusive of discovery, integration, application, and teaching (Boyer, 1990). The hallmark attribute of scholarship is the cumulative impact of the scholar's work on the field of nursing and health care.
- **Self-care:** The act of attending to one's physical or mental health, generally without medical or other professional consultation.
- **Self-management:** The management of or by oneself; the taking of responsibility for one's own behavior and well-being.
- **Service:** is the action of helping or doing work for someone.
- **Simulation:** A technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human actions (AHRQ, 2020).
- **Social Determinants of Health**: See Determinants of Health
- **Social Justice:** The expectation that everyone deserves equal economic, political, and social rights and opportunities. Equity, access, participation, and human rights are four principles of social justice including to ensure fair distribution of available resources across society, to ensure all people have access to goods and services regardless of age, gender, race, ethnicity etc.; to enable people to participate in decisions that affect their lives, and to protect individual liberties to information about circumstances and decisions affecting them and to appeal decisions believed to be unfair (Morgaine, 2014; Nemetchek, 2019).
- **Social Responsibility:** An ethical theory in which individuals are accountable for fulfilling their civic duty, and the actions of an individual must benefit the whole of society. This typically involves a balance between economic growth and the welfare of society and the environment. (Pachchamama Alliance, 2021)
- **Specialty:** The pursuit, area of study, or skill to which someone has devoted much time and effort and in which they are expert. Nursing specialization involves focusing on nursing practice in an identified specific area within the discipline of professional nursing. A defined specialty scope of practice statement and standards of professional practice, with accompanying competencies, are unique to each nursing specialty. These documents help assure continued understanding and recognition of nursing's diverse professional contributions (Finnell, et al, 2015).

    - **Advanced nursing practice specialties:** Currently, advanced nursing practice specialties include informatics, administration/practice leadership, public health/population health, and health policy. Specialties may evolve over time to address future healthcare needs.
- **Spheres of Care:** Encompass the healthcare needs of individuals, families, populations, and the care/services required to address these needs and promote desired health outcomes. In this document, four spheres of care are delineated 1) disease prevention/promotion of health and well-being, which includes the promotion of physical and mental health in all patients as well as management of minor acute and intermittent care needs of generally healthy patients; 2) chronic disease care, which includes management of chronic diseases and prevention of negative sequelae; 3) regenerative or restorative care, which includes critical/trauma care, complex acute care, acute exacerbations of chronic conditions, and treatment of physiologically unstable patients that generally requires care in a mega-acute care institution; and, 4) hospice/palliative/supportive care which includes end-of-life care as well as palliative and supportive care for individuals requiring extended care or those with complex, chronic disease states or those requiring rehabilitative care (Lipstein, et al, 2016; AACN, 2019).
- **Standardized data:** The process of ensuring that one data set can be compared to other data sets. In statistics, standardized data is the process of putting different variables on the same scale. This process allows one to compare scores between different types of variables.
- **Stress management:** A range of strategies to help one better deal with stress and difficulty (adversity). Managing stress can help an individual lead a more balanced, healthier life. Stress is an automatic physical, mental and emotional response to a challenging event. Stress management approaches include learning skills such as problem-solving, prioritizing tasks, and time management to enhance the ability to cope with adversity.
- **Structural racism:** A complex system of conferring social benefits in some groups and imposing burdens on others resulting in segregation, poverty, and denial of opportunity for people of color. Structural racism comprises cultural beliefs, historical legacies, and institutions, policies within and among public and private organizations that interweave to create drastic racial disparities in life outcomes (Wiecek, 2011).
- **Support care:** Treatment given to prevent, control, or relieve complications and side effects and to improve the patient's comfort and quality of life.
- **System decision:** A computerized program used to support determinations, judgments, and courses of action in an organization or a business. A system decision sifts through and analyzes massive amounts of data, compiling comprehensive information that can be used to solve problems and in decision-making.

- **Systemic inequity:** A condition where one category of people is attributed an unequal status in relation to other categories of people. This relationship is perpetuated and reinforced by a confluence of unequal relations in roles, functions, decisions, rights, and opportunities.
- **Systemic racism (also known as institutionalized racism):** Terms similar to structural racism which focuses more on the historical, cultural and social psychological aspects of the currently racialized society. The term institutional racism may be used to differentiate "access to the goods, services, and opportunities of society by race. Institutionalized racism is normative, sometimes legalized, and often manifests as inherited disadvantage. It is structural, having been codified in our institutions of custom, practice, and law, so there is no identifiable perpetrator. Institutionalized racism is often evident as inaction in the face of need" (Jones, 2000).
- **Systems**: A set of elements or components working together as parts of a mechanism or an interconnecting network.
- **Systems-based practice:** An analytic tool and a way of viewing the world, which can make caregiving and change efforts more successful. The focus is on understanding the interdependencies of a system or series of systems and the changes identified to improve care that can be made and measured in the system.
- **Team-based care:** The provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers—to the extent preferred by each patient—to accomplish shared goals within and across settings to achieve coordinated, high-quality care (Naylor, 2010; NAM, 2012; AANP, 2020).
- **Telehealth systems**: The use of a technology-based virtual platform to deliver various aspects of health information, prevention, monitoring, and medical care.
- **Translation:** The process of turning observations in the laboratory, clinic, and community into interventions that improve the health of individuals and the public — from diagnostics and therapeutics to medical procedures and behavioral changes.
- **Translational science:** The field of investigation focused on understanding the scientific and operational principles underlying each step of the translational process. Translational scientists are innovative and collaborative, searching for ways to break down barriers in the translation process and ultimately deliver more treatments to more patients more quickly.
- **Wellness and well-being:** A state of being marked by emotional stability (e.g., coping effectively with life and creating satisfying relationships) and physical health (e.g., recognizing the need for physical activity, healthy foods, and sleep).

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Approved by the AACN Membership on April 6, 2021.

Authoring Our Success

The Strategic Plan for the University at Albany

2018-2023

UNIVERSITY AT ALBANY

State University of New York

These five core priorities, which form the basis of our Strategic Plan, collectively express UAlbany's unique assets—and our aspirations for the future. They are the touchstones that will anchor the next chapters in our already long and rich history.

This plan truly reflects the extraordinary minds, energy, and commitment of the UAlbany community. More than 1,000 faculty, staff, and students directly participated in the creation of this document. Their passion is captured in a mission that focuses on empowering our people to excel, and a vision that promises to harness our work to create a better world.

I could not be more enthusiastic about the collaborative process that generated this plan; nor could I be more certain that we will meet our mandate to pave strong pathways to success and transformation. The future of the University at Albany (*our* future) is strong, bright, and exciting.

As we continue to join together in service to our collective future, I am confident that not only will we meet our strategic goals, but that we will succeed beyond our expectations. It is in this spirit of deep optimism and encouragement that we proudly present *Authoring Our Success: The Plan for UAlbany 2018-2023*.

Havidán Rodríguez
President

A Letter from the Co-Chairs

Dear colleagues and friends:

When we embarked on this phase of UAlbany's strategic planning process, we thought we had a good understanding of the road ahead: identify opportunities to enhance, strengthen, and build this institution over the next five years.

JAMES R. STELLAR

President Rodríguez's charge to us was simple: work collaboratively to lead this effort with an unwavering emphasis on our students' success; after all, everything we do at the University at Albany should contribute to their success. So, armed with five core priorities, we set out to support the creation of a plan to achieve this imperative.

MICHAEL N. CHRISTAKIS

The plan's goals were developed by five priority workgroups, populated by the members of the 110-person strategic planning committee, which included undergraduate and graduate students, faculty, and staff, each led by tireless co-chairs. With the first draft of the strategic plan in hand, we set off on 30 "Road Show" stops across the University's schools, colleges, administrative units, and shared governance groups. In the end, we had collaborated with more than 1,000 campus stakeholders.

At every stop we connected with the people who make the University at Albany such a special place—the faculty and staff, students and alumni who have a vested interest in our collective success. Along the way, it became abundantly clear that the plan would reflect the fact that it's about each of us.

This strategic planning process was different than any other we had experienced, because it wasn't about *process*, as much as it was about *people*.

The feedback at the road show sessions, the discussions at the action-planning roundtable events, spontaneous conversations in the Campus Center, and hundreds of thoughtful emails and online feedback all refined and shaped the plan.

So we are grateful to everyone who contributed to *Authoring Our Success*; for everything you have done and will continue to do to advance the University at Albany and help our students succeed.

This is *our* plan, and *we are the University at Albany!*

Sincerely,

James R. Stellar
Provost & Senior Vice President
for Academic Affairs
Co-Chair, Strategic Planning Committee

Michael N. Christakis
Vice President for Student Affairs
Co-Chair, Strategic Planning Committee

The State University of New York

The University at Albany is part of the State University of New York (SUNY), the nation's largest comprehensive public system of higher education. Since its founding in 1948, SUNY has evolved to meet the changing needs of New York's students, communities, and workforce.

SUNY is committed to serving as the state's strongest economic and quality-of-life driver and providing quality education at an affordable price to New Yorkers and students from across the nation and around the world through its unwavering imperatives: *to learn, to search, to serve.*

The University at Albany exemplifies SUNY's commitment to broad access by providing an excellent education to a diverse and inclusive community of students.

Our strategic plan holds significant potential for alignment with the themes articulated by Chancellor Kristina Johnson in her first State of the University System Address (January 2018), which are: *Innovation and Entrepreneurship, Individualized Education, Sustainability,* and *Strategic Partnerships.* We will seek to create synergies with these themes as we bring the University at Albany's core priorities into action.


UALBANY
50
TOM & MARY CASSY STADIUM

Our Mission

The University at Albany is an engine of opportunity. Fueled by our unique mix of academic excellence, internationally recognized research, and world-class faculty, we relentlessly pursue possibilities, create connections, and open opportunities—locally and globally—with a single-minded purpose: **To empower our students, faculty, and campus communities to author their own success.** *This is the University at Albany.*

Our Vision

To be the nation's leading diverse public research university—providing the leaders, the knowledge, and the innovations to create a better world.

Our Values

ACCESS: To enable individuals to pursue learning, research, and service regardless of economic, societal, or physical factors.

INTEGRITY: To be committed to—and expect from all—honesty, transparency, and accountability.

INCLUSIVE EXCELLENCE: To value diversity of all forms, academic freedom, and the rights, dignity, and perspectives of all individuals.

COMMON GOOD: To work collectively and collaboratively to benefit our communities—and create a sustainable way of life on earth.

Our Priorities

STUDENT SUCCESS is at the center of all we do;

RESEARCH drives our **EXCELLENCE**;

DIVERSITY AND INCLUSION are intrinsic to our success;

INTERNATIONALIZATION increases our visibility and impact across the globe;

ENGAGEMENT AND SERVICE foster partnerships with reciprocal benefits.

OUR PRIORITIES:

Student Success

By promoting academic achievement and personal growth, we will prepare UAlbany students to succeed in their careers and in all aspects of their lives as engaged citizens.

1. **Invest in academic programs**—both in-person and online—that balance emerging demands of students, employers, and society while cultivating intellectual development, ethical reasoning, and practical skills.
2. **Enhance the student experience** in and out of the classroom through innovative teaching, collaborative support services, and programs that promote student engagement, learning, and well-being.
3. **Integrate teaching and experiential education** through student research, service-learning, education abroad, internship opportunities, and course-based experiences.

Sample Student Success Metrics:

- Retention and graduation rates
- Median time to degree
- Student satisfaction
- Alumni satisfaction rates and willingness to recommend UAlbany
- Alumni participation rates
- Employment statistics one, five, and 10 years after graduation
- Postsecondary education continuation participation rates
- Student participation in education abroad and internationally focused research
- Student participation in high-impact practices

OUR PRIORITIES:

Research Excellence

Strengthen UAlbany's research, scholarship, and creative pursuits that address societal challenges, advance human knowledge, and drive innovation and discovery.

1. **Recruit and retain faculty, staff and graduate students** who strongly contribute to distinctive disciplinary and interdisciplinary research programs that drive entrepreneurship, public-private partnerships, and translational application.
2. **Empower faculty, staff and students to engage in innovative research** through an enhanced research infrastructure, including streamlined pre- and post-award support practices.
3. **Identify and support innovative research opportunities** that maintain a balanced research portfolio throughout the disciplines while encouraging collaboration across our programs.

Sample Research Excellence Metrics:

- Number of faculty scholarship and citations in top-tier journals, books, and publications
- Faculty creative work exhibitions in top-tier venues
- Total number and value of research grant applications, awards, and expenditures
- Recognitions and honors in the arts, humanities, science, engineering, and health[1]
- National academy memberships[1]
- Postdoctoral appointees[1]
- Increasing ratio of faculty with research grants
- Ratio of doctorates awarded per faculty compared to peers

[1] *As defined by The Center for Measuring University Performance*

OUR PRIORITIES:

Diversity and Inclusion

UAlbany's diversity—in our people and our ideas—drives excellence in everything that we do.

1. **Recruit and retain faculty, staff, administrators and graduate students** who better reflect the strong multidimensional diversity of our undergraduate students.
2. **Foster an inclusive campus climate** through ongoing learning opportunities that celebrate individual differences, encourage the open and free exchange of diverse ideas, and provide opportunities to engage in constructive dialogue.
3. **Cultivate an inclusive learning environment** by incorporating diversity into curricular and co-curricular activities that use innovative pedagogy and discipline-specific applications—delivered in accessible, inclusive facilities.

Sample Diversity and Inclusion Metrics:

- Faculty, student, and staff diversity
- Retention rates of underrepresented minority faculty, staff, and students
- Perceptions of the campus climate
- Instruction and/or participation in diverse and inclusive activities

OUR PRIORITIES:

Internationalization

Prepare our students to be globally engaged citizens while expanding UAlbany's international visibility and impact.

1. **Ensure our curriculum prepares students to be globally engaged citizens** by identifying intercultural learning opportunities for all disciplines.
2. **Facilitate internationalization across teaching and research** and support those activities through institutional processes.
3. **Increase access to education abroad opportunities** for all students while creating a supportive campus environment for international students and scholars.

Sample Internationalization Metrics:

- Research and scholarship collaboration with institutions beyond the United States
- Credit hours taught in courses with an international component
- Students enrolled in education abroad
- Number of international scholars hosted annually
- Number of faculty on Fulbright or other international study leave opportunities
- Number of international partnerships


UNIVERSITY ALBANY

OUR PRIORITIES:

Engagement and Service

UAlbany will continue to serve as an integral regional, national and international partner and anchor institution.

1. **Create publicly engaged scholarship and research opportunities that address societal challenges** through collaborative work in relevant thematic areas.
2. **Serve our communities—local to global**—by facilitating productive and mutually beneficial synergies between UAlbany and regional, state, national, and international partners.
3. **Include and engage neighbors, community members, friends, and alumni in the life of the University** by promoting participation in on-campus events, programs, and activities while encouraging life-long educational pursuits.

Sample Engagement and Service Metrics:

- Number of publicly engaged research and scholarship collaborations
- Credit hours taught in courses with a public engagement component
- Credit hours taught in courses with a community volunteerism component
- Number of service-learning opportunities
- Number of students participating in engagement and service activities
- Carnegie Community Engagement Classification in 2020

We will be the authors of UAlbany's success.

We must commit to:

Building faculty and staff development programs that will enable all faculty and staff to more effectively foster student learning, conduct high-impact research, scholarship, and creative activities, and engage collaboratively as full partners in improving the University;

Creating leadership development programs for faculty and staff to improve our capacity for strategic thinking, planning and management, data-driven decision making, inclusive excellence, and continuous improvement;

Designing a culture of service excellence that supports faculty success, improves the student experience, increases employee satisfaction, fosters alumni loyalty, and elevates the reputation of the University at Albany.

Strategic Planning Committee Members

CO-CHAIRS
James Stellar, *Provost and Senior Vice President for Academic Affairs*
Michael Christakis, *Vice President for Student Affairs*

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Debra Gelinas, *Applied Learning*
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Michael Jaromin, *Student Involvement*
Madeeha Khan, *Undergraduate Student*
Cliff Kim, *Government and Community Relations*
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Andi Lyons, *Music and Theatre*
Jack Mahoney, *Institutional Research*
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Maritza Martinez, *EOP*
Li Niu, *Chemistry*
Julie Novkov, *Political Science*
Marina Petrukhina, *Chemistry*
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Lofti Sayahi, *Languages, Literatures and Cultures*
Lee Serravillo, *Alumni Association*
Peter Shea, *Online Learning*
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Kendra Smith-Howard, *History*
Sandra Starke, *Office of the Provost*
Doug Sweet, *Student Affairs Assessment and Planning*
Christine Wagner, *Psychology*
Dawn Wharram, *Graduate Student*
Kevin Williams, *Office of the Provost*
Robert Yagelski, *Writing and Critical Inquiry*

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Sheila Seery, *Government and Community Relations*
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Kevin Wilcox, *Finance and Administration*

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UNIVERSITY AT ALBANY

State University of New York

VALIDATE: EMPLOYMENT POTENTIAL

PROJECT CRITERIA

Validate	Programs
States	New York
Degree Level	Bachelor's degree
Time Period	4/1/2020 - 3/31/2021
Selected Programs	Registered Nursing/Registered Nurse (51.3801), Adult Health Nurse/Nursing (51.3803), Clinical Nurse Leader (51.3820), Clinical Nurse Specialist (51.3813), Emergency Room/Trauma Nursing (51.3816), Critical Care Nursing (51.3814), Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursin (51.3899), Family Practice Nurse/Nursing (51.3805), Geriatric Nurse/Nursing (51.3821), Maternal/Child Health and Neonatal Nurse/Nursing (51.3806), Nurse Anesthetist (51.3804), Nurse Midwife/Nursing Midwifery (51.3807), Nursing Administration (51.3802), Nursing Education (51.3817), Nursing Practice (51.3818), Nursing Science (51.3808), Occupational and Environmental Health Nursing (51.3815), Palliative Care Nursing (51.3819), Pediatric Nurse/Nursing (51.3809), Perioperative/Operating Room and Surgical Nurse/Nursing (51.3812)
Career Outcomes mapped to Selected Programs of Study	Registered Nurse, Intensive / Critical Care Nurse, Clinical Auditor / Utilization Reviewer, Nursing Manager / Supervisor, Clinical Case Manager, Director of Nursing, Healthcare Administrator, Nursing Home / Home Health Administrator

HOW MANY JOBS ARE THERE FOR GRADUATES OF THIS PROGRAM?

For your project criteria, there were 40,605 job postings in the last 12 months.

Compared to:

- 1,479,347 total job postings in your selected location
- 536,915 total job postings requesting a Bachelor's degree in your selected location

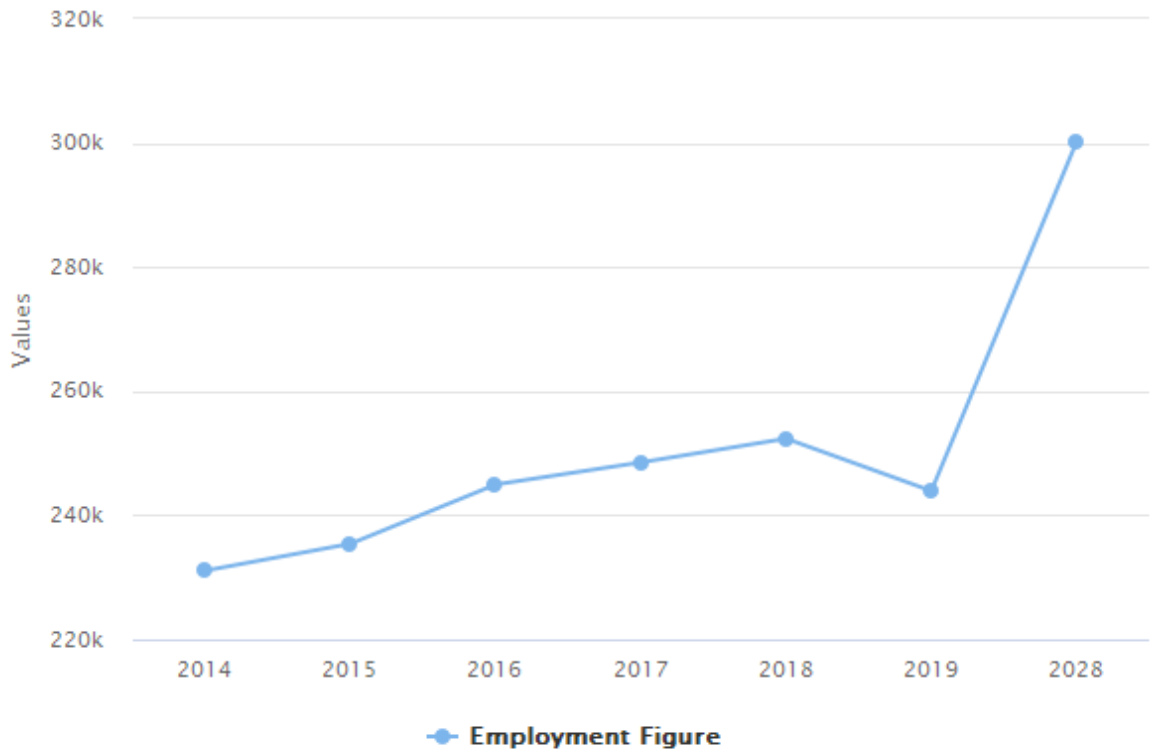
The number of jobs is expected to grow over the next 10 years.

GROWTH BY GEOGRAPHY

Geography	Selected Occupations	Total Labor Market	Relative Growth
New York	23.06 %	8.29 %	High
Nationwide	12.94 %	4.24 %	High

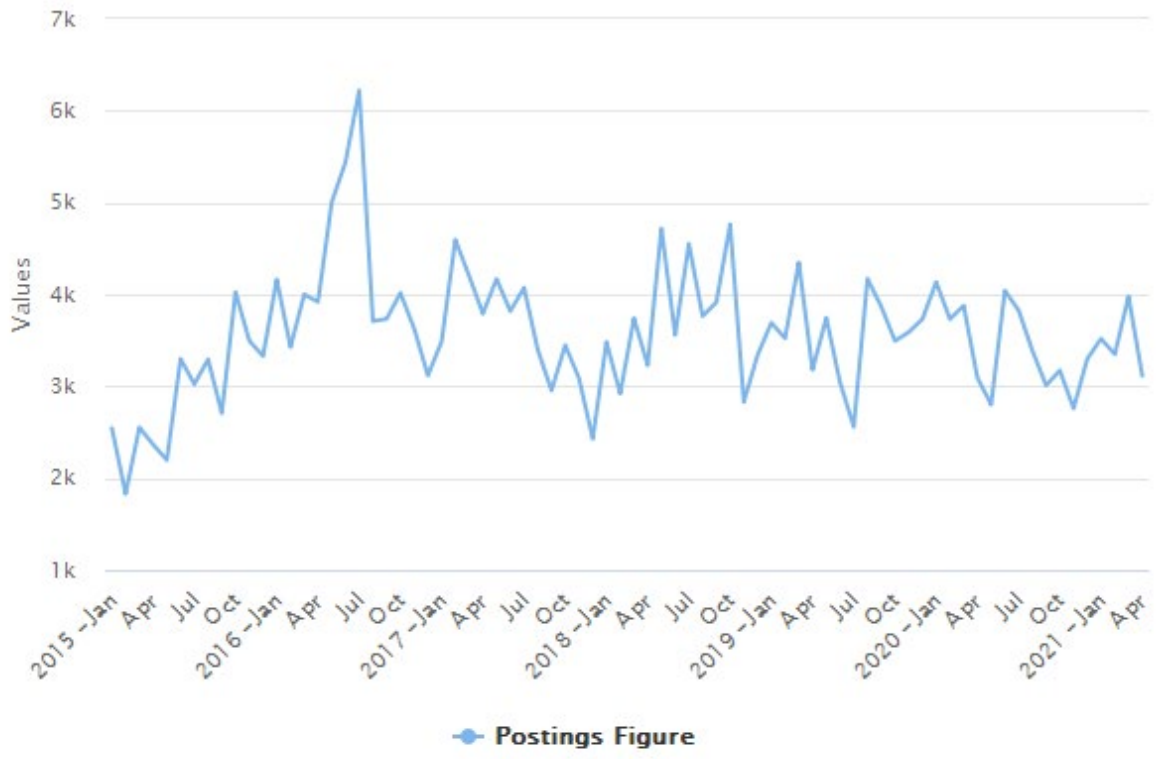
HOW HAS EMPLOYMENT CHANGED FOR CAREER OUTCOMES OF YOUR PROGRAM?

	2014	2015	2016	2017	2018	2019	2028
Employment (BLS)	231,080	235,410	244,960	248,520	252,350	243,920	300,162



Employment data between years 2019 and 2028 are projected figures.

POSTINGS TRENDS



DETAILS BY OCCUPATION

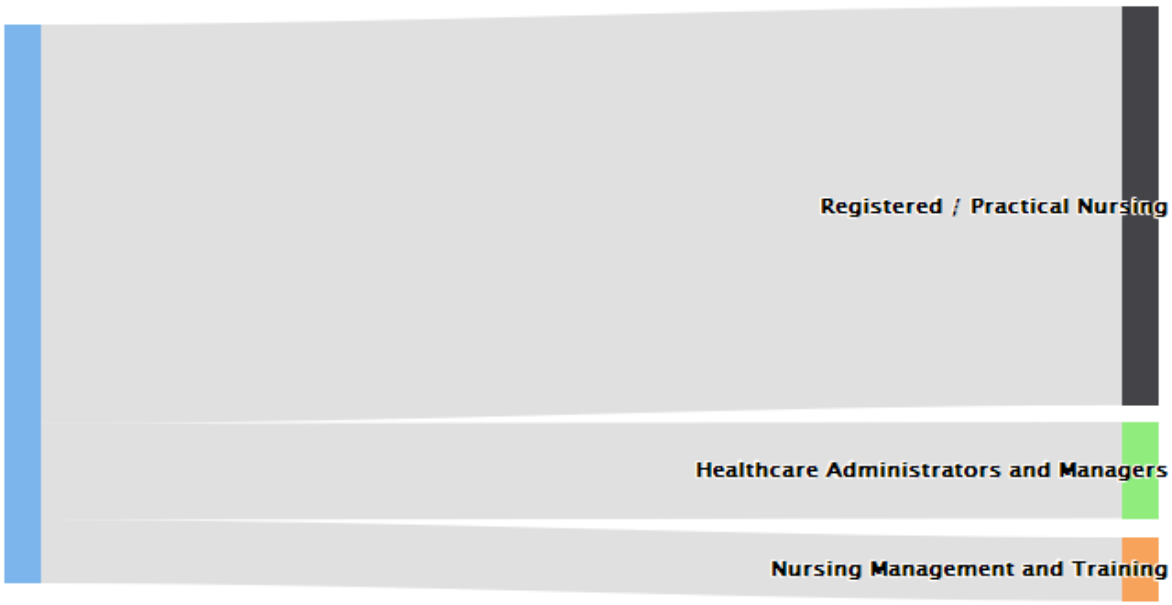
Occupation Group	Postings	LQ	Employment (2019)	Employment Growth (2018 - 2019)	Projected Employment Growth (2019-2028)
Registered / Practical Nursing	28,685	0.90	178,320	-2.30%	22.90%
Healthcare Administrators and Managers	6,924	1.20	65,600	-6.10%	23.50%
Nursing Management and Training	4,560	1.20	204,060	-2.00%	22.90%

HOW VERSATILE IS THIS DEGREE FOR MY GRADUATES?

Graduates of this program usually transition into any of the 3 different occupation groups:

Occupations Group	Market Size (postings)	Percentage of Career Outcome demand

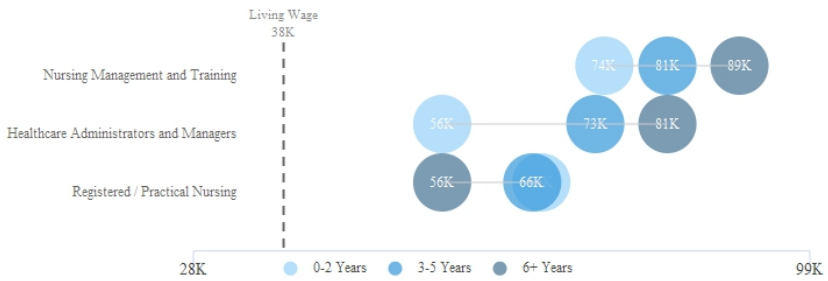
Registered / Practical Nursing	28,685	71.41%
Healthcare Administrators and Managers	6,924	17.24%
Nursing Management and Training	4,560	11.35%



WHAT SALARY WILL MY GRADUATES FIND UPON GRADUATION?

The median salary in New York for graduates of your program is $69K

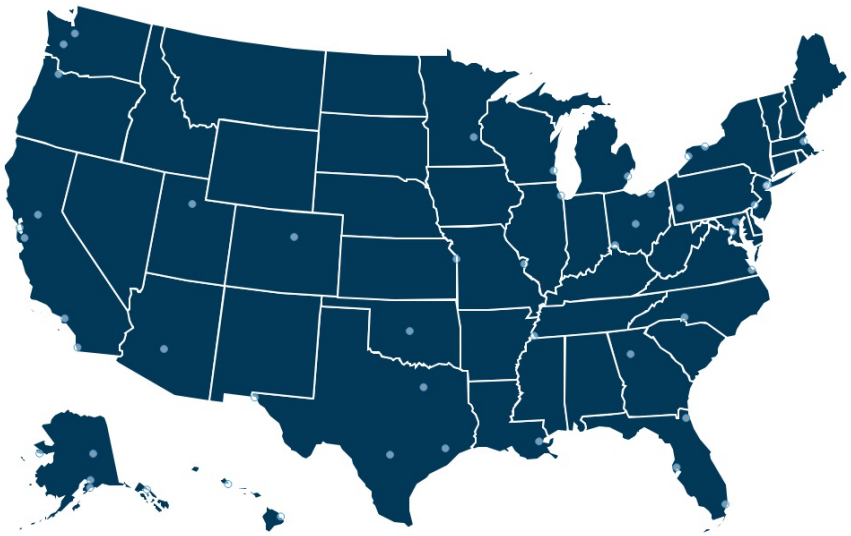
This average salary is Above the average living wage for New York of $38K



Salary numbers are based on Burning Glass models that consider advertised job posting salary, BLS data, and other proprietary and public sources of information.

Occupation Group	0-2 Years	3-5 Years	6+ Years
Nursing Management and Training	$74K	$81K	$89K
Healthcare Administrators and Managers	$56K	$73K	$81K
Registered / Practical Nursing	$67K	$66K	$56K

WHERE IS DEMAND FOR MY PROGRAM?



TOP LOCATIONS BY POSTING DEMAND

Location	Postings
California	115,763
Texas	92,789
Florida	75,140
North Carolina	40,299
New York	40,268

Georgia	39,302
Pennsylvania	38,380
Ohio	35,545
Colorado	34,904
Illinois	30,711

VALIDATE: COMPETITIVE LANDSCAPE

PROJECT CRITERIA

Validate	Programs
States	New York
Degree Level	Bachelor's degree
Time Period	4/1/2020 - 3/31/2021
Selected Programs	Registered Nursing/Registered Nurse (51.3801), Adult Health Nurse/Nursing (51.3803), Clinical Nurse Leader (51.3820), Clinical Nurse Specialist (51.3813), Emergency Room/Trauma Nursing (51.3816), Critical Care Nursing (51.3814), Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursin (51.3899), Family Practice Nurse/Nursing (51.3805), Geriatric Nurse/Nursing (51.3821), Maternal/Child Health and Neonatal Nurse/Nursing (51.3806), Nurse Anesthetist (51.3804), Nurse Midwife/Nursing Midwifery (51.3807), Nursing Administration (51.3802), Nursing Education (51.3817), Nursing Practice (51.3818), Nursing Science (51.3808), Occupational and Environmental Health Nursing (51.3815), Palliative Care Nursing (51.3819), Pediatric Nurse/Nursing (51.3809), Perioperative/Operating Room and Surgical Nurse/Nursing (51.3812)
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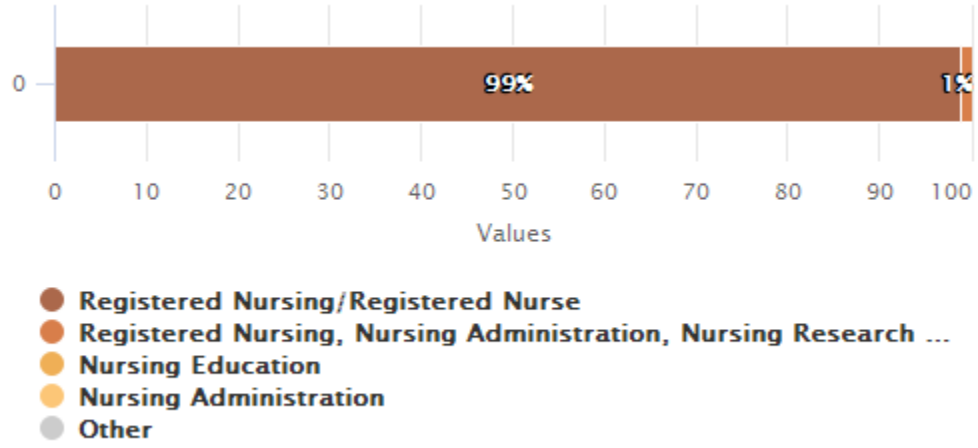
OVERVIEW

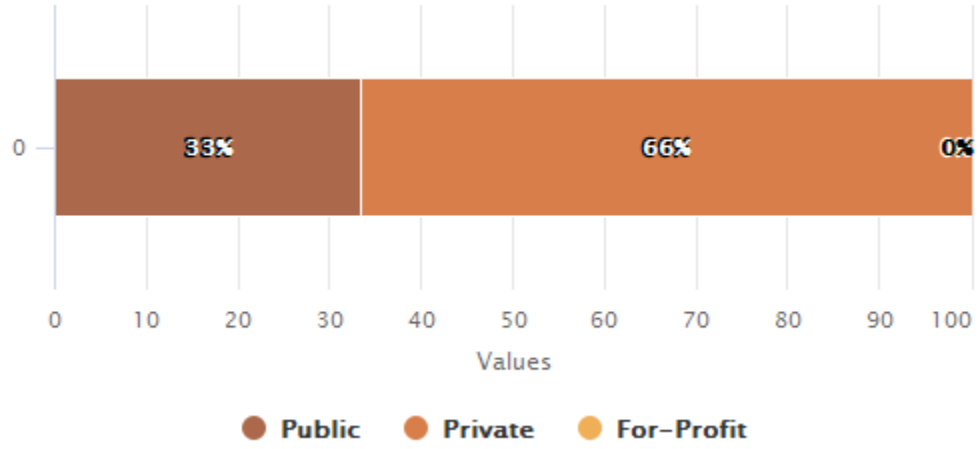
	#	% Change (2015-2019)
Degrees Conferred	7,401	3%
Number of Institutions	63	10%
Average Conferrals by Institution	117	-7.10%
Median Conferrals by Institution	85	-25.40%

MARKET SHARE BY PROGRAM



Program	Conferrals (2019)	Market Share (%)
Registered Nursing/Registered Nurse	7,303	98.68%
Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursin	50	0.68%
Nursing Education	23	0.31%
Nursing Administration	16	0.22%
Other	9	0.12%

MARKET SHARE BY INSTITUTION TYPE



Institution Type	Conferrals (2019)	Market Share (%)
Public	2,451	33.12%
Private	4,922	66.50%
For-Profit	28	0.38%
UnKnown	0	0.00%

TOP INSTITUTIONS

Institution	School Type	Market Share (2019)	Market Share Change	Conferrals (2019)	Conferrals Change (2015-2019)
Adelphi University	Private	6.13%	0.82%	454	19.20%

New York University	Private	5.55%	-0.21%	411	-0.50%
Molloy College	Private	5.30%	0.33%	392	10.10%
Utica College	Private	5.01%	1.86%	371	64.20%
Long Island University	Private	4.28%	0.67%	317	22.40%
Excelsior College	Private	3.63%	-2.72%	269	-40.90%
Pace University	Private	3.20%	1.15%	237	61.20%
SUNY College at Brockport	Public	3.16%	1.01%	234	51.90%
CUNY Lehman College	Public	3.08%	-1.01%	228	-22.20%
Stony Brook University	Public	3.03%	-0.86%	224	-19.70%

TOP PROGRAMS

Program	Market Share (2019)	Market Share Change	Conferrals (2019)	Conferrals Change (2015-2019)
Registered Nursing/Registered Nurse	98.68%	2.28%	7,303	5.70%
Registered Nursing, Nursing Administration,	0.68%	-2.05%	50	-74.50%

Nursing Research and Clinical Nursin				
Nursing Education	0.31%	0.31%	23	100.00%
Nursing Administration	0.22%	0.22%	16	100.00%
Nursing Practice	0.12%	0.12%	9	100.00%
Geriatric Nurse/Nursing	0.00%	0.00%	0	0.00%
Adult Health Nurse/Nursing	0.00%	-0.01%	0	-100.00%
Nursing Science	0.00%	-0.82%	0	-100.00%
Family Practice Nurse/Nursing	0.00%	-0.03%	0	-100.00%

ACTIVE COMPETITORS

Institution	School Type	Market Share (2019)	Market Share Change	Conferrals (2019)	Conferrals Change (2015-2019)

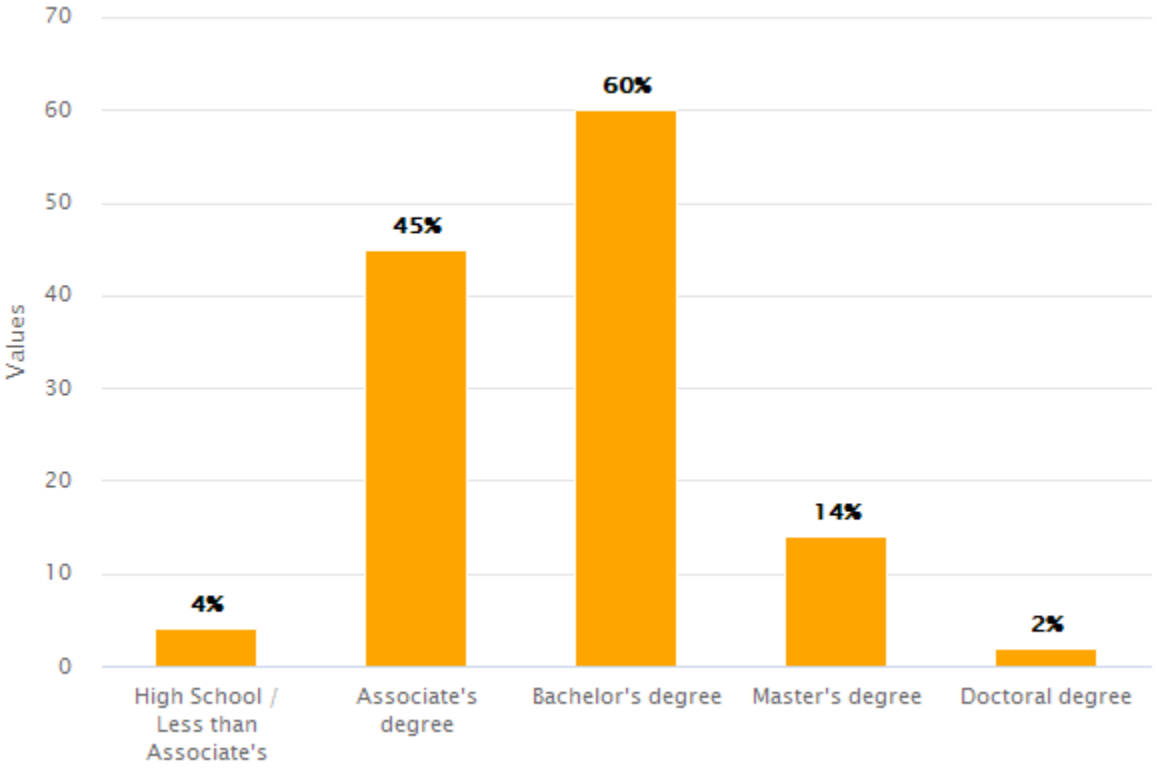
No data is currently available

VALIDATE: MARKET ALIGNMENT

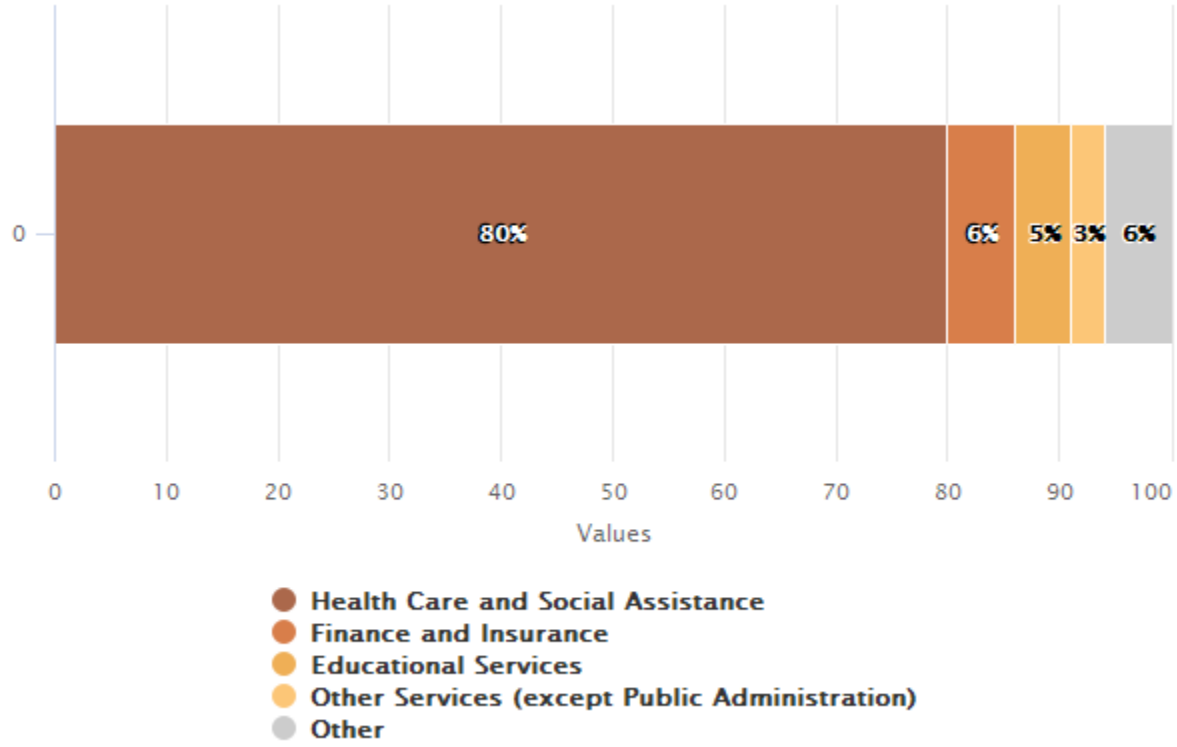
PROJECT CRITERIA

Validate	Programs
States	New York
Degree Level	Bachelor's degree
Time Period	4/1/2020 - 3/31/2021
Selected Programs	Registered Nursing/Registered Nurse (51.3801), Adult Health Nurse/Nursing (51.3803), Clinical Nurse Leader (51.3820), Clinical Nurse Specialist (51.3813), Emergency Room/Trauma Nursing (51.3816), Critical Care Nursing (51.3814), Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursin (51.3899), Family Practice Nurse/Nursing (51.3805), Geriatric Nurse/Nursing (51.3821), Maternal/Child Health and Neonatal Nurse/Nursing (51.3806), Nurse Anesthetist (51.3804), Nurse Midwife/Nursing Midwifery (51.3807), Nursing Administration (51.3802), Nursing Education (51.3817), Nursing Practice (51.3818), Nursing Science (51.3808), Occupational and Environmental Health Nursing (51.3815), Palliative Care Nursing (51.3819), Pediatric Nurse/Nursing (51.3809), Perioperative/Operating Room and Surgical Nurse/Nursing (51.3812)
Career Outcomes mapped to Selected Programs of Study	Registered Nurse, Intensive / Critical Care Nurse, Clinical Auditor / Utilization Reviewer, Nursing Manager / Supervisor, Clinical Case Manager, Director of Nursing, Healthcare Administrator, Nursing Home / Home Health Administrator

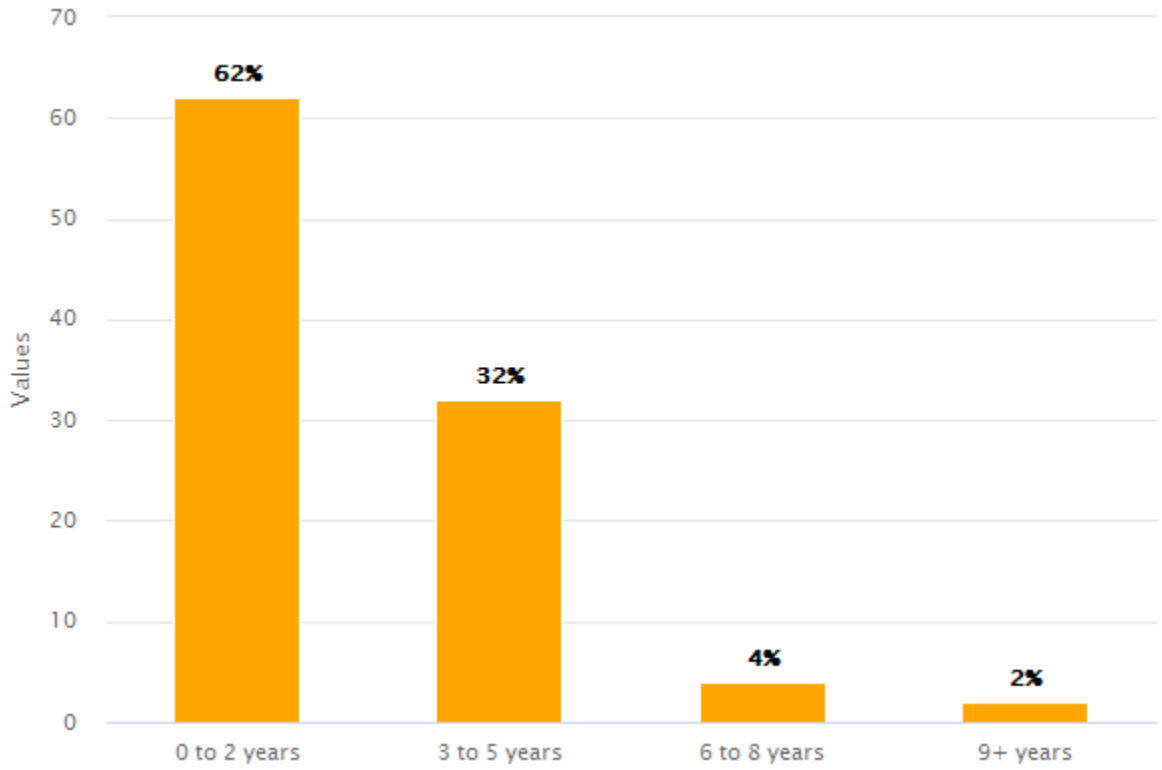
JOB POSTINGS BY ADVERTISED EDUCATION (%)



JOB POSTINGS BY INDUSTRY (%)



JOB POSTINGS BY EXPERIENCE REQUESTED (%)



TOP TITLES

Experience Level: All Experience

Title	Postings	Market Share (%)
Registered Nurse	1,804	5.40%
Case Manager	515	1.54%
Registered Nurse Supervisor	302	0.90%
Registered Nurse - Home Care	148	0.44%
Nurse Manager	140	0.42%
Registered Nurse - Float Pool	100	0.30%
Nursing Supervisor	83	0.25%
Health Home Care Manager	82	0.25%
Nurse	78	0.23%
Care Manager	76	0.23%
Assistant Director Of Nursing	73	0.22%
Assistant Nurse Manager	71	0.21%
Director Of Nursing	66	0.20%
Staff Nurse	66	0.20%
Care Coordinator	56	0.17%

TOP EMPLOYERS HIRING

Experience Level: All Experience

Employer	Postings	Market Share (%)
Northwell Health	4,175	12.50%
Anthem Blue Cross	1,348	4.04%
NewYork-Presbyterian Hospital	880	2.63%
Catholic Health Initiatives	878	2.63%
SUNY	707	2.12%
Rochester Regional Health	569	1.70%
New York - Presbyterian Hospital	559	1.67%
Bayada Home Health Care	369	1.10%
Davita Incorporated	350	1.05%
University Rochester	348	1.04%
Memorial Sloan Kettering Cancer Center	330	0.99%
NYU Langone Medical Center	253	0.76%
Caremount Medical	235	0.70%
Westchester Medical Center	234	0.70%
Mount Sinai	223	0.67%

American Association of Colleges of Nursing
The Voice of Academic Nursing

AACN Research Brief

December 2020

Employment of New Nurse Graduates and Employer Preferences for Baccalaureate-Prepared Nurses

In August 2020, AACN conducted its eighth online survey of nursing schools offering entry-level baccalaureate and master's programs in the U.S. to better assess the experience of new graduates in finding employment. For the seventh consecutive year, AACN asked schools to identify if employers in their region were requiring or preferring that new Registered Nurse (RN) hires have at least a baccalaureate degree in nursing. A brief online survey was developed to solicit information from 757 deans of nursing schools offering baccalaureate and/or graduate programs. A total of 647 valid responses were received, generating an 86.9% response rate.

The Employment of New Nurse Graduates

Regional reports suggest that some nursing school graduates are having difficulty finding employment, which prompted AACN to take action to quantify these claims. Two questions were asked in the August survey about the employment of new graduates from entry-level baccalaureate and master's programs:

- What percentage of 2019 graduates from your nursing programs had job offers at the time of graduation?
- What percentage of 2019 graduates from your nursing programs had job offers within 4-6 months after graduation?

Job Offers at Graduation

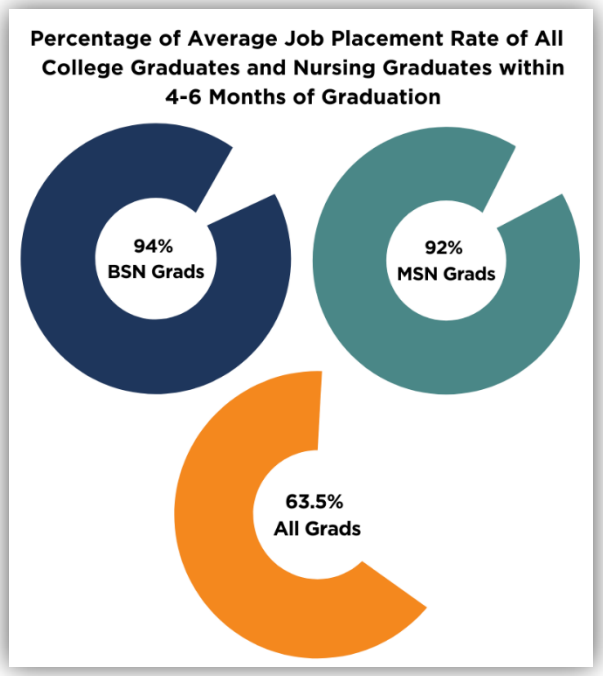
Of the 647 schools that responded to the survey, 562 (86.9%) reported having an entry-level baccalaureate program (BSN) and 80 (12.4%) had an entry-level master's program (MSN) for which employment data for new graduates were available. The survey found that the average job offer rate at the time of graduation was 76% for new BSN graduates and 74% for entry-level MSN graduates. By comparison, the National Association of Colleges and Employers (NACE) conducted a national survey of 529,000 new college graduates across disciplines in 2018 and found that 58.7% of new graduates had a job offer at the time of graduation.

Looking closer at the AACN data, the survey found little variation in the average rate of job offers at the time of graduation by institutional type (e.g. large vs. small school; public vs. private school; doctoral degree-granting vs. non-doctoral). However, there is some variability by region of the country. For new BSN graduates, the job offer rate for schools in the South is 85% followed by 79% in the Midwest, 63% in the North Atlantic, and 60% in the West. This rate is generally higher across the board for entry-level MSN graduates: 70% in the South, 81% in the Midwest, 70% in the North Atlantic, and 50% in the West. These findings indicate that employment of new graduates from entry-level nursing programs is more challenging in different regions of the country.

Job Placement 4-6 Months After Graduation

With respect to job offers for new graduates 4–6 months after the completion of their programs, the survey found this rate to be 94% for entry-level BSN and 92% for MSN graduates. Once again the survey found little variation based on school type and institutional characteristics. The job offer rate for BSN graduates did vary slightly by region, from, 96% in the South, 95% in the Midwest, 91% in the North Atlantic, and 88% in the West. For entry-level MSN program graduates, the job offer rate at 4-6 months post-graduation ranged from 92% in the South, 96% in the Midwest, 92% in the North Atlantic, and 87% in the West.

In a survey of 361 schools, NACE found that within 6 months of graduation, 63.5% of baccalaureate graduates from the Class of 2018 were employed part-time or full-time.



Employer Preference for New Nurses with Baccalaureate-Level Preparation

Again this year, AACN asked nursing schools if employers in their region were requiring or indicating a preference for hiring new nurses with a bachelor's degree in nursing. A significant body of research shows that nurses with baccalaureate level preparation are linked to better patient outcomes, including lower mortality and failure-to-rescue rates. With the Institute of Medicine (2010) calling for 80% of the nursing workforce to hold at least a bachelor's degree by 2020, moving to prepare nurses at this level has become a national priority.

Based on completed responses from 647 schools of nursing, 41.1% of hospitals and other healthcare settings are requiring new hires to have a bachelor's degree in nursing, while 82.4% of employers are expressing a strong preference for BSN program graduates.

Clearly, healthcare settings nationwide are seeing a difference in nursing practice based on the level of education and are making hiring decisions to enhance the quality of care available to patients. For more background information on this issue, see AACN's fact sheet on the Impact of Education on Nursing Practice, which may be downloaded at www.aacnnursing.org/news-information/fact-sheets/impact-of-education. Complete survey information and data tables are available to AACN member schools and stakeholders by contacting Data Coordinator Jenny Keyt at 202-463-6930, ext. 244 or jkeyt@aacnnursing.org.

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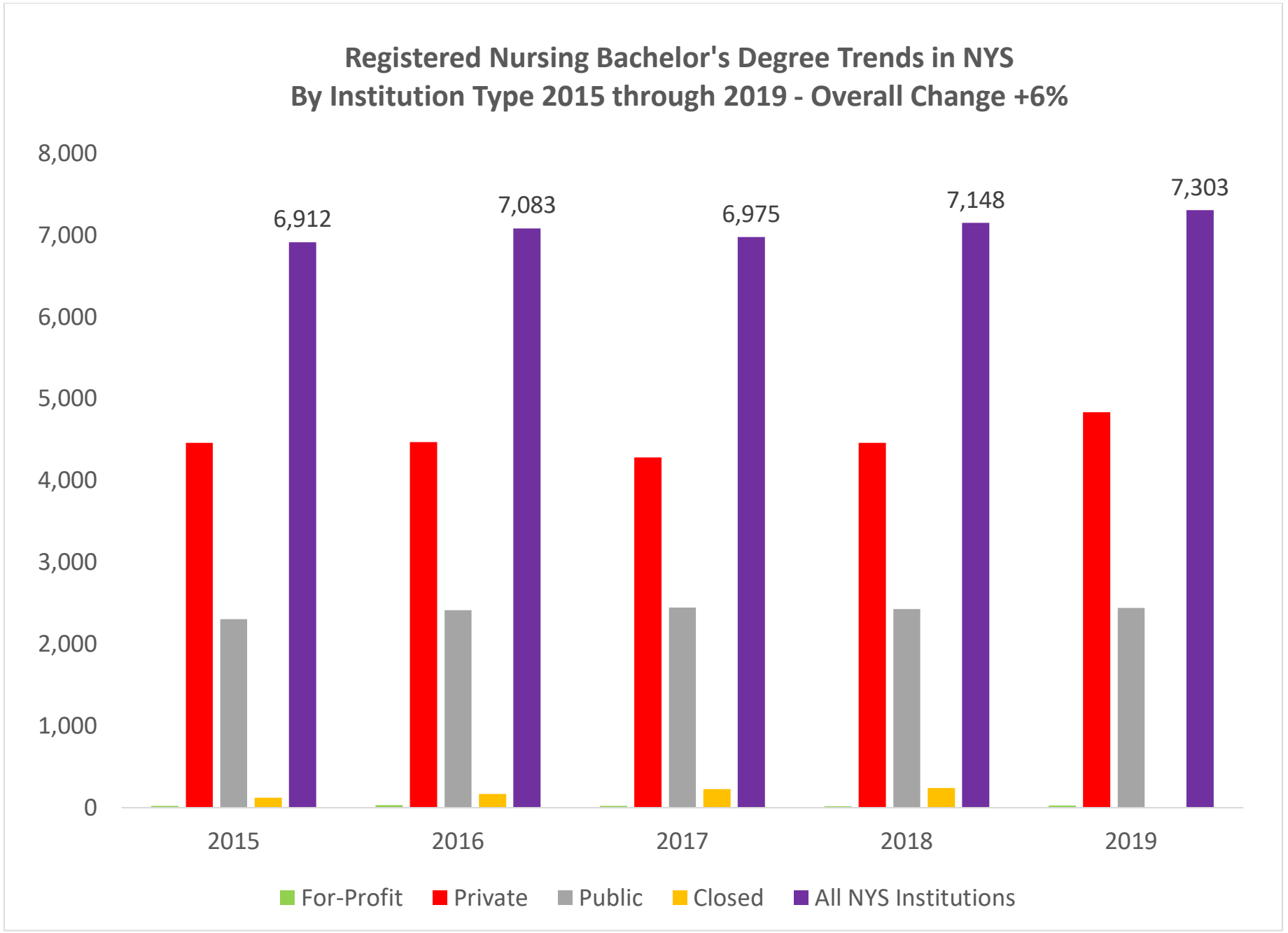
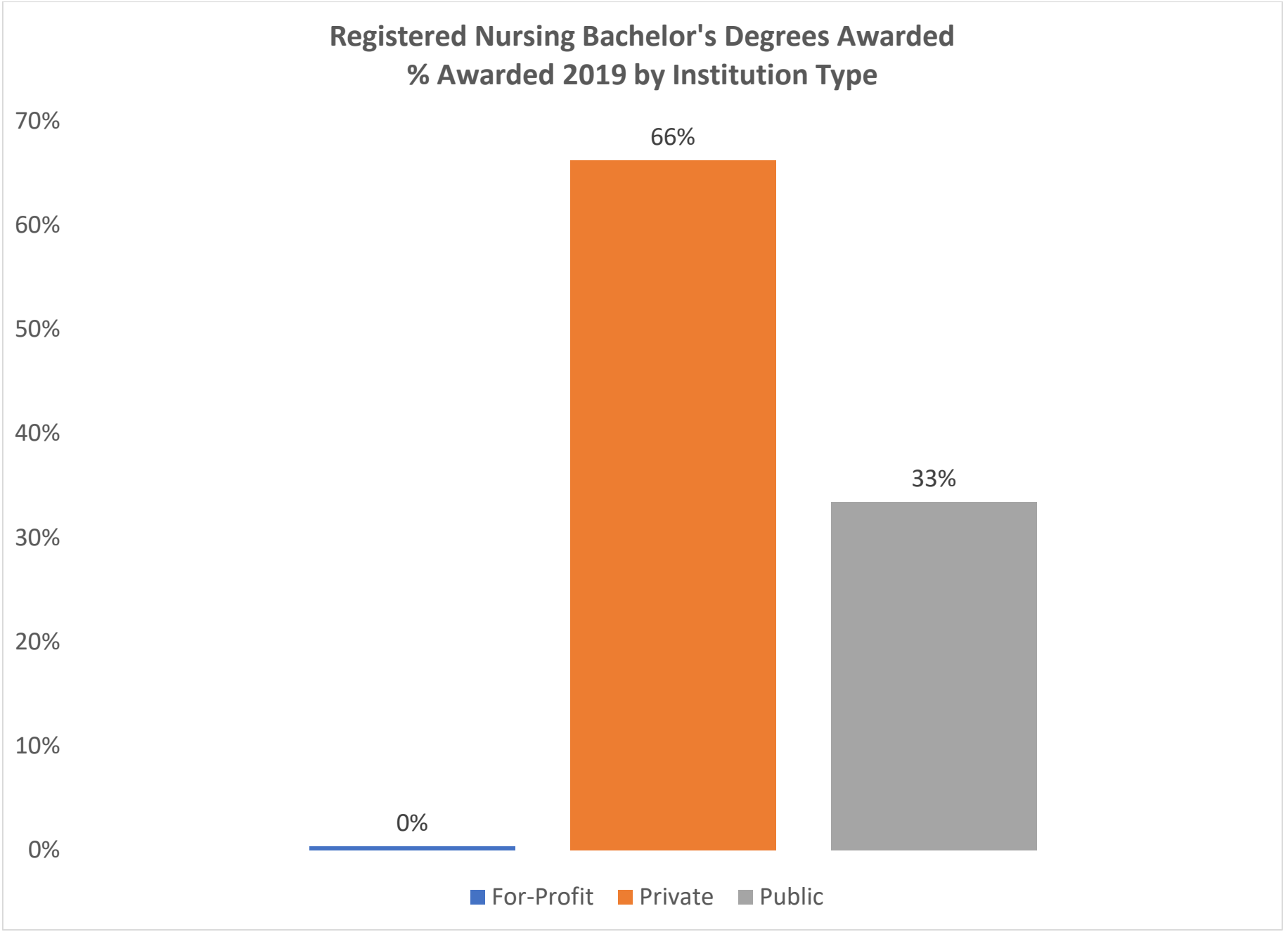
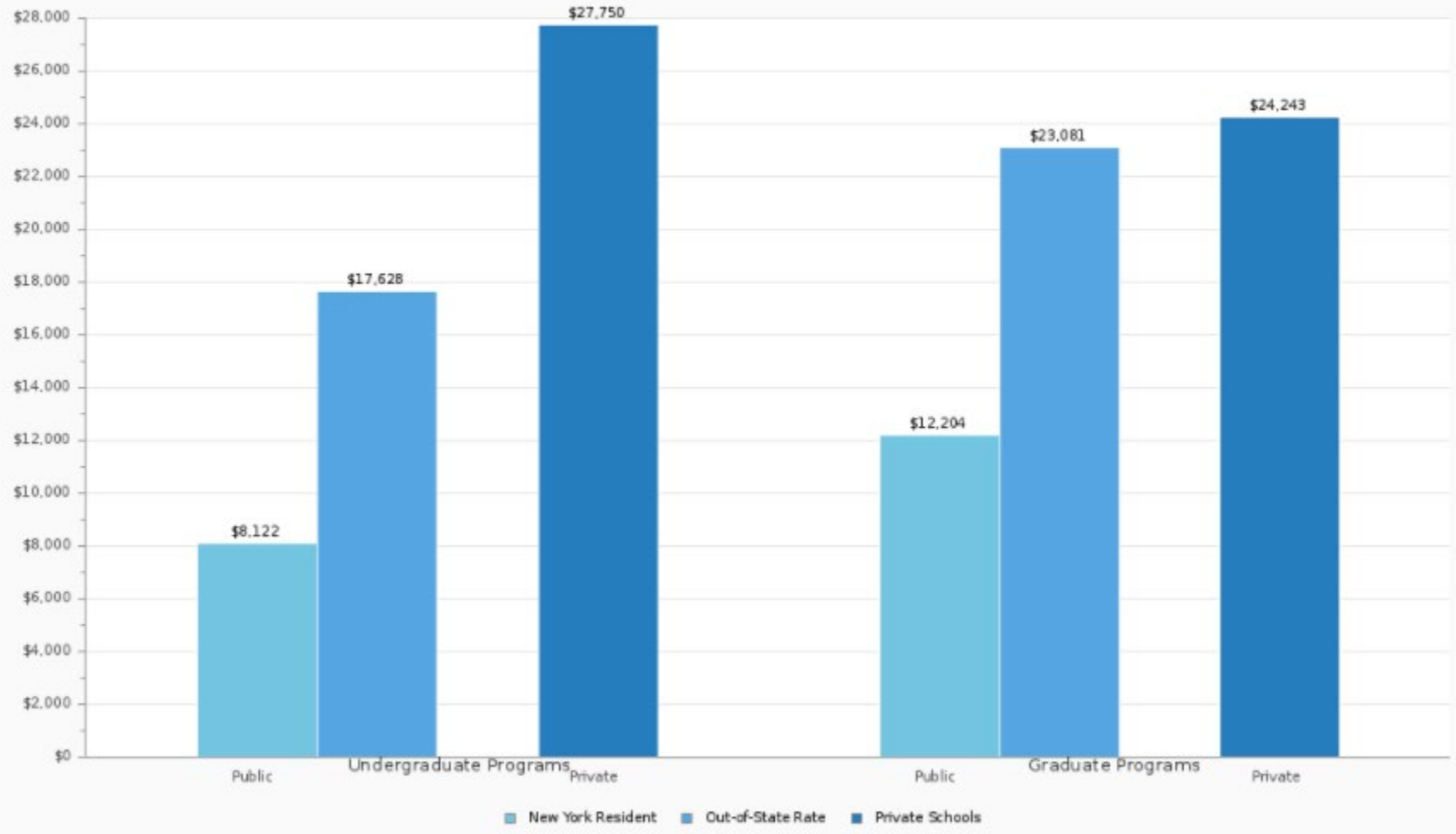
National Association of Colleges and Employers. (2019, October). First Destinations for The College Class of 2018. Retrieved from https://www.naceweb.org/uploadedfiles/files/2019/publication/free-report/first-destinations-for-the-class-of-2018.pdf


Registered Nursing Bachelor's Degree Trends in NYS
By Institution Type 2015 through 2019 - Overall Change +6%
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
6,912
7,083
6,975
7,148
7,303
2015
2016
2017
2018
2019
For-Profit
Private
Public
Closed
All NYS Institutions


Registered Nursing Bachelor's Degrees Awarded
% Awarded 2019 by Institution Type
70%
60%
50%
40%
30%
20%
10%
0%
66%
33%
0%
For-Profit
Private
Public

New York Colleges 2021 Average Tuition & Fees

4 Years (or High) Colleges



Data Source: IPEDS, U.S. Department of Education

www.collegetuitioncompare.com

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Fact Sheet:
Nursing Shortage

The U.S. is projected to experience a shortage of Registered Nurses (RNs) that is expected to intensify as Baby Boomers age and the need for health care grows. Compounding the problem is the fact that nursing schools across the country are struggling to expand capacity to meet the rising demand for care. The **American Association of Colleges of Nursing (AACN)** is working with schools, policy makers, nursing organizations, and the media to bring attention to this healthcare concern. AACN is leveraging its resources to shape legislation, identify strategies, and form collaborations to address the shortage. To keep stakeholders abreast of the issues, this fact sheet has been developed along with a companion Web resource.

Current and Projected Shortage Indicators

- According to the Bureau of Labor Statistics' *Employment Projections* 2019-2029, Registered Nursing (RN) is listed among the top occupations in terms of job growth through 2029. The RN workforce is expected to grow from 3 million in 2019 to 3.3 million in 2029, an increase of 221,900 or 7%. The Bureau also projects 175,900 openings for RNs each year through 2029 when nurse retirements and workforce exits are factored into the number of nurses needed in the U.S.

- According to the United States Registered Nurse Workforce Report Card and Shortage Forecast: A Revisit published in the May/June 2018 issue of the *American Journal of Medical Quality*, a shortage of registered nurses is projected to spread across the country between 2016 and 2030. In this state-by-state analysis, the authors forecast the RN shortage to be most intense in the South and the West.

- In October 2010, the Institute of Medicine released its landmark report on *The Future of Nursing*, initiated by the Robert Wood Johnson Foundation, which called for increasing the number of baccalaureate-prepared nurses in the workforce to 80% and doubling the population of nurses with doctoral degrees. The current nursing workforce falls far short of these recommendations with only 64.2% of registered nurses prepared at the baccalaureate or graduate degree level according to the latest workforce survey

conducted by the National Council of State Boards of Nursing.

- In July 2010, the Tri-Council for Nursing released a joint statement on *Recent Registered Nurse Supply and Demand Projections,* which cautioned stakeholders about declaring an end to the nursing shortage. The downturn in the economy has lead to an easing of the shortage in many parts of the country, a recent development most analysts believe to be temporary. In the joint statement, the Tri-Council raises serious concerns about slowing the production of RNs given the projected demand for nursing services, particularly in light of healthcare reform.

Contributing Factors Impacting the Nursing Shortage

Nursing school enrollment is not growing fast enough to meet the projected demand for RN and APRN services.

Though AACN reported a 5.1% enrollment increase in entry-level baccalaureate programs in nursing in 2019, this increase is not sufficient to meet the projected demand for nursing services, including the need for more nurse faculty, researchers, and primary care providers.

A shortage of nursing school faculty is restricting nursing program enrollments.

- According to AACN's report on *2019-2020 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*, U.S. nursing schools turned away 80,407 qualified applicants from baccalaureate and graduate nursing programs in 2019 due to insufficient number of faculty, clinical sites, classroom space, and clinical preceptors, as well as budget constraints. Almost two-thirds of the nursing schools responding to the survey pointed to a shortage of faculty and/or clinical preceptors as a reason for not accepting all qualified applicants into their programs.

A significant segment of the nursing workforce is nearing retirement age.

- According to a 2018 National Sample Survey of Registered Nurses conducted by the Health Resources and Services Administration found that the average age for an RN is 50 years old, which may signal a large wave over the next 15 years

- In a *Health Affairs* blog posted in May 2017, Dr. Peter Buerhaus and colleagues project than more than 1 million registered nurses will leave the workforce by 2030.

Changing demographics signal a need for more nurses to care for our aging population.

- In 2017, the U.S. Census Bureau reported that by 2030, the number of US residents age 65 and over is projected to be 82 million. With larger numbers of older adults, there will

be an increased need for geriatric care, including care for individuals with chronic diseases and comorbidities.

Insufficient staffing is raising the stress level of nurses, impacting job satisfaction, and driving many nurses to leave the profession.

- In the July 2017 issue of *BMJ Quality & Safety*, the international journal of healthcare improvement, Dr. Linda Aiken and her colleagues released findings from a study of acute care hospitals in Belgium, England, Finland, Ireland, Spain, and Switzerland, which found that a greater proportion of professional nurses at the bedside is associated with better outcomes for patients and nurses. Reducing nursing skill mix by adding assistive personnel without professional nurse qualifications may contribute to preventable deaths, erode care quality, and contribute to nurse shortages.

- In the March 2005 issue of *Nursing Economic$,* Dr. Peter Buerhaus and colleagues found that more than 75% of RNs believe the nursing shortage presents a major problem for the quality of their work life, the quality of patient care, and the amount of time nurses can spend with patients. Looking forward, almost all surveyed nurses see the shortage in the future as a catalyst for increasing stress on nurses (98%), lowering patient care quality (93%) and causing nurses to leave the profession (93%).

High nurse retirement and turnover rates are affecting access to health care.

- In the September 21, 2015 *Science Daily*, healthcare economist David Auerbach released findings from a new study, which found that almost 40% of registered nurses are over the age of 50. "The number of nurses leaving the workforce each year has been growing steadily from around 40,000 in 2010 to nearly 80,000 by 2020. Meanwhile, the dramatic growth in nursing school enrollment over the last 15 years has begun to level off."

- In September 2007, Dr. Christine T. Kovner and colleagues found that 13% of newly licensed RNs had changed principal jobs after one year, and 37% reported that they felt ready to change jobs. These findings were reported in the *American Journal of Nursing* in the article Newly Licensed RNs' Characteristics, Work Attitudes, and Intentions to Work.

Impact of Nurse Staffing on Patient Care

Many scientific studies point to the connection between adequate levels of registered nurse staffing and safe patient care.

- In a study published in the journal *BMJ Quality & Safety* in May 2013, researcher Heather L. Tubbs-Cooley and colleagues observed that higher patient loads were associated with higher hospital readmission rates. The study found that when more than

four patients were assigned to an RN in pediatric hospitals, the likelihood of hospital readmissions increased significantly.

- In the August 2012 issue of the *American Journal of Infection Control*, Dr. Jeannie Cimiotti and colleagues identified a significant association between high patient-to-nurse ratios and nurse burnout with increased urinary tract and surgical site infections. In this study of Pennsylvania hospitals, the researchers found that increasing a nurse's patient load by just one patient was associated with higher rates of infection. The authors conclude that reducing nurse burnout can improve both the well-being of nurses and the quality of patient care.

- In a study publishing in the April 2011 issue of *Medical Care*, Dr. Mary Blegen and her colleagues from the University of California, San Francisco found that higher nurse staffing levels were associated with fewer deaths, lower failure-to-rescue incidents, lower rates of infection, and shorter hospital stays.

- In March 2011, Dr. Jack Needleman and colleagues published findings in the *New England Journal of Medicine*, which indicate that insufficient nurse staffing was related to higher patient mortality rates. These researchers analyzed the records of nearly 198,000 admitted patients and 177,000 eight-hour nursing shifts across 43 patient-care units at large academic health centers. The data show that the mortality risk for patients was about 6% higher on units that were understaffed as compared with fully staffed units. In the study titled "Nurse Staffing and Inpatient Hospital Mortality," the researchers also found that when a nurse's workload increases because of high patient turnover, mortality risk also increases.

- In a study published in the April 2010 issue of *Health Services Research*, Dr. Linda Aiken and colleagues found that lower patient-nurse ratios on medical and surgical units were associated with significantly lower patient mortality rates. The study is titled "Implications of the California Nurse Staffing Mandate on Other States."

- In the June 2009 issue of the *International Journal of Nursing Studies*, a research team lead by Dr. Koen Van den Heede found a significant association between the number of baccalaureate-prepared RNs on cardiac care units and in-hospital mortality. Data analyzed by this international team of researcher that included representatives from Belgium, Canada, the Netherlands, and the United States showed that there were 4.9 fewer deaths per 1,000 patients on intensive care units staffed with a higher percentage of nurses with bachelor's degrees.

- A growing body of research clearly links baccalaureate-prepared nurses to lower mortality and failure-to-rescue rates. The latest studies published in the journals *Health Services Research* in August 2008 and the *Journal of Nursing Administration* in May 2008 confirm the findings of several previous studies which link education level and patient outcomes. Efforts to address the nursing shortage must focus on preparing more baccalaureate-prepared nurses in order to ensure access to safe patient care.

- In March 2007, a comprehensive report initiated by the Agency for Healthcare Research and Quality was released on *Nursing Staffing and Quality of Patient Care*. Through this meta-analysis, the authors found that the shortage of registered nurses, in combination with an increased workload, poses a potential threat to quality. Increases in registered nurse staffing was associated with reductions in hospital-related mortality and failure to rescue as well as reduced length of stays.

- A shortage of nurses prepared at the baccalaureate level is affecting health care quality and patient outcomes. In a study published September 24, 2003 in the *Journal of the American Medical Association (JAMA)*, Dr. Linda Aiken and her colleagues at the University of Pennsylvania identified a clear link between higher levels of nursing education and better patient outcomes. This extensive study found that surgical patients have a "substantial survival advantage" if treated in hospitals with higher proportions of nurses educated at the baccalaureate or higher degree level. In hospitals, a 10% increase in the proportion of nurses holding BSN degrees decreased the risk of patient death and failure to rescue by 5%.

Impact of Nurse Staffing on Patient Care

- Many statewide initiatives are underway to address both the shortage of RNs and nurse educators. For example, in January 2014, the University of Wisconsin (UW) announced the $3.2 million Nurses for Wisconsin initiative — funded through a UW System Economic Development Incentive Grant — to provide fellowships and loan forgiveness for future nurse faculty who agree to teach in the state after graduation. This program was launched in response to projections that Wisconsin could see a shortage of 20,000 nurses by 2035. For a sampling of other state-based initiatives, visit

- Nursing schools are forming strategic partnerships and seeking private support to help expand student capacity. For example, the University of Minnesota announced a partnership with the Minnesota VA Health Care System in June 2013 to expand enrollment in the school's BSN program. With a focus on enhancing care to veterans, the VA committed $5.3 million to the university to expand clinical placement sites, fund

additional faculty, and support interprofessional engagement. For similar initiatives, visit

- In September 2010, AACN announced the expansion of NursingCAS, the nation's centralized application service for RN programs, to include graduate programs. One of the primary reasons for launching NursingCAS was to ensure that all vacant seats in schools of nursing are filled to better meet the need for RNs, APRNs, and nurse faculty.

- In June 2010, the Robert Wood Johnson Foundation released its *Charting Nursing's Future* newsletter which focused on the capacity innovations of 12 partnerships that are effectively addressing the nursing and nurse faculty shortages. Among the recommendations advanced are requiring all new nurses to complete a BSN program within 10 years of licensure and enhancing the pipeline into BSN and graduate nursing programs.

- Since February 2002, Johnson & Johnson has sustained the *Campaign for Nursing's Future*, a multimedia initiative to promote careers in nursing and polish the image of nursing. This multimillion dollar effort includes television commercials, a recruitment video, a Web site, brochures, and other visuals.

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Fact Sheet:
Enhancing Diversity in the Nursing Workforce

Nursing's leaders recognize a strong connection between a culturally diverse nursing workforce and the ability to provide quality, culturally competent patient care. Though nursing has made great strides in recruiting and graduating nurses that mirror the patient population, more must be done before adequate representation becomes a reality. The need to attract students from underrepresented groups in nursing – specifically men and individuals from African American, Hispanic, Asian, American Indian, and Alaskan native backgrounds - is a high priority for nursing profession.

Diversity in the Nursing Workforce & Student Populations

- According to the U.S. Census Bureau, individuals from ethnic and racial minority groups accounted for more than one third of the U.S. population (38%) in 2014. With projections pointing to minority populations becoming the majority by 2043, professional nurses must demonstrate a sensitivity to and understanding of a variety of cultures to provide high quality care across settings.

- According to a 2017 survey conducted by the National Council of State Boards of Nursing (NCSBN) and The Forum of State Nursing Workforce Centers, nurses from minority backgrounds represent 19.2% of the registered nurse (RN) workforce. Considering racial/ethnic backgrounds, the RN population is comprised of 80.8% White/Caucasian; 6.2% African American; 7.5% Asian; 5.3% Hispanic; 0.4% American Indian/Alaskan Native; 0.5 Native Hawaiian/Pacific Islander; 1.7% two or more races; and 2.9% other nurses.

- The NCSBN survey also found that men now account for 9.1% of the RN workforce, which represents a 1.1% increase since 2015, When looking at specific nursing roles, the highest representation by men was in nurse anesthetist positions (41%).

- According to the 2008 National Sample Survey of Registered Nurses conducted by the U.S. Health Resources and Services Administration, RNs from minority backgrounds are more likely than their white counterparts to pursue baccalaureate and higher degrees in nursing. Data show that while 48.4% of white nurses complete nursing degrees beyond the associate degree level, the number is significantly higher or equivalent for minority nurses, including African American (52.5%), Hispanic (51.5%), and Asian (75.6%) nurses.

RNs from minority backgrounds clearly recognize the need to pursue higher levels of nursing education beyond the entry-level.

- According to AACN's report on *2018-2019 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*, nursing students from minority backgrounds represented 34.2% of students in entry-level baccalaureate programs, 34.7% of master's students, 33.0% of students in research-focused doctoral programs, and 34.6% of Doctor of Nursing Practice (DNP) students. In terms of gender breakdown, men comprised 12.9% of students in baccalaureate programs, 12.2% of master's students, 11.2% of research-focused doctoral students, and 13.4% of DNP students. Though nursing schools have made strides in recruiting and graduating nurses that reflect the patient population, more must be done before equal representation is realized.

- The need to attract diverse nursing students is paralleled by the need to recruit more faculty from minority populations. Few nurses from racial/ethnic minority groups with advanced nursing degrees pursue faculty careers. According to 2017 data from AACN's annual survey, only 16.0% of full-time nursing school faculty come from minority backgrounds, and only 6.2% are male.

Recognizing the Need to Enhance Diversity

- All national nursing organizations, the federal Bureau of Health Workforce hospital associations, nursing philanthropies, and other stakeholders within the health care community agree that recruitment of underrepresented groups into nursing is a priority for the nursing profession in the U.S.

- Nursing shortage reports, including those produced by the American Hospital Association, the Robert Wood Johnson Foundation (RWJF), the Joint Commission, and the Association of Academic Health Centers, point to minority student recruitment as a necessary step to addressing the nursing shortage.

- Besides adding new clinicians to the RN workforce, a diverse nursing workforce will be better equipped to serve a diverse patient population. According to a 2013 report by the National Advisory Council on Nurse Education and Practice, a diverse nursing workforce is essential for progress towards achieving health equity in the United States.

- A groundbreaking report, titled Missing Persons: Minorities in the Health Professions, which was released by the Sullivan Commission on Diversity in the Healthcare Workforce in September 2004 stated: "The fact that the nation's health professions have not kept pace with changing demographics may be an even greater cause of disparities in health access and outcomes than the persistent lack of health insurance for tens of millions of Americans. Today's physicians, nurses, and dentists have too little resemblance to the diverse populations they serve, leaving many Americans feeling excluded by a system that seems distant and uncaring."

Strategies to Enhance Diversity in Nursing Education

A lack of minority nurse educators may send a signal to potential students that nursing does not value diversity or offer career ladder opportunities to advance through the profession. Students looking for academic role models to encourage and enrich their learning may be frustrated in their attempts to find mentors and a community of support. Academic leaders are working to address this need by identifying minority faculty recruitment strategies, encouraging minority leadership development, and advocating for programs that remove barriers to faculty careers.

AACN has taken the following steps to enhance diversity in the student pipeline and workforce:

- Launched in 2018, AACN formed the Diversity, Equity, and Inclusion Group (DEIG) to provide expert guidance to AACN and member schools on meeting strategic diversity goals. DEIG members work together to explore innovative approaches to enhancing diversity, equity, and inclusion in academic nursing and the nursing workforce. Group members share evidence-based practices, engage with the membership, convene networking forums, and mentor new diversity officers in nursing schools. As of March 2019, more than 55 individuals have joined the DEIG, which is seeking representatives from all schools of nursing.

- In 2016, AACN announced that it would provide a technical assistance program for schools seeking funding through the Nursing Workforce Diversity (NWD) program offered by the Health Resources and Services Administration. To receive funding, applicants were required to establish a formal agreement with a health professions organization to provide staff training related to Holistic Admissions Review. AACN moved quickly to develop a structured NWD Technical Assistance Program that features an assessment of admissions practices, an on-site Holistic Admissions Review workshop, student recruitment and retention strategies, and models for building a successful mentoring program. A total of 32 grant recipients in 19 states have executed contracts with AACN to complete the required training over the period of 4 years.

- In March 2017, AACN's members voted to adopt the Position Statement on Diversity, Inclusion, and Equity in Academic Nursing. In this statement, AACN recognizes diversity, inclusion, and equity as critical to nursing education and fundamental to developing a nursing workforce able to provide high quality, culturally appropriate, and congruent health care in partnership with individuals, families, communities, and populations. The position further states that AACN is committed to preparing a community of scholars, clinicians, educators, and leaders who fully value the importance of diversity, inclusion, and equity to promote the health of the nation and the world.

- Since February 2018, AACN has partnered with the National Institute of Health to administer a mini-grants program to support the *All of Us* Research Program. This NIH initiative is working to extend precision medicine to all diseases by building a national research cohort of one million or more participants reflecting the diversity of the U.S. population. With a focus on schools serving communities that have been historically

underrepresented in biomedical research (UBR), funding awarded through this program will be used to increase awareness of the program and the importance of participation of UBR members. To date, more than $215,000 in grant funding has been disbursed to 17 AACN member schools through this initiative.

- AACN collaborates with a variety of national nursing organizations to advocate for more federal funding for Nursing Workforce Development Programs, including funding for Nursing Workforce Diversity Grants. This program provides funding for projects to increase nursing education opportunities for individuals from disadvantaged backgrounds, including racial and ethnic minorities underrepresented among nurses.

- In 2013, AACN and the Robert Wood Johnson Foundation (RWJF) initiated the Doctoral Advancement in Nursing (DAN) Project to enhance the number of minority nurses completing PhD and DNP degrees. DAN's expert committee developed a white paper featuring successful student recruitment and retention strategies that can be used by schools of nursing; comprehensive approaches to leadership and scholarship development for students; suggestions for model doctoral curriculum; and more. Though the DAN Project is no longer active, the resources created through this program, including a self-assessment for doctoral study and faculty and student tool kits to guide the process of gaining entry into doctoral programs, are still accessible online.

- In January 2010, AACN published a new set of competencies and an online faculty tool kit at the culmination of a national initiative funded by The California Endowment titled Preparing a Culturally Competent Master's and Doctorally-Prepared Nursing Workforce. Working with an expert advisory group, AACN identified a set of expectations for nurses completing graduate programs and created faculty resources needed to develop nursing expertise in cultural competency. This work complemented a similar project for undergraduate programs which resulted in the publication of Cultural Competency in Baccalaureate Nursing Education and the posting of an online faculty toolkit.

- In 2008, the Robert Wood Johnson Foundation joined with AACN to launch the RWJF New Careers in Nursing (NCIN) Scholarship Program to help alleviate the nation's nursing shortage by expanding the pipeline of students from minority backgrounds in accelerated nursing programs. Scholarships in the amount of $10,000 each were awarded to more than 3,000 nurses in entry-level baccalaureate and master's programs through NCIN. Preference was given to students from groups underrepresented in nursing or from disadvantaged backgrounds. The NCIN program was sunset in 2017.

- AACN and the Johnson & Johnson Campaign for Nursing's Future launched the Minority Nurse Faculty Scholars Program in 2007, which was modeled after a successful AACN collaboration with the California Endowment. In addition to $18,000 in scholarship funding, the program featured mentorship and leadership development components to assure successful completion of graduate studies and preparation for a faculty role. By

the time the program closed in 2019, 63 scholars received funding through this program with many graduates now holding in teaching and leadership roles at schools nationwide.

Last Update: April 2019

University at Albany Enrollment of Students
Analysis of Enrollment by Ethnicity
August 2020

Ethnicity of enrolled home institution students.
analysis_enrollment_ethnicity_10_PC
Campus headcount, using primary count
Date run: 8/20/2020

		Fall 2017		Fall 2018		Fall 2019		Fall 2020	
Acad Career	IPEDS Race/Ethnicity Reporting Category Descr	Primary Count	Primary Count %	Primary Count	Primary Count %	Primary Count	Primary Count %	Primary Count	Primary Count %
Undergraduate	American Indian or Alaska Native, non-Hispanic	26	0.2%	23	0.2%	29	0.2%	29	0.2%
	Asian, non-Hispanic	1,110	8.2%	1,121	8.2%	1,135	8.5%	1,065	8.4%
	Black or African American, non Hispanic	2,479	18.4%	2,586	19.0%	2,532	19.1%	2,491	19.6%
	Hispanic/Latino	2,291	17.0%	2,377	17.5%	2,329	17.5%	2,249	17.7%
	Native Hawaiian/oth Pacific Islander,non-Hispanic	18	0.1%	15	0.1%	10	0.1%	12	0.1%
	Non-Resident Alien	724	5.4%	703	5.2%	641	4.8%	514	4.0%
	Race and ethnicity unknown	380	2.8%	408	3.0%	344	2.6%	242	1.9%
	Two or more races, non-Hispanic	423	3.1%	439	3.2%	477	3.6%	506	4.0%
	White, non Hispanic	6,053	44.8%	5,918	43.5%	5,780	43.5%	5,610	44.1%
								2	0.0%
URM exclude 2 or more		4,814	35.6%	5,001	36.8%	4,900	36.9%	4,781	37.6%
URM include 2 or more		5,237	38.8%	5,440	40.0%	5,377	40.5%	5,287	41.6%
Undergraduate Total		**13,504**	**100.0%**	**13,590**	**100.0%**	**13,277**	**100.0%**	**12,720**	**100.0%**
Graduate	American Indian or Alaska Native, non-Hispanic	7	0.2%	5	0.1%	6	0.1%	4	0.1%
	Asian, non-Hispanic	200	4.7%	205	4.7%	222	5.2%	213	5.2%
	Black or African American, non Hispanic	277	6.5%	315	7.2%	325	7.6%	313	7.7%
	Hispanic/Latino	275	6.5%	318	7.3%	305	7.2%	329	8.1%
	Native Hawaiian/oth Pacific Islander,non-Hispanic			1	0.0%	2	0.0%	3	0.1%
	Non-Resident Alien	816	19.2%	801	18.4%	738	17.3%	618	15.2%
	Race and ethnicity unknown	199	4.7%	185	4.3%	161	3.8%	149	3.7%
	Two or more races, non-Hispanic	82	1.9%	111	2.6%	102	2.4%	102	2.5%
	White, non Hispanic	2,386	56.2%	2,406	55.3%	2,400	56.3%	2,333	57.4%
								1	0.0%
URM exclude 2 or more		559	13.2%	639	14.7%	638	15.0%	649	16.0%
URM include 2 or more		641	15.1%	750	17.3%	740	17.4%	751	18.5%
Graduate Total		**4,242**	**100.0%**	**4,347**	**100.0%**	**4,261**	**100.0%**	**4,065**	**100.0%**
Total overview of selection criteria		**17,746**	**100.0%**	**17,937**	**100.0%**	**17,538**	**100.0%**	**16,785**	**100.0%**

Note:
URM exclude 2 or more =
American Indian or Alaska Native, non-Hispanic
Black or African American, non Hispanic
Hispanic/Latino
Native Hawaiian/oth Pacific Islander,non-Hispanic

URM include 2 or more =
American Indian or Alaska Native, non-Hispanic
Black or African American, non Hispanic
Hispanic/Latino
Native Hawaiian/oth Pacific Islander,non-Hispanic
Two or more races, non-Hispanic

Governor Cuomo Announces proposal to Provide New York Nurses Priority Access to SUNY and CUNY Programs as Part of 2021 State of the State

January 10, 2021

From the office of Governor Cuomo

Heroic Nurses to Receive Priority Admission to State and City Run Universities to Fulfill Baccalaureate Credentials

Governor Andrew M. Cuomo today announced legislation to provide New York nurses priority access to SUNY and CUNY programs as part of the 2021 State of the State. Under this proposal, licensed nurses and nursing candidates will receive priority admission to all SUNY and CUNY programs across the State beginning in the fall of 2021 to fulfill baccalaureate credentials and continue practicing.

"Health care workers showed up every day to help keep us safe. They worked tirelessly to save thousands of lives, all while putting their own lives at risk. When I asked them to step up, they did so blindly. They knew the risks and they still came to work every day to protect the rest of us. Many put their lives on hold to help." **Governor Cuomo said**. "They had our back, now we must have theirs. We're giving these COVID heroes priority to the greatest university system in the world, to complete their degrees and continue to do what they have done best throughout this pandemic: keep us all safe."

BSN in 10 was signed into law by Governor Cuomo in 2017 to enhance the quality of patient care and elevate the nursing profession. It requires all nurses who complete an Associate Degree in New York State to complete a Baccalaureate of Science Degree in Nursing within 10 years of becoming a nurse to maintain licensure by the State. SUNY and CUNY will work with campuses to implement priority access for eligible candidates allowing the priority access to SUNY and CUNY nursing programs which will allow the 40,000 nurses and nursing candidates who are required by law to complete their baccalaureate credentials access to quality and affordable education within the state.

SUNY Chancellor Jim Malatras said, "Within the darkest moments caused by this pandemic, our healthcare professionals have been an inspiration to us all for their heroic and selfless efforts as they provide life-saving care. This is especially true of our nurses who are the heartbeat of healthcare. Governor Cuomo's proposal to provide priority access for New York's licensed nurses is exactly what we need to strengthen and protect our healthcare system. SUNY stands ready to meet the Governor's challenge."

CUNY Chancellor Félix Matos Rodríguez said, "We all owe a debt of gratitude to the selfless health care workers who throughout this terrifying pandemic have saved the lives of countless of our family members, friends and neighbors while courageously risking their own. The nurses on the frontlines have been nothing short of heroic in the fight against the deadly COVID-19 virus. Governor Cuomo's proposal will enable these brave professionals to complete their studies at first-class institutions and continue their life-saving work."

About the State University of New York
The State University of New York is the largest comprehensive system of higher education in the United States, and more than 95 percent of all New Yorkers live within 30 miles of any one of SUNY's 64 colleges and universities. Across the system, SUNY has four academic health centers, five hospitals, four medical schools, two dental schools, the state's only college of optometry, and manages one US Department of Energy National Laboratory. As of Fall 2019, more than 415,500 students were enrolled in a degree-granting program at a SUNY campus. In total, SUNY serves about 1.3 million students in credit-bearing courses and programs, continuing education, and community outreach programs. SUNY oversees nearly a quarter of academic research in New York. Research expenditures system-wide exceeded $1.7 billion in fiscal year 2019, including significant contributions from students and faculty. There are three million SUNY alumni worldwide, and one in three New Yorkers with a college degree is a SUNY alum. To learn more about how SUNY creates opportunity, visit suny.edu.

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https://www.suny.edu/suny-news/press-releases/01-21/1-10-21/index.html


UNIVERSITY
AT ALBANY
State University of New York
ACCELERATING
OUR SUCCESS
STRATEGIC
ENROLLMENT
MANAGEMENT
PLAN
2019
THROUGH
2023
ADOPTED DECEMBER 2019

Introduction:
Strategic Enrollment Management

Strategic Enrollment Management (SEM) planning is a comprehensive process designed to aid the University in realizing optimal enrollment through strategic recruiting and retention practices. It focuses on student success through the use of data to inform academic program design, development and delivery. SEM planning involves thorough analysis of data relevant to the prospective student market, current student population, and projections for the future. A strong SEM plan is a direct reflection and extension of the University's strategic plan and vision.

The development of SEM must be an institution-wide initiative, relying on input and buy-in from stakeholders across the University including faculty, staff and students. In order to create buy-in and better employ the knowledge and experience our University community offers, the establishment of a Strategic Enrollment Management Council is vital.

This standing committee comprises representatives from a wide cross-section of the institution who possess knowledge and expertise of both undergraduate and graduate student recruitment. Leveraging pertinent data sources and guidance from the University's strategic plan, vision and mission, the Council builds a sustainable, integrated campus-wide framework of stakeholders to maximize recruitment, retention, persistence and graduation rates.

The Strategic Enrollment Management Council

The Strategic Enrollment Management Council (SEMC) is co-chaired by the provost and the vice president for Student Affairs, and includes representatives from shared governance groups, undergraduate and graduate students, academic leadership, teaching faculty, and relevant professional and support staff. The SEMC is composed of the following six workgroups:

- Program Demand & Market Trends
- Enrollment Marketing
- Financial Aid
- Graduate Student Recruitment
- Undergraduate Student Recruitment
- Student Success

Overarching Enrollment Goal:

We will strategically grow UAlbany's student body to accelerate progress in fulfilling our mission and reaching our vision.

Enrollment Strategies:

1. Attract new graduate students
2. Increase retention of undergraduate students
3. Grow our undergraduate applicant pool and increase yield
4. Recruit international students, especially at the graduate level
5. Significantly expand our online presence

The Plan: Enrollment Strategies

I. Attract new graduate students through:

a) innovative, data-driven recruitment and outreach strategies

1. Develop new, innovative and high-demand academic programs that will attract students to UAlbany. **(AA, IR)**
2. Conduct market demand analysis to identify the programs that we should prioritize for growth and to differentiate our programs from our competition. **(AA)**
3. Create and launch a three-year advertising plan for both graduate and undergraduate students. **(OCM)**
4. Raise doctoral stipends to be competitive with our peer institutions and establish procedures to ensure they remain competitive. **(GS)**
5. Provide new funding for tuition scholarships for MA/MS students to attract higher quality students and improve retention and graduation rates. **(GS)**

b) new and strengthened partnerships with other colleges and universities to accelerate enrollment growth

1. Build strong and robust academic partnerships with community colleges, other SUNY institutions, and international institutions. **(AA)**
2. Increase promotion of our combined bachelor's/master's programs (i.e., 3+2 and 4+1) and develop guaranteed admissions pathways from other colleges and universities into our master's degree programs. **(GS)**
3. Promote the University's early assurance programs to professional schools (e.g., medical school, etc.). **(AA)**
4. Establish pathways for adult learners (professional development/continuing education). **(AA)**

c) focused recruitment of underrepresented minorities

1. Develop and implement a strategic recruitment plan, targeting national fairs and conferences for URM students. **(GS) (ODI)**
    a. National McNair Scholar/LSAMP conferences, GEM GRAD lab fairs, AISES, HCNAS, etc.
2. Host Admitted Students visitation fairs and open houses for HBCU/HSI students. **(S&C) (GS)**
3. Develop and implement ongoing national social media campaigns focused on cities where large numbers of historically underrepresented minorities complete undergraduate degrees. **(GS) (OCM)**
4. Develop guaranteed admissions and 4+1 agreements with HBCU/HSI institutions **(S&C) (GS)**
5. Apply for funding for programs to support recruitment and retention of URM graduate students (e.g., NSF LSAMP Bridge to Doctorate). **(S&C) (GS)**
6. Develop alumni networks who could help with our recruitment efforts. **(ALUM) (GS)**
7. Engage URM faculty and staff in recruitment efforts by leveraging existing relationships where they received their degrees or have research collaborations. **(S&C) (GS)**

RESPONSIBLE OFFICE KEY:

(AA)	Academic Affairs	**(GS)**	Graduate School	**(ONLN)**	Online Education
(AD)	Academic Deans	**(INTL)**	Office of International Education	**(REG)**	Office of the Registrar
(ALUM)	Alumni Association	**(IR)**	Office of Institutional Research	**(SA)**	Division of Student Affairs
(ATH)	Athletics	**(ITS)**	Information Technology Services	**(S&C)**	Schools & Colleges
(DFR)	Division for Research	**(OCM)**	Office of Communications & Marketing	**(UGA)**	Undergraduate Admissions
(DOA)	Division of Advancement	**(ODI)**	Office of Diversity & Inclusion	**(UGE)**	Undergraduate Education
(FA)	Financial Aid				

d) Focused recruitment of high-quality doctoral students

1. Benchmark data on graduate stipends on an ongoing basis to ensure that stipend levels remain competitive with our peers. **(GS)**
2. Work with faculty and students to increase number of doctoral students on external funding sources (e.g., research assistantships, fellowships). **(GS) (DFR)**
3. Develop and provide comprehensive proposal writing workshops and courses for students and faculty. **(GS) (DFR)**
4. Establish a Fellowship Finder database for students to find external funding opportunities. **(GS)**
5. Raise funds to established endowed doctoral student fellowships. **(UA) (GS) (AD)**

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II. Increase retention of undergraduate students through:

a) individualized academic pathways from admission to graduation, including direct admits and meta-majors

1. Establish program-specific benefits for direct-admit students and examine expanding direct-admit approach institutionally. **(AA)**
2. Launch First Year Experience Tracks – including UNI100 – placement based on student interests, needs and assessment outcomes. **(UGE)**
3. Implement the Diagnostic Assessment and Achievement of College Skills (DAACS) to identify underprepared students for course placement. **(UGE)**
4. Create personalized success teams specific to student needs and abilities ensuring access to resources necessary for success. **(UGE)**
5. Continue development of alternative formats for gateway and high DEUW courses. **(AA)**
6. Explore meta-major cluster model. **(AA)**
7. Expand Honors College's offerings. **(AA)**
8. Establish a welcome event for all new undergraduate students to enhance bonding and encourage affiliation with the University. **(AA) (SA)**
9. Provide students opportunities to engage in high-impact learning initiatives, including undergraduate research, internships, service learning, study abroad, etc. throughout their academic career **(AA) (SA)**

b) expanded student-centered support and four-year advisement

1. Support faculty to provide high-quality, engaging classroom instruction. **(AA)**
2. Expand the Academic Recovery Program to serve more students. **(UGE)**
3. Redesign University-wide academic advising model. **(AA)**
4. Expand use of data analytics for targeted and proactive interventions. **(IR)**
5. Develop a Faculty Mentorship Program. **(AA)**
6. Initiate progress reporting and alerts for all students in academic distress. **(UGE)**
7. Establish UAlbany Learning Commons including expanded individual tutoring services and coordination of campus-wide academic support services. **(UGE)**
8. Establish cohort-specific programming. **(SA)**
9. Encourage use and participation in the UAlbany WAY (Well-being and You) and other online counseling and mental health services. **(SA)**
10. Expand use and understanding of EAB. **(UGE)**
11. Maximize course availability and delivery options. **(AA) (REG)**
12. Implement University text functionality for student communications. **(ITS)**
13. Conduct a policy audit to determine the constraints non-traditional and commuter students face considering their differing schedules. **(AA) (SA)**

c) removing financial barriers that impede student persistence and success

1. Assign financial aid counselors to Student Success Teams of high-need students. **(UGE) (FA)**
2. Evaluate how Federal Work-Study resources are currently being allocated and consider ways to reach a broader segment of the student body by developing additional on-campus employment opportunities. **(SA)**
3. Implement retention and persistence microgrants. **(FA)**
4. Expand Purple Threads, the Purple Pantry and the Academic Support Center Supply Cabinet. **(SA)**
5. Identify institutional resources to support timely degree completion. **(FA)**
6. Adopt "bot" technology and embrace our changing student demographics and deliver information 24/7/365. **(REG)**

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7. Incorporate EAB technology into Financial Aid to set-up appointments with Financial Aid counselors, create "help-tickets," track communication effectiveness, and assign a central data point for new student outreach. **(ITS)**
8. Create financial literacy communications and events that are relevant throughout the student life cycle. **(FA)**
9. Effectively advertise SUNY Smart Track. **(FA)**

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(FA)	Financial Aid				

III. Grow our undergraduate applicant pool and increase yield through:

a) data-informed recruitment and outreach strategies

1. Enhance the visitation experience of prospective students and their families. **(UGA)**
2. Actively engage faculty in recruitment efforts. **(UGA)**
3. Engage alumni in student recruitment. **(UGA) (ALUM)**
4. Increase enrollment to the Honors College. **(UGE)**

b) new and strengthened partnerships with K-12 schools, organizations and community colleges

1. Establish Hometown Advantage Program by enhancing local outreach efforts. **(UGA)**
2. Establish a comprehensive program to engage high school guidance counselors. **(UGA)**
3. Develop summer immersion programs for prospective students. **(AA)**
4. Partner with school counselors and University in the High School teachers and mentors to recruit high-performing students. **(UGA)**
5. Establish summer programs and research symposia for high-achieving middle school and high school students (Future Scholars). **(AA) (SA) (DFR)**
6. Enhance the focus on high-achieving students by partnering with school districts and high school (research symposia, recognition programs, etc.). **(AA)**
7. Build guaranteed admissions pathways (from community colleges). **(UGE)**
8. Create alternative enrollment pathways for those students not offered enrollment to UAlbany. **(UGA)**
9. Engage middle and high school students who participate in summer camps and programs sponsored by UAlbany Athletics and coaches. **(UGA) (ATH)**
10. Promote academic programs, experiential learning opportunities, and campus life at athletic contests and associated events. **(UGA) (ATH)**

c) optimizing financial aid and leveraging merit-based scholarships

1. Provide financial and programmatic incentives to increase yield. **(UGE) (UGA)**
2. Establish a diversified funding portfolio that balances need and merit. **(FA)**
3. Revamp high school GPA and SAT metrics historically used to award merit scholarships. **(UGA)**
4. In collaboration with Ruffalo Noel Levitz (RNL), develop and implement a financial aid awarding model and packaging strategy. **(FA)**
5. Ensure timely delivery of aid packages to prospective students. **(FA)**

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IV. Recruit international students, especially at the graduate level, by:

a) data-informed recruitment and outreach strategies

1. Deploy a variety of protocols for attracting prospective international graduate students to the University. **(UGA) (GS)**
2. Identify institutions and organizations that UAlbany can establish strategic partnerships with that will result in new student recruitment. **(INTL)**
3. Participate in select educational fairs where the chances for a strong return on investment are high. **(UGA)**
4. Enlist faculty at UAlbany to help recruit students at their respective alma maters in their home countries. **(AA)**
5. Reassess current partnerships and establish relationships with credible and experienced agents who can direct students to UAlbany. **(INTL)**
6. Identify parts of the world where we can develop strategic partnerships and where there is potential for new student recruitment. **(UGA) (GS)**

b) expanding international student scholarship awards

1. Increase the number and value of tuition scholarships for new international students. **(AA)**
2. Explore partial scholarships for on-campus housing for international undergraduate students. **(SA)**

c) adding new and expanded international partnerships

1. Develop strategic partnerships with institutions abroad for transfer and dual degree students at both the undergraduate and graduate levels. **(INTL) (AA)**
2. Enlist visiting scholars to UAlbany as collaborators in new agreements that involve the transfer of students to UAlbany. **(INTL)**

V. Significantly expand our online presence by:

a) expanding high-growth online academic courses and programs

1. Provide market analysis insights to deans and other stakeholders to identify new programs with enrollment potential. **(ONLN) (S&C)**
2. Conduct online enrollment analysis to ensure that online goals are being met and engage the schools/colleges in online enrollment analysis. **(ONLN)**
3. Manage campus-based support to advance new online programs for MSW, MPA/Executive MPA, and other programs as guided by market analysis. **(ONLN)**

b) partnering with an online program manager (OPM) and SUNY Online

1. Engage with Online Program Manager for online master's degrees in high-demand programs. **(ONLN)**
2. Continue strategic efforts to support online expansion of new programs that can be completed fully online via internal development and via SUNY Online collaboration. **(ONLN)**

c) consolidate and focus internal resources supporting our faculty

1. Work with directors of ETS and ITLAL and instructional developers to expand training opportunities for new and experienced faculty who teach online. **(ONLN)**
2. Work with SUNY Online to ensure faculty have support for developing online courses in coordination with SUNY System professional development efforts. **(ONLN)**
3. Work with Online Program Management (OPM) firm to coordinate faculty support efforts for select programs. **(ONLN)**

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(FA)	Financial Aid				

VI. Increase the number of doctoral degrees awarded through:

a) Focused recruitment of high quality doctoral students

1. Benchmark data on graduate stipends on an ongoing basis to ensure that stipend levels remain competitive with our peers. **(GS)**
2. Work with faculty and students to increase number of doctoral students on external funding sources (e.g., research assistantships, fellowships). **(GS) (DFR)**
3. Develop and provide comprehensive proposal writing workshops and courses for students and faculty. **(GS) (DFR)**
4. Establish a Fellowship Finder database for students to find external funding opportunities. **(GS)**
5. Raise funds to established endowed doctoral student fellowships. **(UA) (GS) (AD)**

b) Enhanced academic and support services designed to help graduate students progress through their graduate programs in a timely manner and prepare for success in various careers

1. Develop and share "best practices" for advising and tracking doctoral student progress. **(GS)**
2. Expand mentorship and guidance beyond the department level, through professional networks and organizations such as the National Center for Faculty Development & Diversity. **(GS)**
3. Link graduate student support allocations to strategic performance indicators of student success and degree progress. **(GS)**
4. Provide workshops and writing retreats to help student navigate around common barriers to dissertation completion. **(GS) (DFR)**
5. Expand professional development training opportunities for doctoral students. **(GS)**

SEM METRICS:

GRADUATE ADMISSIONS	2019 BASELINE	2023 GOAL
Inquiries	3,893	4,263
Masters Applications	2,475	2,710
Masters Yield	57%	60%
Doctoral Applications	1,337	1,389
Doctoral Yield	42%	45%
Total Graduate Student Headcount	4,246	4,587

UNDERGRADUATE ADMISSIONS	2019 BASELINE	2023 GOAL
Prospects/Suspects	100,000	160,000
Inquiries - Freshman	49,900	60,000
Inquiries – Transfer	1,214	1,300
Applications – Freshman	27,533	29,500
Applications – Transfer	4,322	4,750
Acceptance Rate – Freshman	54%	50%
Acceptance Rate – Transfer	58%	54%
Yield – Freshman	18%	21%
Yield – Transfer	54%	56%
Middle 50 HS GPA	87-93	88-95
Middle 50 SAT	1100-1240	1120-1280
First Generation	33%	33%
Out of State	4%	6%
International	4%	6%
Total Undergraduate Student Headcount	13,611	13,649

RETENTION/GRADUATION	2019 BASELINE	2023 GOAL
First Year Retention	80%	83%
Sophomore to Junior Persistence	72%	75%
4-year Graduation	58%	59%
6-year Graduation	63%	65%

ONLINE	2019 BASELINE	2023 GOAL
Number of Fully Online Programs	23	35
Number of Online Courses	191	300
Number of Fully Online Students	888	2000
Number of Fully Online Masters Students	495	1470
Number of Faculty Teaching Online	181	275
Number of Programs in Partnership with Online Service Providers	0	8

RESPONSIBLE OFFICE KEY:

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(ALUM) Alumni Association
(ATH) Athletics
(DFR) Division for Research
(DOA) Division of Advancement
(FA) Financial Aid
(GS) Graduate School
(INTL) Office of International Education
(IR) Office of Institutional Research
(ITS) Information Technology Services
(OCM) Office of Communications & Marketing
(ODI) Office of Diversity & Inclusion
(ONLN) Online Education
(REG) Office of the Registrar
(SA) Division of Student Affairs
(S&C) Schools & Colleges
(UGA) Undergraduate Admissions
(UGE) Undergraduate Education

Workgroups: Charges and Members

SEMC STEERING COMMITTEE

Charge

a) Develop and implement multi-year student recruitment plans that increase the number and diversity of both domestic and international applicants for undergraduate, graduate and distance-learning programs.

b) Work with Institutional Research and Information Resources to develop a system of data dashboards and related databases to monitor SEM plan leading indicators and milestones in support of evidence-based enrollment planning and decision-making.

c) Deliver and widely distribute an annual enrollment report on enrollment matters delineated in the SEM plan.

d) Provide leadership and coordination for the assessment of efforts to implement the goals and actions of the SEM plan.

e) Marshal and align resources to accomplish the SEM plan goals and actions.

Committee Members

Michael Christakis
Vice President for Student Affairs ***(Co-Chair)***

Carol Kim
Provost and Senior Vice President for Academic Affairs ***(Co-Chair)***

Jack Mahoney
Associate Vice President, Institutional Research, Planning & Effectiveness

Gabrielle DeMarco
Director, Marketing and Content Strategy

Beth Novak
Director, Enrollment Marketing

Steve Kudzin
Director of Financial Aid

Kevin Williams
Vice Provost for Graduate Education

Ed Engelbride
Associate Vice President for Student Affairs

JoAnne Malatesta
Interim Vice Provost for Undergraduate Education

Jim Mower
Chair, University Senate

Langie Cadesca
President, Student Association

Amani Edwards
President, Graduate Student Association

Jeanette Altarriba
Interim Dean, College of Arts and Sciences

R. Karl Rethemeyer
Dean, Rockefeller College

PROGRAM DEMAND AND MARKET TRENDS

Charge

a) Develop a comprehensive plan to align academic program capacity at the undergraduate and graduate levels with market demand.

b) Examine prospective student demographics, employer demands, and new design and delivery options.

c) Study undergraduate admissions policies and alternate admission tracks to determine the impacts on student enrollments, student retention, persistence and graduation rates, academic program enrollments and student support services.

d) Target proposals for advancement for SUNY High Needs funding.

Committee Members

Jack Mahoney
Associate Vice President
Institutional Research, Planning and Effectiveness
(Chair)

Jason Lane
Interim Dean, School of Education

Suraj Commuri
Associate Dean, School of Business

Anne Marie Murray
Vice Provost & Chief of Staff, Provost's Office

Noah Simon
Director, Career and Professional Development

Karen Chico Hurst
University Registrar

Tyler Lowell
Undergraduate Admissions

Kristen Swaney
Academic Support Center

Gabrielle DeMarco
Director, Marketing and Content Strategy

Patty Strach
Political Science

Alan Wagner,
Educational Policy and Leadership

ENROLLMENT MARKETING

Charge

a) Review current communications and marketing efforts.

b) Increase the number of inquiries and applications through customized and personalized recruitment of prospective students, their parents and guidance counselors.

c) Enhance customized and personalized marketing and recruitment outreach activities and messages to key geographic regions, high schools and prospective students that UAlbany can best serve.

d) Enhance the recruitment and enrollment yield processes for all applicants including adult, transfer, online and military students.

e) Enhance the recruitment of undergraduate and graduate international students.

Committee Members

Gabrielle DeMarco
Director, Marketing and Content Strategy ***(Co-Chair)***

Beth Novak
Director, Enrollment Marketing ***(Co-Chair)***

Paul Miller
Advancement Communications

Will Gill
University Webmaster

Lee Seravillo
Executive Director, UAlbany Alumni Association

Jane Benson-Rivera
International Education

Katie Bartlett
Graduate Education

Victor Cegles
Associate Athletic Director

Larry Levine
IRPE

FINANCIAL AID

Charge

a) Examine current financial aid programs and scholarship efforts.

b) Explore and develop new grant and scholarship sources of financial aid.

c) Identify and implement funding strategies to address the loss of Federal Perkins Loans.

d) Strive to eliminate financial barriers to a UAlbany education.

e) Examine best practices regarding financial literacy programs:

- *Provide early access to information and tools necessary for students to finance their UAlbany education.*
- *Make timely disbursements of aid to all eligible students.*
- *Develop a retention scholarship program as an element of UAlbany's comprehensive campaign and ongoing fundraising efforts.*
- *Improve the coordination and use of financial aid and scholarships to optimize retention and persistence efforts.*

Committee Members

Steve Kudzin
Director of Financial Aid ***(Chair)***

Dave Mason
University Comptroller

Noelle Angelozzi
University Budget Office

Valerie DiRocco-Ruskin
UAlbany Foundation

Latonia Spencer
Director of Student Financial Services

JR Gaige
Interim Director, Undergraduate Admissions

Jane Champagne
Graduate Education

Laura Benson Marotta
IRPE

Bill Brooking
Scholarship Coordinator, Staff Support

GRADUATE STUDENT ENROLLMENT

Charge

a) Review communications and outreach strategies and practices including communications flow.

b) Develop a plan for the graduate/professional programs to employ best practices in recruitment.

c) Develop data-informed graduate student financial aid and graduate/teaching/research stipend policies to attract and retain increased numbers of talented graduate students, with the aim of directing efforts to expand enrollment in programs with existing capacity for growth without additional costs.

d) Strengthen graduate student success.

Committee Members

Kevin Williams
Dean of Graduate Education *(Chair)*

Peter Shea
Online Education

Harvey Charles
International Education

Jane Champagne
Graduate Admissions

Sydney Faught
Graduate Student Association

Jeff Gerken
IRPE

UNDERGRADUATE STUDENT ENROLLMENT

Charge

a) Increase the number of inquiries and applications to the University.

b) Improve the admitted to enrolled yield for group 1 and group 2 students.

c) Maintain a balanced and inclusive student body – a mix of undergraduate, resident/nonresident, first-time freshmen/transfer, and online student populations guided by UAlbany's enrollment targets.

d) Develop a comprehensive recruitment scholarship program as a major initiative of UAlbany's comprehensive campaign and ongoing fundraising efforts.

e) Develop new – and maintain existing – partnerships with selected programs and institutions to achieve enrollment goals.

f) Expand and diversify the international student population to enhance a more global sense of campus community.

Committee Members

Ed Engelbride
Associate Vice President for Student Affairs ***(Chair)***

JoAnne Malatesta
Interim Vice Provost for Undergraduate Education

JR Gaige
Associate Director of Admissions

Meghan Wilkinson
Undergraduate Admissions Visit Coordinator

John Pomeroy
International Education

Meryl Schwalb
Financial Aid

Alfredo Medina
Community Engagement

Stacey Zyskowski
Criminal Justice

Dayna Newton
Education

Michael Baumgardner
CEHC

Zakhar Berkovich
Rockefeller

Michelle Mora
CEAS

Dennis Caplan
Business

Mary McCarthy
Social Welfare

Larry Levine
IRPE

STUDENT SUCCESS

Charge

a) Assist students to build academic and personal success throughout their time at UAlbany.

b) Improve retention, persistence and time-to-degree rates for all students.

c) Examine the achievement gap between historically underrepresented students and the general student population.

d) Monitor student utilization of, and satisfaction with, support services.

e) Mitigate financial barriers to a UAlbany education.

f) Utilize technology to provide enhanced 24/7 online student services support.

g) Improve graduation rates for all students.

h) Monitor the success of recent graduates and alumni.

Committee Members

JoAnne Malatesta
Interim Vice Provost for Undergraduate Education
(Chair)

Robert Yagelski
Director, Writing and Critical Inquiry

Kristen Swaney
Interim Director, Academic Support Center

Ross Lazear
Instructional Support Specialist, College of Arts and Sciences, Department of Atmospheric and Environmental Sciences

Rolando Valentin
Undergraduate Advisor, College of Arts and Sciences, Department of Biological Sciences

Karen Williams
Assistant for Advisement, College of Arts and Sciences, Department of English

Karen Chico Hurst
University Registrar

Nancy Lauricella
Associate Dean of Students

Jack Mahoney
Associate Vice President, Institutional Research, Planning and Effectiveness

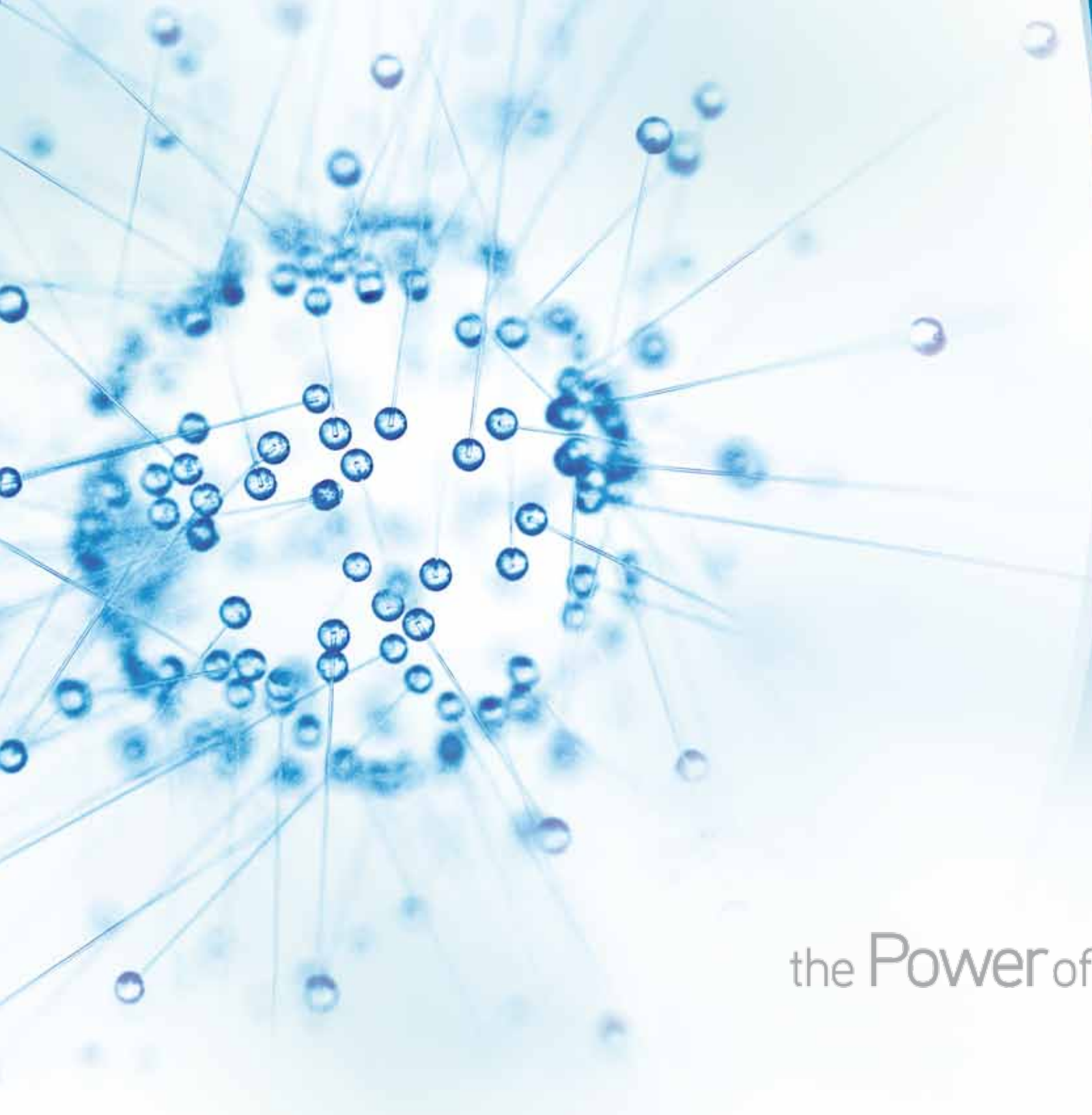
Earl Tretheway
Financial Aid

Colleen Davis
Graduate Admissions

Holly Barker-Flynn
Orientation and Transition Programs

Joyce DeWitt-Parker
Counseling and Psychological Services

Doug Sweet
Student Affairs Assessment and Planning

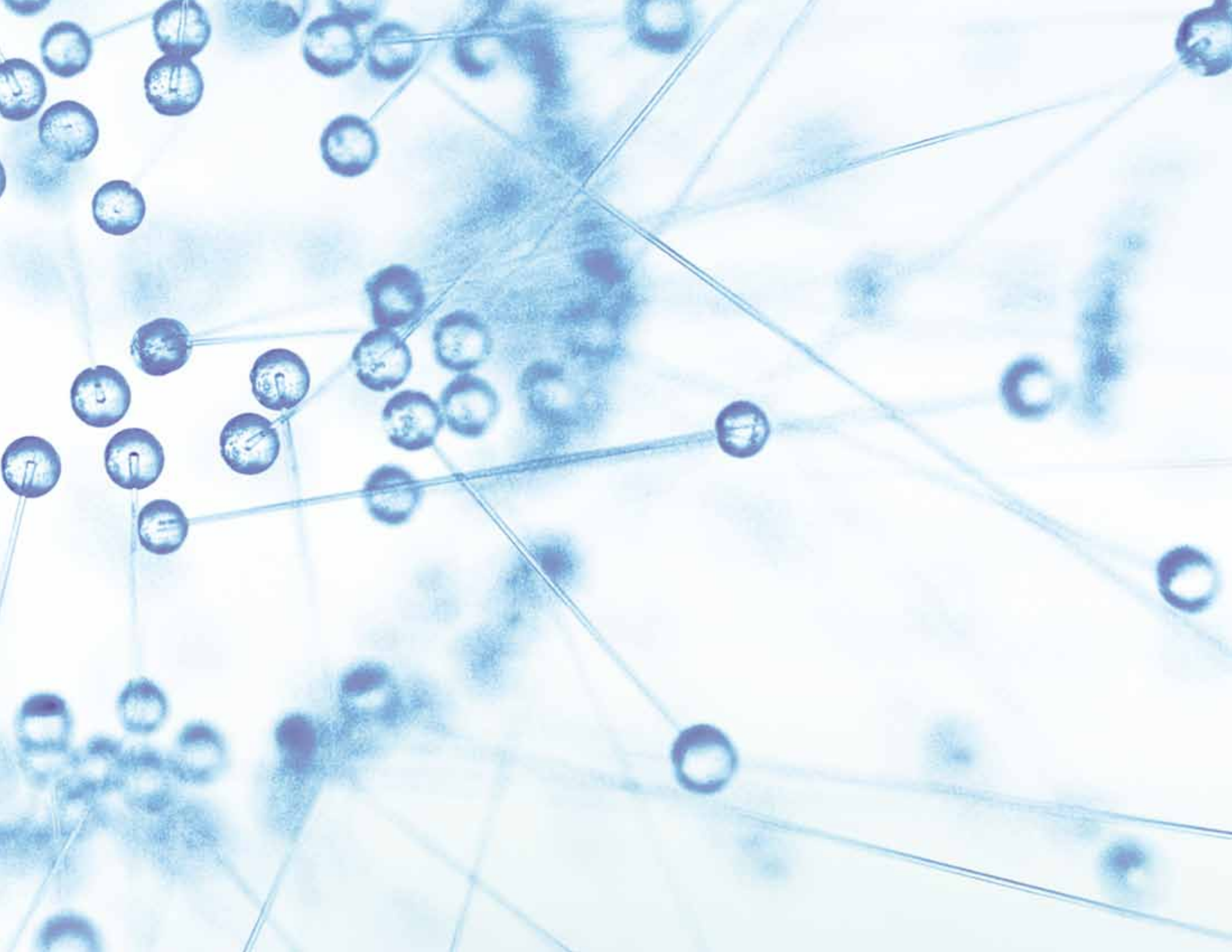


STRATEGIC PLAN

2010 & BEYOND

the Power of SUNY

The State University of New York



SUNY is

The nation's largest comprehensive system of public higher education

64 institutions, including research universities, academic medical centers, liberal arts colleges, community colleges, agricultural and technical institutes, and an online learning network

More than 465,000 students

88,000 faculty and staff

2.4 million alumni worldwide

SUNY's Moment

There is a growing and welcome recognition that in a knowledge economy, institutions of higher education can—and must—be pivotal in generating growth and revitalizing communities.

As Chancellor, I am convinced SUNY can carry out this role for New York in ways that will set a standard for the rest of the nation—while making life better for people across the state.

Our sources of inspiration are powerful and enduring. SUNY represents an expansive re-imagining of one of the great American reforms: the land grant university. Created by acts of Congress and signed into law by Abraham Lincoln, land grant universities leveled the playing field, making it possible for every person and every community to experience higher education's transformative power. The land grants focused their research on contemporary problems. Their extension services brought the expertise of the university directly into people's homes and communities in the form of health advice, home economics, and agriculture. By giving demonstrated value to a college education, the land grants convinced ordinary Americans that higher education was the pathway to a better future. Today, SUNY, by virtue of the extraordinary range of our 64 campuses, elevates the land grant concept to a new level.

SUNY is also animated by the legacies of two legendary New York governors. Thomas E. Dewey saw in SUNY a means to fight the pervasive ethnic and racial discrimination in American higher education. Nelson A. Rockefeller believed that the people of New York deserved campuses that reflected their talents and aspirations, and spearheaded massive construction and infrastructure development. Thanks to them, SUNY is the pride of New York—and a global beacon of access and success.

The magnitude of our potential is breathtaking. The power of SUNY is not confined to one or two dots on the state's landscape, or to a cluster of institutions. We are literally all over the map, with 64 unique learning environments for every type of student, every stage of life, and every kind of passion. SUNY is truly a universe of knowledge, encompassing every field of human inquiry—disciplines that range from music to mechanics, and perspectives from the molecular to the macroeconomic.

Like the global marketplace, SUNY is "always on"—constantly seeking, generating, analyzing, and sending knowledge back into the world through informed citizens, revitalized communities, and experts who transform entire sectors. Whether it's a forestry program upstate, a nanotech center in the capital region, a fashion institute in Manhattan, or a marine studies center on the shores of Long Island, SUNY's reach and impact is without peer. SUNY faculty and alumni are Nobel Laureates, members of the National Academy of Sciences, and Pulitzer Prize winners.

Imagine the competitive advantage for New York State if SUNY institutions joined forces as never

before, pooling knowledge, pushing and building on each other's ideas, and collaborating in ways that deploy our distinctive capabilities to the fullest extent possible. Imagine the impact if, from this day on, we work toward a common goal: **to revitalize New York's economy and enhance the quality of life for all its citizens.**

This Plan is the product of an unprecedented meeting of the minds. It reflects the contributions of many people on SUNY campuses and in SUNY communities: their ideas, their ambitions, and their determination to make our remarkable public system of higher education the driving force of a revitalized New York State. We are preserving our strengths as places of learning, searching, and serving. But at the same time, we are pressing the "reset" button on SUNY–introducing a new way forward, aligning our purpose with New York State's needs and opportunities, and creating an economic engine capable of propelling a new era of growth.

This is the power of SUNY. We are building on the ideals of the land grant mandate—relevant research, outreach to communities, and access for everyone—and a homegrown passion for possibility. We are leveraging our unrivaled scale and diversity. We are New York's home advantage.

Today begins the journey of a lifetime—and one I wouldn't miss for anything. On behalf of the State University of New York, I invite you to join us.

Nancy L. Zimpher

We believe New York State can be one of the most vital, resilient, and inclusive economies in the global marketplace. And we believe the 64 campuses of SUNY can make that ambition a reality.

From 2010 forward, SUNY's priority is the economic revitalization of the State of New York and a better quality of life for all its citizens.

"To Learn, To Search, To Serve"

While our plan is outwardly focused, our vision remains grounded in the three imperatives on the SUNY seal.

The words on our seal evoke the centrality of education, the spirit of inquiry, and the full participation in civic life that we expect from our students, our faculty, and the entire SUNY universe.

LEARN

We are first and foremost a community of teachers and learners. Courses, disciplines, and degrees may evolve, but our dedication to the exchange of knowledge from generation to generation is a constant.

SEARCH

We find and create meaning in our universe. The driving spirit behind research and discovery is the conviction that frontiers demand exploration, that conventional wisdom needs to be questioned, and that each discovery takes us to a new horizon of understanding.

SERVE

We are concerned and involved citizens. We have a stake in our community. We direct our skills, our knowledge, and our best intentions toward making a profound and lasting difference where we live—close to home and around the world.

Our Core Values

STUDENT-CENTEREDNESS

The student is at the heart of all we do.
The learning and growth of our students comes first and crystallizes our purpose as a system. We tear down the barriers that discourage people from pursuing their higher education goals. We use innovative teaching tools and formats to make the most of individual learning styles. We continually look for new ways to provide academic, personal, and financial support. Our geographic reach, our ability to attract the best minds in teaching and research, the quality of our facilities and resources, and the breadth of our programs—all of these exist to benefit our students.

COMMUNITY ENGAGEMENT

In our communities, learning goes both ways. In every community or neighborhood where we have a campus, SUNY is both teacher and student. The needs and perspectives of our communities inform what we do and how we do it. Our communities are the very best proving grounds, constantly pushing us to be more meaningful and relevant to the lives of those around us.

DIVERSITY

Diversity makes us stronger and smarter.
We respect, encourage, and promote all aspects of human difference—whether in terms of background, interests, age, race, or stage of life. Diversity enriches our lives and the educational experience: it invigorates conversations, awakens curiosity, and widens perspectives. Diversity also ensures that our campuses mirror the rapidly changing world, creating an environment that prepares our students to be culturally competent so they can succeed anywhere. Our diversity is SUNY's edge.

INTEGRITY

Integrity and collegiality are the bedrock of our enterprise. Trust and a shared sense of responsibility are essential to an enterprise of our size. Open, honest relationships allow us to cut to the chase and speak the truth. When we demand of each other the highest standards of integrity and accountability, we create a collegial community that can confidently explore new frontiers, vigorously debate ideas, and learn from mistakes.

COLLABORATION

Collaboration makes our expertise more powerful. Partnerships and alliances, both within and outside the SUNY system, have a multiplier effect. When our campuses join forces with each other and with organizations outside of SUNY, we amplify our expertise, resources, and geographic reach in new and often unexpected ways. When we acknowledge common goals and approach problems in a spirit of reciprocity and flexibility, we achieve far more than when we labor alone.

Six Big Ideas

To revitalize the economy of New York and enhance the quality of life for its citizens, SUNY will commit our energy and resources to the realization of Six Big Ideas:

SUNY and the **Entrepreneurial Century**

SUNY and the **Seamless Education Pipeline**

SUNY and a **Healthier New York**

SUNY and an **Energy-Smart New York**

SUNY and the **Vibrant Community**

SUNY and the **World**

Our ambitions are focused. On the following pages are six interdependent areas of opportunity and challenge—we call them Big Ideas—where we have determined SUNY can make the biggest difference for the State of New York. For each idea, we've proposed three major initiatives whose progress can be measured over time. We also show how each will advance our commitment to diversity.

Even an institution as large and multifaceted as SUNY can't tackle every challenge or fix every problem. But by linking our resources and talents in targeted, quantifiable ways, we will chart a better path to the future for New York State and create new models of action for the world.

SUNY and The Entrepreneurial Century

We will cultivate entrepreneurial thinking across our entire learning landscape, helping new and existing businesses innovate, prosper, and grow.

Research and innovation have long been hallmarks of American higher education. But in the 21st century, knowledge creation is no longer enough. Economic growth depends on translating that knowledge into tangible, measurable benefits—from more patents issued, to more grants won, to more jobs. This shift demands an entrepreneurial mindset—a way of thinking determined to create and shape new markets.

The critical components that businesses of all sizes and stages need—knowledge, talent, and expertise—can all be found at SUNY. We have $1 billion annually in research expenditures, more than 10,000 research projects across 64 campuses, significant infrastructure, strong existing partnerships, and some of the best faculty and students in the world. We need to look at how we can combine our many diffuse pieces to help current and future New York companies and address national research gaps. Our individual institutions don't have to do it all themselves—they can invest in infrastructure more cost-effectively and make more compelling cases for public and private funding when they work collaboratively. The more we integrate, the greater our impact on the state's economy.

We also need to follow the lead of the most fertile states for entrepreneurs and engage more local industries and local venture capitalists with our students, labs, and campuses. Nationally, 43 percent of start-up founders established their companies in the same state where they received their academic degree. But among founders graduating from universities in New York, only about half that amount established their start-ups in our state. Given the huge number of institutions at SUNY and the number of venture capitalists in New York State, the opportunities for turning the tide in our favor are enormous.

SUNY STARTUP

Taking advantage of the untapped potential in our communities, **SUNY StartUP** will create programs that invite successful local entrepreneurs onto our campuses to advise and serve as mentors for our students and professors. These experts will bring real world knowledge to every phase of the entrepreneurial process: how to choose the right ideas, fund them, shape them into businesses, and grow them to full scale. **SUNY StartUP** will not be a one-way street: our students and researchers will also go out into their communities, putting their fresh ideas and energy directly to work for local businesses. And by adding courses on entrepreneurship for students and faculty throughout the system, we will permeate the state with an entrepreneurial mindset and create a cadre of idea generators and job creators.

SETTING THE STAGE FOR INVESTMENT

Research and innovation don't come cheap. Using our statewide scope and our access to the world's most creative and flexible financial markets, SUNY will develop strategies that draw in the full suite of investors—including federal, state, private, and venture capital, and even grant funding. We will leverage our size and strength to become the go-to destination for critical basic and applied research in areas like energy, health sciences, and nanotechnology. Much as SUNY's Research Excellence in Academic Health (REACH) initiative is building a collaborative biomedical platform that creates the scale and credibility needed to attract significant financial support, so will all of SUNY's research talent work together to grow our market share of research funding.

SUNY-INC

SUNY has some of the world's best researchers working on innovative and highly marketable ideas across the state, but too often their work has not been coordinated, and many of our smartest ideas have been slow to translate into actual products and solutions. We want to create a true development chain that links all the players in a fast-track process, from concept all the way to commercialization. **SUNY-INC (Incent New Companies)** will start with a local research team in one area—say, health and life sciences, or energy—and align that team with researchers on other SUNY campuses and at other public and private organizations across the state. Taking advantage of our unequalled statewide reach and our network of incubators and economic development centers, **SUNY-INC** will funnel discoveries to successive experts along the chain, promoting and tracking the concept through each development stage, from design to manufacturing, marketing, and even job training. The end result: new companies, new jobs, and the growth of a new economy.

Diversity Counts

At SUNY, we believe the entrepreneurial community should be as diverse as the world is. Yet there are still areas where minorities and other groups are vastly underrepresented. Study after study has linked the shortage of women and minorities in the STEM fields—science, technology, engineering, and math—to inadequate K-12 education and the persistent stereotype that math, science, and technology aren't for girls and minorities. SUNY will play a powerful role in reversing these trends by promoting STEM studies all along the education pipeline and making sure all students develop the logical thinking, problem solving, and analytical skills they'll need to become scientists, researchers, innovators, and entrepreneurs.

SUNY and
The Seamless Education Pipeline

SUNY sees education in New York State as a pipeline that extends from birth to retirement years—and finds ways to close the gaps that impede success.

An educated population is the foundation of economic growth. Studies show that in the years ahead, almost half of the jobs will require at least some college experience. Already, the 30 fastest-growing fields demand a minimum of a bachelor's degree. At first glance, New York State may seem well-positioned for this new age: we rank fifth in the nation in terms of the percentage of the workforce that holds a bachelor's degree or higher. But in reality, more and more of our young people are being sidelined from the knowledge economy. Nearly three in 10 students fail to graduate from high school in four years. And only six in 10 of those who make it to graduation do so with a Regents Diploma—a critical indicator of college readiness. What's more, far too many students who enter the higher education system need remedial coursework, a level of unpreparedness that jeopardizes their success in college and career.

Working adults face equally discouraging odds. Skills and experiences that once served them well are now overshadowed by the enormous economic and technological changes in the workplace and the expanding opportunities for workers with knowledge and skills in science, technology, engineering, and mathematics (STEM). We must help our population retool.

SUNY will seek ways to minimize attrition throughout the "cradle to career" pipeline, with a particular focus on developing highly effective teachers. Targeting our resources wisely, we will make a huge impact on the individual and collective prospects of New Yorkers.

THE SUNY URBAN-RURAL TEACHER CORPS

Student achievement and teacher attrition are intertwined issues. The primary determinant of a student's academic success, regardless of all other factors, is a competent and caring teacher. Yet students in high-need urban and rural schools are the least likely to benefit from exposure to the highly effective teachers who can keep young people engaged in learning, whatever the challenges. The cause of teacher burnout, meanwhile, is two-fold: their initial preparation for working in high-poverty urban and rural schools falls short, and they lack the support and high-quality professional development they need once they're in the classroom. The **SUNY Urban-Rural Teacher Corps** will represent a thorough rethinking of teacher preparation. Employing classroom simulations as well as extended, structured classroom experience, the **SUNY Urban-Rural Teacher Corps** will offer real world experience akin to the clinical training that medical professionals undergo. True to its name, the geographic scope of the Corps will be far wider than many teacher preparedness initiatives, ensuring that all New York's children—whether in urban or rural communities—will know the rewards of learning from great teachers.

CRADLE-TO-CAREER SUCCESS

Across the state and throughout the nation, many communities are forging partnerships among their education, business, nonprofit, community, civic, and philanthropic sectors to focus on student success, academic completion, and job readiness. SUNY is increasingly engaged with these "cradle to career" community collaboratives, and we aspire to a national leadership role. Our campuses will create community-based networks of professionals and organizations that will deploy evidence-based interventions at the key transition points of a student's life, and close gaps along the education pipeline. We'll also ease educational transitions by ensuring SUNY-wide transfer agreements between our community colleges and four-year degree programs. Our goal is to lead every student, no matter how vulnerable, through the education system and into a career in the 21st century workforce.

SUNY WORKS

Many SUNY campuses already provide paid, credit-worthy, and typically full-time internships for their undergraduates—programs known across the country as cooperative education. By integrating academic work with industry-based paid professional experience at two- and four-year campuses, co-op produces graduates who are work-savvy and generally debt-free. They're also truly job-ready—in fact, the businesses and industries that sponsor co-op often offer their students full-time employment after graduation. **SUNY Works** will take the co-op model to scale across the SUNY system, strengthening the collaboration between our campuses and the New York business and industrial sectors, and extending these experiences to graduate students and adult learners. We'll also extend **SUNY Works** to SUNY employees, because we believe every member of the SUNY community should reap the benefits of educational attainment. We want everyone invested in the future of New York's economy and quality of life—and **SUNY Works** will provide the incentives to help achieve that goal.

Diversity Counts

In the national epidemic that is our high school dropout rate, children living in poverty and low-income minority students unquestionably fare the worst. Across the country, barely half of African American and Hispanic students earn high school diplomas in four years. To reverse this trend, we will expand our partnerships with community leaders on strategies that target the interlocking problems that so often thwart the ambitions and capabilities of at-risk students. These programs run the gamut from early intervention to counseling and mentoring, physical and mental health services, and financial support. Ensuring that these students meet their educational targets, obtain their degrees, and join the workforce is one of the most powerful contributions we can make to our state's prosperity.

SUNY and
A Healthier New York

A fully integrated SUNY healthcare enterprise has enormous potential—in terms of public health, economic impact, and global influence.

New York's medical and health dilemmas mirror those of our nation. Healthcare costs are overwhelming our state budget. Disparities in access plague the system. Our population is aging. We face critical shortages in our healthcare workforce. Spiraling costs are bankrupting families. And too many New York children come to school every day with health problems that undermine their ability to learn.

The health of New Yorkers is essential to our economic success. And no other organization, public or private, can address New York's health challenges as powerfully as SUNY. We have field-tested knowledge that covers the entire state. Our researchers are generating new insights into everything from HIV/AIDS, to personalized medicine, to cardiovascular disease. SUNY institutions educate thousands of students each year for medical, dental, nursing, public health, optometry, pharmacy, research, paramedicine, allied health, and biomedical careers—9,800 alone from our four Academic Medical Centers—and the majority of these graduates stay to serve the people of New York State. Our Academic Medical Centers treat more than one million patients annually—including the sickest, the most vulnerable, and the most diverse populations. We see firsthand where and how the safety net is fraying or failing, and we can bring about pragmatic, fundamental reform.

Just as Silicon Valley is synonymous with innovation in information technology, we want New York State to be recognized for the best thinking in healthcare. And we can do it—by capitalizing on what we already know and the innovations that emerge from SUNY's healthcare environments every day.

THE RIGHT HEALTH PROFESSIONALS IN THE RIGHT PLACES

We're proud that SUNY graduates dominate New York State's healthcare workforce. The large number of New Yorkers we recruit and educate in SUNY's health profession schools, combined with our programs to encourage students to work in rural and underserved areas, help us get more of our graduates to more places. But for too many New Yorkers, healthcare access still depends on zip code. Using data from the Center for Health Workforce Studies on shortages, we will determine which professionals are most critical to New York State healthcare and create capacity in our programs that train students for these areas. We will also develop innovative delivery strategies, such as distance learning and executive scheduling that are needed to decrease barriers to access. In particular, we will create educational pathways so that students who already live in rural areas can pursue health careers in their home communities. In addition, we will track data for medical, dentistry, and optometry students to assess the best methods for attracting and retaining professionals in New York State.

THE SUNY WELLNESS NETWORK

Prevention and wellness programs are proven, cost-effective ways to improve our health and our health system. But most initiatives are short-term, geographically fragmented, and treat people as if they lived in clinical settings rather than real life. SUNY has experts and programs throughout the state that address every aspect of keeping people healthier: outreach, clinical care, health education, acute care, and biomedical research. Equally important, we have institutional stamina—we don't give up on a problem. By convening our system-wide knowledge, the **SUNY Wellness Network** will establish statewide health goals in areas like obesity, smoking cessation, and the prevention of chronic illness, and then mobilize on-campus and community resources to get results that save lives and money. A dedicated web component will enable New York and the world to follow our progress and benefit from our knowledge.

SUNY SCALE

Everyone benefits from evidence-based medicine—whether it's a patient choosing a doctor or hospital, a policymaker trying to implement new reforms, or a healthcare company developing new products. But evidence-based medicine demands thoroughly tested standards for safety, quality, and effectiveness. SUNY's many healthcare delivery mechanisms, our ability to collect vast amounts of data, and our strengths in behavioral research make us uniquely qualified to test, develop, and refine national and international standards for treatment and delivery. The product of this knowledge will be an online database, **SUNY Scale**, that will help determine the best interventions—putting New York State at the forefront of effective, outcome-based healthcare.

Diversity Counts

Across New York State, low-income populations and racial and ethnic minorities are far more likely to get sick and injured than other groups, and far less likely to get the care they need. Only a concerted, multi-pronged campaign will close these gaps. SUNY's breadth of healthcare expertise gives us a powerful role together with national, state, and local partners. But to meaningfully address health matters, providers have to know the people they serve. SUNY will do more to diversify that workforce so that our nurses and doctors, social workers and midwives, and clinicians and statisticians reflect and connect more closely with the populations they serve.

SUNY and
An Energy-Smart New York

Achieving sustainability demands action on multiple fronts at once. SUNY's collective intelligence makes it New York's renewable resource for ideas.

The alarms have been sounded again and again on the consequences of climate change and overdependence on fossil fuels. Meanwhile, New York State's energy costs have escalated to 50 percent above the national average—a burden that makes our businesses far less competitive and places enormous financial strain on households. Without smarter energy use, economic revitalization will remain an elusive goal. The time to act is now. And SUNY, New York's renewable resource for ideas, is ready to lead.

Many of our initiatives in this field are already in the vanguard of research and discovery, particularly in the areas of renewables, energy storage systems, interoperability and cyber security, sensors and energy control systems, and the energy applications of nanotechnology. We have productive partnerships with a wide range of private and public enterprises to tackle the multifaceted challenges of sustainability. We also have extensive degree, certificate, and non-credit programs related to energy and sustainability and training for green jobs.

What's missing is a coordinated, focused approach. By changing that, we can exemplify how a large-scale, geographically far-flung institution can turn promises into genuine progress.

SUNY SMART GRID

Incorporating information technology and communication tools, a Smart Grid transforms our existing electricity grid into one that is cleaner, safer, and more reliable and efficient. Among other things, a Smart Grid accepts energy from virtually any fuel source (including solar and wind); allows consumers to tailor their energy consumption to individual preferences (like price or environmental concerns); senses system overloads and reroutes power to prevent outages; resists attacks and natural disasters; and slows the advance of global climate change. SUNY is a founding member of The New York State Smart Grid Consortium, which will help drive down New York's excessively high energy costs while creating jobs in our state. And, as our own "grid" of colleges and universities reaching every corner of New York, **SUNY Smart Grid** is uniquely suited to help invent, test, commercialize, train, and educate for this energy revolution, leading the way in making Smart Grid a reality for New York.

NEW YORK AS A GREEN INCUBATOR

When it comes to green energy, SUNY and New York State are already rich in talent and resources. We have an incomparable base of experts in both academia and industry who are researching, analyzing, developing, and commercializing cutting-edge energy initiatives, and we are one of only ten states with a major Department of Energy laboratory—Brookhaven National Laboratory. But our resources are geographically dispersed, and our projects sometimes fall short of their potential because of a lack of coordination. SUNY's Green Incubator will develop an integrated network of energy specialists from academia, industry, government, and the public policy arena who will fast-track our strategies, putting us on the leading edge of opportunities. And we will tap into more and different kinds of financing—including venture capital and angel investment funding—to place New York at the forefront of the clean energy economy.

LIVING SMART

With an annual energy bill of about $280 million, SUNY is among the state's largest energy consumers—now, we need to be its smartest. While each of our campuses has a sustainability coordinator and committee, and while we've established stringent energy standards for new buildings and renovations, we can and must do much more to shrink our carbon footprint. We will reduce SUNY's system-wide energy consumption by at least 30 percent over the next decade by becoming the nation's first system of "energy smart" campuses. Our 465,000 students, meanwhile, represent a potential critical mass of green thinkers and doers, especially if we offer courses and degree programs that equip them with the best thinking and practices. And if our campuses get it right, our communities will too.

Diversity Counts

It's no surprise that across the country, toxic sites are all too often located in the poorest neighborhoods. Wherever land is cheap, that's where the most polluting industrial infrastructure can be found. At SUNY, we believe all people deserve to live in clean and healthy neighborhoods. Our experts in public health, the environment, and community planning will work to ensure that environmental and public health hazards do not disproportionately affect minority and vulnerable populations. We will develop strategies to help communities take part in the crucial planning decisions that so profoundly affect their quality of life, and, when necessary, help them claim their rights.

SUNY and
The Vibrant Community

As other entities cut or loosen local ties, SUNY's role as an enduring, enriching presence in communities becomes even more critical.

Wherever New Yorkers come together as a community, SUNY is there—a remarkable 97 percent of all New Yorkers live within 20 miles of a SUNY campus. Many of our campuses proudly bear the name of their home city or town. All of them serve as the local crossroads, enabling people from many different backgrounds to meet and deepen their mutual sense of belonging. Even in a "flat world," the SUNY campuses stand as testimony to our powerful attachment to place.

Strong communities are at the heart of economic revitalization. As more and more communities worry about "brain drain," SUNY campuses act as a natural magnet for young, talented, and creative people—the intellectual firepower that's so critical to economic development in the 21st century. SUNY graduates also become volunteers, teachers, healthcare professionals, first responders, employers, advocates, and leaders—the people who make communities work. And SUNY is a major source for arts-and-culture programming that makes life richer for everyone and connects us to one another as no device or social network ever can. Our cultural efforts are critical building blocks in the development of a new creative economy.

Now we need to act on behalf of New York's communities with greater intentionality across our entire system. Our initiatives will take advantage of the already fluid boundaries that exist between town and gown while offering new ways for SUNY communities to form stronger bonds with one another. We want to create a broader sense of common ground and make a lasting difference for everyone in the places we call home.

CITIZEN SUNY

Volunteer work by our students, faculty, and staff is important, but it's only the beginning. We will position SUNY as a national model for higher education citizenship, unleashing the problem-solving energy of our entire system on the challenges our communities face. We will take service learning and volunteerism to scale, collaborating with community representatives on each campus and across the state to identify their most pressing problems and create solutions that promote safe and livable neighborhoods, stable housing, and thriving workplaces. We'll ensure long-term commitment by building our involvement into the courses and degrees of each SUNY college and university. And we'll establish a **Center for Citizen SUNY** to gather, analyze, and share research and experiences in civic engagement, making the most of our combined knowledge.

SUNY PASSPORT

The more we encourage people to enjoy everything the entire state of New York has to offer, the more likely they are to put down roots here—and serve as unofficial New York ambassadors to the rest of the world. Through reciprocal partnerships among all SUNY campuses, as well as strategic alliances with cultural institutions, state offices, and local tourism boards, **SUNY Passport** will offer free or discounted admission to a wide range of cultural and recreational attractions for students, faculty and staff—making both the on- and off-campus resources of the entire SUNY system available to everyone at our 64 campuses. Helping members of the SUNY community take full advantage of the state's bounty will be an important factor in promoting economic development and in retaining talent in New York State.

SUNY COMMUNITY EXCHANGE PROGRAM

There's no question that study-abroad programs and sabbaticals have lifelong value and promote genuine global citizenship. But domestic experiences can be just as enlightening, especially in a state as geographically, economically, and demographically diverse as New York. Among the boundary-spanning possibilities: semester- or even year-long academic exchange programs for SUNY students among our campuses, and "reverse internships" for faculty in local businesses and cultural organizations. By encouraging this kind of direct cross-fertilization, we can deepen our reserves of empathy and understanding, make sure good ideas travel widely, and create a stronger knowledge network. We can literally learn a lot from one another.

Diversity Counts

SUNY campuses bring together all kinds of learners with different personal histories and heritages. But it's when they venture into their local communities that many of our students encounter diversity in its most enlightening and rewarding forms. We will encourage those experiences by expanding our service learning programs that connect our students with people of different races, ethnicities, ages, and economic backgrounds. A student may join forces with a group of veterans to build a memorial or with the elderly in a nursing home. Service learning creates bonds of fellowship, erodes stereotypes, and deepens our commitment to civic responsibility.

SUNY and The World

We will nurture a culturally fluent, cross-national mindset and put it to work improving New York's global competitiveness.

If you look around our campuses on any given day, it quickly becomes clear that we have succeeded at bringing the world to SUNY: taken together, our campuses comprise one of the most diverse learning communities in the world. Our system attracts adventurous and ambitious people from every possible background. In the international race for talent—the most fiercely contested race of the 21st century—we're off to a running start.

But numbers alone are inadequate. For SUNY to drive economic vitality, we must remain a beacon for talent worldwide. And once that talent is here, we need to retain it within our state. Most important, we must think of diversity in terms of the energy and perspective that it represents and use it to everyone's advantage—for example, in partnerships with domestic companies that are struggling to expand globally and adapt to new economic and competitive realities.

While building upon our New York roots, we can transform SUNY into a transnational enterprise of the highest order—a ubiquitous knowledge generator and provider, and a leader in the globalization of information.

BUILDING OUR GLOBAL TALENT POOL

In the globalized economy, students with a broad cultural and international perspective have distinct competitive advantages. To create a globally competent student body, we must increase the opportunities for international exposure throughout all courses and degrees. Not only will we send more students abroad, but we will also increase the pool of talented foreign students studying on our campuses, making use of certified recruitment agents around the world. We will also develop incentives for foreign students to remain here in New York after their studies end and contribute to the state's economy. The lessons of Silicon Valley should not be lost on us: more than half of Silicon Valley start-ups were founded by immigrants over the last decade—businesses that employed 450,000 workers and had sales of $52 billion in 2005.

SUNY DIPLOMACY

SUNY is already at the table for some of the world's weightiest discussions: many of our campuses have long and direct relationships with foreign universities, governments, multinational corporations, and non-governmental organizations (NGOs). SUNY can play a unique role in facilitating global dialogue at the highest level, but we need to look at our relationships more strategically and use an outcomes-driven framework to capitalize upon them. We will tap into other capacities throughout the SUNY system to widen and deepen the connections, including the enterprise-wide mapping of our global relationships. SUNY will become a global convener at a level few academic institutions anywhere can match, with a focus on projecting New York in the world.

OPEN SUNY

Building on SUNY's current open and online initiatives, **OPEN SUNY** has the potential to be America's most extensive distance learning environment. It will provide students with affordable, innovative, and flexible education in a full range of instructional formats, both online and on site. **OPEN SUNY** will network students with faculty and peers from across the state and throughout the world through social and emerging technologies and link them to the best in open educational resources. **OPEN SUNY** will provide an online portal for thousands of people worldwide seeking a foothold in post-secondary education– from soldiers of the 10th Mountain Division in Afghanistan to new immigrants with foreign educational credentials to overseas students who can't afford in-person American study.

Diversity Counts

All students, regardless of where they come from, must be widely knowledgeable about the world. Unfortunately, underrepresented minorities and low-income students often miss out on experiences that help them develop cultural fluency. SUNY will redress this by creating more accessible and affordable opportunities for these students to gain firsthand international experience, including programs for study abroad, work abroad, and foreign teaching internships and assistantships. By making these experiences a key feature of every SUNY education, we will instill across the system not only global thinking but a deeper appreciation for the nuances of cultural difference.

Building a Better SUNY

The goals we've set for ourselves bring with them serious challenges. That's what makes them worthwhile. But there is no bigger challenge than earning and keeping the public trust.

New Yorkers know they can depend on SUNY—our institutions have been educating people from all walks of life for over a century. But the call for accountability has never been louder. SUNY must make significant changes in the way we operate—and must deliver results in more meaningful and measurable ways—to show that we mean what we say.

A more effective SUNY demands we hold to these standards:

Action trumps everything.

There's an old and unfortunate truism about academia: "When all is said and done, more is said than done." We are determined to overturn that conventional wisdom. The only way an enterprise like SUNY can prove the power of its vision is to act on it. We must be willing to experiment, be nimble, take risks, think on our feet, and, occasionally, fail. We're going to have to draw on the deepest reserves of our patience and persistence. But we will get our ideas to market—and sooner rather than later.

Credibility is a product of inclusiveness and transparency.

In preparing this Strategic Plan, we've spent the past ten months collecting information, gathering ideas, and taking account of the expertise and insight of hundreds of people through town hall gatherings, community meetings, working groups, and expert panels. Equally important, we've communicated what we are doing as widely as possible and sought the broadest input as we've made strategic decisions, defined our priorities, and refined our goals. The openness and inclusiveness that have characterized this process will remain our standard.

Data drive decision making and holds us accountable.

Achieving the goals of this Strategic Plan will only be possible if we commit to the ongoing measurement of our progress—and if we resist the all-too-human impulse to move the goal posts when the results aren't to our liking. SUNY already generates a vast amount of information related to performance and progress, but we can still be better and faster in capturing data, measuring our progress, extracting value, and disseminating what we learn. A culture of data-driven accountability is one of the most enduring legacies we can leave for those who will reinterpret SUNY's goals for succeeding generations.

Our Promise

SUNY was born out of a commitment to opportunity and access, and designed to meet diverse needs across a vast geographic landscape.

We reflect both the land grant mission reborn and a distinctly New York impatience with the status quo. Throughout our history, we've shown a willingness to throw open doors, embrace new thinking and commit to brighter ideals.

On the pages of our strategic plan, we present our Big Ideas not as hopes, but as firm intentions. Why do we believe that SUNY, unique within American higher education, can best achieve these goals? Because of the extraordinary power of SUNY:

The diversity of our institutions and the diversity of our people. Together, they make it possible for us to incubate ideas, create best practices, and share everything broadly.

The breadth of our impact on individual lives. We employ thousands and transform millions of lives.

Our reach and commitment. We are anchors in our communities, committed to their long-term health, cultural richness, and economic well-being.

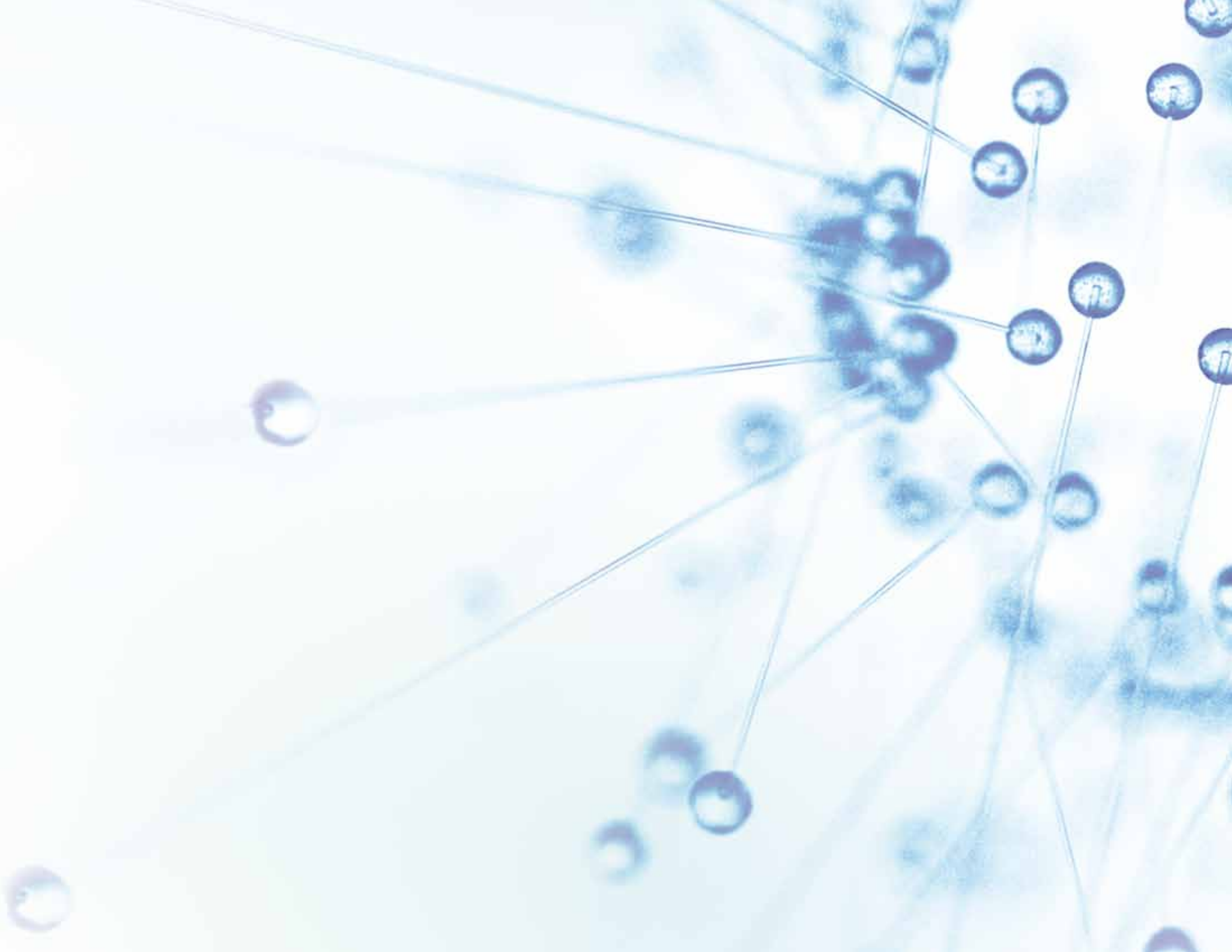
Our credibility as a convener. We bring together governments, non-profits, industry, and philanthropy in the wiser pursuit of a better world.

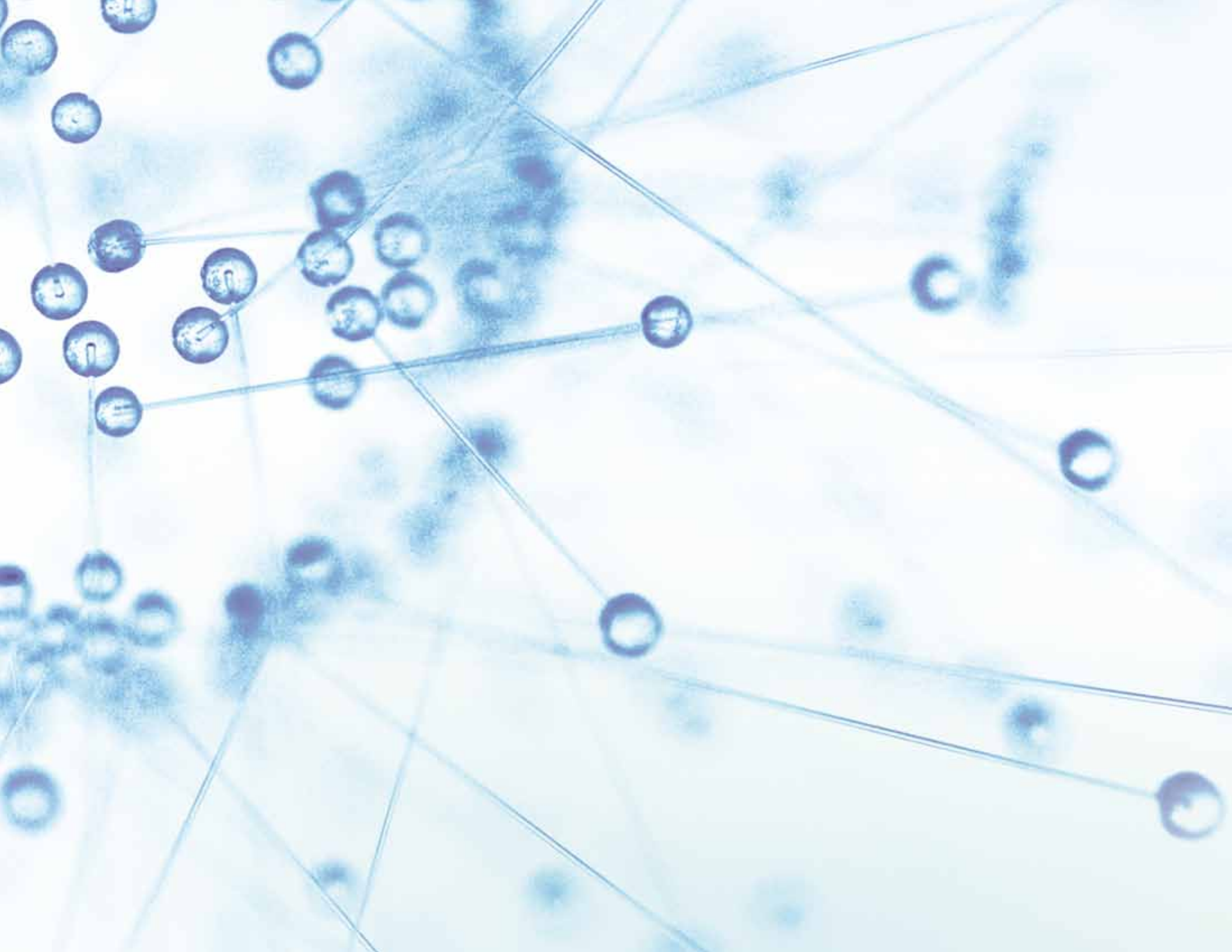
Our willingness to experiment. As educators, we know that new knowledge entails risk, and that failure can be as instructive as success. We are always learning.

Join us.

Together, we are

the Power of SUNY





The State University of New York

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State University of New York

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- The UAlbany/NYS Department of Health Partnership

A unique partnership: The University at Albany's School of Public Health and New York State Department of Health

In 1985 the School of Public Health at the University at Albany started as a transformational exchange of ideas between NYS Commissioner of Health David Axelrod and the President of UAlbany Vincent O'Leary. The resulting collaboration celebrates its 30th anniversary this year. The arrangement between the Department of Health/Wadsworth Laboratories and UAlbany is distinct as the only fully accredited School of Public Health in the U.S. that exists as a partnership between a research university and a state department of health. The benefits are many. The model most like it is the relationship between the Centers for Disease Control and Prevention and Emory University.

The partnership was founded on the basis of providing the following mutual benefits to students, the state and the University:

- Enhanced internships, career opportunities and community service pertinent to public health in New York State
- Enhanced collaborative research projects, programs and scientific interactions focused on pressing state health issues
- The sharing of research and educational resources and facilities
- Nationally recognized health sciences graduate education and research
- Increased professional competency of state and local public health professionals through degree programs and continuing education
- Advancement of a new model for public health education.

These fundamental benefits still exist today.

For more information about the New York State Department of Health, visit www.health.ny.gov.

NCSBN

NCSBN RESEARCH BRIEF
Volume 79 | July 2020

2019 NCLEX® Examination Statistics

2019 NCLEX® Examination Statistics

National Council of State Boards of Nursing, Inc. (NCSBN®)

Mission Statement

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

Address inquiries in writing to NCSBN Permissions, 111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277. Suggested Citation: National Council of State Boards of Nursing. (2020). *2019 NCLEX® Examination Statistics*. Chicago: Author.

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Introduction

In 1982, NCSBN substantially revised the State Board Test Pool Examination (SBTPE). NCSBN changed the examination from a norm-referenced test to a criterion-referenced test, implemented a new test plan and used Rasch's (1960) one parameter logistic model to calibrate items and measure candidates' abilities. At that time, NCSBN renamed the examinations the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) and the National Council Licensure Examination for Practical Nurses (NCLEX-PN®). However, these NCLEX® examinations were very different than the NCLEX examinations taken by candidates today. These examinations were only administered twice a year in a pencil-and-paper format; each administration lasted two days.

In 1986, the NCSBN Board of Directors (BOD) funded an initial investigation on the feasibility of using computerized adaptive testing (CAT) procedures. CAT held the promise of making examinations available year round, shortening examination length by only giving candidates items that were appropriate for their ability and providing greater security for the content of the items. On April 1, 1994, NCSBN began administering the NCLEX-RN and NCLEX-PN Examinations exclusively via CAT. On Jan. 5, 2015, the first candidates were able to take the NCLEX-RN examination for purposes of licensure/registration in Canada. This publication provides a detailed breakdown of candidate performance for 2019, as well as historical data.

Computerized Adaptive Testing

CAT is a method of administering examinations that combines the power and speed of current computer technology with modern measurement theory. With CAT, each candidate's test is unique; it is assembled interactively as the individual is tested. As the candidate answers each question, the computer calculates an ability estimate based on all earlier answers. The test administration software then identifies the content area for the next item. Next, the software scans through available items within the identified content area for an item that has a degree of difficulty sufficient to give the candidate approximately a 50% chance of answering it correctly. This item is selected and presented to the candidate on the computer screen. This process is repeated for each item, creating an examination tailored to the individual's ability level, while fulfilling all NCLEX test plan requirements. The examination continues in this way until a pass-fail decision can be determined. Because the examination could end at any time after the minimum number of items has been answered, it is important that the test plan specifications are met throughout the entire test.

Setting the Passing Standard

To ensure a consistent standard of competence in nursing practice, NCSBN uses a criterion-referenced standard, which means that passing or failing depends solely upon a candidate's level of performance in relation to the established point that represents safe entry-level competence. There is no preassigned percentage of candidates that pass or fail each examination. Because the practice of nursing changes over time, it is necessary to reevaluate the appropriateness of the passing standard from time to time. To ensure that the passing standards for the NCLEX-RN and NCLEX-PN examinations accurately reflects the knowledge, skills and abilities essential for entry-level nurse practice, NCSBN's BOD reevaluates the passing standard every three years or when the test plan changes. In evaluating the passing standard, the BOD considers information from a variety of sources. Although there is no limit on the information it may consider, the BOD is typically presented with the following information:

1. The results of a standard-setting exercise undertaken by the panel of judges. Currently, this exercise consists of a modified Angoff procedure with additional statistical compromise procedures. A list of the members on the panel of judges and their qualifications is also included.
2. A historical record of the passing standard and annual summaries of candidate performance on the NCLEX examination since the implementation of the CAT methodology in 1994.
3. The results from the annual standard-setting survey, which solicits the opinions of employers and educators regarding the competence of the current cohort of entry-level nurses.

4. Information detailing the educational readiness of high school graduates who expressed an interest in nursing.

In April 1998, the passing standard for the NCLEX-RN Examination increased from –0.42 logits to –0.35 logits. In April 2001, this standard was retained for another three years. In April 2004, the standard increased to –0.28 logits. In April 2007, the standard increased again to –0.21 logits. In April 2010, the standard increased to –0.16 logits. In April 2013, the standard increased to 0.00 logits. In April 2016, this standard was retained for another three years. In April 2019, this standard was again retained for another three years.

The passing standard for the NCLEX-PN Examination has experienced a similar increase over time. In April 1999, the passing standard for the NCLEX-PN Examination increased from –0.51 logits to –0.47 logits. In April 2002, this standard was retained for another three years. In April 2005, the NCLEX-PN passing standard increased from –0.47 to –0.42 logits. In April 2008, the standard increased to –0.37 logits. In April 2011, the standard increased to –0.27 logits. In April 2014, the standard increased to –0.21 logits. In April 2017, this standard was retained for another three years. It is important to note that the RN and PN standards are not directly comparable because they are based on different item pools and different scopes of practice.

Pass-Fail Decisions

Candidate performance on the NCLEX examinations is reported only as a pass-fail decision. Scores are never reported. As a result, almost all the statistics presented here are pass rates or statistics based upon a pass-fail decision.

To make pass-fail decisions, the computer seeks to determine with 95% certainty whether the candidate's true ability is above or below the passing standard. To do this, three pieces of information must be known: the current person ability estimate, the precision of that estimate and the passing standard. After the minimum number of items has been answered, the computer compares the candidate's ability level to the standard required for passing. Candidates clearly above the passing standard pass. Candidates clearly below the passing standard fail.

If the candidate's ability level is close enough to the passing standard that it is not clear which side of the passing standard his or her ability falls, the computer continues asking items. As more items are answered, the candidate's ability estimate becomes more precise. After each item, the candidate's ability level is recomputed, using all of the information (answers to all the items asked) available at that point. When it becomes clear on which side of the passing standard the candidate's ability falls, the examination ends.

Some candidates' abilities are very close to the passing standard. For these candidates, all items in the item pool might not provide enough information to be certain their ability is truly above or below the passing standard. These are the candidates who take the maximum number of items. Once the maximum number of items is administered, the computer waives the 95% certainty requirement and makes a pass or fail decision based upon the candidate's final ability estimate. If the candidate's ability estimate is above the passing standard, the candidate passes. If not, he or she fails.

If an NCLEX examination ends because time runs out, then the computer does not have enough information to make a clear pass-fail decision based on the 95% certainty requirement; if it did, it already would have stopped administering items. However, when the response patterns of people who ran out of time were investigated, it was found that some had been performing consistently above the passing standard. A mechanism is therefore provided for these candidates to pass. The key word here is "consistently." If a candidate's ability estimate has been consistently above the passing standard over the last 60 operational items, then he or she will pass, despite having run out of time.

2019 NCLEX® EXAMINATION STATISTICS

Table 1. Candidates Taking the NCLEX-RN® for U.S. Licensure by Type of Candidate

NCLEX-RN® Examination: Jan. 1 – Dec. 31, 2019															
	Jan. 1 – March 31, 2019			April 1 – June 30, 2019			July 1 – Sept. 30, 2019			Oct. 1 – Dec. 31, 2019			Total Jan. 1 – Dec. 31, 2019		
Type of Candidate	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
First-Time, U.S.-Educated															
Diploma	545	485	89.0	607	535	88.1	769	688	89.5	326	266	81.6	2,247	1,974	87.9
Baccalaureate	22,550	20,930	92.8	26,345	24,282	92.2	27,589	25,005	90.6	7,798	6,685	85.7	84,282	76,902	91.2
Associate Degree	23,916	20,876	87.3	26,979	23,328	86.5	26,078	22,340	85.7	7,825	5,673	72.5	84,798	72,217	85.2
Special Program Codes	17	8	47.1	10	7	70.0	8	4	50.0	12	8	66.7	47	27	57.4
Total First-Time, U.S.-Educated	**47,028**	**42,299**	**89.9**	**53,941**	**48,152**	**89.3**	**54,444**	**48,037**	**88.2**	**15,961**	**12,632**	**79.1**	**171,374**	**151,120**	**88.2**
Repeat, U.S.-Educated	8,862	3,996	45.1	9,150	3,395	37.1	11,507	5,991	52.1	10,496	4,237	40.4	40,015	17,619	44.0
First-Time, Internationally Educated	4,814	2,292	47.6	5,064	2,353	46.5	5,173	2,499	48.3	5,989	2,425	40.5	21,040	9,569	45.5
Repeat, Internationally Educated	4,706	1,410	30.0	4,970	1,368	27.5	4,768	1,406	29.5	5,421	1,181	21.8	19,865	5,365	27.0
All Candidates	**65,410**	**49,997**	**76.4**	**73,125**	**55,268**	**75.6**	**75,892**	**57,933**	**76.3**	**37,867**	**20,475**	**54.1**	**252,294**	**183,673**	**72.8**

Table 2. Candidates Taking the NCLEX-RN® for Canadian Licensure/Registration by Type of Candidate

NCLEX-RN® Examination: Jan. 1 – Dec. 31, 2019															
	Jan. 1 – March 31, 2019			April 1 – June 30, 2019			July 1 – Sept. 30, 2019			Oct. 1 – Dec. 31, 2019			Total Jan. 1 – Dec. 31, 2019		
Type of Candidate	Candidates	Passed	%	Candidates	Passed	%	Candidates	Passed	%	Candidates	Passed	%	Candidates	Passed	%
First-Time, Canada-Educated	1,512	1,298	85.8	3,017	2,651	87.9	3,886	3,299	84.9	1,427	1,177	82.5	9,842	8,425	85.6
Repeat, Canada-Educated	611	332	54.3	647	287	44.4	670	375	56.0	820	418	51.0	2,748	1,412	51.4
First-Time, Internationally Educated	257	161	62.6	255	157	61.6	276	178	64.5	295	143	48.5	1,083	639	59.0
Repeat, Internationally Educated	204	85	41.7	215	76	35.3	226	94	41.6	250	71	28.4	895	326	36.4
All Candidates	**2,584**	**1,876**	**72.6**	**4,134**	**3,171**	**76.7**	**5,058**	**3,946**	**78.0**	**2,792**	**1,809**	**64.8**	**14,568**	**10,802**	**74.1**

Table 3. Summary Statistics for First-Time NCLEX-RN® Candidates for U.S. Licensure and Canadian Licensure/Registration

NCLEX-RN®	January – December 2019
Passing Standard[1]	0 logits
Estimated Decision Consistency[2]	0.91
Average Test Length[3]	116
Percent of Candidates Taking the Minimum Number of Items	53.7%
Percent of Candidates Taking the Maximum Number of Items	12.6%
Average Testing Time[4]	2 hours, 14 minutes
Percent of Candidates Taking the Maximum Amount of Time	1.4%

1 The NCLEX-RN passing standard scale uses logits as the unit of measurement. Logits is short for log-odds-units. These units have no inherent meaning with regard to nursing content and in fact have an arbitrary zero point, but logits are practical because the probability of a correct response can easily be computed when the candidate's ability and the item's difficulty are known. Typically, the logit range on the NCLEX-RN scale is from -2.00 (easy items or low ability candidates) to 2.00 (difficult items or high ability candidates)."

2 Estimated Decision Consistency is an indicator of reliability. Conceptually, it is the proportion of pass-fail decisions that would remain the same if the same population were retested immediately after their first test (assuming no learning or fatigue effects) using a different set of items.

3 NCLEX-RN examinations consist of 75 to 265 items.

4 The standard amount of allotted testing time for the NCLEX-RN examination is 6 hours.

Table 4. First-Time, U.S.-Educated Candidates Taking the NCLEX-RN® for U.S. Licensure by Type of Degree (Jan. 1 – March 31, 2019)[1]

	RN-Diploma			RN-Associate Degree			RN-Baccalaureate			Total Jan. 1 - March 31, 2019		
Jurisdiction	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Alabama				435	375	86.2	471	451	95.8	906	826	91.2
Alaska				66	59	89.4	28	26	92.9	94	85	90.4
Arizona				665	630	94.7	471	451	95.8	1,136	1,081	95.2
Arkansas				557	477	85.6	174	163	93.7	731	640	87.6
California				2,126	1,993	93.7	1603	1496	93.3	3,729	3,489	93.6
Colorado				178	166	93.3	437	414	94.7	615	580	94.3
Connecticut				91	76	83.5	147	144	98.0	238	220	92.4
Delaware				106	101	95.3	15	13	86.7	121	114	94.2
District of Columbia							25	23	92.0	25	23	92.0
Florida				3,711	2,649	71.4	1087	982	90.3	4,798	3,631	75.7
Georgia				380	344	90.5	990	924	93.3	1,370	1,268	92.6
Hawaii				21	21	100.0	60	49	81.7	81	70	86.4
Idaho				110	100	90.9	138	129	93.5	248	229	92.3
Illinois				769	702	91.3	1333	1199	89.9	2,102	1,901	90.4
Indiana	15	11	73.3	541	467	86.3	598	549	91.8	1,154	1,027	89.0
Iowa				308	266	86.4	235	219	93.2	543	485	89.3
Kansas				224	189	84.4	188	163	86.7	412	352	85.4
Kentucky				548	508	92.7	409	395	96.6	957	903	94.4
Louisiana	34	32	94.1	339	321	94.7	494	466	94.3	867	819	94.5
Maine				20	18	90.0	95	87	91.6	115	105	91.3
Maryland				444	419	94.4	351	301	85.8	795	720	90.6
Massachusetts				316	293	92.7	600	555	92.5	916	848	92.6
Michigan				727	644	88.6	889	802	90.2	1,616	1,446	89.5
Minnesota				800	682	85.3	279	258	92.5	1,079	940	87.1
Mississippi				346	309	89.3	251	226	90.0	597	535	89.6
Missouri	12	12	100.0	424	393	92.7	753	686	91.1	1,189	1,091	91.8
Montana				53	47	88.7	96	90	93.8	149	137	91.9
Nebraska				21	17	81.0	218	207	95.0	239	224	93.7
Nevada				179	164	91.6	241	234	97.1	420	398	94.8
New Hampshire				3	2	66.7	51	50	98.0	54	52	96.3
New Jersey	190	176	92.6	385	355	92.2	310	286	92.3	885	817	92.3
New Mexico				114	99	86.8	97	90	92.8	211	189	89.6
New York				1,459	1,292	88.6	1185	1085	91.6	2,644	2,377	89.9
North Carolina	33	31	93.9	333	316	94.9	501	481	96.0	867	828	95.5
North Dakota							170	164	96.5	170	164	96.5
Northern Mariana Islands				3	1	33.3				3	1	33.3
Ohio	88	62	70.5	1,317	1,138	86.4	770	718	93.2	2,175	1,918	88.2
Oklahoma				386	348	90.2	111	100	90.1	497	448	90.1

Table 4. First-Time, U.S.-Educated Candidates Taking the NCLEX-RN® for U.S. Licensure by Type of Degree (Jan. 1 – March 31, 2019)[1]

	RN-Diploma			RN-Associate Degree			RN-Baccalaureate			Total Jan. 1 - March 31, 2019		
Jurisdiction	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Oregon				29	24	82.8	107	100	93.5	136	124	91.2
Pennsylvania	134	124	92.5	615	575	93.5	715	668	93.4	1,464	1,367	93.4
Rhode Island				158	138	87.3	116	108	93.1	274	246	89.8
South Carolina				334	299	89.5	421	397	94.3	755	696	92.2
South Dakota				40	38	95.0	225	208	92.4	265	246	92.8
Tennessee				298	269	90.3	802	747	93.1	1,100	1,016	92.4
Texas	39	37	94.9	1,935	1,759	90.9	2436	2322	95.3	4,410	4,118	93.4
Utah				422	363	86.0	285	264	92.6	707	627	88.7
Vermont							1	1	100.0	1	1	100.0
Virginia				457	387	84.7	752	716	95.2	1,209	1,103	91.2
Washington				220	199	90.5	214	191	89.3	434	390	89.9
West Virginia				148	143	96.6	77	70	90.9	225	213	94.7
Wisconsin				696	651	93.5	528	462	87.5	1,224	1,113	90.9
Wyoming				59	50	84.7				59	50	84.7
Total	**545**	**485**	**89.0**	**23,916**	**20,876**	**87.3**	**22,550**	**20,930**	**92.8**	**47,011**	**42,291**	**90.0**

1 Data does not include Special Program Codes.

Table 5. First-Time, U.S.-Educated Candidates Taking the NCLEX-RN® for U.S. Licensure by Type of Degree (April 1 – June 30, 2019)[1]

	RN-Diploma			RN-Associate Degree			RN-Baccalaureate			Total April 1 – June 30, 2019		
Jurisdiction	Candidates	Passed	%	Candidates	Passed	%	Candidates	Passed	%	Candidates	Passed	%
Alabama				761	664	87.3	619	595	96.1	1,380	1,259	91.2
Alaska				39	33	84.6	30	26	86.7	69	59	85.5
Arizona				527	478	90.7	255	242	94.9	782	720	92.1
Arkansas				335	292	87.2	397	368	92.7	732	660	90.2
California				728	640	87.9	1107	992	89.6	1,835	1,632	88.9
Colorado				306	287	93.8	303	288	95.0	609	575	94.4
Connecticut				182	160	87.9	317	306	96.5	499	466	93.4
Delaware	8	8	100.0	116	106	91.4	40	37	92.5	164	151	92.1
District of Columbia				8	8	100.0	38	37	97.4	46	45	97.8
Florida				3318	2251	67.8	1010	903	89.4	4,328	3,154	72.9
Georgia				656	596	90.9	1304	1199	91.9	1,960	1,795	91.6
Guam							1	0	0.0	1	0	0.0
Hawaii				26	24	92.3	98	87	88.8	124	111	89.5
Idaho				85	77	90.6	224	200	89.3	309	277	89.6
Illinois	11	11	100.0	969	882	91.0	1545	1370	88.7	2,525	2,263	89.6
Indiana	12	11	91.7	660	570	86.4	1069	1006	94.1	1,741	1,587	91.2
Iowa				454	386	85.0	261	238	91.2	715	624	87.3
Kansas				429	358	83.4	536	493	92.0	965	851	88.2
Kentucky				767	692	90.2	546	518	94.9	1,313	1,210	92.2
Louisiana				207	197	95.2	283	273	96.5	490	470	95.9
Maine				192	180	93.8	300	282	94.0	492	462	93.9
Maryland				445	407	91.5	297	267	89.9	742	674	90.8
Massachusetts	3	2	66.7	156	130	83.3	449	411	91.5	608	543	89.3
Michigan				974	881	90.5	1043	937	89.8	2,017	1,818	90.1
Minnesota				864	740	85.6	635	574	90.4	1,499	1,314	87.7
Mississippi				804	708	88.1	292	274	93.8	1,096	982	89.6
Missouri	22	12	54.5	536	495	92.4	924	863	93.4	1,482	1,370	92.4
Montana				72	64	88.9	122	109	89.3	194	173	89.2
Nebraska				214	189	88.3	472	441	93.4	686	630	91.8
Nevada				123	109	88.6	227	210	92.5	350	319	91.1
New Hampshire				227	214	94.3	200	197	98.5	427	411	96.3
New Jersey	75	68	90.7	336	297	88.4	287	267	93.0	698	632	90.5
New Mexico				139	125	89.9	104	93	89.4	243	218	89.7
New York				1430	1251	87.5	672	577	85.9	2,102	1,828	87.0
North Carolina	17	14	82.4	2002	1832	91.5	1005	942	93.7	3,024	2,788	92.2
North Dakota				119	112	94.1	204	196	96.1	323	308	95.4

Table 5. First-Time, U.S.-Educated Candidates Taking the NCLEX-RN® for U.S. Licensure by Type of Degree (April 1 – June 30, 2019)[1]

	RN-Diploma			RN-Associate Degree			RN-Baccalaureate			Total April 1 – June 30, 2019		
Jurisdiction	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Northern Mariana Islands				2	0	0.0				2	0	0.0
Ohio	77	47	61.0	1080	897	83.1	1289	1184	91.9	2,446	2,128	87.0
Oklahoma				412	371	90.0	344	316	91.9	756	687	90.9
Oregon				47	40	85.1	252	229	90.9	299	269	90.0
Pennsylvania	313	299	95.5	462	410	88.7	1033	967	93.6	1,808	1,676	92.7
Rhode Island	24	20	83.3	96	87	90.6	96	87	90.6	216	194	89.8
South Carolina				563	525	93.3	557	510	91.6	1,120	1,035	92.4
South Dakota							322	306	95.0	322	306	95.0
Tennessee				278	264	95.0	521	481	92.3	799	745	93.2
Texas	45	43	95.6	2275	2059	90.5	2491	2340	93.9	4,811	4,442	92.3
Utah				579	471	81.3	297	272	91.6	876	743	84.8
Vermont				94	90	95.7	106	93	87.7	200	183	91.5
Virgin Islands							1	1	100.0	1	1	100.0
Virginia				458	377	82.3	417	384	92.1	875	761	87.0
Washington				351	312	88.9	199	184	92.5	550	496	90.2
West Virginia				264	243	92.0	173	163	94.2	437	406	92.9
Wisconsin				649	599	92.3	1004	921	91.7	1,653	1,520	92.0
Wyoming				163	148	90.8	27	26	96.3	190	174	91.6
Total	**607**	**535**	**88.1**	**26,979**	**23,328**	**86.5**	**26,345**	**24,282**	**92.2**	**53,931**	**48,145**	**89.3**

1 Data does not include Special Program Codes.

Table 6. First-Time, U.S.-Educated Candidates Taking the NCLEX-RN® for U.S. Licensure by Type of Degree (July 1 – Sept. 30, 2019)[1]

	RN-Diploma			RN-Associate Degree			RN-Baccalaureate			Total July 1 – Sept. 30, 2019		
Jurisdiction	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Alabama				724	633	87.4	525	489	93.1	1,249	1,122	89.8
Alaska				46	43	93.5	30	28	93.3	76	71	93.4
American Samoa				8	5	62.5				8	5	62.5
Arizona				563	507	90.1	414	394	95.2	977	901	92.2
Arkansas				218	167	76.6	187	173	92.5	405	340	84.0
California				2,764	2,571	93.0	2,523	2,363	93.7	5,287	4,934	93.3
Colorado				164	147	89.6	580	536	92.4	744	683	91.8
Connecticut				454	402	88.5	531	499	94.0	985	901	91.5
Delaware	13	13	100.0	50	44	88.0	166	157	94.6	229	214	93.4
District of Columbia				9	8	88.9	130	126	96.9	139	134	96.4
Florida				3,035	2,087	68.8	1,357	1,235	91.0	4,392	3,322	75.6
Georgia				325	291	89.5	558	497	89.1	883	788	89.2
Guam				20	20	100.0	5	5	100.0	25	25	100.0
Hawaii				86	78	90.7	112	102	91.1	198	180	90.9
Idaho				101	89	88.1	127	113	89.0	228	202	88.6
Illinois				902	787	87.3	1,133	986	87.0	2,035	1,773	87.1
Indiana	12	11	91.7	344	281	81.7	595	526	88.4	951	818	86.0
Iowa				461	397	86.1	221	196	88.7	682	593	87.0
Kansas				163	117	71.8	195	165	84.6	358	282	78.8
Kentucky				348	305	87.6	218	192	88.1	566	497	87.8
Louisiana				242	223	92.1	378	361	95.5	620	584	94.2
Maine				38	33	86.8	119	106	89.1	157	139	88.5
Maryland				405	353	87.2	483	412	85.3	888	765	86.1
Massachusetts	67	62	92.5	743	671	90.3	1,117	1,041	93.2	1,927	1,774	92.1
Michigan				519	443	85.4	581	512	88.1	1,100	955	86.8
Minnesota				473	361	76.3	346	293	84.7	819	654	79.9
Mississippi				138	109	79.0	94	88	93.6	232	197	84.9
Missouri	39	32	82.1	327	285	87.2	476	432	90.8	842	749	89.0
Montana				105	82	78.1	87	76	87.4	192	158	82.3
Nebraska				60	54	90.0	291	262	90.0	351	316	90.0
Nevada				144	129	89.6	215	201	93.5	359	330	91.9
New Hampshire				75	67	89.3	120	118	98.3	195	185	94.9
New Jersey	193	176	91.2	808	723	89.5	863	796	92.2	1,864	1,695	90.9
New Mexico				162	136	84.0	121	102	84.3	283	238	84.1
New York	11	11	100.0	2,072	1,798	86.8	2,748	2,322	84.5	4,831	4,131	85.5
North Carolina	3	3	100.0	170	140	82.4	227	198	87.2	400	341	85.3
North Dakota				29	26	89.7	91	84	92.3	120	110	91.7
Northern Mariana Islands				1	0	0.0				1	0	0.0

Table 6. First-Time, U.S.-Educated Candidates Taking the NCLEX-RN® for U.S. Licensure by Type of Degree (July 1 – Sept. 30, 2019)[1]

	RN-Diploma			RN-Associate Degree			RN-Baccalaureate			Total July 1 – Sept. 30, 2019		
Jurisdiction	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Ohio	88	71	80.7	1,436	1,208	84.1	1,385	1,246	90.0	2,909	2,525	86.8
Oklahoma				382	321	84.0	348	318	91.4	730	639	87.5
Oregon				494	452	91.5	364	340	93.4	858	792	92.3
Pennsylvania	331	301	90.9	1,101	1,001	90.9	2,263	2,083	92.0	3,695	3,385	91.6
Rhode Island	10	6	60.0	61	48	78.7	158	148	93.7	229	202	88.2
South Carolina				417	346	83.0	99	84	84.8	516	430	83.3
South Dakota				60	55	91.7	126	112	88.9	186	167	89.8
Tennessee				554	515	93.0	1,056	981	92.9	1,610	1,496	92.9
Texas	1	1	100.0	1,520	1,326	87.2	1,461	1,380	94.5	2,982	2,707	90.8
Utah				223	181	81.2	114	94	82.5	337	275	81.6
Vermont				30	26	86.7	82	71	86.6	112	97	86.6
Virgin Islands							13	12	92.3	13	12	92.3
Virginia	1	1	100.0	1,167	1,030	88.3	968	900	93.0	2,136	1,931	90.4
Washington				793	731	92.2	511	471	92.2	1,304	1,202	92.2
West Virginia				184	169	91.8	148	136	91.9	332	305	91.9
Wisconsin				297	269	90.6	493	408	82.8	790	677	85.7
Wyoming				63	50	79.4	36	35	97.2	99	85	85.9
Total	**769**	**688**	**89.5**	**26,078**	**22,340**	**85.7**	**27,589**	**25,005**	**90.6**	**54,436**	**48,033**	**88.2**

1 Data does not include Special Program Codes.

Table 7. First-Time, U.S.-Educated Candidates Taking the NCLEX-RN® for U.S. Licensure by Type of Degree (Oct. 1 – Dec. 31, 2019)[1]

	RN-Diploma			RN-Associate Degree			RN-Baccalaureate			Total Oct. 1 – Dec. 31, 2019		
Jurisdiction	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Alabama				192	152	79.2	55	45	81.8	247	197	79.8
Alaska				33	32	97.0	27	24	88.9	60	56	93.3
American Samoa				1	0	0.0						
Arizona				63	46	73.0	284	267	94.0	347	313	90.2
Arkansas				102	84	82.4	16	13	81.3	118	97	82.2
California				541	448	82.8	1,103	959	86.9	1,644	1,407	85.6
Colorado				35	29	82.9	187	167	89.3	222	196	88.3
Connecticut				59	48	81.4	133	126	94.7	192	174	90.6
Delaware				25	24	96.0	5	4	80.0	30	28	93.3
District of Columbia				1	0	0.0	17	16	94.1	18	16	88.9
Florida				2,444	1,318	53.9	604	485	80.3	3,048	1,803	59.2
Georgia				106	95	89.6	194	154	79.4	300	249	83.0
Guam				5	5	100.0				5	5	100.0
Hawaii				7	6	85.7	46	35	76.1	53	41	77.4
Idaho				17	15	88.2	8	6	75.0	25	21	84.0
Illinois				177	140	79.1	454	357	78.6	631	497	78.8
Indiana	2	2	100.0	82	57	69.5	193	166	86.0	277	225	81.2
Iowa				77	58	75.3	56	45	80.4	133	103	77.4
Kansas				50	41	82.0	108	98	90.7	158	139	88.0
Kentucky				248	206	83.1	11	6	54.5	259	212	81.9
Louisiana	37	34	91.9	2	2	100.0	28	27	96.4	67	63	94.0
Maine				5	4	80.0	64	59	92.2	69	63	91.3
Maryland				89	78	87.6	76	62	81.6	165	140	84.8
Massachusetts	6	4	66.7	143	116	81.1	417	382	91.6	566	502	88.7
Michigan				139	110	79.1	182	145	79.7	321	255	79.4
Minnesota				193	146	75.6	93	78	83.9	286	224	78.3
Mississippi				42	36	85.7	9	7	77.8	51	43	84.3
Missouri	7	4	57.1	38	34	89.5	216	196	90.7	261	234	89.7
Montana				3	1	33.3	10	10	100.0	13	11	84.6
Nebraska				57	45	78.9	29	25	86.2	86	70	81.4
Nevada				40	34	85.0	86	76	88.4	126	110	87.3
New Hampshire				16	14	87.5	3	3	100.0	19	17	89.5
New Jersey	14	12	85.7	138	113	81.9	186	163	87.6	338	288	85.2
New Mexico				96	67	69.8	85	75	88.2	181	142	78.5
New York	1	1	100.0	597	462	77.4	609	453	74.4	1,207	916	75.9
North Carolina	1	1	100.0	65	61	93.8	34	31	91.2	100	93	93.0
North Dakota				3	3	100.0	19	15	78.9	22	18	81.8

Table 7. First-Time, U.S.-Educated Candidates Taking the NCLEX-RN® for U.S. Licensure by Type of Degree (Oct. 1 – Dec. 31, 2019)[1]

	RN-Diploma			RN-Associate Degree			RN-Baccalaureate			Total Oct. 1 – Dec. 31, 2019		
Jurisdiction	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Northern Mariana Islands				2	0	0.0				2	0	0.0
Ohio	110	78	70.9	454	324	71.4	336	298	88.7	900	700	77.8
Oklahoma				53	49	92.5	23	18	78.3	76	67	88.2
Oregon				42	35	83.3	163	153	93.9	205	188	91.7
Pennsylvania	81	67	82.7	141	116	82.3	602	547	90.9	824	730	88.6
Rhode Island	2	0	0.0	24	21	87.5	4	3	75.0	30	24	80.0
South Carolina				113	103	91.2	43	41	95.3	156	144	92.3
South Dakota				4	2	50.0	36	34	94.4	40	36	90.0
Tennessee				51	46	90.2	164	137	83.5	215	183	85.1
Texas	65	63	96.9	355	297	83.7	339	308	90.9	759	668	88.0
Utah				184	147	79.9	47	33	70.2	231	180	77.9
Vermont				2	1	50.0	4	4	100.0	6	5	83.3
Virgin Islands							6	4	66.7	6	4	66.7
Virginia				276	237	85.9	158	132	83.5	434	369	85.0
Washington				88	77	87.5	66	48	72.7	154	125	81.2
West Virginia				24	16	66.7	12	11	91.7	36	27	75.0
Wisconsin				77	69	89.6	144	130	90.3	221	199	90.0
Wyoming				4	3	75.0	4	4	100.0	8	7	87.5
Total	**326**	**266**	**81.6**	**7,825**	**5,673**	**72.5**	**7,798**	**6,685**	**85.7**	**15,949**	**12,624**	**79.2**

1 Data does not include Special Program Codes.

Table 8. First-Time, U.S.-Educated Candidates Taking the NCLEX-RN® for U.S. Licensure by Type of Degree (Jan. 1 – Dec. 31, 2019)

	RN-Diploma			RN-Associate Degree			RN-Baccalaureate			RN-Special Program Codes			Total Jan. 1 –Dec. 31, 2019		
Jurisdiction	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Alabama				2,112	1,824	86.4	1,670	1,580	94.6				3,782	3,404	90.0
Alaska				184	167	90.8	115	104	90.4				299	271	90.6
American Samoa				9	5	55.6							9	5	55.6
Arizona				1,818	1,661	91.4	1,424	1,354	95.1				3,242	3,015	93.0
Arkansas				1,212	1,020	84.2	774	717	92.6				1,986	1,737	87.5
California				6,159	5,652	91.8	6,336	5,810	91.7	6	4	66.7	12,501	11,466	91.7
Colorado				683	629	92.1	1,507	1,405	93.2				2,190	2,034	92.9
Connecticut				786	686	87.3	1,128	1,075	95.3	1	1	100.0	1,915	1,762	92.0
Delaware	21	21	100.0	297	275	92.6	226	211	93.4				544	507	93.2
District of Columbia				18	16	88.9	210	202	96.2				228	218	95.6
Florida				12,508	8,305	66.4	4,058	3,605	88.8	12	3	25.0	16,578	11,913	71.9
Georgia				1,467	1,326	90.4	3,046	2,774	91.1				4,513	4,100	90.8
Guam				25	25	100.0	6	5	83.3				31	30	96.8
Hawaii				140	129	92.1	316	273	86.4	1	1	100.0	457	403	88.2
Idaho				313	281	89.8	497	448	90.1				810	729	90.0
Illinois	11	11	100.0	2,817	2,511	89.1	4,465	3,912	87.6	2	1	50.0	7,295	6,435	88.2
Indiana	41	35	85.4	1,627	1,375	84.5	2,455	2,247	91.5	1	0	0.0	4,124	3,657	88.7
Iowa				1,300	1,107	85.2	773	698	90.3				2,073	1,805	87.1
Kansas				866	705	81.4	1,027	919	89.5				1,893	1,624	85.8
Kentucky				1,911	1,711	89.5	1,184	1,111	93.8				3,095	2,822	91.2
Louisiana	71	66	93.0	790	743	94.1	1,183	1,127	95.3				2,044	1,936	94.7
Maine				255	235	92.2	578	534	92.4				833	769	92.3
Maryland				1,383	1,257	90.9	1,207	1,042	86.3				2,590	2,299	88.8
Massachusetts	76	68	89.5	1,358	1,210	89.1	2,583	2,389	92.5	1	1	100.0	4,018	3,668	91.3
Michigan				2,359	2,078	88.1	2,695	2,396	88.9	1	1	100.0	5,055	4,475	88.5

Table 8. First-Time, U.S.-Educated Candidates Taking the NCLEX-RN® for U.S. Licensure by Type of Degree (Jan. 1 – Dec. 31, 2019)

	RN-Diploma			RN-Associate Degree			RN-Baccalaureate			RN-Special Program Codes			Total Jan. 1 –Dec. 31, 2019		
Jurisdiction	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Minnesota				2,330	1,929	82.8	1,353	1,203	88.9				3,683	3,132	85.0
Mississippi				1,330	1,162	87.4	646	595	92.1				1,976	1,757	88.9
Missouri	80	60	75.0	1,325	1,207	91.1	2,369	2,177	91.9	1	0	0.0	3,775	3,444	91.2
Montana				233	194	83.3	315	285	90.5	1	1	100.0	549	480	87.4
Nebraska				352	305	86.6	1,010	935	92.6				1,362	1,240	91.0
Nevada				486	436	89.7	769	721	93.8				1,255	1,157	92.2
New Hampshire				321	297	92.5	374	368	98.4				695	665	95.7
New Jersey	472	432	91.5	1,667	1,488	89.3	1,646	1,512	91.9	1	1	100.0	3,786	3,433	90.7
New Mexico				511	427	83.6	407	360	88.5	1	0	0.0	919	787	85.6
New York	12	12	100.0	5,558	4,803	86.4	5,214	4,437	85.1				10,784	9,252	85.8
North Carolina	54	49	90.7	2,570	2,349	91.4	1,767	1,652	93.5	1	0	0.0	4,392	4,050	92.2
North Dakota				151	141	93.4	484	459	94.8				635	600	94.5
Northern Mariana Islands				8	1	12.5							8	1	12.5
Ohio	363	258	71.1	4,287	3,567	83.2	3,780	3,446	91.2				8,430	7,271	86.3
Oklahoma				1,233	1,089	88.3	826	752	91.0	1	1	100.0	2,060	1,842	89.4
Oregon				612	551	90.0	886	822	92.8	5	2	40.0	1,503	1,375	91.5
Pennsylvania	859	791	92.1	2,319	2,102	90.6	4,613	4,265	92.5	10	9	90.0	7,801	7,167	91.9
Rhode Island	36	26	72.2	339	294	86.7	374	346	92.5				749	666	88.9
South Carolina				1,427	1,273	89.2	1,120	1,032	92.1	1	1	100.0	2,548	2,306	90.5
South Dakota				104	95	91.3	709	660	93.1				813	755	92.9
Tennessee				1,181	1,094	92.6	2,543	2,346	92.3				3,724	3,440	92.4
Texas	150	144	96.0	6,085	5,441	89.4	6,727	6,350	94.4				12,962	11,935	92.1
Utah				1,408	1,162	82.5	743	663	89.2				2,151	1,825	84.8
Vermont				126	117	92.9	193	169	87.6				319	286	89.7

Table 8. First-Time, U.S.-Educated Candidates Taking the NCLEX-RN® for U.S. Licensure by Type of Degree (Jan. 1 – Dec. 31, 2019)															
	RN-Diploma			RN-Associate Degree			RN-Baccalaureate			RN-Special Program Codes			Total Jan. 1 –Dec. 31, 2019		
Jurisdiction	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Virgin Islands							20	17	85.0				20	17	85.0
Virginia	1	1	100.0	2,358	2,031	86.1	2,295	2,132	92.9				4,654	4,164	89.5
Washington				1,452	1,319	90.8	990	894	90.3				2,442	2,213	90.6
West Virginia				620	571	92.1	410	380	92.7				1,030	951	92.3
Wisconsin				1,719	1,588	92.4	2,169	1,921	88.6				3,888	3,509	90.3
Wyoming				289	251	86.9	67	65	97.0				356	316	88.8
Total	**2,247**	**1,974**	**87.9**	**84,798**	**72,217**	**85.2**	**84,282**	**76,902**	**91.2**	**47**	**27**	**57.4**	**171,374**	**151,120**	**88.2**

Table 9. First-Time, Internationally Educated Candidates Taking the NCLEX-RN® for U.S. Licensure by Country of Education (Jan. 1 – Dec. 31, 2019)

	Jan. 1 – March 31, 2019			April 1 – June 30, 2019			July 1 – Sept. 30, 2019			Oct. 1 – Dec. 31, 2019			Total Jan. 1 – Dec. 31, 2019		
Country of Education	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Albania	3	1	33.3	4	1	25.0	3	1	33.3	4	0	0.0	14	3	21.4
Algeria							1	0	0.0				1	0	0.0
Antigua and Barbuda	2	1	50.0	3	0	0.0	3	0	0.0	4	1	25.0	12	2	16.7
Argentina							1	1	100.0	3	2	66.7	4	3	75.0
Armenia	2	1	50.0	4	2	50.0	4	2	50.0	2	2	100.0	12	7	58.3
Australia	11	6	54.5	14	12	85.7	16	7	43.8	23	15	65.2	64	40	62.5
Azerbaijan							1	0	0.0				1	0	0.0
Bahamas	2	2	100.0	9	6	66.7	4	2	50.0	3	1	33.3	18	11	61.1
Bangladesh							2	1	50.0				2	1	50.0
Barbados	3	2	66.7	5	2	40.0	8	3	37.5				16	7	43.8
Belarus				1	0	0.0	2	1	50.0	3	1	33.3	6	2	33.3
Belgium	1	1	100.0	1	1	100.0	1	1	100.0	1	1	100.0	4	4	100.0
Belize	3	0	0.0	3	0	0.0				1	1	100.0	7	1	14.3
Bermuda	2	1	50.0	1	0	0.0	2	1	50.0	1	0	0.0	6	2	33.3
Bosnia and Herzegovina										1	1	100.0	1	1	100.0
Botswana				1	1	100.0							1	1	100.0
Brazil	14	11	78.6	12	8	66.7	11	7	63.6	19	9	47.4	56	35	62.5
Burkina Faso	1	0	0.0										1	0	0.0
Cameroon	13	3	23.1	18	4	22.2	23	6	26.1	33	3	9.1	87	16	18.4
Canada	43	35	81.4	62	52	83.9	42	30	71.4	54	49	90.7	201	166	82.6
Chile	1	1	100.0	3	3	100.0	2	0	0.0	5	4	80.0	11	8	72.7
China	50	21	42.0	44	19	43.2	40	15	37.5	44	17	38.6	178	72	40.4
Colombia	3	1	33.3	8	2	25.0	5	2	40.0	9	2	22.2	25	7	28.0
Costa Rica	1	0	0.0	2	0	0.0							3	0	0.0
Cuba	41	21	51.2	53	23	43.4	42	15	35.7	40	11	27.5	176	70	39.8

Table 9. First-Time, Internationally Educated Candidates Taking the NCLEX-RN® for U.S. Licensure by Country of Education (Jan. 1 – Dec. 31, 2019)

	Jan. 1 – March 31, 2019			April 1 – June 30, 2019			July 1 – Sept. 30, 2019			Oct. 1 – Dec. 31, 2019			Total Jan. 1 – Dec. 31, 2019		
Country of Education	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Czech Republic							1	0	0.0	1	1	100.0	2	1	50.0
Dominica				2	0	0.0	2	2	100.0	3	1	33.3	7	3	42.9
Dominican Republic	2	0	0.0	2	0	0.0							4	0	0.0
Egypt				5	3	60.0	9	4	44.4	5	5	100.0	19	12	63.2
El Salvador										1	0	0.0	1	0	0.0
Eritrea				1	0	0.0	1	0	0.0	1	0	0.0	3	0	0.0
Ethiopia	25	3	12.0	21	10	47.6	25	7	28.0	38	9	23.7	109	29	26.6
Fiji							1	0	0.0	3	0	0.0	4	0	0.0
Finland	4	2	50.0	4	3	75.0	4	2	50.0	2	1	50.0	14	8	57.1
France	3	3	100.0	5	2	40.0	3	3	100.0	6	2	33.3	17	10	58.8
Gambia	5	2	40.0	2	0	0.0	2	1	50.0	3	1	33.3	12	4	33.3
Georgia	3	0	0.0	3	0	0.0	2	0	0.0	2	0	0.0	10	0	0.0
Germany	7	5	71.4	8	5	62.5	7	5	71.4	4	3	75.0	26	18	69.2
Ghana	20	14	70.0	32	15	46.9	40	17	42.5	50	26	52.0	142	72	50.7
Greece	2	0	0.0	1	0	0.0	1	1	100.0				4	1	25.0
Grenada	1	1	100.0	2	0	0.0	4	0	0.0	1	0	0.0	8	1	12.5
Guyana	4	1	25.0	5	2	40.0	12	1	8.3	3	0	0.0	24	4	16.7
Haiti	11	1	9.1	10	1	10.0	7	2	28.6	11	1	9.1	39	5	12.8
Honduras	2	1	50.0										2	1	50.0
Hong Kong	3	2	66.7	4	2	50.0	4	2	50.0	4	3	75.0	15	9	60.0
Hungary							1	0	0.0				1	0	0.0
Iceland				1	1	100.0	1	0	0.0				2	1	50.0
India	348	114	32.8	296	104	35.1	381	160	42.0	462	123	26.6	1487	501	33.7
Indonesia	3	1	33.3	1	0	0.0				1	0	0.0	5	1	20.0
Iran, Islamic Republic of	1	0	0.0	5	3	60.0	5	1	20.0	9	3	33.3	20	7	35.0

Table 9. First-Time, Internationally Educated Candidates Taking the NCLEX-RN® for U.S. Licensure by Country of Education (Jan. 1 – Dec. 31, 2019)

	Jan. 1 – March 31, 2019			April 1 – June 30, 2019			July 1 – Sept. 30, 2019			Oct. 1 – Dec. 31, 2019			Total Jan. 1 – Dec. 31, 2019		
Country of Education	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Iraq										1	0	0.0	1	0	0.0
Ireland	1	1	100.0	6	4	66.7	2	2	100.0	5	4	80.0	14	11	78.6
Israel	6	4	66.7	3	2	66.7	11	6	54.5	10	7	70.0	30	19	63.3
Italy	3	2	66.7	4	1	25.0	5	1	20.0	3	1	33.3	15	5	33.3
Jamaica	101	53	52.5	101	43	42.6	117	73	62.4	91	37	40.7	410	206	50.2
Japan	11	7	63.6	4	1	25.0	7	1	14.3	7	3	42.9	29	12	41.4
Jordan	37	23	62.2	42	23	54.8	39	18	46.2	48	28	58.3	166	92	55.4
Kazakhstan	1	0	0.0	1	0	0.0	1	0	0.0	1	0	0.0	4	0	0.0
Kenya	102	59	57.8	90	59	65.6	136	84	61.8	188	116	61.7	516	318	61.6
Korea, South	228	143	62.7	233	142	60.9	177	84	47.5	197	107	54.3	835	476	57.0
Kuwait										1	0	0.0	1	0	0.0
Lebanon	6	6	100.0	8	4	50.0	9	6	66.7	15	9	60.0	38	25	65.8
Liberia	4	0	0.0	5	0	0.0	7	1	14.3	10	0	0.0	26	1	3.8
Macedonia, Former Yugoslav Republic of							1	1	100.0				1	1	100.0
Malawi	4	3	75.0	2	2	100.0	2	1	50.0	1	0	0.0	9	6	66.7
Malaysia	1	1	100.0	3	1	33.3	2	0	0.0	6	1	16.7	12	3	25.0
Mexico	15	0	0.0	11	3	27.3	10	2	20.0	9	4	44.4	45	9	20.0
Moldova, Republic Of										1	0	0.0	1	0	0.0
Mongolia	1	0	0.0										1	0	0.0
Montenegro										1	0	0.0	1	0	0.0
Morocco	1	0	0.0										1	0	0.0
Namibia	1	0	0.0				1	0	0.0				2	0	0.0
Nepal	139	76	54.7	120	55	45.8	147	70	47.6	134	40	29.9	540	241	44.6
Netherlands				1	1	100.0							1	1	100.0
New Zealand	5	4	80.0	4	1	25.0	3	2	66.7	5	3	60.0	17	10	58.8

Table 9. First-Time, Internationally Educated Candidates Taking the NCLEX-RN® for U.S. Licensure by Country of Education (Jan. 1 – Dec. 31, 2019)

	Jan. 1 – March 31, 2019			April 1 – June 30, 2019			July 1 – Sept. 30, 2019			Oct. 1 – Dec. 31, 2019			Total Jan. 1 – Dec. 31, 2019		
Country of Education	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Niger	1	1	100.0							1	1	100.0	2	2	100.0
Nigeria	176	89	50.6	197	93	47.2	239	109	45.6	276	129	46.7	888	420	47.3
Norway	2	1	50.0										2	1	50.0
Pakistan	10	2	20.0	14	7	50.0	20	11	55.0	16	7	43.8	60	27	45.0
Palau				1	0	0.0							1	0	0.0
Palestinian Territory, Occupied	2	1	50.0	4	3	75.0	4	2	50.0	1	0	0.0	11	6	54.5
Panama	1	0	0.0	2	0	0.0				1	1	100.0	4	1	25.0
Peru	3	0	0.0										3	0	0.0
Philippines	2815	1400	49.7	3067	1472	48.0	3086	1587	51.4	3504	1447	41.3	12472	5906	47.4
Poland	2	2	100.0				2	1	50.0	2	1	50.0	6	4	66.7
Portugal	1	1	100.0	1	0	0.0	2	1	50.0	2	1	50.0	6	3	50.0
Puerto Rico	307	86	28.0	271	74	27.3	219	55	25.1	363	103	28.4	1160	318	27.4
Romania	4	1	25.0	4	1	25.0				4	0	0.0	12	2	16.7
Russian Federation	29	12	41.4	23	11	47.8	23	6	26.1	16	1	6.3	91	30	33.0
Rwanda										1	0	0.0	1	0	0.0
Saint Kitts And Nevis	1	1	100.0	1	0	0.0							2	1	50.0
Saint Lucia	7	3	42.9	12	7	58.3	8	5	62.5	4	0	0.0	31	15	48.4
Saint Vincent and the Grenadines	3	0	0.0	2	1	50.0				2	1	50.0	7	2	28.6
Saudi Arabia	2	1	50.0	13	3	23.1	29	10	34.5	4	0	0.0	48	14	29.2
Serbia				1	0	0.0							1	0	0.0
Sierra Leone	1	0	0.0	2	1	50.0	1	1	100.0	5	1	20.0	9	3	33.3
Singapore				2	0	0.0	4	2	50.0	4	1	25.0	10	3	30.0
Somalia				1	0	0.0							1	0	0.0
South Africa	7	6	85.7	9	3	33.3	6	2	33.3	9	4	44.4	31	15	48.4
Spain	5	2	40.0	1	0	0.0	1	1	100.0	4	2	50.0	11	5	45.5

Table 9. First-Time, Internationally Educated Candidates Taking the NCLEX-RN® for U.S. Licensure by Country of Education (Jan. 1 – Dec. 31, 2019)

	Jan. 1 – March 31, 2019			April 1 – June 30, 2019			July 1 – Sept. 30, 2019			Oct. 1 – Dec. 31, 2019			Total Jan. 1 – Dec. 31, 2019		
Country of Education	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Sri Lanka							1	1	100.0	3	0	0.0	4	1	25.0
Sudan										4	0	0.0	4	0	0.0
Swaziland	1	0	0.0										1	0	0.0
Sweden	1	0	0.0	4	3	75.0	3	3	100.0	2	1	50.0	10	7	70.0
Switzerland							1	1	100.0	1	0	0.0	2	1	50.0
Taiwan	27	6	22.2	20	6	30.0	21	9	42.9	21	9	42.9	89	30	33.7
Tanzania, United Republic Of				1	0	0.0	1	1	100.0	2	0	0.0	4	1	25.0
Thailand	11	2	18.2	10	5	50.0	17	5	29.4	15	5	33.3	53	17	32.1
Trinidad And Tobago	6	4	66.7	11	7	63.6	19	8	42.1	11	4	36.4	47	23	48.9
Turkey	1	0	0.0	3	0	0.0				3	1	33.3	7	1	14.3
Uganda	5	4	80.0	6	5	83.3	1	0	0.0	6	2	33.3	18	11	61.1
Ukraine	19	6	31.6	13	4	30.8	10	1	10.0	10	3	30.0	52	14	26.9
United Arab Emirates	5	3	60.0	4	1	25.0	4	2	50.0	3	1	33.3	16	7	43.8
United Kingdom	21	7	33.3	27	7	25.9	23	8	34.8	38	19	50.0	109	41	37.6
Uzbekistan	17	3	17.6	16	1	6.3	9	0	0.0	16	2	12.5	58	6	10.3
Venezuela				3	0	0.0	1	0	0.0	2	0	0.0	6	0	0.0
Zambia	1	0	0.0	3	2	66.7	1	0	0.0	2	1	50.0	7	3	42.9
Zimbabwe	13	8	61.5	19	7	36.8	14	12	85.7	37	18	48.6	83	45	54.2
Total	**4,814**	**2,292**	**47.6**	**5,064**	**2,353**	**46.5**	**5,173**	**2,499**	**48.3**	**5,989**	**2,425**	**40.5**	**21,040**	**9,569**	**45.5**

Table 10. First-Time, Canada-Educated Candidates Taking the NCLEX-RN® for Canadian Licensure/Registration by Type of Degree (Jan. 1 – Dec. 31, 2019)									
	RN-Baccalaureate			RN-Special Program Codes			Total Jan. 1 - Dec. 31, 2019		
Jurisdiction	Candidates	Passed	%	Candidates	Passed	%	Candidates	Passed	%
Alberta	1,407	1,251	88.9				1,407	1,251	88.9
British Columbia	1,456	1,303	89.5	47	26	55.3	1,503	1,329	88.4
Manitoba	417	381	91.4				417	381	91.4
New Brunswick	207	164	79.2				207	164	79.2
Newfoundland And Labrador	234	219	93.6				234	219	93.6
Northwest Territories And Nunavut	16	10	62.5				16	10	62.5
Nova Scotia	601	474	78.9				601	474	78.9
Ontario	4,747	3,989	84.0	2	1	50.0	4,749	3,990	84.0
Prince Edward Island	74	61	82.4				74	61	82.4
Saskatchewan	585	503	86.0	16	14	87.5	601	517	86.0
Total*	**9,744**	**8,355**	**85.7**	**65**	**41**	**63.1**	**9,809**	**8,396**	**85.6**

* 33 Candidates are not included because their educational jurisdictions are not one of the 10 regulatory bodies that decided to adopt the NCLEX-RN as the nursing licensure/registration exam for Canada

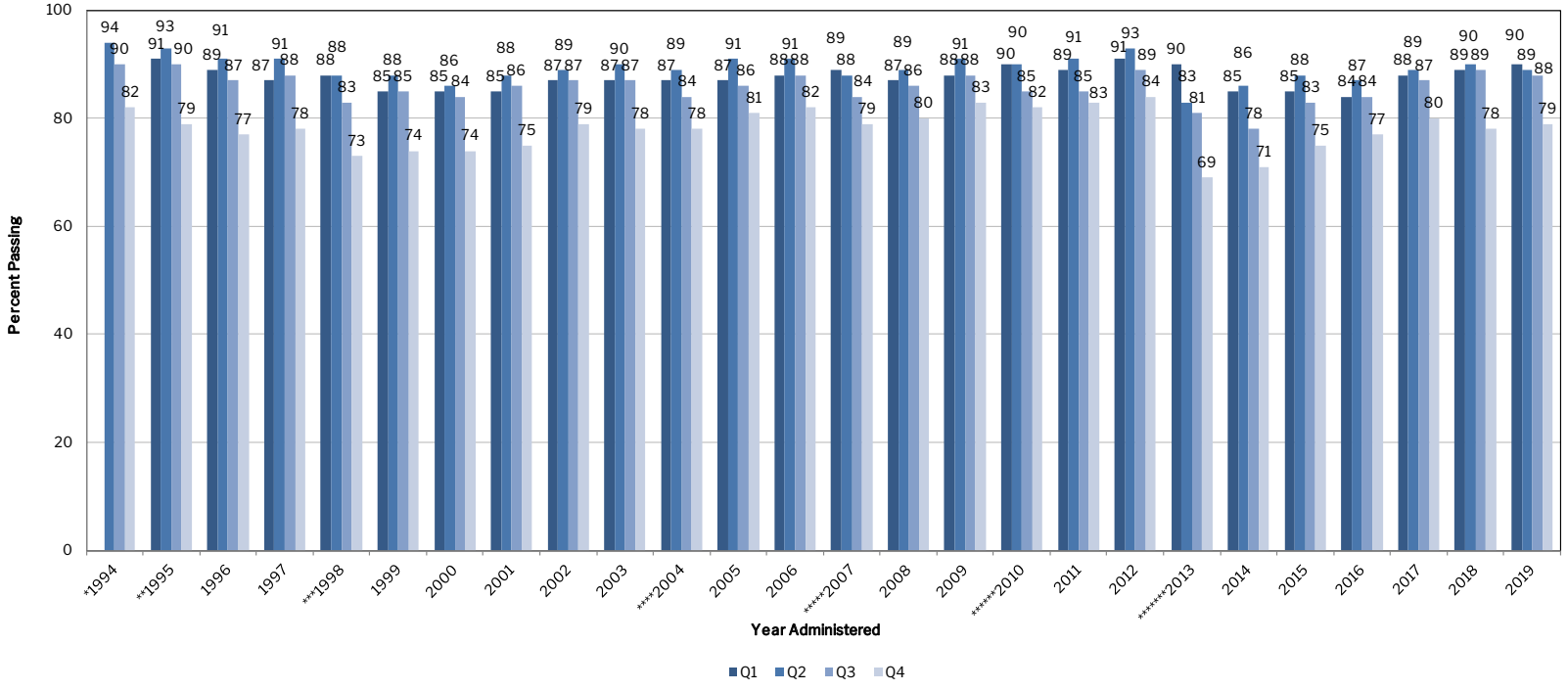
Table 11. First-Time, Internationally Educated Candidates Taking the NCLEX-RN® for Canadian Licensure/Registration by Country of Education (Jan. 1 – Dec. 31, 2019)

	Jan. 1 – March 31, 2019			April 1 – June 30, 2019			July 1 – Sept. 30, 2019			Oct. 1 – Dec. 31, 2019			Total Jan. 1 – Dec. 31, 2019		
Country of Education	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Australia	5	4	80.0	5	5	100.0	3	1	33.3	7	4	57.1	20	14	70.0
Bahamas	1	1	100.0										1	1	100.0
Belgium				1	0	0.0							1	0	0.0
Belize				1	1	100.0							1	1	100.0
Brazil										1	1	100.0	1	1	100.0
Bulgaria				1	0	0.0							1	0	0.0
Burkina Faso	1	0	0.0										1	0	0.0
Chad				1	0	0.0							1	0	0.0
China							1	0	0.0				1	0	0.0
Eritrea							1	1	100.0				1	1	100.0
Ethiopia				1	1	100.0							1	1	100.0
Finland							2	2	100.0				2	2	100.0
Germany				1	1	100.0							1	1	100.0
Ghana	2	2	100.0	1	1	100.0							3	3	100.0
Hong Kong				1	1	100.0							1	1	100.0
India	110	51	46.4	125	63	50.4	137	87	63.5	134	51	38.1	506	252	49.8
Iran, Islamic Republic of	8	5	62.5	11	5	45.5	7	5	71.4	12	6	50.0	38	21	55.3
Ireland							1	0	0.0	2	1	50.0	3	1	33.3
Israel	1	1	100.0	7	6	85.7	7	7	100.0	1	1	100.0	16	15	93.8
Jamaica	4	1	25.0							4	1	25.0	8	2	25.0
Jordan	1	1	100.0				1	0	0.0				2	1	50.0
Kenya										1	1	100.0	1	1	100.0
Korea, South	2	1	50.0	1	1	100.0	1	1	100.0	1	1	100.0	5	4	80.0
Lebanon	1	0	0.0							2	1	50.0	3	1	33.3

Table 11. First-Time, Internationally Educated Candidates Taking the NCLEX-RN® for Canadian Licensure/Registration by Country of Education (Jan. 1 – Dec. 31, 2019)

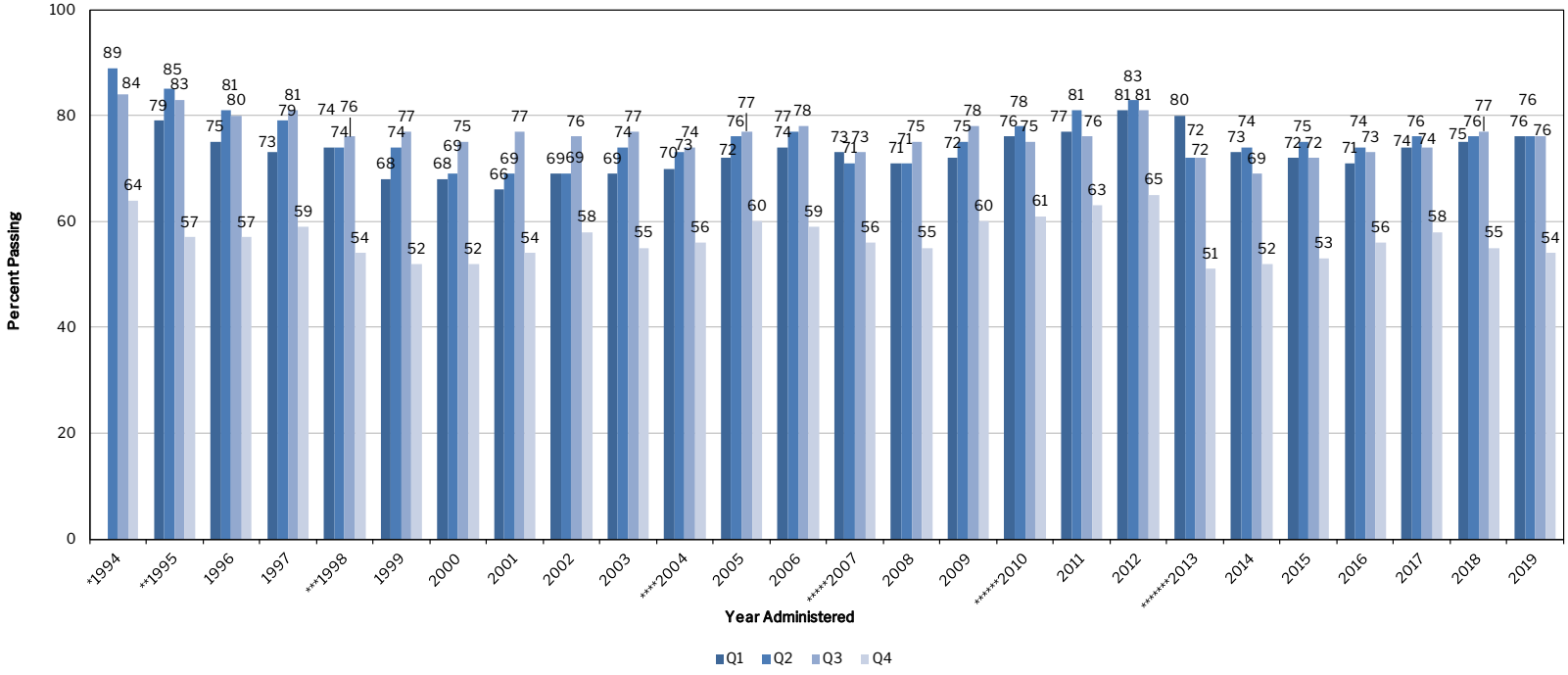
	Jan. 1 – March 31, 2019			April 1 – June 30, 2019			July 1 – Sept. 30, 2019			Oct. 1 – Dec. 31, 2019			Total Jan. 1 – Dec. 31, 2019		
Country of Education	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Malaysia										1	0	0.0	1	0	0.0
Nepal	4	4	100.0	2	2	100.0	3	2	66.7	4	2	50.0	13	10	76.9
New Zealand	1	1	100.0				1	0	0.0	1	1	100.0	3	2	66.7
Nigeria	3	1	33.3	4	2	50.0	2	0	0.0	7	4	57.1	16	7	43.8
Pakistan	5	5	100.0	4	3	75.0	4	2	50.0	4	2	50.0	17	12	70.6
Philippines	100	77	77.0	78	57	73.1	100	67	67.0	104	58	55.8	382	259	67.8
Russian Federation				1	1	100.0							1	1	100.0
Serbia										1	1	100.0	1	1	100.0
Slovakia										1	1	100.0	1	1	100.0
Spain										1	1	100.0	1	1	100.0
Swaziland										1	0	0.0	1	0	0.0
United Arab Emirates	1	1	100.0	1	1	100.0							2	2	100.0
United Kingdom	6	4	66.7	8	6	75.0	4	3	75.0	5	5	100.0	23	18	78.3
United States	1	1	100.0										1	1	100.0
Zimbabwe							1	0	0.0				1	0	0.0
Total	**257**	**161**	**62.6**	**255**	**157**	**61.6**	**276**	**178**	**64.5**	**295**	**143**	**48.5**	**1,083**	**639**	**59.0**

Figure 1. NCLEX-RN® Pass Rates for First-Time, U.S.-Educated Candidates for U.S. Licensure



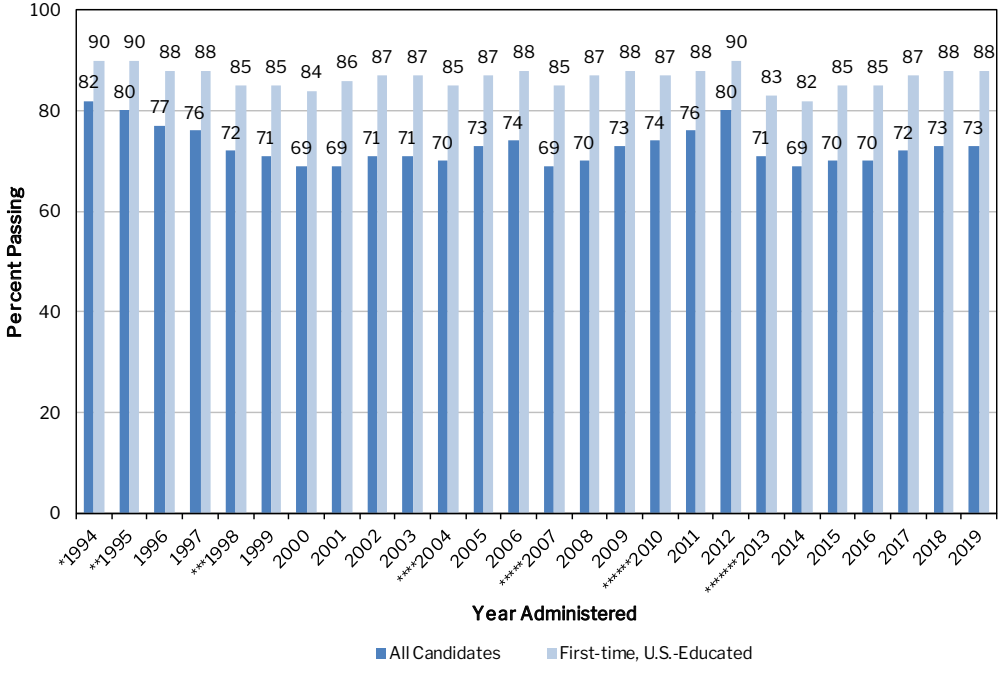
*April 1994 Computer Adaptive Test (CAT) begins. Passing Standard -0.4766 logits.
**October 1995 Passing Standard changed from -0.4766 to -0.42 logits.
***April 1998 Passing Standard changed from -0.42 to -0.35 logits.
****April 2004 Passing Standard changed from -0.35 to -0.28 logits.
*****April 2007 Passing Standard changed from -0.28 to -0.21 logits.
******April 2010 Passing Standard changed from -0.21 to -0.16 logits.
*******April 2013 Passing Standard changed from -0.16 to 0.00 logits.

Figure 2. NCLEX-RN® Pass Rates for All Candidates for U.S. Licensure



*April 1994 Computer Adaptive Test (CAT) begins. Passing Standard -0.4766 logits.
**October 1995 Passing Standard changed from -0.4766 to -0.42 logits.
***April 1998 Passing Standard changed from -0.42 to -0.35 logits.
****April 2004 Passing Standard changed from -0.35 to -0.28 logits.
*****April 2007 Passing Standard changed from -0.28 to -0.21 logits.
******April 2010 Passing Standard changed from -0.21 to -0.16 logits.
*******April 2013 Passing Standard changed from -0.16 to 0.00 logits.

Figure 3. NCLEX-RN® Yearly Pass Rates for U.S. Licensure



*April 1994 Computer Adaptive Test (CAT) begins. Passing Standard -0.4766 logits.
**October 1995 Passing Standard changed from -0.4766 to -0.42 logits.
***April 1998 Passing Standard changed from -0.42 to -0.35 logits.
****April 2004 Passing Standard changed from -0.35 to -0.28 logits.
*****April 2007 Passing Standard changed from -0.28 to -0.21 logits.
******April 2010 Passing Standard changed from -0.21 to -0.16 logits.
*******April 2013 Passing Standard changed from -0.16 to 0.00 logits.

Figure 4. NCLEX-RN® Pass Rates for First-Time, Canada-Educated Candidates for Canadian Licensure/Registration

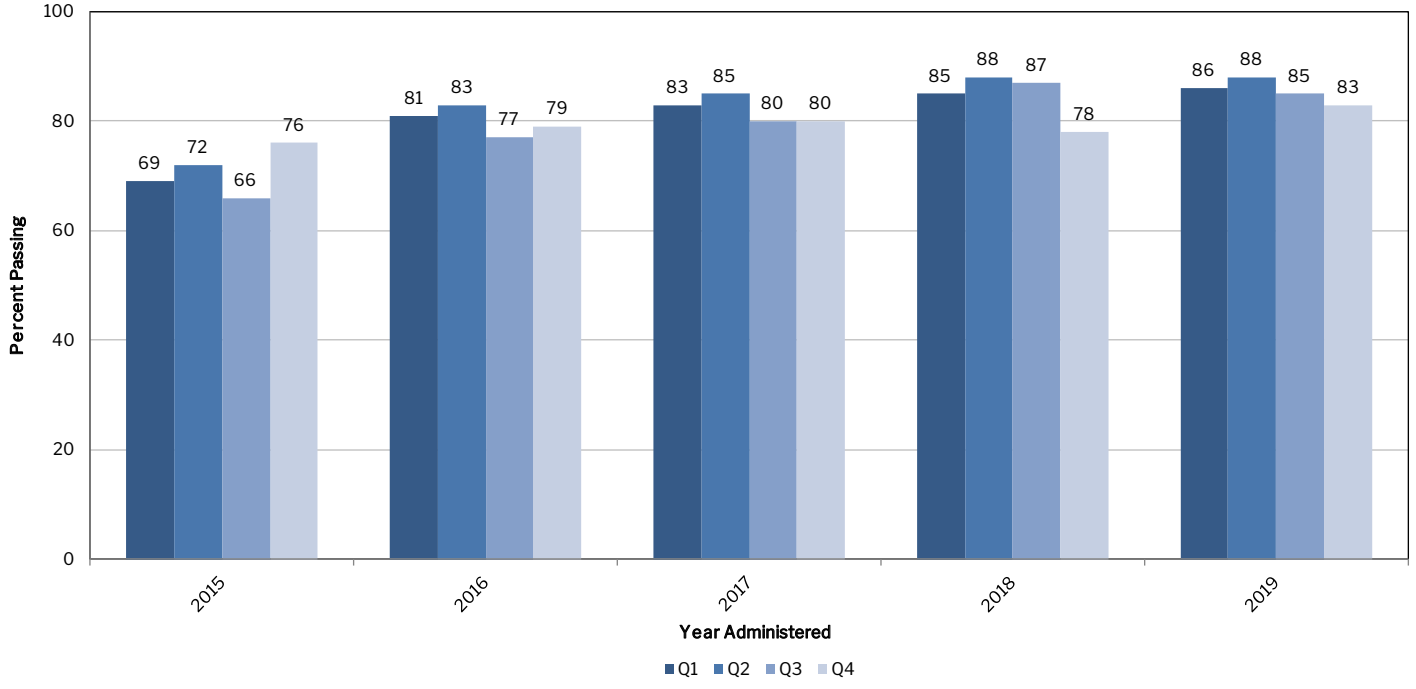


Figure 5. NCLEX-RN® Pass Rates for All Candidates for Canadian Licensure/Registration

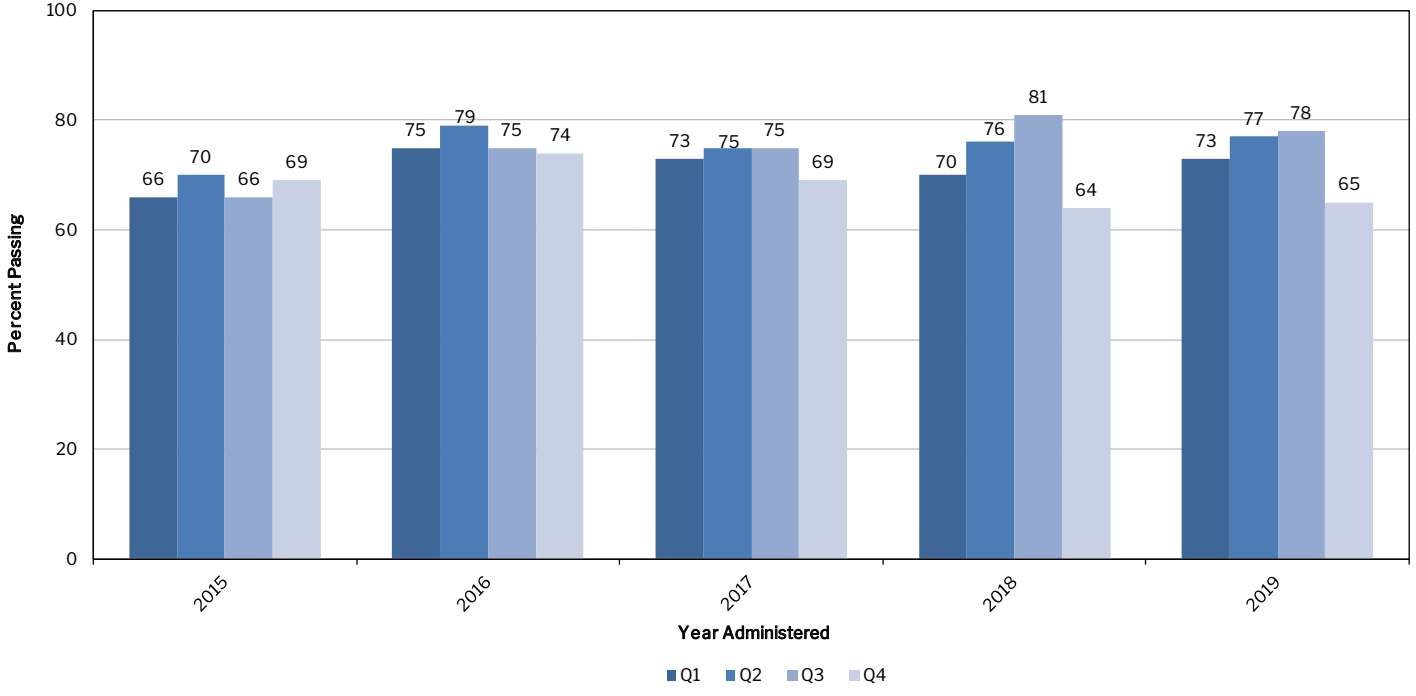


Figure 6. NCLEX-RN® Yearly Pass Rates for Canadian Licensure/Registration

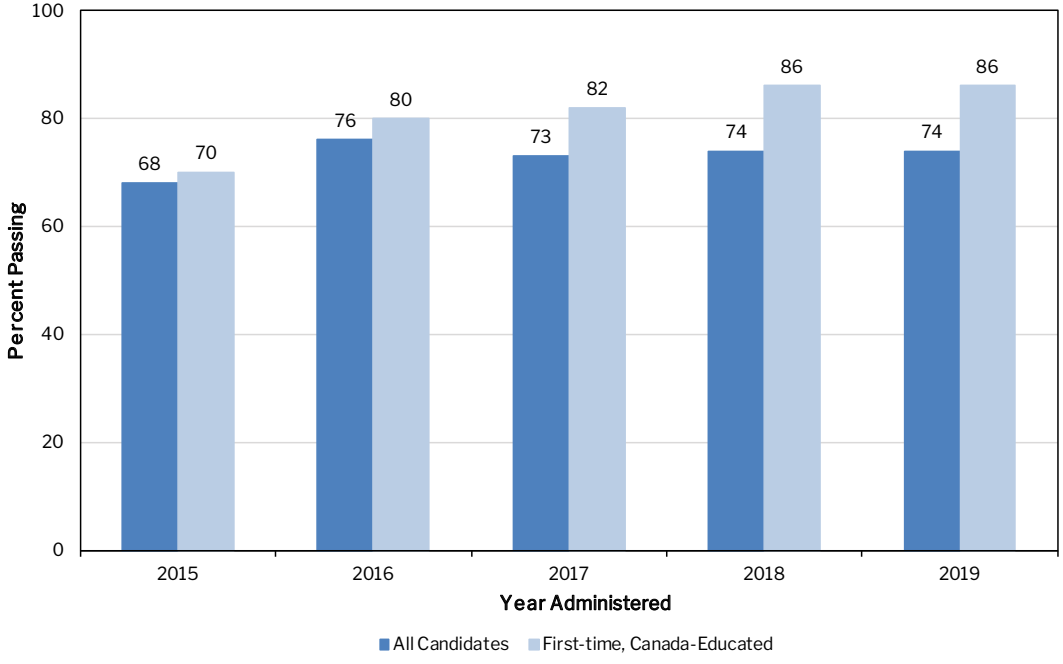


Figure 7. NCLEX-RN® Volume for First-Time, U.S.-Educated Candidates for U.S. Licensure

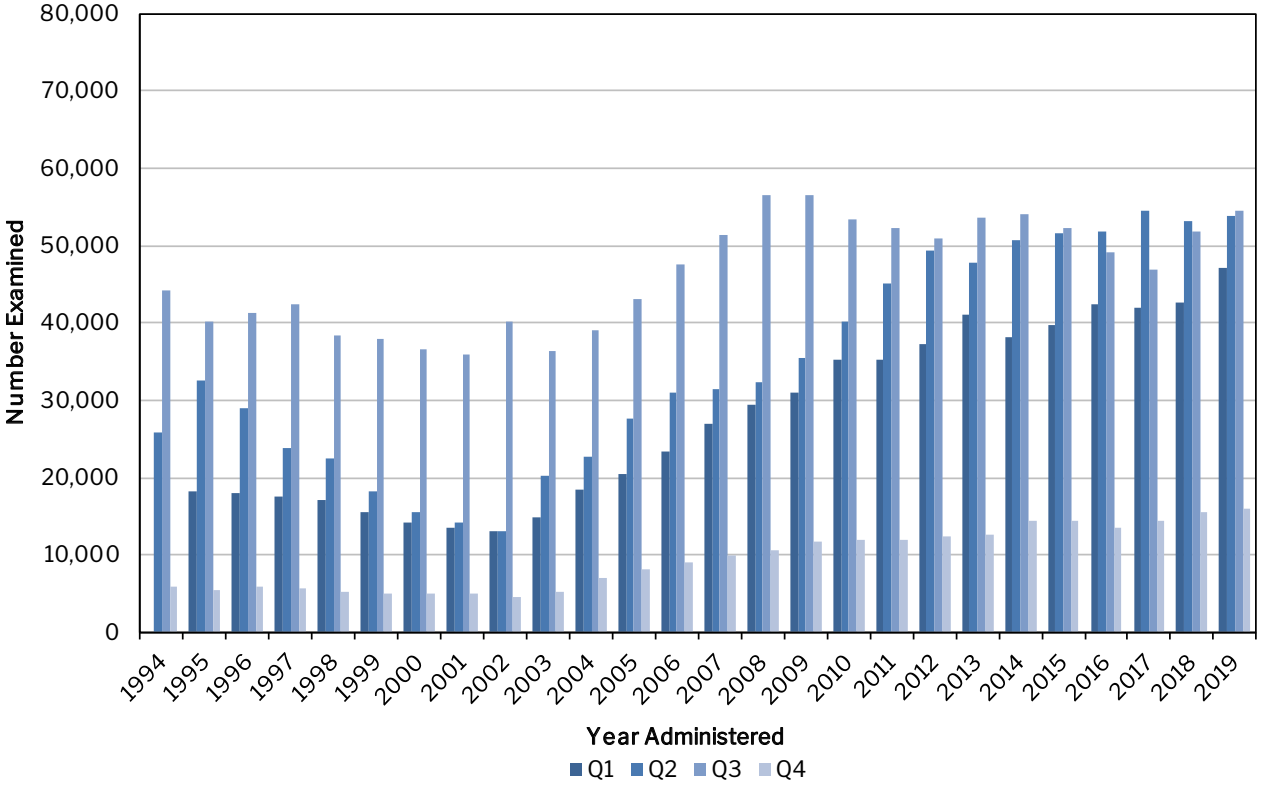


Figure 8. NCLEX-RN® Volume for All Candidates for U.S. Licensure

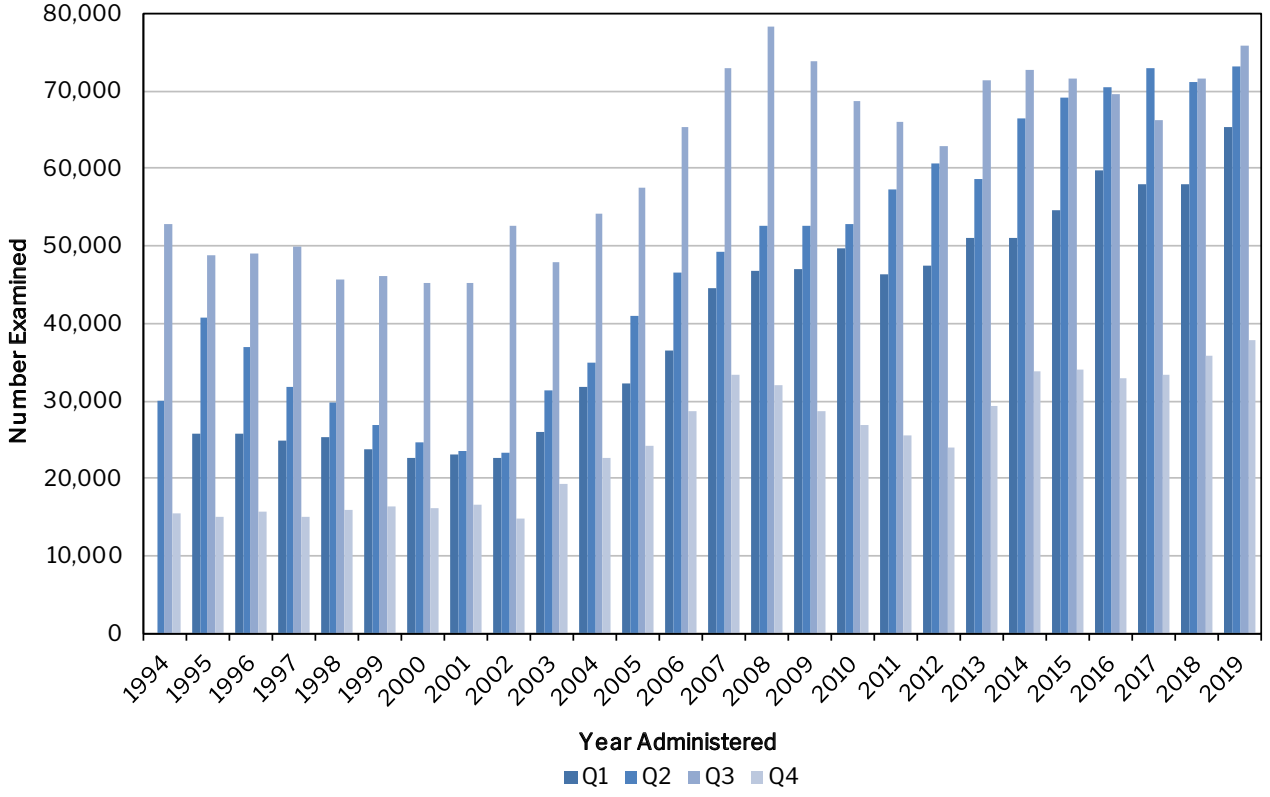


Figure 9. NCLEX-RN® Annual Volume for U.S. Licensure, April 1994 – December 2019

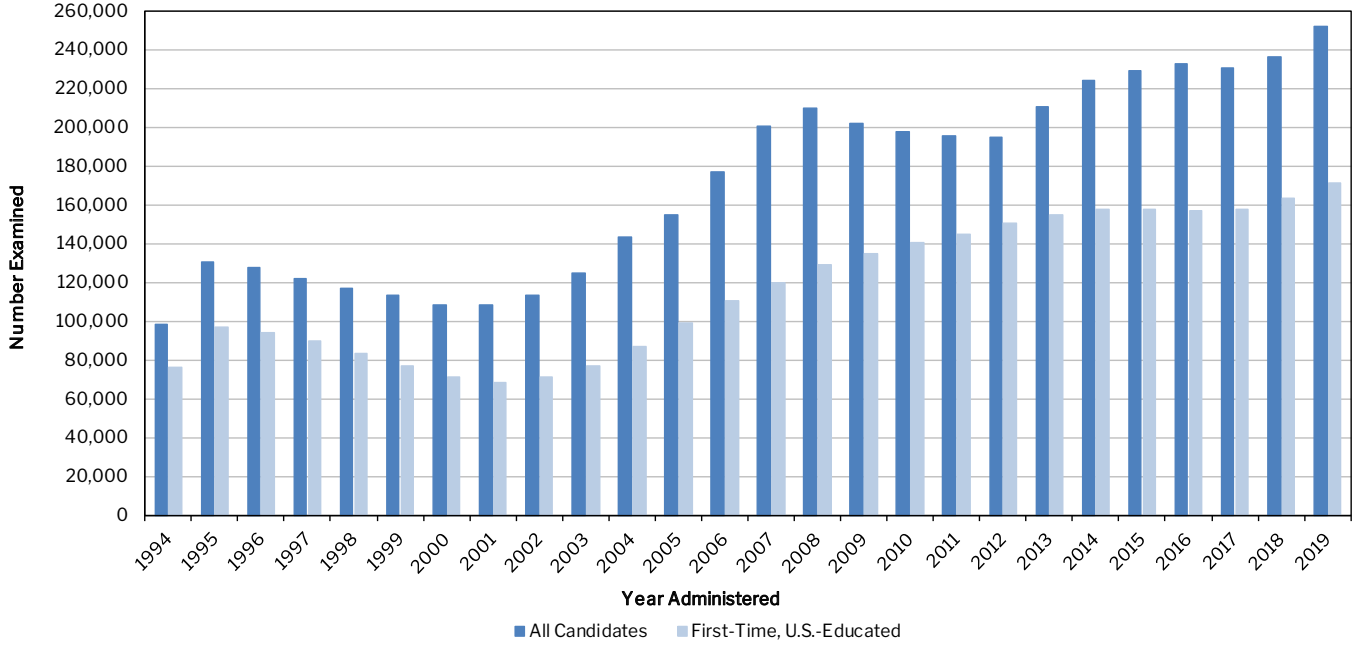


Figure 10. NCLEX-RN® Volume for First-Time, Canada-Educated Candidates for Canadian Licensure/Registration

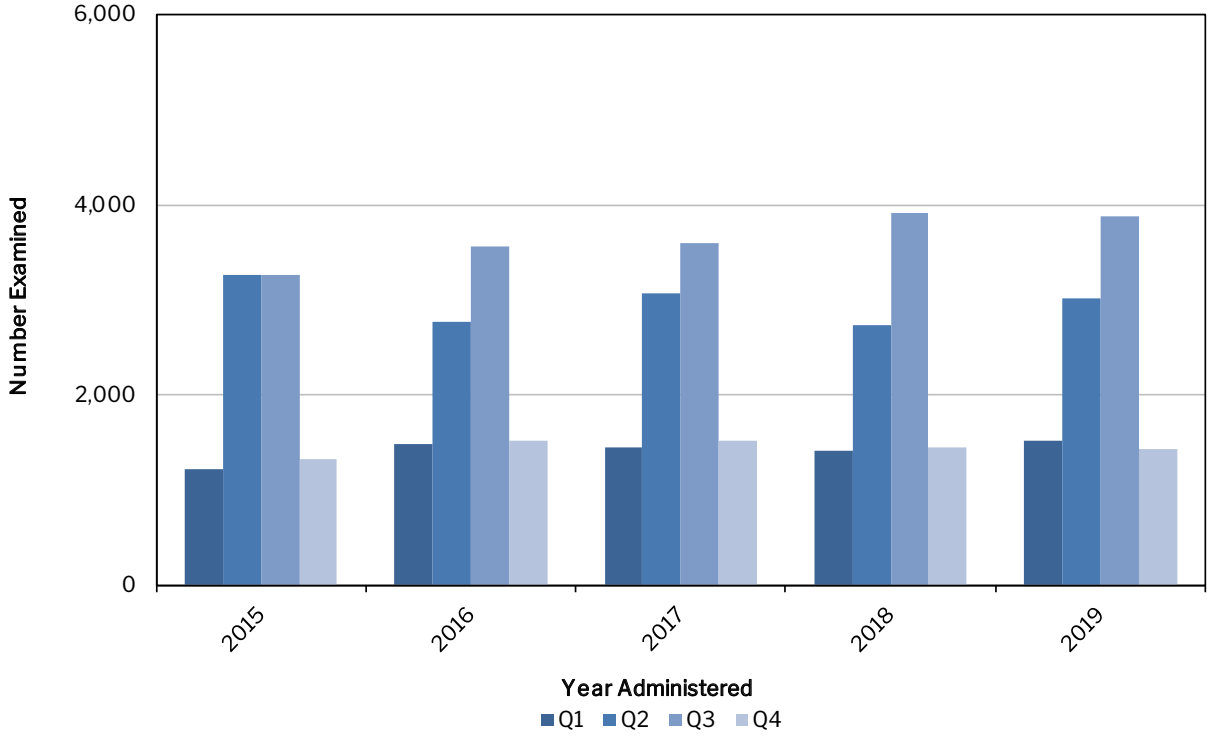


Figure 11. NCLEX-RN® Volume for All Candidates for Canadian Licensure/Registration

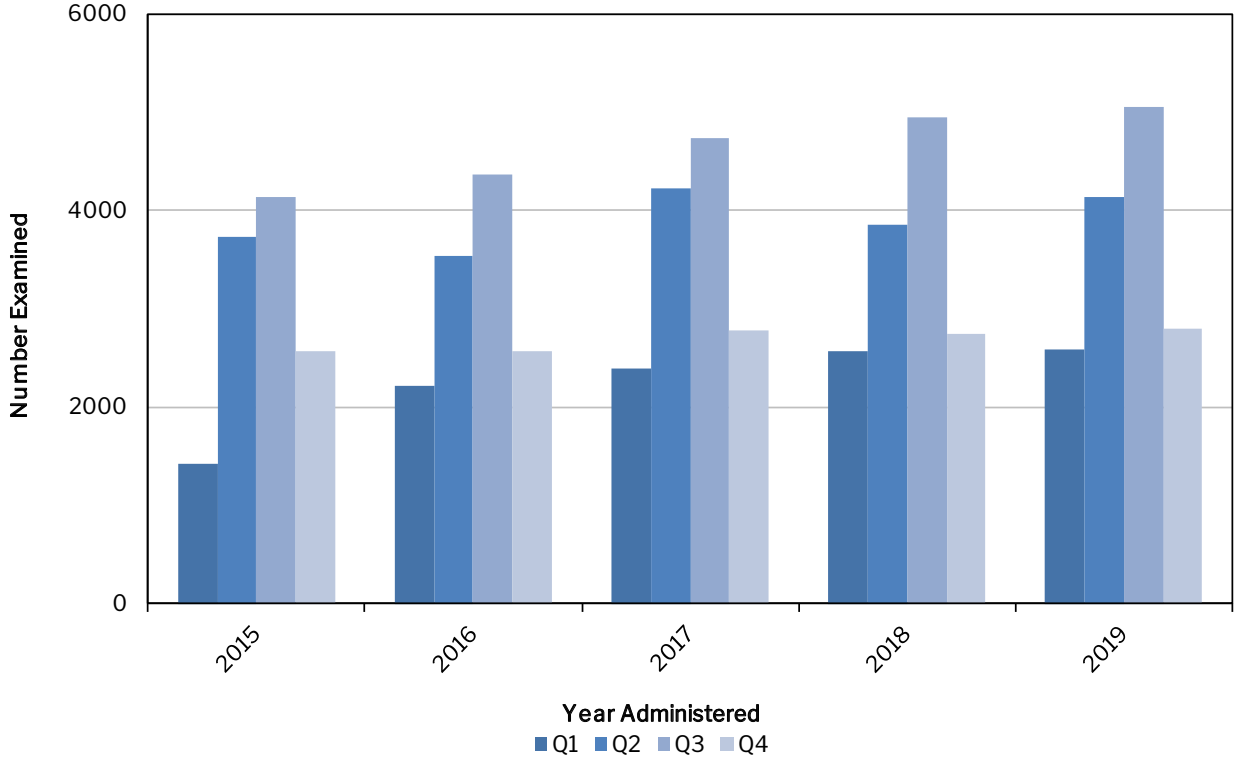


Figure 12. NCLEX-RN® Annual Volume for Canadian Licensure/Registration, January 2015 – December 2019

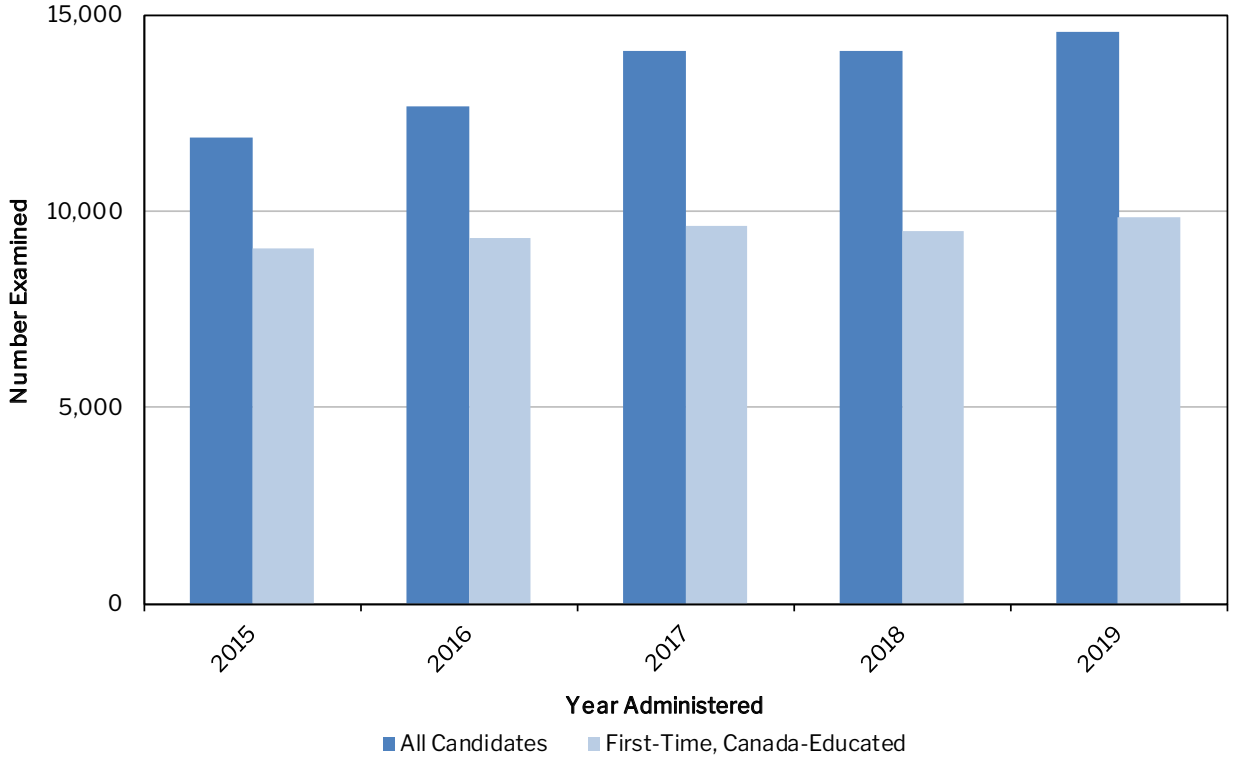


Table 12. Candidates Taking the NCLEX-PN® by Type of Candidate

NCLEX-PN® Examination: Jan. 1 – Dec. 31, 2019															
	Jan. 1 – March 31, 2019			April 1 – June 30, 2019			July 1 – Sept. 30, 2019			Oct. 1 – Dec. 31, 2019			Total Jan. 1 – Dec. 31, 2019		
Type of Candidate	Candidates	Passed	%	Candidates	Passed	%	Candidates	Passed	%	Candidates	Passed	%	Candidates	Passed	%
First-Time, U.S.-Educated	11,093	9,398	84.7	10,186	8,834	86.7	17,048	14,800	86.8	9,901	8,267	83.5	48,228	41,299	85.6
Repeat, U.S.-Educated	3,263	1,071	32.8	3,804	1,527	40.1	3,431	1,169	34.1	3,666	1,429	39.0	14,164	5,196	36.7
First-Time, Internationally Educated	121	63	52.1	120	72	60.0	138	70	50.7	144	81	56.3	523	286	54.7
Repeat, Internationally Educated	202	38	18.8	216	64	29.6	196	53	27.0	229	64	27.9	843	219	26.0
All Candidates	**14,679**	**10,570**	**72.0**	**14,326**	**10,497**	**73.3**	**20,813**	**16,092**	**77.3**	**13,940**	**9,841**	**70.6**	**63,758**	**47,000**	**73.7**

Table 13. Summary Statistics for First-Time NCLEX-PN®, U.S.-Educated Candidates

NCLEX-PN®	January – December 2019
Passing Standard[1]	-0.21 logits
Estimated Decision Consistency[2]	0.91
Average Test Length[3]	114
Percent of Candidates Taking the Minimum Number of Items	56.2%
Percent of Candidates Taking the Maximum Number of Items	15.3%
Average Testing Time[4]	2 hours, 13 minutes
Percent of Candidates Taking the Maximum Amount of Time	1.5%

1 The NCLEX-PN scale uses logits as the unit of measurement. Logits is short for log-odds-units. These units have no inherent meaning with regard to nursing content and, in fact, have an arbitrary zero point, but logits are practical because the probability of a correct response can easily be computed when the candidate's ability and the item's difficulty are known. Typically, the logit range on the NCLEX-PN scale is from -2.00 (easy items or low ability candidates) to 2.00 (difficult items or high ability candidates).

2 Estimated Decision Consistency is an indicator of reliability. Conceptually, it is the proportion of pass-fail decisions that would remain the same if the same population were retested immediately after their first test (assuming no learning or fatigue effects) using a different set of items.

3 NCLEX-PN Examinations consist of 85 to 205 items.

4 The standard amount of allotted testing time for the NCLEX-PN is five hours.

Table 14. First-Time, U.S.-Educated Candidates Taking the NCLEX-PN® (Jan. 1 – Dec. 31, 2019)

	Jan. 1 – March 31, 2019			April 1 – June 30, 2019			July 1 – Sept. 30, 2019			Oct. 1 – Dec. 31, 2019			Total Jan. 1 – Dec. 31, 2019		
Jurisdiction	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Alabama	197	184	93.4	174	163	93.7	295	277	93.9	279	266	95.3	945	890	94.2
American Samoa							4	3	75.0	3	3	100.0	7	6	85.7
Arizona	61	58	95.1	89	78	87.6	177	175	98.9	74	64	86.5	401	375	93.5
Arkansas	214	193	90.2	240	221	92.1	365	317	86.8	77	69	89.6	896	800	89.3
California	1,551	1,203	77.6	1,401	1,131	80.7	1,695	1,339	79.0	1,654	1,299	78.5	6,301	4,972	78.9
Colorado	56	47	83.9	106	95	89.6	178	156	87.6	78	67	85.9	418	365	87.3
Connecticut	161	146	90.7	160	135	84.4	139	95	68.3	242	189	78.1	702	565	80.5
Delaware	19	19	100.0	22	21	95.5	94	84	89.4	40	31	77.5	175	155	88.6
District of Columbia	8	6	75.0	9	8	88.9	7	6	85.7	5	4	80.0	29	24	82.8
Florida	919	681	74.1	811	580	71.5	1,035	752	72.7	743	516	69.4	3,508	2,529	72.1
Georgia	283	259	91.5	109	95	87.2	367	343	93.5	116	107	92.2	875	804	91.9
Guam	1	0	0.0	1	1	100.0							2	1	50.0
Hawaii	25	20	80.0	17	11	64.7	26	23	88.5	12	10	83.3	80	64	80.0
Idaho	37	36	97.3	35	35	100.0	75	72	96.0	23	22	95.7	170	165	97.1
Illinois	298	244	81.9	225	202	89.8	702	654	93.2	181	152	84.0	1,406	1,252	89.0
Indiana	188	180	95.7	30	26	86.7	226	222	98.2	67	63	94.0	511	491	96.1
Iowa	146	141	96.6	187	184	98.4	314	294	93.6	57	54	94.7	704	673	95.6
Kansas	181	169	93.4	421	390	92.6	154	131	85.1	18	15	83.3	774	705	91.1
Kentucky	155	144	92.9	126	118	93.7	232	215	92.7	75	66	88.0	588	543	92.3
Louisiana	300	261	87.0	271	253	93.4	316	268	84.8	95	79	83.2	982	861	87.7
Maine				1	0	0.0				1	0	0.0	2	0	0.0
Maryland	20	20	100.0	37	36	97.3	99	97	98.0	34	32	94.1	190	185	97.4
Massachusetts	64	61	95.3	33	30	90.9	530	495	93.4	100	89	89.0	727	675	92.8
Michigan	238	207	87.0	245	216	88.2	270	237	87.8	215	191	88.8	968	851	87.9
Minnesota	354	313	88.4	434	392	90.3	247	208	84.2	66	61	92.4	1,101	974	88.5

Table 14. First-Time, U.S.-Educated Candidates Taking the NCLEX-PN® (Jan. 1 – Dec. 31, 2019)

	Jan. 1 – March 31, 2019			April 1 – June 30, 2019			July 1 – Sept. 30, 2019			Oct. 1 – Dec. 31, 2019			Total Jan. 1 – Dec. 31, 2019		
Jurisdiction	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Mississippi	191	162	84.8	57	52	91.2	443	386	87.1	59	40	67.8	750	640	85.3
Missouri	276	260	94.2	145	129	89.0	582	524	90.0	217	185	85.3	1,220	1,098	90.0
Montana	15	14	93.3	1	1	100.0	23	22	95.7	10	10	100.0	49	47	95.9
Nebraska	32	29	90.6	100	94	94.0	112	91	81.3	26	22	84.6	270	236	87.4
Nevada	17	14	82.4	2	2	100.0							19	16	84.2
New Hampshire	39	31	79.5	45	38	84.4	43	38	88.4	38	32	84.2	165	139	84.2
New Jersey	429	316	73.7	413	306	74.1	602	450	74.8	502	395	78.7	1,946	1,467	75.4
New Mexico	37	35	94.6	48	44	91.7	59	56	94.9	30	28	93.3	174	163	93.7
New York	319	242	75.9	353	282	79.9	1,020	823	80.7	748	614	82.1	2,440	1,961	80.4
North Carolina	82	71	86.6	124	116	93.5	602	576	95.7	140	125	89.3	948	888	93.7
North Dakota	20	19	95.0	29	28	96.6	117	111	94.9	10	10	100.0	176	168	95.5
Northern Mariana Islands				1	0	0.0							1	0	0.0
Ohio	634	530	83.6	595	493	82.9	1,014	862	85.0	768	649	84.5	3,011	2,534	84.2
Oklahoma	237	199	84.0	168	150	89.3	516	448	86.8	167	154	92.2	1,088	951	87.4
Oregon	90	59	65.6	119	106	89.1	104	86	82.7	136	115	84.6	449	366	81.5
Pennsylvania	532	459	86.3	465	404	86.9	540	484	89.6	644	543	84.3	2,181	1,890	86.7
Rhode Island	59	49	83.1	68	61	89.7	70	62	88.6	33	29	87.9	230	201	87.4
South Carolina	106	95	89.6	89	85	95.5	226	203	89.8	145	131	90.3	566	514	90.8
South Dakota	47	44	93.6	47	44	93.6	89	88	98.9	9	9	100.0	192	185	96.4
Tennessee	311	287	92.3	323	299	92.6	288	256	88.9	527	488	92.6	1,449	1,330	91.8
Texas	1,280	1,111	86.8	753	691	91.8	1,460	1,335	91.4	771	659	85.5	4,264	3,796	89.0
Utah	159	157	98.7	259	256	98.8	103	100	97.1	62	61	98.4	583	574	98.5
Vermont				1	1	100.0	139	138	99.3	1	1	100.0	141	140	99.3
Virgin Islands										1	0	0.0	1	0	0.0
Virginia	251	204	81.3	261	217	83.1	542	466	86.0	333	282	84.7	1,387	1,169	84.3

Table 14. First-Time, U.S.-Educated Candidates Taking the NCLEX-PN® (Jan. 1 – Dec. 31, 2019)

	Jan. 1 – March 31, 2019			April 1 – June 30, 2019			July 1 – Sept. 30, 2019			Oct. 1 – Dec. 31, 2019			Total Jan. 1 – Dec. 31, 2019		
Jurisdiction	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Washington	73	66	90.4	91	87	95.6	166	158	95.2	65	55	84.6	395	366	92.7
West Virginia	57	49	86.0	34	29	85.3	332	277	83.4	90	74	82.2	513	429	83.6
Wisconsin	274	260	94.9	362	350	96.7	254	243	95.7	104	97	93.3	994	950	95.6
Wyoming	50	44	88.0	49	48	98.0	55	54	98.2	10	10	100.0	164	156	95.1
Total	**11,093**	**9,398**	**84.7**	**10,186**	**8,834**	**86.7**	**17,048**	**14,800**	**86.8**	**9,901**	**8,267**	**83.5**	**48,228**	**41,299**	**85.6**

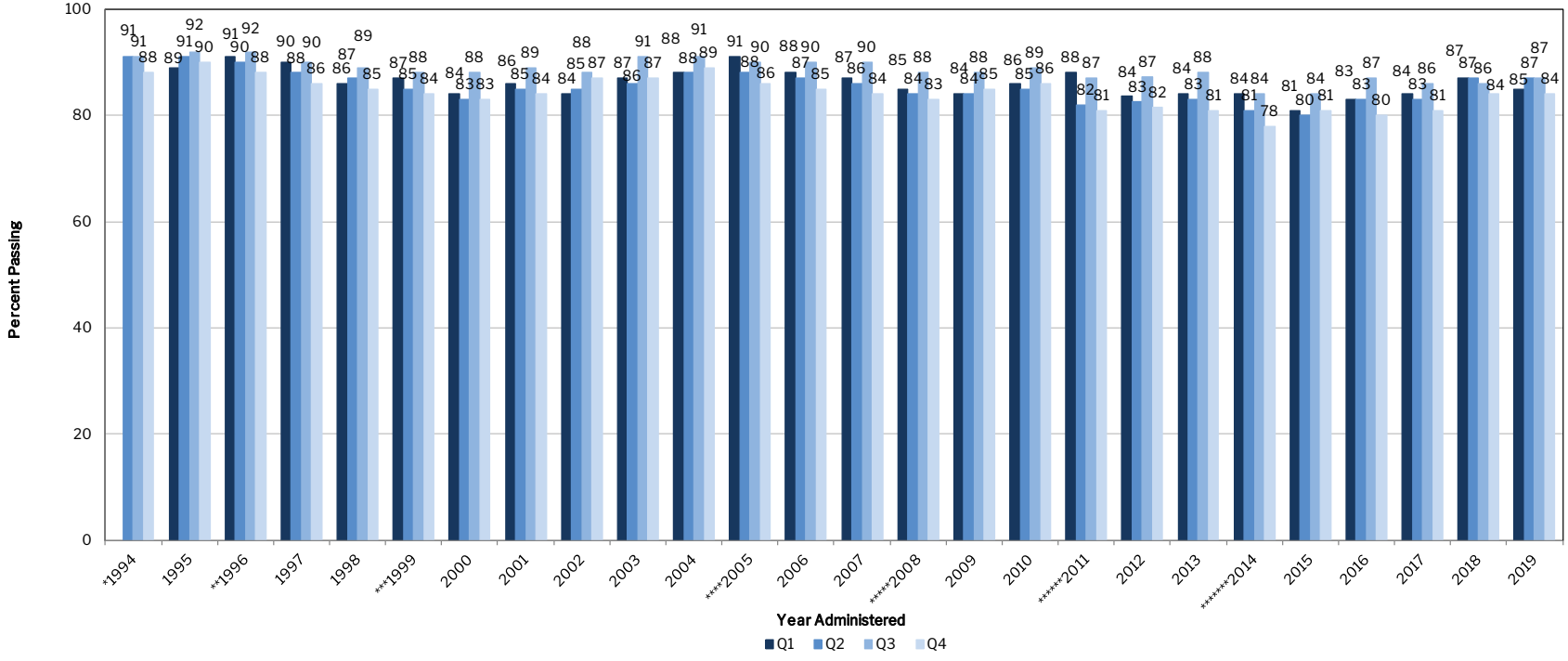
Table 15. First-Time, Internationally Educated Candidates Taking the NCLEX-PN® by Country of Education (Jan. 1 – Dec. 31, 2019)

	Jan. 1 – March 31, 2019			April 1 – June 30, 2019			July 1 – Sept. 30, 2019			Oct. 1 – Dec. 31, 2019			Total Jan. 1 – Dec. 31, 2019		
Country of Education	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Armenia				2	0	0.0							2	0	0.0
Australia										1	1	100.0	1	1	100.0
Belarus	1	0	0.0										1	0	0.0
Belize							1	0	0.0				1	0	0.0
Cameroon	2	0	0.0	1	1	100.0							3	1	33.3
Canada	12	10	83.3	12	10	83.3	16	10	62.5	14	8	57.1	54	38	70.4
China	1	1	100.0	1	1	100.0							2	2	100.0
Colombia							1	0	0.0				1	0	0.0
Cuba				2	2	100.0	1	0	0.0				3	2	66.7
Ethiopia	1	0	0.0	5	2	40.0							6	2	33.3
Fiji							2	1	50.0				2	1	50.0
Gambia										1	1	100.0	1	1	100.0
Georgia	1	0	0.0										1	0	0.0
Germany	2	2	100.0										2	2	100.0
Ghana				1	0	0.0	2	1	50.0	4	3	75.0	7	4	57.1
Guyana				1	1	100.0	1	0	0.0				2	1	50.0
Haiti							3	2	66.7	1	1	100.0	4	3	75.0
Hong Kong							1	0	0.0				1	0	0.0
India	13	3	23.1	12	3	25.0	13	5	38.5	15	9	60.0	53	20	37.7
Jamaica	1	0	0.0	2	2	100.0	1	0	0.0	6	2	33.3	10	4	40.0
Jordan										1	0	0.0	1	0	0.0
Kenya				1	0	0.0							1	0	0.0
Liberia				1	0	0.0							1	0	0.0
Malta										1	0	0.0	1	0	0.0
Namibia										1	0	0.0	1	0	0.0

Table 15. First-Time, Internationally Educated Candidates Taking the NCLEX-PN® by Country of Education (Jan. 1 – Dec. 31, 2019)

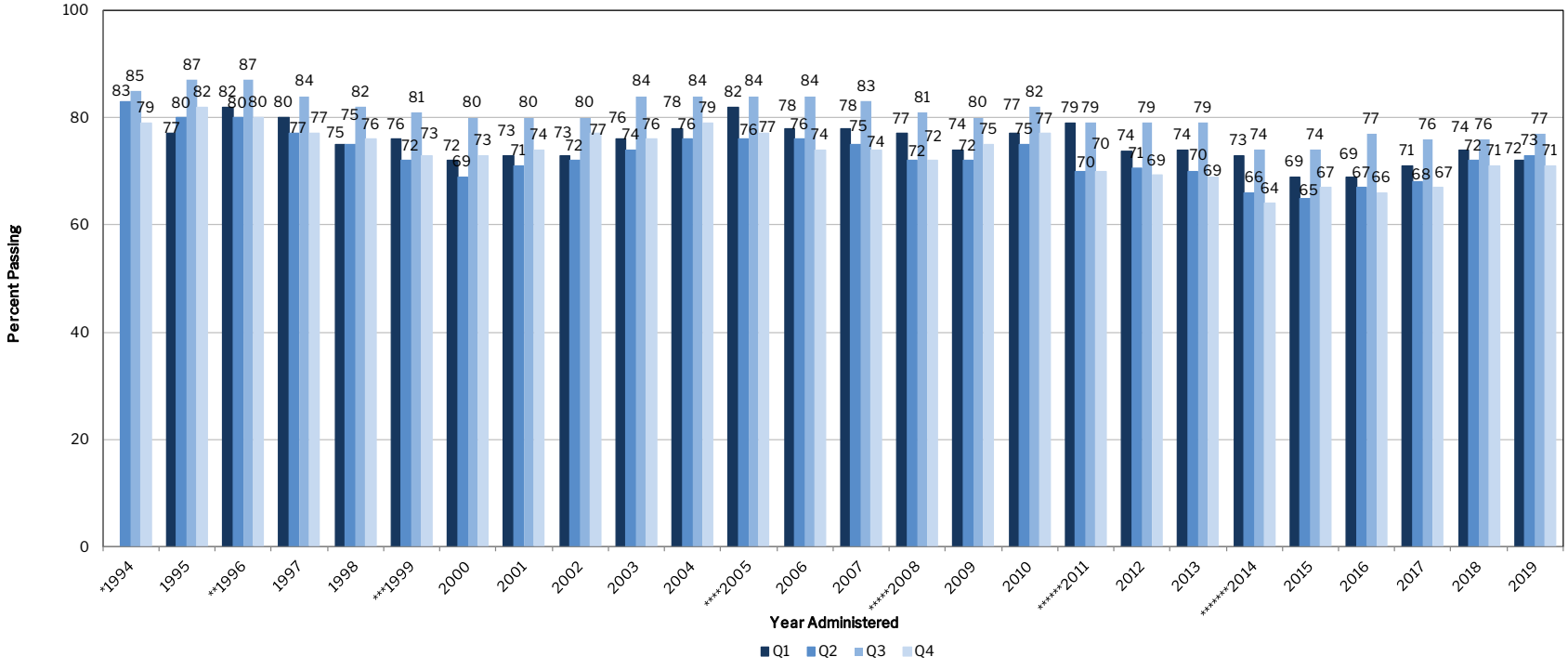
	Jan. 1 – March 31, 2019			April 1 – June 30, 2019			July 1 – Sept. 30, 2019			Oct. 1 – Dec. 31, 2019			Total Jan. 1 – Dec. 31, 2019		
Country of Education	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**	**Candidates**	**Passed**	**%**
Nepal				2	1	50.0				1	1	100.0	3	2	66.7
Nigeria	5	3	60.0	3	1	33.3	3	2	66.7	2	2	100.0	13	8	61.5
Pakistan				2	0	0.0							2	0	0.0
Philippines	75	42	56.0	63	45	71.4	88	48	54.5	87	50	57.5	313	185	59.1
Puerto Rico	3	0	0.0	4	2	50.0	1	1	100.0	3	0	0.0	11	3	27.3
Romania	2	1	50.0	1	0	0.0							3	1	33.3
Russian Federation				1	0	0.0	1	0	0.0	1	0	0.0	3	0	0.0
Sierra Leone	1	0	0.0	1	0	0.0	1	0	0.0				3	0	0.0
Taiwan										1	1	100.0	1	1	100.0
Thailand	1	1	100.0										1	1	100.0
Uganda							1	0	0.0	2	1	50.0	3	1	33.3
Ukraine				1	1	100.0							1	1	100.0
United Kingdom										1	1	100.0	1	1	100.0
Uzbekistan							1	0	0.0	1	0	0.0	2	0	0.0
Vietnam				1	0	0.0							1	0	0.0
Total	**121**	**63**	**52.1**	**120**	**72**	**60.0**	**138**	**70**	**50.7**	**144**	**81**	**56.3**	**523**	**286**	**54.7**

Figure 13. NCLEX-PN® Pass Rates for First-Time, U.S.-Educated Candidates



*April 1994 Computer Adaptive Test (CAT) begins. Passing Standard -0.56 logits.
**October 1996 Passing Standard changed from -0.56 to -0.51 logits.
***April 1999 Passing Standard changed from -0.51 to -0.47 logits.
****April 2005 Passing Standard changed from -0.47 to -0.42 logits.
*****April 2008 Passing Standard changed from -0.42 to -0.37 logits.
******April 2011 Passing Standard changed from -0.37 to -0.27 logits.
*******April 2014 Passing Standard changed from -0.27 to -0.21 logits

Figure 14. NCLEX-PN® Pass Rates for All Candidates



*April 1994 Computer Adaptive Test (CAT) begins. Passing Standard -0.56 logits.
**October 1996 Passing Standard changed from -0.56 to -0.51 logits.
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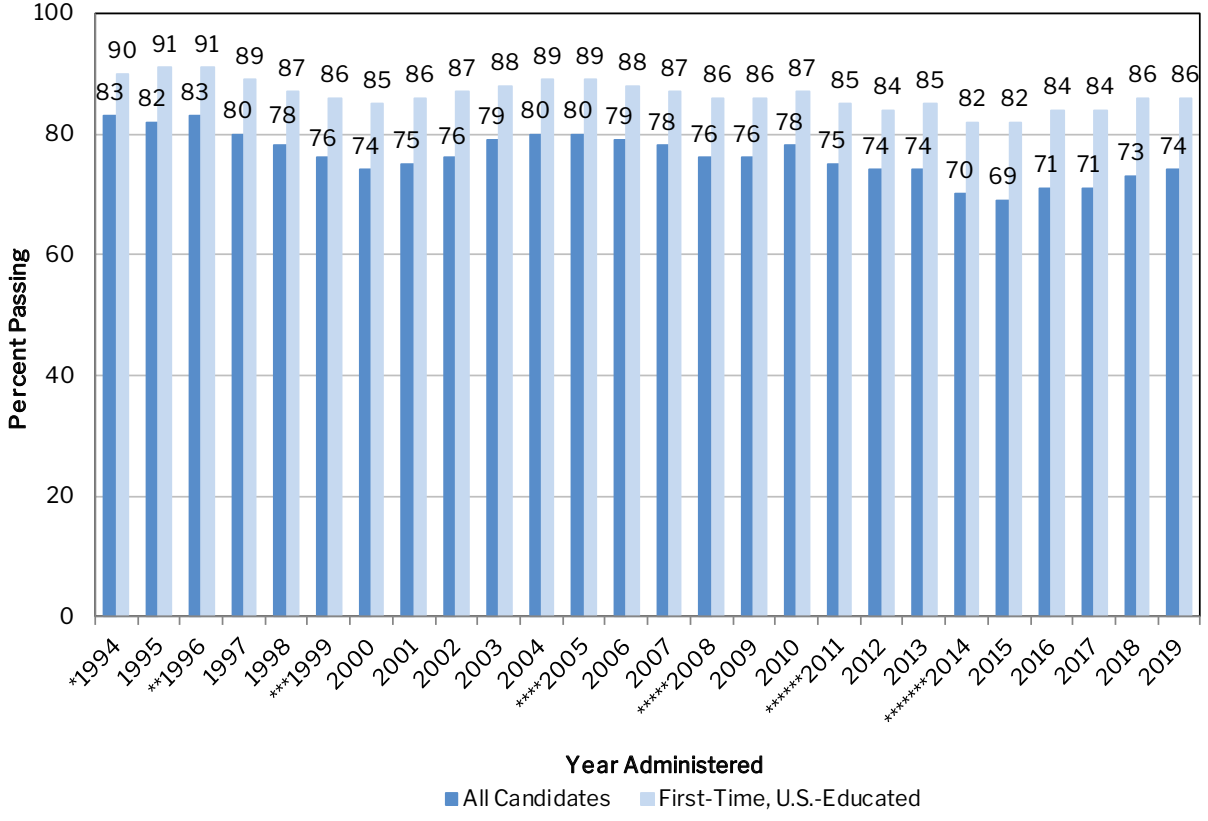
******April 2011 Passing Standard changed from -0.37 to -0.27 logits.
*******April 2014 Passing Standard changed from -0.27 to -0.21 logits

Figure 15. NCLEX-PN® Annual Pass Rates, April 1994 – December 2019



*April 1994 Computer Adaptive Test (CAT) begins. Passing Standard -0.56 logits.
**October 1996 Passing Standard changed from -0.56 to -0.51 logits.
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******April 2011 Passing Standard changed from -0.37 to -0.27 logits.
*******April 2014 Passing Standard changed from -0.27 to -0.21 logits

Figure 16. NCLEX-PN® Volume for First-Time, U.S.-Educated Candidates

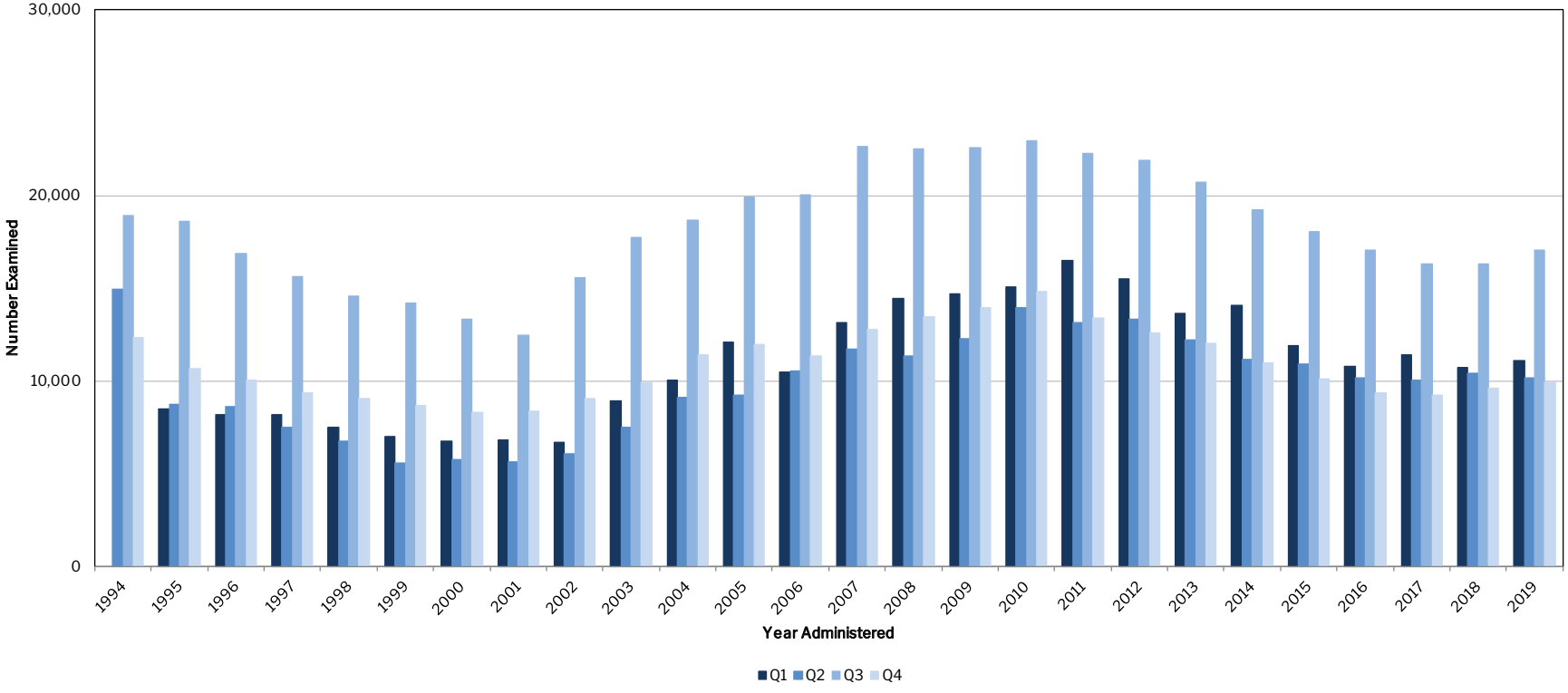


Figure 17. NCLEX-PN® Volume for All Candidates

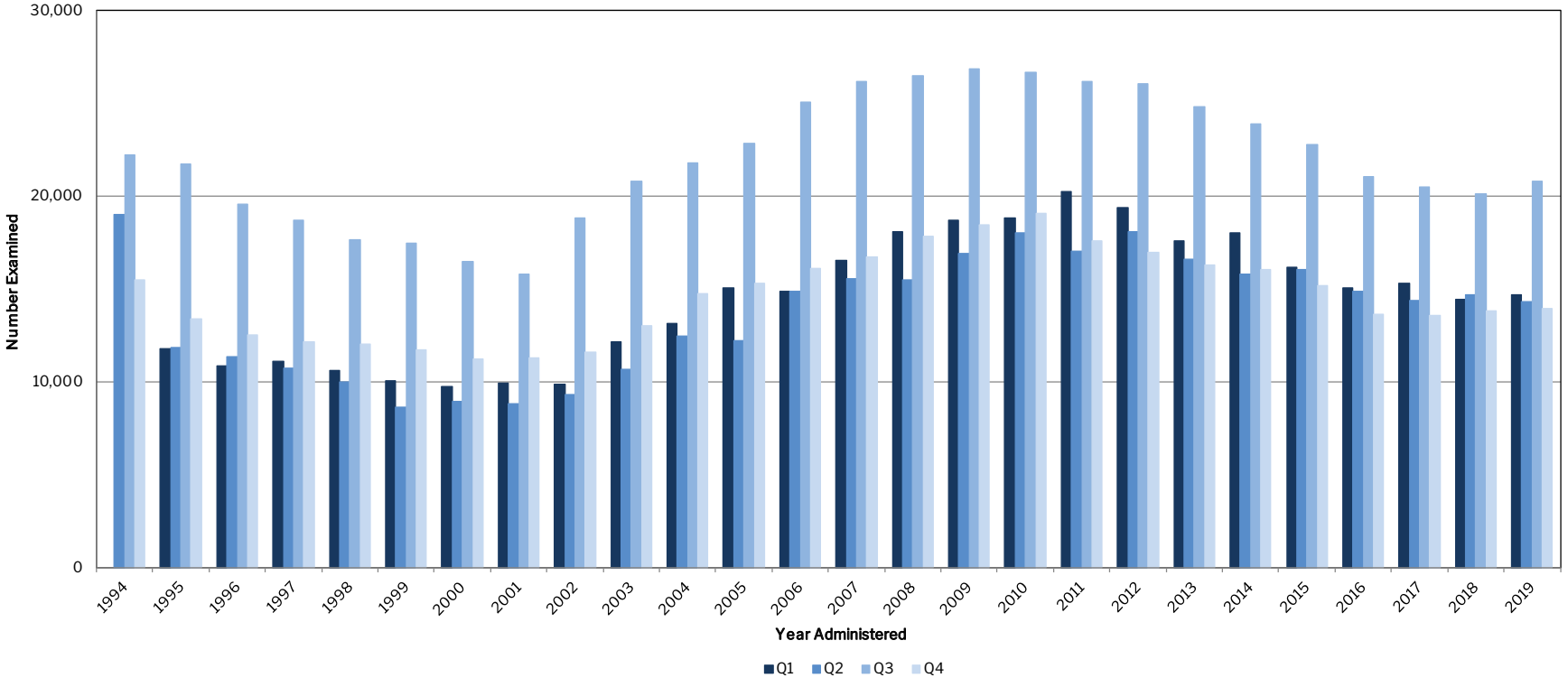
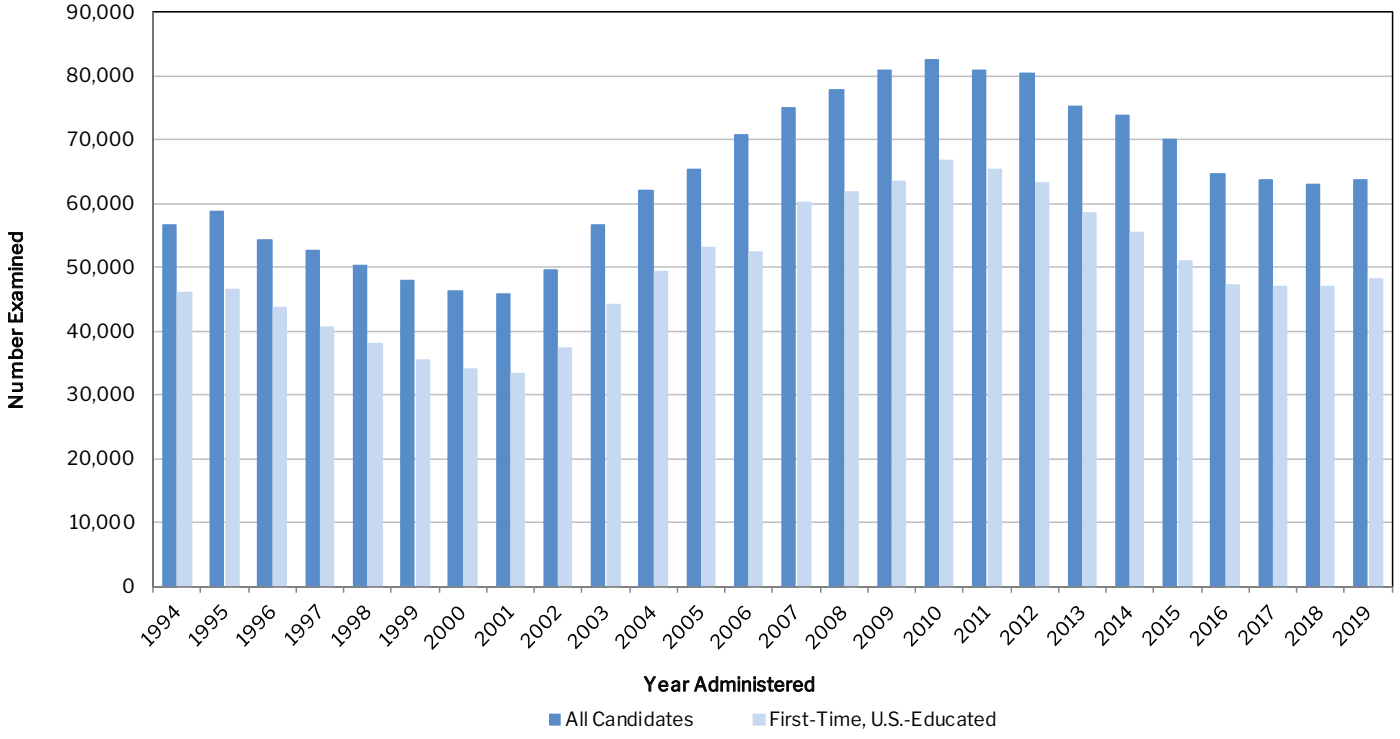


Figure 18. NCLEX-PN® Annual Volume, April 1994 – December 2019



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American Association of Colleges of Nursing

The Voice of Academic Nursing

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rrosseter@aacnnursing.org

Nursing Fact Sheet

- Nursing is the nation's largest healthcare profession, with more than 3.8 million registered nurses (RNs) nationwide. Of all licensed RNs, 84.5% are employed in nursing.[1]

- The federal government projects that more than 200,000 new registered nurse positions will be created each year from 2016-2026.[2]

- Registered Nurses comprise one of the largest segments of the U.S. workforce as a whole and are among the highest paying large occupations. Nearly 58% of RNs worked in general medical and surgical hospitals, where RN salaries averaged $70,000 per year according to the Bureau of Labor Statistics.[3]

- Nurses comprise the largest component of the healthcare workforce, are the primary providers of hospital patient care, and deliver most of the nation's long-term care.

- Employment of registered nurses is projected to grow 15% from 2016 to 2026, much faster than the average for all occupations. Growth in the RN workforce will occur for a number of reasons, including an increased emphasis on preventive care; growing rates of chronic conditions, such as diabetes and obesity; and demand for healthcare services from the baby-boom population, as they live longer and more active lives.[4]

- Most healthcare services involve some form of care by nurses. Registered nurses are in high demand in both acute care and community settings, including private practices, health maintenance organizations, public health agencies, primary care clinics, home health care, nursing homes, minute clinics, outpatient surgicenters, nursing school-operated clinics, insurance and managed care companies, schools, mental health agencies, hospices, the military, industry, nursing education, and healthcare research.

- Though often working collaboratively, nursing does not "assist" medicine or other fields. Nursing operates independent of, not auxiliary to, medicine and other disciplines. Nurses' roles range from direct patient care and case management to establishing nursing practice standards, developing quality assurance procedures, and directing complex nursing care systems.

- With more than three times as many RNs in the United States as physicians, nursing delivers an extended array of healthcare services, including primary and preventive care by nurse practitioners with specialized education in such areas as pediatrics, family health, women's health, and gerontological care. Nursing's scope also includes services by certified nurse-midwives and nurse anesthetists, as well as care in cardiac, oncology, neonatal, neurological, and obstetric/gynecological nursing and other advanced clinical specialties.[5]

- Most registered nurses today enter practice with a baccalaureate degree offered by a four-year college or university or an associate degree offered by a community college.[2]

- Employers are expressing a strong preference for new nurses with baccalaureate preparation. Findings from AACN latest survey on the Employment of New Nurse Graduates show that 46% of employers require new hires to have a bachelor's degree while 88% strongly prefer baccalaureate-prepared nurses.[6]

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1. Smiley, R.A., Lauer, P., Bienemy, C., Berg, J.G., Shireman, E., Reneau, K.A., & Alexander, M. (October 2018). The 2017 National Nursing Workforce Survey. *Journal of Nursing Regulation*, 9(3), supplement (S1-S54).

2. Torpey, E. (April 2018). Employer outlook for bachelor's level occupations. Bureau of Labor Statistics.

3. U.S. Bureau of Labor Statistics. (2019). Occupational Outlook Handbook: Registered Nurses.

4. U.S. Bureau of Labor Statistics. (May 2018). Occupational Employment and Wages.

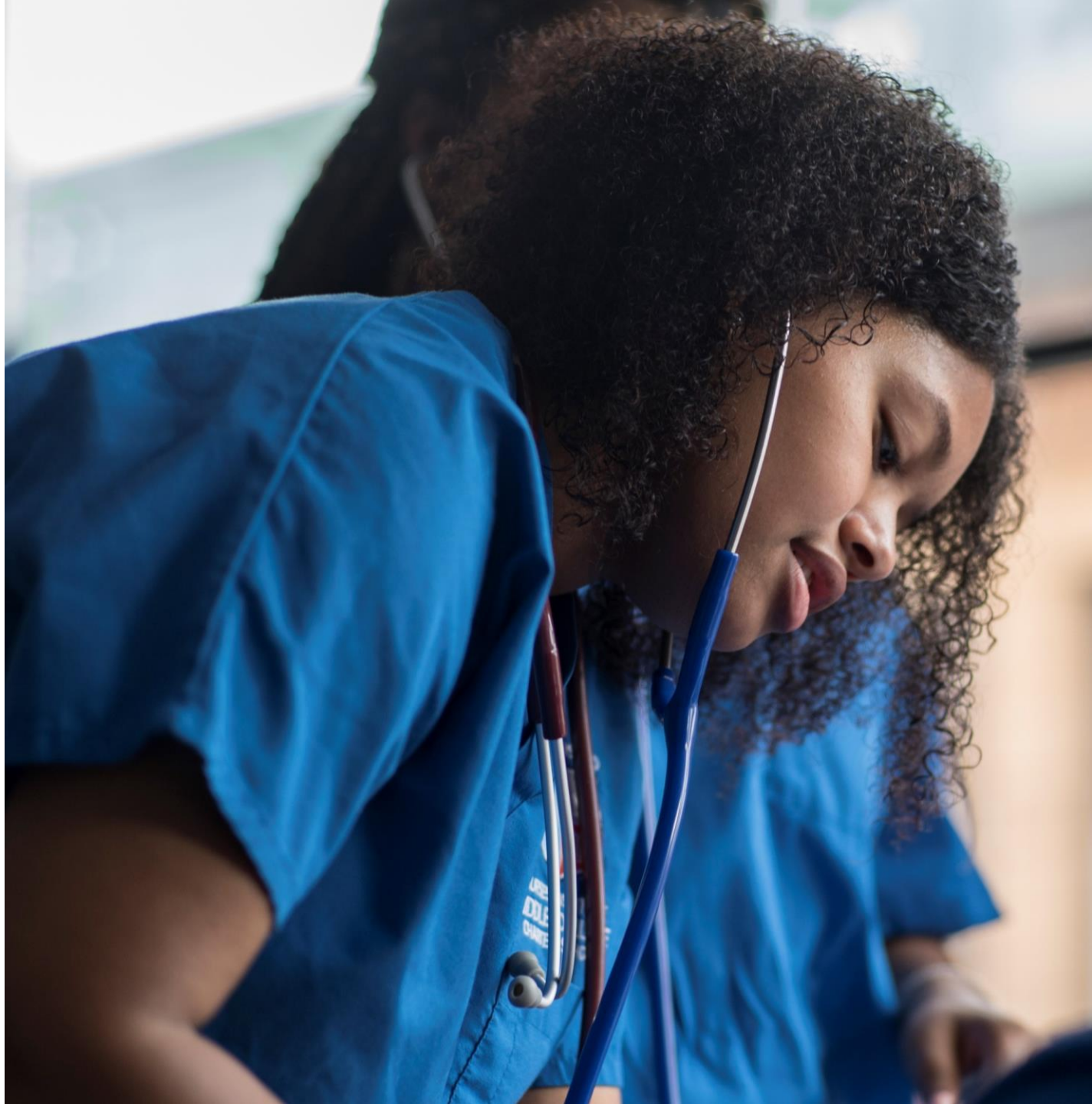
5. U.S. Bureau of Labor Statistics. (2019). Occupational Outlook Handbook: Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners.

6. American Association of Colleges of Nursing. (2018). Employment of New Nurse Graduates and Employer Preferences for Baccalaureate-Prepared Nurses.

Last Update: April 1, 2019

RI Nurses Institute Middle College High School

Pam McCue, PhD, RN
CEO



RHODE ISLAND
NURSES INSTITUTE
MIDDLE COLLEGE
CHARTER SCHOOL

Mission

To prepare a diverse group of students to become the highly educated and professional nursing workforce of the future.

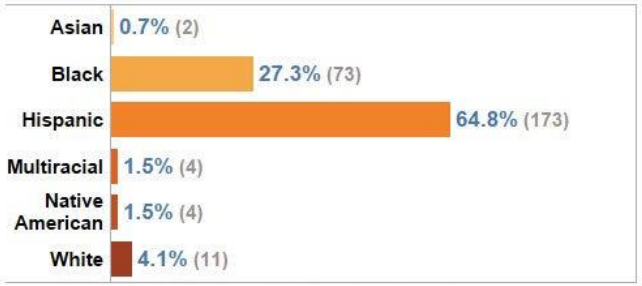
Vision

Our vision is to create an innovative high school experience that is student-centric, structured to foster a supportive learning environment, and committed to developing the skills, knowledge, and passion necessary to excel in the nursing and allied health professions

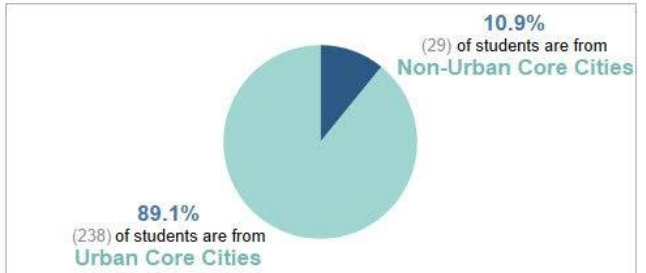
Established in 2011
272 students expanding to 500 by 2024

Total Students Enrolled in
Rhode Island Nurses Institute Middle College Charter High School
as of May 13, 2021

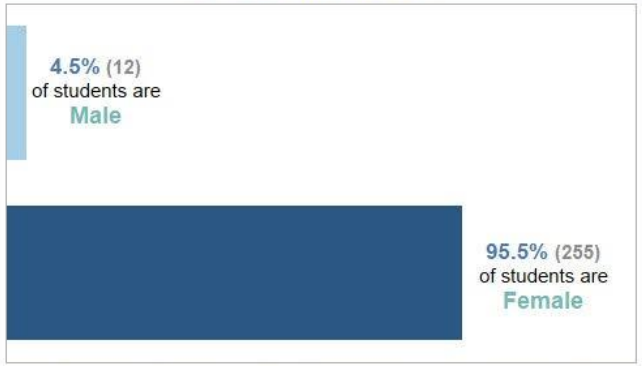
Total Students - by Race



Total Students - by Urbanicity



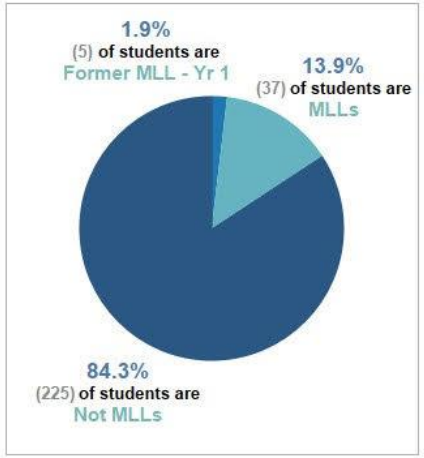
Total Students - by Gender



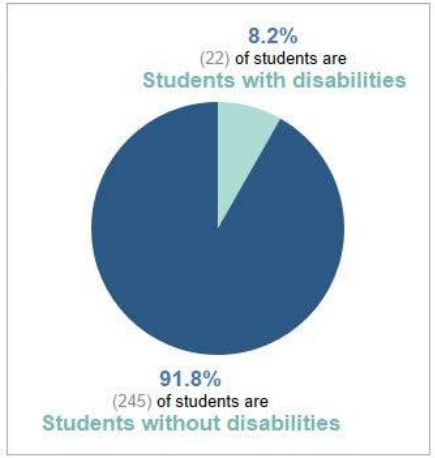
Total Students by Home Language

English	62.5% (167)
Spanish	34.8% (93)
Swahili	0.7% (2)
Yoruba	0.7% (2)
Arabic	0.4% (1)
Creoles and pidgins, Portuguese-based (Other)	0.4% (1)
Haitian Creole	0.4% (1)

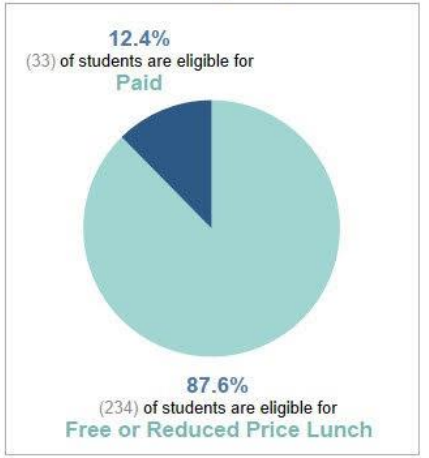
Total Students - by Multilingual Learner Status



Total Students - by Students with Disabilities Status



Total Students - by Free or Reduced Price Lunch Eligibility Status



The RINI Middle School Model

Design Features-meets all state and federal ed requirements to confer a HS diploma

1
Nursing College & Career Prep

- College prep curriculum
- Infused nursing/health knowledge
- Dual and concurrent college enrollment

2
Healthcare Sector Experience

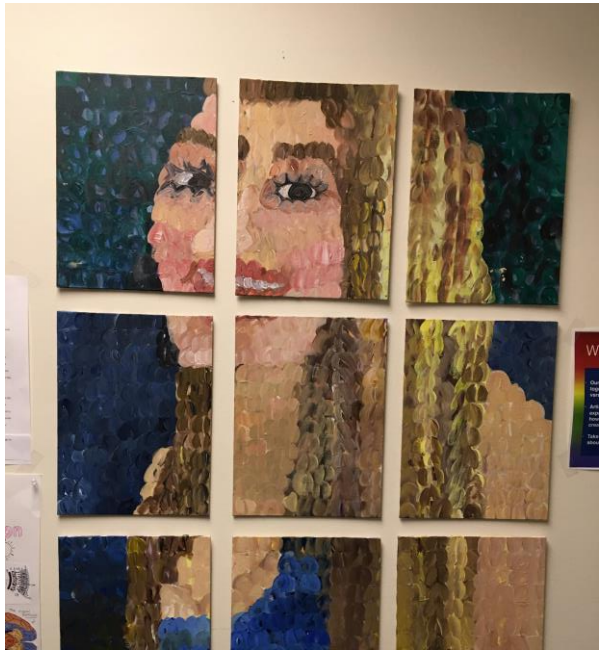
- Mentors
- Internships
- CNA, EMT training
- Summer/weekend employment

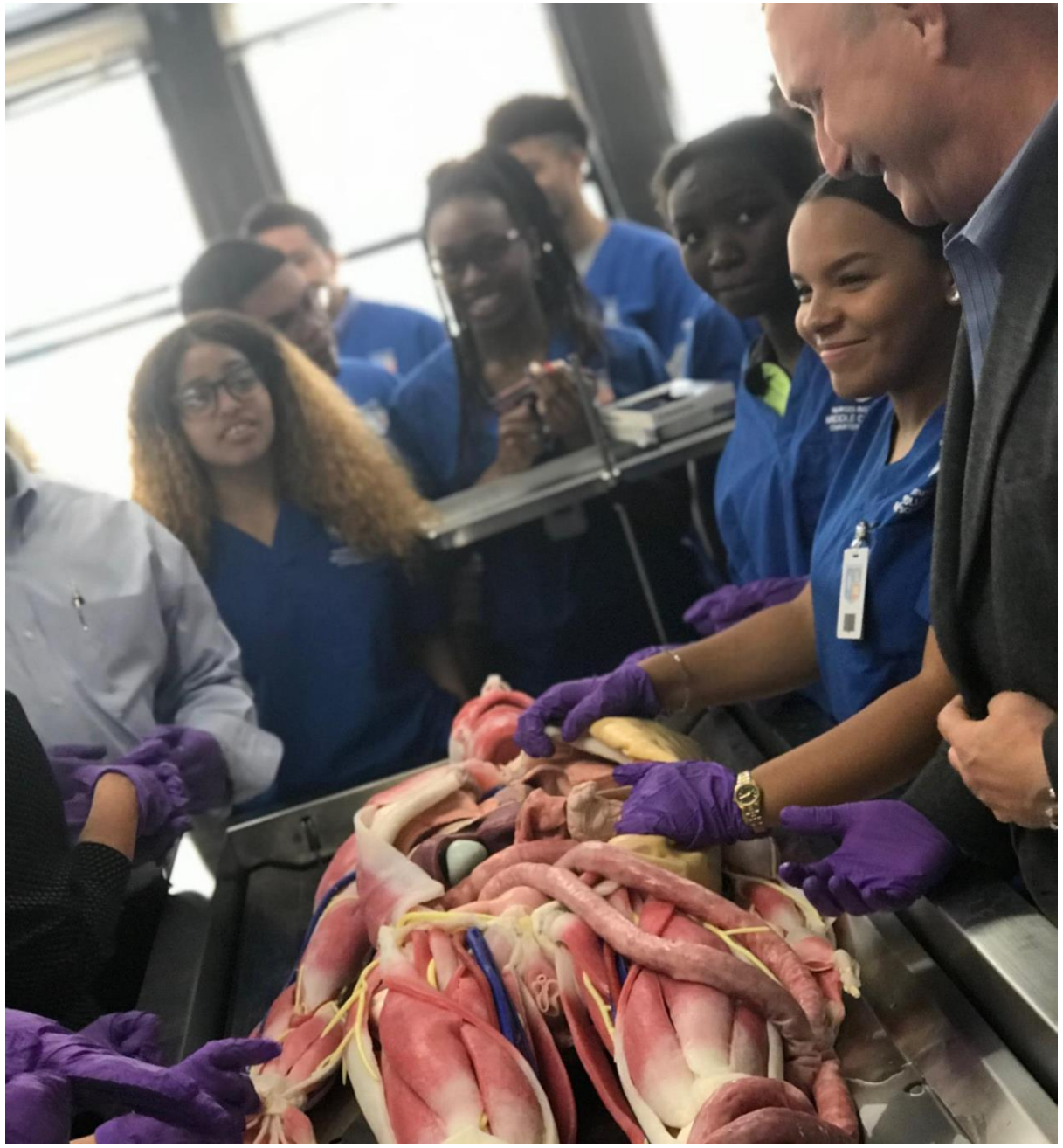
3
Personal Development

- Professionalism
- Character
- Empathy
- Compassion


See Through Sally
Muscular System


M.S.





Dual /Concurrent College Enrollment

- University of Rhode Island
- Rhode Island College
- Roger Williams University
- Community College of Rhode Island
- Brown University

- Begin taking courses in 10th grade
- 12th grade taking courses on a college campus

DANA-FARBER
CANCER INSTITUTE

NURSING AND PATIENT CARE SERVICES

2018 ANNUAL REPORT

Teaching Mission Extends to High School Students

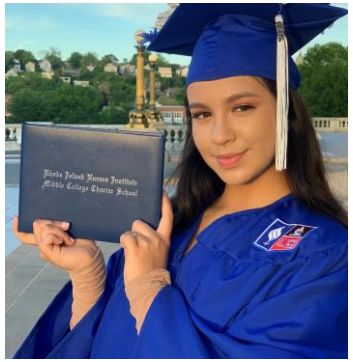
Foundational to its mission as a Harvard-affiliated teaching hospital, Dana-Farber is dedicated to educating future health care professionals. This is exemplified by the Nursing Department's academic partnership program, which places dozens of nurse practitioner students with clinical preceptors each semester. In May 2018, this effort was extended to 22 high school students from Rhode Island Nurses Institute Middle College (RINIMC), who visited Dana-Farber for a full day. The mission of RINIMC is to prepare a diverse group of students to become a highly educated and professional nursing workforce of the future. The visit was coordinated by **Colleen McLaughlin, BBA,** program coordinator of the Center for Clinical and Professional Development.

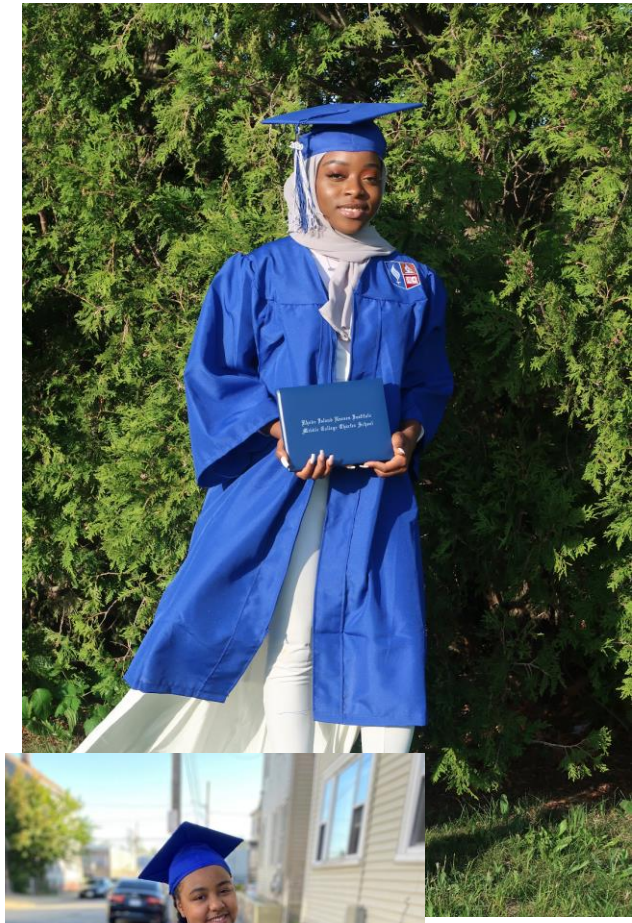
As part of their visit, students met with clinic assistants, nurse practitioners, research nurses, and Senior Vice President for Patient Care Services and Chief Nursing Officer **Anne H. Gross, PhD, RN, NEA-BC, FAAN**. Each shared their perspectives and discussed the unique paths that led them to careers in nursing and patient care services. Members of the Patient and Family Advisory Councils also shared their experience of being patients and caregivers.

- **DEI (hiring, governance, student voice/leadership, curriculum, families and community)**
- **Focus** on Nursing/Advanced Health Care Provider
- **Partner** with School Districts
  - Summer workforce programs
  - After school programs
  - Adult programs

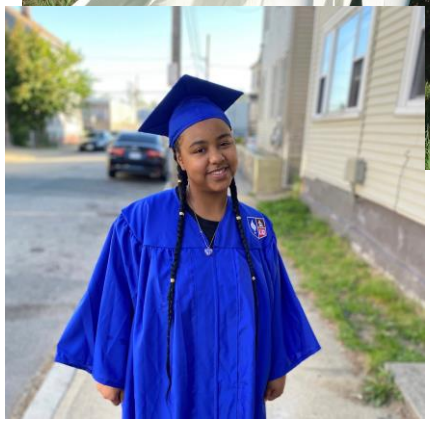
Our Results

Class of 2020





- **100% earned 3+ credits**
- **62% earned 12 college credits**
- **58% earned more than 12 college credits**
- **75% college bound for nursing/healthcare**



Our Alumni Are Thriving (first graduating class 2014)

Of our 292 graduates:

16
college credits earned
on average
50% grads earned a CNA
in HS

NE College Enrollment Rates

52% economically disadvantaged students
55% Hispanic and Black students.

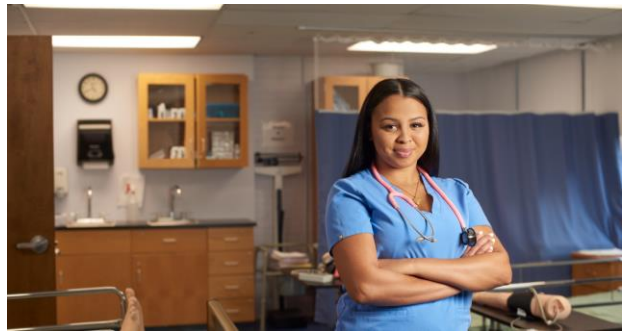
43%
enrolled in college
and working in health care

27 (2019* data)
College graduates
Half were BSN RN, 3 LPNS,

73%
enrolled in college
within one year

78%
enrolled in college
within two years

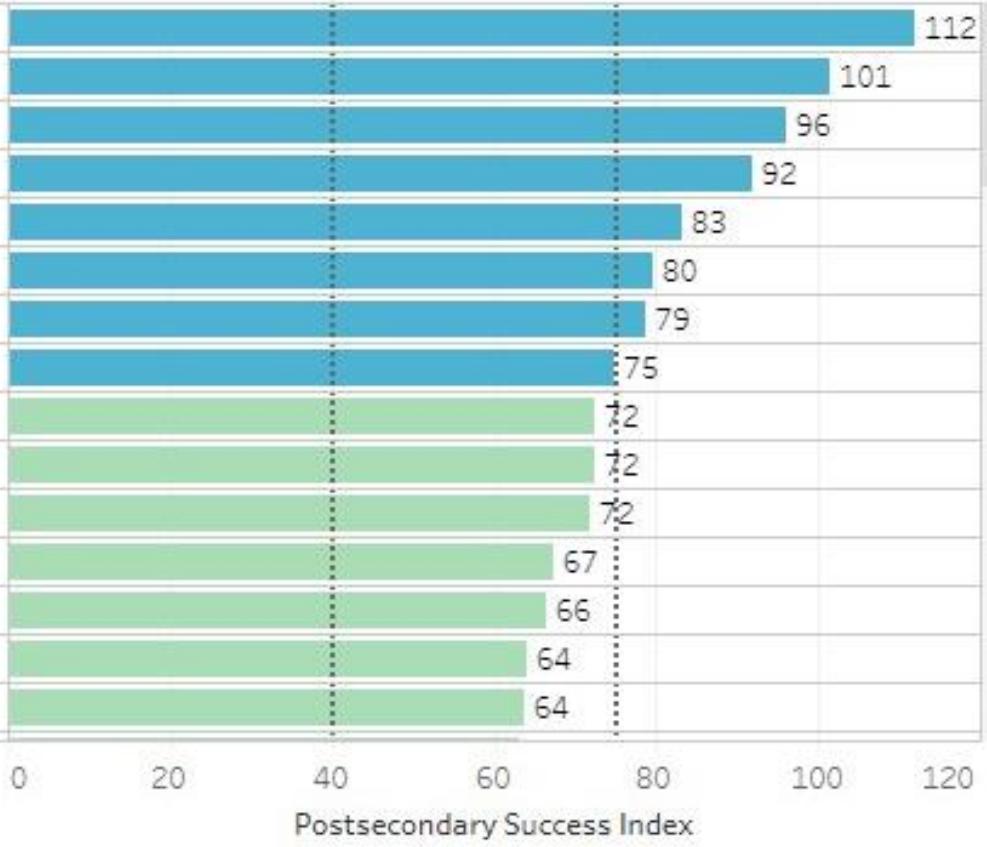
88%
in college **or** working in health care



Top Ranking in Rhode Island

RINI outperforms all other schools in Rhode Island for postsecondary success

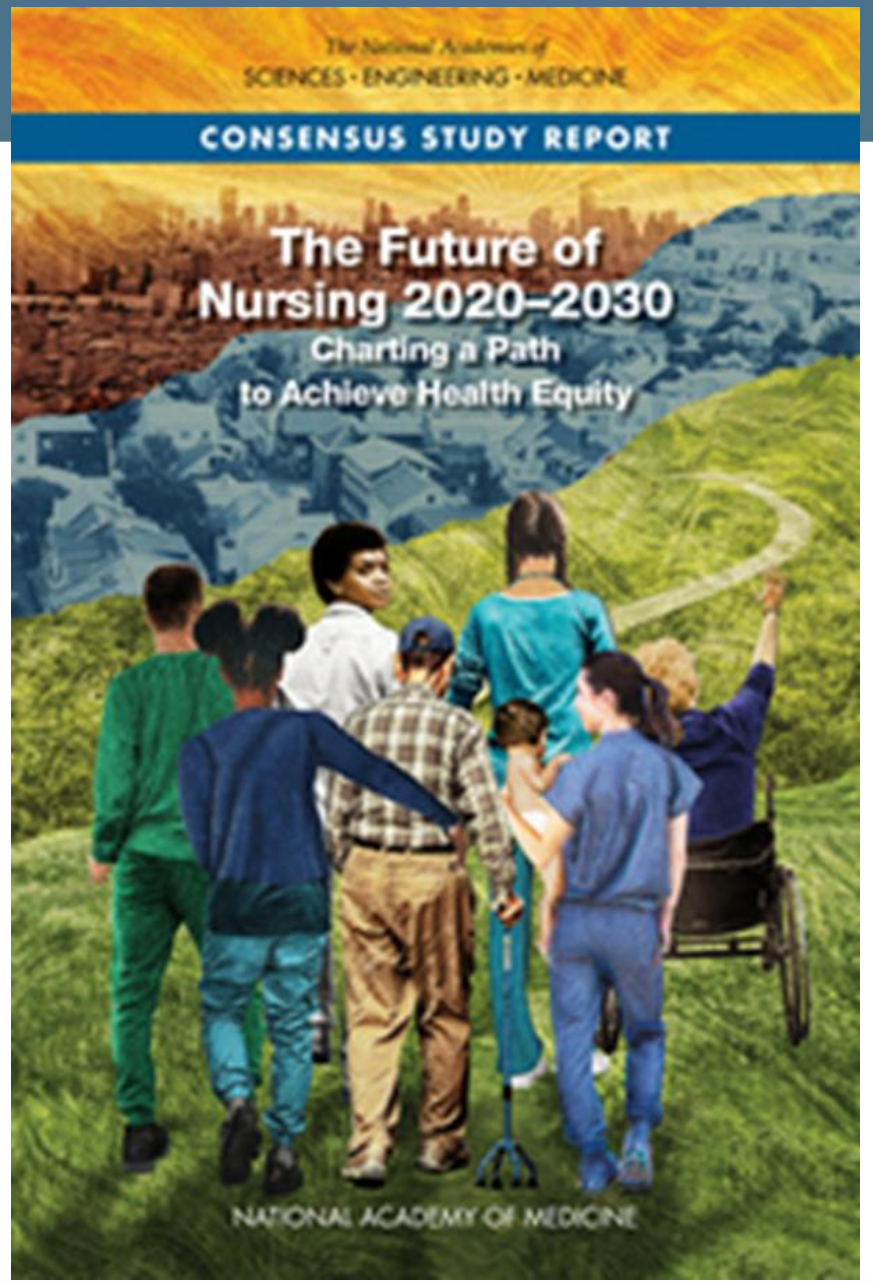
School	Group	Points (out of 3)
RI Nurses Institute Middle College Chart..	All Students	3
Barrington High School	All Students	3
Smithfield Senior High School	All Students	3
Wm. M. Davies Jr. Career-Technical Hig..	All Students	3
Classical High School	All Students	3
Metropolitan Regional Career and Techn..	All Students	3
Portsmouth High School	All Students	3
Times2 Academy	All Students	3
Scituate High School	All Students	2
East Greenwich High School	All Students	2
North Kingstown Senior High School	All Students	2
Chariho Regional High School	All Students	2
Academy for Career Exploration (ACES)	All Students	2
Cranston High School West	All Students	2
Blackstone Valley Prep High School	All Students	2



Source: Rhode Island Department of Education

Class 2021 Top of the Class

RINI Middle College: A Pipeline to Health Equity



CAPITAL REGION, NEW YORK

NURSES MIDDLE COLLEGE HIGH SCHOOL

Albany/Capital Region Area needs similar to RI

The growing demand and need for nurses is immense

Proposed charter high school committed to addressing those challenges and creating equitable pathways into nursing and the healthcare field for students.

CAPITAL REGION, NEW YORK

NURSES MIDDLE COLLEGE

HIGH SCHOOL

Partners

- Nursing organizations, nurses, community organizations, public school districts, families, healthcare providers, colleges, and universities.

Improving the health outcomes of residents comes from having a diverse pipeline of nurses that are from the community, are multilingual, and understand the patient's culture.

Progress

- Colleges and university partnerships
- Local leaders both in public education and community organizations
- Learning and listening to parent, student and families
- Know of a student that would like to attend
- www.rinimc.org
- info@nursesmc.org
- www.nursemc.org

American Association of Colleges of Nursing

AACN'S VISION FOR ACADEMIC NURSING

January 2019

Executive Summary

The Vision for Nursing Education Task Force was charged to:

- Clarify preferred educational pathways and the preparation necessary to succeed in evolving and future roles for nursing professionals;
- Evaluate the future needs of the nursing workforce; consider academic nursing's role in promoting population health while addressing the social determinants of health and advancing interprofessional engagement; and
- Propose overarching and broad-based curricular recommendations for baccalaureate and graduate nursing programs.

A comprehensive environmental scan revealed substantive trends and projected changes in higher education, healthcare systems, characteristics of learners, technological realities related to teaching/learning practices, competency-based education, faculty availability and mix, workforce realities and expectations, and regulatory requirements. Using these data and evidence, the task force crafted a vision statement designed to provide direction for nursing education to move forward and serve as a catalyst for future work related to the AACN Essentials.

The vision statement addresses overarching academic nursing considerations and future goals related to meeting the needs of a dynamic, global society and a diverse patient population. This emphasis was derived from a comprehensive review of the literature and consultation with thought leaders in nursing, health care, and higher education. The goals and suggested actions for moving towards this vision are articulated and include in brief:

- Advance diversity and inclusion in nursing education and practice.
    - Adopt holistic admissions review practices; and,
    - Foster strategies for increased recruitment and retention of a diverse nursing workforce.
- Transition to competency-based education and assessment.
    - Develop consensus-derived, nationally recognized competencies; and,
    - Develop valid, reliable competency-assessment methods.
- Increase collaboration between education and practice through expanded and more formalized academic-practice partnerships.
    - Adopt AACN-AONE principles for academic-practice partnerships;
    - Engage around curricular design and implementation, joint faculty appointments, preceptor and mentor sharing, joint research and scholarly projects, and joint nursing and interprofessional education initiatives;
    - Jointly design and offer short courses or learning modules; and,
    - Co-create robust models for transition to basic or advanced practice.

- Increase emphasis on faculty development and career advancement.
    - Faculty to demonstrate current and sustained knowledge of the AACN Essentials as well as have documented competency in an area of practice/specialization;
    - Additional study in the science of pedagogy and neuroscience of learning is encouraged to attain faculty/master teacher status;
    - Faculty hold diverse degrees and engage in robust programs of research in education and other relevant disciplines;
    - Teaching teams that include individuals with expertise in instructional and immersive technology and other advanced learning are formed; and,
    - A multidisciplinary Center for Teaching and Learning Excellence developed by AACN, to showcase and support the development of innovative learning, experiential, and curricular models, for both didactic, simulated and real-life clinical learning.
- Explore and adopt opportunities for resource efficiencies.
    - Assure adequate exposure to essential high risk, low volume clinical experiences through a mix of simulated and real-life field learning;
    - Develop regional consortia of nursing schools to collaborate in core and optional/elective courses or areas of content for entry-level and advanced nursing;
    - Form regional accredited learning (simulation) centers to provide access to current and new technologies for students and practicing clinicians.

Based on the changes, goals, and possible actions as outlined, future nursing education pathways are described. Three pathways related to entry to practice, advanced nursing study, and evolution of current programs are referenced and include:

- Entry to practice (BSN and master's degree entry)
    - Competencies and outcomes expected of BSN entry-level graduates
    - Competencies and outcomes expected of MSN entry-level graduates
    - Transition to entry-level practice
- Advanced nursing study: doctoral education
    - Doctoral core
    - Practice doctorate
    - Research-focused doctoral education
- State of current programs
    - Current RN-BSN programs and dual baccalaureate/associate degree enrollment programs
    - Current MSN programs

The document is designed to address the fundamental aim of AACN to serve as a catalyst for excellence and innovation in nursing education, research, and practice. Congruent with the historical work of the organization, the statement is meant to highlight the contemporary impact on academic nursing of evolving practice needs and nursing roles in the context of faculty resources, emerging learning and technologies, and learner profiles, as we strive to educate a highly diverse, competent, and adaptable nursing workforce.

Background

As the voice of academic nursing, the American Association of Colleges of Nursing (AACN) serves as a catalyst for excellence and innovation in nursing education, research, and practice. Since its inception in 1969, the organization has worked to improve the quality of nursing care by re-envisioning traditional nursing roles, strengthening nursing education programs, and striving to create a more highly educated nursing workforce. At a time when new models of health care are being introduced and the roles for registered nurses (RNs) are expanding, the need to reconsider how best to educate the nursing workforce of the future is critical.

As indispensable members of the healthcare team, nurses today are at the forefront of advancing evidence-based solutions and leading innovation in an atmosphere of accelerating change. The imperative to evolve is driven by the needs of students, employers, and consumers of care. Nurse educators must be nimble enough to embrace new technology and explore fresh approaches to teaching designed to satisfy the diverse learning needs of contemporary nursing students. Given the growing body of evidence linking education to quality outcomes, employers increasingly expect registered nurses to be prepared at the baccalaureate level. Increasingly, care is provided not in hospitals, but within the community; thus, we can no longer prioritize the preparation of nurses for roles confined to acute care settings. The scope of registered nurse practice also is changing, with RNs expected to play a greater role in meeting the nation's need for high quality and accessible care. To underscore this point, the Josiah Macy Jr. Foundation[1] has emphasized that "we simply can't meet the primary care needs of the nation unless registered nurses are part of the solution, and we must prepare them appropriately and then use them for this role."[1 (p. 25)] From mounting concerns over patient safety to the growing need for primary care providers, nurses must be supported to thrive while working on the front lines to implement solutions needed to repair a fragmented care delivery system.

With the goal of meeting the needs of a dynamic and global society, this AACN vision for nursing education is derived in part from a review of current trends and relevant assumptions regarding registered nurse preparation and practice. Addressed are education pathways, overarching curricular changes, resource needs, and learning methodologies to transform nursing education.

These suggested actions are provided to inspire nursing education leaders to innovate and seek opportunities to advance the nursing profession within a changing environment. As a vision statement, this document is meant to be aspirational rather than a mandate for the profession or schools of nursing. Further thinking and action will need to address implementation strategies and actions to realize any or all the visionary goals.

Environmental Scan: Current State and Future Needs

The Vision for Nursing Education Task Force conducted a broad environmental scan to summarize trends and projected changes in health care, higher education, population demographics, learners and learning styles, the nursing workforce, nursing regulation, and patient/populations needs. While the trends and changes described are not exhaustive, they inform the vision being advanced.

CHANGING HIGHER EDUCATION

Higher education has been subject to shrinking federal and state funding, rising tuition, aging infrastructure, variation in funding sources, fluctuations in available resources, and changing demographics of enrollees.[2] Traditional higher education models, including faculty structures, governance models, and curricula can limit flexibility and create barriers to innovation. Recent trends—such as open access online courses, short courses that award micro-credentials or badges, tuition models based on the number of enrollees in the course, and the growing availability of distance learning opportunities and immersive learning technologies—are broadly challenging traditional approaches to higher education.

The development and awarding of micro-credentials or badges by academic institutions is an evolving trend. One study found that more than 90% of educational institutions are offering credentials and digital badges, in part, to serve millennial students who favor badging and certificates to traditional degrees.[3] A badge is a visual representation of an accomplishment, achievement, or skill acquisition but not a formal degree. Digital badges have emerged as documentation of community engagement, professional development, and accomplishments. Badges provide recognition of incremental learning in visible ways and can support career development.[4] Stackable credentials are another emerging practice whereby credentials such as badges can be accumulated over time and facilitate one's professional development along a career trajectory.[5]

Charged with educating the nursing workforce of the future, academic nursing should formulate a proactive response to the changing landscape of higher education and the demands of employers, prospective students, and the public. To ensure that graduates are ready for contemporary practice requires faculty who have an awareness of evolving changes and the understanding of the science of learning and a commitment to adapting curricula, teaching strategies, and student learning assessment. It is paramount to inculcate graduates with the knowledge, skills, and values for embracing change and innovation through career-long learning.

COMPETENCY-BASED EDUCATION MOVEMENT

Competency-based education has emerged in higher education and the health professions to address criticisms of contemporary approaches to training.[6-7] Medicine has identified Entrustable Professional Acts (EPAs) and is developing competencies for post-graduate residencies.[8-9] The discipline of physical therapy has identified common competencies that graduates are expected to demonstrate prior to graduation. In addition, the Physical Therapist Clinical Performance Instrument provides a validated, standardized assessment tool that is available for programs to

document attainment of the expected competencies.[10] Dental and veterinary education also are working to develop nationally recognized competencies that would provide a foundation for entry into these disciplines. In nursing, competency-based education models are being developed and studied.[11-12] However, implementation issues (such as regional accreditation requirements) impact on faculty development and resources, and fiscal impact on the institution also have been raised[13-16] and will need to be addressed as this transition occurs across disciplines.

CHANGING LEARNERS

Across the educational spectrum, students are calling for changes in how they are taught given recognition of the changes in how they learn. Today's learners are composed of Millennials (1977-1995), Centennials (born after 1996), and Generation Z (1998-present). Baby Boomers (1946-1964) returning to school to re-tool or pursue new career options also are a component of today's learners. Each cohort/group has preferences and characteristics that should guide modification of curricular offerings and learning opportunities. For example, the literature describes Millennials as "digital natives" who have the perceived ability to multi-task, but some Millennials may still prefer a traditional way of learning. Centennials are the iGeneration (iGen) who have been referred to as "digital natives on steroids." Centennials have not known a world without social media or the immediacy of web searches and information at their fingertips. They generally prefer using a checklist approach and do not embrace societal conventions that view seat time as a benchmark for higher education. Generation Z values entrepreneurship and innovation, self-reliance, social and racial equality, and project-based learning around real-world problems.[17-20]

In addition to traditional first-time college students seeking an education and degree, second degree learners are returning to school in greater numbers to retool their skills to better meet workforce demands. Learners are seeking second degrees to be competitive in the workplace and obtain marketable degrees and skills that afford them a preferred lifestyle. As such, faculty must retool their teaching strategies to accommodate the styles of this diverse population of learners, both first-degree students (pedagogy) as well as adults returning to school (andragogy). These shifts in generations will require a metamorphosis of the education enterprise and the ability to embrace the ongoing emergence of the science of learning.

CHANGING LEARNING TECHNOLOGIES

Recent advances in educational neuroscience—a term used to describe the interrelationship between neuroscience, teaching strategies, and psychology—have resulted in new understandings associated with how people learn. This area of science provides evidence for best practices in teaching to include strategies that engage the learner in challenging and purposeful learning, and where reflection on that learning is incorporated. Advances in immersive technologies provide growing opportunities to engage the learners in their learning experiences.

The use of learning technologies is transforming higher education by blurring the boundaries between formal and informal learning systems and offering greater opportunity for connectivity and active engagement. The technology explosion requires faculty to have a clear understanding of the push-pull of technology; the utility of technologies in transforming teaching-learning

experiences; and the availability, acceptability, affordability, and accessibility of technology to enhance learning. As technologies evolve, the availability and affordability of the new learning opportunities for all institutions and all learners must be planned. A balance is needed between competition and collaboration among institutions considering the increased availability of technology-driven teaching methods, the rising cost of tuition, and the proven effectiveness of learning technologies.

A growing emphasis within the domain of learning science involves promoting active learning, e.g., the flipped classroom movement and personalized-paced learning. Priming for classroom learning (both actual and virtual) by creating self-study, and guided exposure to concepts and content (knowledge) followed by teacher coaching of knowledge application in the classroom holds much promise to enhance learning. For example, through a problem-based unfolding case study, learners are guided through multiple steps where previous knowledge must be recalled and applied to make clinical decisions. Adaptive learning is evolving and has significant potential to facilitate the impact of teaching/learning. It uses computer technology (algorithms) that provide individualized responses based on student interactions (comprehension) in real-time, making the learning personalized. The field of adaptive learning encompasses artificial intelligence and other curricular technologies, using knowledge domains such as cognitive science, predictive analytics, and learning theory.[21]

Access to online education and new technologies is growing. Increasingly, a design-build approach is being used with pairing of faculty with an instructional designer to promote innovation and effective teaching methods in the classroom. Such approaches help address limited resources, rising education costs, and demands to expand enrollments as well as diverse student learning styles. New models of instruction, inclusive of large class sizes, necessitate revised strategies for team teaching, utilization of preceptors and/or teaching assistants, and small group work, and for the testing of other advanced approaches driven by technology, such as Artificial Intelligence /Machine Learning. These options offer opportunities for multi-pronged approaches that facilitate student-centered learning.[22,23]

CHANGING FACULTY AVAILABILITY AND MIX

The aging of the nursing faculty workforce is creating pressure to adapt new strategies to address growing faculty shortages fueled by both increased retirements and demand. Although faculty are delaying retirement much longer than in the past, in 2015 thirty-one percent of full-time faculty were over 60 years of age.[24] Projections indicated that retirements between 2016-2025 would equal one third of the 2015 employed faculty workforce. On a more positive note, the proportion of faculty age 44 or younger increased from 19% in 2006 to 24% in 2015. While the delayed retirements may prevent hiring of less experienced faculty (potentially at lower cost), hiring sufficient faculty with the credentials to meet program needs is the current challenge. In 2017, 55% of all nursing programs (baccalaureate, master's, and doctoral) reported insufficient number of faculty as one of the primary reasons for not admitting all qualified applicants.[25]

In the face of evolving educational models and to meet financial challenges and faculty shortages, the number of adjunct faculty has been steadily increasing. Widespread national dialogues have raised questions related to the issues of the cost, purpose, and value to the

academic enterprise, and current models of tenure and promotion. To better suit the institutional mission, many schools have instituted both clinical (or practice) and research faculty tracks for recruitment, promotion, and tenure of faculty. Due to the differential in academic and practice salaries, concerns have been raised about fewer nurse clinicians choosing to enter academia.[26] This challenge fuels a call for new models of faculty mix and utilization and the need to develop robust partnerships with the practice community.[27] Growing options for practice and research within industry and the clinical services enterprise have provided alternatives to academic careers for nurse scholars. With the growth of the practice doctorate and the need to maintain advanced practice licensure, new academic workload models incorporating faculty clinical practice and enhanced academic-practice relationships are emerging.

Active engagement in practice ensures that what is taught in schools, colleges, and programs of nursing appropriately reflects current practice; increases faculty credibility with practice; and enhances the relevance, applicability, and implementation of research. Stronger formal and informal collaboration between academia and practice will position nursing as a leader in healthcare delivery.[27]

CHANGING HEALTHCARE SYSTEMS

To spur broader access to an enhanced patient experience, better quality care and provider work life, and to reduce cost, the U.S. healthcare delivery system is undergoing constant change. Needed are adaptable, creative individuals able to work with diverse populations while being agile to respond to the fluctuating business needs and reimbursement realities. Reimbursement has moved from service-based payment to value-based purchasing. Integrated-care systems are emerging that require coordination, not only across settings, but across the care and lifespan continuum. With scientific discoveries growing exponentially (e.g., new technologies, knowledge of genetics, treatments, and pharmacologic agents), health care is growing increasingly complex.

In addition, the rise of personalized health care has the potential to transform the traditional patient care experience. Precision health (frequently called precision medicine) refers to the use of biologic markers to make accurate predictions regarding an individual's risk for health conditions, and/or best treatment options for existing conditions. The technologies for precision health already exist and may lead to a significant shift in care delivery from standardized to individualized treatments and from treating conditions to preventing conditions. This shift will occur in conjunction with a growing emphasis on population health and the social determinants of health. However, regulatory policy, reimbursement, and clinical adoption of available options have been slow to change. The implementation of precision health approaches in clinical practice requires an increased awareness and understanding of these advances by the current and future healthcare workforce. This new approach to care requires that we reconsider what we teach, including the knowledge, skills, and attitudes necessary to provide this individualized approach to care.

Nurse employment settings are shifting from the most expensive venues—inpatient facilities and emergency departments—to more primary care and community settings. Care is becoming increasingly convenient with more mobile and technology enabled e-visits or e-encounters

available anywhere and at any time. Shifting care delivery to retail, community, or home settings has the potential to produce cost savings, a shift in workforce distribution, and a change in requisite skills. Healthcare systems are revising strategic goals and reorganizing services to move more care outside of inpatient institutions. The American Hospital Association reported that from 2008 to 2012, outpatient visits rose from 624 million to 675 million while inpatient visits decreased from 35.7 million to 34.4 million.[28] Urgent care clinics are employing growing numbers of advanced practice registered nurses (APRNs) to deliver services at a 72% savings over emergency departments and project growth to 12,000 urgent care clinics by 2019.[29] The increasing use of telehealth as well as the growth of non-hospital settings will affect the RN and APRN nursing workforces.

Preparing graduates for the rapid advancement of technologies in practice also is a challenge. Today's nursing graduates are called upon to deliver quality care in increasingly technologically enhanced settings (which include electronic health record systems used to order interventions), document treatments, monitor patient reaction to treatments, and communicate across the care team. Telehealth technologies are used to provide healthcare in rural (and other) areas where health care options are limited. Technologies, including artificial intelligence and wearable devices, are emerging rapidly to support diagnostics, patient monitoring, care delivery, and evaluation/trending of care outcomes.

CHANGING NURSING WORKFORCE

Today's nurses work in complex, integrated healthcare delivery systems. With patients and families experiencing multiple transitions across care settings, nurses need to have higher level knowledge and skills to support safe transitions and minimize fragmentation of care. Growing demands for an increasing number of baccalaureate and higher-degree prepared nurses require new education and professional development models, particularly new clinical education models. Strong academic-practice partnerships are needed to co-design clinical education that is relevant and reciprocal, ensuring that graduates are prepared to practice in the continually changing healthcare system while solidifying nursing's influence on efficient and effective care delivery models. To improve healthcare outcomes and the overall health of the population, nursing faculty will need to prepare nurses with a solid knowledge and skill set to practice across settings, provide care to diverse populations, address the social determinants of health, and minimize health disparities.

In 2016, the Josiah Macy Jr. Foundation brought together leaders in nursing education and primary care to examine current education along with best practices. The result was the proposed actionable recommendations for re-balancing nursing education and, specifically, a call to encourage registered nurses to become leaders in primary care teams, practicing to their full scope to improve the health of the American people.[30] The lack of primary care content in the curricula of most nursing schools, including both didactic content and clinical experiences, was noted; especially that nursing education continues to emphasize in-patient hospital nursing. As most faculty are likely not prepared to teach primary care nursing, this was addressed as a need for entry preparation and professional development. The nursing profession must partner with others to transform our healthcare system into one that promotes the health of individuals, families, and communities, including preventing and better managing chronic illnesses.

The Macy report must be considered in light of the 2017 report *Supply and Demand Projections of the Nursing Workforce 2014-2030,*[31] which highlighted the inequitable distribution of the nursing workforce across the United States. Although a shortage of registered nurses is a concern, the greater problem resides with the distribution of nurses across states, particularly in rural areas. Rural communities are greatly affected by the maldistribution of healthcare professionals, which significantly impacts primary and acute care access. Areas with higher proportions of low-income and minority residents, such as rural areas, tend to suffer most from an inadequate supply of healthcare providers. The number of working RNs per capita has remained substantively lower in rural areas than in urban areas, and the salaries of RNs who live in rural areas remain lower than those residing in urban areas. The variables that impact the maldistribution of the nursing workforce include lower reimbursement levels, reduced ability to recruit and retain health professionals, higher rates of uninsured or Medicaid/Medicare patients, and fewer rural training sites. Most future health professionals come from urban areas, as rural students often experience educational disadvantages in terms of preparation in math and science and development of successful academic/learning skills.[32,33]

Nursing workforce demographics have changed slowly even though the United States is steadily becoming more diverse. According to the U.S. Census Bureau, in 2016 minority groups comprised 38.7% of the population. If this trend continues, the minority population will be the majority by 2043. However, the nursing workforce remains predominately white with minorities comprising 24.5% of the workforce.[34] Diversity within the nursing workforce—in terms of race/ethnicity and gender—is desirable because it can contribute to the improvement of access and care quality for minorities and medically underserved populations.[35] Holistic admissions review is one strategy being used by health professional education to increase the diversity of the professions. Holistic admissions review is defined as a flexible, individualized way of assessing how an applicant will fare as a student and as a future professional and member of society.[36] Other health professions, particularly medicine (91%), dentistry (98%), pharmacy (78%) and public health (78%) have adopted holistic admission processes.[37] Research findings demonstrate that holistic admissions review practices increase diversity without decreasing workforce preparedness and academic success of students.[38]

CHANGING REGULATION OF NURSING PRACTICE

The National Council of State Boards of Nursing (NCSBN), a not-for-profit organization whose members include the state and territorial boards of nursing, administers the national licensing exam, the National Council Licensing Examination for Registered Nurses (NCLEX-RN®). The NCLEX-RN® is used by all 50 states and territories as well as the Canadian provinces to license entry-level registered nurses. The exam is based on a job analysis of newly licensed nurses conducted every 3 years.[39] Due to the increasing complexity of decisions being made by newly licensed nurses, NCSBN has announced that it is piloting new testing formats and assessment items known as the next generation of NCLEX.[40]

In 2002 the AACN Task Force on Education and Regulation I (TFER I) found that it was not feasible at that time to engage in efforts to differentiate the license for baccalaureate and associate degree nursing graduates.[41] However, evidence continues to emerge that demonstrates

that a higher mix of BSN and higher degree educated RNs in the workforce improves outcomes of care.[42-45] In 2003, a second task force (TFER II) was charged with identifying the knowledge and skills that would be needed by future nurses to address the many gaps in healthcare and improve outcomes. The TFER II report, *White Paper on the Role of the Clinical Nurse Leader,* delineated the education outcomes and expectations for a new master's prepared nurse. The AACN Board of Directors, in addition to approving the white paper, passed a motion to assume leadership in the development of a new legal scope of practice and credential for the new master's prepared nursing professional, the Clinical Nurse Leader (CNL). The CNL Certification exam was launched in 2007 and, to date, more than 6,000 master's prepared nurses have been credentialed through this examination. As reports increasingly show improved quality of care, lowered costs, increased patient satisfaction, and improved care outcomes linked to this new provider, healthcare systems continue to integrate CNLs into the nursing workforce.[46-50]

Since the time of inception, regulation of advanced practice registered nurses (APRN) has varied by state and by APRN role. In the early 1990s NCSBN began its involvement with APRN regulation by developing model legislation for APRN licensure and core competencies. In 1995, NCSBN began working with national APRN certifiers to ensure that examinations were suitable for regulatory purposes. In 2004, in response to growing variability among state boards of nursing requirements for APRN licensure/certification, AACN and the National Organization of Nurse Practitioner Faculties (NONPF) initiated the APRN Consensus Group and then the APRN Joint Dialogue Group to join the work of the Consensus Group together with that of NCSBN. In 2008, the final report of the Joint Dialogue Group, *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education,* was released and endorsed by 40 national nursing organizations.[51] Implementation of the new regulatory model by all organizations engaged in any aspect of the model has been ongoing since 2008. To date,16 states have fully implemented all aspects of the model, and another 10 have implemented most of the model's requirements. When fully implemented across all states, the model will provide standardization in APRN regulation for the over 488,000 credentialed APRNs in the U.S. thereby improving mobility across states as well as increased access to APRN care.[52]

Vision for the Future

The Vision for Nursing Education Task Force extensively reviewed and thoughtfully considered the many issues explicated through the environmental scan. Built on these trends and validated assumptions, a future vision for nursing education was developed that serves to meet the needs of a dynamic and global society and a diverse patient population. Multiple opportunities exist for moving nursing towards the vision for the future including identifying overarching goals for the future and advancing preferred nursing education pathways.

OVERARCHING GOALS FOR THE FUTURE

Accelerate Diversity and Inclusion

AACN members have affirmed the need to address pervasive inequities in health care by ensuring the preparation of nurses able to meet the needs of all individuals in an increasingly diverse American society, including both ethnic and geographic diversity. AACN and its member schools are committed to accelerating diversity, inclusion, and equity initiatives to

prepare the current and future nursing workforce to be reflective of the society it serves while simultaneously fulfilling society expectations and needs.[53] Suggested actions to advance this goal include:

- Adopt holistic admission review practices, which include attention to a student's life experiences and personal qualities in addition to traditional measures of academic achievement such as grades and test scores[36, 38, 54] and support students to ensure success in the programs.
- Foster strategies to increase recruitment and retention of the nursing workforce in all geographic environments in consideration of the maldistribution of care providers (e.g., rural areas).
- Build a culture of diversity and inclusion in academic nursing.

Transition to Competency-based Education and Assessment

The current model for nursing educational experiences, both didactic and clinical, often fails to ensure attainment of competencies. There is an inability to control available learning experiences for each student and clinical time may avert intentionality. Hours can be logged, but there is no assurance that all students have equitable experiences or that competencies are achieved. Moving to a competency-based model would foster intentionality by defining competencies and associated attributes, methods for achievement, and outcome measurement.

At the national level, consensus is growing in terms of preparing health professionals via competency-based education (CBE).[1, 8, 11,12,55,56] Academic leaders across all disciplines are calling for transition to programs that are predicated on mastery of competencies. In nursing, such a move could modulate concerns of clinical preceptors and employers frustrated by the diverse expectations of students entering clinical experiences as well as expectations of new graduates.

There may be numerous ways to approach CBE as a multi-faceted solution to complex challenges within higher education. Incremental steps may be needed over time, but regardless, shifting the focus on what the learner should "know," to what the learner must be "able to do" is critical– and CBE is the desired framework to ensure this.

Although there may be more questions than answers at this point, evidence continues to emerge revealing how institutions are designing and implementing time-variable CBE at the course, program, or institutional level. While CBE has captured the attention of many in higher education, the effectiveness and scalability must be ensured, and there are challenges to be addressed, to include:[13-15, 57]

- Considerable re-tooling of infrastructure related to prevailing institutional models, e.g., financial aid eligibility criteria; predictable teaching schedules and revenue expectations based on traditional enrollment patterns; registrar practices; and traditional philosophies about teaching and learning, along with current learning resources;
- Current strategic priorities and budget constraints;
- Current licensing requirements, certification standards, and accreditation systems.

Despite these challenges, the potential for CBE to benefit society, educational systems, learners, and the people that we serve cannot be overlooked.[1, 58]

In nursing, the transition to CBE will occur over time and will depend on the development of nationally recognized, measurable competencies, reliable standardized assessment methods, and support for implementation. This work will require
extensive efforts to reach consensus on competencies, assessment methods, and a plan for implementation. Suggested actions to advance CBE include that AACN:

- Lead development of nationally recognized competencies using a consensus-based process that engages diverse stakeholders from academia, practice, and regulation.
- Facilitate development of valid, reliable competency-assessment methods to facilitate the valid assessment of students.
- Facilitate implementation by collaborating to align regional accreditation requirements and evolving strategies to conserve fiscal and faculty resources.

Increase Collaboration Between Education and Practice

Expand formal academic practice partnerships. Considering the recognized need for educational transformation that will improve the health of the public and create a workforce matched to healthcare delivery, there is a clear need to develop expanded and new academic-practice partnership models that go beyond what is utilized today. Envisioned are models that include multi-school and multi-practice partnerships as well as regional coalitions. Nursing leaders are encouraged to foster strategies that promote opportunities for relationship-based partnerships that promote intentional cross-engagement, co-design, and commitment across practice and education. Effective partnerships provide benefits to all engaged entities and reflect the breadth of practice institutions, including community-based, public health, and integrated care institutions. Such partnerships will strengthen the potential for nursing leaders to have an influential voice in designing and implementing healthcare policy, systems, and delivery. Stronger academic-practice partnerships are needed such that nursing faculty are engaged in the clinical practice of the health system and clinical services are more closely connected to the academic mission of the school of nursing.[22] To move towards this goal, exemplary actions include:

- Adoption of the AACN-AONE principles for academic-practice partnerships by all schools of nursing.[59]
- Implementation by schools of nursing (of all classifications, geographic regions, and missions),in partnership with practice institutions, the recommendations delineated in *A New Era for Academic Nursing*.[27]
- In addition to the broad, high-level goals and purposes described above, academic-practice partnerships engage in such areas as:
    - Curricular design and implementation
    - Joint faculty appointments and identification and preparation of preceptors and mentors for students and new graduates
    - Development of optional transition to practice programs
    - Joint participation in interdisciplinary, health-professional research teams
    - Joint development of transition to practice programs; and
    - Joint development of specialty education programs, which could include short courses or learning modules (separately or within post-graduate programs focused on specific geographical and employer needs).

***Create robust transition to practice models*.** The complexity of health care and diversity of practice settings is growing. Optional, accredited (by a Department of Education-recognized entity), post-graduate transition to practice programs for both entry-level and advanced nursing graduates offered by schools of nursing and practice entities would assist in addressing these growing changes.[60-61] To address the variable needs of employers and nurses, particularly in more specialized areas of practice (e.g., women's health, care of older adults, trauma care), schools of nursing and practice entities also could jointly offer short courses or modules (separately or within post-graduate transition to practice programs) focused on specific areas of practice. These learning experiences would preferably be designed to award academic credits, promote competency enhancement, enhance potential for career advancement, and positively influence nurses' impact on healthcare delivery.

Increase Emphasis on Faculty Development and Career Advancement

Career-long faculty and leadership development opportunities provide for career progression as well as growth and sustainability of the profession. This is important across an academic nursing career in order to reflect changes in health care and higher education (e.g., new discoveries in learning science, research, interprofessional team care and education, and healthcare and learning technologies). Faculty providing direct or indirect applied practice learning experiences integrate direct or indirect practice with their roles as educator and researcher.

The faculty mix based on expertise in practice, education, and research in both nursing and other disciplines normally is shaped by the mission and needs of the institution. Discourse on how best to prepare individuals for the faculty role transcends all health professions and other higher education disciplines. It is desired that faculty preparing the next generation of graduates are required to hold a terminal degree for their discipline or one closely aligned and have current expertise related to the competencies they are teaching. As in other disciplines (e.g., engineering, business, law), the major articulated faculty competence is practice specialization within the discipline rather than the process of teaching. However, as expressed in the AACN document related to the preferred professoriate profile: "The individual faculty from nursing or other disciplines will demonstrate current and sustained competency in knowledge of the AACN Essentials appropriate for the baccalaureate and graduate-level teaching pedagogy, interpersonal skills, and leadership as well as competency in their area of practice/specialization."[62] Therefore, to become a master teacher in either the practice environment or academia, additional preparation in the science of pedagogy is preferable to augment one's ability to transmit the science of the profession.

Those pursuing a graduate nursing degree and interested in an academic career could seek additional preparation in the science of pedagogy through one or more of the following potential options:

- Completion of elective course work during one's graduate academic program.
- Orientation or onboarding provided by schools of nursing or the university/college as well as mentorship for faculty new to the role.
- Coursework offered as a post-graduate badge/credential for those holding a practice or research-focused doctorate in nursing or another aligned field of study.

A faculty mix of expertise in practice, education, and research is an asset to high quality programs. Faculty with degrees and programs of research related to practice, education and other

areas (e.g., health policy, epidemiology, or pathophysiology) should be valued as determined by the mission and needs of the institution. Teaching teams that include individuals with expertise in curricular design, instructional technology and other advances in learning also are important to address the growing complexity and diversity of health care, learners, and higher education. A multidisciplinary Center for Teaching and Learning Excellence developed by AACN would showcase and support the development of innovative learning experiences and curricular models, for both didactic, simulated and real-life clinical learning.

In summary, suggested actions include:

- Faculty to demonstrate current and sustained knowledge of the AACN Essentials as well as have documented competency in an area of practice/specialization;
- Additional study in the science of pedagogy and neuroscience of learning as reflected in their teaching is encouraged for faculty/master teacher status;
- Faculty hold diverse degrees and engage in robust programs of research in practice, education and other relevant disciplines;
- Teaching teams that include individuals with expertise in curriculum design, instructional and immersive technology and other advanced learning are formed; and,
- A multidisciplinary Center for Teaching and Learning Excellence developed by AACN to showcase and support the development of innovative learning experiences and curricular models, for both didactic, simulated and real-life clinical learning.

Explore and Adopt Opportunities for Resource Efficiencies

Increasing costs and scarcity of resources in higher education and health professions education, including the faculty shortage, are projected to grow. A shortage of qualified and experienced faculty at each nursing school puts educational quality at risk and jeopardizes consistent student exposure to critical knowledge and skills and guidance by expert faculty. Suggested actions to address these changes and scarcity of resources include:

- Simulated and real-life field learning is proportioned to assure adequate exposure to essential high-risk, low-volume clinical experiences and achieved through advancements in technology and the development of virtual learning and assessment, including in the affective and cognitive domains.
- Development of regional consortia of nursing schools to collaborate in providing core and optional/elective courses or areas of content for entry-level and advanced nursing. This is to promote high quality learning, address the faculty shortage, and better utilize scarce resources and expertise. The consortia could be similar to the Nursing Education Xchange (NEXus) housed at the Oregon Health & Science University or achieved through an AACN-coordinated repository/service.
- Formation of regionally accredited learning (simulation) centers provide access to current and new technologies for students and practicing clinicians; the centers would distribute costs across schools offering more affordable and accessible options.

ADVANCING FUTURE NURSING EDUCATION PATHWAYS

The environmental scan presents multiple and varied challenges that will impact nursing education. Streamlined education pathways and overarching curricular changes will move the profession towards addressing these challenges.

Entry to Practice (Baccalaureate and Master's Degree Entry)

In keeping with AACN's long-time support for the Bachelor of Science in Nursing (BSN) degree, the task force envisions that the BSN will be adopted as the minimum preparation for registered nurse licensure and entry into the nursing profession. The degree would be conferred by four-year colleges and universities and, where relevant, in partnership with other four-year colleges and universities or community colleges. Models of partnerships are identified in the Academic Progression in Nursing (APIN) final report, a Tri-Council for Nursing initiative.[63] This transition to the BSN minimum degree for entry into registered nurse practice would be facilitated by AACN in partnership with the Tri-Council and other professional nursing organizations.

Currently, entry-level nursing education has a major emphasis on preparing graduates for acute care in hospitals. With the growing complexity of healthcare systems and the increasing movement of care to the community, entry-level professional nurses need competencies in team-based and coordinated care across a variety of venues. Consequently, the task force recommends that entry-level professional nursing education prepare a generalist for practice across the lifespan and continuum of care with emphasis in four areas or spheres of practice.[64]

- Disease prevention/promotion of health and well-being, which includes the promotion of physical and mental health in all patients as well as management of minor acute and intermittent care needs of generally healthy patients;
- Chronic disease care, which includes management of chronic diseases and prevention of negative sequela;
- Regenerative or restorative care, which includes critical/trauma care, complex acute care, acute exacerbations of chronic conditions, and treatment of physiologically unstable patients that generally requires care in a mega-acute care institution; and,
- Hospice/palliative/supportive care.

Competencies and Outcomes Expected of Entry-Level BSN Graduates. To prepare graduates for the evolving healthcare system, programs will need to encompass didactic, simulated, and clinical field learning opportunities in diverse settings, including community, primary care, long-term care, acute care, hospice, and virtual care settings (telehealth). Beginning competencies for patient care, care transitions and coordination, and population health would be mastered within these four spheres of care, which are not setting-specific. For example, a long-term care (LTC) facility may encompass all spheres of practice except, perhaps, the regenerative (critical/trauma) sphere. Expected competencies for generalist, entry-level nursing practice include observable and measurable competencies across the four spheres of care. Competencies in other areas (including but not limited to professionalism, ethics, legal aspects of practice, health policy and economics, clinical reasoning, advocacy, evidence-based practice, population health, global health, social determinants of health, assessment, communication,

mental health, care coordination, and interprofessional team practice) are threaded and assessed across the four spheres of care.

Substantial clinical experiences would need to be provided within appropriate areas/sites that reflect the four spheres of care and include combinations of experiences in acute care, ambulatory, primary care, LTC, palliative care, or other relevant settings. Also, these include immersion (time and type) experiences for all entry-level learners encompassing one or more of the four spheres of care near the end of the degree program. These experiences would be designed to integrate learning into one's clinical practice, increase care competencies, provide continuity, and increase confidence in performing as a generalist nurse. As pre-registered nurse licensure students, graduates from generalist bachelor's entry degree programs will sit for the NCLEX-RN®.

Competencies and outcomes expected of Entry-Level MSN graduates. As the complexity of healthcare delivery and patient/population health needs continue to grow, education preparation for the entry to professional nursing practice is expected to evolve to a generalist master's degree at some point in the future (some programs have already made this transition). Similar to individuals applying to other health professions programs, generalist master's degree nursing programs require students to enter with a minimum of a bachelor's degree in another field. In addition to the entry-level professional nursing competencies and areas of preparation (described in the previous section), master's entry programs would provide education for strengthened competencies in organizational and systems thinking, quality improvement and safety, care coordination, interprofessional communication, and team-based care and leadership. As pre-registered nurse licensure students, graduates from generalist master's entry-level degree programs, in addition to sitting for the NCLEX-RN®, would sit for a certification exam that provides assurance of the additional competencies. This is in alignment with the recommendation of the AACN Task Force on Education and Regulation II.[65] Eventually, it is envisioned that as entry-degree credentialing moves from a bachelor's degree to the masters' degree, the RN licensure examination will completely evolve to encompass testing of the master's level entry competencies.

Transition to Practice. As described in the general recommendations, transition to practice programs for baccalaureate or master's entry nurses could be offered in any of the four spheres: prevention/promotion of health and wellbeing, chronic disease care, regenerative (critical/trauma) care, and hospice/palliative care. Courses in specialty areas could be offered as stackable credentials or badges within an academic program or as part of a life-long program of learning/career development. These would be designed and offered by schools or in conjunction with practice partners to augment the generalist degree preparation and address identified needs of employers and changes within the healthcare system.

Advanced Nursing Study: Doctoral Education

Nurses seeking a doctoral degree in nursing obtain their doctorate in practice or research. Research-focused and practice-focused doctorates are terminal degrees in nursing. Individuals holding either doctoral degree should be eligible for academic positions relevant to their degree, background, and experience. The mix of faculty would form scholarly teams to reinforce how the unique skill set of each degree (practice or research-focused) is critical to the development of

new knowledge and application of best evidence. Those pursuing a doctoral degree in nursing (either research- or practice-focused) and interested in an academic career would seek additional preparation through one of the three options for additional preparation in learning science and pedagogy as delineated on page 13.

Doctoral Core. As advanced nursing practice degrees evolve to the practice doctorate, the number of nurses interested in pursuing both a practice and a research degree is increasing. A standardized core set of courses offered by all doctoral programs (practice and research-focused) would facilitate dual degrees as well as transition from one type of program to another. An advanced nursing (doctoral) standardized core (advanced level courses) could incorporate advanced systems, health policy, and design thinking among other topics. An advanced nursing (doctoral) core would allow students to easily transition from one track or degree to another as well as standardize the expected outcomes of advanced nursing education. In addition to a standardized doctoral core, opportunities or streamlined pathways from the research-focused degree program to the practice doctorate program and from the practice doctorate to the research-focused degree program increasingly will be available.

Practice Doctorate. Changes in higher education and the growing complexity of health care have significantly impacted the entire nursing workforce, including those prepared for advanced nursing practice. A shift to a practice doctorate from a specialty advanced practice master's degree is already in effect. Changes in healthcare delivery and demands for improved outcomes and reduced costs have created burgeoning opportunities for nursing. For the future, we envision the practice doctorate in nursing as the minimum academic degree for advanced practice registered nurses and all other areas of advanced nursing practice, which encompass both direct clinical care/services and systems/indirect nursing care/services.[66]

After completing the advanced nursing (doctoral) core, students choose one of two broad pathways: 1) direct point of care clinical practice or 2) systems/indirect nursing practice. Within the pathway (whether it is a direct care or systems/indirect nursing practice focus) the student pursues a population[51] or specialty track and masters the national competencies delineated for that population or specialty. In either the direct or indirect pathways, practice-focused doctoral education includes an immersion, practice experience in/with an appropriate setting/population reflecting the track or area of advanced nursing practice. Pathway/track competence at program completion is reflected in a relevant synthesis experience. After completing the practice doctorate, opportunities to complete nursing or health science research-focused doctorates are available in a streamlined path.

Research-Focused Doctoral Education. Within universities, the research-focused doctorate is generally a PhD degree. AACN envisions that this degree remains a degree whose structure and process are determined by the university/college in which it is embedded. Regardless of degree designation the research-focused doctorate in nursing prepares for the conduct of health-related knowledge generation through research. The research-focused doctoral degree in nursing is open to those holding a minimum of a baccalaureate or higher degree in nursing or in a related discipline. The course of study prepares individuals for the conduct of individual and group research, as well as systems-focused research, interprofessional or nursing practice research, and dissemination and implementation science. After completing the research-

focused degree in nursing, opportunities to complete practice-focused doctorates are available in a streamlined path.

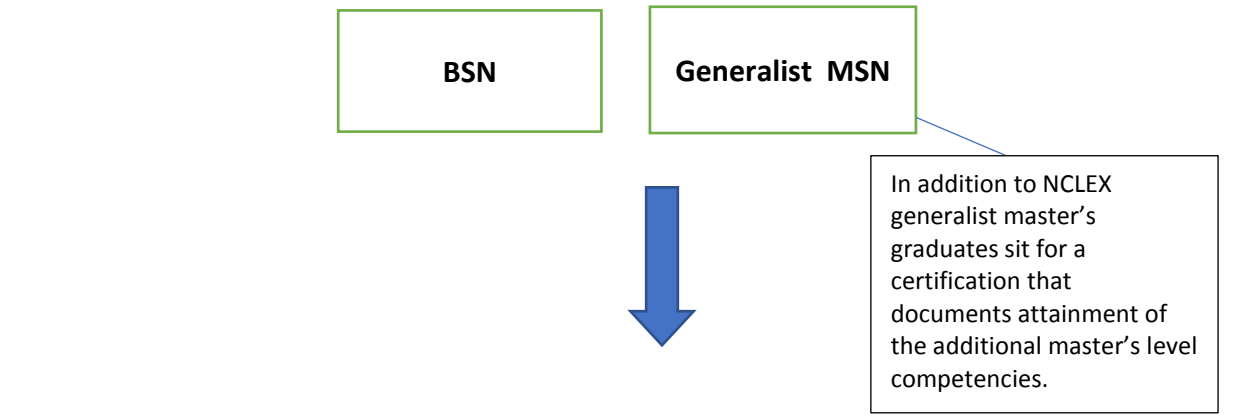
State of Current Programs

Current RN-BSN Programs. Given the need to move all registered nurses to baccalaureate-level preparation at minimum, post-RN to BSN programs currently serve a purpose. Current dual enrollment programs between community colleges and institutions conferring the BSN represent emerging partnerships that can support the BSN as minimum degree entry to the profession. In the best interests of the profession, any RN-BSN and dual enrollment education should align with the baccalaureate competencies previously described.

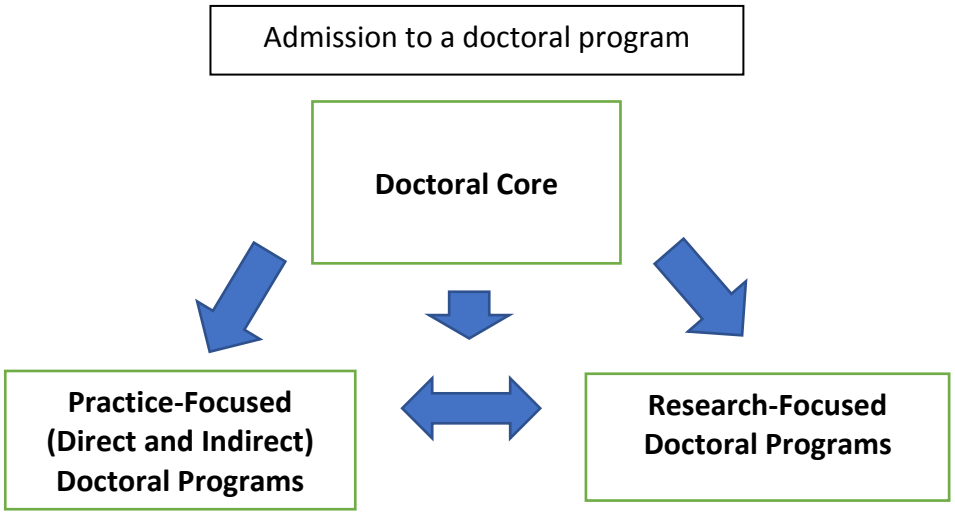
Current Post-RN Master's in Nursing Programs. With the shift of advanced specialty practice to the practice doctorate degree not yet complete, some master's degree programs still encompass advanced specialty practice for practice at the point of care and over time will necessitate post-APRN doctoral completion programs. However, as previously championed, advanced nursing practice degrees will continue to evolve to the practice doctorate degree.[66] As well, proliferating are master's degree programs with a strong focus on indirect or systems competencies (e.g., quality improvement and safety, health informatics, care coordination, and leadership). These master's degree programs are designed to complement point of care direct practice competencies learned in becoming an RN while addressing systems competencies that historically were addressed only at a basic level. This is in synchrony with the evolving RN role increasingly being driven toward systems leadership and the coordination of care. Moreover, these programs provide opportunities for nurses to advance their careers through graduate education and assume greater accountability for care outcomes. The shift over time of these post RN master's degree programs to practice doctorate degrees remains to be seen but anticipated for the future.

VISION FOR NURSING EDUCATION
EDUCATION PATHWAYS

Entry to the Profession



ADVANCED NURSING STUDY: Doctoral Education



Glossary

Competence - The array of abilities (knowledge, skills, and attitudes) across multiple domains or aspects of performance in a certain context. Competence is multi-dimensional and dynamic. It changes with time, experience, and settings.[67]

Competency - An observable ability of a health professional, integrating multiple components such as knowledge, skills, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition. [67]

Competency-based Education (CBE) – An approach to preparing [clinicians] for practice that is fundamentally oriented to a graduate's outcome abilities and organized around competencies derived from an analysis of societal and patient needs. It deemphasizes time-based training and promises greater accountability, flexibility, and learner centeredness. [67]

Design Thinking – An iterative process used to understand the user, challenge assumptions, and redefine problems to identify alternative strategies and solutions that may not be apparent in one's initial understanding. The process is being taught around the world and across disciplines. The process helps one systematically extract, teach, learn, and apply human-centered techniques to solve problems in a creative way.[68]

Digital Badge – a visual representation of an accomplishment, achievement, or skill acquisition – more granular than a formal degree but helps to make incremental learning more visible.[4]

Dual-Enrollment Program or Dual-Admission Program – The Dual Enrollment or Dual Admission Model, also referred to as the Partnership Model, consists of an ADN and BSN program collaborating to provide a simultaneous pathway for students to take courses at both institutions. Students are concurrently enrolled in two separate programs; a degree is awarded for both degrees (ADN from the community college and BSN from the collaborating BSN institution.) Students may be allowed to take the licensure exam after the ADN or BSN completion requirements, depending on the specific partnership.[69]

Generalist Entry-level Master's Degree – Entry-level or second-degree master's program that admits students with baccalaureate degrees in other disciplines and no previous nursing education. The program prepares graduates for entry into the profession and awards a master's degree in nursing.[70]

Holistic Admissions Review – Flexible, individualized way of assessing how an applicant will fare as a student and as a future professional and member of society.[36]

Patient – Includes individuals, families, groups, communities, and populations[71]

Stackable Credentials - A sequence of credentials that can be accumulated over time and move an individual along a career pathway or up a career ladder.[5]

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2018

Trends in New York Registered Nurse Graduations, 2002-2017

CHWS
Center for Health Workforce Studies
School of Public Health
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Trends in New York Registered Nurse Graduations, 2002-2017

March 2018

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PREFACE

This report presents the results of the 2017 survey of deans and directors of registered nurse (RN) education programs in New York, conducted by the Center for Health Workforce Studies (CHWS). The survey is conducted annually and asks questions about applications, admissions, and RN graduations as well as an assessment of the local job market for newly trained RNs. The primary goal of this analysis is to document trends in RN graduations, regionally and statewide, and understand how these trends may affect the supply of RNs in New York. This is the fourteenth annual survey of RN education programs in New York, and was conducted in the summer and fall of 2017.

This report was prepared by CHWS staff, Robert Martiniano, R. Ashley Krohmal, and Jean Moore, with layout design by Leanne Keough and Morgan Clifford.

Established in 1996, CHWS is a not-for-profit research organization, based at the School of Public Health, University at Albany, State University of New York (SUNY). The mission of CHWS is to provide timely, accurate data and conduct policy-relevant research about the health workforce. The research conducted by CHWS supports and promotes health workforce planning and policymaking at local, regional, state, and national levels. Today, CHWS is a national leader in the field of health workforce studies and the only HRSA-sponsored center with a unique focus on the oral health workforce.

The views expressed in this report are those of CHWS and do not necessarily represent positions or policies of the School of Public Health, University at Albany, SUNY, or the New York State Department of Health.

March 2018

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Martiniano R, Krohmal R, Moore J. *Trends in New York Registered Nurse Graduations, 2002-2017*. Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany; March 2018.

Background

Registered nurses (RNs) represent the single largest health profession both nationally and in New York. RNs educated in New York represent the greatest source of active RNs in the state. Nursing practice is changing as health care shifts focus to primary care and preventive services provided in ambulatory settings. RNs increasingly work as care coordinators and patient navigators, with more active involvement in chronic disease management.

In addition to RNs assuming new roles and responsibilities, educational requirements for licensure in New York are changing. Recently enacted legislation requires that in the near future registered nursing graduates must obtain a baccalaureate degree (BSN) or higher in nursing within 10 years of initial licensure.*

It will be important to assess the impact of this new law on the production of RNs in the state. Assuring access to BSN completer programs statewide will be vital, particularly in regions of the state where there is currently limited access to BSN education. Over the past 10 years, BSN completers† have comprised a growing share of RN graduations in the state. By contrast, the number of newly trained RNs, with RN diplomas, associates degrees (ADNs), or 4-year baccalaureate degrees, has shown little growth since 2011. There is a need to continue to monitor trends in the production of RNs in the state to identify changes in RN production.

Methods

Every year, CHWS surveys the state's RN education program deans and directors (deans and directors) to monitor the production of RNs in the state as well as to assess the job market for newly trained RNs. The most recent survey was conducted in the spring and fall of 2017 and included questions about applications and acceptances to the nursing program, graduations between 2014 and 2017, and perspectives on the local job market for new graduates.

Of the 122 programs eligible to participate in the survey, 112 responded for a 92% response rate. This included 95% of ADN programs and 88% of BSN programs.‡ Data for non-respondents were imputed based on responses to previous surveys. As a result, the report presents estimated graduations for all RN programs in the state.

* The law does not require currently licensed ADNs or Diploma RNs to obtain BSNs. For more information on the legislation, go to https://www.nysenate.gov/newsroom/press-releases/john-j-flanagan/legislation-morelle-and-flanagan-strengthening-education

† BSN completers are those RNs already holding an RN diploma or ADN who obtain a BSN.

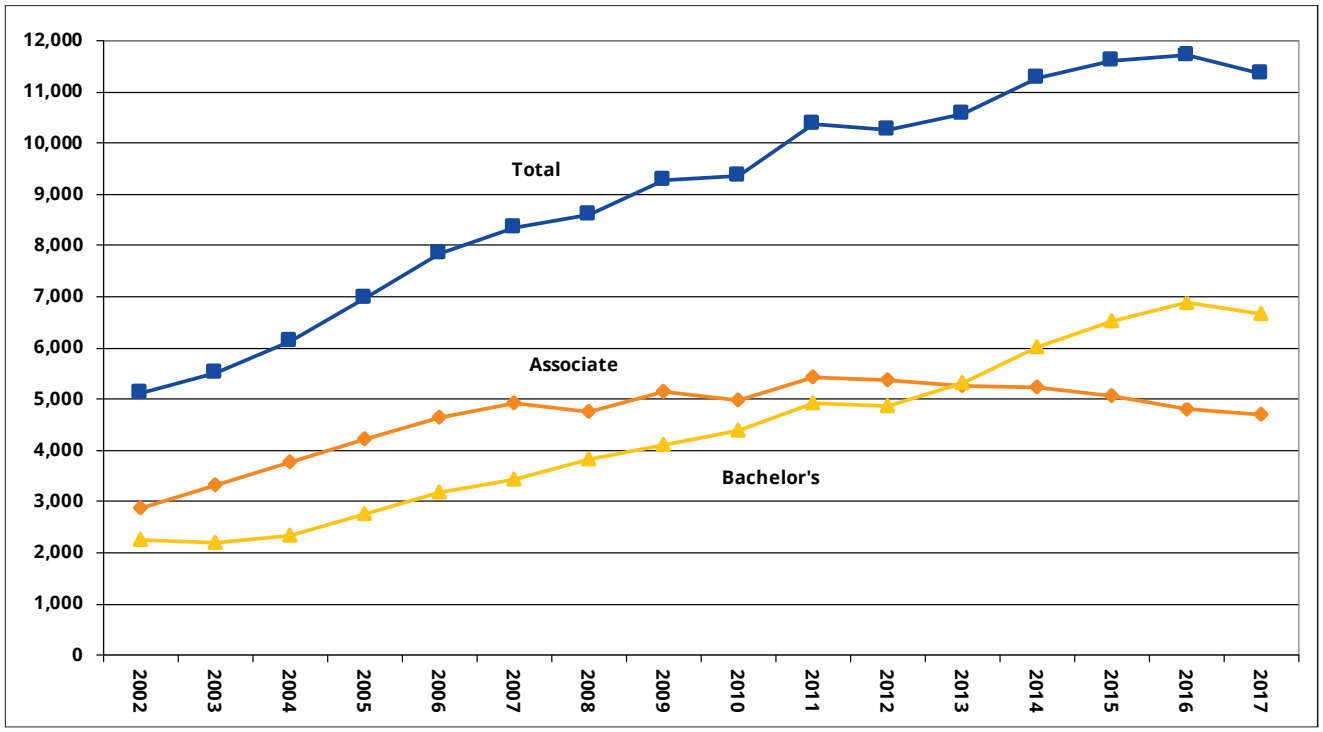
‡ Different RN education programs (e.g., ADN and BSN) offered by the same institution are counted as separate programs.

Findings

After four years of growth, the number of RN graduations in New York State declined between 2016 and 2017 (Figure 1), with graduations from both ADN and BSN programs declining by 3% each.

It is estimated that RN graduations decreased by 3% between 2016 and 2017, with 346 fewer graduations in 2017 than in 2016 (Figure 1 and Table 1). ADN graduations declined by 127 and BSN graduations declined by 216, over this time period. RN diploma graduations declined by 3 between 2016 and 2017. Graduations declined in both private and public sector RN education programs.

Figure 1. New York RN Graduations by Degree Type, 2002 to 2017[§]



[§] RN diploma graduations are included in the totals but do not have a separate line.

Table 1. New York RN Graduations by Degree Type, 2002 to 2017

School Year		Degree Type					RN Total
		Diploma	ADN	BSN			
				4-Year	Completer	BSN Total	
	2002	3	2,877	1,208	1,040	2,248	5,128
	2003	3	3,323	1,303	886	2,189	5,515
	2004	11	3,780	1,427	907	2,334	6,125
	2005	14	4,211	1,714	1,031	2,745	6,970
	2006	8	4,640	2,266	917	3,183	7,831
	2007	9	4,918	2,535	891	3,426	8,353
	2008	6	4,750	2,742	1,095	3,837	8,593
	2009	9	5,161	2,919	1,202	4,121	9,291
	2010	14	4,966	3,023	1,368	4,391	9,371
	2011	9	5,440	3,299	1,614	4,913	10,362
	2012	16	5,370	3,186	1,679	4,865	10,251
	2013	10	5,248	3,495	1,829	5,324	10,582
	2014	12	5,244	3,542	2,469	6,011	11,267
	2015	10	5,076	3,863	2,655	6,518	11,604
	2016	17	4,814	4,118	2,766	6,884	11,715
Estimated	**2017**	14	4,675	4,106	2,562	6,668	11,369

RN graduations in the Long Island and New York City regions declined the most between 2016 and 2017.

RN graduations in Long Island declined by 168 or nearly 11% between 2016 and 2017. RN graduations in the New York City region declined by 153 or 4% over the same time period (Table 2). Additionally, RN graduations in the Mohawk Valley region declined by 49, or almost 10% over the same time period. The Western New York region had the largest increase in RN graduations between 2016 and 2017 (46 or nearly 5%) followed by the Hudson Valley region (43 or almost 4%).

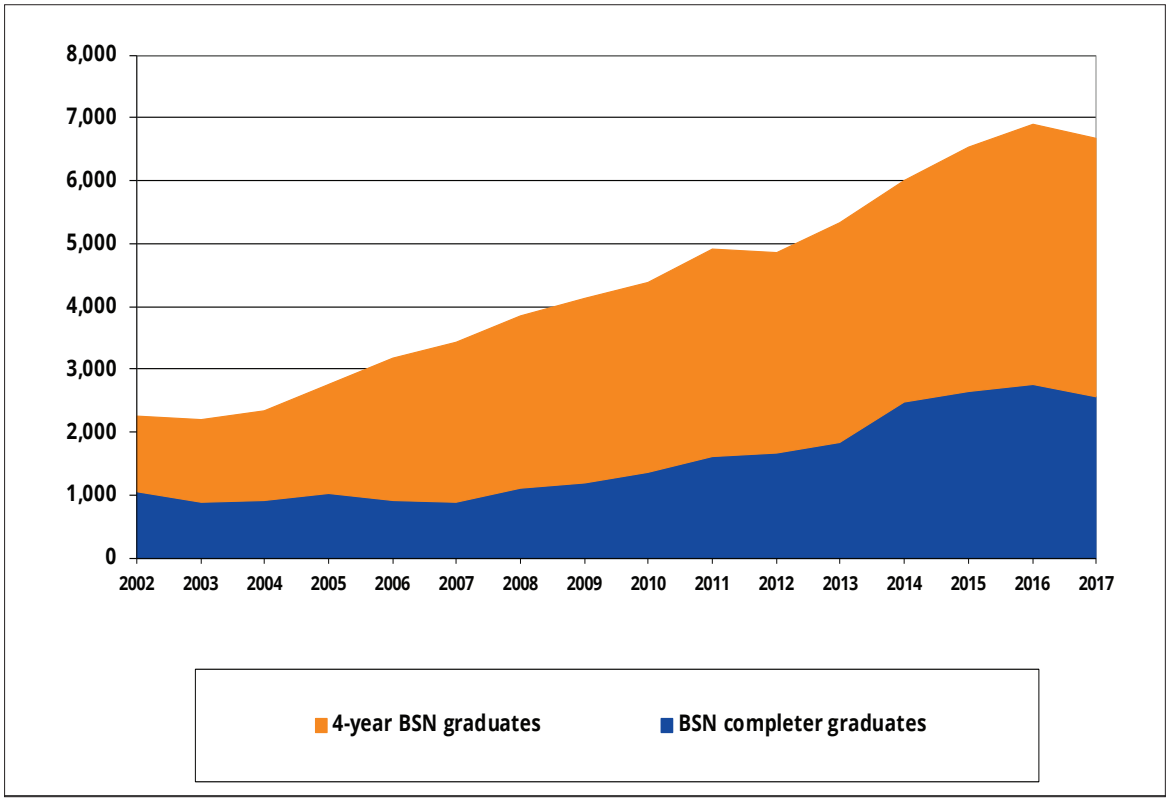
BSN completers as a percentage of total graduations and of BSN graduations declined between 2016 and 2017, with about 200 fewer BSN completer graduations in 2017 compared to 2016.

The percentage of BSN completers to total RN graduations steadily increased since 2007, from 11% of total RN graduations in 2007 to nearly 24% of total RN graduations in 2016 (Figure 2). Similarly, the percentage of BSN completers to total BSN graduations increased from 26% to 40% during the same time period. It is estimated, however, that the number of BSN completer graduations will decline by more than 200 or 7% between 2016 and 2017. In 2017 BSN completers are expected to comprise 23% of total graduations and 38% of BSN graduations.

*Table 2. Total Nursing Graduations by New York State Department of Labor Regions***

	Capital District	Central New York	Finger Lakes	Hudson Valley	Long Island	Mohawk Valley	New York City	North Country	Southern Tier	Western New York
2002	358	325	385	616	677	210	1,544	170	236	535
2003	395	331	431	689	795	226	1,607	166	335	473
2004	416	387	451	836	837	254	1,745	192	348	605
2005	414	412	575	908	1,074	266	2,023	171	407	646
2006	458	398	657	1,045	1,302	305	2,274	227	462	644
2007	456	388	698	1,005	1,606	284	2,461	208	490	679
2008	449	387	790	1,081	1,467	332	2,641	178	469	713
2009	458	367	878	1,169	1,546	329	2,799	205	501	919
2010	497	455	922	1,175	1,447	332	2,840	194	506	879
2011	549	463	1,115	1,208	1,539	394	3,158	297	560	943
2012	527	476	1,047	1,069	1,431	471	3,362	280	494	972
2013	524	461	1,104	1,166	1,539	462	3,425	289	542	899
2014	611	513	1,229	1,178	1,508	399	3,641	332	542	1,046
2015	636	514	1,369	1,104	1,559	482	3,607	328	608	1,059
2016	624	559	1,257	1,226	1,567	510	3,604	349	618	1,024
2017 (estimated)	608	531	1,264	1,269	1,399	461	3,451	352	634	1,070
% Difference, 2002 - 2017	69.8%	63.4%	228.3%	106.0%	106.6%	119.5%	123.5%	107.1%	168.6%	100.0%
# Difference, 2016 - 2017	-16	-28	7	43	-168	-49	-153	3	16	46
% Difference, 2016 - 2017	-2.6%	-5.0%	0.6%	3.5%	-10.7%	-9.6%	-4.2%	0.9%	2.6%	4.5%

Figure 2. Graduations from BSN 4-year and BSN Completer Programs, 2002-2017

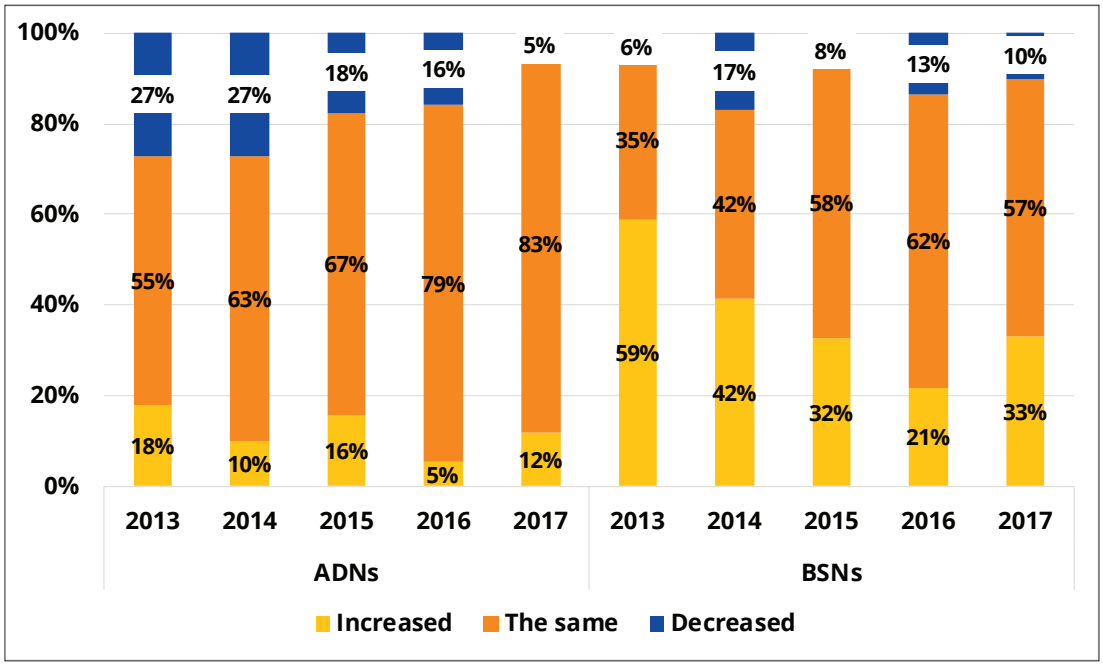


** Excludes graduates of the nursing programs at Empire State College and Excelsior College that are exclusively online.

Nearly three-quarters of nursing program deans and directors reported no change in the number of acceptances to their programs in 2017 compared to 2016.

Seventy-one percent of deans and directors reported the same number of acceptances to their programs in 2016 and 2017. Over 80% of ADN program deans and directors reported the same number of acceptances to their programs as in 2016, while 12% reported an increase in the number of acceptances (Figure 3). Nearly 60% of BSN program deans and directors reported the same number of acceptances in both 2016 and 2017, while 33% reported an increase in the number of acceptances in 2017.

Figure 3. Percent Change in Number of Acceptances, by Program Type, 2013-2017



The job market for newly trained RNs has improved over the last few years, with some variation by degree type and region.

Three-quarters of nursing program deans and directors reported a strong job market for their graduates in 2017, up from 56% in 2016 (Figure 4). Nearly 70% of deans and directors reported "many jobs" in nursing homes and 66% reported "many jobs" in hospitals as well. The job market was more favorable for BSN graduates than ADN graduates in 2017, with 80% of BSN program deans and directors reporting "many jobs" across all health care settings, compared to 69% of ADN program deans and directors (Figure 5). A lower percentage of deans and directors from New York City nursing education programs reported "many jobs" (46%) compared to the rest of the state for both ADN and BSN graduates, with 43% of ADN program directors reporting "many jobs and 50% of BSN program directors reporting" many jobs for their graduates (Figure 6).

Figure 4. Percentage of RN Program Deans and Directors Reporting "Many Jobs" in the Health Care Sector

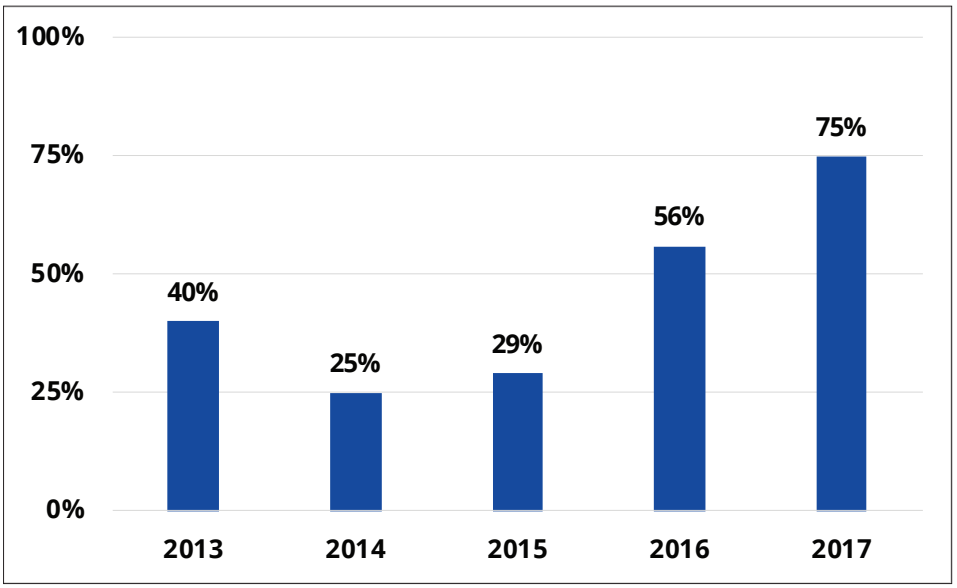


Figure 5. Percentage of RN Program Deans and Directors Reporting "Many Jobs," By Degree Type in 2017

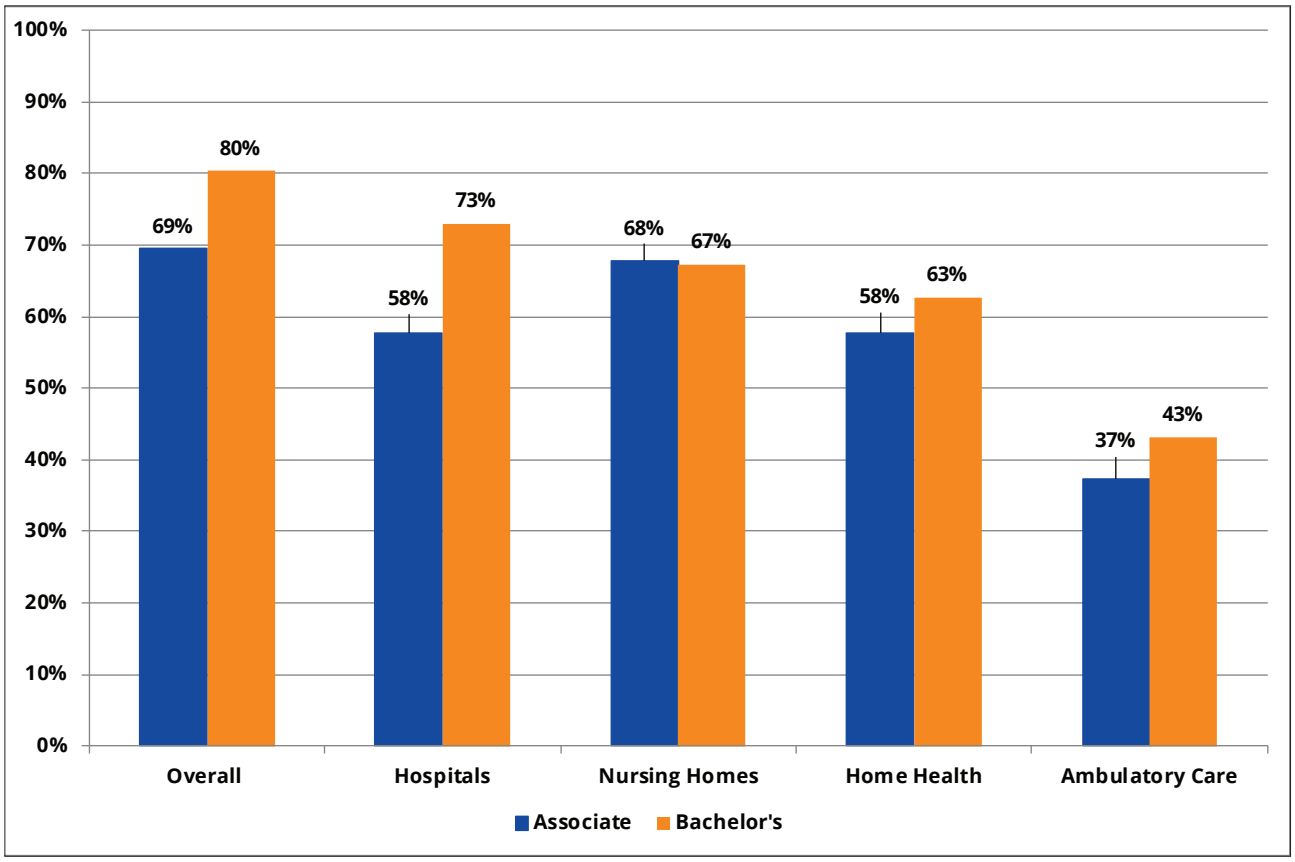
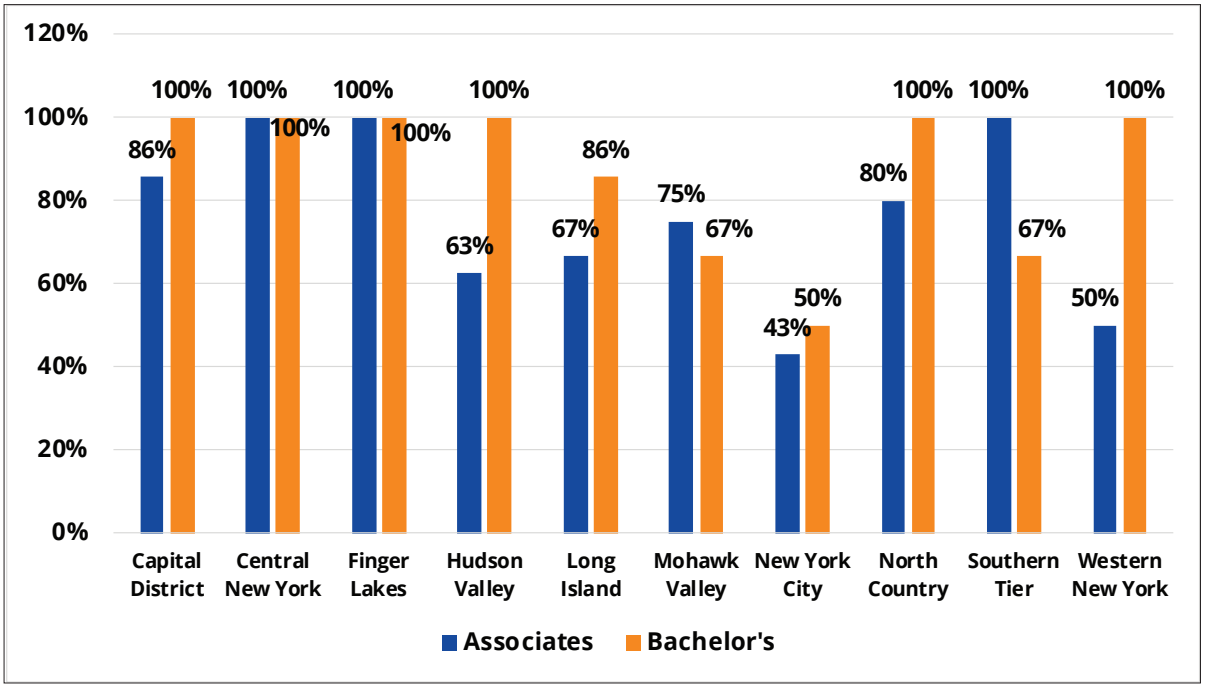


Figure 6. Percentage of RN Program Deans and Directors Reporting "Many Jobs," By Department of Labor Region, 2017



DISCUSSION

Between 2002 and 2016, RN graduations in New York grew steadily (except for a small decline in 2012), and graduations in 2017 are estimated to be more than double the number of graduations in 2002. Between 2016 and 2017, however, RN graduations are expected to decline by 3%. The vast majority of the decline in RN graduations occurred in the Long Island and New York City regions, accounting for 93% of the reduction in RN graduations.

The job market for newly trained RNs appears to be improving, with 75% of deans and directors reporting "many jobs" for newly trained RNs in 2017, a substantial increase over the previous four years. A higher percentage of deans and directors of BSN programs reported "many jobs" for their graduates compared to deans and directors of ADN programs. Regionally, the New York City and Long Island regions had the lowest percentages of deans and directors reporting "many jobs" for new graduates in 2017, especially ADN graduates. The tight job market for RNs in New York City and Long Island could potentially influence interest in pursuing careers in nursing in those regions.

RNs play key roles in the delivery of health care services and are assuming new and different responsibilities in team based models of care. In addition, RN educational requirements for licensure in the state have changed. Given these issues, it is important to monitor trends in RN production as well as demand for new RNs to assure a sufficient supply of newly trained RNs to meet demand for their services.

About the Authors

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Dr. Martiniano has an extensive background in health workforce research and program management, including 11 years at the New York State Department of Health. He has worked with a number of different communities, agencies and membership organizations on developing community health assessments, identifying provider and workforce shortages based on the healthcare delivery system and the health of the population, and understanding the impact of new models of care on the healthcare workforce – including the development of emerging workforce titles.

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Bringing over a decade of experience as a health workforce researcher, Dr. Moore has been the director of CHWS since 2004. As director, Dr. Moore is responsible for administrative aspects and participates in the preparation and review of all CHWS research projects and reports, ensuring their policy relevance.

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Online Versus Traditional Nursing Education: Which Program Meets Your Needs?

Dec 3, 2015 | Magazine, Nurse Recruitment, Nursing Careers, Nursing Students

Over the last decade, there has been talk of an impending shortage of nurses. Even in light of the economic downturn, the soaring demand for more educated nurses is expected to continue as baby boomers age and health care coverage expands. For nurses who are entering or are in the field already, this demand presents an excellent opportunity to advance their careers and expand their knowledge.

So what is the logical next step? Often, it is to obtain an advanced degree. Once the decision to pursue higher education has been made, the next question is where to enroll. As online degree programs have increased in popularity over the last few years, many prospective students may wonder about the similarities and differences between online and traditional nursing programs. Before making your decision, consider what type of institution and program will best suit your needs and situation.

Benefits of an online education

Many nurses say the primary reason they chose an online program is because of the convenience and flexibility. Online learning offers students who are trying to balance a family, career, and other commitments the opportunity to earn a degree without sacrificing their other interests and obligations. An online nursing program may also offer a wider variety of degrees than a local university—if a local university is even an option. Especially in rural areas, the distance and time to travel to a brick-and-mortar institution may make this option impractical.

Another benefit of online learning is the asynchronous environment. In an asynchronous learning environment, students can participate at their convenience instead of being limited to participating at the designated location and the time when a class is offered. In the online format, students can generally post their homework and contribute to discussions when it works best for them. This is an especially important benefit to nurses who work shifts that potentially preclude them from attending traditional classes.

Some nurses believe that enrolling in an online program means losing out on the networking and interaction opportunities that occur in a traditional classroom. While it is true that actual face-to-face interaction is limited, nurses still have the opportunity to connect and network with other professionals online. The online setting also allows students to network with classmates and faculty from across the country and potentially around the world. As a result, nurses have the opportunity to hear about what's happening beyond their local area, as well as benefit from the practical experience and knowledge shared by colleagues in other locations. The ability to connect with professionals from different practice settings and to share experiences and challenges is also cited as a unique feature of online learning. And other student resources, such as career advisement and even tech support, are typically as accessible and readily available via online universities as traditional.

Face time

While it may be the solution for some, online learning isn't for everyone. There are students who want or need a traditional learning environment. For instance, an online classroom lacks the nonverbal cues that visual learners prefer. Some students simply need the face-to-face interaction. Many feel most comfortable having conversations in person and not over the phone or via an online discussion.

In addition, online and traditional nursing programs have different communication styles. On the job, nurses are taught to be succinct in their writing style because of the volume of required documentation in electronic records and because much of their work is done via checklists. Nurses who choose online education participate in a more intensive writing program than traditional education offers, since nearly all of the communication online occurs in written form. Prospective students should keep their personal communication style and preferred learning format in mind when selecting a program.

For both traditional and online nursing programs, practicum or clinical experience is required. However, practicum arrangements vary by degree program as well as by institution. Undergraduate practicums in face-to-face programs are usually arranged by the institution, while undergraduates in online programs typically propose the facility and preceptor. For graduate practicums, the trend for both online and face-to-face programs is for the student to propose their facility and preceptor.

No back row

Class participation is a very different dynamic in an online program versus a traditional program. In a traditional classroom, faculty members typically lecture, and grades are often based on exams and papers rather than on classroom participation. On the other hand, an online program places greater emphasis on participation: everyone participates in discussions by posting their thoughts—there is no back row.

The asynchronous online environment is an unexpected benefit for many students, because it allows students to think about what they want to say before they actually say it. Online students have time to reflect on the discussion, and they are actually more engaged. Traditional students who fear public speaking tend to stay silent in class, whereas an online setting can help build confidence in shy individuals or help those for whom English is a second language compose their thoughts before speaking.

Above all else, quality

Regardless of the delivery method, it is important that students find a quality nursing program. When researching which program or type of institution is best, one of the first things prospective students should check is the accreditation. The program should be accredited by either the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE). Additionally, the school should also have a Higher Learning Commission (HLC) accreditation if it offers doctoral programs, as Ph.D. programs are not NLNAC- or CCNE-accredited.

Let's Get Quizzical You've already given careful thought to that mother-of-all continuing education questions, "Should I go back to school?" Now that you've decided to venture down that path, you're faced with another pressing question: "Online or traditional nursing education?" As with so many important decisions, answering that question comes with a little self-reflection and consideration. Here's a short quiz to help you figure out which learning environment is best for you.

- How much face-to-face interaction with my professor and classmates do I want or need?
- What kind of flexibility does my work and family schedule allow for my educational pursuits?
- How do I feel about writing-intensive assignments and interactions?
- How do I feel about class participation?
- Is my home environment conducive to study?
- How comfortable am I using the Internet, e-mail, instant messengers, etc.?
- How accessible are the closest brick-and-mortar nursing schools?

Another consideration when choosing a nursing program is to look at the level of faculty preparation and experience. Faculty credentials are important, and faculty members should be teaching in their areas of expertise—as established through both academic preparation and experience. Faculty members should be experts, and they should be certified in their areas of practice.

For an online nursing program in particular, it is important to see how long the institution has been in the business of teaching and offering classes online. Many schools are now offering classes online, but that doesn't mean that their classes are designed for a truly online experience. To provide a high-quality online nursing program, it is necessary for the school to have expert instructional-design knowledge as well as the technology support that online students need.

Above all, prospective nursing students need to be diligent and research the institution. Talk to an enrollment advisor about the program and the various resources available. Also, reach out to faculty members and current students, as well as alumni who have gone through the program. Ask them questions about their experience, course content, and how the degree has helped them succeed. Prospective students can also check out benchmarks with the American Distance Education Consortium (ADEC), the American Federation of Teachers (AFT), and the National Education Association (NEA) to see if the institution they are interested in enrolling in is meeting those benchmarks.

At the end of the day, there is no significant difference between student outcomes for traditional and online nursing programs. Both can provide a rewarding learning experience, but, ultimately, it is up to the student to determine which program and delivery method are best suited to his or her current situation and needs.

Author Recent Posts

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Linda Childers is a freelance writer based in California.

https://minoritynurse.com/online-versus-traditional-nursing-education-which-program-meets-your-needs/

Emsi Occupation Snapshot Report

Registered Nurses
in New York

State Office Campus
Building 12, room 490
Albany, New York 12240

Contents

What is Emsi Data?

Emsi data is a hybrid dataset derived from official government sources such as the US Census Bureau, Bureau of Economic Analysis, and Bureau of Labor Statistics. Leveraging the unique strengths of each source, our data modeling team creates an authoritative dataset that captures more than 99% of all workers in the United States. This core offering is then enriched with data from online social profiles, resumés, and job postings to give you a complete view of the workforce.

Emsi data is frequently cited in major publications such as *The Atlantic*, *Forbes*, *Harvard Business Review*, *The New York Times*, *The Wall Street Journal*, and *USA Today*.

Report Parameters

1 Occupation

29-1140	Registered Nurses

1 State

36	New York

Class of Worker

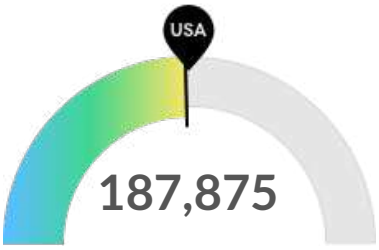
QCEW Employees and Non-QCEW Employees

The information in this report pertains to the chosen occupation and geographical area.

Workforce Map

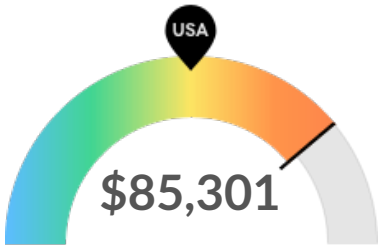
Executive Summary

Light Hiring Competition Over an Average Supply of Regional Talent



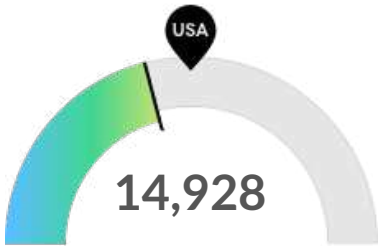
Supply (Jobs)

New York is about average for this kind of talent. The national average for an area this size is 191,347* employees, while there are 187,875 here.



Compensation

The cost for talent is high in New York. The national median salary for Registered Nurses is $71,718, while you'll pay $85,301 here.



Demand (Job Postings)

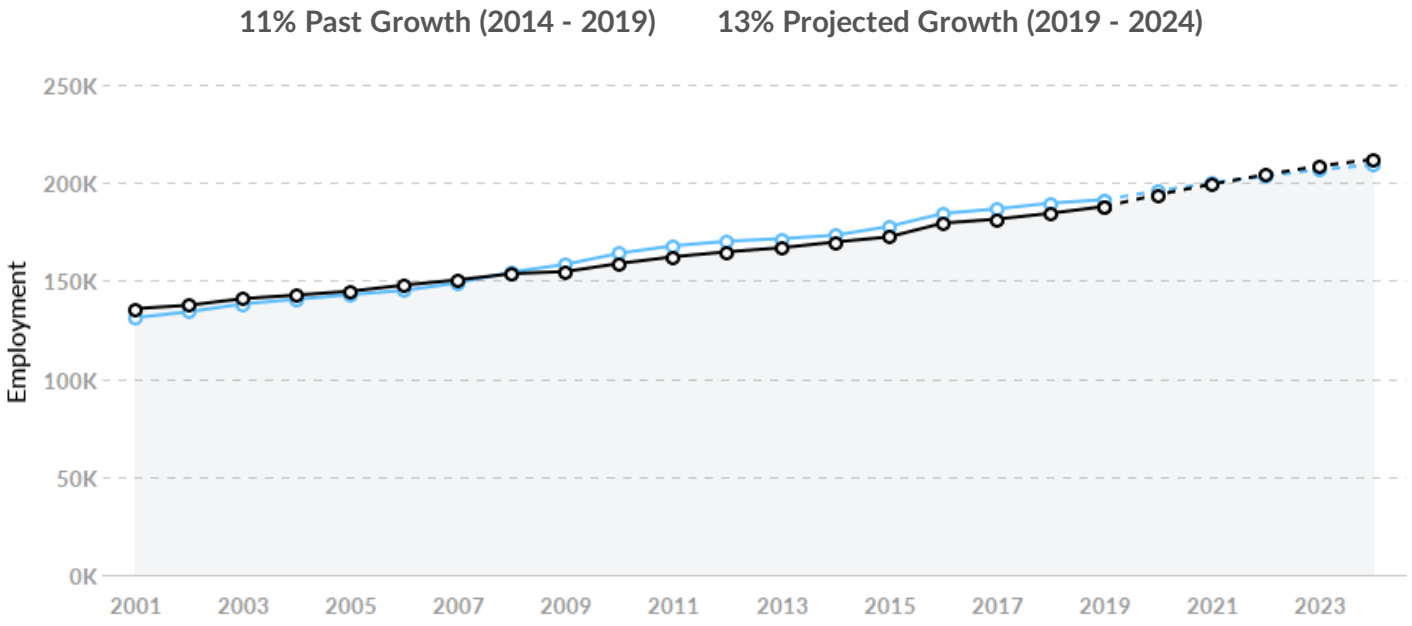
Competition from online job postings is low in New York. The national average for an area this size is 19,041* job postings/mo, while there are 14,928 here.

*National average values are derived by taking the national value for Registered Nurses and scaling it down to account for the difference in overall workforce size between the nation and New York. In other words, the values represent the national average adjusted for region size.

Supply (Jobs)

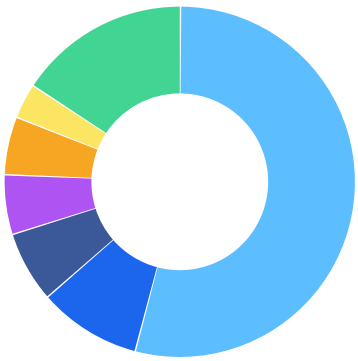
Supply Is About Equal to the National Average

The regional vs. national average employment helps you understand if the supply of Registered Nurses is a strength or weakness for New York, and how it is changing relative to the nation. An average area of this size would have 191,347* employees, while there are 187,875 here. The gap between expected and actual employment is projected to narrow over the next 5 years.



*National average values are derived by taking the national value for Registered Nurses and scaling it down to account for the difference in overall workforce size between the nation and New York. In other words, the values represent the national average adjusted for region size.

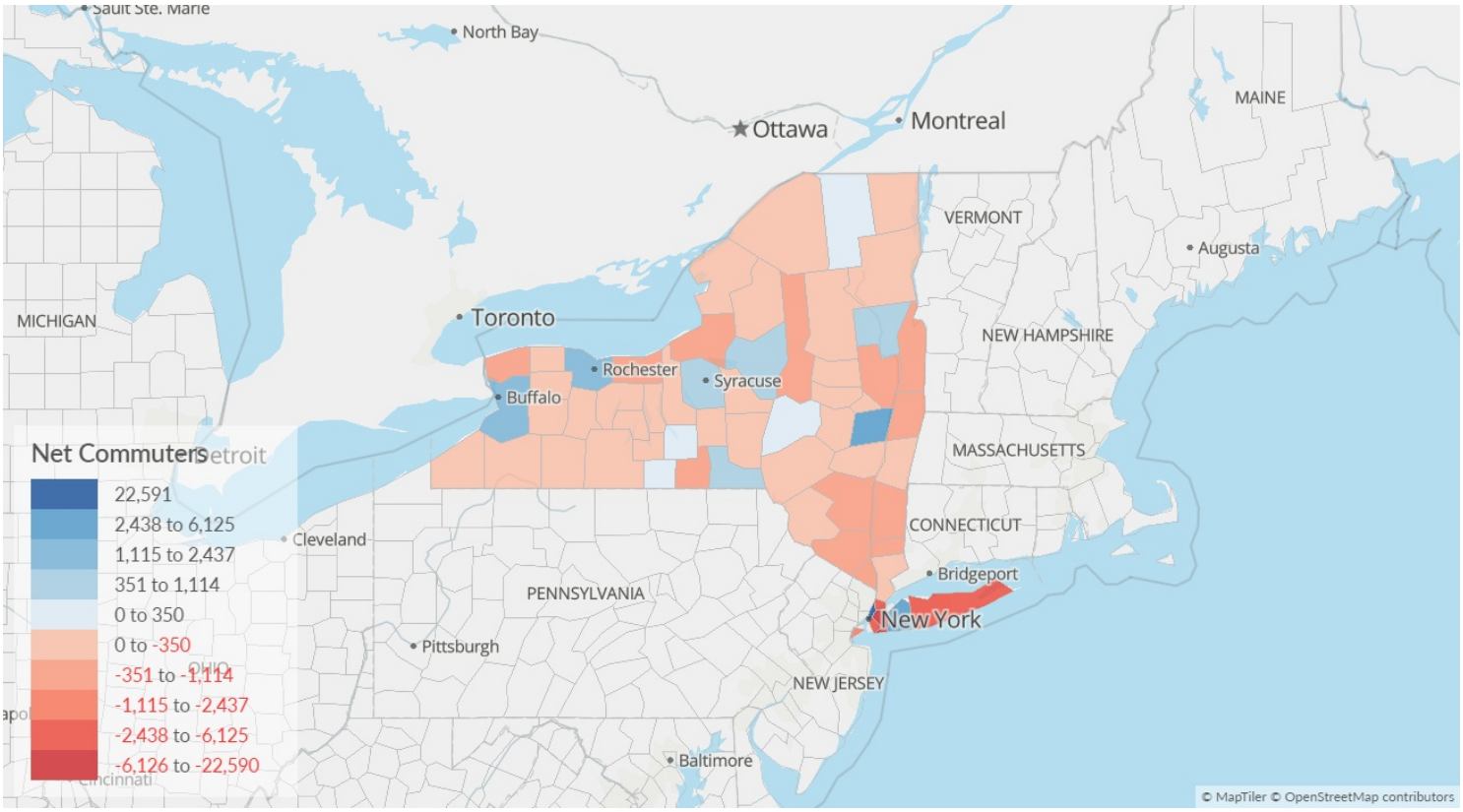
Most Jobs are Found in the General Medical and Surgical Hospitals Industry Sector



Industry	% of Occupation in Industry (2019)
General Medical and Surgical Hospitals	54.0%
Home Health Care Services	9.5%
Education and Hospitals (Local Government)	6.6%
Offices of Physicians	5.5%
Nursing Care Facilities (Skilled Nursing Facilities)	5.3%
Outpatient Care Centers	3.2%
Other	15.8%

Place of Work vs Place of Residence

Understanding where talent in New York currently works compared to where talent lives can help you optimize site decisions. For example, the #1 ranked county for employment ranks #6 for resident workers. The top county for resident workers is Kings County, NY.



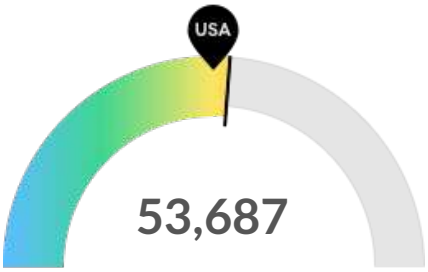
Where Talent Works

County	Name	2019 Employment
36061	New York County, NY	33,014
36047	Kings County, NY	19,635
36059	Nassau County, NY	17,863
36081	Queens County, NY	14,143
36005	Bronx County, NY	11,464

Where Talent Lives

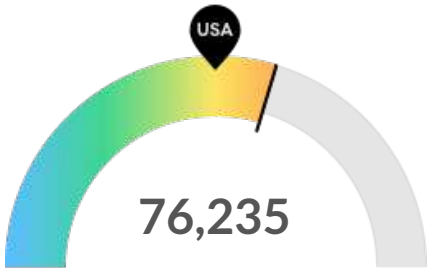
County	Name	2019 Workers
36047	Kings County, NY	23,166
36081	Queens County, NY	20,269
36059	Nassau County, NY	15,425
36005	Bronx County, NY	14,599
36103	Suffolk County, NY	13,209

Retirement Risk Is About Average, While Overall Diversity Is High



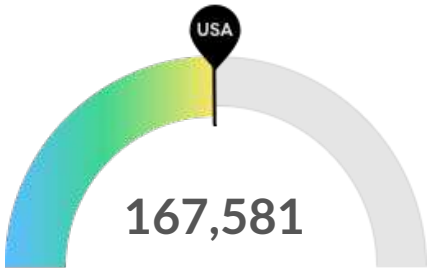
Retiring Soon

Retirement risk is about average in New York. The national average for an area this size is 49,989* employees 55 or older, while there are 53,687 here.



Racial Diversity

Racial diversity is high in New York. The national average for an area this size is 58,706* racially diverse employees, while there are 76,235 here.



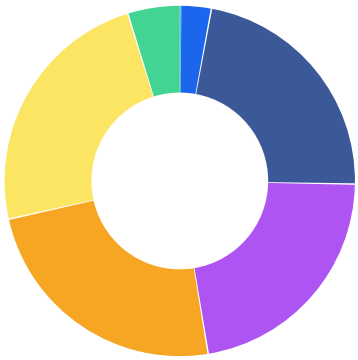
Gender Diversity

Gender diversity is about average in New York. The national average for an area this size is 168,829* female employees, while there are 167,581 here.

*National average values are derived by taking the national value for Registered Nurses and scaling it down to account for the difference in overall workforce size between the nation and New York. In other words, the values represent the national average adjusted for region size.

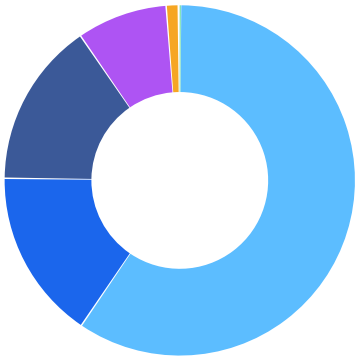
Demographic Details

Occupation Age Breakdown



	% of Jobs	Jobs
14-18	0.0%	11
19-24	2.8%	5,303
25-34	22.4%	42,056
35-44	22.1%	41,557
45-54	24.1%	45,260
55-64	23.7%	44,542
65+	4.9%	9,145

Occupation Race/Ethnicity Breakdown



	% of Jobs	Jobs
White	59.4%	111,640
Black or African American	15.7%	29,508
Asian	15.2%	28,595
Hispanic or Latino	8.3%	15,661
Two or More Races	1.1%	2,086
American Indian or Alaska Native	0.1%	279
Native Hawaiian or Other Pacific Islander	0.1%	106

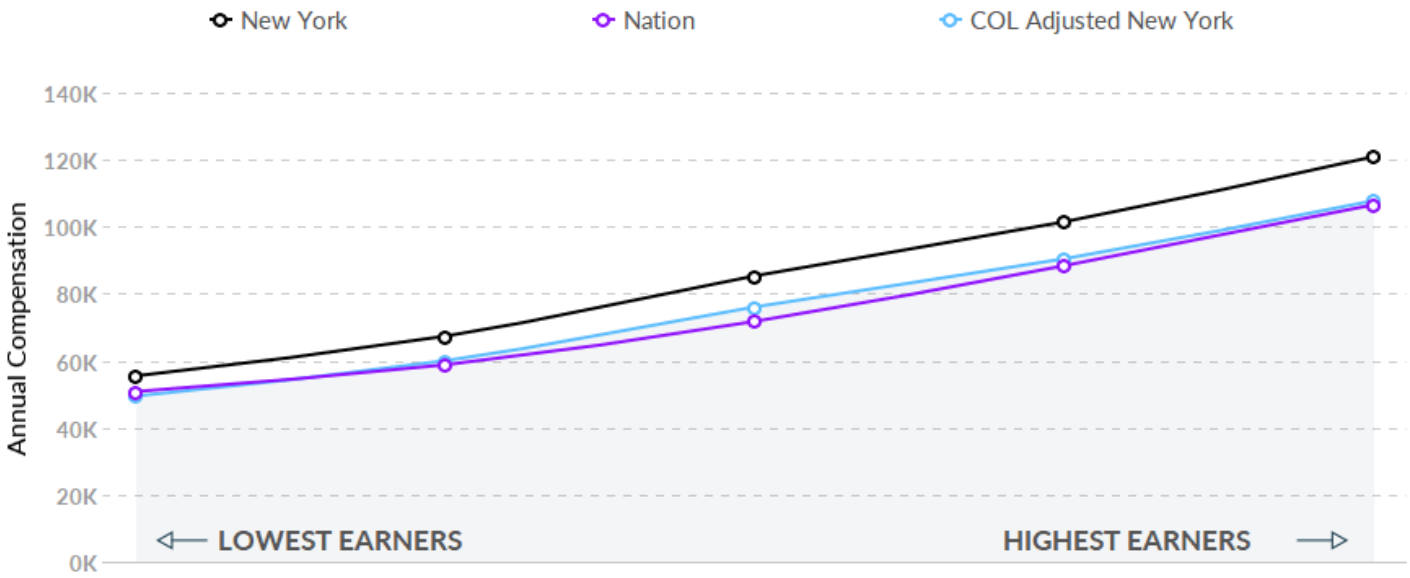
Occupation Gender Breakdown

	% of Jobs	Jobs
Males	10.8%	20,294
Females	89.2%	167,581

Compensation

Talent Is 19% More Expensive, While the Cost of Living Should Make Attraction Easier

In 2018, the median compensation for Registered Nurses in New York is $85,301. Based on the national median wage of $71,718 for this position, this means you will spend about 19% more to employ Registered Nurses here. However, their actual purchasing power will be 6% greater than the national median when we adjust for regional cost of living (which is 12% higher than average). This may make it easier to attract talent to the region at this price.



Demand

5,659 Employers Competing

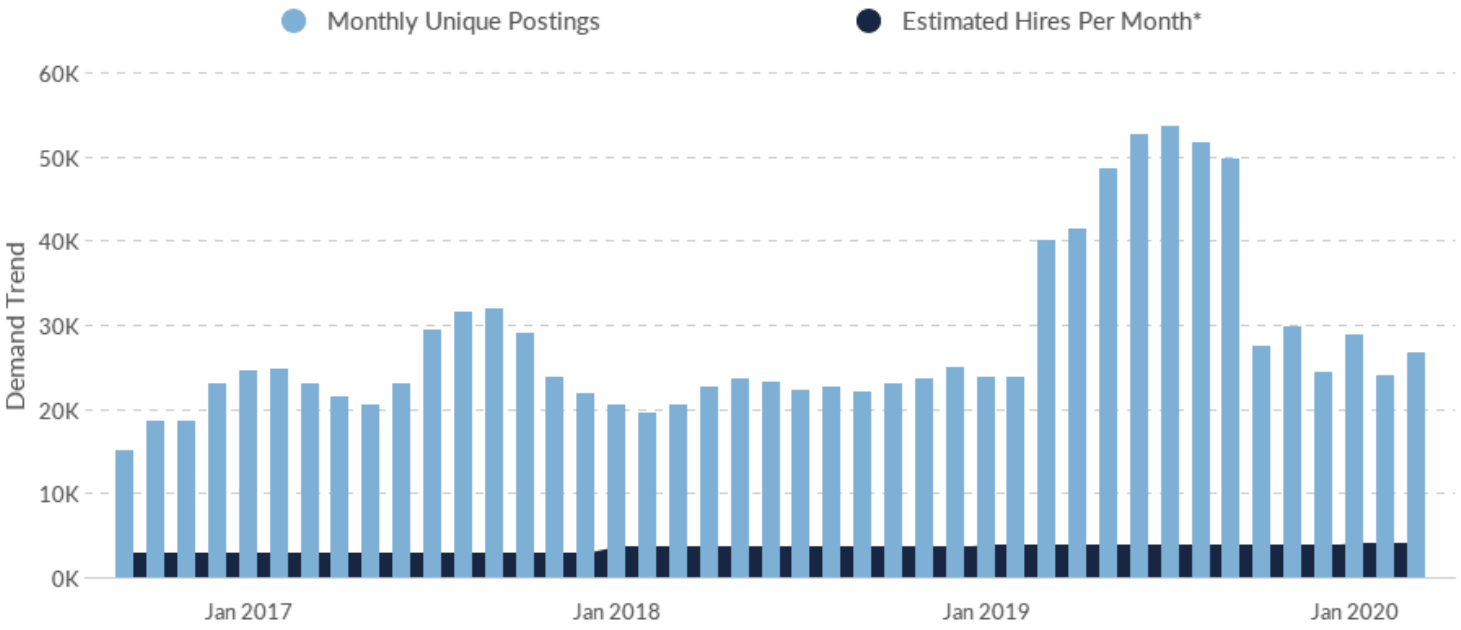
All employers in the region who posted for this job over the last 12 months.

179,130 Unique Job Postings

The number of unique postings for this job over the last 12 months.

33 Day Median Duration

Posting duration is the same as what's typical in the region.



Occupation	Avg Monthly Postings (Apr 2019 - Mar 2020)	Avg Monthly Hires (Apr 2019 - Mar 2020)
Registered Nurses	38,237	3,918

*A hire is reported by the Quarterly Workforce Indicators when an individual's Social Security Number appears on a company's payroll and was not there the quarter before. Emsi hires are calculated using a combination of Emsi jobs data, information on separation rates from the Bureau of Labor Statistics (BLS), and industry-based hires data from the Census Bureau.

Top Companies	Unique Postings
HealthCare Employment Netwo...	23,736
General Healthcare Resources, ...	9,609
NurseFly	6,529
Supplemental Healthcare	4,880
The Gypsy Nurse	3,533

Top Job Titles	Unique Postings
Registered Nurses	79,315
Nurse Practitioners	8,196
Intensive Care Unit (ICU) Nurses	7,306
Travel Nurses - Medical/Surgical	7,295
Labor and Delivery Nurses	3,949

Graduate Pipeline

20 Programs

24 programs can train for this job, while only 20 programs have produced completers in this region.

17,138 Completions (2018)

The completions from all regional institutions for all degree types.

13,484 Openings (2018)

The average number of openings for an occupation in the region is 1,571.

Top Programs	Completions (2018)
Registered Nursing/Registered ...	12,855
Health Services/Allied Health/H...	1,659
Family Practice Nurse/Nursing	954
Practical Nursing, Vocational Nu...	312
Adult Health Nurse/Nursing	301

Top Schools	Completions (2018)
Excelsior College	1,195
Stony Brook University	983
New York University	616
Molloy College	520
Columbia University in the City ...	512

Response to the concerns from SUNY Empire and SUNY Plattsburg regarding the UAlbany Nursing proposals.

Dear Provost Larsen,

Thank you for the opportunity to respond to the concerns shared by SUNY Plattsburg and SUNY Empire in response to our proposals to establish a BS in Nursing and a Masters in Nursing. Both letters expressed concerns about duplication of program objectives and competition for students and faculty. I appreciate the opportunity to address these concerns and demonstrate how the programs proposed from the University at Albany are unique in design and complementary to the existing SUNY Nursing offerings.

Duplication of Programs/Redundancy:

In their respective letters, Empire State expresses concerns that this program is a duplication of their efforts and Plattsburgh asserts a redundancy.

However, the University at Albany program is intentionally designed for students who may want to pursue an advanced degree in the field with specific specializations in public health, leadership, and minority health disparities, among others. As a Research 1 University, UAlbany is uniquely positioned to provide students with access to innovative research experiences in a variety of interdisciplinary areas directly related to nursing.

The Institute of Medicine of the National Academies notes that the, "competencies needed to practice [nursing] have expanded, especially in the domains of community and public health, geriatrics, leadership, health policy, system improvement and change, research and evidence-based practice, and teamwork and collaboration." (https://nam.edu/publications/the-future-of-nursing-2020-2030/).

The collective research power of the University at Albany allows us to embed these research opportunities throughout the curriculum to prepare students for advanced practice and graduate level work within these fields. For example, UAlbany can provide our nursing students with opportunities for research in these areas within the following UAlbany centers: The Center for the Elimination of Minority Health Disparities (CEMHD), Center for Functional Genomic (CFG), Center for Autism and Related Disabilities (CARD), Center of excellence for Maternal and Infant Health (CHSR), Center for Global Health, Center for Molecular Genetics, Center for Neuroscience Research, Institute for Health and the Environment, Neural Stem Cell Institute, and The RNA Institute.

In addition to the expanded research opportunities available to nursing students, having a nursing program at the UAlbany School of Public Health (SPH) allows the nursing faculty and students to take advantage of the unique relationship with the SPH and NYS DOH. A nursing program at UAlbany can build on the many opportunities that the SPH has developed with DOH by working with policy makers, public health professionals, non-profit organizations, and clinicians. For the nursing students, this can provide unique internships, placements, and vast job opportunities. For the nursing faculty, this allows nursing as a part of the SPH at UAlbany to established connections with research partners, access to culturally and economically diverse populations, and partnerships with community-based organizations.

Enrollments, Private Institution Competition, and Faculty:

Both Empire and Plattsburgh express concern about competition for nursing faculty and highlight the existing competition with local private colleges in the Capital District for nursing students.

According to the Bureau of Labor Statistics' Employment Projections 2016 – 2026, "Registered Nursing is listed among the top occupations in terms of job growth through 2026. The RN Work force is expected to grow from 2.9 million in 2016 to 3.4 million in 2026, an increase of 428,200 or 15%. The Bureau also projects the need for an additional 203,700 new RNs each year through 2026 to fill newly created positions and to replace retiring nurses."

Furthermore, the National League for Nursing highlights in the 2018 Biennial Survey of Schools of Nursing that 4% of qualified applicants to RN to BS programs (~70,000 students) and 29% of BSN students (~90,000) are denied annually. This inability to meet demand for BSN illustrates the need to expand RN to BSN options to ensure access for all qualified students seeking this credential.

The reality of a growing job market for Registered Nurses coupled with the 'BSN in 10' legislation passed in New York state in 2017, provides an imperative that New York prepare to educate more RN to BSN students than ever before. Of the 46 associate degree nursing programs in NYS only 18 of the programs have a formal mechanism linking an associate degree nursing program with a bachelor's degree program either thru dual degree, partnership or offering both AD and BS programs in the same school. This leaves 24 associate degree nursing programs with no formal relationship with a bachelor's degree nursing program. UAlbany is poised to offer a unique RN to BS in Nursing option that provides students with pathway options directly into the BS in Nursing with a transition into the MSN option for students who want to earn graduate degrees in nursing.

We recognize that there is a competitive market for nursing faculty and welcome the opportunity to partner with other SUNY institutions if possible to share resources in this area. Due to the unique opportunity for students to complete the UAlbany degree on-campus we plan to hire at least two full time faculty and build adjunct and professional faculty as the program grows. Partnering with SUNY Plattsburgh and SUNY Empire could be advantageous in the administration of our online classes.

Modality of Program Delivery:

Given the expanding demand for RN to BS in Nursing degrees, it is important to provide students with options regarding the delivery method of these programs. The NYS nursing programs' website shows the following delivery options for RN to BS in Nursing programs:

Methodology	SUNY	Private
Online	10	8
Hybrid	2	11
Both	1	2
Total	13	21

The number of private hybrid programs demonstrates that associate degree nursing graduates desire hybrid programs. However, the above data also indicate that the SUNY programs are not meeting that need. Knowledge of the availability of the public options provided by SUNY to address this demand is

particularly important because of the disparity of tuition costs between public and private institutions. For academic year 2018-2019, the average tuition and fees costs for colleges in New York State was $8144 for public colleges and $30, 643 for private colleges. (**https://www.collegetuitioncompare.com/compare/tables/?state=Ny**)

The University at Albany's BS in Nursing program is completed as an in-person or hybrid degree. Given the limited number of in-person or hybrid programs, we intentionally designed this program with in-person offerings for students to pursue an on campus BS in Nursing degree. As noted in the letter of support from Hudson Valley Community College, there is an expressed need, driven by student interest, in on-campus completion options. The University at Albany's program is designed to fill that void and offer a high quality, in-person, public option that is not currently available.

Both Plattsburgh and Empire State BS in Nursing programs are online only and do not offer face to face components. Therefore, the UAlbany program provides a new opportunity for students to participate on-campus for the completion of the BS in Nursing, and as such, is the only public, R1 University offering this option.

Summary:

Part of the mission of SUNY is to "provide to the people of New York educational services of the highest quality, with the broadest possible access" and to "strengthen its educational and research programs in the health sciences". With the SUNY mission in mind, this program was designed to complement the existing options by expanding opportunities for students to complete the RN to BS in a research rich program that prepares students for graduate level work in nursing and the medical field.

The University at Albany's proposed BS in nursing provides a unique emphasis on research throughout the curriculum and connects undergraduate nursing students with state of the art research opportunities in established research labs and centers. This degree could also help NY address the nursing faculty shortages by preparing students to enter graduate level nursing programs and pursue nursing faculty positions.

NLN Biennial Survey of Schools of Nursing Academic Year 2017 - 2018

Executive Summary

Policy-makers, planners, governmental agencies, regulators, and others use National League for Nursing workforce data as they design legislation, approve budgets, and formulate long-range educational goals. The 2018 NLN Biennial Survey of Schools of Nursing was conducted to provide such data.

This report is compiled from data provided by 577 schools of nursing, 55 percent of 1,022 NLN member schools. Forty-four percent of the responding institutions offer baccalaureate or higher degrees in nursing and 56 percent offer associate degree, diploma, and PN/VN programs. Following are highlights of the findings. Details are online at http://www.nln.org/newsroom/nursing-education-statistics.

PERCENTAGE OF UNDERREPRESENTED STUDENTS INCREASING

According to the NLN data, the percentage of underrepresented students enrolled in prelicensure RN programs increased slightly from 27 percent in 2016 to 30.7 percent in 2018. Specifically, African American enrollment increased from 10.8 percent to 11.8 percent; Hispanic enrollment increased from 8.1 to 9.8 percent; Asian enrollment increased from 1.1 to 1.6 percent; and Pacific Islander enrollment increased from 4.4 to 4.5 percent. American Indian enrollment decreased slightly from 0.7 to 0.6 percent.

Enrollment of men in basic RN programs decreased from 14 percent in 2016 to 13 percent in 2018. ADN programs had the highest percentage of men enrolled (15 percent). Enrollment of men in PN/VN programs increased from 9 percent in 2016 to 10 percent in 2018.

Findings from the survey indicate that more younger students are entering doctoral programs. The proportion of doctoral students under age 30 increased from 16 percent in 2016 to 22 percent in 2018. The proportion of doctoral students over age 30 declined from 84 percent to 78 percent in 2018.

PROGRAMS TURNING AWAY QUALIFIED APPLICANTS

The data indicate that significant numbers of applicants for prelicensure programs continue to be turned away. The percentage of PN/VN, ADN, and diploma programs that rejected qualified applicants increased by 5 percent, 3 percent, and 1 percent, respectively in 2018 from 2016. However, BSN and BSRN programs that rejected qualified applicants decreased by 5 percent and 1 percent, respectively, while the percentage of MSN and doctoral programs that rejected qualified applicants decreased by 1 percent and 9 percent, respectively.

The NLN data indicate rejections for PN/VN, ADN and diploma programs increased in 2018, with the most striking increase in PN/VN and ADN programs. PN/VN programs turned away 27 percent of qualified applications in 2018 compared to 22 percent in 2016; ADN programs turned away 38 percent of qualified applications compared to 35 percent in 2016 (Figure 1).

In contrast to ADN programs, BSN, BSRN, MSN, and doctoral programs experienced decreases in the percentage of rejected qualified applications. BSN programs turned away 29 percent of qualified applications compared to 33 percent in 2016; BSRN programs turned away 4 percent compared to 6 percent in 2016; MSN programs turned away 9 percent compared to 21 percent in 2016; and doctoral programs turned away 15 percent compared to 18 percent in 2016. The proportion of qualified applications turned away from BSN and BSRN program has implications for the Institute of Medicine's (2011) recommendation that at least 80 percent of RNs be BSN-prepared by 2020.

OBSTACLES TO ADMITTING QUALIFIED APPLICANTS

For prelicensure programs, the demand for nurse educators continues to exceed supply; 43 percent of prelicensure nursing programs cited the faculty shortage as the main obstacle impeding program expansion. Lack of clinical placement settings was cited by 24 percent of programs as the primary impediment to admitting qualified applicants. Interestingly, these NLN-generated data have not changed over the past eight years.

To reverse the obstacles to increased enrollment and address the faculty shortage, continued support for legislation for Title VIII funding is critical. In addition, since publication of the 2014 landmark study by the National Council of State Boards of Nursing (Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014), many nursing programs are utilizing simulation as an alternative to traditional clinical settings as the sole opportunity for students to experience the complexities of delivering patient care.

REFERENCES

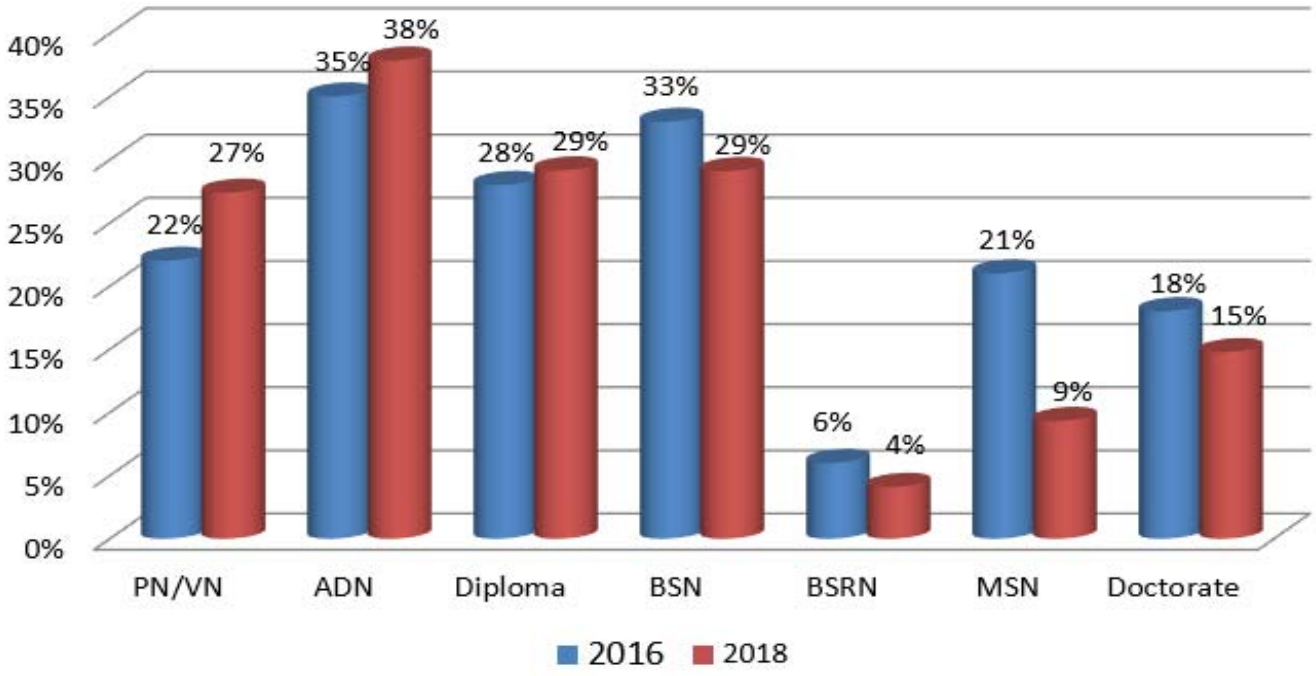
Institute of Medicine (2011). The future of nursing: Leading change, advancing health. Washington, DC: National Academies Press.

Hayden, J. K., Smiley, R. A., Alexander, M., Kardong-Edgren, S., & Jeffries, P. R. (2014). The NCSBN national simulation study: A longitudinal, randomized, controlled study replacing clinical hours with simulation in pre-licensure nursing education. Journal of Nursing Regulation, 5(2) (Suppl.), S3-S40. doi:10.1016/S2155-8256(15)30062-4.

ACKNOWLEDGMENT

The NLN is grateful to the schools of nursing that contribute their time and effort each year to make these invaluable data available.

Figure 1:
Percent of Qualified Applications Turned Away by Program Type, 2016 - 2018



SUNY The State University of New York

Mission Statement

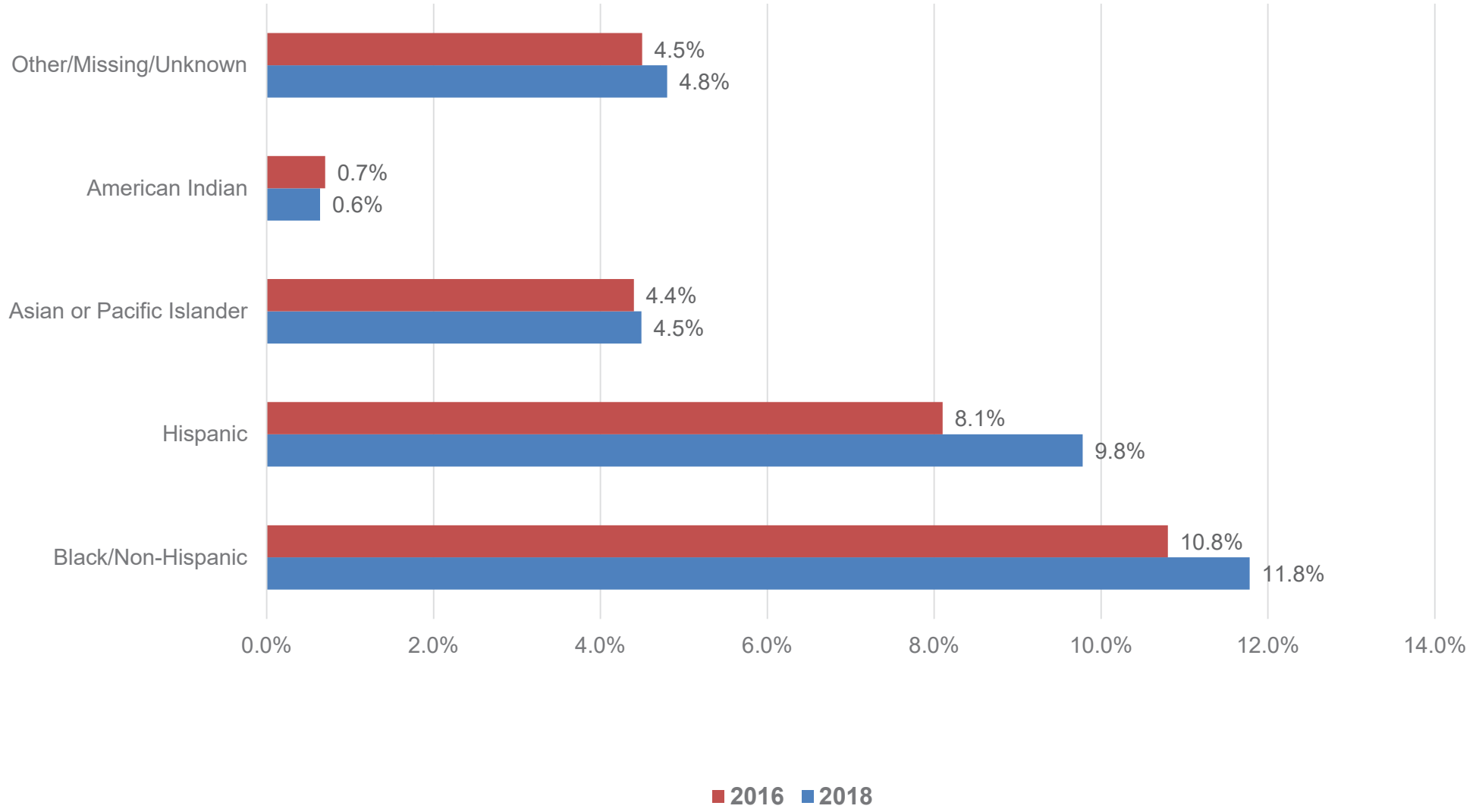
The mission of the state university system shall be to provide to the people of New York educational services of the highest quality, with the broadest possible access, fully representative of all segments of the population in a complete range of academic, professional and vocational postsecondary programs including such additional activities in pursuit of these objectives as are necessary or customary. These services and activities shall be offered through a geographically distributed comprehensive system of diverse campuses which shall have differentiated and designated missions designed to provide a comprehensive program of higher education, to meet the needs of both traditional and non-traditional students and to address local, regional and state needs and goals. In fulfilling this mission, the state university shall exercise care to develop and maintain a balance of its human and physical resources that:

- recognizes the fundamental role of its responsibilities in undergraduate education and provides a full range of graduate and professional education that reflects the opportunity for individual choice and the needs of society;
- establishes tuition which most effectively promotes the university's access goals;
- encourages and facilitates basic and applied research for the purpose of the creation and dissemination of knowledge vital for continued human, scientific, technological and economic advancement;
- strengthens its educational and research programs in the health sciences through the provision of high quality general comprehensive and specialty health care, broadly accessible at reasonable cost, in its hospitals, clinics and related programs and through networks and joint and cooperative relationships with other health care providers and institutions, including those on a regional basis;

- shares the expertise of the state university with the business, agricultural, governmental, labor and nonprofit sectors of the state through a program of public service for the purpose of enhancing the well-being of the people of the state of New York and in protecting our environmental and marine resources;
- encourage, support and participate through facility planning and projects, personnel policies and programs with local governments, school districts, businesses and civic sectors of host communities regarding the health of local economies and quality of life;
- promotes appropriate program articulation between its state-operated institutions and its community colleges as well as encourages regional networks and cooperative relationships with other educational and cultural institutions for the purpose of better fulfilling its mission of education, research and service.

(NYS Education Law, Section 351)

Percentage of Minorities in Basic RN Programs by Race-Ethnicity 2016 - 2018



National League for Nursing

Biennial Survey of Schools of Nursing, 2018

MISSION

The mission of the Black Nurses Coalition is to decrease /eliminate health care disparities among minorities and low socio-economic individuals. We seek to improve health awareness of people of color and increase the knowledge of healthcare resources, as well be a community resource. The Black Nurses Coalition promotes the empowerment of African American and minority nurses to advocate for the mission. The Black Nurses Coalition promotes the empowerment of AA nurses to advocate for themselves and the healthcare needs of all African Americans, other minorities, and oterh underserved populations. The Black Nurses Coalition provides a forum for the African American and Minority nurse to learn, grow, share, empower, mentor and advocate in areas that impact the healthcare of African Americans and the plight of the African American Nurse. Building community partnerships is also vital to our mission.

The vision of The Black Nurses Coalition is to increase upward mobility of African American nurses and increase African American nurses at the bedside, as well as in leadership positions; which includes the senior management, research and the academic arena (undergraduate and graduate levels). The BNC advocates for fair, culturally competent, and equal health care for African Americans and minorities; which will in turn aide in decreasing, and eventually eliminating, health care disparities.

BNC Mission (blacknursescoalition.org)

UAlbany Assessment Home
Institutional Assessessment Plan
Gen Ed Assessment
Program Review
Student Learning Objectives
UAlbany Committees
Selected Resources
Institutional Research Homepage

Academic Program Review

Each academic program develops a self-study and undergoes an external review process on a seven-year cycle.

In addition to other important criteria - program review self-study documents describe past, current, and future assessment activities.

Document	Description
Provisional Procedures for Joint Review of Established Graduate and Undergraduate Programs	The outline, based on UAlbany, SUNY, NYSED, and Middle States guidelines, that departments should use in preparing their program review self-study documents
The Practitioner's Guide to Program Review	Provides the context, information, and direction for crafting a program self-study. Includes a helpful Q&A section
Academic Program Review Schedule	Current schedule for UAlbany and accrediting body program reviews

[Program Review - University at Albany-SUNY]

STANDARDS FOR ACCREDITATION

OF BACCALAUREATE AND GRADUATE NURSING PROGRAMS

AMENDED 2018

CCNE

COMMISSION ON COLLEGIATE NURSING EDUCATION

COMMISSION ON
COLLEGIATE NURSING
EDUCATION

TABLE OF CONTENTS

INTRODUCTION

ACCREDITATION OVERVIEW

Accreditation is a nongovernmental process conducted by members of postsecondary institutions and professional groups. As conducted in the United States, accreditation focuses on the quality of institutions of higher and professional education and on the quality of educational programs within those institutions. Two forms of accreditation are recognized: one is institutional accreditation, and the other is professional or specialized accreditation. Institutional accreditation concerns itself with the quality and integrity of the total institution, assessing the achievement of the institution in meeting its own stated mission, goals, and expected outcomes. Professional or specialized accreditation is concerned with programs of study in professional or occupational fields. Professional accrediting agencies assess the extent to which programs achieve their stated mission, goals, and expected outcomes. In addition, consideration of the program's mission, goals, and expected outcomes is of importance to the accrediting agency in determining the quality of the program and the educational preparation of members of the profession or occupation.

COMMISSION ON COLLEGIATE NURSING EDUCATION

The Commission on Collegiate Nursing Education (CCNE) is an autonomous accrediting agency, contributing to the improvement of the public's health. A specialized/professional accrediting agency, CCNE strives to promote the quality and integrity of baccalaureate and graduate nursing programs. Specifically, CCNE accredits baccalaureate degree nursing programs, master's degree nursing programs, nursing doctorates that are practice-focused and have the title Doctor of Nursing Practice (DNP), and post-graduate certificate programs that prepare Advanced Practice Registered Nurses (APRNs) (see glossary). CCNE also accredits nurse residency programs and uses a separate set of accreditation standards for these programs.

CCNE serves the public interest by assessing and identifying programs that engage in effective educational practices. As a voluntary, self-regulatory process, CCNE accreditation supports and encourages continuous quality improvement in nursing education and nurse residency programs. As accreditation is a voluntary process, CCNE strives to provide a process that is collegial and fosters continuous quality improvement.

CCNE is recognized by the U.S. Department of Education for the accreditation of baccalaureate, master's, doctoral, and certificate programs in the United States and its territories. Accreditation by CCNE serves as a statement of good educational practice in the field of nursing. Accreditation evaluations are useful to the program in that they serve as a basis for continuing or formative self-assessment as well as for periodic or summative self-assessment through which the program, personnel, procedures, and services are improved. The results of such assessments form the basis for planning and the setting of priorities at the institution in relation to nursing education.

The CCNE comprehensive accreditation process consists of a review and assessment of the program's mission and governance, institutional commitment and resources, curriculum and teaching-learning practices, and assessment and achievement of program outcomes.

In evaluating a baccalaureate, master's, DNP, and/or post-graduate APRN certificate program for accreditation, the CCNE Board of Commissioners assesses whether the program meets the standards and complies with the key elements presented in this publication. A self-study conducted by the sponsoring institution prior to the on-

site evaluation provides data indicating the extent to which the program has complied with the key elements and, ultimately, whether the program has met the overall standards for accreditation.

The Commission formulates and adopts its own accreditation standards and procedures for baccalaureate and graduate nursing programs and for nurse residency programs, all of which are publicly available on the CCNE website.

ACCREDITATION PURPOSES

Accreditation by CCNE is intended to accomplish at least five general purposes:

1. To hold nursing programs accountable to the community of interest — the nursing profession, consumers, employers, institutions of higher education, students and their families, nurse residents — and to one another by ensuring that these programs have mission statements, goals, and outcomes that are appropriate to prepare individuals to fulfill their expected roles.
2. To evaluate the success of a nursing program in achieving its mission, goals, and outcomes.
3. To assess the extent to which a nursing program meets accreditation standards.
4. To inform the public of the purposes and values of accreditation and to identify nursing programs that meet accreditation standards.
5. To foster continuing improvement in nursing programs and, thereby, in professional practice.

CCNE ACCREDITATION: A VALUE-BASED INITIATIVE

CCNE accreditation activities are premised on a statement of values. These values are that the Commission will:

1. Foster *trust* in the process, in CCNE, and in the professional community.
2. Focus on stimulating and supporting *continuous quality improvement* in nursing programs and their outcomes.
3. Be *inclusive* in the implementation of its activities and maintain openness to the *diverse institutional and individual issues and opinions* of the community of interest.
4. Rely on *review and oversight* by peers from the community of interest.
5. Maintain *integrity* through a consistent, fair, and honest accreditation process.
6. Value and foster *innovation* in both the accreditation process and the programs to be accredited.
7. Facilitate and engage in *self-assessment*.
8. Foster an educational climate that supports program students, graduates, and faculty in their pursuit of *life-long learning*.
9. Maintain a high level of *accountability* to the publics served by the process, including consumers, students, employers, programs, and institutions of higher education.
10. Maintain a process that is both *cost-effective and cost-accountable*.
11. Encourage programs to develop graduates who are *effective professionals and socially responsible citizens*.
12. Provide *autonomy and procedural fairness* in its deliberations and decision-making processes.

GOALS FOR ACCREDITING NURSING EDUCATION PROGRAMS

In developing the educational standards for determining accreditation of baccalaureate, master's, DNP, and post-graduate APRN certificate programs, CCNE has formulated specific premises or goals on which the standards are based. These goals include the following:

1. Developing and implementing accreditation standards that foster continuous improvement within nursing education programs.
2. Enabling the community of interest to participate in significant ways in the review, formulation, and validation of accreditation standards and policies and in determining the reliability of the accreditation process.
3. Establishing and implementing an evaluation and recognition process that is efficient, cost-effective, and cost-accountable.
4. Assessing whether nursing education programs consistently fulfill their stated missions, goals, and expected outcomes.
5. Ensuring that nursing education program outcomes are in accordance with the expectations of the nursing profession to adequately prepare individuals for professional practice, life-long learning, and graduate education.
6. Encouraging nursing education programs to pursue academic excellence through improved teaching/learning and assessment practices and in scholarship and public service in accordance with the unique mission of the institution.
7. Ensuring that nursing education programs engage in self-evaluation of personnel, procedures, and services; and that they facilitate continuous improvement through planning and resource development.
8. Acknowledging and respecting the autonomy of institutions and the diversity of programs involved in nursing education.
9. Ensuring consistency, peer review, agency self-assessment, procedural fairness, confidentiality, and identification and avoidance of conflict of interest, as appropriate, in accreditation practices.
10. Enhancing public understanding of the functions and values inherent in nursing education accreditation.
11. Providing to the public an accounting of nursing education programs that are accredited and merit public approbation and support.
12. Working cooperatively with other agencies to minimize duplication of review processes.

CURRICULAR INNOVATION

CCNE standards and key elements are designed to encourage innovation and experimentation in teaching and instruction. CCNE recognizes that advancements in technology have enabled programs to facilitate the educational process in ways that may complement or supplant traditional pedagogical methods.

ABOUT THIS DOCUMENT

This publication describes the standards and key elements used by CCNE in the accreditation of baccalaureate, master's, DNP, and post-graduate APRN certificate programs. The standards and key elements, along with the accreditation procedures, serve as the basis for evaluating the quality of the educational program offered and to hold the nursing program(s) accountable to the educational community, the nursing profession, and the public. All nursing programs seeking CCNE accreditation, including those with distance education offerings, are expected to meet the accreditation standards presented in this document. The standards are written as broad statements that embrace several areas of expected institutional performance. Related to each standard is a series of key elements. Viewed together, the key elements provide an indication of whether the broader standard has been met. The key elements are considered by the evaluation team, the Accreditation Review Committee, and the Board of Commissioners in determining whether the program meets each standard. The key elements are designed to enable a broad interpretation of each standard in order to support institutional autonomy and encourage innovation while maintaining the quality of nursing programs and the integrity of the accreditation process.

Accompanying each key element is an elaboration, which is provided to assist program representatives in addressing the key element and to enhance understanding of CCNE's expectations. Following each standard is a list of supporting documentation that assists program representatives in developing self-study materials and in preparing for the on-site evaluation. Supporting documentation is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements. Supporting documentation may be provided in paper or electronic form.

At the end of this document is a glossary that defines terms and concepts used in this document.

The standards are subject to periodic review and revision. The next scheduled review of this document will include both broad and specific participation by the CCNE community of interest in the analysis and discussion of additions and deletions. Under no circumstances may the standards and key elements defined in this document supersede federal or state law.

AT THE END OF THIS DOCUMENT IS A GLOSSARY THAT DEFINES TERMS AND CONCEPTS USED IN THIS DOCUMENT.

STANDARD I

PROGRAM QUALITY: MISSION AND GOVERNANCE

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

KEY ELEMENTS

I-A. **The mission, goals, and expected program outcomes are:**
- **congruent with those of the parent institution; and**
- **reviewed periodically and revised as appropriate.**

Elaboration: The program's mission, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. The mission may relate to all nursing programs offered by the nursing unit, or specific programs may have separate missions. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Expected program outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.

There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented, as appropriate.

I-B. **The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.**

Elaboration: The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:
- The Essentials of Baccalaureate Education for Professional Nursing Practice *[American Association of Colleges of Nursing (AACN), 2008];*
- The Essentials of Master's Education in Nursing *(AACN, 2011);*
- The Essentials of Doctoral Education for Advanced Nursing Practice *(AACN, 2006); and*
- Criteria for Evaluation of Nurse Practitioner Programs *[National Task Force on Quality Nurse Practitioner Education (NTF), 2016].*

A program may select additional standards and guidelines that are current and relevant to program offerings.

A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.

An APRN education program (degree or certificate) prepares students for one of the four APRN roles and in at least one population focus, in accordance with the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education *(July 2008).*

I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.

Elaboration: The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes.

I-D. The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.

Elaboration: Expectations for faculty are congruent with those of the parent institution. The nursing unit's expectations for faculty, whether in teaching, scholarship, service, practice, or other areas, may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other).

I-E. Faculty and students participate in program governance.

Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.

I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are:
- **fair and equitable;**
- **published and accessible; and**
- **reviewed and revised as necessary to foster program improvement.**

Elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program's mission, goals, and expected outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs, and revisions are made as needed.

I-G. The program defines and reviews formal complaints according to established policies.

Elaboration: The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program's definition of formal complaints includes, at a minimum, student complaints. The program's definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.

I-H. **Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.**

Elaboration: References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.[1,2]

If a program chooses to publicly disclose its CCNE accreditation status, the program uses either of the following statements:

"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education (http://www.ccneaccreditation.org)."

"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791."

SUPPORTING DOCUMENTATION FOR STANDARD I

The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Mission, goals, and expected program outcomes.
2. Copies of all professional nursing standards and guidelines used by the program. CCNE requires the following professional nursing standards and guidelines:
   - **Baccalaureate degree programs**: *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).
   - **Master's degree programs**: *The Essentials of Master's Education in Nursing* (AACN, 2011).
   - **Doctor of Nursing Practice programs**: *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006).
   - **Graduate degree (master's or DNP) or certificate programs preparing nurse practitioners**: *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).
   - **Graduate-entry programs**: *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and other relevant standards based on the degree outcome (e.g., *The Essentials of Master's Education in Nursing* for master's degree programs, *The Essentials of Doctoral Education for Advanced Nursing Practice* for DNP programs, and *Criteria for Evaluation of Nurse Practitioner Programs* for nurse practitioner programs).
   - **All programs**: Any additional relevant professional nursing standards and guidelines used by the program.

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[1] *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (July 2008).

[2] *Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2016).

3. For APRN education programs (degrees/certificates), evidence that transcripts or other official documentation specify the APRN role and population focus of the graduate.
4. Identification of the program's community of interest.
5. Appointment, promotion, and, when applicable, tenure policies or other documents defining faculty expectations related to teaching, scholarship, service, practice, or other areas.
6. Major institutional and nursing unit reports and records for the past three years, such as strategic planning documents and annual reports.
7. Reports submitted to and official correspondence received from applicable accrediting and regulatory agencies since the last accreditation review of the nursing program.
8. Catalogs, student handbooks, faculty handbooks, personnel manuals, or equivalent information, including (among other things) academic calendar, recruitment and admission policies, grading policies, and degree/post-graduate APRN certificate program completion requirements.
9. Program advertising and promotional materials directed at prospective students.
10. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to program mission and governance.
11. Organizational charts for the parent institution and the nursing unit.
12. Program policies related to formal complaints.

STANDARD II

PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

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

KEY ELEMENTS

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

Elaboration: The budget enables achievement of the program's mission, goals, and expected outcomes. The budget supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of faculty and staff.

A defined process is used for regular review of the adequacy of the program's fiscal resources. Review of fiscal resources occurs, and modifications are made as appropriate.

II-B. **Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.**

Elaboration: Physical space and facilities (e.g., faculty and staff work space, classrooms, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning materials) are sufficient to achieve the program's mission, goals, and expected outcomes. The program is responsible for ensuring adequate physical resources and clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes.

A defined process is used to determine currency, availability, accessibility, and adequacy of resources (e.g., clinical simulation, laboratory, computing, supplies, and clinical sites), and modifications are made as appropriate.

II-C. **Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.**

Elaboration: Academic support services, which may include library, technology, distance education support, research support, and admission and advising services, foster achievement of program

outcomes. A defined process is used for regular review of academic support services, and improvements are made as appropriate.

II-D. **The chief nurse administrator of the nursing unit:**

- **is a registered nurse (RN);**
- **holds a graduate degree in nursing;**
- **holds a doctoral degree if the nursing unit offers a graduate program in nursing;**
- **is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and**
- **provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.**

Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is an effective leader of the nursing unit.

II-E. **Faculty are:**

- **sufficient in number to accomplish the mission, goals, and expected program outcomes;**
- **academically prepared for the areas in which they teach; and**
- **experientially prepared for the areas in which they teach.**

Elaboration: The faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

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

Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.

II-F. **Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.**

This key element is not applicable to a degree or certificate program that does not use preceptors.

Elaboration: The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation are:

- *clearly defined and communicated to preceptors;*
- *congruent with the mission, goals, and expected student outcomes;*

- *congruent with relevant professional nursing standards and guidelines; and*
- *reviewed periodically and revised as appropriate.*

Preceptors have the expertise to support student achievement of expected outcomes. The program ensures that preceptor performance meets expectations.

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

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes.

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

SUPPORTING DOCUMENTATION FOR STANDARD II

The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Nursing unit budget for the current and previous two fiscal years.
2. Current curricula vitae of the chief nurse administrator and faculty.
3. Summary (e.g., list, narrative, table) of name, title, educational degrees with area of specialization, certification, relevant work experience, and teaching responsibilities of each faculty member and administrative officer associated with the nursing unit.
4. Schedule of courses for the current academic year and faculty assigned to those courses.
5. Policies regarding faculty workload.
6. Current collective bargaining agreement, if applicable.
7. Policies and/or procedures regarding preceptor qualifications and evaluation. Documentation of preceptor qualifications and evaluation.
8. Policies and/or procedures that support professional development (e.g., release time, workload reduction, funding).
9. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to institutional commitment and resources.

STANDARD III

PROGRAM QUALITY: CURRICULUM AND TEACHING-LEARNING PRACTICES

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

KEY ELEMENTS

III-A. **The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:**

- **are congruent with the program's mission and goals;**
- **are congruent with the roles for which the program is preparing its graduates; and**
- **consider the needs of the program-identified community of interest.**

Elaboration: Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.

III-B. **Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).**

This key element is not applicable if the baccalaureate degree program is not under review for accreditation.

Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

III-C. **Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).**

- **Master's program curricula incorporate professional standards and guidelines as appropriate.**

a. **All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.**
b. **All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).**

- **Graduate-entry master's program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.**

This key element is not applicable if the master's degree program is not under review for accreditation.

Elaboration: The master's degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

Master's degree APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Master's degree programs that have a direct care focus but are not APRN education programs (e.g., nurse educator and clinical nurse leader) incorporate graduate-level content addressing the APRN core. These programs are not required to offer this content as three separate courses.

III-D. **DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).**

- **DNP program curricula incorporate professional standards and guidelines as appropriate.**
  a. **All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.**
  b. **All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).**
- **Graduate-entry DNP program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.**

This key element is not applicable if the DNP program is not under review for accreditation.

Elaboration: The DNP program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

DNP APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master's DNP programs who hold current national certification as advanced practice nurses, unless the program deems this necessary.

III-E. **Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).**

This key element is not applicable if the post-graduate APRN certificate program is not under review for accreditation.

Elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role- and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for certificate students who have already completed such courses, unless the program deems this necessary.

III-F. **The curriculum is logically structured to achieve expected student outcomes.**

- **Baccalaureate curricula build on a foundation of the arts, sciences, and humanities.**
- **Master's curricula build on a foundation comparable to baccalaureate-level nursing knowledge.**

- **DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.**
- **Post-graduate APRN certificate programs build on graduate-level nursing competencies and knowledge base.**

Elaboration: Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice *(AACN, 2008) as well as advanced nursing knowledge.*

Graduate programs are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire the baccalaureate-level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice *(AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.*

DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire the doctoral-level knowledge and competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice *(AACN, 2006). If the program awards the master's degree as part of the DNP program, the program demonstrates how students acquire the master's-level knowledge and competencies delineated in* The Essentials of Master's Education in Nursing *(AACN, 2011) and, if applicable,* Criteria for Evaluation of Nurse Practitioner Programs *(NTF, 2016).*

The program provides a rationale for the sequence of the curriculum for each program.

III-G. **Teaching-learning practices:**
- **support the achievement of expected student outcomes;**
- **consider the needs and expectations of the identified community of interest; and**
- **expose students to individuals with diverse life experiences, perspectives, and backgrounds.**

Elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.

Teaching-learning practices are appropriate to the student population (e.g., adult learners, second-language students, students in a post-graduate APRN certificate program), consider the needs of the program-identified community of interest, and broaden student perspectives.

III-H. **The curriculum includes planned clinical practice experiences that:**
- **enable students to integrate new knowledge and demonstrate attainment of program outcomes;**
- **foster interprofessional collaborative practice; and**
- **are evaluated by faculty.**

Elaboration: To prepare students for a practice profession, each track in each degree program and each track in the post-graduate APRN certificate program affords students the opportunity to develop

professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. Clinical practice experiences include opportunities for interprofessional collaboration. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated to ensure students are competent to function as members of interprofessional teams at the level for which they are being prepared.

Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences designed to advance the knowledge and expertise of students in a clinical area of practice.

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

Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

III-J. **The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.**

Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. The curriculum is regularly evaluated by faculty and revised as appropriate.

SUPPORTING DOCUMENTATION FOR STANDARD III

The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Evidence that faculty participate in the development, implementation, and revision of curricula.
2. Course syllabi for all courses included in the curricula.
3. Examples of course content and/or assignments reflecting incorporation of professional nursing standards and guidelines in the curriculum.
4. Evidence that APRN education programs incorporate separate comprehensive graduate-level courses to address the APRN core.

5. Evidence that graduate-level content related to the APRN core is taught in master's degree programs that have a direct care focus (e.g., nurse educator and clinical nurse leader).
6. The program of study/curricular plan for each track/program under review.
7. Examples of student work reflecting student learning outcomes (both didactic and clinical).
8. Examples of clinical practice experiences that prepare students for interprofessional collaborative practice.
9. Evidence of direct care clinical experiences for all programs/tracks preparing students for a direct care role (including, but not limited to, post-licensure baccalaureate and nurse educator tracks).
10. Current affiliation agreements with institutions at which student instruction occurs.
11. Examples of student performance evaluations (didactic and clinical), including evaluation tools (e.g., exams, quizzes, projects, presentations).
12. Documentation that faculty are responsible for grading all courses and clinical experiences.
13. Examples of tools for curriculum assessment (e.g., end-of-course and faculty evaluations, student and faculty evaluations of clinical experiences).
14. Documents (e.g., minutes, memoranda, reports) that demonstrate data analysis of student and/or faculty evaluations to support ongoing improvement of curriculum and teaching-learning practices.

STANDARD IV

PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

KEY ELEMENTS

IV-A. A systematic process is used to determine program effectiveness.

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) uses a systematic process to obtain relevant data to determine program effectiveness. The process:

- *is written, is ongoing, and exists to determine achievement of program outcomes;*
- *is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; faculty outcomes; and other program outcomes);*
- *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
- *includes timelines for data collection, review of expected and actual outcomes, and analysis; and*
- *is periodically reviewed and revised as appropriate.*

IV-B. Program completion rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) demonstrates achievement of required program outcomes regarding completion in <u>any one</u> of the following ways:

- *the completion rate for the most recent calendar year (January 1 through December 31) is 70% or higher;*
- *the completion rate is 70% or higher over the three most recent calendar years;*
- *the completion rate is 70% or higher for the most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education; or*
- *the completion rate is 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.*

The program identifies the cohort(s), specifies the entry point, and defines the time period to completion, each of which may vary by track; however, the program provides the completion rate for the overall degree/certificate program. The program describes the formula it uses to calculate the completion rate. The program identifies the factors used and the number of students excluded if some students are excluded from the calculation.

IV-C. Licensure pass rates demonstrate program effectiveness.

This key element is not applicable to a program that does not prepare individuals for licensure examinations or does not yet have individuals who have taken licensure examinations.

Elaboration: Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in any one of the following ways:

- *the NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- *the pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years; or*
- *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

For each campus/site and track, identify which of the above options was used to calculate the pass rate.

IV-D. Certification pass rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not prepare individuals for certification examinations or does not yet have individuals who have taken certification examinations.

Elaboration: The master's, DNP, and post-graduate APRN certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for certification, certification pass rates are obtained and reported for those completers taking each examination, even when national certification is not required to practice in a particular state.

For programs that prepare students for certification, data are provided regarding the number of completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers.

A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways:

- *the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- *the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or*

- *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

The program identifies which of the above options was used to calculate the pass rate. The program provides certification pass rate data for each examination but, when calculating the pass rate described above, may combine certification pass rate data for multiple examinations relating to the same role and population.

IV-E. Employment rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.

Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.
- *The employment rate is provided separately for each degree program (baccalaureate, master's, and DNP) and the post-graduate APRN certificate program.*
- *Data are collected within 12 months of program completion. Specifically, employment data are collected at the time of program completion or at any time within 12 months of program completion.*
- *The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when excluding graduates who have elected not to be employed.*

IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.

This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).

Elaboration: The program uses outcome data (completion, licensure, certification, and employment) for improvement.
- *Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 70%) inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

IV-G. Aggregate faculty outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program's mission and goals and are congruent with institution and program expectations. Expected faculty outcomes:
- *are identified for the faculty as a group;*
- *specify expected levels of achievement for the faculty as a group; and*
- *reflect expectations of faculty in their roles.*

Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (full-

time, part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty.

IV-H. **Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.**

Elaboration: The program uses faculty outcome data for improvement.
- *Faculty outcome data are used to promote ongoing program improvement.*
- *Discrepancies between actual and expected outcomes inform areas for improvement.*
- *Changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

IV-I. **Program outcomes demonstrate program effectiveness.**

Elaboration: The program demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), employment rates (Key Element IV-E), and faculty (Key Element IV-G).

Program outcomes are defined by the program and incorporate expected levels of achievement. The program describes how outcomes are measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its outcomes. Program outcomes are appropriate and relevant to the degree and certificate programs offered.

IV-J. **Program outcome data are used, as appropriate, to foster ongoing program improvement.**

Elaboration: For program outcomes defined by the program:
- *Actual program outcomes are used to promote program improvement*
- *Discrepancies between actual and expected outcomes inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

SUPPORTING DOCUMENTATION FOR STANDARD IV

The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Evidence of a systematic, written, comprehensive process to determine program effectiveness (e.g., evaluation or assessment plan).
2. Examples of periodic review of the systematic process (e.g., meeting minutes, supplemental documents).
3. Summary of aggregate student outcomes with comparison of actual levels of aggregate student achievement to expected levels of aggregate student achievement. Aggregate student outcome data (applicable only to programs with completers), including:
   - Completion rates for each degree and post-graduate APRN certificate program;
   - NCLEX-RN® pass rates for each campus/site and track;

- Certification pass rates for each degree/certificate program for each APRN role, population focus, and/or specialty for which the program prepares graduates;
- Certification pass rates for each degree program by roles/areas other than APRN roles for which the program prepares graduates; and
- Employment rates for each degree/certificate program.

4. Summary of aggregate faculty outcomes for the past three years with comparison of actual levels of aggregate faculty achievement to expected aggregate faculty achievement.

5. Summary of aggregate program-identified outcomes for the past three years with comparison of actual levels of aggregate achievement in relation to expected levels of achievement.

6. Documents (e.g., minutes, memoranda, reports) that demonstrate data analysis, explanations of variances between actual and expected outcomes, and use of the analysis for ongoing program improvement.

GLOSSARY

Academic Policies: Published rules that govern the implementation of the academic program, including, but not limited to, policies related to admission, retention, progression, graduation/completion, grievance, and grading.

Academic Support Services: Services available to the nursing program that facilitate faculty and students in any teaching/learning modality, including distance education, in achieving the expected outcomes of the program (e.g., library, computer and technology resources, advising, counseling, placement services).

Advanced Nursing: Nursing roles requiring advanced nursing education beyond the basic baccalaureate preparation. Academic preparation for advanced nursing may occur at the master's, doctoral, or post-graduate APRN certificate level.

Advanced Practice Registered Nurse (APRN): The title given to a nurse who has obtained a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP).

Advanced Practice Registered Nurse (APRN) Education Program: A master's degree program in nursing, a Doctor of Nursing Practice (DNP) program, or a post-graduate certificate program that prepares an individual for one of the four recognized APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). The education program must also prepare the individual in one of six population foci:

- family/individual across the lifespan
- adult-gerontology
- pediatrics
- neonatal
- women's health/gender-related
- psychiatric/mental health

Chief Nurse Administrator: A registered nurse with a graduate degree in nursing, and a doctoral degree if a graduate nursing program is offered, who serves as the administrative head of the nursing unit.

Clinical Practice Experiences: Planned learning activities in nursing practice that allow students to understand, perform, and refine professional competencies at the appropriate program level. Clinical practice experiences may be known as clinical learning opportunities, clinical practice, clinical strategies, clinical activities, experiential learning strategies, or practice.

Community of Interest: Groups and individuals who have an interest in the mission, goals, and expected outcomes of the nursing unit and its effectiveness in achieving them. The community of interest comprises the stakeholders of the program and may include both internal (e.g., current students, institutional administration) and external constituencies (e.g., prospective students, regulatory bodies, practicing nurses, clients, employers, the community/public). The community of interest might also encompass individuals and groups of diverse backgrounds, races, ethnicities, genders, values, and perspectives who are served and affected by the program.

Curriculum: All planned educational experiences that facilitate achievement of expected student outcomes. Nursing curricula include clinical practice experiences.

Distance Education: As defined by the Higher Education Opportunity Act of 2008:

(A) Education that uses one or more of the technologies described in subparagraph (B)-

(i) to deliver instruction to students who are separated from the instructor; and

(ii) to support regular and substantive interaction between the students and the instructor, synchronously or asynchronously.

(B) INCLUSIONS.—For the purposes of subparagraph (A), the technologies used may include—

(i) the Internet;

(ii) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;

(iii) audio conferencing; or

(iv) video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in clauses (i) through (iii). [The Higher Education Opportunity Act of 2008, Pub. L. No. 110-315, § 103(a)(19)]

Formal Complaint: A statement of dissatisfaction that is presented according to a nursing unit's established procedure.

Goals: General aims of the program that are consistent with the institutional and program missions and reflect the values and priorities of the program.

Mission: A statement of purpose defining the unique nature and scope of the parent institution or the nursing program.

Nursing Program: A system of instruction and experience coordinated within an academic setting and leading to acquisition of the knowledge, skills, and attributes essential to the practice of professional nursing at a specified degree level (baccalaureate, master's, doctorate) or certificate level (for post-graduate APRN certificate programs).

Nursing Unit: The administrative segment (e.g., college, school, division, or department of nursing) within an academic setting in which one or more nursing programs are conducted.

Parent Institution: The entity (e.g., university, academic health center, college, or other entity) accredited by an institutional accrediting agency (regional or national) recognized by the U.S. Secretary of Education that has overall responsibility and accountability for the nursing program.

Post-Graduate APRN Certificate Program: A post-master's or post-doctoral certificate program that prepares APRNs in one or more of the following roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). CCNE only reviews certificate programs that prepare APRNs in at least one role and population focus, in accordance with the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (July 2008). Although other types of nursing certificates may be offered by an institution, they are outside CCNE's scope of review.

Preceptor: An experienced practitioner who facilitates and guides students' clinical learning experiences in the preceptor's area of practice expertise.

Professional Nursing Standards and Guidelines: Statements of expectations and aspirations providing a foundation for professional nursing behaviors of graduates of baccalaureate, master's, professional doctoral, and post-graduate APRN certificate programs. Standards are developed by a consensus of professional nursing communities who have a vested interest in the education and practice of nurses. CCNE recognizes that professional nursing standards and guidelines are established through: state rules and regulations, nationally recognized accrediting agencies and professional nursing specialty organizations, national and institutional educational organizations, and health care agencies used in the education of nursing graduates.

CCNE requires that pre- and post-licensure baccalaureate and graduate pre-licensure programs in nursing use *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008); that master's degree programs use *The Essentials of Master's Education in Nursing* (AACN, 2011); that DNP programs use *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006); and that nurse practitioner programs use *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016). Programs incorporate additional professional nursing standards and guidelines, as appropriate, consistent with the mission, goals, and expected outcomes of the program.

Program Improvement: The process of using results of assessments and analyses of actual outcomes in relation to expected outcomes to validate or revise policies, practices, and curricula as appropriate.

Program Outcomes: Results that participants (individually or in the aggregate) derive from their association with the nursing program. The results are measurable and observable and may be quantitative or qualitative, broad or detailed.

> **Student Outcomes**: Results reflecting competencies, knowledge, values, or skills attained by students through participation in program activities.
>
> **Faculty Outcomes**: Results demonstrating achievements in teaching, scholarship, service, practice, or other areas appropriate to the mission and goals of the nursing program attained by faculty as part of their participation in the program.
>
> **Expected Outcomes**: Anticipated results expressed as predetermined, measurable levels of student, faculty, and program achievement.
>
> **Actual Outcomes**: Results describing real student, faculty, and program achievement.

Teaching-Learning Practices: Strategies that guide the instructional process toward achieving expected student outcomes.

NOTES

NOTES

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Fact Sheet:
The Impact of Education on Nursing Practice

The American Association of Colleges of Nursing (AACN), the national voice for academic nursing, believes that education has a significant impact on the knowledge and competencies of the nurse clinician, as it does for all healthcare providers. Clinicians with Bachelor of Science in Nursing (BSN) degrees are well-prepared to meet the demands placed on today's nurse. BSN nurses are prized for their skills in critical thinking, leadership, case management, and health promotion, and for their ability to practice across a variety of inpatient and outpatient settings. Nurse executives, federal agencies, the military, leading nursing organizations, healthcare foundations, magnet hospitals, and minority nurse advocacy groups all recognize the unique value that baccalaureate-prepared nurses bring to the practice setting.

AACN encourages employers to foster practice environments that embrace lifelong learning and offer incentives for registered nurses (RNs) seeking to advance their education to the baccalaureate and higher degree levels. We also encourage BSN graduates to seek out employers who value their level of education and distinct competencies.

Different Approaches to Nursing Education

There are three routes to becoming a registered nurse: a 3-year diploma program typically administered in hospitals; a 3-year associate degree usually offered at community colleges; and the 4-year baccalaureate degree offered at senior colleges and universities. Graduates of all three programs sit for the same NCLEX-RN© licensing examination.

Baccalaureate nursing programs encompass all of the course work taught in associate degree and diploma programs plus a more in-depth treatment of the physical and social sciences, nursing research, public and community health, nursing management, and the humanities. The additional course work enhances the student's professional development, prepares the new nurse for a broader scope of practice, and provides the nurse with a better understanding of the cultural, political, economic, and social issues that affect patients and influence healthcare delivery. For more than a decade, policymakers, healthcare authorities, and practice leaders have recognized that education makes a difference when it comes to nursing practice.

- In February 2019, the Campaign for Nursing's Future, an initiative of the Center to Champion Nursing in America, published a series of state maps showcasing the progress being made by nurses in attaining baccalaureate degrees. The percentage of RNs with a BSN or higher degree is now at an all-time high with a national average of approximately 56%, up from 49% in 2010 when the Institute of Medicine's report on the *Future of Nursing* was released. The BSN maps

are based on data compiled in the American Community Survey.

- In December 2017, New York Governor Andrew Cuomo signed legislation into law requiring future registered nurses graduating from associate degree or diploma nursing programs in the state to obtain a baccalaureate in nursing within 10 years of initial licensure. The legislators found that given "the increasing complexity of the American healthcare system and rapidly expanding technology, the educational preparation of the registered professional nurse must be expanded."

- In the September-October 2014 issue of *Nurse Educator*, a research team led by Sharon Kumm from the University of Kansas published findings from a statewide study, which showed clear differences in outcomes from BSN and ADN programs. The study showed that 42 of 109 baccalaureate outcomes were reported met in ADN programs. The 67 outcomes that were not met were in the categories of liberal education, organizational and systems leadership, evidence-based practice, healthcare policy, finance and regulatory environments, interprofessional collaboration, and population health.

- In September 2013, the Robert Wood Johnson Foundation (RWJF) released an issue of its Charting Nursing's Future newsletter titled *The Case for Academic Progression*, which outlined how patients, employers, and the profession benefits when nurses advance their education. Articles focus on the evidence linking better outcomes to baccalaureate and higher degree nurses, educational pathways, and promising strategies for facilitating academic progression at the school, state, and national levels. See

- In September 2012, the *Joint Statement on Academic Progression for Nursing Students and Graduates* was endorsed by the American Association of Colleges of Nursing, American Association of Community Colleges, Association of Community Colleges Trustees, National League for Nursing, and the Organization for Associate Degree Nursing. This historic agreement represents the first time leaders from the major national organizations representing community college presidents, boards, and program administrators have joined with representatives from nursing education associations to promote academic progression in nursing. With the common goal of preparing a well-educated, diverse nursing workforce, this statement represents the shared view that nursing students and practicing nurses should be supported in their efforts to pursue higher levels of education.

- In October 2010, the Institute of Medicine released its landmark report on *The Future of Nursing: Leading Change, Advancing Health*, initiated by the Robert Wood Johnson Foundation, which called for increasing the number of baccalaureate-prepared nurses in the workforce to 80% by 2020. The expert committee charged with preparing the evidence-based recommendations in this report state that to respond "to the demands of an evolving health care system and meet the changing needs of patients, nurses must achieve higher levels of education."

- In May 2010, the Tri-Council for Nursing (AACN, ANA, AONE, and NLN) issued a consensus statement calling for all RNs to advance their education in the interest of enhancing quality and safety across healthcare settings. In the statement titled *Education Advancement of Registered Nurses,* the Tri-Council organizations present a united view that a more highly educated nursing workforce is critical to meeting the nation's nursing needs and delivering safe, effective patient care. In the policy statement, the Tri-Council finds that "without a more educated nursing workforce, the nation's health will be further at risk."

- In December 2009, Dr. Patricia Benner and her team at the Carnegie Foundation for the Advancement of Teaching released a new study titled *Educating Nurses: A Call for Radical Transformation*, which recommended preparing all entry-level registered nurses at the baccalaureate level and requiring all RNs to earn a master's degree within 10 years of initial licensure. The authors found that many of today's new nurses are "undereducated" to meet practice demands across settings. Their strong support for high quality baccalaureate degree programs as the appropriate pathway for RNs entering the profession is consistent with the views of many leading nursing organizations, including AACN.

- In February 2007, the Council on Physician and Nurse Supply released a statement calling for a national effort to substantially expand baccalaureate nursing programs. Chaired by Richard "Buz" Cooper, MD and Linda Aiken, PhD, RN, the Council is based at the University of Pennsylvania. In the statement, the Council noted that a growing body of research supports the relationship between the level of nursing education and both the quality and safety of patient care. Consequently, the group is calling on policymakers to shift federal funding priorities in favor of supporting more baccalaureate nursing programs. This call was reaffirmed in a new statement released in March 2008.

- In March 2005, the American Organization of Nurse Executives (AONE) released a statement calling for all RNs to be educated in baccalaureate programs in an effort to adequately prepare clinicians for their challenging, complex roles. AONE's statement, titled *Practice and Education Partnership for the Future,* represents the view of nursing's practice leaders and a desire to create a more highly educated nursing workforce in the interest of improving patient safety and nursing care.

- The National Advisory Council on Nurse Education and Practice (NACNEP), policy advisors to Congress and the Secretary for Health and Human Services on nursing issues, has urged that at least two-thirds of the nurse workforce hold baccalaureate or higher degrees in nursing. Currently, only 55 percent of nurses hold degrees at the baccalaureate level and above according to HRSA's 2013 report on *The U.S. Nursing Workforce: Trends in Supply and Education*.

- NACNEP found that nursing's role calls for RNs to manage care along a continuum, to work as peers in interdisciplinary teams, and to integrate clinical expertise with knowledge of community resources. The increased complexity of the scope of practice for RNs requires a workforce that has the capacity to adapt to change. It requires critical thinking and problem

solving skills; a sound foundation in a broad range of basic sciences; knowledge of behavioral, social and management sciences; and the ability to analyze and communicate data. Among the three types of entry-level nursing education programs, NACNEP found that baccalaureate education with its broader and stronger scientific curriculum best fulfills these requirements and provides a sound foundation for addressing the complex health care needs of today in a variety of nursing positions. Baccalaureate education provides a base from which nurses move into graduate education and advanced nursing roles.

- There is a growing consensus in the higher education community that a liberal arts education should be embedded in all the professional disciplines. Graduates with a liberal education are prized by employers for their analytical and creative capacities and demonstrate stronger skills in the areas of communication, assessment, cultural sensitivity, resourcefulness, the ability to apply knowledge, and scientific reasoning. Though some arts and science courses are included in ADN programs, the BSN provides a much stronger base in the humanities and sciences.

- There are 777 RN-to-BSN and 219 RN-to-MSN programs that build on the education provided in diploma and associate degree programs and prepare graduates for a broader base of practice. In addition to hundreds of individual agreements between community colleges and four-year schools, state-wide articulation agreements exist in many areas including Florida, Connecticut, Texas, Iowa, Maryland, South Carolina, Idaho, Alabama, and Nevada to facilitate advancement to the baccalaureate. These programs further validate the unique competencies gained in BSN programs.

- Registered nurses today work as a part of an interdisciplinary team with colleagues educated at the master's degree or higher level. These health professionals, including physicians, pharmacists, and speech pathologists, recognize the complexity involved in providing patient care and understand the value and need for higher education. For example, Occupational Therapists (OT) require education at the master's level, while OT Assistants are prepared at the associate degree level. Since nurses are primarily responsible for direct patient care and care coordination, these clinicians should not be the least educated member of the healthcare team.

Recognizing Differences Among Nursing Program Graduates

There is a growing body of evidence that shows that BSN graduates bring unique skills to their work as nursing clinicians and play an important role in the delivery of safe patient care.

- In the March 2019 issue of *The Joint Commission Journal of Quality and Patient Safety*, Dr. Maya Djukic and her colleagues from New York University released details from a new study, which found that baccalaureate-prepared RNs reported being significantly better prepared than associate degree nurses on 12 out of 16 areas related to quality and safety, including evidence-based practice, data analysis, and project implementation. The authors conclude

that improving accreditation and organizational policies requiring the BSN for RNs could help safeguard the quality of patient care.

- In the July 2017 issue of *BMJ Quality and Safety*, Dr. Linda Aiken and colleagues reported findings from a study of adult acute care hospitals in six European nations, which found that a greater proportion of professional nurses at the bedside is associated with better outcomes for patients and nurses. Reducing nursing skill mix by adding assistive personnel without professional nurse qualifications may contribute to preventable deaths, erode care quality, and contribute to nurse shortages.

- In a study published in the October 2014 issue of *Medical Care,* researcher Olga Yakusheva from the University of Michigan and her colleagues found that a 10% increase in the proportion of baccalaureate-prepared nurses on hospital units was associated with lowering the odds of patient mortality by 10.9%. Titled "Economic Evaluation of the 80% Baccalaureate Nurse Workforce Recommendation," the study authors also found that increasing the amount of care provided by BSNs to 80% would result in significantly lower readmission rates and shorter lengths of stay. These outcomes translate into cost savings that would more than off-set expenses for increasing the number of baccalaureate-prepared nurses in hospital settings.

- In an article published in the March 2013 issue of *Health Affairs,* nurse researcher Ann Kutney-Lee and colleagues found that a 10-point increase in the percentage of nurses holding a BSN within a hospital was associated with an average reduction of 2.12 deaths for every 1,000 patients—and for a subset of patients with complications, an average reduction of 7.47 deaths per 1,000 patients..."

- In the February 2013 issue of the *Journal of Nursing Administration*, Mary Blegen and colleagues published findings from a cross-sectional study of 21 University HealthSystem Consortium hospitals to analyze the association between RN education and patient outcomes. The researchers found that hospitals with a higher percentage of RNs with baccalaureate or higher degrees had lower congestive heart failure mortality, decubitus ulcers, failure to rescue, and postoperative deep vein thrombosis or pulmonary embolism and shorter length of stay.

- In the October 2012 issue of *Medical Care*, researchers from the University of Pennsylvania found that surgical patients in Magnet hospitals had 14% lower odds of inpatient death within 30 days and 12% lower odds of failure-to-rescue compared with patients cared for in non-Magnet hospitals. The study authors conclude that these better outcomes were attributed in large part to investments in highly qualified and educated nurses, including a higher proportion of baccalaureate prepared nurses.

- In a January 2011 article published in the *Journal of Nursing Scholarship*, Drs. Deborah Kendall-Gallagher, Linda Aiken, and colleagues released the findings of an extensive study of the impact nurse specialty certification has on lowering patient mortality and failure to rescue rates in hospital settings. The researchers found that certification was associated with better patient outcomes, but only when care was provided by nurses with baccalaureate level education. The authors concluded that "no effect of specialization was seen in the absence of baccalaureate education."

- In an article published in *Health Services Research* in August 2008 that examined the effect of nursing practice environments on outcomes of hospitalized cancer patients undergoing surgery, Dr. Christopher Friese and colleagues found that nursing education level was significantly associated with patient outcomes. Nurses prepared at the baccalaureate-level were linked with lower mortality and failure-to-rescue rates. The authors conclude that "moving to a nurse workforce in which a higher proportion of staff nurses have at least a baccalaureate-level education would result in substantially fewer adverse outcomes for patients."

- In a study released in the May 2008 issue of the *Journal of Nursing Administration*, Dr. Linda Aiken and her colleagues confirmed the findings from her landmark 2003 study (see below) which show a strong link between RN education level and patient outcomes. Titled "Effects of Hospital Care Environment on Patient Mortality and Nurse Outcomes," these leading nurse researchers found that every 10% increase in the proportion of BSN nurses on the hospital staff was associated with a 4% decrease in the risk of death.

- In the January 2007 *Journal of Advanced Nursing*, a study on the "Impact of Hospital Nursing Care on 30-day Mortality for Acute Medical Patients" found that BSN-prepared nurses have a positive impact on lowering mortality rates. Led by Dr. Ann E. Tourangeau, researchers from the University of Toronto and the Institute for Clinical Evaluative Sciences in Ontario studied 46,993 patients admitted to the hospital with heart attacks, strokes, pneumonia and blood poisoning. The authors found that: "Hospitals with higher proportions of baccalaureate-prepared nurses tended to have lower 30-day mortality rates. Our findings indicated that a 10% increase in the proportion of baccalaureate prepared nurses was associated with 9 fewer deaths for every 1,000 discharged patients."

- In a study published in the March/April 2005 issue of *Nursing Research*, Dr. Carole Estabrooks and her colleagues at the University of Alberta found that baccalaureate prepared nurses have a positive impact on mortality rates following an examination of more than 18,000 patient outcomes at 49 Canadian hospitals. This study, titled The Impact of Hospital Nursing Characteristics on 30-Day Mortality, confirms the findings from Dr. Linda Aiken's landmark study in September 2003.

- In a study published in the September 24, 2003 issue of the *Journal of the American Medical Association* (JAMA), Dr. Linda Aiken and her colleagues at the University of Pennsylvania identified a clear link between higher levels of nursing education and better patient outcomes. This extensive study found that surgical patients have a "substantial survival advantage" if treated in hospitals with higher proportions of nurses educated at the baccalaureate or higher degree level. In hospitals, a 10 percent increase in the proportion of nurses holding BSN degrees decreased the risk of patient death and failure to rescue by 5 percent. The study authors further recommend that public financing of nursing education should aim at shaping a workforce best prepared to meet the needs of the population. They also call for renewed support and incentives from nurse employers to encourage registered nurses to pursue education at the baccalaureate and higher degree levels.

- Evidence shows that nursing education level is a factor in patient safety and quality of care. As cited in the report *When Care Becomes a Burden* released by the Milbank Memorial Fund in 2001, two separate studies conducted in 1996 – one by the state of New York and one by the state of Texas – clearly show that significantly higher levels of medication errors and procedural violations are committed by nurses prepared at the associate degree and diploma levels as compared with the baccalaureate level. These findings are consistent with findings published in the July/August 2002 issue of *Nurse Educator* magazine that references studies conducted in Arizona, Colorado, Louisiana, Ohio and Tennessee that also found that nurses prepared at the associate degree and diploma levels make the majority of practice-related violations.
- Chief nurse officers (CNO) in university hospitals prefer to hire nurses who have baccalaureate degrees, and nurse administrators recognize distinct differences in competencies based on education. In a 2001 survey published in the *Journal of Nursing Administration*, 72% of these directors identified differences in practice between BSN-prepared nurses and those who have an associate degree or hospital diploma, citing stronger critical thinking and leadership skills.

- Studies have also found that nurses prepared at the baccalaureate level have stronger communication and problem-solving skills (Johnson, 1988) and a higher proficiency in their ability to make nursing diagnoses and evaluate nursing interventions (Giger & Davidhizar, 1990).

- Research shows that RNs prepared at the associate degree and diploma levels develop stronger professional-level skills after completing a BSN program. In a study of RN-to-BSN graduates from 1995 to 1998 (Phillips, et al., 2002), these students demonstrated higher competency in nursing practice, communication, leadership, professional integration, and research/evaluation.

- Data show that health care facilities with higher percentages of BSN nurses enjoy better patient outcomes and significantly lower mortality rates. Magnet hospitals are model patient

care facilities that typically employ a higher proportion of baccalaureate prepared nurses, 59% BSN as compared to 34% BSN at other hospitals. In several research studies, Marlene Kramer, Linda Aiken and others have found a strong relationship between organizational characteristics and patient outcomes.

- The fact that passing rates for the NCLEX-RN©, the national licensing exam for RNs, are essentially the same for all three types of graduates is not proof that there are no differences among graduates. The NCLEX-RN© is a multiple-choice test that measures the *minimum technical competency* for safe entry into basic nursing practice. Passing rates *should* be high across all programs preparing new nurses. This exam does not test for differences between graduates of different entry-level programs. The NCLEX-RN© is only one indicator of competency, and it does not measure performance over time or test for all of the knowledge and skills developed through a BSN program.

Public and Private Support for BSN-Prepared Nurses

The federal government, the military, nurse executives, healthcare foundations, nursing organizations, and practice settings acknowledge the unique value of baccalaureate-prepared nurses and advocate for an increase in the number of BSN nurses across clinical settings.

- The nation's **Magnet hospitals**, which are recognized for nursing excellence and superior patient outcomes, have moved to require all nurse managers and nurse leaders to hold a baccalaureate or graduate degree in nursing. Settings applying for Magnet designation must also show what plans are in place to achieve the IOM recommendation of having an 80% baccalaureate prepared RN workforce by 2020.

- The **National Advisory Council on Nurse Education and Practice** (NACNEP) calls for at least two-thirds of the nurse workforce to hold baccalaureate or higher degrees in nursing. Currently, only 55 percent of nurses hold degrees at the baccalaureate level and above.

- In the interest of providing the best patient care and leadership by its nurse corps officers, the **U.S. Army, U.S. Navy** and **U.S. Air Force** all require the baccalaureate degree to practice as an active duty Registered Nurse. Commissioned officers within the **U.S. Public Health Service** must also be baccalaureate-prepared.

- The **Veteran's Administration** (VA), the nation's largest employer of registered nurses, has established the baccalaureate degree as the minimum preparation its nurses must have for promotion beyond the entry-level.

- Minority nurse organizations, including the **National Black Nurses Association**, **Hispanic Association of Colleges and Universities**, and **National Association of Hispanic Nurses**, are committed to increasing the number of minority nurses with baccalaureate and higher degrees.

- Based on a nationwide **Harris Poll** conducted in June 1999, an overwhelming percentage of the public – 76% – believes that nurses should have four years of education or more past high school to perform their duties.

- The **Pew Health Professions Commission** in a 1998 report called for a more concentrated production of baccalaureate and higher degree nurses. This commission was an interdisciplinary group of health care leaders, legislators, academics, corporate leaders, and consumer advocates created to help policy-makers and educators produce health care professionals able to meet the changing needs of the American health care system.

- Countries around the world are moving to create a more highly educated nursing workforce. Canada, Sweden, Portugal, Brazil, Iceland, Korea, Greece and the Philippines are just some of the countries that require a four-year undergraduate degree to practice as a registered nurse.

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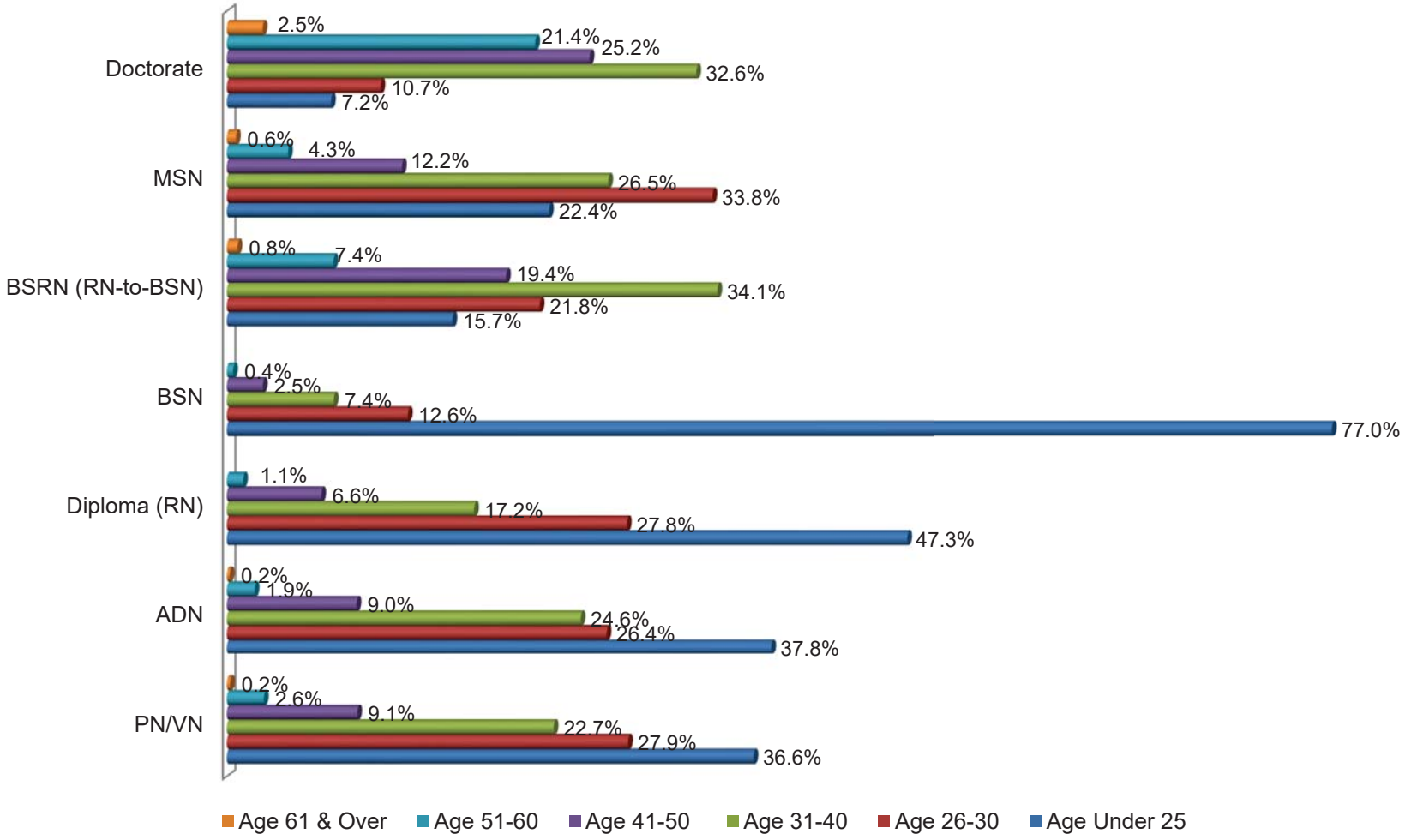
Last Update: April 2019

Proportion of Student Enrollment by Age and Program Type, 2018



National League for Nursing

Biennial Survey of Schools of Nursing, 2018

SUNY The State University of New York

External Evaluation Report

Form 2D

Version 201-08-02

The External Evaluation Report is an important component of a new academic program proposal. The external evaluator's task is to examine the program proposal and related materials, visit the campus to discuss the proposal with faculty and review related instructional resources and facilities, respond to the questions in this Report form, and submit to the institution a signed report that speaks to the quality of, and need for, the proposed program. The report should aim for completeness, accuracy and objectivity.

The institution is expected to review each External Evaluation Report it receives, prepare a single institutional response to all reports, and, as appropriate, make changes to its program proposal and plan. Each separate External Evaluation Report and the Institutional Response become part of the full program proposal that the institution submits to SUNY for approval. If an external evaluation of the proposed program is required by the New York State Education Department (SED), SUNY includes the External Evaluation Reports and Institutional Response in the full proposal that it submits to SED for registration.

Institution:

Evaluator Name (Please print.): Eileen Engelke

Evaluator Title and Institution: Assistant Professor; Lienhard School of Nursing; Pace University

Evaluator Signature: Eileen Engelke 10/17/21

Proposed Program Title: NURSING BS

Degree: BS in Nursing

Date of evaluation: 10/13/21-10/14/21

I. Program

1. Assess the program's **purpose, structure, and requirements** as well as formal mechanisms for program **administration and evaluation.** Address the program's academic rigor and intellectual coherence.
    a. *Program's purpose, structure and requirements are clearly stated. Rigor and intellectual coherence are in alignment with other RNBS completion programs and accrediting agencies.*
    b. *Core course requirements of 39 credits are above the average for an RNBS completion program.*

2. Comment on the **special focus** of this program, if any, as it relates to the discipline.
    a. *Special focus of this program is a completion of a bachelor's degree in nursing. Potential students are transfers from local institutions, who have completed a diploma or associated degree program in nursing and are eligible for licensure as a registered nurse.*
    b. *This program meets the requirements of AACN (American Association of Colleges of Nursing) Baccalaureate Essentials (2021).*
    c. *This program also integrates an interdisciplinary collaboration with the UAlbany's School of Public Health. Four courses are integrated into the curriculum, so graduates have foundational knowledge, skills, and attitudes of Public Health.*

3. Comment on the plans and expectations for **self-assessment and continuous improvement.**

a. *Student learning outcomes (SLOs) are listed for each course.*
b. *Program Learning Outcomes (PLOs) will follow the university and individual program guidelines of assessment. This looks at SLO/PLO on a 2–3-year cycle. The Director of Assessment office of the University will assure this cycle is followed accordingly.*

4. Discuss **the relationship** of this program to other programs of the institution and collaboration with other institutions, and assess available support from related programs.

a. *This program will be the only program in nursing for this institution. There is a history of nursing at this institution in the 1970s and there are active plans for a graduate program in nursing in the near future.*
b. *This program will be imbedded in the School of Public Health (SPH), with faculty from this school teaching several courses. The SPH is an established and flourishing program at UAlbany with over 35 years in existence.*
c. *Nursing faculty will be hired to teach the nursing courses, as per need. There is currently a FT director (Linda Millenbach) and plans for a second FT/TT line in the near future.*
d. *Adjuncts with expertise in Nursing will teach the other nursing courses until this line is filled, and/or during the time of student/program growth.*
e. *This is a transfer undergraduate program with similar application processes, advisors and progression criteria as other transfer students coming into UAlbany.*
f. *Each RNBS student will be assigned an academic advisor, who is specifically knowledgeable about the RNBS program and transfer credit evaluations.*
g. *The UAlbany library has adequate resources for this student population and is willing to meet with the students at the start of the program and throughout, to assist students with resource accessibility.*
h. *The RNBS program will also be collaborative with the SPH for required access to public health clinical experiences. There is a current SPH collaboration with the NYS Dept. of Health.*
i. *There is significant support from the administration of the university, the dean and faculty from the SPH, and the supporting departments, for the success of this program.*

5. What is the evidence of **need** and **demand** for the program locally, in the State, and in the field at large? What is the extent of occupational demand for graduates? What is the evidence that demand will continue?

a. *The documents presented support the need for more bachelors prepared nurses both locally and nationally. This program will assist local nurses to complete their bachelor's degree with a primary face to face (F2F) arena, as apposed to a fully online program.*
b. *Many associate degree nurses want the option for F2F classes and "brick and mortar" programs. This will be the only program in the Capital region that can fit the needs for these students who prefer F2F classes over online.*
c. *This program is also different in that it combines the expertise of both nursing and public health educators to assist in fostering the knowledge, skills and attitudes required for nurses interested specifically in public, population, and community health. Most RNBS programs do not have a public health focus, fulfilling both the interest areas of many nurses, but also the need for more nurses to ultimately choose public health as a specialty area for their nursing career.*

II. Faculty

6. **Evaluate the faculty**, individually and collectively, with regard to training, experience, research and publication, professional service, and recognition in the field.
    a. *At present, there is only one faculty member (current director) qualified to solely teach the nursing core courses in the program. It is the intent to hire another FT Nursing faculty person, and adjuncts as the program needs change.*
    b. *All FT/TT nursing faculty will have a doctoral degree and experience in clinical and/or public health nursing. Adjuncts are required to have a NYS RN license and a minimum of a master's degree in nursing.*

7. **Assess the faculty in terms of number and qualifications** and **plans for future staffing**. Evaluate **faculty responsibilities** for the proposed program, taking into account their other institutional and programmatic commitments. Evaluate faculty **activity in generating funds** for research, training, facilities, equipment, etc. Discuss any **critical gaps and plans for addressing them**.
    a. *As noted in the proposal plan, qualifications, experience, and responsibilities for nursing faculty, are all in accordance with the University of Albany and national academic standards. Two FT/Tenure Track roles are proposed as the program grows. The remaining faculty will be adjunct. This is sufficient.*
    b. *At the present time, there are no concerns for critical gaps, yet it is highly suggested that the proposed plans for a master's program, with sufficient faculty come to fruition.*

8. Evaluate credentials and involvement of **adjunct faculty** and **support personnel**.
    a. *At present, there are no adjunct nursing faculty in the program. Depending on student enrollment and course offerings, adjunct nursing faculty may be needed as early as the second semester. Administration is supportive to begin a search for qualified nursing faculty.*
    b. *Nurse faculty adjuncts will need to be searched within the NYS Capital region, as the program plans to have a 50/50 F2F/online component. It is suggested that the search committee seek adjunct nursing faculty with a minimum of a master's degree in nursing (preferred doctoral degree), from the local hospitals, health institutions, community colleges and public health facilities. Faculty should be affluent in the Learning Management System in use at the time or required to take university courses to assure competence in online synchronous and asynchronous teaching and learning principles.*

III. Students

9. Comment on the **student population the program seeks to serve**, and assess plans and projections for student recruitment and enrollment.
    a. *Recruitment for students will begin at Hudson Valley CC, additional local associate degree RN programs, and local health care institutions.*
    b. *Potential RNBS students will be current students at local community colleges that offer the associates degree in nursing, and/or current nurses who hold a license as an RN yet have not completed their bachelor's degree in nursing.*
    c. *As all Registered nurses in NYS will need a bachelor's degree in nursing within 10 years of their licensure, there is a significant population pool of students who can potentially meet the requirements for admission.*
    d. *It was suggested that a Dual admission contract exist between HVCC and UAlbany, so new and potential nursing students can be oriented to the UAlbany RNBS completion program, at the start of their associates degree program.*
    e. *A high percentage of associate degree nursing students are non-traditional students who come from marginalized communities. They are uniquely qualified to change the health trajectory of*

other marginalized populations. Because of this, it is imperative to support them to continue their education and pursue their bachelor's degree.

f. *Once enrolled in the RNBS program, many of these students will be working FT as a nurse, and may have other personal responsibilities, that may jeopardize their success in the program.*
g. *Having an academic advisor and faculty mentor, as well as maintaining the F2F component of the program, can assist these students in their success.*

10. What are the prospects that recruitment efforts and admissions criteria will supply **a sufficient pool of highly qualified applicants and enrollees**?

a. *This program offers something that other local institutions do not. Most RNBS programs are fully online, yet there is a significant pool of nurses who prefer to learn in a F2F environment.*
b. *Students engage more with faculty and peers in a F2F environment.*
c. *As per the proposal, there are approximately of 250+ potential nurse graduates from several local community colleges that graduate per year who could transfer seamlessly into the UAlbany program.*
d. *This program also offers the specialty of a public health expertise. As we are learning more about pandemics, epidemiology, determinants of health and the higher health risks of marginalized communities, it is imperative that nurses with the specialty of public health be at the forefront of healthcare decisions for our communities. This degree, with it's specialty focus, can help bridge these gaps in our communities.*

11. Comment on provisions for encouraging participation of **persons from underrepresented groups**. Is there adequate attention to the needs of part-time, minority, or disadvantaged students?

a. *As mentioned previously, the pool of potential students come primarily from associate degree programs, which more likely than traditional 4-year programs, to have students from a minority background.*
b. *The program encourages students to complete the program on a part time basis, over 1.5 to 2 years depending on transfer credits.*

12. Assess the system for monitoring **students' progress and performance** and for **advising students** regarding academic and career matters.

a. *All courses have student learning outcomes and assignments reflective of similar RNBS programs.*
b. *All students will have an assigned advisor. It is encouraged that FT nursing faculty (possibly assigned) provide mentorship throughout the program.*
c. *The advisor will assist students to complete their liberal arts credits (and specific SUNY gen ed requirements).*
d. *It is suggested that Advisor assist students when registering, as these students typically work FT, and may not be able to attend classes any other day than the proposed Wednesdays (for the core nursing program courses). These students may need to complete Liberal arts/gen ed courses in online courses only.*
e. *There has been discussion that the courses proposed be altered to allow for less core courses, and the option for 1-3 elective courses.*
f. *Elective courses could be chosen from several SPH undergrad specialties or from several core graduate courses, in either public health or nursing (once established). This would allow students to take graduate courses as an undergrad student, and potentially, transition directly into either a MPH or MSN (once established).*

13. Discuss prospects for graduates' post-completion success, whether **employment, job advancement, future study, or other outcomes related to the program's goals.**

a. *New York State requires that all nurses acquire a BSN within 10 years of their licensure.*

b. *Close to 50% of nurses acquire their first nursing degree from an associated degree program.*
c. *Many healthcare institutions today, require a minimum of a bachelor's degree.*
d. *The proposed program documents cite a significant amount of literature to support the potential for greater employability for nurses with a bachelor's degree.*
e. *This program helps the local associate degree nursing graduate to transition seamlessly into a local affordable bachelors' program.*

IV. Resources

Resources cited in the documents and during the "in person" review support adequate resources for this student population.

14. Comment on the adequacy of physical **resources** and **facilities**, e.g., library, computer, and laboratory facilities; practica and internship sites or other experiential learning opportunities, such as co-ops or service learning; and support services for the program, including use of resources outside the institution.

a. *Within the reviewed documents and the Zoom discussions with the administration, faculty and support teams (see reviewer itinerary 10/13-10/14), it is evident that there is adequate student support related to physical resources and facilities.*
b. *There was significant discussion with the administration and RNBS Director, on the aspects and clinical requirements for an RNBS completion program based on AACN and NYS DOE accreditation. It is my understanding that NYS DOE requires a program minimum of 135 direct patient clinical contact hours.*
c. *This program intends to complete these hours over two courses, HNSG 414: Leadership and management and HNSG 411: Population Health.*
d. *HNSG 414: Leadership and Management hours will be organized to be completed at the student's current employment institution. It is unclear if a contract and/or health clearance will be required (by both the institution and UAlbany). This needs to be operationalized as to:*
    i. *# of hours required*
    ii. *How a mentor is acquired and approved*
    iii. *Provisions for students who are unable to "find" a mentor/leader in their institution*
e. *HNSG 411: Population Health hours will be organized through the current SPH clinical faculty liaisons. Students will be assigned an RN (BSN minimum) who is currently working in a public health or community health setting. Collaborations currently exist with the State DOH and UAlbany SPH. These string collaborations will facilitate this clinical placement with the RNBS students.*

15. What is the **institution's commitment** to the program as demonstrated by the operating budget, faculty salaries, the number of faculty lines relative to student numbers and workload, and discussions about administrative support with faculty and administrators?

a. *The institutional commitment to hire another FT faculty (tenure track) as well as additional adjunct faculty to meet the needs of the program are trustworthy.*
b. *Workload numbers are encouraged to be less than 30/class (preferably max 25) if there is 50% or more of an online component.*

V. Summary Comments and Additional Observations

16. Summarize the **major strengths and weaknesses** of the program as proposed with particular attention to feasibility of implementation and appropriateness of objectives for the degree offered.

a. *Strengths:*
    i. *Statewide and national need for nurses with a minimum of a bachelor's degree in nursing.*

ii. *Accessible, established, highly recognized and affordable public institution with high standards and academic respect.*
iii. *Interprofessional program incorporating the well-established School of Public Health.*
iv. *A nurse specialty component to include population, community, and public health.*
v. *Clinical placements in established collaborations with the NYS Dept. of Health and other local programs.*
vi. *Course progression towards an undergraduate minor in Public Health and/or progression towards an MPH or master's in nursing (near future).*
vii. *Support and collaborations with SPH faculty*
viii. *Face to face/hybrid "cohort" component*
ix. *Seamless transition and active collaboration with Hudson Valley Community College nursing program, emphasizing the need for a local hybrid RNBS program.*

b. *Weaknesses:*
i. *Proposed core coursework is 39 credits which is higher than most RNBS completion programs. There has been discussion to combine courses and bring required credits to 36.*
ii. *Currently, there is not a department of nursing, nor any other nursing programs. Building a master program will strengthen the RNBS recruitment efforts.*
iii. *Although there is a need for an RNBS hybrid program, on campus requirements limit the potential student population pool to only local associate degree graduates and currently working nurses.*
iv. *Some operational/logistical issues with coordinating the hybrid classes. The current proposed plan has the nursing courses as hybrid and synchronous, yet the public health courses are not. This will pose logistical issues with the students. Suggested to either make both hybrid (every other Wednesday or meeting F2F on specific dates pre-assigned that the beginning of the semester) or change the nursing hybrid class to be asynchronous. The first option requires students on campus every other week (or 50% of the time). The second option requires students on campus every week.*

17. If applicable, particularly for graduate programs, comment on the ways that this program will make a **unique contribution** to the field, and its likelihood of achieving State, regional and/or national **prominence**.

a. *As mentioned previously, this program has a unique expertise to combine both public health nursing with experts in the disciple of public health.*

18. Include any **further observations** important to the evaluation of this program proposal and provide any **recommendations** for the proposed program.

a. Recommend:
i. *Combine two nursing courses (suggest EBP/research) and arrange 2 or 3 of the SPH courses to allow for choices in electives (including "double dipping grad courses.*
ii. *Develop a Dual admission contract between HVCC and UAlbany, so new and potential nursing students can be oriented to the UAlbany RNBS completion program, at the start of their associates degree program.*
iii. *Arrange Wednesday meeting dates to be more logistically feasible.*
iv. *Possibly offer nursing courses on site at local hospitals.*
v. *Several issues were not discussed but should be operationalized, such as:*
1. *Do new students need their license before they begin the program?*
2. *Can students begin the program before they have taken their boards?*
3. *What about the student who has not passed their boards? Are they dismissed or can they continue for a period of time?*
4. *What are the policies for probationary periods, academic failures, re-admissions?*

SUNY The State University of New York

External Reviewer Conflict of Interest Statement

I am providing an external review of the application submitted to the State University of New York by:
University of Albany

(Name of Institution or Applicant)

The application is for (circle A **or** B below)

A) New Degree Authority

B) Registration of a new academic program by an existing institution of higher education:

NURSING BS

(Title of Proposed Program)

I affirm that I:

1. am not a present or former employee, student, member of the governing board, owner or shareholder of, or consultant to the institution that is seeking approval for the proposed program or the entity seeking approval for new degree authority, and that I did not consult on, or help to develop, the application;
2. am not a spouse, parent, child, or sibling of any of the individuals listed above;
3. am not seeking or being sought for employment or other relationship with the institution/entity submitting the application?
4. do not have now, nor have had in the past, a relationship with the institution/entity submitting the application that might compromise my objectivity.

Name of External Reviewer (please print):

Eileen Engelke EdD, RN, CNE

Signature: Eileen Engelke 10/17/21

UNIVERSITY AT ALBANY
State University of New York

Office of the Dean
School of Public Health

A joint venture with the
New York State Department of Health
In affiliation with Albany Medical College

Institutional Response to the Nursing BS Program Review

October 2021

The comments and suggestions received from the reviewer were informative and very helpful. Overall, the program review was a very productive and positive experience and exchange of information and ideas. We are pleased that the reviewer assessed most aspects of the proposed program in a very positive way. Below are the responses to the reviewer's particular comments and suggestions for changes to the proposal.

Comment (Q1 – Program Structure)):
"Core course requirements of 39 credits are above the average for an RNBS completion program."

Response: We agree with this assessment, though we should note that the reviewed program actually had 42 core course credits, not 39, because three courses were four-credit courses (27 nursing course credits plus 15 public health course credits). The core course requirements are greater than average because our emphasis on population health necessitates including public health courses along with nursing courses as part of the requirements. We feel this extra element of the curriculum will be a strength that other RNBS completion programs cannot offer. However, in response to the reviewer's assessment we reduced the number of nursing courses by one by merging the content of two courses (Nursing Research and Evidence-Based Practice in Nursing), and changing one required public health course to a public health or other relevant elective to add greater flexibility into the curriculum. This reduces the number of nursing credits to 24 and the number of core course credits required to 39.

Comment (Q7 - Faculty)
"At the present time, there are no concerns for critical gaps, yet it is highly suggested that the proposed plans for a master's program, with sufficient faculty come to fruition."

Response: We are pleased that the reviewer felt that the proposed plan for number and qualifications of faculty is sufficient. We agree that the addition of a master's program, with associated faculty, will provide for a larger faculty complement and will enlarge the overall pool of faculty available to teach and mentor BSN students. In fact, a proposal for an MS in Nursing degree has been developed and is about to enter the campus review process.

Comment (Q8 – Adjunct Faculty)
"It is suggested that the search committee seek adjunct nursing faculty with a minimum of a master's degree in nursing (preferred doctoral degree), from the local hospitals, health institutions, community colleges and public health facilities. Faculty should be affluent in the Learning Management System in use at the time or required to take university courses to

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assure competence in online synchronous and asynchronous teaching and learning principles."

Response: We have incorporated these suggestions into the job description for adjunct faculty for this program, and we will use these suggestions for where to recruit appropriate adjunct faculty.

Comment (Q9 - Students)
"It was suggested that a Dual admission contract exist between HVCC and UAlbany, so new and potential nursing students can be oriented to the UAlbany RNBS completion program, at the start of their associates degree program."

Response: A guaranteed admission arrangement with Hudson Valley Community College (HVCC) already exists, which provides a smooth and easy pathway for students to move into UAlbany programs after completing their HVCC degree. We will certainly work closely with HVCC in order to ensure their nursing students are aware of our BSN completion program from the start of their associate degree program. In addition, we would be very interested in exploring opportunities for dual admission with HVCC and will plan to do that once the BSN program is established.

Comment (Q9 - Students)
"A high percentage of associate degree nursing students are non-traditional students who come from marginalized communities. They are uniquely qualified to change the health trajectory of other marginalized populations. Because of this, it is imperative to support them to continue their education and pursue their bachelor's degree."

Response: UAlbany has a strong record of accomplishment with regard to recruiting and supporting such students, as evidenced by the high proportion of first-generation college students among the undergraduate population, and recent distinctions the university has received for success in this area. Students in this program will have access to the same university support systems that all undergraduates have. We will also work closely with the relevant university units to ensure that students are supported appropriately to facilitate their success.

Comment (Q12 – Student Progress/Advising)
"All students will have an assigned advisor. It is encouraged that FT nursing faculty (possibly assigned) provide mentorship throughout the program."

Response: Consistent with the university's four-year advisement model, students will receive their primary academic advising from a dedicated advisor with specialized knowledge of the nursing curriculum who is part of the university's advisement center. However, we agree with the reviewer that nursing faculty also have an important mentoring role to play and will seek to establish a model where each student is also assigned to a faculty member for additional advisement and career mentoring. The university advisor and faculty will collaborate to ensure that a strong advising model is in place.

Comment (Q12 – Student Progress/Advising)
"It is suggested that Advisor assist students when registering, as these students typically work FT, and may not be able to attend classes any other day than the proposed Wednesdays (for the core nursing program courses). These students may need to complete Liberal arts/gen ed courses in online courses only."

Response: The nursing advisor that is part of the university's advisement center will fulfill this role. In fact, an advantage to this advising model is that the advisors in the advisement center are very familiar with students' program requirements and with the range of liberal arts and general education courses offered to students. The advisors are also very aware of course modalities and will be able to assist students with identifying courses conducive to non-traditional student schedules.

Comment (Q12 – Student Progress/Advising)
"There has been discussion that the courses proposed be altered to allow for less core courses, and the option for 1-3 elective courses."

Response: The curriculum has been modified so that the total number of core nursing courses has been reduced by one (by merging the content of two related courses) and one required public health course has been changed to be a public health or other relevant elective. This adds two elective courses to the program.

Comment (Q12 – Student Progress/Advising)
"Elective courses could be chosen from several SPH undergrad specialties or from several core graduate courses, in either public health or nursing (once established). This would allow students to take graduate courses as an undergrad student, and potentially, transition directly into either a MPH or MSN (once established)."

Response: The curriculum has been modified so that students can now choose one upper level public health elective, or a relevant elective from another discipline. Although students can't apply a graduate course to both undergraduate and graduate degree requirements (per UAlbany policy), once the BSN is established, we will seek to establish combined bachelors/masters programs that will allow dual counting of some credits with our MPH program and with a Masters in Nursing in the future.

Comment (Q14 – Resources and Facilities)
"There was significant discussion with the administration and RNBS Director, on the aspects and clinical requirements for an RNBS completion program based on AACN and NYS DOE accreditation. It is my understanding that NYS DOE requires a program minimum of 135 direct patient clinical contact hours."

Response: After the external review, we sought information about this from our SUNY program reviewer, who clarified the requirements with the State Department of Education (SED). The response from the Office of Professions at SED is below. Thus, our proposed 90 hours of clinical placement meets the requirement and from our research, is consistent with other programs in the SUNY system.

> *The regulations are silent with respect to the number of clinical hours required in any nursing program and although national nursing standards also do not prescribe a required number of clinical hours, the national standards do recommend including clinical requirements in RN to BS programs. Generally, these are precepted experiences in the areas of community and leadership/management. The RN to BS programs in NY, usually have somewhere between 90-150 clinical hours.*

Comment (Q14 – Resources and Facilities)
"HNSG 414: Leadership and Management hours will be organized to be completed at the student's current employment institution. It is unclear if a contract and/or health clearance will be required (by both the institution and UAlbany). This needs to be operationalized as to: (i) # of hours required, (ii) How a mentor is acquired and approved, and (iii) Provisions for students who are unable to "find" a mentor/leader in their institution."

Response: All university regulations will be followed in terms of setting up formal arrangements, such as contracts or MOUs, with these outside institutions. Details of the requirements for these placements, including the number of hours and the approval of a mentor, will be specified in program documents and any formal arrangements between institutions. The SPH has extensive experience setting up MOUs with other institutions for our MPH internship program. Students who cannot complete these clinical hours at their current place of employment will be assisted in finding a placement site by both the course instructor and the program director, who will also serve as the program's clinical placement coordinator.

Comment (Q15 – Institutional Commitment)
"Workload numbers are encouraged to be less than 30/class (preferably max 25) if there is 50% or more of an online component."

Response: We agree that fully or partially online courses provide the best experience for both students and faculty when enrollments are 30 or below. Course enrollment caps will be assessed regularly utilizing feedback from students and faculty, and we will seek to add sections when enrollment demands warrant this in order to keep courses to this size.

Comment (Q16 – Summary/Weaknesses)
"Proposed core coursework is 39 credits which is higher than most RNBS completion programs. There has been discussion to combine courses and bring required credits to 36."

Response: The curriculum has been modified according to the reviewer's suggestions and explained more fully in the response to Q1 on page 1 of this response.

Comment (Q16 – Summary/Weaknesses)
"Although there is a need for an RNBS hybrid program, on campus requirements limit the potential student population pool to only local associate degree graduates and currently working nurses."

Response: We believe that there is sufficient local demand for a program with in-person elements to provide us with an adequate pool of potential students.

Comment (Q16 – Summary/Weaknesses)
"Currently, there is not a department of nursing, nor any other nursing programs. Building a master program will strengthen the RNBS recruitment efforts."

Response: The reviewer is correct that the SPH does not have a Department of Nursing. The proposed program will be a schoolwide program, just like our BS in Public Health and Doctor of Public Health degrees. Nursing faculty will join one of our existing academic departments. There is a plan to develop an MS in Nursing program, and the proposal for that is in progress. In the future, when both programs are established and there is a core group of nursing faculty, we will assess

whether the programs and faculty would benefit from the establishment of a Department of Nursing as the School's fifth academic department.

Comment (Q16 – Summary/Weaknesses)
"Some operational/logistical issues with coordinating the hybrid classes. The current proposed plan has the nursing courses as hybrid and synchronous, yet the public health courses are not. This will pose logistical issues with the students. Suggested to either make both hybrid (every other Wednesday or meeting F2F on specific dates pre-assigned that the beginning of the semester) or change the nursing hybrid class to be asynchronous. The first option requires students on campus every other week (or 50% of the time). The second option requires students on campus every week.

Response: We agree with these logistical issues the reviewer raised. We currently do not have the capacity to develop our public health courses into a hybrid format. However, we would certainly be open to doing so. To accomplish this, we built $7500 into the budget to support the translation of the three required public health courses into hybrid courses.

Comment (Q18 – Recommendations)
"Combine two nursing courses (suggest EBP/research) and arrange 2 or 3 of the SPH courses to allow for choices in electives (including "double dipping grad courses)."

Response: As described previously, these two nursing courses have been combined and one public health course requirement has been changed to an elective. More public health courses have not been changed to electives because that would exacerbate the logistical course scheduling problem addressed in the previous comment. In addition, to truly have an emphasis on population health, certain public health courses are required because they are foundational.

Comment (Q18 – Recommendations)
"Develop a Dual admission contract between HVCC and UAlbany, so new and potential nursing students can be oriented to the UAlbany RNBS completion program, at the start of their associates degree program."

Response: We will work closely with HVCC to ensure nursing students are aware of our program and our existing guaranteed admission program from the start of their program, as described previously. Once our program is well established we will explore the possibility of a dual admission arrangement.

Comment (Q18 – Recommendations)
"Arrange Wednesday meeting dates to be more logistically feasible."

Response: This has been addressed in our response to the comment in Q16 on the previous page.

Comment (Q18 – Recommendations)
"Possibly offer nursing courses on site at local hospitals."

Response: Once the program is well-established, we will explore this possibility with local hospitals to see if this is feasible and desired.

Comment (Q18 – Recommendations)
"Several issues were not discussed but should be operationalized, such as:

1. Do new students need their license before they begin the program?
2. Can students begin the program before they have taken their boards?
3. What about the student who has not passed their boards? Are they dismissed or can they continue for a period of time?
4. What are the policies for probationary periods, academic failures, re-admissions?"

Response: Students must obtain a license to practice as a Registered Professional Nurse by the completion of the first semester. All students must maintain an unencumbered New York State RN license and current registration for continued enrollment. Passing the NCLEX-RN examination is a requirement for licensure in NYS. Students who are discontinued for not obtaining a license will follow regular UAlbany requirements and procedures for readmission after being discontinued from a program. Similarly, all UAlbany policies and procedures regarding academic probation, academic failures, dismissal and readmission for undergraduate students will apply to this program.

Comment (Q18 – Recommendations)
"I did not see Program Learning Outcomes. Are these available?"

Response: The program learning outcomes were included in the proposal (section 2.3b) provided to the reviewer. They are based on the AACN 2021 Core Competencies for Professional Nursing.